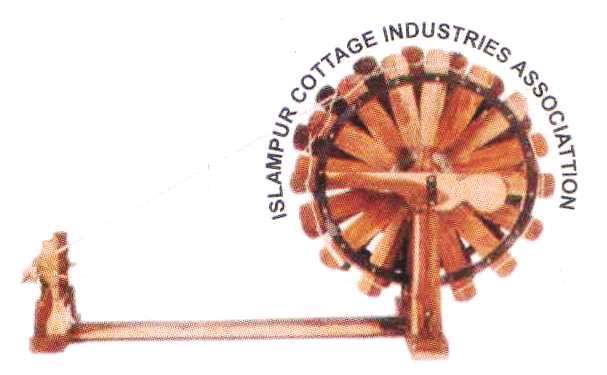
4/9/2014

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| Islampur Cottage Industries Association (ICIA) Pakistan  iciaswat@gmail.com |



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|  | **Proposal for Linking Education and Child Health** |

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# Title of the Project

Create Awareness Regarding Child Health through Extending Education Facilities

# SECTION-1: ADMINISTRATIVE INFORMATION– Organization & Project

|  |  |
| --- | --- |
| Date Submitted: | 9th April 2014 |
| Name of Organization: | Islampur Cottage Industries Association (ICIA) |
| Street Address: | SPC Building, Near Girls College, College Colony, Saidu Sharif Swat, Khyber Pakhtunkhwa, Pakistan |
| Postal Code: | 19200 |
| Province: | Khyber Pakhtunkhwa |
| District: | Swat |
| City: | Mingora |
| Name of Concerned Person (include salutatory title) | Mr. Hazer Gul,  Executive Director |
| Telephone: | 0092946721296 |
| Email: | [iciaswat@gmail.com](mailto:iciaswat@gmail.com) |
| Website: | [nil](http://www.caravanpk.org) |
| Title of Project (for communication purpose- max of 50 characters) | Linking Education with Child Health |
| Key Project Partners (include name of partners) | Nil |
| Project duration (in months) | 18 Months |
| Funding request (in US$) | 71250.00 |
| Approx. children impacted directly | 500 |

# SECTION-2 PROJECT CONCEPT

## 2.1 A contextual justification of the project idea

The poor families in rural areas of District Swat, In Khyber Pakhtunkhwa Province of Pakistan are unable send their children due to either reason. Education Facilities –where health tips are given at minimal level- are located far away from the populations and due to week health conditions, the children are not able to walk for hours and attend these educational facilities. Being a low priority of the poor households they do not take care of their children health. Hence the children are not able to be educated on health issues under any special programme extended by various humanitarian organizations after years’ long militancy and huge floods of July 2010. Many of the crisis affected communities have school building constructed by the government of Pakistan for children education but due to ill planning and miss management of government department responsible for, the schools are closed since almost 2 decades. The youth and old generation of the same communities are worried about the health and education of their children. The children are suffering from various diseases that could be controlled through educating the children, youth and particularly the female. Due to lack of information and knowledge of health and hygiene, the ratio of viral disease is high among the adult female that negatively contributes to morbidity ratio.

## 2.2 The key challenges in addressing these problems

The communities having school building are located very far in mountainous areas and are not accessible that is why such like communities are deprived of health and education facilities and the people are depending on traditional methods of medical treatment. 100% of the population is uneducated and cannot understand their issues in short spine of time.

## 2.3 Key challenges in addressing these problems

Majority of the households are living below poverty level depending on miner agriculture and livestock rearing. Decades long traditional practices of livestock management and absence of safety measures regarding health making the population vulnerable to viral disease. Harsh weather, non-availability of potable drinking water and absence of health facilities within these communities has increased the disease ratio in these areas.

## 2.4 Proposed solution to these challenges and address these problems

Islampur Cottage Industries Association has presence in the area since long and has professional linkages with the target communities. The target communities have already been sensitized, mobilized, organized and capacitated to implement development projects. Having a well-tested social mobilization strategy would be employed by to be in close contact with the target communities.

Continues interaction would be made possible to appoint staff from nearby areas while in order to sustain the idea a much localized system would be developed to collect monthly fee from the student according to their poverty ranking.

As the people of the area are 100% illiterate thus the training material would be developed in a way to make them understand of the health issues and safety measures trough pictures, posters and videos.

## 2.5 The Idea

The pilot project idea would be implemented in village Shaukat Dara in District Swat of Khyber Pakhtunkhwa, Pakistan. The Village is located at a distance of 10 KMs from district headquarter having an access road up to 6 KMs. Almost 100% of the people are living below poverty level with same ratio of education lacking all basic facilities.

Provincial Government has constructed a building for school having 2 rooms in 1998. On 17/7/2013, after a yearlong advocacy by ICIA, this encouraged the locals to knock the door of local court, who directed the education department for immediate appointment of 02 teachers. But due to no utilization of the building it has been damaged and very much vulnerable to further damages especially in earthquake and floods. There are more than 250 children of school going age. Majority of them are engaged in child laboring out of which 28 have been enrolled recently but due to lack of proper building and setting arrangements the parents avoid to send their children to this building.

The proposed action will enable the target community to renovate the already available building after getting approval for the utilization of the building from the concerned Government Department. A School Management Board would be formed by the local community to run the school.

Apart from formal education material, the project will provide health hygiene and maternal health related contents and would be taught as subject in local language. Health Hygiene and Maternal has never been a part of curriculum or school course in Pakistan.

Besides regular classes, the school will offer training and sessions on health hygiene, public health and maternal health for all members of the community including females free of cost. All of the above mentioned efforts are expected to result in improving health status of the children and will provide them with schooling facility. The project will also involve the parents and other family members in improving the health status of children on sustainable basis.

# SECTION 3: PROJECT PLAN

## 3.1 Project approach and the innovation aspects

As mentioned earlier, the already available school building would be made functional after rehabilitation of the same building. A Memorandum of Understanding (MoU) would be signed with Education Department to take over the building for future operations. Health Hygiene Promoters both male and female would be recruited to conduct sessions with children, youth, aged male and females in the same building. A School Management Board would be formed to oversee the overall performance and ensure sustainability of the project. Session on health hygiene for students would be conducted on daily basis while females and adults will have this opportunity once in 2 weeks.

A baseline survey regarding the health status of children and parents would be carried prior to intervention to collect the data about disease, causes and existing practices of treatment. This data would be compared with the impact assessment study to measure the impact of and contribution of the project in improving the health status.

The school will serve a hub of information and facilitation for the entire community that will provide tips for child and mother health improvement. This will result in increase in awareness regarding health issues and will minimize disease ratio.

Sustainability of projects like this one always remains a question mark. Being a local organization ICIA has the experience to devise fund raising and sustainability mechanism for its interventions. However, as the government has already appointed teachers and no other cost is needed for future operations, sustainability of the school is ensured. Teachers of the school would be trained on health hygiene by ICIA who will deliver sessions continuously after withdrawal of project support.

A Monitoring and Evaluation officer would be appointed to monitor the project activities, schooling and sessions to be organized for the community members both male and females and status of child health before, during and after schooling. The officer will share the findings with the school management board, community members and ICIA management for further improvements.

ICIA will share progress updates on monthly basis with the donor organization or as per policy of the donor. Monthly expenditure reports and final audit will also be shared with the donor organization.

After completion of the project an impact assessment study would be conducted and findings would be shared with all stakeholders in a workshop to be organized by ICIA. The Organization will also involve its advocacy team to promote the idea among the stakeholders.

## 3.2 Desired outcomes and the approach that will achieve the outcomes

Absence of proper education facility in the target area has resulted in unawareness of the inhabitants not only about the health issues but also about other civil rights. The proposed action will enable the community to educate their kids who will create awareness in future and will also provide a chance to the parents to learn about health hygiene and other health issues, practice the safety measures and in this way improve the status of child health. The project will also facilitate the community to run the school on sustainable basis which will work as a center of awareness creation on permanent basis. The whole population in general and children and females would be the beneficiaries in particular. The disease ratio would be minimized gradually in the area which will further minimize the expenses occurred on treatment thus an economic increase is also expected.

## 3.3 Plan is feasibility within the context and proposed timeline

The proposed action would be undertaken by ICIA through professional staff members trained in various disciplines of rural and urban development. ICIA has meaningful linkages with government line agencies and communities we are working in. Disburse communities are not able to plan and mange projects, however ICIA has a well-defined community mobilization and organization strategy to organize the communities in short time and capacitate them according to the local codes and norms.

The proposed action has been discussed with the community members in meetings and the proposed methodology has been devised by the local communities and they are willing to take part in the process. Absence of education facilities is realized by the community and they know that child health is deeply interlinked with education.

At the end of the project time, we expect that at least 200 children will get education both formal and health hygiene. These children will act as envoy to create awareness inside and outside the houses. 100% of the population is expected to participate in health hygiene sessions that will result in improving of child health status.

## 3.4 The most central activities of this project

The project would be implemented in close consultation with stakeholders including target community and government line agency. Following are the key activities to be undertaken for successful implementation of the project in subject.

1. Hiring/deputation of trained human resource and their orientation about the project idea
2. Facilitate the community to form a School Management Board (SMB) and collect baseline data about child health status in the community
3. Making the school functional and development of special curriculum to include child health and health hygiene education
4. School as well as Health Hygiene sessions along with sessions on maternal and child health.
5. Monitoring and measure the impact of the proposed intervention and share the findings with relevant stakeholders.

## 3.5 The plan to measure the outcomes of the project

As mentioned earlier, prior to start of the project, a baseline survey would be conducted to collect information regarding child and child health status, nature and type of existing disease, number of school going age children, income and expenditure of households, source and nature of income of the target community and health issues of mothers. A comprehensive report would be developed and benchmarks would be established to reach the desired goal.

Apart from ongoing monitoring, an impact evaluation study would be carried out in the same community to know about the impacts of the project and its contribution to improve child health status by utilizing the already available but non-functional school building and involving the community right from planning to implementation and future operations.

## 3.6 The project’s outlook

200 children, 200 women and 200 males are the primary and direct beneficiaries of the project. In order to sustain the project after withdrawal of project support, School Management Board will maintain the activities by collecting contribution from the parents. The contribution @ Rs. 20/- per student per month to be collected during the project support time would be deposited in bank as endowment. Number of children in the school would be increased slowly and gradually. ICIA will conduct monitoring visits after project completion as ICIA is engaged with the target community since long.

## 3.7 Potential for advancing the field or leveraging this project

Majority of the people of the target area are living below poverty level. The area is neglected due to many reasons. The illiterate people are not considering child health issues as their primary problems. The project will convince the local population to realize child health issues and contribute towards the solution of the issue in sustainable manners. The project will result in to literate at least 200 children in first year. 200 females and 200 males would be educated about water born disease and maternal health issues that affect the lives of children. After impact evaluation the stakeholders –particularly the government agency- would be facilitated to study the module and include child health related classes in their school at least once in a week.

## 3.8 Monitoring and evaluation

ICIA believing in process monitoring and always practice it in the field. The already established monitoring system would be employed that requires regular interaction with target community, stakeholders, implementation instruments and the funders. Process monitoring will enable us to identify gaps in the ongoing activities and suggest to fill the gaps without loss of time and other resources. This would be done through discussions with individuals, parents, teachers, students and stakeholders. Monitoring would be conducted by M&E section in ICIA and will share the findings with ICIA’s management and project staff. This will improve efficiency of the project team and will help in producing tangible results.

In order to know about the real impact of the project, an impact assessment study/evaluation would be carried out by a third party. Proper ToRs would be developed for third party. ICIA’s M&E section will facilitate the party. Evaluation would be conducted to compare the data with the baseline data to be collected prior to start of the project. Major indicator of the project that would be measured is to how many students enrolled in the school, how many child health related activities and sessions have been carried out, how many students have adopted safety measures to overcome child health issues, what % of child health issues have been minimized by what %, how many adults participated in sessions, what was the way of sessions, what relevancy of sessions with the issues exists, what are community perceptions regarding the action, dose the methodology adopted for the project implementation worked, what are the suggestions of all stakeholders to scale up the idea and for its leveraging.

# SECTION 4: BUDGET

## 4.1 Human Resource;

1. Project Manager, One in number would be based at project office and would be paid @ USD 450.00 for 18 months (1x450x18=8100USD)
2. Social Organizers, Two in number (One male and one female) will work in the field to organize the community @ USD 250.00 per person for 18 months (2x250x18=9000)
3. Health Hygiene Promoters, Two in number (One male and one female) will work in the field to create awareness regarding health @ USD 250.00 per person for 18 months (2x250x18=9000)

## 4.2 Office Costs;

1. Communication cost includes DSL Charges, Staff Calling Card Charges and Internet Card charges @ 50 USD per month (1x50x18= 900)
2. Stationery for official use including paper, file covers, ball points, charts, taps, gums, clips etc @ USD 50 per month (1x50x18=900)
3. Office supplies includes Software CDs, wires for computers, camera cells, Staplers, Punch Machines, Scales etc @ USD 50 per month (1x50x18=900)
4. Utilities includes the cost of water, electricity and gas @ USD 50 per month (1x100x18=900)

## 4.3 Equipment

1. One Lap top for project reporting and documentation @ USD 500.00
2. One Camera for field operations @ USD 100.00

## 4.4 Logistic

1. 01 vehicle for staff use (from Office to field). The cost include fuel, rent of vehicle and driver salary @ USD 600.00 per month for 18 months (1x600x18= 10800.00)

## 5.5 Programs/Activities

1. Furniture for School will include the following items.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| S No | Items | Quantity | Rate | Total |
| 1 | Desks for students | 200 | 29 | 5773 |
| 2 | Chairs for students | 200 | 8 | 1649 |
| 3 | Tables for Teachers | 2 | 62 | 124 |
| 4 | Chairs for Teachers | 2 | 41 | 82 |
| 5 | Almeria | 4 | 113 | 454 |
| 6 | Chairs for guest | 10 | 17 | 168 |
|  | **Total** |  |  | **8250** |

1. Sports Kits will include different type of toys @ of USD 5.15 for 200 students (5.15x200= 1030)
2. Books and note books for 200 students @ USD 25.00 per student (25\*200=5000)
3. Building repairs include the cost of doors, windows, ground, playground and roof. A lump sum amount of USD 4000.00 has been allocated in the budget. Detail Bill of Quantity, design and estimate would be presented to donor after approval of the project.
4. White boards for class room 5 Nos x 60 USD per No = 300 USD
5. Posters on 10 different lessons would be printed while of 10000 posters would be printed @ USD 0.22 (0.22x10000=2200)

## 5.6 Monitoring & Evaluation

One M&E Officer for 18 months @ USD 465 per month = 8370

Consultant for Evaluation @ USD 1000.00

# SECTION 5: Our child protection policy & code of conduct

## 5.1 Policy

ICIA has its child protection policy. Following is the policy statement of ICIA for child protection.

“We are committed and striving to encourage and enable children and young people to promote the holistic health, well-being and development of themselves, their families and their communities worldwide. We believe in children’s active participation and in respecting their freedom of expression and communication, which are advocated in the United Nations Convention on the Rights of the Child. We believe that child protection is crucial to ensuring that children under 18 years of age have the rights, confidence and environment in which they can make choices, express their views and communicate effectively with other children and adults. Children cannot become empowered change agents to improve their lives and that of their families and communities if they are not safeguarded from abuse, discrimination and harm of any kind, be it physical, sexual, emotional or neglect”.

Every one wish to work with ICIA needs to sign the following declaration to ensure child protection.

“I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understood the standards and guidelines outlined in this Child Protection Policy. I agree with the principles contained therein and accept the importance of implementing child protection policies and practice while associated with the ICIA. I further understand that adherence to the ICIA’s Child Protection Policy will involve the following: undergoing a disclosure from the Criminal Records Bureau; signing a personal declaration stating any criminal convictions, including those considered ‘spent’; declaring any previous investigations or allegations made against me with respect to child protection issues; and providing two character references.”

## 5.2 ICIA’s Code of Conduct for child protection

ICIA believes in and advocates children’s rights to survival, protection, development and participation. This Code of Conduct includes guidance on appropriate and expected standards of behavior of adults towards children, and also of children towards other children. It has been developed with the best interests of the child as the primary consideration and should be interpreted in a spirit of transparency and common sense.

## 5.3 Appropriate Standards of Behavior

Adults should:

* Provide an enabling environment for children’s personal, physical, social, emotional, moral and intellectual development.
* Encourage and respect children’s voices and views.
* Be inclusive and involve all children without selection or exclusion on the basis of gender, disability, ethnicity, religion or any other status.
* Be aware of the potential for peer abuse (e.g. children bullying, discriminating against, victimizing or abusing children).
* Develop special measures/supervision to protect younger and especially vulnerable children from peer and adult abuse.
* Be aware of high-risk peer situations (e.g. unsupervised mixing of older and younger children and possibilities of discrimination against minors).
* Develop clear rules to address specific physical safety issues relative to the local physical environment of a project (e.g. for projects based near water, heavy road traffic, railway lines).
* Avoid placing yourself in a compromising or vulnerable position when meeting with children (e.g. being alone with a child in any circumstances which might potentially be questioned by others).
* Meet with a child in a central, public location whenever possible.
* Immediately report the circumstances of any situation which occurs which may be subject to misinterpretation to the designated Child Protection Officer.
* Report suspected or alleged abuse to the designated Child Protection Officer.

## 5.4 Inappropriate Standards of Behavior

Adults should not:

* Hit or otherwise physically assault a child.
* Use language that will mentally or emotionally abuse any child.
* Act in any way that intends to embarrass, shame, humiliate, or degrade a child.
* Show discrimination of race, culture, age, gender, disability, religion, sexuality, political persuasion or any other status.
* Develop a sexual relationship with a child.
* Kiss, hug, fondle, rub, or touch a child in an inappropriate or culturally insensitive way.
* Do things of a personal nature that a child could do for him/herself, including dressing, bathing, and grooming.
* Encourage any crushes by a child.
* Initiate physical contact (e.g. holding hands) unless initiated by the child.
* Suggest inappropriate behavior or relations of any kind.
* Allow children to engage in sexually provocative games with each other.
* Stand aside when they see inappropriate actions inflicted by children on other children because it is frequent and commonplace.