



***Project proposal for Safe and secure infants
& young children in
T Field Area Federation***



**T-Field Child Development Federation
Nuwara-Eliya
Financial Year – 2017**

List of Acronyms

- ASP-Area Strategy Plan
- BOD-Board of Director
- CDA-Community Development Assistant
- CDO -Child Development Officer
- CSP-Country Strategy Plan
- CFI-ChildFund International
- CFSL-ChildFund Sri Lanka
- CHDR-Child Health Development Record
- DMC-Disaster Management Center
- DS- Divisional Secretariat Office
- ECCD -Early Childhood Care and Development
- ECD-Early Childhood Development
- CEO-Chief executive officer
- GN-GramaNiladari
- HEO-Health Education Officer
- HH-House Hold
- HBC-Home Based Care
- IYC-Infant & Young Children
- MOH-Medical Officer of Health
- NCPA- National Child Protection Authority
- PO -Program Officer
- PHDT-Plantation Human Development Trust
- PHM-Public Health Midwife
- RDHS-Regional Director of Health Services
- TFCDFS- T-Field Child Development Federation Sri Lanka

1. Project Summary

Project Name	Project proposal for Safe and secure infants & young children in T Field Area Federation.
Project objectives	Children, age 0-3, in the targeted communities in T-Filed project location in NuwaraEliya district has improved nutritional status and age appropriate stimulation
Core program area	Life stage 01- Healthy and Secured Infants
Location of project	11 estates of Thalawakelle plantation in NuwaraEliya Divisional secretariat in NuwaraEliya district
Impact group	2837 children who are on 0-5 age group. This group includes 687enrolled children and their parents/ care givers (male - 329/female-358), and 2150 non enrolled children and their parents/ care givers.
Target group	Parents, lead parents, Teachers of 43 ECD centers managed by the estate, Teachers of 39 private pre schools not managed by the estates, ECD officer in divisional secretariat, MOH, PHMs, MOMCH, PHI, HEO, ,EMAs, PHDT,PTAs, Central province department of early childhood development, NCPA, DCRPO, GN,DMC and the estate management.
Project start and end date	July 2015 – June 2018
Implementation partners:	<p>Divisional Health Department, Central province ECD unit ,estate management are the main partners identified for LS-1.They have technical capacities to impart knowledge and skills but gaps in knowledge and skills will be filled by outsourcing to local experts. Other linkages as such PHDT, agriculture and will be coordinated to get the required assistance.</p> <p>ChildFund Sri Lanka National Office is expected to provide technical support as well as guidance through reviewing progress of the project. National level coordination when necessary is requested from CFNO by local partner.</p> <p>T-field will facilitate to conduct project activities and also take follow-up of the projects as planned Reporting on schedule to CFNO and relevant, stakeholders is done by T -field.</p>
Total budget	5,000,051.00LKR

Project Design Team

Name	Title	Main Contribution
Mr. Nalin Wasundara	C.E.O	Supervision
Mr. Dharmendraj	Life stage PO	Planning and providing inputs for the proposal
Ms. Anushka Yaddehige	M & E officer	M & E plan and reviewing the proposal content
Ms. Philomina	PO-Implementation	providing inputs for the proposal from the field level

Singed off

Reviewed and recommended by :

Technical Specialist – Nutrition

Reviewed and recommended by:

M & E Officer

Reviewed and approved by:

Program Director

2. Project Rationale

2.1 Problem statement and the causes

Core problem -“Infants and young children in 0-5 year age category of plantation sector in T-Field operation area do not reach age appropriate development”.

a.) Malnutrition and underweight children

It is well known fact that malnutrition and underweight affect the growth and development of children. 29% of children are low birth weight while (111) still child births out of 11,338 live births in 2012 in NuwaraEliya District (District Statistical Handbook, NuwaraEliya, 2013). According to the baseline survey conducted in Enhance Project of Child Fund Sri Lanka, June 2013, 33% of children are reported as malnourished and 35% of children are low birth weight in the estates where T-Field operates. It has been further validated through the Focused Assessment and Analysis done by the T-Field Federation in 2015. This situation is due to lack of knowledge of mother and other care givers of children about appropriate nutrition practices and teenage pregnancies. In T field area teenage pregnancy reported as 28-% in 2014. According to ASP the underweight prevalence among infants and young children in TFCDF is 30 % while severe underweight rate is 5%-and recent data received from MOH-NuwaraEliya and Kottagele also confirm that children aged 0-5 suffer from malnutrition.

b.) Frequent illness among children

As per MOH data of March 2015, it has been reported that 25% of children suffer from dental caries and 25% of children be ill with gingivitis in the age category of 0-5 years. Particularly, Focused Assessment and Analysis exercises show that there is 60% of children suffer from oral health issues. It has also been found that there are incidences of Typhoid, diarrhea and skin disorders among these children. This is due to poor quality of drinking water and improper hygienic practices at their houses. Accurate data on these issues are not available but health authority confirms that prevalence of skin diseases is high.

c.) Insecure home environment

Cooking stoves are insecurely located in 36% of households in the T Field operating area placing children's lives at risk. In 2014 the National Building Research Organization (NBRO) reported that, 05 estates in the areas where the T Field is active are declared as vulnerable areas for disasters such as landslides. Out of this, 36 worker houses are under risk. As found in the Focused Assessment and Analysis, there had been incidences of falling children into unprotected water sources and drainage canals in the estates. It is

also reported that 60% of parents and caregivers do not pay much attention on child care at their homes.

d.) Children do not reached into full potential

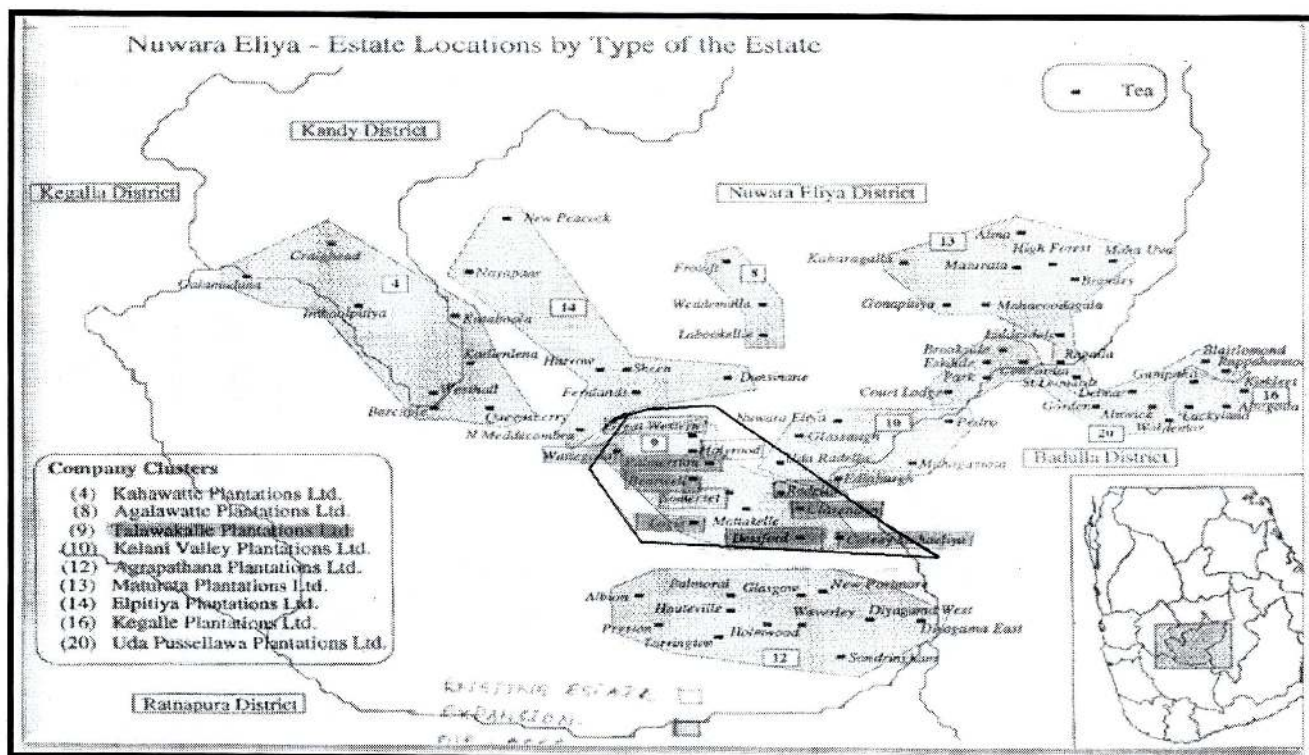
There are 43 ECD centers located in T-Field operating area and male -218/female-219 enrolled children attend to the ECD centers. According to the Focused Assessment and Analysis, 40% children in 3-5 age group is not attending to pre schools. 4 numbers of ECD centers do not have enough space for children to gain learning experience. Most of these centers operate as crèches where both 0-2 and 3-5 age children are kept for caring and learning. Teachers have to pay more attention for caring of infants (0-2 age) and therefore they do not have adequate time to engage with 3-5 age children's activities related to their age appropriate stimulation. Further it has been highlighted that these teachers do not have basic knowledge on ECD principles required for best child learning practices and caring. Based on the Central Province Corporate Plan for Early Childhood Care and Development for 2015-2019 (prepared by the Provincial Chief Ministry and the Ministry of Education), 43% pre-school teachers do not have either diploma or a certificate pertinent to ECD.

2.1 Location and Target group

Impact group: 2837 children who are on 0-5 age group. This group includes 687 enrolled children and their parents/ care givers (male -329/female-358), and 2150 non enrolled children and their parents/ care givers.

Target group- Parents, lead parents, Teachers of 43 ECD centers managed by the estate, Teachers of 39 private pre schools not managed by the estates, ECD officer in divisional secretariat, MOH, PHMs, MOMCH, PHI, HEO, EMAs, PHDT, PTAs, Central province department of early childhood development, NCPA, DCRPO, GN, DMC and the estate management.

Map of the Geographical area



3. Project Strategy

3.1: Project Strategy Statement

Male -218/female-219 children will be targeted in 11 estates in Talavakella plantation area where T-Field Child Development Federation is operating. (Including m new enrolled131)

- a. Strategy 01 is aimed to reduce the malnutrition/ under weight of 0-5 year aged children in plantation sector by supporting health department to improve the resources at each estates. Improvement of the health centers, start dental health services to crèches/ECD centers and educate parents, care givers and ECD teachers/ crèche attendant of IYCs on positive nutrition practices and health practices are key services under this. There lead parents concept is applied to minimize the existing service gap and to strengthen/create sustainable mechanism in these communities.
- b. Most of these identified children within the project area and many other indirect beneficiaries do not have access to clean drinking water. People in these areas get water from insecure water sources and improper water distribution networks. As a result, these communities are facing many health issues due to waterborne diseases. To address these issues, T-Field Child Development Federation Plantation sector have designed a project where these communities will be given constant awareness on the importance of using clean water for a healthy life.
- c. Initially the existing water sources in these plantations would be inspected and tested for contamination and proper purifying methods would be introduced and the distribution problems would be rectified and in areas where water sources are not available wells or tube wells would be excavated so that the community has a proper and individual supply of clean water.
- d. These interventions will help to directly address the issue of lack of access to safe drinking water and indirectly address many other identified and unidentified problems faced by the people, such as adults attending work on time, increase the number of children attending schools, increased family savings, decrease health issues and diseases and minimize the abuse rates etc
- e. The issues related to community water and hygienic sectors are addressed by providing necessary supports for the particular communities and households to have sustainable solution for them. These interventions are implemented by which the plan made up with department of health and estate management. Overall responsibility goes to department of health to implement and monitor the programs and estate management will allocate lands and related local resources required while TFCDF is proving financial or in-kind supports.
- f. Integrated action plan is prepared with district disaster management center (DMC) to resettle of families from 6estates and the replacement of crèches/ ECD centers is done collaboratively with ECD unit of Central province education department.

- g. Age appropriate stimulation of the children aged 0-5 year aged is improved through capacity building of ECD service of Central province department of education while physical improvements of crèches are directly cared by TFCDF in collaboration with estate management& PHDT.

3.2 Project strategy justification

Project strategy was selected by T-Field Child Development Federation according to their past experiences and lessons learnt. Estate management, PHTD and Central province ECD will support to the project implementation. Project will try to get the support from all the government institutions that work for the children. According to the TFCDF prior experiences youth are the strength of the plantations community when implementing a community project. This is because of all the parents are busy in their employments or daily chores. So this project will consider mobilizing youths to disseminate the project activities. And also this time, T field makes attempts to get more engagements of fathers for child care and development. This team will be the strength of the project and at the end of the project they will build up good recognition within the estate management.

Project design process:

The project designing process included several steps. At the initial stage, the TFCDF team reflected on the FY 16.

Firstly, the progress of planned proposal was reflected in all life stage programs, capacity building programs, SR and finance. During the reflection of FY 16, key accomplishments, overall impact, activities that have not been achieved as planned, activities that have to be continued as FY 16, were taken in to the consideration. Secondly, reflection on the current operating context was done through discussions of the program team, discussions with board of directors and stake holders such as DMC, health department, Education department, the youth service council, child protection authority and other NGOs working in this area. Thirdly, M & E results analysis (CVS and M & E level 2), were used to create links for future planning. Having reflected on FY 16, having analyzed the 3 year proposal, and the current situation of the geographical area that we are working in, the activities for the next financial year were developed. Life stage program officers of each Life stage was primarily responsible for drafting the proposal for FY 17, and reflection of FY 16 and the input of whole program team have been taken in to the consideration. All the steps were lead, monitored and given the necessary advices by the C.E.O of TFCDF.

Reflection on FY16

2.1 Reflection on FY 16 progress against the plans

During the initial planning of the 3 year project, it was identified that the core problem face by the infants in the TFCDF operational area is “infants and young children in 0-5 year age category of the plantation sector do not reach age appropriate development. Related to this core problem, malnourished and underweight children, frequent illness among children, insecure home environments, and children not reaching in to their full potential are some of the main issues identified during background analysis.

A set of activities were developed and put in to action to address the above mention problems in FY 16. In FY16, 437 enrolled IYCs were targeted in 11 tea estates in Thalawakelle plantation through the activities. Health and Nutrition, Home base care, Early Childhood developments are the main program areas that were been covered through the activities to address above mention core-problem.

Through the implementation of the above mention programs, we have been able to address the problems that we identified during the analysis, to an extent. Through the activities that addressed the issue of malnourishment of the children (screening, parental awareness, PD hearth, trainings for CDOs), have lead to reduce the malnourished status of enrolled children in 84% comparing to the baseline data on nutrition status of enrolled children. Also, through the awareness programs conducted for parents/ care givers, and CDOs/teachers have lead to increase in parents’ knowledge on early childhood development, to improve positive nutrition practices of parents, and to improve the standards of ECD centers.

Apart from the key accomplishments, there was an activity that could not be achieved as per the proposal. The failed activity was training lead parents to do home visits to make sure the parents are using the knowledge that they gain through the trainings/ awareness programs. Even though this activity was planned to improve the effectiveness of the awareness programs, the lead parents found it difficult to allocate time to do home visits. Also, their lack of knowledge on record keeping and difficulties in following the responsibilities lead to failure in this activity. Therefore, during the mid year review it was decided to conduct this activity as a pilot program to identify best methods to continue the activity. Even though the pilot program shows some improvements, it cannot be recommended that this is a suitable program to be continued.

We also conducted an activity that was not in the proposal as per the decisions during midyear review. It was decided that we should focus on improving sanitation facilities in estates thus we have established a garbage disposal system in estate housing schemes.

Based on the reflections and reviews of the FY 16 activities, the activities that have contributed less towards the outputs/ outcomes will be removed or the implementation method will be changed, and the activities that have contributed more towards the impacts will be continued in the FY 17 proposal. Since the identified problems during initial planning are still present in these communities, most of the planned activities are to be continued. However, the method of implementation and the target group will be changed/ improved. Most of the parent awareness

programs, nutrition programs, and teacher awareness programs are to be continued since there are newly enrolled children in the impact group. Also, this year we decided to conduct all CDO awareness programs for pre-school teachers in the private pre-schools since most of our enrolled children are attending to those private pre-schools.

Moreover, instead of developing/ renovating pipe system to give easy access to water, this year we have decided to identify and establish water purification system. Even though there are natural water sources in the estate areas, not all sources are suitable for drinking. Research says only 30 % of water sources are suitable for drinking in NuwaraEliya, due to heavy contamination from chemicals and excreta. Even though we have provided with domestic water filters, everyone in the community do not have access to those, and it does not last for a longer period. Thus, we identified the importance of developing a purification system. The detail description of the method of implementation and the target groups will be given in the activity descriptions below.

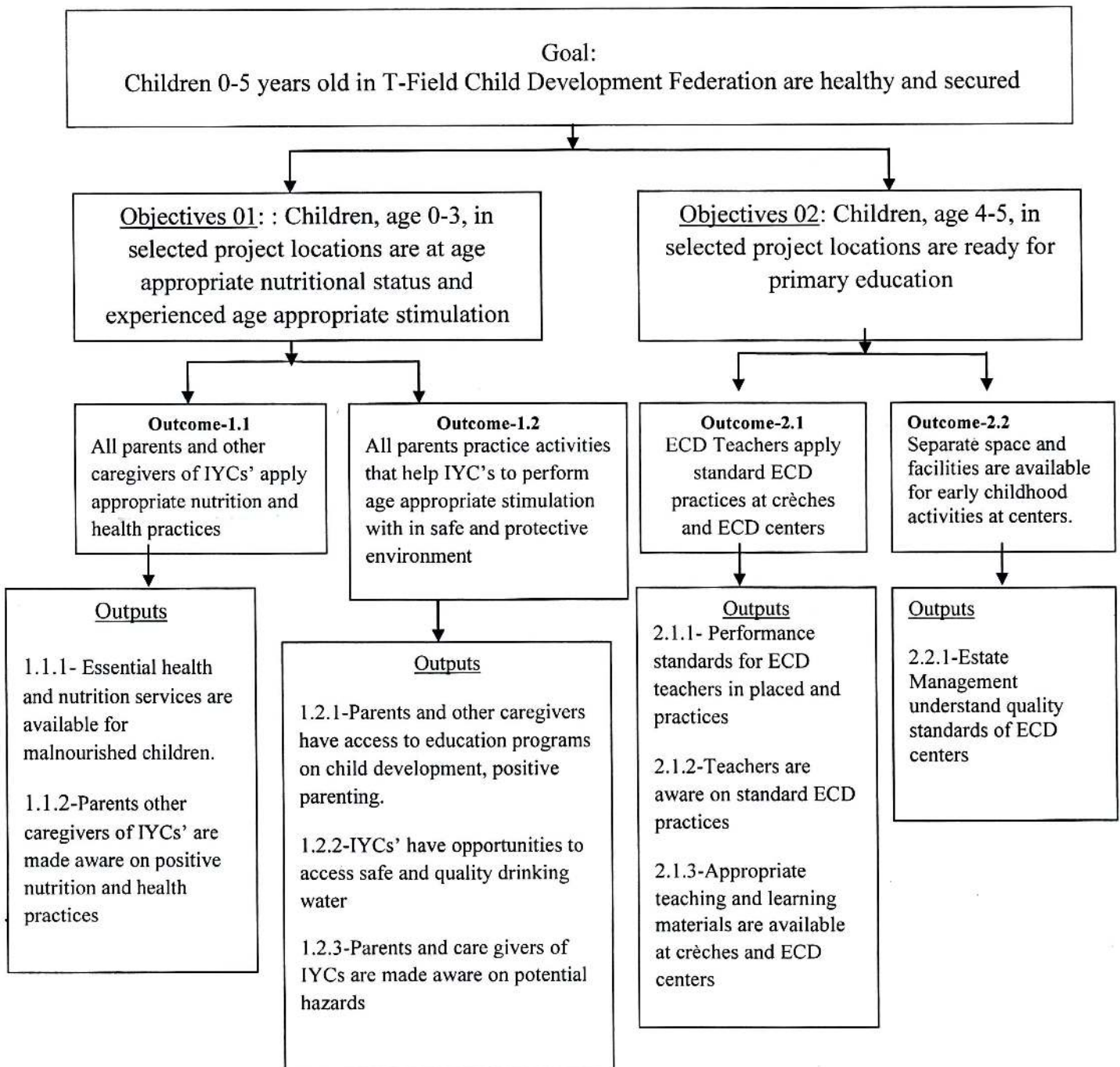
Reflection on current operational context.: Comparing to the initial stage, operational context have not been encountered changes immensely. Similar to the initial stage, raining climate in NuwaraEliya act as a slight disturbance to conduct activities as planned.

Even though there are NGOs such as, PREDO, save the children, Simarna church, working in our operational area, it has not negatively affected for our implementations. They are working on activities such as pre-schools constructions, and developing sanitation facilities. However, an NGO called "Compassion" caring out a project through which our enrolled children are re-enroll in their sponsorship programs, and provide food and funds for personal constructions. Regardless our effort in changing community's attitudes from the dependency to more independent development, this organization drags community down to the dependency again. Since parents are more attractive towards the material supports, we face difficulty in implementing some of our programs in the community.

Moreover, a charter has been developed and approved by the central province with the funding of World Bank. They will take the responsibility to standardize the quality of ECD centers. Estate sector responsibility will be taken by the PHDT. We are taking leading role to maintain the standards of ECD centers in the 11 estates.

3. Description of the project objective

3.1.Result Frame work



Outputs 1.1.1- Essential health and nutrition services are available for malnourished children

<i>No</i>	<i>Activity</i>	<i>Description</i>
1.1.1.1	Screen to identify malnourished children.	<p>The screening will assist to identify malnourished children to determine the assistant they need. Also, the screening will help us to identify the root causes and to develop the mechanisms to address the root causes. The screening will be done with the collaboration of MoH in all 11 estates.</p> <p>This activity was conducted in last year and succeeded in identifying malnourished children and low weight pregnant mothers. The identified children and the pregnant mothers were given necessary assistant / directions/advices to improve their situation. End line data shows that 84% of identified underweight children have shown improvements in their weight.</p> <p>Having seen the positive results, we intend to continue this activity in this year. During this year this activity will help to identify malnourished children in the newly enrolled children group, and to follow up the progress of last year's screened children group. New enrolled group: 250 children (male 111, female 139)</p> <p>Last year we also, screened pregnant mothers with low weight gain. Since the government has a new program focusing on improvement of pregnant mother's nutrition, we have decided to remove the pregnant mothers from this activity.</p>
1.1.1.2	Facilitate physical check-up for the malnourished children by pediatrician.	<p>Children who don't have appropriate weight for their age will identify from the above screening. These children will be directed to the pediatrician. Also, with the support of MOH officials, the physical check-ups will be done to identify underline causes of malnutrition, and curative measures will be taken. Having seen the positive results, we intend to continue this activity for newly enrolled children in this year as well.</p>

1.1.1.3	Plan out and execute rehabilitation session (PD Hearth) for the identified malnourished children.	<p>PD Hearth sessions will be organized in ECD centers/ private pre-schools in which identified malnourished children are attended.</p> <p>The introduction sessions will be done by the PHMs, and the program will be continued by the CDOs/pre-school teachers.</p> <p>The sessions will be conducted using food menus with locally available food, and for 10 days the children will be provided with the food in the given menu. The parents/ caregivers of malnourished children will be actively engaged in these sessions so that they gain necessary knowledge to follow the method at their homes as well.</p> <p>“The Community Nutrition Manuals” provided by the ChildFund will be used as a manual in these sessions.</p>
1.1.1.4	Provide awareness and the material support to ECD centers to establish home gardens.	<p>ECD centers, in which the indentified malnourished children are attended, will be given awareness and material support to establish home gardens. Officers of agriculture department will conduct awareness sessions & monitoring.</p> <p>Last year, the materials were provided for the parents to establish home gardens at childrens’ homes. However, it did not demonstrate positive results since most of the parents failed in establishing home gardens due to reasons such as less space at home, and inadequate time to do the gardening. Since most of the ECD centers provide lunch for the children, it will be more effective if the ECD centers have home gardens with nutritious vegetables.</p>

Outputs 1.1.2 Parents / caregivers of IYCs' are made aware on positive nutrition and health practices.

<i>No</i>	<i>Activity</i>	<i>Description</i>
1.1.2.1	Conduct training to Child development officer and pre-school teachers on Nutrition & development(ToT)	<p>ToT training on nutrition will be conducted for CDOs and pre-school teachers of private pre-schools. The training will be conducted by MoH. Food groups, balanced diet, variety of foods, locally available nutritious foods, and nutritious food preparation are the key topic of the training.</p> <p>This activity is a continuation from last year. Since considerable amount of enrolled children are attended for pre-schools, this year's training will target the pre-school teachers of the private pre schools as well. Also, a few new CDOs who did not receive last year's trainings will also be attended to these trainings. (39 pre-school teachers and 06 new CDOs)</p> <p>Conducted raining programs for crèche development officers have led to a positive change in infant feeding menus. The nutrition charts showcased in the centers indicates the improvement of these CDOs on paying attention on feeding nutrition food to infants. It is noticeable that these CDOs frequently encourage the parents to feed children with given nutritious food. According to the observations in the ECD centers there is about 60 % improvement of children brining nutritious food to ECD centers instead of typical rote menu they used to have. From these positive indicators, it is seen the importance of continuation of these trainings.</p>
1.1.2.2	Conduct awareness sessions to parents/care Givers on Nutrition & development	<p>A training session will be conducted for all the parents/care givers by the trained CDOs/ pre-school teachers using the knowledge they gained through ToT.</p> <p>This activity is a continuation from last year. However, the parents of the children who attend to private pre-schools are also included in this year's trainings.</p> <p>From the last year trainings, there is a positive change in infant feeding methods as explained in effectiveness of activity number 1.2.1.</p>

1.1.2.3	Facilitate the trainings for the volunteer groups formed by the PHM.	Currently an initiative has taken by the department of health to form a team of volunteers to work with PHM to improve the nutrition status of children in the estate sector. Through this activity, we will facilitate the trainings for these volunteers. Through the facilitations, we intend to assist to develop a strong volunteer team who will ultimately contribute to improve the nutrition status of our enrolled children.
1.1.2.4	Facilitate to conduct awareness on, child oral health for the parents of the children of 0-5 age group.	According to MoH report, Bad oral health is one of the main issues that can be seen in children in the estates. Therefore, apart from the nutrition, we decided to focus on children's oral health as well. Through these awareness sessions, parents will be made aware of the positive oral practices that they should teach their children. The children also will be participating to this training, and there will be demonstration sessions on positive oral practices. A dentist will be conducting the awareness program.
1.1.2.5	Conduct a mobile dental clinic in estate wise.	The mobile dental clinic will assist to identify the oral issues faced by the children and to provide the necessary treatments.

Output-1.2.1- -Parents and other caregivers have access to education programs on child development and positive parenting

No	Activity	Description
1.2.2.1	Awareness session for parents on element of safe & protected home environments.	One day awareness session for parents will be conducted by PHI/PHM. Safe cooking area, safe garbage disposal, arrangement of dangerous kitchen utensils, and keeping the pesticides at home are some of the topics that will be covered in these sessions. The trainings will be done in all crèches and pre-schools. Through home visits, it is clear that parents have started paying their attention in creating safe home environments, and they follow the methods that they've been taught in the trainings to improve the safe environment at home. We have planned to conduct these trainings in 43 divisions in 3 years. Last year we have only

		conducted this program in 09 divisions. We will continue this activity in next two years to cover all 43 divisions.
1.2.2.2	Awareness on Home Base Care for parents	<p>This activity will consist of 02Steps</p> <p>During 1st step training will be given to volunteers on appropriate stimulation of infants at home, creating child friendly spaces at homes and positive parenting.</p> <p>During the 2nd session, the trained volunteers will do home visits to aware parents on appropriate stimulation of infants at home, creating child friendly spaces at homes and positive parenting. They will do the activities related to stimulation, and child friendly space together with parents. The home visits will be done in monthly basis.</p> <p>The 3rd session will be an awareness session on positive parenting practice.</p> <p>The trainings for volunteers will be done by HBC specialist from child secretariat.</p>
1.2.2.3	Develop models Home in 11 estates to introduce "child friendly homes concept"	Having given the training to the parents on creating child friendly space at home, a model child friendly spaces will be created in all 11 estates. These model spaces will be developed under the supervision of HBC specialist. He will visit 02 model homes, and give feed backs and advices. Then, the volunteers will continue monitoring the model homes.
1.2.2.3	Awareness session for fathers/ male caregivers on their role in child development	<p>PHM/ ECD officer in DS office will conduct two half day session to fathers of aged 0-5 children on their role. "Parent's Guidance", a manual developed by Plan international, will be used as the guideline for these trainings. In this year, this activity will be conducted in all 43 divisions.</p> <p>Last year we introduced this activity and rolled out as a pilot program. We have conducted awareness sessions in 07 divisions out of 43. According to the review discussions had with</p>

		<p>the fathers who participated, the trainings have helped them to improve the knowledge of the fathers on nutrition, child development, and protection. Despite the knowledge they possess on child development, still the time they spend with their children has not significantly increased. Nevertheless, there is an improvement in father's willingness to spend time with the children.</p>
1.2.2.4	<p>Awareness sessions for expecting parents (both mother and father) on child development.</p>	<p>In general in the estate sector, the responsibility of child is solely taken over the mother from the expecting period. Since mother is caring the child inside her, she is expected to take care of herself, attend to clinics, and other sessions which talks about child's development alone. However, it is important that both mother and the father gain knowledge and contribute to the child's development. Therefore, the PHMs have initiated a awareness session in which the both parents are made aware on child development. However, this activity is only conducted in MoH main offices by the PHMs. Due to the work schedules of estate working mothers and fathers, they are not able to participate for these trainings. However, it is very important that the expecting parents gain the knowledge given through these trainings. Therefore, we are planning to conduct these awareness sessions in all estates so that the parents will have easy access to the sessions.</p>
1.2.2.5	<p>Organize a "creation day" with parents (both mother and father)</p>	<p>This activity will be conducted in two steps. In the first step a ToT will be given to the SRAs and Program assistants on making creations with IYCs. In the second step, trained SRAs and program assistants will organize a day in which both parents together learn about creations and do the creations with their children. Through this activity we expect to increase the time that both parents spend with their children, and to improve children's creative skill which is a part of child development.</p> <p>We will be providing trainings and the material support for the activity.</p> <p>Apart from the main objectives, this activity also contributes as a SR activity since we are expecting to send these creations to their sponsors.</p>

Output 1.2.2- IYC's have opportunities to access safe and quality drinking water

<i>No</i>	<i>Activity</i>	<i>Description</i>
1.2.3.1	Water sample testing to identify possible water purification systems.	<p>Even though there are natural water sources in the estate areas, not all sources are suitable for drinking. Even though we have provided with domestic water filters, everyone in the community do not have access to those, and it does not last for a longer period.</p> <p>The survey done for Central province shows that 61% of the water sources in NuwaraEliya are not suitable for drinking. Also MoH data shows that there are high prevalence of diarrhea, typhoid and other skin diseases due to contaminated water consumption.</p> <p>Therefore, water testing will be done to identify possible water purification methods to purify natural water sources.</p> <p>The research will be conducted by the university students with the support of estate management.</p>
1.2.3.2	Developed water Purification system	<p>Having identified the possible/suitable methods for water purification in the estate sector, we will select some sample water sources to initiate the water purification systems. Then, we will encourage the estate management to continue the water purifications in all other main water sources too.</p> <p>Last year through water project, we provided them with water tanks, created the pipe systems, and did minor repairing to existing water systems. However, it was understood that, rather than creating a system to distribute water, it is very important to make sure that the water that is distributed is clean enough to drink. Therefore, we decided to work on water purification.</p>

Output 1.2.3- Parents and care givers of IYCs are made aware on potential hazards

<i>No</i>	<i>Activity</i>	<i>Description</i>
1.2.4.1	Conduct one day refresher training for ECD CDO's and preschool teachers on ECD DRR Curriculum	One day Refresher training for ECD CDO's and preschool teachers on DRR curriculum. This is a continuation activity with new impact groups this activity counted by DMC unit and get support from NO DRR PO
1.2.4.2	Provide training on DRR for parents and facilitate them to map the disaster risk areas	Identifying Disaster risk area by the parents. DMC will facilitate the sessions.
1.2.4.3	Actions to mitigate the disaster risks by parents	Having identified the disaster risk areas through mapping, actions to mitigate the risks will be taken with the initiation of the parents. For an instance, Planting trees, creating drain systems, constructing small parapet walls/fence etc. This has to be done with the support of the estate management, DMC, and the communities.
1.2.4.4	Minimum preparedness materials to respond potential emergencies for supporting of affected victims (under safety net)	Providing materials to respond to potential emergencies for example house fire/ land slide/flood

Output2.1.1- Performance standards for ECD teachers in placed and practice

<i>No</i>	<i>Activity</i>	<i>Description</i>
2.1.1.1	Awareness session on the ECD assessment system developed by the Central province, ECD unit of ministry of education, for CDOs and pre-school teachers.	Through this session, ECD assessment system developed by the Central province, ECD unit of ministry of education, will be introduced to the teachers. This also improves their knowledge on how to improve their ECD centers / pre-schools according to the standards. The session will be conducted by an official from PHDT.
2.1.1.1	Assess the ECD centers and private pre-schools using the ECD assessment system.	This assessment will be done after 06 months of the introduction session on ECD assessment standards. The assessment will help to identify the gaps that prevent the ECD centers reaching the standards. Subsequently, we will play the advocating role to encourage PHDT and the estate management to address the identified gaps.

		Since the action plans brings advantages to the children, parents and the teachers and ECD center development, we will be continuing this activity to the next year too.
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Outputs 2.2.1- Estate Management contributed to meet quality standards of ECD centers

No	Activity	Description
2.2.1.1	Present the identified gaps in ECD centers to meet standards with the estate management.	Having identified the gaps through ECD assessments, we will present those gaps to the estate management and encourage them to address those gaps. Presenting the identified gaps and explaining suitable methods to address them will be done by an expert on ECD.
2.2.1.2	Reviews sessions with estate management measure the progress of quality standards of ECD centers	Biannual review sessions will be done to make sure the identified gaps are been addressed.

Output: Improving the Life Standards of Children with Disabilities

	Activity	Description
01	Empowerment of parents of CWDs	Parents of CWDs will be encouraged to claim their children's rights to participate equally and be included with equity in the social and development mainstream.
02	Mobilization of divisional leaders	Through this activity, duty bearers in the health, education, youth, women, children, social service and sports sectors will gather together as steering committees to strengthen the services available for CWDs
03	Providing accessibility and assistive devices / medical assistance	Through this activity, appropriate assistive devices, changes to built environment, communication and information facilities required by people with disabilities for their independent living within their communities will be made available and accessible.

5. M & E Plan

Logical Frame work

<i>Objective Hierarchy</i>	<i>Indicators</i>	<i>Measurement and data sources</i>	<i>Assumptions</i>
Goal: Children 0-5 years old in T-Field Child Development Federation are healthy and secured			
Project objective: 01: Children, age 0-3, in selected project locations are at age appropriate nutritional status and experienced age appropriate stimulation	45% of 0-5 years old boys/girls have appropriate weight for their age 45% of 0-5 years aged enrolled girls and boys have attained aged appropriate development milestones	CHILD & HEALTH DEVELOPEMNT(CHDR) record Survey report -Baseline report -End line report Divisional Health records	The Project anticipates the fullest technical and mutual support from government officials,MOH/PHM/EMA/R DHS, estate management and other relevant authorities. Minimum obstructions from natural hazard such as earth slips, rain or wind storms /DS office/DMC/GN/estate management DMC team.
Outcome-1.1 All parents and other caregivers of IYC's apply appropriate nutrition and health practices	40% of targeted malnourished children improved weights 40% of enrolled girls and boys have reduced fall in frequent illness 50% underweight children at birth maintain below at divisional standard	Base line Survey report End line survey Home visits report	Anticipation of prevailing peace and harmony to continue throughout ministry of central province /PHDT/estate management Minimum political influences expected. Government health officers provide training on schedule& support in resource mobilization
Outcome-1.2 All parents practice activities that help IYC's to perform age appropriate stimulation with in safe and protective environment	50% homes in the community considered safe and clean for girls and boys of IYC's 50% of girls and boys have toys and learning	Base line Survey report End line survey Home visits report	

	spaces appropriate for their age at home or ECD centers 50% households with girls and boys 0-5 years old wash their hands with soap and water in the home or ECD centers		
Objective 02: Children, age 4-5, selected project locations are ready for primary education	50% children with ECE experience on entry into grade 1	Base line Survey report End line survey ECD center records	
Outcome-2.1 ECD Teachers apply standard ECD practices at crèches/ECD centers	40%ECD teachers are able to practice at least 3 techniques of ECD principles	Review reports Base line survey End line survey	
Outcome- 2.2 Separate space and facilities are strengthened for early childhood activities at center	45% ECD teachers pay equal attention to boys and girls	Base line survey End line survey Quarterly report Review reports	
Outputs-1.1.1- Essential health and nutrition services are available for malnourished children	# of target pregnant mothers with low pregnancy weight gain have improved # of pregnant women with access to maternal health services within 1 hour travel distance # of newborn girls/boys provided with neonatal and infant health care	Health reports CHDR of malnourished children Lead mother visit reports Weight data from MOH office	The Project anticipates the fullest technical and mutual support from government officials
Outputs-1.1.2- Parents other caregivers of IYCs'	# of parents and other caregivers	Pre & post evaluation records	The Project anticipates the fullest technical and mutual

are made aware on positive nutrition practices	<p>can express important aspects of nutrition practices</p> <p># of children got treatments for their dental issues</p> <p># of parents and children participated for awareness sessions and leant about good dental practices.</p>	Program completion reports	support from government officials
Output 1.2.1 -Parents and other caregivers have access to education programs on child development and positive parenting	<p># girls and boys 0-5 years old whose primary caregiver accessed parenting support for care in the home in the last 6 months</p> <p># of fathers spent time for child care</p>	Quarterly report Health reports	
Output 1.2.2 -IYC's have opportunities to access Safe and quality drinking water	<p># 0-5 children who has access to quality drinking water</p> <p># of water purification systems established</p>	Quarterly report Health reports	Estate management encourage
Output 1.2.3 -Parents and care givers of IYC's are made aware on potential hazards	<p># of parents who are aware about potential hazards</p> <p># of DRR plans developed based on ECD centers</p>	Quarterly report Health reports	Estate management encourage

Output 2.1.1- Performance standards for ECD teachers in placed and practice	# of ECD centers met quality standards	Quarterly report	Government officers provide training on schedule.
Output 2.1.2- Teachers are aware on standard ECD practices	# of ECD teachers who can verbalize at least 03 important aspects of ECD practices	Pre & post evaluation results	
Outputs 2.1.3- Appropriate teaching and learning materials are available at crèches and ECD centers	# of teachers developed learning materials # of preschool supported with learning materials	Monthly progress report	Materials needed will be listed on time
Output 2.2.1- - Estate Management contributed to meet quality standards of ECD centers	# of centers contributed by management for improvements	Quarterly report Monthly reports	

M & E Narrative

An M & E plan has been developed along with the project in order to monitor the project performance towards its objective, in FY 16. In FY 17, there will be minor changes in the plan according to the activity changes. This well-design M& E plan will help to ensure the quality of the program during the program execution and to keep track of the progress and make adjustments if necessary.

M & E officer will be primarily responsible for the monitoring and evaluation of the project under the supervision of Program manager. The project officers and the programs assistance will be assisting the data collection process.

In order to evaluate the outcome of the project, data will be collected through the surveys, focus group discussions, interviews, meetings with participants and other stakeholders. After every activity is being conducted, relevant data will be conducted through the activity completion report, and the information given in these completion reports will contribute to the monthly report. Moreover, every 06 months, there will be a mid-year review to measure the

accomplishments. At the end of the year the year-end review will help to collect both qualitative and quantitative data/ information to measure the yearly progress.

To strengthen the evaluation process, secondary data will also be collected through the office of the Medical Officer of Health (MoH), ECD centers, Department of Education and other relevant authorities. At the end of the project period, the project will be evaluated against the data which was collected prior to the project implementation, to assess to see if the project has produced its expected impact in the target group.

There will be monthly reviews to monitor the progress of each program. Having gathered information through monthly reviews, monthly reports will be made for the reference of TFCDF, and review findings will be used to improve the future implementations. Moreover, to measure the progress of ECD centers, reviews will be done based on developed standard assessments developed by education department. The quarterly progress report will be sent to divisional secretariats, and ChildFund Sri Lanka. Apart from that bi-annual report and annual report which will capture the final achievements will be sent to ChildFund Sri Lanka, through monthly and quarterly reviews, the interim progress of the program will be measured and identify the areas that should be adjusted/modified to improve the performances and the impact of the project.

6. Project Implementation plan

6.1: Partners and roles

A. Divisional Health Department, Central province ECD unit, estate management are the main partners identified for LS-1. They have technical capacities to impart knowledge and skills but gaps in knowledge and skills will be filled by outsourcing to local experts. Other linkages as such PHDT, agriculture and will be coordinated to get the required assistance.

B. CFNO is expected to provide technical support as well as guidance through reviewing progress of the project. National level coordination when necessary is requested from CFNO by local partner.

c). T-field will facilitate to conduct project activities and also take follow-up of the projects as planned. Reporting on schedule to CFNO and relevant, stakeholders is also done by T-field.

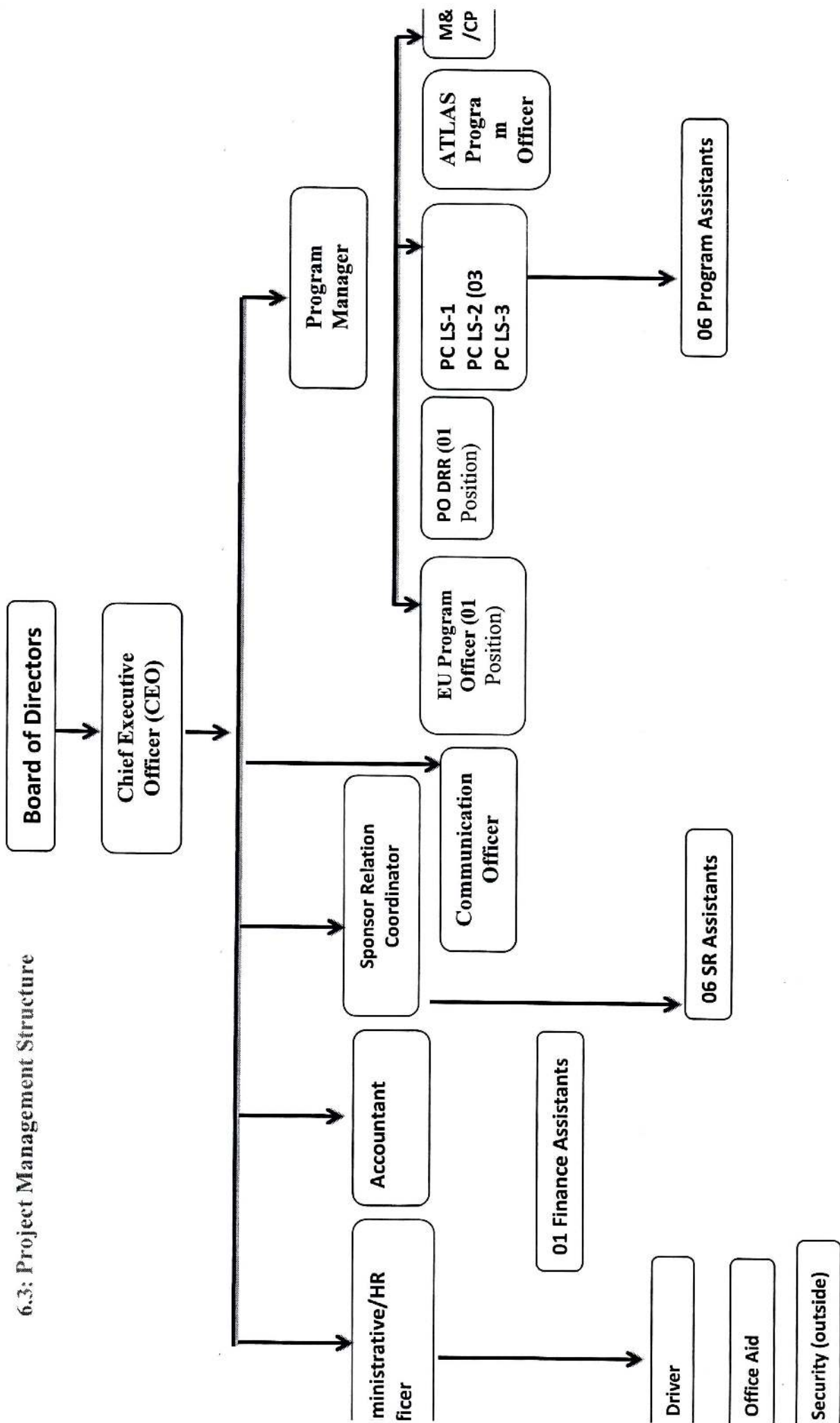
6.2: Staffing and Capacities

The project will be implemented primarily by T-Field child Development Federation. ChildFund Sri Lanka Office will undertake local supervision and will provide technical support. The team that will be responsible for implementation of the project is:

Position	Time on Project	Main Responsibilities
T-Field Federation		
Chief Executive Officer (CEO)	05%	Capacity Building of Federation staff, parents, children and youth. Coordination of Accountant, SRC, 6 SRAs, 3PCsLS, 6 PAs, M&E/CPO,EU PO,DRR PO,ATLAS PO, COMo& /Logistic support/ Finance Management/Coordinate with Estate management /Networking for federation/review and make comments for PC's reports/ Accountable for financial management.
Program Manager	20%	The Program Manager (PM) is responsible for defining program strategy as well as overall planning, managing implementing and monitoring of the program activities and accountable for the program impact as laid out the program strategy. The PM is responsible for supervision of the timely completion of activity plans, communicating lessons learnt, meeting mandatory requirements and developing future proposals in collaboration with Chief Executive Officer (CEO). PM is also responsible for advising and guiding program staff and he is to ensure the efficient implementation of planned activities and M & E plan. Moreover, PM is responsible for network building and resource mobilization for the organizational future development.
Program Coordinators (Life Stage)/ Program Officers	35%	Ultimate responsible person for the Project Proposals implementation/ guide PAs for implementation of activities / AOPB Monitoring/Reporting to CEO/ zonal and estate level networking/obtain specific technical support from respective SS/provide budget information to accountant /Stake holder reviews/Support to complete SR activities/Review AOPB with POs and PAs/Network with Gov. and other authorities / Prepare program reports and store for Assurance/Maintain reports for all purposes. Develop success stories, videos, photos, lesson learnt, web publications, ect with communication officer.
Program Assistants (Implementation)	25%	Organizing and Mobilizing the community for program activities/ direct implementation of CAPs/Understand CAPs/ understand and get knowledge about the basic concept of core programs/quarterly CAP reviews and reporting to PC's, CEO/ Ensure the Program Benefit to Enrolled Children's/ Review AOPB with PCs/prepare field level program reports/ Benefits Update/Train and capacitate local structures and systems/Strengthening CRC's/Selecting success stories. Conduct CVS biannually.

M&E/CP Officer	10%	Support to Develop M&E plan at the planning stage, conduct trainings for staff on M&E, Conduct regular program monitoring, field visits for checking quality of all programs, measure program results against indicators, compiling reports monthly/ Quarterly/ biannually/Annually, monitoring SR and Finance procedures are in place. Overall responsible person for implement CP activities in the organization with support of Pas, SRAs. Represent As a focal person of CP on behalf of the organization. ensure the protection of the children's during the program's
Accountant	05%	Control of the AOPB budgets/Execute all payments/record keeping/financial accountability/ Organize and prepare the Federation to face Assurance/ Giving information for Management/Present Accounts to BOD/ Maintain all internal controls/Submit BVAs to PCs and analyze the reports

6.3: Project Management Structure



5. Activity Schedule

No	Activity	2016/2017												Responsibility
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Outputs 1.1.1														
Essential health and nutrition services are available for malnourished children and pregnant mothers with low weight gain.														
1.1.1.1	Screen to identify malnourished children.													PC-1 /Program Asst(MOH/PH M)
1.1.1.2	Facilitate physical check-up for the malnourished children by pediatrician.													PC-1 /Program Asst(MOH/PH M)
1.1.1.3	Plan out and execute rehabilitation session (PD Hearth) for the malnourished													PC-1 /Program Asst(PHM)
1.1.1.4	Provide material support to establish home garden selected EDC centers													PC-1 /Program Asst
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	

Output														
1.1.2														
Parents / caregivers of IYCs' are made aware on positive nutrition and health practices														
1.1.2.1	Conduct training to Child development officer and pre-school teachers on Nutrition & development (ToT)													PC-1 /Program Asst
1.1.2.2	Conduct awareness sessions to parents/care Givers on Nutrition & development													PC-1 /Program Asst
1.1.2.3	Facilitate the trainings for the volunteer groups formed by the PHM.													PC-1 /Program Asst
1.1.2.4	Facilitate to conduct awareness on, child oral health for the parents of the children of 0-5 age group													PC-1 /Program Asst
1.1.2.5	Conduct a mobile dental clinic in estate wise.													PC-1 /Program Asst
		<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	
Output-1.2.1														
Parents and other caregivers have access to education programs on child development and positive parenting														
1.2.1.1	Awareness session for parents on element of safe & protected home environments.													PC-1 /Program Asst
1.2.1.2	Awareness on Home Base Care for parents													PC-1 /Program Asst
1.2.1.3	Develop models Home in 11 estates to introduce "child friendly homes concept"													PC-1 /Program Asst/CEO
1.2.1.4	Awareness session													PC-1 /Program Asst

	for male (fathers/caregivers) on their role in child development													
1.2.1.5	Awareness sessions for expecting parents (both mother and father) on child development.													PC-1 /Program Asst
1.2.1.6	Organize a "creation day" with parents (both mother and father)													PC-1 /Program Asst
		<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	
Output 1.2.3 IYC's have opportunities to access safe and quality drinking water														
1.2.3.1	Water sample testing to identify possible water purification systems.													PC-1 /Program Asst/CEO
1.2.3.2	Developed water Purification system													PC-1 /Program Asst/CEO
		<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	
Output 1.2.4 Parents and care givers of IYC's are made aware on potential hazards														
1.2.4.1	Conduct one day refresher training for ECD CDO's and preschool teachers on ECD DRR Curriculum													PC-1 /Program Asst
1.2.4.2	Provide training on DRR for parents and facilitate them to map the disaster risk areas													PC-1 /Program Asst
1.2.4.3	Actions to mitigate the disaster risks by parents													PC-1 /Program Asst/
1.2.4.4	Minimum preparedness materials to respond potential emergencies for supporting of affected victims (under safety net)													PC-1 /Program Asst/CEO
		<i>Jul</i>	<i>Aug</i>	<i>Sep</i>	<i>Oct</i>	<i>Nov</i>	<i>Dec</i>	<i>Jan</i>	<i>Feb</i>	<i>Mar</i>	<i>Apr</i>	<i>May</i>	<i>Jun</i>	
Output 2.1.1 Performance standards for ECD teachers in placed and practice														

2.1.1.1	Awareness session on the ECD assessment system developed by the Central province, ECD unit of ministry of education, for CDOs and pre-school teachers.													PC-1 /Program Asst/CEO
2.1.1.2	Assess the ECD centers and private pre-schools using the ECD assessment system.													PC-1 /Program Asst
2.1.1.3	Provide training on child protection to CDOs and new preschools teachers													PC-1 /Program Asst
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Output 2.1.2 Teachers are aware on standards ECD practices														
2.1.2.1	Training for CDOs and preschool teachers on center based care													PC-1 /Program Asst
2.1.2.2	Training on ECD manual for new CDOs, and pre-school teachers of private preschools.													PC-1 /Program Asst
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Outputs 2.1.3														
Appropriate teaching and learning materials are available														
2.1.3.1	Train ECD teachers on how to use locally available resources to develop learning materials													PC-1 /Program Asst
2.1.3.2	Develop an annual action plan for preschools on center development													PC-1 /Program Asst/CEO
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Outputs 2.2.1														
Estate Management contributed to meet quality standards of ECD centers														
2.2.1.1	Present the identified gaps in ECD centers to meet standards with the estate management.													PC-1 /Program Asst/CEO

2.2.1.2	Reviews sessions with estate management measure the progress of quality standards of ECD centers													PC-1 /Program Asst/CEO
CWD 1	Empowerment of parents of CWDs													PC-1 /Program Asst/
CWD 2	Mobilization of divisional leaders													PC-1 /Program Asst/
CWD 3	Providing accessibility and assistive devices / medical assistance													PC-1 /Program Asst/

6. Project Budget

No	Activity	2016/2017			
		Unit measurement	No. of Unit	Unit cost Rs.	Total amount Rs.
Outputs 1.1.1					
Essential health and nutrition services are available for malnourished children					
1.1.1.1	Screen to identify malnourished children.	Screening	2	79250.00	79,250.00
1.1.1.2	Facilitate physical check-up for the malnourished children by pediatrician.	check-up-01	2MOH area 11 estate	62500.00	107,500.00
1.1.1.3	Plan out and execute rehabilitation session (PD Hearth) for the malnourished children	Session	11	12500.00	1,37,500.00
1.1.1.4	Provide material support to establish home garden selected EDC centers for new impact group	Material	11 EDC	144000.00	144,000.00
	<i>Subtotal</i>				468,250.00
Output1.1.2 Parents / caregivers of IYCs' are made aware on positive nutrition and health practices					
1.1.2.1	Conduct training to Child development officer and pre-school teachers on Nutrition & development (ToT)	Training	1	67500.00	67,500.00
1.1.2.2	Conduct awareness sessions to parents/care givers on Nutrition & development	Awareness	39	5000.00	195,000.00
1.1.2.3	Facilitate the trainings for the volunteer groups formed by the PHM.	Training	1	60000.00	60,000.00
1.1.2.4	Facilitate to conduct awareness on, child oral health for the parents of the children of 0-5 age group	Awareness sessions	11	00	00
1.1.2.5	Conduct a mobile dental clinic in estate wise.	mobile dental clinic	11 estate	30000.00	330,000.00
	<i>Sub Total</i>				Rs.652,500.00
Output-1.2.1					
Parents and other caregivers have access to education programs on child development and positive parenting					
1.2.2.1	Awareness session for	Awareness	Session-17	8000.00	136,000.00

	parents on element of safe & protected home environments.				
1.2.2.2	Awareness on Home Base Care for parents	Trainings- Home visit - D/level training-	2days training 43 division 43 division-	105000.00 258000.00 204250.00	567,250.00
1.2.2.3	Develop models Home in 11 estates to introduce "child friendly homes concept"	develop 11- m/home 1st session	develop 11- m/home 11 estate	7750.00 45000.00	130,250.00
1.2.2.4	Awareness session for fathers and male caregivers on their role in child development	Awareness	Session- 17	10000.00	170,000.00
1.2.2.5	Awareness sessions for expecting parents (both mother and father) on child development.	Home visit for Volunteer	6- Clinic	25000.00	150,000.00
1.2.2.6	Organize a "creation day" with parents (both mother and father)	training - Materials -	-1 -687	-30000.00 -145400.00	175,400.00
	Sub Total				Rs.1,328,900.00
Output 1.2.3 IYC's have opportunities to access safe and quality drinking water					
1.2.3.1	Water sample testing to identify possible water purification systems.	Water testing			60,000.00
1.2.3.2	Developed water Purification system	Purification system			800,000.00
	Sub Total				Rs860,000.00
Output 1.2.4 Parents and care givers of IYC's are made aware on potential hazards					
1.2.4.1	Conduct one day refresher training for ECD CDO's and preschool teachers on ECD DRR Curriculum	2 Trainings	2 one CDOs other one new preschool teachers (45 for one training)	59000.00	118,000.00
1.2.4.2	Provide training on DRR for parents and facilitate them to map the disaster risk areas	materiel's	1 training	62900.00	62,900.00

1.2.4.3	Actions to mitigate the disaster risks by parents	Materials support			200,000.00
1.2.4.4	Minimum preparedness materials to respond potential emergencies for supporting of affected victims (under safety net)	Materials support			110,000.00
	Sub Total				Rs.490,900.00
Output 2.1.1: Performance standards for ECD teachers in placed and practice					
2.1.1.1	Awareness session on the ECD assessment system developed by the Central province, ECD unit of ministry of education, for CDOs and pre-school teachers.	Session	2 trainings	65000.00	130,000.00
2.1.1.2	Assess the ECD centers and private pre-schools using the ECD assessment system.	Assessment (Monitoring)	All preschools		50,000.00
2.1.1.3	Provide awareness on child protection to CDOs and new preschools teachers	Training	01 training	63500.00	63,500.00
	Sub Total				Rs.243,500.00
Output 2.1.2 Teachers are aware on standards ECD practices					
2.1.2.1	Training for CDOs and preschool teachers on center based care	Training	01 training	77500.00	77,500.00
2.1.2.2	Training on ECD manual for new CDOs, and pre-school teachers of private preschools.	Training	01 training	57500.00	57,500.00
	Sub Total				Rs.135,000.00
Outputs 2.1.3: Appropriate teaching and learning materials are available in Creches and ECD centers					
2.1.3.1	Train ECD teachers on how to use locally available resources to develop learning materials	Training	2 training	68000.00	136,000.00
2.1.3.2	Develop an annual action plan for	Prepare action plan for all			

	preschools on center development	preschools			
	Sub Total				Rs.136,000.00
Outputs 2.2.1: Estate Management contributed to meet quality standards of ECD centers					
2.2.1.1	Present the identified gaps in ECD centers to meet standards with the estate management.	Meeting	One day	50000.00	30,000.00
2.2.1.2	Reviews sessions with estate management measure the progress of quality standards of ECD centers				50,000.00
	Sub total				80,000.00
CWD 1	Empowerment of parents of CWDs		02	25,000.00	50,000.00
CWD 2	Mobilization of divisional leaders		03	25,000.00	75,000.00
CWD3	Providing accessibility and assistive devices / medical assistance		sum		200,000.00
					325,000.00
	ToTon Neighborhood play model				80,000.00
	LS 1 strategy development workshop				30,000.00
	Sharing LS 1 strategy with LPs				20,000.00
	Sub Total				130,000.00
Monitoring and Evaluation					
	M & E Level 01		02	25,000.00	50,000.00
	M & E Level 02		01	50,000.00	50,000.00
	Regular monitoring visits				50,000.00
	Sub Total				150,000.00
Grand Total					5,000,051.00

