

Name of Organisation: SHILANGA UNIT WOMEN GROUP

Project Title: COMMUNITY BASED SUPPORT AND CARE
FOR WIDOWS, ORPHANS AND VULNERABLE CHILDREN

Project Location: KIBERA SLUMS

Contact Person ROSE OMBOGO

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@2007

KIBERA SLUMS - NAIROBI KENYA

Introduction:

Nairobi Province the capital city of the Republic of Kenya is estimated to have a population of over 3.2 million residents. The majority of these residents live in informal settlements also referred to as slums. Conditions of this majority are rapidly deteriorating. They lack affordable shelter, access to basic services, gainful employment and income, access to credit and markets, and tenure security. People living in informal settlements face a combination of high density and insecure tenure. Worse still they are regarded as squatters who occupy land that is owned either by the state, the local authority, or private individuals.

The situation is complicated by irregular allocation of public land to private individuals who construct temporary structures for rent. Renting is the most prominent form of tenure. People in the slums risk both the threat of forced eviction without due process and the threat of displacement.

Like many cities in developing countries, Nairobi is poorly managed, fractured and declining. Poor governance declining economic base and long-term infrastructure deterioration is evident. The increasing numbers of poor people coming to Nairobi has dramatically boosted all these trends.

KIBERA SLUM INFORMAL SETTLEMENT:

Kibera is situated about 6 kilometres south west of the city of Nairobi. It has an estimated population of 700,000 people (1999 National Population Census but at the moment the population is projected to almost 1,000,000 people). The settlement covers approximately 250 hectares of land and consists of 13 villages making it to be the largest slum (south of Sahara in sub-Saharan Africa).

The land at which the slum dwellings are situated belongs to the Government. Originally the land was given to the Nubians (a native tribe from Sudan) who fought along with the British Army during the World War II. Since then they occupied Kibera in early 1950's and the area has since developed into a slum settlement making it the largest slum in Kenya.

The majority of residents in the slums of Kibera are unemployed, illiterate and the rest are casual workers with the rate of 65% of adults' unemployed. As such most of the people have low incomes; however they seem to have relatively many churches and bars compared to other communities.

The Government doesn't have immediate plans for Kibera slum area. Although the officials talked to express the obligatory responsibility of the Government to see that essential services are provided to slum dwellers (water, sanitation, electric power and

roads) never the less the Government discourages slum dwellings without alternatives and hence all slum dwellers are illegal residents.

The problem the government faces is that the slum dwellers prefer the slum areas. This has been as a result of the previous slums upgrading project by the Government, where by the residence have been vacated to create space for the project but end up not occupying the houses, either because the rent rates are hiked to a position that a common slum dweller cannot afford (In fact double/triple the monthly salary of these individual) e.g. Nyayo high rise flats which were meant for the people of Kibera but at the moment they are occupied by middle class citizens each house going for between Ksh. 12,000/= and 15,000/= (180-200\$) per month in relation to an average salary of most slum residence which range from as low as 50\$-120\$ per month. Kibera slums face several social problems ranging from:

- » Drug abuse
- » Prostitution (including child prostitution)
- » Alcoholism (Including illegal brew)
- » Rape and defilement
- » Child labour
- » Illiteracy
- » Stigma and Discrimination
- » Lack of social amenities
- » Poverty
- » Unemployment
- » Poor housing
- » Poor sanitation
- » Crime and robbery
- » Harmful traditional Cultural beliefs and practices
- » Early Marriages
- » STIs (including HIV/Aids)

62% of the total population of Kibera is Constituted of Children below the age of 18 years. To combat the social and economical injustice and situation in Kibera a number of Non-Governmental Organizations are working in Kibera slum. These include among others:

- » Ghetto child
- » Undugu Society of Kenya
- » KICOSHEP
- » AMREF
- » AMDA
- » Kibera Slum Education Programme (KISEP)
- » Girl Child Network (GCN)
- » Maji na Ufanisi (MNU)
- » MSF Germany
- » Youth Development Forum (.)
- » CARE Kenya

And several Community Based Organizations working on different mission, Goal and target group.

FUTURE PLANS:

1. We are thinking of setting up a library and creating an educational centre to boost the readability culture of Children and youth in the slum and encourage them to finish their education and enjoy the free primary education.
2. Having continuous clean up activities and campaigns;
3. Weekly awareness Creation in open air mainly on HIV/AIDS, drug and substance abuse, child rights, domestic violence, negative cultural beliefs including wife inheritance. (Common problems facing the Kibera residence).
4. Set up guidance & counselling, group therapy and career centre aimed at ensuring the Children, youth, orphans and widows are well informed about different aspects of life including sex, prostitution, drugs and substance abuse survival mechanism.
5. Provide survival skills like carpentry, welding, tailoring, hairdressing, cookery classes, and housekeeping to uplift the economical situation of the residents of Kibera especially the women
6. Small scale entrepreneur management
7. Come up with a day care centre for single mothers to leave there children as they go searching for job and opportunity

PROPOSED PROJECT

GENERAL INFORMATION	
Project Title	Community based support and care for Widows, orphans and vulnerable children
Name of Organisation	Shilanga Unit Women Group
Project Location	Kibera slums
Contact Person	Rose Ombogo
Contacts: Box Number Tel Number	21188-00505 Nairobi Kenya +254 724 620 401
Project Timeline	1 year
Requested Funding	59,921.1US \$

EXECUTIVE SUMMARY:

It is in the minds of Shilanga Unit Women Group to implement the proposed project in Kibera. The core problems to be addressed are the grave social, psychological, physical, educational and medical deficiencies that the teeming masses of orphans and vulnerable children face among the community members of Kibera. Shilanga Unit Women Group has been providing psychosocial support and care to the HIV and AIDS patients in their homes, HIV/AIDS infected and affected orphaned children, conducting health and hygiene talk and also providing spiritual and supportive counselling to Kibera slum dwellers. Shilanga Unit Women Group programs aims at imparting positive behaviour change especially in regards to prostitution, drug abuse, illiteracy and HIV infected which is common among the children and single parents in Kibera slums.

PROBLEM STATEMENT:

The effects of HIV/AIDS in the Kibera community include: the collapse of traditional coping mechanisms due to the burden of HIV/AIDS; stigma and discrimination of people affected and infected with HIV/AIDS (especially women and children); and, inadequate community capacity to meet their basic needs including education for the children.

The vast numbers of residents of Kibera live in very high levels of poverty. While many are unemployed, those that manage to find work generally earn less than US \$1-2 a day selling fruits and vegetables or working as casual unskilled labourers. In the absence of viable income activities, theft, child prostitution, smuggling and illegal brewing of alcohol infect the informal settlements. Shilanga Unit Women Group will address the plight of these widows, orphans and vulnerable children.

OVERALL GOAL OF THE PROJECT: To achieve and sustain an Increased Level and Quality of Services Rendered to orphans and vulnerable children (OVCs) in KIBERA division, KIBERA District

PROJECT OBJECTIVES:

1. To increase access to education for 200 OVCs (100 boys, 100 girls) in Kibera division
2. To improve the nutritional status of 200 OVCs (100 girls, 100 boys) in Kibera division
3. To increase access to health care for 100 OVCs (100 boys, 100 girls) in Kibera division by providing basic meals and medicine
4. To strengthen the capacity (psychological and economic coping) of 78 caregivers and families to cope with and care for OVCs in Kibera division
5. To increase the community participation in the care and support of OVCs in Kibera division

PROJECT RESULTS AND ACTIVITIES:

OVERALL GOAL OF THE PROJECT: To achieve and sustain an Increased Level and Quality of Services Rendered to orphans and vulnerable children (OVCs) in KIBERA division, KIBERA District

OBJECTIVE 1: To increase access to education for 200 OVCs (100 boys, 100 girls) in KIBERA division

RESULT 1.X	EVIDENCE OF RESULT	ACTIVITIES
<p>Increase the number of OVCs enrolled in Schools by 200 (100 girls and 100 boys), with at least 85% retention¹ and in school during 100 month calendar year and a further improvement in numbers of graduating</p>	<ul style="list-style-type: none"> • % OVCs attending school for the first time by age and sex • Number of OVCs enrolled in schools by age and sex • Proportion of OVCs retained in schools by age and sex • Number of OVCs completing 	<p>1. Recruit additional staff for Shilanga Unit Women Group to effectively implement program:</p> <ul style="list-style-type: none"> • Develop Job Description for new staff: Project Officer, • Advertise for the positions, through partner NGOs and CBOs, through Shilanga Unit Women Group and other forums <p>Review applications, shortlist candidates for interviews, conduct interviews</p>

¹ Shilanga Unit Women Group defines retention as the OVC's ability to attend and participate in school for a minimum 85% (170 days) of the calendar school year.

<p>students by age and sex</p>	<p>primary school with qualifying scores of average or above average by sex.</p>	<ul style="list-style-type: none"> • Confirm recruited staff into positions. <p>2. Enrol additional children to the program to reach the target of 200 children:</p> <ul style="list-style-type: none"> • Use existing criteria² for enrolling children to the program, that is sensitive to children currently not adequately supported e.g. to include children out of school • Review waiting list for recruitment based on selection criteria and identify the additional OVCs Meet with OVCs and their caregivers to brief them on the project and its benefits Enrol additional OVCs into program and start providing relevant support <p>3. Assist in school enrolment of OVCs</p> <p>To ensure that OVCs are registered for school in a timely manner, and to assist caregivers (guardians and parents) in this daunting task, the Shilanga Unit Women Group will, take ownership of OVC school enrolment process with particular emphasis on primary and secondary school. The process will entail:</p> <ul style="list-style-type: none"> • Identify and select class for individual OVCs, based on age and sex of OVC. <p>.Assist the caregivers and OVCs in completing application forms for joining school, consulting with head teachers</p> <ul style="list-style-type: none"> • Purchase required items: uniforms (sweater, shirts, short, socks, shoes and sanitary), for all OVCs and sanitary towels for girls. • Ensure that all OVCs report to school
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²Shilanga Unit Women Group Criteria for selection stipulates that the individual must a) be under the age of 18 b) be orphaned c) must already be in the Waiting List

4. Gather/ update information on OVC school attendance

- Develop monitoring and evaluation checklists and reporting forms to guide monthly visits by Project Officer.
- Conduct monthly visits to all OVCs homes and to monitor academic performance and need for psychosocial support (This process will allow Shilanga Unit Women Group to identify OVCs who are having academic problems or are out of school, assess academic requirements of OVCs, allow for academic intervention e.g. holiday tutoring and provide Shilanga Unit Women Group with information on OVC development)
- Compile monthly report and share with the board and other stakeholders

Provide instruction, support and incentives to academic excellence

Because Shilanga Unit Women Group's main focus is OVC education and empowerment through graduation, the organization places much emphasis on ensuring this. A majority of Shilanga Unit Women Group OVCs are enrolled in schools of Kibera enabling the organization to follow-up both them and their teachers on a regular basis. To this end, Shilanga Unit Women Group will do the following:

- Review all end term reports upon their receipt from associated schools
- Identify best performing OVCs by level of attendance and test scoring
- Reward top performing OVCs by level of attendance e.g. organize trips to selected attractions (museum, animal orphanages, etc)

OBJECTIVE 2: To improve the nutritional status of 200 OVCs (100 boys, 100 girls) in KIBERA division

RESULT 2.X	EVIDENCE OF RESULT	ACTIVITIES
<p>Improve nutritional support of OVCs through provision of food rations to households caring for 200 OVCs (of which 100 are girls and 100 are boys) in KIBERA.</p>	<ul style="list-style-type: none"> • Number of OVCs with recommended Body Mass Index for Age^{3,4} by sex • % reduction in school absenteeism for nutrition related reasons • Number of OVCs receiving monthly ration by sex and age • Number of HIV positive OVCs receiving special food rations 	<p>1. Upon enrolment of each new OVC, Shilanga Unit Women Group will:</p> <ul style="list-style-type: none"> • Identify and contract reasonable sources of food suppliers after advertising and responding to quotations from suppliers in local area • Conduct a nutritional assessment of each child focusing on diet history (to provide insight into the OVCs baseline nutritional status and detect nutrient deficiencies); past medical history (to identify any existing conditions) and a physical examination which will focus muscle mass and strength, evidence for chronic diseases and signs of vitamin or mineral deficiency. • Record weight and height of OVCs for the purpose of continuing the nutritional assessment and forwarded report to the Hospital • Review basic nutritional needs of every OVC and their family as guided by the assessment findings • Provide food to OVCs to include Porridge, Ugali, beans and Rice for all OVCs to enhance the existing feeding program and promote good feeding practices.

³ Body mass index (BMI), defined as the weight in kilograms divided by the square of the height in meters (kg/m²) – World Health Organization. A BMI for age <5th percentile will be considered underweight while a BMI for age 5th percentile to <85th percentile will be considered normal.

OBJECTIVE 3: To provide access to health care for 200 OVCs (100 boys and 100 girls) in KIBERA division

RESULT 3.X	EVIDENCE OF RESULT	ACTIVITIES
<p>Provide access to health care for 200 OVCs (100 boys and 100 girls) in KIBERA division, KIBERA district and therein minimize health-related school absenteeism and improve overall OVC health.</p>	<ul style="list-style-type: none"> • Number of OVCs receiving health care from Hospital by type of care, age and sex • Number of OVCs counselled by age and sex • Number of HIV positive OVCs receiving ARVs by age and sex • Number of targeted homes of OVCs with clean drinking water • % decrease in number of health incidents involving hospital visits and/or opportunistic infections • % reduction in school absenteeism for health related reasons 	<ul style="list-style-type: none"> • Sign/ update contract with a reputable Hospital for provision of general health care, management of common illnesses and provision of ARVs for enrolled OVCs. • Provide the Hospital with a complete list of the OVCs (along with a picture) as proof of qualification for care • Prepare a schedule for counselling and medical consultation for OVCs. • Encourage voluntary counselling and testing for all OVCs for the purpose of health improvement. • Register all HIV positive OVCs for the administration of anti-retroviral therapy and follow up health care by the AMREF Hospital • Provide ongoing general health care services for all OVCs through the Hospital

OBJECTIVE 4: To strengthen the capacity (psychological and economic coping) of 78 caregivers, parents and families to cope with and care for OVCs in KIBERA division

RESULT 4.X	EVIDENCE OF RESULT	ACTIVITIES
<p>78 caregivers and family members trained and supported to care for 200 OVCs in KIBERA division, KIBERA district</p>	<ul style="list-style-type: none"> • No. of caregivers and family members trained • Increased involvement of caregivers and family members in OVC support 	<p>1 Conduct 3 trainings for caregivers and family members on caring for OVCs</p> <ul style="list-style-type: none"> • Source for and recruit facilitators with support from collaborating organizations such and Develop training schedule and content. <p>Content will include the following:</p> <ul style="list-style-type: none"> ⇒ Tactics to alleviate the psychological distress experienced by OVCs after of losing a parent, and sometimes being separated from brothers and sister ⇒ Addressing OVC anxiety about domestic safety and security in the absence of parents and the need to provide them reassurance. ⇒ Addressing OVC mixed feelings of grief, anger and fear due to lack of parental nurturing and the denial, fear and stigma. ⇒ Methods of coping with OVC support and care <ul style="list-style-type: none"> • Identify and confirm training venue and dates contact KIBERA Resource Center to request use of hall or classroom for training session • Inform caregivers and family members and invite to training • Purchase stationary and all the needs for use by the 78 caregivers and family members at training session • Conduct 3 2-day trainings with approximately 30 caregivers in each training session. Training will be preceded by a pre- and post-test to assess session resonance. • Follow up with facilitators to draw out

	<ul style="list-style-type: none"> • Increased amount of revenue generated by OVC caregivers 	<p>best practices that would guide custodians and family members to Shilanga Unit Women Group better care for and support the OVC</p> <ul style="list-style-type: none"> • Schedule meeting with caregivers and family members to review best practices <p>2 Strengthen and support income generation activities</p> <ul style="list-style-type: none"> • Develop a strategy for implementing the income generating activities, including a business plan and rolling out entrepreneurship training to enable the care giver provide for their children. • To mobilize the care giver and collect ideas on the kind of enterprises they run. • Organise a three days sensitisation workshop on selection planning and management of business • Set up a centre to train women on using sewing machine • Run a pilot enterprise centre for the women to generate finance for the group and also to support the OVCs • Collect completed items from caregivers • Identify markets for selling the items • Evaluate the progress
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OBJECTIVE 5: To increase the community participation in the care and support of OVCs in KIBERA division

RESULT 5.X	EVIDENCE OF RESULT	ACTIVITIES
<ul style="list-style-type: none"> • 100 Community members sensitized about OVCs 	<ul style="list-style-type: none"> • Total number and type of community members attending sensitization 	<p>1. Host 3 community sensitization meetings targeting head teachers and teachers, religious leaders and health providers. Shilanga Unit Women Group will conduct three two-days sensitization meetings with approximately 35 people</p>

<p>through sensitization workshops and seminars aimed at improving OVC support from the community level</p> <ul style="list-style-type: none"> • 500 community members educated on the OVC rights, vulnerability and through two advocacy forums. 	<p>sessions by topic</p> <ul style="list-style-type: none"> • Total number of sensitization sessions and participants • Total number of sensitization sessions by type of event • Total number and types of responses and support received • Number and type of participants attending advocacy events • Proportion of reduction in number of abuse, neglect, abandonment and exploitation incidents reported in area 	<p>each, identified from head teachers and teachers of schools attended by the OVCs, religious leaders and health providers. The meetings will address the problem of HIV/AIDS and the plight of OVCs, including their psychosocial needs, emphasizing on improved orphan care and the experience that through such programs, local communities will expand levels of support for the OVC to participate more in efforts to empower and retain them in mainstream society. Specific activities will include:</p> <ul style="list-style-type: none"> • Source for and recruit facilitators • Contact stakeholders and government leaders to participate in the sensitization meetings • Develop schedule and content of meetings • Identify and confirm meeting venue and dates. Identify and invite selected community members to sensitization meetings • Conduct 3 two-day sensitization meetings with 30 - 35 community members. Training will be preceded by a pre- and post-meeting assessment to determine session resonance. • Forming networks and community support groups to give social support to OVCs and their caregivers. • Work with facilitators to draw out follow-up guidelines that would encourage continued community support of the OVC <p>2. Conduct two advocacy forums aimed at:</p> <ul style="list-style-type: none"> ⇒ Sensitizing communities on the legal provisions that protect OVC rights particularly the Children's Act No. 8 of 2001 and the United Nations Convention on the Rights of the Child (CRC) ⇒ Raising awareness on and
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		<p>reducing stigma and discrimination</p> <ul style="list-style-type: none"> ⇒ Prohibiting child abuse, neglect and abandonment of the OVC including sexual exploitation and child labour ⇒ Eliminating harmful myths and socio-cultural practices that affect the OVC adversely. ⇒ Promoting OVC succession and inheritance rights <ul style="list-style-type: none"> • Contact activist bodies and stakeholders to engage them for proposed forums • Contact local religious, school, health, social and government leaders to solicit support for event • Upon venue confirmation, coordinate with Shilanga Unit Women Group Designers for brochure and flyer design • Promote event through production and distribution of 250 flyers in key surrounding areas. • Consult with the National AIDS Control Council and others to ensure that they have sufficient advocacy materials for distribution • Make arrangements for forum essentials e.g. microphone, paper and pencil handouts
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MONITORING AND EVALUATION

An effective monitoring system will be established at the beginning of the project to ensure that the Project is implemented according to plan, that the appropriate target group is reached and that any necessary modifications are made. This information will be used by the Coordinator of Shilanga Unit Women Group to evaluate the project on a monthly and quarterly basis. In addition, an independent consultant and the donor will be invited to conduct a final project evaluation. All evaluations will be used to develop recommendations for changes, if required, and will be documented and circulated to the donor and relevant community participants. All evaluations and recommendations for change will be done through a participatory process that will include caregivers, Shilanga Unit Women Group staff members and relevant community partner organizations.

PROJECT MANAGEMENT AND ORGANIZATION

SHILANGA UNIT WOMEN GROUP Coordinator will manage the project. The job is to have overall responsibility for this Project including the planning, budgeting, implementation, monitoring, and evaluation and accounting/reporting

PROJECT BUDGET

PROJECT: Community based support and care for Widows, orphans and vulnerable children
PERIOD: One Year

OBJECTIVE 1: To increase access to education for 200 OVCs (100 boys, 100 girls) in Kibera Slums

Mobilization

During mobilization the Shilanga Unit Women Group members will be met and given a brief of what is expected

Of their organizations and their commitment to the project will also be sought.

Mobilization will include identifying the OVCs and various selected schools

(3 Mobilization activities will be made per week for 3 weeks @ 145\$ X9) 1305\$

Sub Total for Mobilization

1305\$

Uniforms

Girls

1 Full Dress @ 9\$

1 Sweater @ 7\$

1 pair Socks @2\$

1 pair Games skirts @7.5\$

Pair of Shoes @ 12\$

Sanitary towels @ (1\$ X12 months) 12\$

Sub Total for one girl 49.5 \$

Sub total for 100 girls = (100X49.5\$)

4950\$

Boys

Shirt @ 6.5 \$

Short @6 \$

Sweater @ 7\$

Socks @2\$

1 Pair of games Kits @7.5\$

Pair of shoes @15\$

Sub total for one boy 44\$

Sub Total for 100 boys = (100x44\$)

4400\$

OBJECTIVE 2: To improve the nutritional status of 200 OVCs (100 boys, 100 girls) in KIBERA division

Maize (@2kgs/Week X 4Weeks/Month X 12 Months) =(96kgs X200 OVCs X0.25\$) 4800\$

Beans(@ 1.5 Kg/Week X 4weeks/Month X 12 Months)=72KgsX200OVCsX0.55\$) 7920\$

Rice (@1 Kg/Week X 4Weeks/Month X 12 Months)=48Kgs X 200 OVCsX0.62) 5952\$

Cooking fat (@ 0.25Kg/Week X 4Weeks/Month X12 Months) 12KgsX 200 OVCs X 0.23\$) 552\$

Sub Total for supplementary nutritional improvement

19,224\$

OBJECTIVE 3: To provide access to health care for 200 OVCs (100 boys and 100 girls) in Kibera slums

Every child 1.5\$per month X 12 Months in a year =18\$

Sub Total for medical cover for 200 OVCs (1.5\$X200OVCs X12 Months)

3600\$

OBJECTIVE 4: To strengthen the capacity (psychological and economic coping) of 78 caregivers, parents and families to cope with and care for OVCs in KIBERA division

Facilitation, 3 sessions per day @ 60\$ per session

For 2 days with 2 facilitators (@60\$ x 3 sessions x 2 days X 2 facilitators) 720\$

Mobilization @145 \$

Meals and Teas (@7\$ per person per day x 2 days x 30 participants) 420\$

Transport (@3\$ x 2 days x 30 participants) 180\$

(Participants will be re-imbursed transport for each day)

Note books for participants and facilitators (@ 1.1\$ x 30 participants) 33\$

3 Flip Charts (@15.5 x 3 pieces) 46.5\$

2 VIPP cards (@38.5 x 2 packets) 77\$

4 Masking tapes (@ 1.5 x 4) 6\$

2 packets of Felt pens (@ 18.5 x 2 packets) 37\$

Hall hire (@ 46.5 X 2days) 93\$

Sub Total for one training workshop 1757.5

Sub Total For three Trainings (@ 1757.5 X 3)

5272.5\$

Economic empowerment by strengthening and supporting income generating activities

Run a three days sensitization workshop on selection planning and management of business

Mobilization @145 \$

Meals and Teas (@7\$ per person per day x 2 days x 30 participants) 420\$

Facilitation, 3 sessions per day @ 60\$ per session

For 2 days with 2 facilitators (@60\$ x 3 sessions x 2 days X 2 facilitators) 720\$

Transport (@3\$ x 2 days x 30 participants) 180\$

(Participants will be re-imbursed transport for each day)

Note books for participants and facilitators (@ 1.1\$ x 30 participants) 33\$

3 Flip Charts (@15.5 x 3 pieces) 46.5\$

2 VIPP cards (@38.5 x 2 packets) 77\$

4 Masking tapes (@ 1.5 x 4) 6\$

2 packets of Felt pens (@ 18.5 x 2 packets) 37\$

Hall hire (@ 46.5\$ X 2days) 93\$

Sub Total for one SPM training workshop 1757.5\$

Sub Total For three SPM trainings (@ 1757.5 X 3)

5272.5\$

Set up a centre to train women on using sewing machine and simple in-house enterprise rainings

Purchase two room within the slum (@ 600\$ X 2rooms) 1200\$

Make reinforcements and repairs (@200 X 2rooms) 400\$

Purchase 5 sewing machines "Singer" @430\$ X5singer machines) 2150\$

Pilot enterprise centre for the women to generate finance for the group and also to support the OVCs

Threads a box (@6\$ X 10) 60\$

Garment materials a roll (@ 43\$ 10rolls) 430\$

Sub Total

4240\$

7.0 Project Administration, Monitoring and Evaluation

Shilanga Unit Women Group

A bottle of Water for four (mobilizes during Evaluation)[4\$ x 4 persons] 16\$

Computer, Printer and UPS (for the project) @ 1077\$

Telephone expenses (61.5\$ x 12) 738\$

Office consumables (77\$ per month x 12) 924\$

Monitoring and final Project Evaluation

This will include field visits, desk review and interviews of the beneficiaries to measure the impact of the project. An outside professional monitoring and evaluation officer, the organization field officer and Shilanga Unit Women Group member will undertake the exercise.

Transport, lunch costs to and from the two areas for 5 days:(40\$ x 5 days) 200\$

M & E Consultant: (92.5\$ per day x 5 days) 462.5\$

Field officer salary per month (@ 385\$ X 12 Months) 4620\$

Final Evaluation report production @ 150\$

Sub-total for Project Administration, Monitoring & Evaluation

8187.5\$

Total for Project

56,451.5 US \$

Administration cost 10% of the total cost

5,645.1US \$

Grand Total for the project

62,096.6 US \$

Community Contribution (Mobilization for all the workshop)

2,175 US \$

Total Amount Requested from

59,921.1US \$

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