

Developed Children in Vavunathivu

**Project Proposal for LS 01 Program
Vavunathivu Development Organization
Batticaloa**

List of Acronyms

ASP – Area Strategic Plan

CAMID – Centre for accessibility, monitoring and information on disability

CSP- Country Strategic Plan

CF-SL –ChildFund – Sri Lanka

DSD- Divisional Secretariat Division

DPCCS- Department of Probation and child care services

ED – Education Department

GND- Gram Niladhari Division

MDG- Millennium Development Goals

PEB- Preschool Education Bureau

PTA – Parents Teachers Association

RDS- Rural Development Society

ToC- Theory of Change

VDO – Vavunathivu Development Organization

VCRMC- Village Child Rights Monitoring Committee

Project Summary

Project Name	Developed Children in Vavunathivu
Project Country	Sri Lanka
Project Objectives	Children from 0 -5 years of age in Vavunathivu Area have improved nutritional status and attained age appropriate developmental milestones.
Core program area	Healthy and Secured Infants
Location of Project	Manmunai West DS division, Batticaloa
Target groups	255 parents/ other caregivers) 10 ECD teachers (female) 63 Govt. Officials (DS, GN, Health officials, CP officials, Preschool education Authority, Police Desk) (50 male 13 female) 09 INGOs and NGO representatives (6 female and 3 male) 30 Volunteers (20 female and 10 male) 15 Lead Parents
Impact group	0 to 05 years old children- 255 137 male and 118 female
Project duration	01.07.2015 to 30.6.2017
Total budget	Rs. 3,178,600.00
Implementation partners	<ol style="list-style-type: none"> 1. Government Agent (GA) 2. Divisional Secretariats (DS): 3. Zonal Education Department 4. Preschool Education Bureau 5. Health Department 6. Centre for accessibility, monitoring and information on disability
Project Design Team	<p>L. R. De Lima – Project Manager</p> <p>K. Kajandran – Sponsor Relations Coordinator</p> <p>J.Suriya – Project Coordinator LS 1</p>

Project Sign Off

Reviewed and recommended by :

Technical Specialist – Nutrition

Reviewed and recommended by:

M & E Officer

Reviewed and approved by:

Program Director

2.0 Project Rationale:

2.1 Problem Statement and Causes

Children development from infancy has a long lasting effect on Child's future in becoming valuable adults. This is known in the community. The life stage from birth to five years of age is the most critical time in a child's development. Vavunathivu Development Organization is deeply concerned that more than 55% Children under the age of five in the project area are not fulfilling their development potential according to the available data in the division according to the monitoring visit done by the field officials of Preschool Education bureau . It is understood from the community consultation process that the home based/ centre based care pave way for children's' development on social, emotional and physical development. The adverse child development affects the children to become sick, malnourished and eventually become feeble.

Children require a variety of nutrient-dense foods such as fresh fruits, vegetables, whole grains, meat, fish and adequate calories in order to grow and develop properly. It supports the development of mental, physical and emotional growth of the child and also supports a healthy environment to move forward to primary education. However, during the community consultations, "lack of home based facilities for child development", "mothers are not aware of the home based care and development," "Not well nourished children" was identified as a prioritized face of child poverty in the Manmunai West DS division. Data of the Manmunai West DS division show that currently there are 2,138 children from 0 - 4 years of age.

Regular attendance to ECD centre is an important factor in commencing children's early education. It supports the development of mental, physical and emotional growth of the child, as the child gets familiarized with the other children and grows physically which supports a healthy environment to move forward to primary education. However, during the community consultations "Children not attending Pre-schools" and "inadequate play/learning materials" were identified as a prioritized face of child poverty in the Manmunai West DS division. Data of the Manmunai West DS division show that currently there are 37 pre-schools in 24 GN divisions and most of which do not meet national standard. There are 2,138 children aged 0 to 4 years.

Upon analysis the root causes which were found to contribute to this child poverty face of non-attendance to preschools are:

1. Parents were not interesting in sending their children to ECD centers as they do not value importance of education.
2. Certain ECD centers are far away from their houses and transport is also another cause for not attending ECD center.
3. Some of the parents in the community are not aware of the facilities extended by the Government and the NGOs in child development at the ECD centers.

Some of the reason for poor early child development at home based level

- Low age appropriate stimulation of children at home, parents and caregivers not take up Early Childhood development seriously due to lack of knowledge

Parents and caregivers are ignorant in early childhood development as they are not educated and are not aware of the ECD services available in the community

- Do not have enough child friendly space in their houses

Houses in Manmunai West DS division do not have adequate space for the family members to be in privacy and have separate rooms. After the resettlement period some houses have been provide by NGOs and the Government. But the need is there and most of our enrolled children family live in very limited space houses

- Parents cannot afford to have child friendly spaces

The main occupation in the division is paddy cultivation. Many do not have paddy lands of their own. They work for daily wages which is only enough for the meals. Other who are fishermen undergoes similar situation. Hence they do not have extra to build houses with adequate facilities.

Some of the reason for malnourished children in the area:

- Lack of nutritious food and parents' lack of knowledge on the value of nutritious meal:

Young children are deprived of nutritious food and supportive environment from infancy and early childhood as the area was affected by conflict and the livelihood of the communities were destroyed leaving the families without any steady income and they cannot afford to buy nutritious food for their children. The bread winners usually go to faraway places for employment and spend little or no time for their infants or children to see that they get nutritious food. Livelihood of the population was destroyed leaving the families without income, resulting in having little money to get nutritious food. They had to go to distant places for employment thus having no time to care the children and to give them nutritious food.

The malnutrition rate of Manmunai West DS division according to MOH Vavunathivu- 2014

Summary	Underweight %	Sever underweight %
Infants	5.6	2.3
1 – 2 years	13.6	4.9
2-5 years	14	4.6

- Infants fall sick frequently:

Parent lack knowledge on good hygiene practices and also they do not know where to go and get assistance when the child is sick. They go for traditional medicine practices which also contribute to infections. Infant mortality rate has been 6.28 % during 2016 as per statistic of the MOH of Manmunai West. This is attributed to poor quality food consumption without nutritious food values unable to withstand the effects of diseases.

- Parents lack of knowledge in hygiene practice:

Children defecate in open places, which is a normal practice in this area. Parent has little knowledge in good hygiene practices. This results in their children not washing their hand before meals and after defecation. They do not brush their teeth properly, comb their hair to be neat, cut and clean their nails, bath properly. Children roam about in dirty unsafe environment and they do not use safe drinking water.

- Lack of knowledge on importance of providing nutritious food to children by parents:

Nutritious food is one of the most essential items for children’s development. However the parents in the BF area have little knowledge on identifying the locally available nutritious food in their communities. They have little idea on growing nutritious vegetable in their home garden in general. Most of the families eat rice as their main meals with little vegetables

Some of the reason for hampering child development in the area

- Lack of ECD facilities and parent’s lack knowledge on the importance of ECD:

Manmunai West has 24 GN divisions with 39 ECCD centers. Out of these only 14 are with limited standard facilities while others are not up to required standards, lacking in essential items and play materials.

Even though training was given to some teachers by VDO, most of the ECD centre teachers are not qualified in child friendly teaching methods. This has resulted in low attendance and minimal standard to enter the primary school by children. The ECD teachers are also not serious about this as they do not get a regular remuneration for their services. Some ECD teachers lack knowledge on child protection and to assist the children in creative knowledge.

Home based ECD and child friendly approach by parents are lacking due to parents are not so much interested in ECD as they do not have adequate knowledge in ECD, poor financial management and do not have regular income to manage the family activities.

Alternative

This project has paved way to have "lead parents" both male and female who will be contacting the families for child development. Awareness sessions will be conducted in small family groups instead of large gathering. Livelihood activities will be provided only to those who have previous experience and capacity to do.

Male/ Female/ Boys/ Girls

This project will cover both male and female - 137 males and 118 female children from 04 zones in Manmunai West Divisional Secretary division.

Protection Issues

During the last project period child protection awareness training has been given to the parents of the children. This project will also address this by having fathers and mothers for the awareness session along with the importance of education. ECD teachers will also be given to tackle the protection issues along with DRR training at ECD center level.

There had been a trend of mothers leaving the children for foreign employment, leaving their children with caretakers or fathers. This has caused some issues in general in the division as the child did not get the child development necessities. According the Child Rights Protection officer, this trend no issues were reported recently, as certain restriction has been place for mothers to go abroad for employment. This program will address this type of issues on small group family discussion in the field.

According to the Probation Department -

In Batticaloa district sexual and Gender based violence cases reported in 2014 - 136 (Divorce, maintenance cases).Sex abuse reported 21 female and there are 4 street children now in children home.

There had been no child protection issues during the CVS. There had been 164 male and 145 female enrolled children for the verification and all have received benefits.

Disaster Risk Reduction:

Manmunai West DS division is exposed to natural disaster like floods and drought. The youth and children working in the implementation of our programs have been give DRR workshop and are well aware of the nature of disaster. During the last time of flood in 2014, there were less damages as they took some immediate action. However, this program will address strengthening the ECD center teachers in disaster risk reduction. They will be trained on specially made curriculum and printed documents will be made available to them.

Project Location & Target Group

- ❖ **See attachment A for map of Manmunai West DS division**
- ❖ **See attachment B for population of Manmunai West DS division**

“To improve child development of 255 children from age 0 -5 (137 male and 118 female) in Manmunai West Divisional Secretary division, Vavunathivu Development Organization will adopt the following strategies. (1) To have age appropriate stimulation for children by way of knowledge and skills development to parents at the home based level (2) Awareness to parents on nutritious meal who will be applying continuously with livelihood support to increase their income to address the need of their children (3) Children from 3 – 5 years ready for primary school education by enhancing the capacity of ECD teachers and conducive environment for the ECD centers.”

The project strategy is designed for 2 years. During the 1st year it is expected to have 75 % of the achievement. Since there are limited enrolled children now in the program and it is expected the enrolled children will increase during this year

and the next year as Batticaloa is the dedicated area of ChildFund New Zealand, the same outcome is expected with activities similar during next year.

Reflection of FY 16

Key accomplishments during the FY 16

FY 16 has been a very challenging intervention period with some new set of activities incorporated into the proposal which is written for 3 years.

During this period following achievements reached against the plan for FY 16.

In order to ascertain the real need of the area a baseline survey (KAP) survey was conducted. The results were shared with National Office.

Lead parents concept was successfully carried out. The lead parent selected had the opportunity in getting the necessary training which was done by the medical professional of the Health Department. The visits made by the lead parents were documented and it was helpful in addressing the needs of the individual mothers. The home visit afforded the opportunity to the mothers to get appropriate advice in child care and development which included the hygiene aspect too. Some needed materials for children to healthy and prevent from diseases were supplied during the reporting period on the recommendation received from the Led mothers.

This activity enabled to reach the outcome of parents and other caregiver of IYC's consistently apply appropriate nutritious practices. According the CVS finding no major cases were reported to nutritious practices.

Parents have been trained in clusters on selection of nutritious food in their own locality, cooking without losing the nutrition. The knowledge of parents on this aspect has increased and the home visit records shows that many parents are now applying what they have learnt in their houses. Evidence being the CVS record information. Outcome 1 is accomplished to some extent of 40 % in the area.

This nutritious status partly addressed by the home gardening and poultry assistance to be beneficiaries where they are now having vegetables and eggs in their own homes. Thus has added value for the 2nd outcome of parents applying nutritious food supply practices. Eventually will reach the goal of Healthy & secured infant.

Children's fun day program has also had an impact in the communities. The parent who were on lookers saw the hidden talent of their children during the cultural performances. By this program there had been a community relationship built among the people. This was visible in all coordinating the activities done by the parents in the village. Fun days have been conducted in 7 villages in the program areas with children 3- 5 years and their parents are involved/ In total 212 children have benefited from this program out this 129 are enrolled

children. This program make the children relaxed and provide opportunity show their talents – singing, dancing, story telling, drawing which make them feel they are wanted and looked after. These very short time programs ranging 2 to 3 hour with parents involvement. This program has to continue since new children are enrolled in ECD centers. This activity helps to achieve healthy and secured infants. By these type of activities ECD center going children are ready to go to primary classes without any hesitation and cope up with the new atmosphere in the schools. This activity eventually will accomplish the 3rd outcome children ready for primary education.

Overall impact of FY 16 programs/ projects

Lead parent program had a real impact by the way to parents feeling that someone is keen in their children and helping in child development. Nutritious food program also has a positive impact in the lives of the children as this is being supported by the health officials. Up to now 720 home visits have been made by the lead parents. Lead parents concentrate on nutritious status, overall family health condition, education status of child, economic situation of the family and house environment. The reports reveals gradual. Since most of the intervention focused on enrolled children 100 % of the families have been reach and necessary health and child development awareness has been given to them. The home visit records reveals this.

They also ensures that what they have learnt during awareness program and carried out. They have also been trained on examination of the growth chart of the child. They inspect those chart and give necessary information.

Fun day activities have made the communities to mingle with their children and see the children exposing their talent. This contributes to healthy child development. It is noted that now the parents are taking initiative in these fun day. 7 fun day program conducted with 212 participants. This program had a positive impact on the community as their children were led to be secured and healthily

Support given for home gardening has positive impact in the lives of families. According to the report received from led parents, many families who received home garden support is providing with nutritious vegetable and also sell for their livelihood.

Activities that have not been achieved as per FY16 proposals.

“Positive parents’ guild” hand book and the training could not be implemented due to delay in the Government sector submitting the required guideline in “Tamil” local language. This will be implemented during the next project period. Since there has been delay from the Government sector and as this is an arrangement by the National Office as suggested the activity is cancelled.

DRR for ECD teachers Guide could be printed and supplied to them as the Tamil translation of the documents are delaying. Training was also could not be done. This will be during the next project implementation period. If the necessary translation in Tamil is received in time this could be done. But the month of June will be packed with various activities and getting time for the teachers will be difficult as now is the Hindu Religious season and most of the people get involved in "Kovil" function and do go fasting. This activity will not be performed. Even if this performed at last movement this will not be fruitful and also there is a one day reflection session and the time is not sufficient.

Training was given by the Health officials to ECD teacher on handing height and weight measurement. However, certain activities to be carried out by Health officials could not be done as there are limited staff in the Health Department.

No new activities were added to the original project proposal for FY 16

- a. What interventions/ activities in FY 16 need to be continues in FY 17? and why?
 - "Lead Parents "program to be continued as there is a need for home based child development to make it a complete activity and be beneficial.
 - Making conducive environment for children as part of the home based set up for children has to be continued, as there are still more need in this activity to be done for child development.

The implications of prolong climate changes.

The climatic changes are not predictable. The pattern varies very frequently. Both drought and flood are extreme. Even this flood is for short period, the damage caused is enormous. Drought also contributes to affect the livelihood – Field, animal crops damage. When more training are delivered some officials are not in favor and they look for immediate relief which we are not in favor. As an organization we have faced several challenges due to the climatic changes. For example, trainings, cultural events, workshops were arranged to be held during certain months. The climatic change such as extreme warm weather. Many organized programs has to be cancelled or postponed. Possibilities of having programs later in the evening was also tried and due to security and protection issues, it could not be done. However, to a reasonable extent program activities were carried out.

The implications of new projects by state / NGO in your areas.

There is a development in the Center based ECD sector. The Provincial Council Preschool bureau is now supporting the Preschool teachers with monthly wages. There is a willingness attitude to teach by teachers in the ECD centers.

Some NGO are stopping their activities like Plan is winding by end of the year. This has made other NGO and the local NGOs take up more responsibilities. The state (Divisional secretariat) is initiating activities to supply pipe water to places where there is no access to water.

New developments in the sectors of Health, Education, Nutrition , Child Protection, youth employment and migration, SRH etc. There is an officer in the Zonal Office who looks after the preschools. Most of the time they approach the NGOs to assist them in preschool infrastructure renovation. Recently it is announced that the Preschool education bureau is also coming under the education department. So far no preschool teachers were given salary or allowance for their service. Now the Provincial council has taken step to pay them a monthly salary depending on their qualification. The teachers who do not possess a diploma has to obtain one within a grace period given to them to qualify as preschool teachers.

The present VCRMC is converted into "Village Level Children Development Committee"(V CDC). This new initiative by the government will afford to make their complaint in easy manner for quick action. VCRMC is a government mechanism in handing child rights and child protection issued. The office is situated in at the Divisional secretariat. When incidents happened there process in handling the issues Is a prolonged one and takes time which is well known to all. Now this new arrangement of V CDC gives an opportunity to directly approach the authorities for remedy. This system can be used individuals, parents, siblings in case any child rights or protection issues arise in the ECD centers

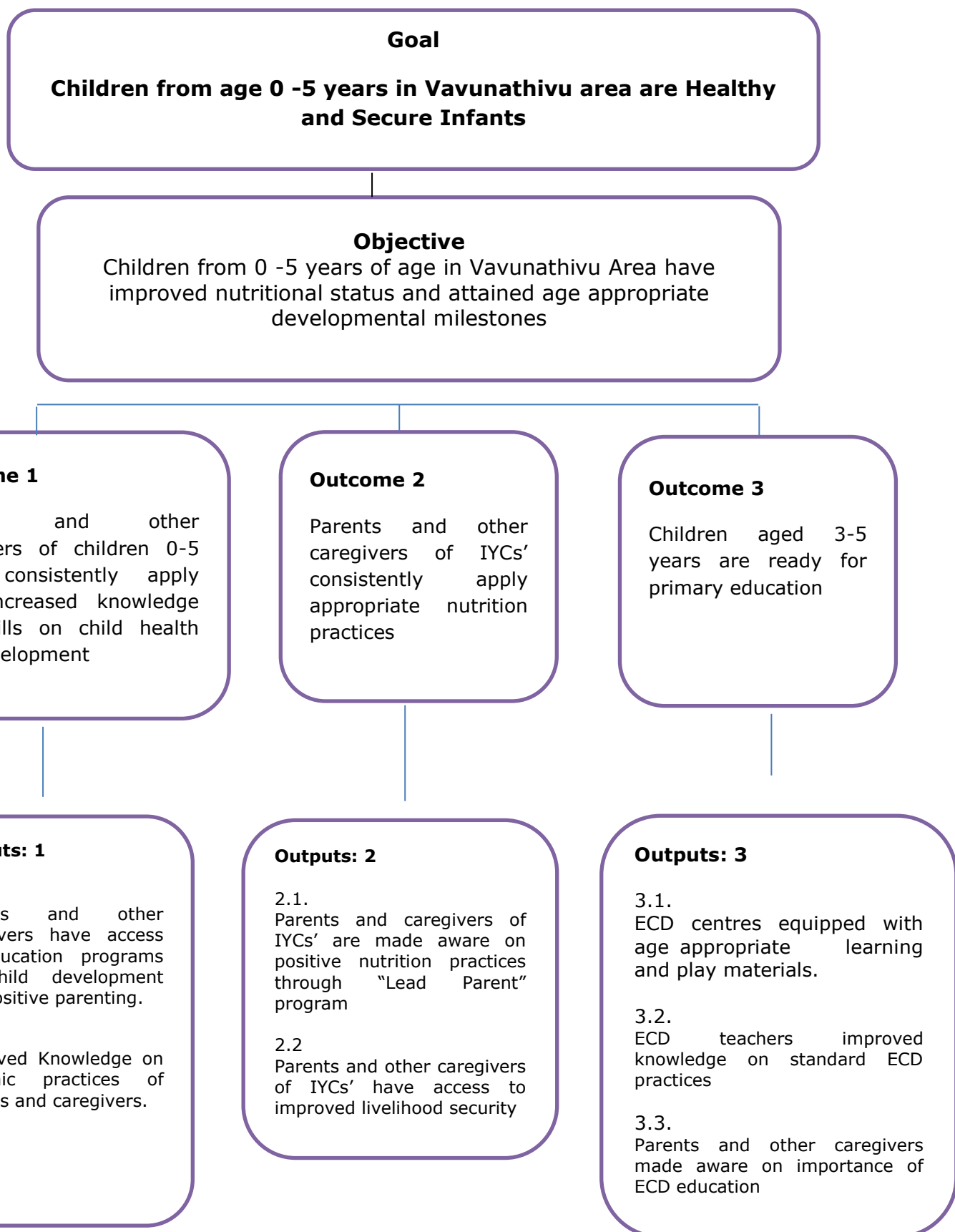
Justification:

1. Domain: Empowered and Responsive caregivers
Pathway: Decision making power for IYC caregivers

Domain: Safe and caring environment for infants and young children

Pathway: Healthy homes and environment
2. Domain: High quality health care and adequate nutrition for infants, young children and expectant mothers.
Pathway: Adequate nutrition for IYC and expectant mothers.

3. Domain: High quality stimulation for infants and young children
Pathway: Access to high quality preschools



The Project objective is Children from 0 -5 years of age in Vavunathivu Area have improved nutritional status and attained age appropriate developmental milestones. This objective will have the three outcomes, output and activities;

Outcome 1

Parents and other caregivers of children 0-5 years consistently apply their increased knowledge and skills on child health and development

Outputs:1.

1.1 Parents and other caregivers have access to education programs on child development and positive parenting.

Activities will be:

Activity Descriptions:

Outcome 1

Parents and other caregivers of children 0 - 5 yrs consistently apply their increased knowledge and skills on child health

	Output 1.1 Parents and other caregivers have access to education programs on child development and positive parenting
1.1.1.	Identification of required materials for home based friendly set up by home visits and supply of home based identified materials to the children
	Lead parents during their home visits will identify the home based materials required to have a conducive home environment. During FY 16 the same activity focused on immediate need of health and water and play materials. This FY 17, the lead mothers will focus their visit to find out the needed environment for child development and support with those needs. 47 fall into this category. Depending on the type of materials and the report of lead parents they will be supplied. It is estimated each family with Rs.3000.00
1.1.2	Small cluster awareness to parents on importance of child development.
	Small cluster awareness to parents gives big impact on the target group activity. Especially the grandparents/ caregivers who normally

	looks after the children in most of the houses should be aware of the positive parenting. They should also know the information on nutrition. In these small groups training, the fathers will also be involving to see their child development and also child protection. This activity will enable the parents to be conscious of their child development – growth, hygiene, education etc. This will enable them to constantly apply what they learn and made aware in their child development.
1.1.3	Conduct storytelling, teaching creative handiwork using local resource materials. session to children in group by external resource person
	A resource persons will be hired to tell child centered stories to enhance their vocabulary and do some creative handiwork appropriate to children. This will be conducted in small groups with the parents’ involvement during a suitable time. This activity will assist the children to be health and secured for their future intervention.
1.1.4	Conduct Children’s day/ fun day events
	Children’s day and fun day events will be conducted to the children with innovative cultural events and exposing the talent of the children. This will enable the child to secured.
1.1.5	Awareness to parents on observation of age appropriate stimulation of the child
	This activity enables the parents to monitor their children’s response/reaction on age appropriate stimulation activities. Age appropriate stimulation activities and children’s responses were listed in Child Health and Development Record (CHDR) and this awareness will enable the mothers to practice development activities and observe their children responses. If there are any shortfalls they will be able to contact relevant government officials (PHM/MOH) and take necessary actions
	Output 1.2 Improved knowledge on hygienic practices of parents and caregivers

1.2.1	Selection and conduct awareness program on good hygiene practice. Such as safe home environment, food preparation habit, dental care, and body cleanliness. groups of parents in zones of 4
	<p>The baseline information shows that Only 31.4 % of the kitchen are clean and good condition, 7.1 % has garbage bin for disposal, 50.2 % surveyed had hand washing habit and 70 % has the habit of washing their hand before cooking. This warrant for further awareness on hygienic practices</p> <p>Already awareness programs on hygienic practices have been given to the mothers. However, it is seen that dental health aspect is lacking in children. The health authorities too agrees to this. Some repeated dental care awareness should be given to the mothers so that they will practice in their houses. Some training has been given on this. However, repeated reminders and the new methods have to be taught to them for child to be healthy.</p>
	<p>Outcome 2</p> <p>Parents and other caregivers of IYCs' consistently apply appropriate nutrition practices</p>
	Output 2.1 Parents and caregivers on IYC's are made aware on positive nutrition practices through lead parent program
2.1.1	Provision materials for home visits to lead parents and facilitation 15 lead parents – each 12 visit per month
	Lead parents are presently visiting the houses on regular basis and submitting the reports for action on children being healthy. These lead parents are volunteers and have been given training on home visits and give advice to parents. The do not poses transport facilities on their own. Those Lead mothers will be given a transport and meal allowance which is calculated at R.150.00 per visit.
2.1.2	Bi monthly review meeting of lead mothers in order to identify the issues and other required assistance and action to be tapered accordingly (travel & meals included)
	This activity will be a review for every three months with the Lead Parent. The meeting and discussion will enable to identify the kind of issues and needs coming up during the home visits and take remedial action. If there are any health issues to direct them to the Health Department or any other suitable stakeholder.

2.1.3	Small groups' discussion with parents on nutritious food.
	This activity will be for parents especially mothers gathered in small groups of 10 to 15 will have discussion on nutritious food in relating experience of their own and getting necessary advice from the health official. Many such discussion will be held in our program areas to ensure that mothers know and practice what they have gained during the past year workshop conducted.
	Output 2.2 Parents and other caregivers of IYC's have access to improved livelihood security
2.2.1	Assistance for household food security
	Survey conducted to ascertain the need on improvement of food security of family on nutritious food for the family. Based on the criteria to be developed, further assistance will be given to grow nutritious food vegetables or poultry farming. The criteria will be – Income, ability, past performance and children health status. (25 % of the families with 0 -5 years) According to Baseline 27 % are practicing home gardening Materials, transport, including training by Agriculture Dept. & resource person.
2.2.2	Awareness program on various avenue of household food security to parents
	Food security is a essential component of family nutrition. This awareness program will enable the family member to look for other options in getting their day to day nutritious food by various means. This awareness will be conducted by external resource person who has good knowledge in food security for families.
	Outcome 3 Children aged 3-5 years are ready for primary education
	Output 3.1 ECD enters equipped with age appropriated learning and play materials
3.1.1	Purchase and distribution of play , learning and teaching materials, etc.... to 5 ECD centres

	<p>There are 34 ECD centres in the program areas. Our enrolled children are studying in many of the centers. The materials already given will be damaged or in time get redundant. For example like play materials. These have to replace. The ECD centres which are not reached during FY 16 will be reached. Since the Government is now stepping into ECD education our activities will be limited to only the essential ones. This activity will contribute to children getting ready for their primary schooling.</p>
3.1.2	<p>Exposure visit for ECD centre children to other centres/parks to see the ways and methods being used by others in ECD education. The PTA of ECD centres will organize with the parents and support given by VDO – ECD canters coupled for this activity (transport & refreshment)</p>
	<p>Exposure visit for ECD children will be undertaken by the PTA and the parents and VDO will assist them in the visit with financial support. This visit will enable the children to see that how they can play and learn safely in ECD centres. Parents too will gain knowledge in having their ECD centres in the area to be child friendly and safe. The main purpose of this visit is to have knowledge on safety of children at the ECD centres. In KAP survey there is indication parents should know the importance of play activities. This exposure visit will help them to have this knowledge in their own ECD centres</p>
	<p>Output 3.2</p> <p>ECD teachers improved knowledge on standard ECD practices</p>
3.2.1	<p>DRR refresher training and Basic first aid training to ECD teachers</p>
	<p>This year there will be a DRR training to teachers. There will be no training of this type for three days in FY 17. The refresher training will remind them of the DRR training undergone earlier. None of the ECD teachers have undergone Basic first aid training. This activity will pave way to understand the basic first aid for the injured teachers until help is received. Normally when a child is injured they are sent home immediately.</p>
3.2.2	<p>Supply of needed weight, height measurement equipment to ECD centers that do not process them - 5 ECD centers</p>
	<p>Already we have supplied these instruments for 10 ECD centers. When e do other new ECD centers, they will also need the required</p>

	equipment and those items will be provided to them.
	Output 3.3 Parents and others caregivers made aware on importance of ECD education
3.3.1.	Parents and other caregivers given awareness training on importance of education in 10 ECD Centres –
	This activity will be for parents around ECD centers and whose children are attending the ECD center. This type of awareness were given during FY 16. But since those meeting were held in the EDC centres, expected total results were not there. This activity will be done in collaboration with the mothers taking the lead in organizing and the resource persons given the awareness.
3.3.2	Review with stakeholders 2 meetings
	Review meetings will be held with respective stakeholder regarding our activities. Before the commencement of the program we received recommendation from them and the approvals is given by the G.A. Periodically we send the quarterly report to them. However, explaining during the review meeting will make them to know the real progress and also give their opinion on our activities.

Monitoring and Evaluation

• Describe plans for project evaluations

Project Monitoring will be primarily done by Project Manager, VDO who will get the M & E training from the M & E officer from the National Office. Monitoring will be segregated into monthly, quarterly, bi-annually and annually. Appropriate forms will be designed to keep the records for evaluation and future reference. The Government officials will also make field visits with project staff in the program areas and give the Project Manager VDO the feedback.

For the purpose of monitoring the documents such as activities reports, Review meeting information, annual reports, workshop reports and lesson learnt will be reviewed and appropriate suggestions given during the implementation. The information will be used to improve the performance standard of the interventions.

When M & E is carried out interviews and focus group discussions will be held with mothers, fathers, children, student, stakeholders and other government officials in order to ascertain first hand information.

M & E will have a track on reporting schedule of information to various stakeholders like Government agent, Divisional Secretary, NGO secretariat and ChildFund National office and monitor the timely submission of the reports.

Assumptions will be monitored and if there are a development or status quo changes CF National Office (M & E Officer) will be consulted and action taken accordingly.

2. Describe plans for reflection and learning

The project detail planning will be done prior to start the project implementation and a project orientation for all the level of staff will be done along with the community action plan.

Mechanisms on working with stakeholders, government regulations on project implementation, working with ECD centers, MOH offices by an experienced government staff member to ensure the "Do No Harm" policy for the staff members. This will help to understand the sector better and help in negotiating with the government authorities. Regular communication will be maintained with the PSEB, MOH, ECD authorities to obtain their expertise and the direction before implementation.

Project team would conduct semi-annual reflections with project partners such as PSEB, MOH, ECD and share the progress of the implemented activities; the reflection learning will be included in the next years of implementation. Project team will also have regular discussion and reflection meetings to share their best practices and issues during the time of implementing the project in the field. Also based on the lesson learnt the activities and budget will be reviewed quarterly. Further, Inter LP reviews will be done to exchange the lesson learned, expertise etc. annually. Breakthroughs will be captured time to time with the support of NO and report back to IO and other key stake holders.

Logical Frame Work

Objective	Indicators	Measurable	Assumption
<p>Goal Children from age 0 -5 years in Vavunathivu area are Healthy and Secure Infants</p>	<p>... % of the children have appropriate weight for their age</p> <p>.....% of children with improved developmental milestones/readiness</p>		<p>Support from MOH, DS and NGO's</p>
<p>Objective: Children from 0 - 5 years of age in Vavunathivu Area have improved nutritional status and attained age appropriate developmental milestones</p>	<p>... % of the children have appropriate weight for their age</p> <p>.....% of children with improved developmental milestones/readiness</p>	<p>CHDR records MOH data ECD check list on Development milestone</p>	<p>Support from MOH, DS, Dept. of agriculture and NGO's</p> <p>Public Health Midwives weight measurements are accurate</p>
<p>Outcome 1 Parents and other caregivers of children 0-5 years consistently apply their increased knowledge and skills on child health and development</p>	<p>% children 0-5 years old whose primary caregiver accessed parenting support for care in the home in the last 6 months</p> <p>% of the trained mothers, fathers, and other family caregivers practice the learning.</p>	<p>ECD check list Monitoring reports Reports of lead parents</p>	<p>Support from MOH, DS and NGO's</p> <p>Public Health Midwives weight measurements are accurate</p> <p>Support from MOH, Mid wife PHNS</p>
<p>Outcome 2 Parents and other</p>	<p>% children 0-5 years</p>	<p>Monitoring</p>	

<p>caregivers of IYCs' consistently apply appropriate positive nutrition practices</p> <p>Outcome 3 Children aged 3-5 years are ready for primary education</p>	<p>identified as malnourished by their growth card</p> <p>% decrease of children fall in sick frequently.</p> <p>% girls and boys with ECE experience on entry into grade 1</p> <p>% of girls and boys attend regularly to ECD centers</p>	<p>reports Report of Lead parents</p> <p>CHDR records Reports of lead parents</p> <p>Baseline information</p> <p>Level 2 M & E data</p> <p>Attendance sheet</p>	
<p>Outputs:1 1.1 Parents and other caregivers have access to education programs on child development and positive parenting.</p> <p>1.2 Improved Knowledge on hygienic practices of Parents and caregivers.</p> <p>Outputs:2 2.1. Parents and caregivers of IYCs' are made aware on positive nutrition practices through "Lead Parent" program</p> <p>2.2</p>	<p># of girls and boys 0-5 years old whose primary caregiver accessed parenting education</p> <p><i># of children 0-5 years old washed their hands with soap and water in home or ECD</i></p> <p><i># of home in the community considered safe and clean for IYCs girls/boys</i></p> <p># of trained mothers, fathers and caregivers can verbalize important aspects of the topics provide</p>	<p>Training modules Attendance list Training report</p> <p>List of items supplied</p> <p>Pre and Post program evaluation</p> <p>Pre and post evaluation</p> <p>Monitoring report</p> <p>Lead parents report</p>	<p>Support from DS and Preschool Education Bureau Support MOH and staff</p> <p>DS, Preschool authority, CRPOs, Education Dept. MOH</p> <p>Support from Health Department MOH</p>

<p>Parents and other caregivers of IYCs' have access to improved livelihood security</p> <p>3.1. ECD centres equipped with age appropriate learning and play materials.</p> <p>3.2. ECD teachers improved knowledge on standard ECD practices</p> <p>3.3. Parents and other caregivers made aware on importance of ECD education</p>	<p># of families received support for the home gardening/poultry</p> <p># of families practice home gardening in their garden /poultry</p> <p># of ECD centers equipped with appropriate learning and play materials</p> <p>All girls/boys uses the materials in ECD centre</p> <p># of teacher trained on standard ECD practices</p> <p># of teachers who developed appropriate teaching materials</p> <p># ECD centers with relevant material produced by teachers and children</p> <p># of girls/boys registered into center based ECD education</p> <p># of parents sending</p>	<p>Activity completion report Distribution list Home visit survey Monitoring report PC inspection report</p> <p>Attendance list. Training module. Observation visits. Pre/post evaluation. List of materials supplied</p> <p>Training modules</p> <p>Observation visit reports</p> <p>Attendance List of playing and learning materials supplied.</p> <p>New ECD enrollment name list</p> <p>Training attendance</p> <p>Attendance</p> <p>Training curriculum</p>	<p>Support from MOH</p> <p>Support from Preschool Bureau and ECD DS office</p> <p>Support from Preschool bureau</p> <p>Support from Preschool bureau Dept. of Education DS office</p>
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	their children to ECD centers regularly		
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M & E Plan

Objectives	Indicator	Definition	Measurement methods of data source	Frequency / schedule	Person responsible	Data analysis & Management	Information use
Children from 0 -5 years of age in Vavunathivu Area have improved nutritional status and attained age appropriate developmental milestones	<p>... % of the children have appropriate weight for their age</p> <p>.....% of children with improved developmental milestones/readiness</p>	<p>"Appropriate weight range" -Weight for age Z score is-2SD to +2SD</p> <p>"Improved developmental milestones/readiness"- Children perform age appropriate development behaviors/ actions as per CHDR</p>	CHDR records MOH data ECD check list on Development milestone	Done at the beginning and end of project.	MOH and his officials Project Coordinator	These data will be collected in the beginning and end	The annual summary information will enable to assess the progress of each centre and future interventions
Outcome 1 Parents and other caregivers of children 0-5 years consistently apply their increased knowledge and skills on child development	<p>% children 0-5 years old whose primary caregiver accessed parenting support for care in the home in the last 6 months</p> <p>% of the trained mothers, fathers, and other family caregivers practice the learning.</p>	<p>" Parenting support" parents who spends maximum support to child development at home with the knowledge received regularly on child development'</p> <p>" Practice" the knowledge acquired during the training and consultation are put into action and progress in child</p>	ECD check list Monitoring reports Reports of lead parents	<p>In the beginning and end.</p> <p>Bi annually Quarterly</p>	Preschool teachers, PC and CMs	These data will be collected in the beginning and end	The annual summary information will enable to assess the progress of each centre and future interventions

		development is visible after some period					
Outcome 2 Parents and other caregivers of IYCs constantly apply appropriate nutritious practices	% children 0-5 years identified as malnourished by their growth card % decrease of children fall in sick frequently .	Malnourished means girls/boys are not grown appropriate to age – Stunting and wasting due to non-feeding of nutritious food (less than 1SD level) Sick frequently denotes getting sick once in two weeks	Monitoring reports Report of Lead parents CHDR records Reports of lead parents Baseline information	Bi annually	Health officials – Mid wife, PHNS Health volunteer	Data collected bi annually and kept record to be reviewed by PM	Used for future planning and shared with NO
Outcome 3 Children aged 3-5 years are ready for primary education	% girls and boys with ECE experience on entry into grade 1 % of girls and boys attend regularly to ECD centers	“ECE experience” ECD can include preschool, kindergarten for child care, but must have an education or learning. “Regularly” Attendance to ECD centers by girls and boys is not less than 15 school days.	Level 2 M & E data Attendance sheet	Bi-annually	Preschool teachers, mid wife, health dept. officials	Data collected bi annually and kept record to be reviewed by PM	Used for future planning and shared with NO
Output:1 1.1Parents and other caregivers	# of girls and boys 0-5 years old whose primary	“Parenting education” Parents and	Training modules Attendance list	Bi-annually	Preschool teachers, mid wife, health	Data collected bi annually and kept record	Used for future planning and shared

have access to education programs on child development and positive parenting.	caregiver accessed parenting education	caregivers have access to Training on age appropriate early childhood development in training using a standard curriculum	Training report List of items supplied		dept. officials	to be reviewed by PM	with NO
1.2 Improved Knowledge on hygienic practices of Parents and caregivers.	<i># of children 0-5 years old washed their hands with soap and water in home or ECD</i> <i># of home in the community considered safe and clean for IYCs girls/boys</i>	"Washed their hands with soap: means habitual ensure body cleanliness. "Safe and clean" denotes physically out of danger zone.	Pre and Post program evaluation	Bi-annually	Preschool teachers, mid wife, health dept. officials	Data collected bi annually and kept record to be reviewed by PM	Used for future planning and shared with NO
Output:2 2.1 Parents and caregivers of IYCs' are made aware on positive nutrition practices through "Lead Parent" program	# of trained mothers, fathers and caregivers can verbalize important aspects of the topics provide	"verbalizing" Father, mother or caregivers are knowledgeable in positive nutrition practices and handle those practices in their day to day activities "Topics" denotes appropriate aspects relevant to child development	Pre and post evaluation Monitoring report Lead parents report	Bi-annually	Parents, lead parents, mid wife, health dept. officials, CM, PC	Data collected bi annually and kept record to be reviewed by PM	Used for future planning and shared with NO

<p>2.2 Parents and other caregivers of IYCs' have access to improved livelihood security</p>	<p># of families received support for the home gardening/poultry</p> <p># of families practice home gardening in their garden /poultry</p>	<p>"Support" means providing initial provisions for home gardening and poultry such as seeds/chicks etc.</p> <p>"Home gardening" Income generation activity done at the home level to be a regular feature of receiving nutritious food .</p>	<p>Activity completion report Distribution list Home visit survey Monitoring report PC inspection report</p>	<p>Bi-annually</p>	<p>Parents, Agricultural Department Officials, mid wife, health dept. officials, CM, PC</p>	<p>Data collected bi annually and kept record to be reviewed by PM</p>	<p>Used for future planning and shared with NO</p>
<p>Output 3 3.1 ECD centres equipped with age appropriate learning and play materials.</p>	<p># of ECD centers equipped with appropriate learning and play materials</p> <p>All girls/boys uses the materials in ECD centre</p>	<p>"Appropriate learning and play materials". Materials that engaged children enthusiastically in playing, learning and other activities at ECD center according to their age and ability.</p> <p>"Uses" Girls and boys have access to the materials and freely engage in activities in a regular manner.</p>	<p>Attendance list. Training module. Observation visits. Pre/post evaluation. List of materials supplied</p>	<p>Bi-annually</p>	<p>Parents, Preschool teachers, mid wife, health dept. Preschool officials, CM, PC</p>	<p>Data collected bi annually and kept record to be reviewed by PM</p>	<p>Used for future planning and shared with NO</p>

<p>3.2 ECD teachers improved knowledge on standard ECD practices</p>	<p># of teacher trained on standard ECD practices</p> <p># of teachers who developed appropriate teaching materials</p> <p># ECD centers with relevant material produced by teachers and children</p> <p># of girls/boys registered into center based ECD education</p>	<p>"standard ECD practices" The government has set of standard for child development at ECD centers. Teachers trained will adhere to those standards and maintain them regularly</p> <p>"Appropriate teaching materials" Materials suitable for different age, gender category of girls and boys to be handle safely for their development</p> <p>"Relevant materials" Materials such as drawings, paper objects, items on locally available materials produced by children with the help of the teachers.</p> <p>"Registered"</p>	<p>Training modules</p> <p>Observation visit reports</p> <p>Attendance</p> <p>List of playing and learning materials supplied.</p> <p>New ECD enrollment name list</p>	<p>Bi-annually</p>	<p>Parents, Preschool teachers, mid wife, health dept. officials, CM, PC</p>	<p>Data collected bi annually and kept record to be reviewed by PM</p>	<p>Used for future planning and shared with NO</p>
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		Children getting entry to the ECD center and their names are including in the ECD documents.					
3.3 Parents and other caregivers made aware on importance of ECD education	# of parents sending their children to ECD centers regularly	"Regularly" parents sent their children to centers at least 15 of the ECD school days for a month	Training attendance Training curriculum	Bi-annually	Parents, Preschool teachers, mid wife, health dept. officials, CM, PC	Data collected bi annually and kept record to be reviewed by PM	Used for future planning and shared with NO

Referring to the logical framework/matrix

- **Describe plans for project monitoring**

Project will be monitored in partnership bases by

1. Board of Directors of the Vavunathivu Development Organization
2. Project Manager, Vavunathivu Development organization
3. M & E Officer ChildFund – Sri Lanka
4. Divisional Secretary Manmunai West and his officers
5. Zonal Education Director and his officials
6. Preschool Education Bureau Authority officials

Partners and Roles

ChildFund – International

CF International will provide funding to Vavunathivu Development Organization

ChildFund- Sri Lanka

CF Sri Lanka will provide technical assistance for the project. The Project Officer CF and others will provide required support to the Federation for smooth implementation of the activities. Programs Director, Sponsor Relation Manager, Project Manager – community Development will provide needed advice for the smooth implementation of the projects.

Government Agent:

Government Agent is the head of the civil administration of the district including Manmunai West Divisional Secretary division. GA will grant approval for the project launching with the recommendation of the Divisional Secretary of Manmunai West DS division.

Divisional Secretary:

Divisional Secretary will assist in recommending the project to GA and have periodical review of the programs being implemented and also his staff will monitor and give necessary assistance to the smooth implementation of the program.

Education Department:

Education Department officials will support in finding resources for educational activities of the program and assist in all educational activities of the project.

Health Department

Health Department officials will assist in any health related matters of the children and medical treatment.

Probation Department

Probation Department will assist in Govt. CP Policy implementation and reporting mechanism

Preschool Education Bureau

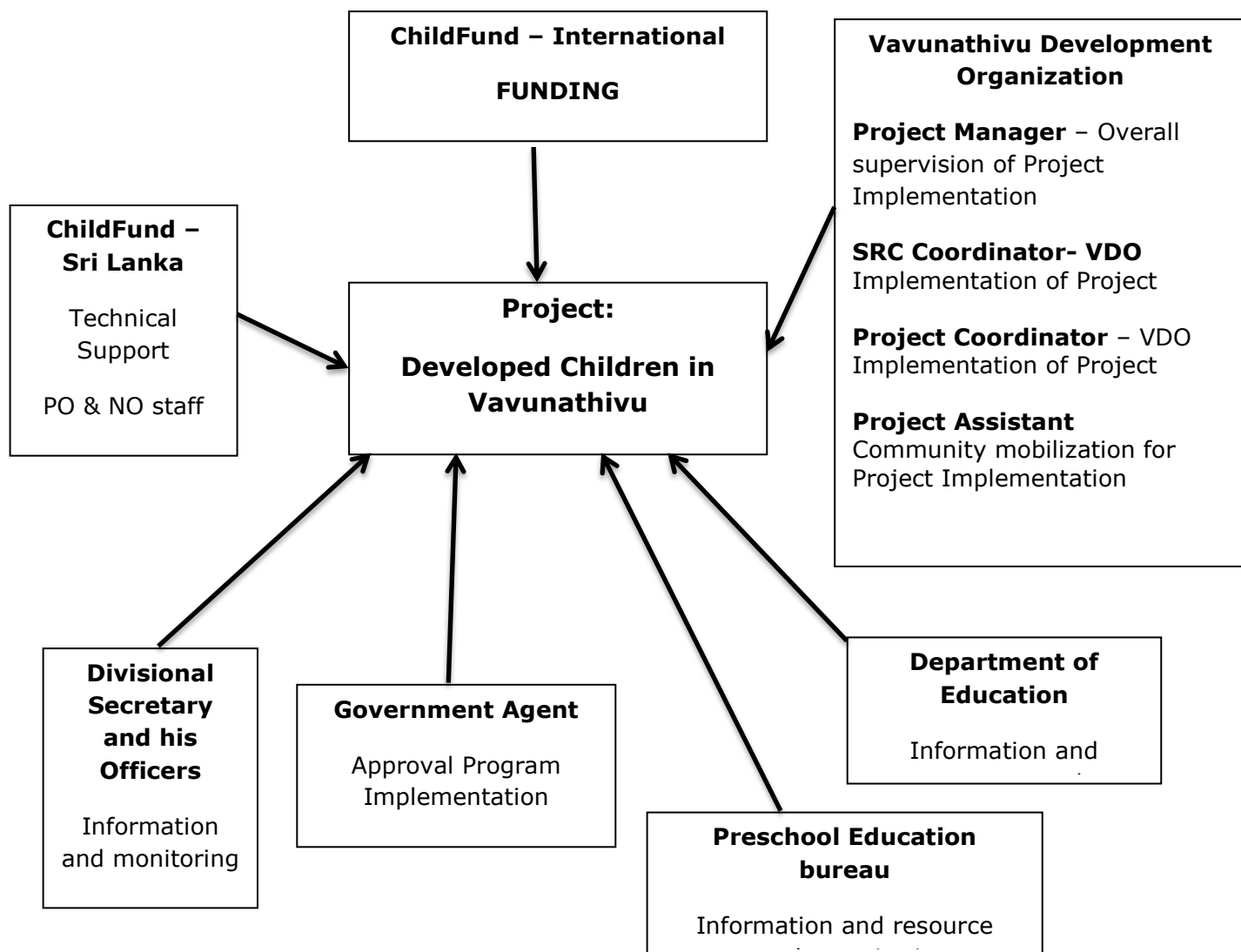
Preschool Education Bureau will support by providing curriculum for enhance preschool teachers training, conduct and reports submitted.

Staffing and Capacities

Position	Time spent	Main Responsibilities
Project Manager	20 %	Coordination Project implementation. Finance Management/Coordinate with Divisional Secretary management /Networking for federation/review and make comments for PC's reports/ Accountable for financial management.
Sponsor Relations Coordinator	30 %	Coordinate project implementation on SR responsibilities. Review budget reporting information to NO and PM
Project Coordinator	90 %	Ultimate responsible person for the PD implementation/ guide CM for implementation of activities/ AOPB monitoring/Reporting to PM/ zonal networking/obtain specific technical support from respective stakeholders and provide budget information to CM/Stake holder review
Project Assistant	40 %	Organizing the community for activities, understand and get knowledge about the basic concept of core programs/quarterly reviews and reporting to PC's.
Finance Officer	75 %	Budget Management. Preparation of vouchers and timely disbursement of cheques. Adhere to financial policies on payment. Prepare BVA and submitting to supervisors. Ensure the budget burn rate is maintained.
Project Officer – CF SL	40 %	Overseeing of program activating, advice, involve in workshop, field visit, BVA burnt rate, coordination with NO.

Project Management Structure

(Include a chart illustrating the project management structures, including communication and reporting relations between partners, ChildFund and other project stakeholders; briefly describe key relationships portrayed in the chart)



Activities implementation plan

Activity #	Activity Description	1 st Qr	2 nd Qr	3 rd Qr	4 th Qr
Outcome 1 Parents and other caregivers of children 0 - 5 yrs consistently apply their increased knowledge and skills on child health					
Output 1.1 Parents and other caregivers have access to education programs on child development and positive parenting					
1.1.1.	Identification of required materials for home based friendly set up by home visits and supply of home based identified materials to the children		xxxx	xxxx	
1.1.2	Small cluster awareness to parents on importance of child development		xxxx	xxxx	
1.1.3	Conduct storytelling, teaching creative handiwork using local resource materials. session to children in group by external resource person	xxxx	xxxxx	xxxx	xxxx x
1.1.4	Conduct Children's day/ fun day events 10 events @ 30,000.00			xxxx	xxxx
1.1.5	Awareness to parents on observation of age appropriated stimulation of child	xxxxx	xxxxx	xxxxx	xxxx
Output 1.2 Improved knowledge on hygienic practices of parents and caregivers					
1.2.1	Selection and conduct awareness program on good hygiene practice. Such as dental care and body cleanliness. groups of parents in zones of 4		xxxx	xxxx	
Outcome 2 Parents and other caregivers of IYC's consistently apply appropriate nutrition practices					
2.1 Parents and caregivers on IYC's are made aware on positive nutrition practices through lead parent program					
2.1.1	Provision materials for home visits to lead parents and facilitation 11 lead parents – each 12 visit per month	xxxx	xxxx	xxxxx	xxxx x
2.1.2	Bi monthly review meeting of lead mothers in order to identify the issues and other required assistance and action to be tapered accordingly (travel & meals included)		xxxx	xxxx	
2.1.3	Small group discussion with parents on nutritious food. 4 zones each zone 10 program @ 5000.00	xxxx	xxxx	xxxx	

Activity #	Activity Description	1st Qr	2nd Qr	3rd Qr	4th Qr
Output 2.2 Parents and other caregivers of IYC's have access to improved livelihood security					
2.2.1.	Assistance for household food security			xxxx	
2.2.2	Awareness program various avenues of household food security to parents			xxx	
Outcome 3 Children aged 3 - 5 years are ready for primary education					
3.1 ECD c enters equipped with age appropriated learning and play materials					
3.1.1	Purchase and distribution of play , learning and teaching materials, ect to 5 ECD centres (10 x 10000.00)		xxxx	xxxx	
3.1.2	Exposure visit for ECD centre children to other centres/parks to see the ways and methods being used by others in ECD education. The PTA of ECD centres will organize with the parents and support given by VDO – ECD canters coupled for this activity (transport & refreshment)		xxxx	xxxx	
Output 3.2 ECD teachers improved knowledge on standard ECD practices					
3.2.1.	DRR refresher training and Basic first aid training to ECD teachers			xxxx	
3.2.2	Supply of needed weight, height measurement equipment to ECD centres that so not possess them – 5 new centres to be enrolled	xxxx			
Output 3.3 Parents and others caregivers made aware on importance of ECD education					
3.3.1.	Parents and other caregivers given awareness training on importance of education in 10 ECD Centers –	xxxx	xxxx		
3.3.2	Review with stakeholders 2 meeting		xxxx		
3.2.3	Monitoring & evaluation		xxxx	xxxx	xxxx

Budget

Activities		Unit	Rate	Amount
Outcome 1 Parents and other caregivers of children 0 - 5 yrs consistently apply their increased knowledge and skills on child health				
Output 1.1 Parents and other caregivers have access to education programs on child development and positive parenting				
1.1.1.	Identification of required materials for home based friendly set up by home visits and supply of home based identified materials to the children (47 x 3000.00) (children 0 – 3 yrs)	47	3,000.00	141,000.00
1.1.2	Small cluster awareness to parents on importance of child development.25 meeting with 10 families in each meeting with training materials, accommodation, resource person, travel and refreshment @ 13000.00	25	13,000.00	325,000.00
1.1.3	Conduct storytelling, teaching creative handiwork using local resource materials. session to children in group by external resource person	20	20,000.00	400,000.00
1.1.4	Conduct Children’s day/ fun day events 10 events @ 30,000.00	10	30,000.00	300,000.00
1.1.5	Awareness to parents on observation of age appropriate stimulation of the child	20	20,000.00	400,000.00
output 1.2 Improved knowledge on hygienic practices of parents and caregivers8				
1.2.1	Selection and Conduct awareness program on good hygiene practice. Such as dental care and body cleanliness. Groups of parents in zones of 4 (8 x 25,000.00) with external resource person, travel, refreshment.	8	25,000.00	200,000.00
Outcome 2 Parents and other caregivers of IYC's consistently apply appropriate nutritious practices				
2.1 Parents and caregivers on IYC's are made aware on positive nutrition practices through lead parent program				
2.1.1	Provision materials for home visits to lead parents and facilitation 11 lead parents – each 12 visit per month for 12	1584	150.00	237,600.00

		months			
	2.1.2	Bi monthly review meeting of lead mothers in order to identify the issues and other required assistance and action to be tapered accordingly (travel & meals included)	6	10,000.00	60,000.00
	2.1.3	Small group discussion with parents on nutritious food. 4 zones each zone 5 program @ 5000.00	20	5,000.00	100,000.00
Output 2.2 Parents and other caregivers of IYC's have access to improved livelihood security					
	2.2.1.	Assistance for household food security	70	3500.00	245,000.00
	2.2.2	Awareness program various avenues of household food security to parents.	4	25,000.00	100,000.00
Outcome 3 Children aged 3 - 5 years are ready for primary education					
3.1 ECD centres equipped with age appropriated learning and play materials					
	3.1.1	Purchase and distribution of play , learning and teaching materials, etc. to 5 ECD centres (5 x 10000.00)	5	10,000.00	50,000.00
	3.1.2	Exposure visit for ECD centre children to other centres/parks to see the ways and methods being used by others in ECD education. The PTA of ECD centres will organize with the parents and support given by VDO – ECD canter coupled for this activity (transport & refreshment)	05	20,000.00	100,000.00
Output 3.2 ECD teachers improved knowledge on standard ECD practices					
	3.2.1	DRR refresher training and Basic first aid training to ECD teachers	2	100,000.00	100,000.00
	3.2.2	Supply of needed weight, height measurement equipment to ECD centres that do no process them – 5 new centres to be enrolled	5	10,000.00	50,000.00
Output 3.3 Parents and others caregivers made aware on importance of ECD education					

	3.3.1	Parents and other caregivers given awareness training on importance of education in 5 ECD Centres – 2 per centres@ 10,000.00	10		
				10,000.00	100,000.00
	3.3.2	Review with stakeholders 2 meetings	2	30,000.00	60,000.00
	3.3.3	TOT on neighbourhood play model	1	60,000.00	60,000.00
	3.3.4	LS 01 strategy Development workshop	1	60,000.00	60,000.00
	3.3.5	Sharing LS 01 strategy with LP	1	60,000.00	60,000.00
	3.3.6	Monitoring & evaluation	6	5,000.00	30,000.00
	Project Implementation cost				3,178,600.00