### **PART 1 ABOUT THE APPLICANT ORGANISATION**

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| 1. Name of your organisation:
 | Participatory Education and Action for Community Empowerment PEACE ) |
| 1. Contact details:
 | Address: | Off Nsombo road , Behind UCZ Mani church PO BOX 4500198Luwingu  |
| Country: | Zambia  |
| Telephone | 00 260 962 008 016 |
| E-mail: | peacemansa@yahoo.com |
| Website: | Nil  |
| 1. Key contact person:

**Arnold Kunda**  | Position in the organisation:Executive Director  |
| 1. When was your organisation registered?
 | **2010** | **⇨ Please include a copy of your registration certificate** |

1. **HOW MANY STAFF DOES YOUR ORGANISATION EMPLOY?**

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| --- | --- | --- | --- |
|  | **Full time**  | **Part time**  | **Volunteers** |
| **Female** | 4 | Nil  | 3 |
| **Male** | Nil  | Nil  | Nil  |

1. HOW AND WHY WAS YOUR ORGANISATION CREATED?

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| **Established in 2008, participatory Education and Action for Community Empowerment is** Zambian based local women led association [non-governmental organisation](https://en.wikipedia.org/wiki/Non-governmental_organisation) based in Luwingu district with a membership of 450 affiliate women groups. The group was created to address the needs and issues facing most marginalised women and girls in Luwingu district. Its core purpose is to champion gender-equality, to which end we focus our efforts on promoting the social, educational, economical and social transformation , and political development of marginalising women and girl’s, including advocating for women’s rights, eliminating discrimination against women including GBV, advancing women’s capacities and leadership skills, promoting their participation in the decisions that affect their lives, and amplifying their voices through a coordinated institutional and capacity building support to affiliate members, advocacy and linkages with local and international partners.  |

1. WHAT ARE THE MAIN AIMS, ACTIVITIES AND PAST ACHIEVEMENTS OF YOUR ORGANISATION?

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|  | AIMS | CURRENT ACTIVITIES  | ACHIEVEMENTS (give specific examples) |
| 1 | To coordinate and strengthen member organization’s links, non-  governmental organizations, government and international agencies in order to create a vibrant women’s movement in the district. | Group capacity building activities in leadership , networking and policy advocacy Coordinating Women International Day at the district level  | * 2013: 58 affiliate groups participated in PEACE initiatives with regard to communication, advocacy and joint activities during the 16 Days of Activism.
* 10 women groups (100 leaders ) were trained in leadership skills , group management and financial management

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| 2 | To empower women in rural communities by increasing their household incomes through sustainable Livelihoods and Micro Enterprise Development in Luwingu District. | Income generating activities | * No activity has been implemented in this line.
 |
| 3 | To contribute towards increased household food security, Nutrition and income so as reduce the vulnerability of rural women living in poverty and women empowerment. | Promotion of nutrition among lactating, weaning and expecting mothers. | * The organisation implemented two enterprises, maize and groundnuts that were successfully implemented by 200 farmers in 8 community’s .farmers were trained in Smart climate farming methodologies and marketing negotiating skills. Over 70% of the targeted farmers adopted productivity enhancing technologies such as organic fertilizers, conservation farming, mulching and cover cropping. Two learning sites were functional as well as manuals and leaflets were developed. There was an increase in maize production (67%) and groundnuts (27%) as a result of the new improved technologies. Furthermore, there was minimized post harvest loses and farmers were able to bargain for better prices.

Between 2011 and 2013 using a similar approach as presented in Luwingu District, the project triggered agricultural intensification in eight communities. The project strengthened several value chains and contributed to the improvement of the environment necessary for agricultural intensification. Some 400 smallholder farmers (49 percent female) adopted more intensive agriculture. Together they produced a marketable surplus estimated at almost 200,000 metric tons of cereal equivalents per year. Through efforts to overcome markets constraints, the project facilitated the development of one agribusiness clusters built around two value chains, and strengthened the capacities of over 50 rural entrepreneurs who have seen their income increased by approximately 50 percent. PEACE and its partners contributed to improving food security and rural entrepreneurship. |
| 4 | To contribute towards increased knowledge and awareness on HIV through the provision of risk reduction options that will facilitate behaviour change and contribute further reduction HIV transmission among women and girls. | * Community Mobilisation on SRHR including HIV and AIDs
* Training of Girls peer educators
* Support of girls with education pre-requisites
 | * 9,577 people (6,881 females and 2,064 males), 20 Traditional Leaders and 9 headpersons, 29 community leaders, were sensitized on the importance of accessing SRHRs), HIV and AIDS health services
* 50 Peer educators from schools were trained to reach out to fellow youths on SRHRs and services;
* Thirty (30) girls from four schools under the re-entry policy were provided with educational support.
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### **PART 2 PROJECT SUBMISSION**

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1. **GENERAL QUESTIONS ABOUT THE PROJECT**
2. NAME OF PROJECT

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| Luwingu Women’s and Child Nutrition Demonstration project |

1. FULL ADDRESS/LOCATION OF PROJECT

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| Kapemba Ward , Chieftainess Chungu Luwingu District  |

1. COST OF PROJECT (Please use your **local currency**.)

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| --- | --- | --- |
| TOTAL COST OF THE PROJECT(Please state, clearly, currency used) | TOTAL FUNDS REQUESTED FROM GLOBAL GIVING (Please state, clearly, currency used) | CONTRIBUTION MADE TO THE PROJECT BY THE APPLICANT(Please state, clearly, currency used) |
| 88160 ZMW | ZMK 40,840.00 | ZMK 37,320.00 |

* How will you raise funds for your contribution to the project?

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| The organisation will contribute a total amount of ZMK 37,320 in cash and in kind and the money that will be raised from membership contributions and annual fees. Zambian Kwacha 18,220 will be raised the African Women’s Development Fund (AWDF) and Virginia Glidsleeve fund (VGIF) While the remaining Zambian Kwacha 29,100 will raised by the association from affiliation fees and in kind contribution that will be in form of human resources and other operational costs that will occur as a result of the project implementation . |

1. HOW LONG IS THIS PROJECT FUNDING PERIOD PLANNED TO LAST?

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| The project will last for a period of 10 Months  |

1. WHO WILL BE RESPONSIBLE FOR MANAGING THE PROJECT? The Coordinator , Astridah Chibale
2. WHY WAS THE PERSON CHOSEN?

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| The Coordinator, Mrs. Astridah Chibale will lead the project team and has a field management responsibility. She is proposed as a key person because she has over three years of NGO experience in designing, implementation and evaluating projects with a focus on women entrepreneurship, nutrition and literacy. Having working as a senior teacher and head teacher respectively for over 25 years, she has all the relevant skills and expertise that are necessary for project management. |

1. HOW MANY PEOPLE WILL BE INVOLVED? (Please give approximate numbers)

|  |  |  |
| --- | --- | --- |
|  | ADULTS – OVER 18 YRS | CHILDREN – UNDER 18 YRS |
| FEMALE | MALE | FEMALE | MALE |
| DIRECT BENEFICIARIES  | 1700 |  |  |  |
| INDIRECT BENEFICIARIES | 6000 | 400 | 1200 | 800 |
| VOLUNTEERS | 8 | 0 | 2 | 0 |
| PAID STAFF | 0 | 0 | 0 | 0 |

1. WHAT IS THE GOAL OF THE PROJECT?

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| Overall Goal: | To contribute to the reduction of high prevalence rate of under nutrition among children less than 2 years, pregnant, lactating women and women in the reproductive age group (15 to 49 years) in Luwingu district and in kapemba ward in particular. |
| Related to question 10: Which of the aims of your organisation is the goal of this project associated with? | To contribute towards increased household food security, Nutrition and income so as reduce the vulnerability of rural women living in poverty and women empowerment. |

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| --- | --- |
| Specific Aims (Please add extra boxes if you need to) | Activities (Please add extra boxes if you need to) |
| 1. By the end of the project, to improve nutritional status among children less than two years with a particular focus on reducing stunting in a child’s first 1000 critical days (children aged 0-24 months) and women in the reproductive age group through a multi sectoral approach among 1700 people in 10 communities of Kapemba ward of Luwingu District .
 | 1. Conduct community mobilisation meetings.
2. Train of 50 Community Nutrition Promoters through collaboration with the National Nutrition Direction in: (a) nutritional assessment and identification of malnourished children of less than 2 years of age; (b) promotion of locally available complementary foods; (c) counseling mothers and families on complementary feeding using improved complementary local food recipes developed.
3. Conduct sensitization meetings targeting 5400 women and girls on the importance o consuming nutritious foods.
4. Carry out of nutrition counseling through home visits, group meetings and cooking demonstrations by the new Community Nutrition Promoters.
 |
| 1. By the end of the project, to improve quality and integrated nutrition needs among women groups in Kapemba ward of Luwingu District.
 | 1. Facilitate agricultural extension workers to conduct on farm trainings of 200 women in the indicated gaps (production, post harvest crop management including crop preservation )
2. Identify 200 women led house hold to develop gardening
3. Discuss the terms & conditions of the project with the women groups for gardening activities.
4. Train women in house hold to carry out small garden at house level
5. Supply household women with irrigation tools and seeds
 |
| 1. By the end of the project, contribute to community groups capability for and implementation of nutrition interventions in kapemba Ward
 | 1. Support community nutrition empowerment including nutrition education and growth monitoring in 10 communities.
2. Hold community meetings with Women groups to Identify intervention villages at community level.
 |
| D. Nil  | Nil  |

GENERAL QUESTIONS ABOUT THE DETAIL OF YOUR PROPOSED PROJECT - **PLEASE PROVIDE AT LEAST 4 LINES OF INFORMATION IN YOUR ANSWER FOR EACH QUESTION:**

1. PROVIDE A **SHORT** DESCRIPTION OF THE PROJECT.

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| The action seeks to improve nutritional status among children less than two years with a particular focus on reducing stunting in a child’s first 1000 critical days **(**children aged 0-24 months) and women in the reproductive age group through a multi sectoral approach among 180,000 people in 10 communities of kapemba ward in Luwingu District. The project builds upon national plans and priorities in line with the national food and nutrition strategic plan for Zambia 2011-2015 multi-sector strategic direction on first 1000 most critical days to prevent child stunting. This will be achieved through promotion of breastfeeding, appropriate complementary feeding practices (but excluding provision of food), proper hygiene, complementary foods for the prevention and treatment of moderate malnutrition among children 6–23 months of age and community-based management of severe acute malnutrition. The project will work at strengthening affiliate community mother groups response to under nutrition among children under the age of 2, women in the reproductive age group of 15 to 49 years. The **ultimate outcome** of the project to contribute to reducing maternal and child under nutrition in the area through improved nutritional status of children under two years (with a particular focus on stunting in children aged 0-23 months) and women in the reproductive age group . The project will contribute to improved nutrition status of children less than two years and women in the reproductive age group achieved through increased knowledge at family, community and district level and Improved quality of integrated nutrition services for women and children in project area.***The first output:*** will aim to increase awareness of aimed at increasing knowledge and awareness among mothers and other stakeholders at the community level on the prevention of stunting in children less than two years of age . The project will use a community participatory approach to promote appropriate locally available Nutritional foods, preparations, preservation and kitchen gardens among women groups and ideal hygiene and WASH practices. The activities that will be carried out will be: Conduct Health Promotion activities using tailored interventions, Strengthen 10 mother support groups to promote ideal nutritional practices , Facilitate community conversations around nutrition ,Promote and support participatory nutrition education and training for mothers and caregivers through community nutrition workers, Conduct Community mobilisation, communication, visibility and advocacy to support acceptance, promotion, prioritisation and outreach of the First 1000 Most Critical Days Programme among key stakeholders. We envisage that by the end of the project community organisations such as mother support groups are significantly strengthened to raise awareness of maternal and child in the community and access to services has significantly improved through the adoption of positive nutrition behaviours. ***The second output****:* will aim to Improve quality of integrated nutrition services for women and children in project areas. The activities that will be undertaken include: Training of Mothers Peer Educators in Mother to Mother Nutrition package, Promote and assure appropriate training and counseling needed for optimal infant and young child feeding practices in the general population and in the context of HIV at facility, community, and household level. At the end of the project, we envisage significantly up skilled, motivated Volunteer workforces that are able to handle under nutrition that resulting in fewer deaths in the community. The project will be implemented for the period of 10 month |

1. WHY IS THE PROJECT NECESSARY?

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| According to recent estimates[[1]](#endnote-1) under-nutrition is responsible for 35% of the global disease burden and the deaths every year of 3.5 million children under 5 years of age. Eighty percent of the developing world’s chronically undernourished or stunted children are living in Asia and sub-Saharan Africa. Though Zambia has made considerable gains in child survival and maternal health over the past decade, prevalent rates remain unacceptably high and among the highest in the region. Zambia, HIV and AIDs are the major drivers of the country's important disease burden, with an. Despite a marginal reduction in stunting[[2]](#footnote-1) of children under the age of five from 45% in 2007 to 40% in 2013/14, the percentage of children underweight[[3]](#footnote-2) has remained static at 15% whilst wasting[[4]](#footnote-3) has increased from 5% to 6%. Around 10% of women aged between 15 and 49 are underweight. The high prevalence of stunting is well above the average in sub-Saharan Africa and is affecting Zambia’s potential to meet economic and development targets. It has long-lasting irreversible effects on the child’s development, including their mental development, health school performance and ultimately affects productivity. Malnutrition in women results in reduced productivity, increased susceptibility to infections, slowed recovery from illness and heightened risk to adverse pregnancy outcomes Anaemia in early chiPEACEod is a major factor in compromised cognitive development. High levels of under-nutrition have adverse consequences on the health status of the population. Women face unique nutritional challenges. In women of reproductive age, anaemia is related to maternal mortality and is also associated with low birth weight, fatigue and reduced productivity. Under-nutrition leads to increased risk of death and is the single biggest cause of child mortality. In addition, 38% of maternal deaths are linked to under-nutrition.[[5]](#footnote-4) Poor nutrition during pregnancy reduces physical development of the unborn child that may lead to miscarriages, low birth weight or worse, stillbirths, perinatal death, and irreversible damage to the unborn child. Low birth weight babies have a high risk of frequent infections and deaths. Stunting that occurs before the age of two leads to significant physical and mental damage that may be irreversible even if their nutritional status improves later in their life.[[6]](#footnote-5) An anaemic woman is more prone to death during childbirth and is very likely to deliver an underweight baby .Two key immediate causes of under-nutrition are inadequate dietary intake and disease with considerable interactions between the two. For example, diarrhoea causes acute under-nutrition as it makes increased energy demands on the body and prevents the absorption of nutrients. Equally, under-nutrition makes children more susceptible to diseases such as diarrhoea, measles, HIV and AIDS because it undermines the immune system. With under-nutrition and ill health both widespread in Zambia, children can be caught in a vicious cycle of under-nutrition and disease. There is considerable evidence of growing food insecurity in Zambia, which contributes to inadequate dietary intake. Zambia over-dependence on subsistence rain fed maize production and consumption coupled with the high population density, climate change and poverty is fuelling under-nutrition in the country. This chronic problem is compounded by the food insecurity situation at present due to the third consecutive year of poor harvests in several districts Poor water and sanitation, and limited access to health care, coupled with climatic factors, has increased the risk of communicable disease outbreaks, which in turn increases vulnerability to under-nutrition.Under -nutrition situation in Zambia is a complex emergency with a set of overlapping causes. Under-nutrition is not only about food. It is a multidimensional problem. While food insecurity is clearly an important dimension to the current under-nutrition situation is not the only cause. Inadequate care of mothers and children, insufficient health services and an unhealthy environment (such as lack of clean water, hygiene or sanitation) are all key underlying drivers of under-nutrition. Under immediate causes, there are low rates of breastfeeding, poor diet diversity (only 29.4% of children between six and 24 months meet the recommended minimum diet diversity), a high prevalence of illness in children, and a correlation between malnourished mothers and malnourished children. There is also a negative correlation between diarrhoea, fever and pneumonia illness and children with severe under-nutrition. Two key immediate causes of under-nutrition are inadequate dietary intake and disease with considerable interactions between the two. For example, diarrhoea causes acute under-nutrition as it makes increased energy demands on the body and prevents the absorption of nutrients. Equally, under-nutrition makes children more susceptible to diseases such as diarrhoea, measles, HIV and AIDS because it undermines the immune system. With under-nutrition and ill health both widespread, children can be caught in a vicious cycle of under-nutrition and disease.Poor water and sanitation, and limited access to health care, coupled with climatic factors, have increased the risk of communicable disease outbreaks, which in turn increases vulnerability to under-nutrition. The health system is under-resourced and clinics are reliant on external aid to maintain service delivery. Vaccination programmes have been badly affected by fuel and electricity shortages, which have forced the shutdown of some vital logistics. About 17% of the population lack access to safe water and 49% have inadequate sanitation facilities. There are additional structural issues – ‘basic causes’ – which have an impact on the status of nutrition in the area. These include gender inequality, (for example through impact on household allocation of food or access to education); environmental stresses, in particular related to scarcity of water; and the limited delivery of basic services to the population.Luwingu Districts in particular Kapemba ward is targeted for this intervention on the basis of their high need for improved access to and usage of clean water and sanitation have high prevalence of chronic under nutrition. |

1. WHO ARE THE PROJECT BENEFICIARIES?

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| The primary target of the action will be adolescent girls (12 to 18 Years) pregnant, lactating women and children in kapemba Ward of Luwingu District. The secondary beneficiaries will be primary health care providers, government line ministries at the district level, the civil society, health facilities and traditional leaders. The wider population will benefit from improved knowledge attitudes and practices and stronger improved health outcomes. |

1. HOW WERE THEY INVOLVED IN THE DESIGN OF THE PROJECT?

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| The idea to develop this project document is evident of several community consultative meetings that were held during the second quarter of 2017, which its sole purpose was to solicit community input and enhance ownership of programmes. The process started community mapping, identification of community available services and gaps that led to come up with the project site. These meetings were held with expecting mothers, community leaders and health centres staff. Others were women groups in the target area.  |

1. HOW WILL THEY CONTINUE TO BENEFIT AFTER THE PROJECT IS FINISHED?

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| At the end of the project, it’s anticipated that they shall be increased adoption of positive nutrition practices at community level among expecting, adolescent girls and children leading to improved Maternal, Neonatal and Child Health (MNCH). During this project, activities undertaken with community groups – to build community knowledge on nutrition and explore harmful practices, including gender norms – will seek to change behaviour and achieve good household nutrition. Nutrition for women and children will be improved through increasing production and diversification of food and improved storage techniques. Good nutrition knowledge will influence women’s decisions on the production and utilisation of food, which will impact local food markets and supply chains which will in turn increase the supply of more nutritious food.The project is designed to facilitate the sustainability of interventions at a community level. The Project includes five design features that will increase the probability of the nutrition interventions being sustainable. The project aims actively involve communities (women and girls) and invest in capacity building for community-based services for improved nutrition, hygiene, and sanitation. Improved knowledge and resulting behavior change will benefit future generations.  |

1. WILL THE PROJECT MAKE USE OF LOCAL RESOURCES INCLUDING LOCAL GOVERNMENT AND OTHER WOMEN’S GROUPS? IF YES, HOW?

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| The organisation will work with other community women’s groups in the area and other alongside with other stakeholders such as the District Health office (DHO) and the Local health centre (Mumba Health centre ) The selected community groups have difference expertise and resources that will contribute immensely to the implementation of the project. For instance, The DHO has a motor vehicle that will be used for mobility during Nutrition promotion outreach programs. |

1. HOW DO YOU PLAN TO MONITOR AND EVALUATE YOUR PROJECT?

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| Overall responsibility for Monitoring and Evaluation (M&E) will rest with the monitoring and evaluation officer. A monitoring matrix to track inputs, outputs and outcomes, with intermediate and key performance indicators, will be developed. Outcomes and outputs will be monitored during project implementation using data compiled by the M&E and generated by the project as well as other sources to evaluate progress. Likewise, M&E will keep track of agreed indicators on a regular basis as specified in the monitoring matrix. A monitoring and evaluation plan is provided in the logical frame work matrix. M&E will be carried out concurrently with project execution. The reports will contain adequate information to enable the management team to discuss project performance and fulfillment of benchmarks and to propose and adopt adjustments to the project design. Project Inception Workshop (IW) will be held within the first month of project start up with all community stakeholders. The IW is crucial to building ownership for the project results and to plan the first year annual work plan. Monthly Progress Report: monthly Progress Report (MPR) shall be prepared by the Project officer, and shared with all stakeholders. The MPR will be include progress against set goals, objectives and targets, lessons learned, risk management and detailed financial disbursements. End of the project report: The project will undergo an independent final Evaluation (MTE) at the evaluation will determine progress made toward the achievement of outcomes and will identify corrective actions if needed. It will focus on the effectiveness, efficiency and timeliness of project implementation; will highlight issues requiring decisions and actions; and will present initial lessons learned about project design, implementation and management. The findings of this review will be incorporated in a midterm report. |

1. Activity / Results plan

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| **ACTIVITIES** | **RESULTS** | **MONITORING** | **CONFIRMATION** | **RESOURCES** | **PROBLEMS AND SOLUTIONS** | **TIME NEEDED FOR ACTIVITY**  |
| 1. Conduct community mobilisation meetings | One community needs assessment conducted and results shared with community stakeholders  | **Responsible** :Ruth Mulenga –Programs officer **How –** preparation of required logistics ,data forms | Activity report with a signed participants list  | * Stationery
* Human resources
 | **Problems**: unwillingness by most women to support the project **Solution** : improve collaborations with the Ministry of community development , ministry of agriculture and other stakeholders | Month 1  |
| 2. Train of 15 Community Nutrition Promoters through collaboration within the National Nutrition Direction in: (a) nutritional assessment and identification of malnourished children of less than 2 years of age; (b) promotion of locally available complementary foods; (c) counseling mothers and families on complementary feeding using improved complementary local food recipes developed.  | 50 community nutritional trainers are trained and are providing services to mothers. | **Responsible** :Astridah Chibale Coordinator **How –** preparation of required logistics ,data forms | Signed registration lists proving the that five workshops were carried out- Photos of the events- Report  | * Volunteers (facilitators)
* Venue for workshops
* Community members
* stationery
 | ***Problem:*** *May not get enough community members together to attend the workshop.* ***Solution:*** *Involve local leaders in the project and ask their help to mobilise community members.* | Month 2  |
| 3. Conduct sensitization meetings targeting 5400 women and girls on the importance o consuming nutritious foods. | 5400 women and girls are reached with information on nutrition. | **Responsible** :Prudence Chibale –Finance Officer **How –** preparation of required logistics ,data forms | MSC with video storiesHH Food survey,Food market survey FocusGroup Discussions,PD Hearth Registers,Village Hygiene Maps | * Human resources
* Lunch allowances
* Stationery
* Brochures /leaflets
* Flip aids
 | **Problem:** Attitude and behaviour change needed from men to support improved MNCH is not realised.**Solutions** : - Include men and boys in allprogramming including ttC, Change, farmers groups- Working closely with local leadership to encourage men’s participation and commitment to the program | Ongoing (Month 2 -10 ) |
| 4. Carry out of nutrition counseling through home visits, group meetings and cooking demonstrations by the new Community Nutrition Promoters.  | Communities are aware of nutrition  | **Responsible** :– Chairperson **How –** preparation of required logistics ,data forms | MSC with video storiesHH Food survey,Food market survey FocusGroup Discussions,PD Hearth Registers,Village Hygiene Maps | * Human resources
* Lunch allowances
* Stationery
* Brochures /leaflets
* Flip aids
 | **Problem:** Attitude and behaviour change needed from men to support improved MNCH is not realised.**Solutions** : - Include men and boys in allprogramming including ttC[[7]](#footnote-6), Change, farmers groups- Working closely with local leadership to encourage men’s participation and commitment to the program | Ongoing (month 3 -9) |
| 1. Facilitate agricultural extension workers to conduct on farm trainings to 200 women in the indicated gaps (production, post harvest crop management including crop preservation )
 | Capacity is built in production, post harvest and crop management and preservation of nutritious foods among 200 women households. | **Responsible** :Cleopatra Nsama– Chairperson **How –** preparation of required logistics ,data forms | narrative reports Notices | * Flip charts
* Meals
* Markers
* Pens
* Exercise books
 | **Problem** : unwillingness by agriculture extension farmers to support women in sustainable farming practices , crop management , post harvest and food preservation **Solutions:** Involve extension officers well from the onset of the project. | Month 4 |
| 1. Identify 200 women house hold to develop gardening
 | 200 women households identified  | **Responsible** :Cleopatra Nsama– Chairperson **How –** preparation of required logistics ,data forms | Activity report  | * Stationery
 | **Problem:** low participation and support to the project.**Solution** : conduct community mobilisation campaigns | Month 2  |
| 1. Discuss the terms & conditions of the project with the women groups for gardening activities.
 | Terms o reference developed and agreed between beneficiaries and the Association. | **Responsible** :Cleopatra Nsama– Chairperson **How –** preparation of required logistics ,data forms | Signed Terms of reference document  | * Stationery
 | **Problem** : Failure by the beneficiaries to agree to the terms of reference **Solution** : increase awareness on the need of beneficiaries participation and involvement  | Month 2  |
| 1. Train women in house hold to carry out sustainable small garden at house level
 | 200 women trained in kitchen gardening or backyard management  | **Responsible** :Cleopatra Nsama– Chairperson **How –** preparation of required logistics ,data forms | Signed registration lists proving the that five workshops were carried out- Photos of the events- Report  | * Volunteers (facilitators)
* Venue for workshops
* Community members
* stationery
 | **Problem:** May not get enough community members together to attend the workshop. **Solution:** Involve local leaders in the project and ask their help to mobilise community members*.* | Month 5 |
| 1. Supply household women with irrigation tools , tools and seeds ( for the demonstrations activities only )
 | 200 women supplied with small irrigation tools and vegetable seeds  | **Responsible** :Cathrean Mupolokoso – Chairperson **How –** preparation of required logistics ,data forms | - Quarter Project Progress Report - Monitoring and Supervision report - Pictures  | * Seeds
* Watering canes
 | **Problem** : irrigation equipment may be expensive than planned **Solutions** : Encourage alternative sustainable irrigation methods  | Month 5 |
| 1. Support community nutrition empowerment including nutrition education and growth monitoring in 10 communities.
 | 10 communities are empowered with information on Nutrition  | **Responsible** :Cathrean Mupolokoso – Chairperson **How –** preparation of required logistics ,data forms |  | * Transport costs
* Brochures
* Staff DSA
* Teaching aids
 | **Problem:** the community may not be supportive to the project.**Solutions;** involve communities from the onset of the project. | Month 5 |
| 1. Hold community meetings with Women groups to Identify intervention villages at community level.
 | Project Preparatory meetings are held at a community level. | **Responsible** :Astridah Chibale Chairperson **How –** preparation of required logistics ,data forms | Activity report  | * Transport costs
* Brochures
* Staff DSA
* Teaching aids
* Fees for the drama group
 | **Problem:** the community may not be supportive to the project.**Solutions;** involve communities from the onset of the project. | Month1  |
| 1. Conduct monitoring and evaluation
 | Monitoring activities are carried out  | Annet Nakamba-Monitoring and evaluation officer - ensure that tracking of planned activities are conducted on monthly basis | Aggregated monthly reports Narrative reports  | * Transport
* Lunch allowance
* Stationery
 | **Problem** : The analysis achievement / failures **Solution-** the team will on periodic times invite the district health to conduct joint monitoring | Ongoing (month 1 to 10) |

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| **B3) NUTRITION AND HOME ECONOMICS** |
| * WHAT TRAINING WILL THOSE LEADING THE DISCUSSIONS/TRAINING PROGRAMMES HAVE?

All the trained staff members have a vast experience in Nutrition related activities. All the staff members have been trained in child growth monitoring, timed and targeted counselling (ttC) and PD- Hearth. Other staff members hold in service trainings in Social behaviour change and communication. Using this experience, staff members have relevant skills and abilities to lead community discussions.* IF THIS IS A NUTRITION PROJECT, HOW HAVE YOU FOUND THERE ARE NUTRITIONAL DEFICIENCIES IN THE LOCAL COMMUNITY?

Nutrition and child survey assessment conducted by DWA in October and November 2016 in Kapemba ward revealed low attendance in health centres due to the low quality of health services and capacity of people to cover the cost of health services and medicines. The majority of health centres in rural areas has acceptable facilities, but do not have enough equipment, trained healthcare workers, adequate supplies and logistics. Coverage of routine immunization is less than 25%. This increases the risk and potential for outbreaks of transmissible diseases, especially malaria, diarrhoeal diseases, respiratory infections, eye and skin and chiPEACEod diseases, including measles. High prevalence of low birth weight, Underweight among children under five years of age, Wasting among children under five years of age, Maternal malnutrition and Micronutrient deficiencies are common.Among children of less than 24 months of age, stunting negatively and permanently affects their health, learning and productivity. It affects the health and cognitive development of children with implications across the full lifecycle and as a result negatively impacting on national economic development. Overall, stunting prevalence among children less than five years of age in Kapemba is higher. The problem of stunting among children after six months of age rapidly increases in the absence of good quality nutritious food. The combined moderate and severe stunting rate for children from 6-18 months of age increases dramatically and then reaches a peak at 59% between 18–23 3 months. However most of the health ailments go un reported.* CAN THESE DEFICIENCIES BE IMPROVED THROUGH THIS PROJECT?

The project will contribute to adoption of positive nutrition and WASH practices at community level leading to improved Maternal, neonatal and Child Health (MNCH).During this project, activities undertaken with community groups – to build community knowledge on nutrition and explore harmful practices, including gender norms – will seek to change behaviour and achieve good household nutrition. Nutrition for women and children will be improved through increasing production and diversification of food and improved storage techniques. Good nutrition knowledge will influence women’s decisions on the production and utilisation of food, which will impact local food markets and supply chains which will in turn increase the supply of more nutritious food. The project will work to build the capacity of communities to analyse food markets and supply chains. The project will also work with communities and the government to increase access to water and promote positive hygiene and sanitation practices in kapemba ward that will contribute to improve MNCH.* **HOW WILL THE STANDARD OF LIVING OF THE BENEFICIARIES IMPROVE THROUGH THIS PROJECT?**

 Improving nutrition will contribute to productivity, economic development, and poverty reduction. It will further contribute to improved physical work capacity, cognitive development, school performance, and health by reducing disease and mortality. The project will further generate significant economic benefits by reducing (i) direct losses through physical productivity, (ii) indirect losses from poor cognitive losses and loss in schooling, and (iii) losses in resources from increased health care costs. There will be economic benefits to the communities through (i) reductions in premature morbidity and mortality, (ii) better productivity in adults, (iii) enhanced cognitive development and educational attainment in children, and (iv) reductions in low birth weights. * **HOW WILL THIS PROJECT BENEFIT THE BENEFICIARIES IN THE FUTURE?**

Better nutritional status will result in lower maternal morbidity and mortality, fewer intergenerational effects on children’s cognitive and physical development, maternal stunting, and iron and iodine deficiencies. Improving maternal and child care will reduce the incidence of low birth weight and related malnutrition and chronic diseases. Better nutrition in young children will also reduce the likelihood that they will become obese later in life and decrease associated diet-related no communicable diseases. Better accessibility to fortified food will enhance child and maternal survival and improve the mental development and intelligence of children. Women and adolescent girls will benefit from increased awareness of general nutrition, breast feeding, child care, and child feeding practices. |

1. BUDGET:

|  |  |  |
| --- | --- | --- |
| **INCOME**  | **Total*****USE LOCAL CURRENCY( ZMW)*** | **For GLOBAL GIVING use only** |
| GRANT REQUESTED FROM **GLOBAL GIVING**  |  40,840.00 |  |
| CONTRIBUTION TO BE MADE BY THE APPLICANT (25% or more of the **total cost of the project** - Cash amount and/or value of ‘in kind’ contribution) | Cash: 18,220.00 |  |
| In Kind 29,100.00 |  |
| OTHER INCOME (please specify) |  |  |
|  |  |  |
| **Total Income**  |  **88,160.00** |  |

|  |
| --- |
| **Expenses *USE LOCAL CURRENCY*** |
|  | **Description** | **Who will pay (GLOBAL GIVING or Other)** | **Quantity** | **Unit cost** | **Total cost** | **For GLOBAL GIVING use only** |
| **(I)** | **Running costs**  |  |  |  |  |  |
| I | Office rental | PEACE | 10 | 300 | 3,000.00 |  |
| II | Salaries (Specify each position) |  |  |  |  |  |
|  | 1.Nil  | N/A | Nil  | 00.00 | 00.00 |  |
|  | 2.Nil  | N/A | Nil  | 00.00 | 00.00 |  |
|  | 3.Nil  | N/A | Nil  | 00.00 | 00.00 |  |
| III | Electricity/water | PEACE  | 10 | 50 | 500.00 |  |
| IV | Telephone, Internet | GLOBAL GIVING  | 3 | 200 | 600.00 |  |
| V | Maintenance  | PEACE | 4 | 100 | 400.00 |  |
| VI | Transport (public and fuel) | GLOBAL GIVING  | 200 | 12 | 2,400.00 |  |
| VII | Audited accounts  | GLOBAL GIVING  | 1 | 7000 | 7,000.00 |  |
| VIII | Bank charges | GLOBAL GIVING  | 10 | 100 | 1,000.00 |  |
| IX | Other (e.g. contingency) | PEACE | 1 | 6000 | 6,000.00 |  |
| X |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **Total running costs** |  |  |  | **20,900.00** |  |
|  |  |  |  |  |  |  |
| **(II)** | **Operational Costs** |  |  |  |  |  |
|  | **List the activities as presented in question 29** |  |  |  |  |  |
| 1 | Conduct community mobilisation meetings |  |  |  |  |  |
|  | Stationery  | GLOBAL GIVING  | 1 | 400 | 400 |  |
|  | Staff daily substance allowance for 3 @ 200 ZMK three persons for 3 nights  | GLOBAL GIVING  | 3 | 600 | 1,800.00 |  |
|  | ***Total activity 1*** |  |  |  | **2,200.00** |  |
| 2 | Train of 15 Community Nutrition Promoters through collaboration within the National Nutrition Direction in: (a) nutritional assessment and identification of malnourished children of less than 2 years of age; (b) promotion of locally available complementary foods; (c) counselling mothers and families on complementary feeding using improved complementary local food recipes developed. |  |  |  |  |  |
|  | Flip charts  | PEACE | 4 | 45 | 180 |  |
|  | Reams of paper  | PEACE | 4 | 60 | 240 |  |
|  | Pens  | PEACE | 100 | 1 | 100 |  |
|  | Books  | GLOBAL GIVING  | 100 | 200 | 200 |  |
|  | Boutique  | PEACE | 5 | 15 | 75 |  |
|  | Meals ( Lunch & Supper) for 15 participants  | GLOBAL GIVING  | 50 | 3 | 2,250 |  |
|  | Snacks & refreshments twice per day for 18 persons for 3 days  | GLOBAL GIVING  | 10 | 18 | 540.00 |  |
|  | Staff DSA for 3 staff members @ 200 for 3 nights  | GLOBAL GIVING  | 3 | 600 | 1,800 |  |
|  | Transport refunds for 15 participants @ 100 ZMW | GLOBAL GIVING  | 15 | 100 | 1500 |  |
|  | **Total for activity 2**  |  |  |  | **6,885.00** |  |
|  | Conduct sensitization meetings targeting 5400 women and girls on the importance o consuming nutritious foods. |  |  |  |  |  |
|  | Copying and printing of Leaflets /brochures on nutrition and reporting forms  | PEACE | 100 | 0.25 | 2,500 |  |
|  | Field staff allowances for 5 days @ 200 for 8 staff/volunteers  | PEACE | 100 | 8 | 8,000 |  |
|  | Stationery  | GLOBAL GIVING  | 1 | 200 | 200 |  |
|  | **Total for activity 3**  |  |  |  | **10,700.00** |  |
| 4 | Carry out of nutrition counseling through home visits, group meetings and cooking demonstrations by the new Community Nutrition Promoters.  |  |  |  |  |  |
|  | Lunch allowances for 15 nutritional promoters for 8 months  | PEACE | 2,250 | 10 | 22,500.00 |  |
|  | Stationery  | GLOBAL GIVING  | 500 | 1 | 500.00 |  |
|  | Brochures /leaflets  | GLOBAL GIVING  | 100 | 0.25 | 2,500.00 |  |
|  | Flip aids | PEACE | 100 | 5 | 500.00 |  |
|  | **Total for activity 4**  |  |  |  |  **26,000.00** |  |
| 5 | Facilitate agricultural extension workers to conduct on farm trainings to 100 women in the indicated gaps (production, post harvest crop management including crop preservation ) |  |  |  |  |  |
|  | Flip charts  | PEACE | 4 | 45 | 180 |  |
|  | Meals  | PEACE | 100 | 15 | 1500 |  |
|  | Exercise books | PEACE | 100 | 1 | 100 |  |
|  | Markers  | PEACE | 10 | 12 | 120 |  |
|  | Pens  | PEACE | 100 | 1 | 100 |  |
|  | Trainers allowance  | GLOBAL GIVING  | 4 | 300 | 1200 |  |
|  | **Total for Activity 5** |  |  |  |  **3,200.00** |  |
| 6 | Identify 400 family house hold to develop gardening  |  |  |  |  |  |
|  | Stationery  | PEACE | 100 | 1 | 300 |  |
|  | Lunch allowance  | PEACE | 600 | 1 | 600 |  |
|  | **Total activity 7** |  |  |  |  **900.00** |  |
| 7.  | Discuss the terms & conditions of the project with the women groups for gardening activities.  |  |  |  |  |  |
|  | Stationery  | GLOBAL GIVING  | 100 | 1 | 300 |  |
|  | Lunch allowance  | GLOBAL GIVING  | 600 | 1 | 600 |  |
|  | **Total activity 8** |  |  |  | **900.00** |  |
| 8 | Train women in house hold to carry out sustainable small garden at house level  |  |  |  |  |  |
|  | Vegetable Seeds for demonstration purpose only. | GLOBAL GIVING  | 45 | 4 | 180 |  |
|  | Teresphosia seeds  | PEACE | 100 kg | 10 | 1,000 |  |
|  | Ropes  | PEACE | 1 | 65 | 65 |  |
|  | Stationery  | PEACE | 1 | 100 | 100 |  |
|  | Meals  | GLOBAL GIVING  | 200 | 15 | 3000 |  |
|  | Trainers fees  | GLOBAL GIVING  | 1 | 800 | 800 |  |
|  | **Total cost for activity 9** |  |  |  | **1,545.00** |  |
| 9 | Supply household women with irrigation tools , tools and seeds ( for demonstration plots ) |  |  |  |  |  |
|  | Seeds  | GLOBAL GIVING  | 45 | 10 | 450.00 |  |
|  | Watering canes | GLOBAL GIVING  | 10 | 85 | 850.00 |  |
|  | **Total cost for activity 10** |  |  |  | **1,300.00** |  |
| 11 | Support community nutrition empowerment including nutrition education and growth monitoring in 10 communities. |  |  |  |  |  |
|  | Transport costs  | PEACE | 2 | 800 | 1600.00 |  |
|  | Brochures  | PEACE | 2500 | 1 | 2500.00 |  |
|  | Staff DSA | GLOBAL GIVING  | 4 | 800 | 3200.00 |  |
|  | Teaching aids | PEACE  | 4 | 65 | 260.00 |  |
|  | **Total cost for activity 10** |  |  |  |  |  |
| 12 | Hold community meetings with Women groups to Identify intervention villages at community level. |  |  |  |  |  |
|  | Transport  | PEACE | 400 | 1 | 400.00 |  |
|  | Lunch allowance  | PEACE | 300 | 1 | 300.00 |  |
|  | Stationery | PEACE | 200 | 1 | 200.00 |  |
|  | *Total activity 3* | PEACE |  |  |  |  |
|  | **Total Operational Cost** |  |  |  | **900.00** |  |
|  |  |  |  |  |  |  |
| (III) | **M&E Costs** |  |  |  |  |  |
| I | Travel costs | GLOBAL GIVING  | 400.00 | 1 | 400 |  |
| II | Lunch Allowance for 3 persons for 10 months @ 75 | GLOBAL GIVING  | 225.00 | 10 | 2,250.00 |  |
|  | Documentation & reporting  | GLOBAL GIVING  | 600 | 3 | 1,800.00 |  |
|  | **Total M&E** |  |  |  | **2,830.00** |  |
|  |  |  |  |  |  |  |
|  | **Total Costs** |  |  |  | **88,160.00** |  |

1. Black, R.E, et al. Maternal and Child Under-nutrition: global and régional exposures and health conséquences. The Lancet, 2008. 371(9608): p.243-260 [↑](#endnote-ref-1)
2. Stunting describes chronic under nutrition, characterized by low height compared to age [↑](#footnote-ref-1)
3. Underweight is based upon weight for age and includes children with low weight-for-height (wasting) or low height-for-age (stunting) [↑](#footnote-ref-2)
4. Wasting describes acute under nutrition characterized by low bodyweight compared to height. [↑](#footnote-ref-3)
5. (Pelletier et al) [↑](#footnote-ref-4)
6. DFID position paper , 2011 [↑](#footnote-ref-5)
7. Timed and targeted counseling [↑](#footnote-ref-6)