



## **PROJECT PROPOSAL**

**“Nourishing Futures: Combating Malnutrition and Improving Maternal & Child Health in Ghareebabad in Dhoke Chowdrian and Maskeenabad Misrial, Two rural villages of Rawalpindi”**

**SUBMITTED BY:**

**KAUS-E-KAZAH WELFARE ORGANIZATION**

**IN PARTNERSHIP WITH**

**NETWORK FOR HUMAN AND SOCIAL DEVELOPMENT**

## Introduction of Organizations

### Kaus-e-Kazah Welfare Organization (Lead Implementing Partner)

Kaus-e-Kazah Welfare Organization (KKO) is a registered non-governmental organization committed to uplifting underprivileged communities through education, vocational training, and healthcare initiatives. Registered with multiple government bodies, including the Punjab Charity Commission, Punjab Welfare Trust for the Disabled, Punjab Skill Development Fund, Sindh Education Foundation, Literacy and Non-Formal Basic Education Departments of Sindh and Punjab, and the Economic Affairs Division, KKO has established itself as a trusted force for social development.

Since its inception in 2003, KKO has made a profound impact by providing education to over 1,500 students, including 200 students in Sindh, and establishing itself as one of the few inclusive education institutes in the country. It is among the select organizations registered with the Punjab Welfare Trust for the Disabled and has successfully empowered countless women and matriculated students with technical and vocational training at a national level.

Kaus-e-Kazah Welfare Organization strongly advocates for the emancipation of the poorest segments of society, and continues to struggle for their well-being, for their education, and for sustainable livelihood modalities. Whether during the 2020 COVID-19 pandemic, the 2021-2023 floods which ravaged the country, or the 2008-2011 floods, KKO has been committed to ensuring continuous support for our communities.

KKO has been providing food rations and cooked meals to our communities since 2003, focusing on the poorest segments of society. KKO has also distributed jackets and blankets to the most vulnerable communities and conducted medical camps with a drive towards ensuring access to medicine and diagnostic support. This was made possible by our Board of Directors who provide donations and commit themselves to the overall improvement and emancipation through provision of medical services, educational services, and technical services.

KKO's efforts have been recognized at the highest level, earning the prestigious Corporate Humanitarian and Strategic Achievement Shield on May 8, 2023, at the President House in Islamabad, conferred by the President of Pakistan. Our unwavering commitment to social upliftment continues to drive us forward as we expand our mission to tackle malnutrition and healthcare challenges in Ghareebabad, Dhoke Chowdrian as well as Maskeenabad, Misrial, both of which are rural areas of Rawalpindi.

### Network for Human and Social Development (Technical Support Partner)

Network for Human and Social Development (NHSD) is a non-government non-profit organization registered with Islamabad Charity Commission, Pakistan Center of Philanthropy and Economic Affairs Division Government of Punjab. It is the implementation partner for more than 60 international and national organizations including GlobalGiving US, Myriad USA, King Baudouin Foundation Belgium, Benevity USA, and also RedR UK, USAID, National Bank of Pakistan, Allama Iqbal Open University, NextGenU Canada, Riphah International University, Malteser International, Merlin International, ILO, GTZ/GIZ, Akhuwat Cloth Bank, Embassy of Germany, Hashoo Foundation, The Citizen Foundation, Caritas Pakistan, and VSO International.

NHSD has been recognized for its efforts by the government of Pakistan, receiving the “Heroes in War against COVID-19” Award by Governor of Punjab in Governor House Lahore on November 26, 2021, and the “Corporate Humanitarian and Strategic Achievement Shield” by His Excellency The President of Islamic Republic of Pakistan at President House Islamabad on May 8, 2023.

NHSD’s core areas of expertise include: - Disaster Management: Responding to disasters since inception, including the 2005 earthquake, the 2008-2010 floods, the 2022-2023 Sindh and southern Punjab Floods, and the 2020 COVID-19 pandemic. - Technical Trainings: Focusing on technical skill development since 2014, including diploma in information technology trainings. - Women Empowerment and Poverty Alleviation: Serving as a platform for women empowerment and poverty alleviation since 2012. - Education: Providing technical education at academic settings in AIOU and Riphah University, with a focus on public health education.

NHSD works with KKO through a joint operations agreement, combining technical expertise with KKO’s strong community presence to implement sustainable development initiatives.

## Project Introduction

Kaus-e-Kazah Welfare Organization has been involved in the thematic areas of education, malnutrition, women empowerment and rehabilitation since 2010 in Ghareebabad, Dhoke Chowdrian, and since 2024 in Maskeenabad, Misrial.

Ghareebabad, a rural settlement in Rawalpindi, is facing an alarming humanitarian crisis marked by extreme poverty, malnutrition, and inadequate healthcare. The community consists primarily of daily wage laborers and marginalized families who struggle to meet even their most basic needs. The scarcity of clean water, lack of medical facilities, and widespread food insecurity have left women and children particularly vulnerable to life-threatening health conditions. KKO has played a role towards the provision of free education for more than 700 students of the area since 2010, and has been supporting more than 3,000 families in the vicinity.

Maskeenabad is an unincorporated village located in the UC Misrial. It is 5km away from the nearest thoroughfare. Maskeenabad, like Ghareebabad, has a very poor community. Out of 5,000 families, only 3% have a technical skill, and only 10% have their own independent source of income—the rest are dependent on daily wage work.

In both Ghareebabad and Maskeenabad, there is limited system integration ensuring access to consistent nutritional sources. This is also a major factor in why children in the community are out of school or are school dropouts. There have been efforts towards provision of cooked meals and food rations in the areas, but Maskeenabad has significant accessibility issues, and the majority of families residing in the area do not have transport to retrieve food rations and cooked meals.

Malnutrition is rampant in this region, with over 70% of children born underweight and suffering from nutritional deficiencies. It affects at least 30% of families residing in Ghareebabad and 45% of families residing in Maskeenabad. Pregnant and breastfeeding women lack access to proper nourishment, leading to severe maternal health complications and stunted physical and cognitive development in newborns. Due to economic hardships, many families can barely afford a single meal per day, which is often devoid of essential proteins and vitamins. As a result, preventable diseases, low immunity, and high infant and maternal mortality rates persist.

## Need of Project

Without immediate intervention, the cycle of poverty and poor health will continue to devastate future generations. This proposal seeks to mitigate these critical issues by implementing a targeted nutritional support program, conducting medical surveys, and providing essential healthcare services to improve the well-being of women and children in Ghareebabad and Maskeenabad. Our goal is to ensure sustained access to proper nutrition, essential medical checkups, and community-driven health awareness initiatives that will lay the foundation for a healthier and more resilient population.

Through this project, we aim to restore hope, dignity, and long-term stability to one of the most vulnerable communities in Rawalpindi.

The most important need of the project is the provision of food ration kits that are consistently provided to families so they can meet their nutritional needs and ensure their children are able to access education without having to fear about their next meal.

According to recent studies, nutritional deficiencies in early childhood have profound long-term consequences. The World Health Organization (2022) reports that malnutrition contributes to nearly 45% of deaths in children under five globally, with Pakistan ranking among the countries with highest prevalence rates of stunting (40.2%) and wasting (17.7%) in children under five years (National Nutrition Survey Pakistan, 2018). The economic cost of malnutrition in Pakistan has been estimated at 3% of GDP annually (World Bank, 2020).

## Objectives

1. To conduct medical and nutritional assessments by surveying at least 350 households to identify malnourished children and women.
2. To provide nutritional support by distributing food rations with at least two nutrient-rich meals per day to 150 of the most vulnerable families.
3. To distribute essential multivitamins and milk to at least 100 pregnant and breastfeeding women and 150 children under five years old to combat malnutrition.
4. To implement community-based awareness programs by conducting monthly educational sessions on maternal and child nutrition, breastfeeding, and balanced diets.
5. To establish partnerships with healthcare professionals to offer free medical checkups and nutritional counseling for women and children in the target area.
6. To reduce infant and maternal mortality rates by ensuring 80% of pregnant women in the program receive proper antenatal and postnatal care.
7. To establish technical and vocational training centers which provide skill development in cooking, which also works as a source of revenue for the residents of the area.

## Methodology

The project will be implemented using a community-driven and evidence-based approach to ensure maximum impact and sustainability. The key methodological steps include:

### Phase 1: Needs Assessment and Follow-up Survey (Months 1-3)

- Conduct door-to-door surveys to identify affected households and assess their nutritional and medical needs.
- Collaborate with healthcare professionals to conduct screenings for malnutrition and other health concerns.
- Establish criteria for selecting beneficiaries and ensure data-driven decision-making.
- Develop a comprehensive implementation roadmap based on collected data.

*Monitoring Tools: Baseline Survey, Beneficiary List with proof, Location GPS, Reports, Consent Form.*

### Phase 2: Nutritional and Health Intervention (Months 4-9)

- Distribute food ration packs containing essential nutrients to targeted families.
- Provide fortified milk and multivitamins to pregnant/breastfeeding women and malnourished children.
- Organize bi-monthly medical checkups in collaboration with healthcare professionals.
- Establish referral pathways for cases requiring specialized medical attention.
- Monitor and document improvements in health and nutrition levels.

*Monitoring Tool: Receipts of Food Ration Purchase, Targeted Families Testimonials, Proof of Distribution, Receiving from Families, Monitoring BMI, Eyesight, heart condition and physical improvements through medical checkups.*

### Phase 3: Community Awareness and Capacity Building (Ongoing)

- Conduct monthly educational workshops on maternal health, breastfeeding, and balanced nutrition.
- Train community health volunteers to provide ongoing support and guidance.
- Develop easy-to-understand materials on nutrition and child health for distribution.
- Engage local leaders and stakeholders to foster community ownership and sustainability.

*Monitoring Tools: IEC materials, Workshop attendance, workshop reports, evaluation of workshops, Focal Group Discussions, Phenomenological Qualitative Study Reports.*

### Phase 4: Monitoring, Evaluation, and Sustainability (Months 10-12 and Beyond)

- Conduct mid-term and end-term evaluations to assess impact.
- Gather feedback from beneficiaries and stakeholders for program improvements.
- Establish partnerships with government bodies and NGOs to ensure long-term sustainability.
- Advocate for policy support and funding to expand the initiative.

*Monitoring: Monitoring Reports, MOUs, Awareness Presentations, Reports of Awareness Sessions, Policy Documents during discussions, networking awareness sessions.*

## Revised Indicator and Outputs Framework

The table below presents a comprehensive framework aligning objectives with specific indicators, outputs, and outcomes to ensure systematic monitoring and evaluation of project progress.

Objective	Indicator	Output	Outcome
1. Conduct	- Number of	- At least 350 households	- Improved

<p>medical and nutritional assessments by surveying at least 350 households to identify malnourished children and women.</p>	<p>households surveyed- Percentage of households with identified malnutrition cases- Number of children and women screened for nutritional deficiencies</p>	<p>surveyed- Comprehensive database of malnutrition cases created- Detailed needs assessment report produced</p>	<p>understanding of malnutrition prevalence in target communities- Evidence-based targeting of interventions- Enhanced community engagement in health initiatives</p>
<p>2. Provide nutritional support by distributing food rations with at least two nutrient-rich meals per day to 150 vulnerable families.</p>	<p>- Number of food ration packs distributed- Percentage of target families receiving consistent support- Diversity score of nutritional content in food packages</p>	<p>- 150 families receive regular food rations- At least 3,600 food ration packs distributed over 12 months- Monthly distribution reports</p>	<p>- Reduced hunger in target communities- Improved dietary diversity among beneficiary families- Enhanced nutritional status of community members</p>
<p>3. Distribute essential multivitamins and milk to at least 100 pregnant and breastfeeding women and 150 children under five years old.</p>	<p>- Number of women receiving supplements- Number of children receiving supplements- Compliance rate with supplement regimen</p>	<p>- 100 pregnant/breastfeeding women receive supplements- 150 children under five receive appropriate supplements- Supplement distribution tracking system established</p>	<p>- Reduced anemia among pregnant women- Improved vitamin and mineral status in children- Decreased incidence of developmental delays</p>
<p>4. Implement community-based awareness programs on maternal and child nutrition.</p>	<p>- Number of educational sessions conducted- Number of participants attending sessions- Pre-post knowledge assessment scores</p>	<p>- At least 12 educational sessions conducted- Minimum 80% attendance rate at sessions- Educational materials developed and distributed</p>	<p>- Increased knowledge about proper nutrition practices- Improved feeding practices for infants and young children- Greater community awareness of malnutrition prevention</p>
<p>5. Establish partnerships with healthcare professionals for free medical</p>	<p>- Number of partnerships established- Number of medical checkups</p>	<p>- At least 5 healthcare partnerships established- Bi-monthly medical camps conducted- 80% of target population receives medical</p>	<p>- Improved access to healthcare services- Earlier detection and treatment of health</p>

checkups and counseling.	conducted- Number of women and children receiving counseling	services	issues- Strengthened local healthcare capacity
6. Reduce infant and maternal mortality by ensuring 80% of pregnant women receive proper care.	- Percentage of pregnant women receiving antenatal care- Percentage of deliveries attended by skilled birth attendants- Postnatal follow-up completion rate	- 80% of pregnant women receive at least 4 antenatal visits- Increase in institutional deliveries- Postnatal care tracking system implemented	- Reduced maternal complications- Decreased neonatal mortality- Improved maternal and child health outcomes
7. Establish technical and vocational training centers for skill development in cooking.	- Number of training centers established- Number of individuals trained- Percentage of graduates generating income	- 1 vocational training center established- 30 individuals trained per quarter- Cooking skill certification program developed	- Enhanced livelihood opportunities- Increased household income- Sustainable community development

## Project Implementation Plan

### Phase 1: Needs Assessment and Follow-up Survey (Months 1-3)

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### Detailed Project Budget (12 Months)

Budget Category	Item Description	Unit Cost (PKR)	Quantity	Total Cost (PKR)	Total Cost (USD)	Notes
<b>Personnel</b>						
	Project Coordinator	80,000	12 months	960,000	3,456	Full-time, responsible for overall project management
	Nutritionist	70,000	12 months	840,000	3,024	Full-time, for nutrition assessments and counseling
	Community Health Workers	40,000	4 staff × 12 months	1,920,000	6,912	Field-based, for household visits and monitoring
	Data Entry Officer	35,000	12 months	420,000	1,512	Managing database and reports
	Administrative Assistant	30,000	12 months	360,000	1,296	Supporting project

						administration
	<b>Subtotal - Personnel</b>			<b>4,500,000</b>	<b>16,200</b>	
<b>Program Activities</b>						
	Baseline & Endline Survey	300,000	2 times	600,000	2,160	Including data collection, analysis, and reporting
	Food Ration Packs	5,000	150 families × 12 months	9,000,000	32,400	Essential nutritious foods for vulnerable families
	Multivitamins for Women	1,000	100 women × 12 months	1,200,000	4,320	Prenatal vitamins and iron supplements
	Milk & Supplements for Children	1,500	150 children × 12 months	2,700,000	9,720	Fortified milk and age-appropriate supplements
	Medical Checkups	150,000	6 camps	900,000	3,240	Bi-monthly medical camps with healthcare partners
	Education Sessions	30,000	12 sessions	360,000	1,296	Monthly nutrition education workshops
	Training of Community Volunteers	50,000	4 trainings	200,000	720	Quarterly capacity building sessions
	Information, Education, and Communication Materials	250,000	Lump sum	250,000	900	Development and printing of educational materials
	<b>Subtotal - Program Activities</b>			<b>15,210,000</b>	<b>54,756</b>	
<b>Vocational Training Center Setup</b>						
	Cooking Equipment	600,000	Lump sum	600,000	2,160	Stoves, utensils,

						refrigeration, etc.
	Furniture & Fixtures	400,000	Lump sum	400,000	1,440	Tables, chairs, shelving, etc.
	Training Materials	200,000	Lump sum	200,000	720	Cookbooks, ingredients, teaching aids
	Trainer Fees	60,000	12 months	720,000	2,592	Professional cooking instructor
	<b>Subtotal - Vocational Training</b>			<b>1,920,000</b>	<b>6,912</b>	
<b>Operational Costs</b>						
	Office Rent	40,000	12 months	480,000	1,728	Project field office
	Utilities	15,000	12 months	180,000	648	Electricity, water, internet
	Transportation	50,000	12 months	600,000	2,160	Field visits, distribution logistics
	Communication	10,000	12 months	120,000	432	Phone, internet, postal services
	Office Supplies	15,000	12 months	180,000	648	Stationery, printing, etc.
	<b>Subtotal - Operational Costs</b>			<b>1,560,000</b>	<b>5,616</b>	
<b>Monitoring &amp; Evaluation</b>						
	Mid-term Evaluation	250,000	1 time	250,000	900	Internal evaluation at 6 months
	Final Evaluation	350,000	1 time	350,000	1,260	End of project comprehensive evaluation
	Monitoring Visits	25,000	12 months	300,000	1,080	Regular field monitoring activities
	<b>Subtotal - M&amp;E</b>			<b>900,000</b>	<b>3,240</b>	
<b>Indirect Costs</b>						

Administrative Overhead (8%)	-	-	1,927,200	6,938	Organization administration costs
<b>Subtotal - Indirect Costs</b>			<b>1,927,200</b>	<b>6,938</b>	
<b>TOTAL PROJECT BUDGET</b>			<b>26,017,200</b>	<b>93,660</b>	

Note: Exchange rate used is 1 USD = 277.78 PKR

## Sustainability Plan

To ensure long-term sustainability and continued impact of the project, we have developed a multi-faceted approach:

### 1. Community Empowerment and Capacity Building

- Train and empower local volunteers and community health workers to provide ongoing nutrition and healthcare support.
- Establish community-led health committees to oversee food distribution and health awareness programs, ensuring local ownership and responsibility.

### 2. Strategic Partnerships and Funding Diversification

- Strengthen collaborations with local government agencies, NGOs, and private-sector organizations to ensure continued medical and nutritional support.
- Secure long-term financial backing from corporate social responsibility (CSR) initiatives, philanthropists, and donor agencies to fund future expansions.

### 3. Income-Generating Activities for Long-Term Self-Sufficiency

- Introduce livelihood support programs, such as poultry farming, kitchen gardening, and vocational training, to empower families to generate sustainable incomes and improve food security.
- Facilitate access to microfinance opportunities for women to establish small-scale businesses and contribute to household income.

### 4. Policy Advocacy for Systemic Change

- Advocate for the integration of maternal and child nutrition programs into local government health and welfare policies.
- Lobby for subsidies and financial assistance on essential nutritional supplements and medical services for vulnerable populations.

### 5. Ongoing Monitoring, Evaluation, and Knowledge Sharing

- Implement a comprehensive data collection system to measure progress, assess impact, and adapt strategies for continuous improvement.
- Organize annual stakeholder meetings, including community representatives, healthcare providers, and donors, to review project outcomes and plan for future initiatives.
- Develop case studies and best-practice guidelines to scale the project model to other underserved communities.

By embedding sustainability into the project framework, we aim to create lasting improvements in maternal and child health, nutritional security, and overall community well-being in Ghareebabad and Maskeenabad.

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## Picture Gallery















