PROMOTION OF COMMUNITY BASED CHILD CARE (CBCC) PROJECT

APPLICANT INFORMATION

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Contact Details	
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Partners	Ministry of Gender, Children Disability and Social Welfare
	Ministry of Education
	Ministry of Agriculture
Submission Date	

1.INTRODUCTION

Zambo Community Based Organization intends to embark on a project entitled "Promotion of Community Based Child Care" Project. The project will be implemented in 24 Group Village Heads which are Gvh Chamkondo, Sgvh Kanyambwe, Sgvh Zambo , Gvh Mbelenga, Gvh Chiwambo, Gvh Chilowa, Gvh Chipumi , Sgvh Mpakiza , Gvh Chimongo, Gvh Mphulamazira, Gvh Molowa , Sgvh Chituwi, Gvh Chakumbutsa, Gvh Lundu , Sgvh Khokho , and Sgvh Dyuku in Traditional Authority Kalolo in Lilongwe District of which 24 Community Based Child Care Centers will be constructed.

The names of CBCCs to be constructed will be Zambo, Mpakiza, Chimongo,Buduke,Lundu, Chingalire, Chamkondo, Dyuku, Khokho, Kaponda, Mkaliwafa, Chakumbutsa, Molowa, Chikhodzole, Phuramazira, Mtupanyama, Kanyambwe, Chiwambo, Khoswe, Chipanje, Chituwi, Mwaza, Zambwe and Chipumi.

1. BACK GROUND/SITUATION ANALYSIS

From the launch of the Early Childhood Development (ECD) programme in 2011, access to CBCC) services has been and continue to be limited to Malawian children

between the ages of 3 – 6 years. Only 32% of the eligible children including those with special needs have access to CBCC services, meaning that 68% have no access. Furthermore, there are still inadequate services for children with special needs within the CBCC system as stakeholders are paying much more attention to older children in terms of special needs.

Poor quality of Child Based Community Centre infrastructure (are generally dilapidated or grass-thatched structures with unburnt bricks and mud floors), untrained personnel (volunteer management committees and caregivers), lack of early learning and stimulation materials, low profile of CBCC in the impact area and limited investment are the main challenges the CBCC sector is facing in Malawi, and too serious in TA Kalolo in Lilongwe district.

Most Malawian children do not have a good start to life. Malawi has over 4 million children under 6 years who need ECD services in CBCCs. Because of lack of community and family based ECD interventions, access to quality ECD services remains denied to most of these children. Children from poor households are especially marginalized. There are inadequate trained caregivers to provide quality ECD services. These gaps in ECD services access lead to poor development for children and sets them up for failure in school and in life.

Where CBCCs are available, parents are not aware of benefits of ECD, parents do not support children into ECD and caregivers are not trained. CBCCs lack skilled caregivers. There are 37,000 caregivers in Malawi. Of these, only 17,000 caregivers are trained and 20,000 are not trained. There are no play and learning materials for caregivers to provide child cantered early learning and stimulation. As a result, children from poor households miss out on early learning and are not prepared for Primary School.

Among indigenous villages, deeply rooted cultural prejudices and traditions make people to perceive and treat child care as the domain of women. The responsibility of nurturing care and supporting children with school related work is mainly carried by women and elder girl-children. Male family members are not involved in providing care, stimulation and ECD services. Cultural beliefs perpetuate persistent and harmful gender norms and stereotypes. This prevents girls from having equal access to support from their family, community and local services

than boys. Instead of being supported with education, girls are forced into adult roles of caring for siblings than supported in education.

The requested project aims to improve the lives and well-being of vulnerable children aged three to six years old so that they have equitable access to quality Early Childhood Development (ECD) services for their effective thriving and surviving. The main goal of the project is to improve the lives and well-being of children aged between three to eight years in the 24 Senior Group Village Headmen (SGVHs) by promoting access to quality and sustainable Early Childhood Development services in the area. The project will target 15,000 children aged between three and 6 years.

2. PROBLEM STATEMENT

While Early Childhood Development (CBCC) is widely acknowledged as a critical foundation for long-term academic and social success, particularly in resource-constrained settings. In Malawi, the importance of CBCC is recognized in the country's legal frameworks however, despite such all the above, CBCC in Malawi and in TA Kalolo remains hindered by a range of systemic and resource-related challenges. The CBCC centers, which rely on volunteer-based staffing, are struggling with unstructured recruitment processes, unclear role definitions, and limited professional support for the care-givers (educators). These challenges are seriously undermining the effectiveness of CBCC services in the impact area where access to early learning opportunities is too scarce.

This project is therefore being proposed to support early childhood development (ECD) by providing holistic care, nutrition, and early learning to young children in the impact area. Addressing the above stated problems is essential because it will bring solutions for effective CBCC implementation in the impact area. The project is relevant not only in the context of the affected community, but also more broadly due to that it will provide actionable insights into recruitment, role clarity, and support mechanisms and establish CBCC Centres that will strengthen the impact area.

Further, the project will improve educational outcomes for young children, and serve as a model for other areas in the district facing similar challenges. Hence the project will help in creating interest in school and ensuring school retention among the school going age children, and improving the children's nutritional

status will in turn assist in improving the motor, mental development and cognitive ability (Walker et al. 2007 and Engle et al. 2007). Furthermore, the project will significantly contribute towards reduction of fertility rates of motherhood for girls aged 10–18.

The significance of the project will therefore be that: the improved Early Childhood Development (CBCC) to be brought by the project will in-turn significantly contribute to improving school readiness and long-term educational outcomes. The children who shall be attending these centers shall be more likely to stay in the education system longer, potentially leading to increased adult wages. This will also be improving nutritional support and food security through not only provision of mid-morning porridge, but also serving as a key intervention against malnutrition.

These CBCCs will be used as platforms for teaching better nutrition and agricultural practices to communities; improving support for Vulnerable Children and meet the care needs of orphans and vulnerable children affected by HIV/AIDS. The Centers will also be improving economic empowerment for parents i.e. by providing childcare, the CBCCs will free up time for caregivers (often mothers) to engage in income-generating activities etc.

3.EXPECTED OUTCOMES

Children will have their comprehensive development needs holistically addressed as they will access child-centred services, be prepared to successfully transition to Primary School; and supported to succeed in school and in life.

The project will directly support 15,000 children and families experiencing neglect by holistically delivering child-centred approaches based on proven good practices. By building skills and integrating parenting best practices, this project will ensure nurturing care for 15,000 children and reduce detrimental effects for them.

The project will improve parental caring skills, enhance supportive relationships and improve parental responsiveness. This will be achieved by instilling nurturing care skills in 300 caregivers and 3,000 parents. From these interventions, 15,000 children will access early stimulation, nutrition and early learning in homes and communities. As such, 15,000 children will be supported to have the best start in life and become happy, healthy and confident.

4. PROJECT GOAL AND SPECIFIC OBJECTIVES

5.1 GOAL OF THE PROJECT

The goal of the proposed project is to improve equitable access to quality learning conditions in early childhood education in T/A Kalolo area in Lilongwe district;

5.2 SPECIFIC OBJECTIVES OF THE PROJECT

The Specific Objectives of the project include:

Objective 1: To improve access to quality early childhood education services by 40% from 32% to 72% for 15,000 children by developing capacities of 300 caregivers and 3,000 parents in T/A Kalolo Lilongwe District by April, 2029.

Objective 2: To improve advocacy for increased awareness on benefits of Early Childhood Education for increased ECD prioritisation in district development plans by April, 2029.

Objective: 3. To improve household incomes for 900 Caregivers and Parents for improved health, nutritional and educational support to marginalized children in T/A Kalolo, Lilongwe by April, 2029.

5. PROJECT OUTPUTS

a) Improved access to CBCC services in the impact area by increasing enrollment in early education for underserved, vulnerable children, including orphans and children from poor families in the impact area;

b) Enhanced early learning environments by improving the quality of play and learning spaces, including the provision of safe, age-appropriate, and locally produced materials;

c) Improved nutritional and health status of children of 3 – 6 years by providing daily, nutritious porridge to improve the health, weight, and cognitive development of children in the impact area;

d) Strengthened capacity of caregivers, parents and local leaders in the area by training them in CBCC skills, child protection, and child-centered pedagogical approaches;

e) Empowered parents, local leaders and the community in the impact area by educating them on child rights, parenting skills, and community-based management of CBCCs, including the setup of sustainable food gardens;

f) Improved caregiver retention and motivation by introducing some income-generating activities (e.g., revolving funds, goat rearing) to motivate volunteer caregivers and ensure sustainability;

g) Improved school readiness and transition by ensuring that children in the impact area are adequately prepared for primary school, and reducing dropout rates in the early primary years;

h) Strengthened governance and monitoring of CBCCs by enhancing the capacity of not only local leaders and community committees, but also ZAMBO CBO and Lilongwe district Social Welfare officials to be conducting intensive monitoring, management, and evaluate CBCC service delivery in the impact area and the entire district as a whole;

6. PROJECT DESCRIPTION AND METHODOLOGY

7.1 CORE COMPONENTS OF THE PROJECT

The project will be structured around the under listed components and these shall include:

COMPONENT 1 – ENHANCE CHILD DEVELOPMENT AND LEARNING The project will through this first component focus on improving early stimulation opportunities to support children's social, emotional, physical, language and cognitive development by targeting children aged 3-6 years in the CBCCs and parents with 0–5-year-olds. This component will entail the following activities:

A. Providing CBCC learning materials and support:

Each CBCC in the project will receive play and learning materials, as well as hygiene and sanitation kits to address young children's basic needs for healthy development and learning. In addition to these purchased materials.

B. Building the capacity of caregivers to improve their quality of caregiver knowledge, skills, and practice that they have related to early development and child learning.

The project will further improve and expand the current training offerings, by introducing enhanced training package that the Ministry of Gender has developed.

C. Empowering parents through so that they are able and can easily provide environments that maximize children's potential.

The above will be done through eight sessions for parents and will cover a range of topics including child rights, child health and nutrition, identification and effective management of water, child care and early stimulation, initiation and management of income generating activities, community mobilization, involvement in maintenance of CBCCs, providing community safety nets for vulnerable children. The parents will receive a package of information and tools to foster children's development at home.

The project will also support development of strategies and instruments to assess the Quality of Early Learning Resources (QELER). The resources will be used for collecting information during M & E of the centers and for identifying gaps and making resource allocation decisions to support and ensure that CBCC centers have a core set of CBCC learning resources that meet minimum quality standards.

COMPONENT 2: ENHANCE DELIVERY OF QUALITY EARLY LEARNING AND CARE

The second component will create sustainable conditions for staffing CBCC centers and promote local community and parental involvement to address demand-side access challenges.

2.1: CBCC Teaching Workforce Recruitment, Deployment, and Management.

Staffing of the centers with qualified and trained staff is critical for quality learning. The centres cannot perform the desired mentoring and support to satellite centers'

functions without a qualified caregiver. The project will therefore support government of Malawi in the development of a strategy to address the shortage of ECD teaching workforce to ensure that the centres will be permanently staffed with qualified workforce. The project will support the CBCC workforce (caregivers) to serve at the centers.

2.2: Continuous Professional Development (CPD) of CBCC workforce.

This subcomponent will provide CPD opportunities to CBCC caregivers in the centers. The project will also develop a comprehensive CBCC CPD framework and ensure in-service training, mentoring, and leadership training including a focus on gender-sensitive pedagogical approaches and child's rights and health and safety.

This subcomponent will further support updating and enhancing the existing CPD framework to incorporate CBCC-specific strategies and approaches, including gender-responsive and learning-through-play pedagogies, and to develop corresponding training interventions, manuals, and materials.

Additionally, in-service training and mentoring activities will place significant emphasis on gender-sensitive pedagogical approaches and child's rights and health and safety including training to equip caregivers with skills for early identification of children with disability to ensure adequate support and referrals as necessary. School leadership training for Social Welfare Officers and CBO Coordinators and their senior management teams in targeted CBCC centers and satellites will also be supported.

2.3: Mobile Technology and Interactive Audio Instruction (IAI)

Will be used to complement the CPD activities that will be supported by the project, targeting CBCC caregivers. Training using interactive radio instruction (IRI) capacities will be further developed in ECE to provide access to innovative and flexible interactive audio technologies using CDs, MP3 players, and smartphones in remote areas, to develop and deliver caregiver training. Short Message Service (SMS) and WhatsApp applications will be incorporated as channels of sharing and exchanging of information with and among caregivers

2.4: Women's Empowerment and Community Engagement

The objectives of this subcomponent are to promote the involvement and participation of the local community, particularly mothers and young

parents to increase demand for CBCCs and support child development and positive parenting in the project area. Key activities will be:

(a) Enhancing demand for ECD services by facilitating both the establishment and maintenance of CBCC centers and

(b) Empowering women, parents, and the community with knowledge and skills on maternal and child health, disabilities, as well as on gender-based violence (GBV), and child neglect and Sexual Exploitation and Abuse (SEA) which will include promotion of positive parenting including social norms against GBV and the use of workshops as a platform for information sharing to provide information on how to improve the socioemotional, physical, cognitive nutritional, and healthy development of children in the project's area to help enhance children's developmental growth.

Each centre will prepare an awareness generation plan in consultation with HOA, Community Leaders, etc. Additionally, this subcomponent will support the promotion of positive and playful parenting to help enhance children's developmental growth and encourage practices aimed at promoting child protection, reducing stunting, and improving nutrition among children in the areas covered by the project. It will also support messaging and activities around disabilities, to uplift the profile of children with special education needs as well as activities with young parents and mothers to address social norms issues related to gender and GBV through parenting interventions.

COMPONENT 3: IMPROVE EQUITABLE ACCESS TO QUALITY CBCC SERVICES IN THE TARGETED AREAS

Given the extremely low access to CBCC services in the area, with only 26.4 percent of children at the areal level and wide inter-province access inequality, the project will support increased access to CBCC by building on the MoGE's strategy to support students ages 3 to 6 years. The objectives of this first component are two fold:

a. Address supply-side challenges to access and

b. Enhance the quality of the learning environment of CBCC centers.

To achieve the above objectives, the project will support the Ministry of Gender's strategy for expanding access to quality CBCC services in disadvantage communities through the following two subcomponents:

3.1: Expansion of CBCC facilities with community engagement in targeted areas

This subcomponent will increase the supply of CBCC facilities in the targeted disadvantaged areas through expanding a hub and community-based satellite model involving local communities in construction and maintenance of facilities.

The hub centers will be staffed with a qualified Social Welfare Officer who can transfer knowledge and provide ongoing support to the Caregiver in the CBCC centers. The project will support the construction and establishment of new CBCC centers using a minimum package of CBCC infrastructure. The project will finance the construction and establishment of small community-based CBCC centers. The objective of establishing the CBCC centers is to bring their delivery closer to a child's home and provide access to underserved communities. All centres will be equipped with furniture and playground materials conducive to children's learning and growth needs.

This subcomponent will also provide children attending CBCCs with a quality playground equipment and developmental and instructional materials which promote their wellbeing, safety, and healthy development and growth.

In realising that access to safe and sustainable WASH reduces stunting, improves education quality and learning outcomes and is essential for a child's health and well-being to meet this goal, the project will support the improvement of water and sanitation conditions in all CBCC centers that either lack those facilities or have facilities in poor conditions and whose coverage will be expanded through the establishment of linked CBCC centers.

Under this subcomponent, establishment and dissemination of the project will be to promote good hygiene practices. Each CBCC center will maintain

child health cards. The District Education Board Secretary (DEBS), in collaboration with the District Health Office, would organize regular visits by local health worker to CBCC centers for children's health checkup and immunization and if necessary, deworming medication will be provided.

The project will also support the development and distribution of CBCC guides and audio resources, including required gadgets for Social Welfare Officers, caregivers, and other project facilitators in the targeted areas.

COMPONENT 4: DEVELOP AND IMPLEMENT CBCC QUALITY STANDARDS

This component will support the update, development, and implementation of CBCC quality standards, including those related to materials, facilities, and workforce training, deployment, and assessment.

4.1: Development and use of CBCC National Quality Standards (NQS)

It is critical for the country to develop NQS to benchmark delivery of quality CBCC because CBCC is gaining ground both in the public and private sector. The project will provide resources to develop and disseminate National CBCC Quality Standards that include the following quality dimensions: (a) structural quality which is primarily related to healthy, safe, learner-centered, and well-maintained CBCC facilities;

(b) process quality, including areas related to staffing, curriculum delivery, learning materials and equipment, parents and community involvement, management and leadership; and (c) child outcomes dealing with areas related to child growth and development and effective screening, diagnosis, and intervention of children with special focus on identifying children at risk. These dimensions will be assessed along a continuum with a clear operational definition of the criterion corresponding to minimum thresholds.

COMPONENT 5: SYSTEM STRENGTHENING, PROJECT MANAGEMENT, MONITORING AND EVALUATION, AND COMMUNICATION

5.1: Strengthening Governance and Accountability

This subcomponent will strengthen the project's governance, accountability, fiduciary risk management systems and mechanisms, interagency coordination, and capacity for evidence-based planning and implementation through improved data collection and data use in the Cooperative.

In addition to support for activities around improved inter-agency coordination, supported activities will involve the development and use of an Early Childhood Integrated Information System (ECIIS) which will be directly linked to the education management information system (EMIS) along with the implementation of the Governance and Accountability Action Plan (GAAP) based on the findings and recommendations of the Governance, institutional capacity, and fiduciary risk assessment that the project will establish.

5.2: Project management, M&E, and Communication

This subcomponent will strengthen project management, CBO Cooperative structures, and procedures to help support effective project implementation, including those related to environmental and social safeguards, monitoring, and evaluation (M&E) framework, and communication.

COMPONENT 6: CONTINGENCY EMERGENCY RESPONSE

This component will allow CBO to request for rapid reallocation of funds to respond promptly and effectively to any emergency or crisis (such events may include a disease outbreak) that will have potential to cause major adverse impact on the project and or CBCCs.

The component will be there to provide any immediate response that will be needed but was not included in this proposal. The expected activities will comprise eligible crisis or emergencies, as will be needed.

7. COMMUNITY INVOLVEMENT

Relevant community structures will be involved in delivering activities. Parents will ensure children are enrolled and supported in ECD Centres and Primary Schools. Parenting Clubs (PCs) will educate parents to ensure parents acquire effective parenting skills to provide children with home based nurturing care. ECD Monitoring Groups (EMGs) will monitor ECD integration efforts and Successful transitioning of children from ECD Centers through Primary School. Community Child Protection Officers (CCPOs), Area Development Committees (ADCs) and CSOs will provide Child Rights education, lead Child Protection and conduct advocacy for recognition of ECD as a national priority and for improved ECD investments.

Primary School Teachers will provide special needs education to disabled children. They will work with caregivers and parents to ensure successful

transition of children from ECD Centres through Primary School. Health Surveillance Assistants (HSAs) will ensure integration of health and ECD services. HSAs will educate communities on maternal and antenatal care, hygiene, nutrition and provide referral linkages with child health monitoring and vaccinations. Religious Leaders and Chiefs will address harmful gender-related barriers to ECD including gender-based roles of parents and caregivers.

Chiefs will enforce By-Laws to promote male involvement and encourage parents to enrol and support children for ECD services and Primary School. Chiefs will provide land for ECD communal gardens and mobilize communities to participate, contribute to and own ECD activities. Councillors and Legislators will lead advocacy efforts for increased funding in ECD. Male ECD Promoters will advocate for male ECD involvement. Men will encourage other men, lead enrolment of their children for ECD services and promote meaningful male ECD involvement.

8. PROJECT TIMELINE/WORK PLAN

- To compile a GANTT chart/table outlining key milestones (e.g., Needs Assessment, Constructions that will be required and where they will be required, not forgetting the training activities to be carried out.

9. MONITORING AND EVALUATION (M&E)

To know whether the process of change is happening, ZAMBO CBO will track several indicators. We will measure increased access to ECD services for children, improved skills of caregivers delivering ECD services, improved household incomes and increased investments in ECD.

To collect, store and analyse data, relevant data collection tools will be used. ECD Services Registers and ECD and Primary School Records will be used to measure number of children accessing quality ECD services and successfully transitioning through Primary Schools.

To measure skills improvement of trained caregivers and teachers, training Evaluation Forms and Performance Records will be used. Copies of District Development Plans will be used to measure improved prioritization of ECD

in development plans. Copies of national budgets will be used to measure increased investments to ECD activities.

To measure improved incomes at household level, membership Registers will be used to measure VBCs' functionality. Questionnaires and Checklists will be. ANC and PMTCT registers, Referral books and Early Infant Diagnosis Records will be used to measure numbers of women and children accessing quality PMTCT services.

To show that planned changes have taken place over time and gather robust evidence for learning, there will be systematic collecting, analyzing, applying, storing and sharing of data. Based on our Theory of Change and Monitoring, Evaluation and Learning (MEL) Plan, clear indicators will be used to routinely track progress and measure change.

10. PROJECT FEEDBACK

In delivering this project, ZAMBO CBO will get feedback from, listen to and respond to people it will support. Feedback from beneficiaries and communities will be collected using several beneficiary feedback tools like Mobile Phones, WhatsApp Groups, Suggestion Boxes, Focus Group Discussions, Surveys and In-depth interviews.

ZAMBO CBO will analyze feedback inputs and effectively and timely respond to the feedback. The project approach will be flexible to accommodate collected feedback and to adapt to changing contexts and needs of beneficiary children, parents, caregivers, teachers and communities.

ZAMBO CBO will get regular feedback from Parents, Chiefs, Primary School Teachers, Caregivers and Children's Representatives. CBO will listen to these stakeholders by involving them in Monthly Planning and Evaluation Meetings, Progress Assessments Meetings, Project Evaluations and Famous Failure Sessions.

Responsive feedback sessions will be done by involving Parents, Chiefs, Primary School Teachers, Caregivers and Older Representatives of Children

at every step of project planning and delivery. CBO will systematically seek feedback, analyzing it then using it to make project changes and adaptations. In this way, CBO will ensure that the project has greater impact on beneficiaries, greater sustainability and greater ownership from Parents, Chiefs, Teachers, Children and Communities it will support.

11. BUDGET AND BUDGET JUSTIFICATION

- To compile not only a detailed costs for all construction materials, labor, equipment, training workshops, and administrative fees, but also a budget Justification: Rationale for each expense**.**

12. PERSONNEL AND ORGANIZATIONAL CAPACITY

- To compile profiles of key staff of the proposed project including CBCC caregivers and management committee members.

13. SAFETY OF PEOPLE

Children as primary beneficiaries may face the risk of abuse in the form of neglect and verbal, physical and sexual abuse by some caregivers and parents. The harm from such abuse may be disruptions to early brain development, post-traumatic stress disorder, disturbed patterns and attachment behavioural regression. Children's safety, well-being, stability and development may be affected.

To reduce the risk of this harm, several things will be done.

1. CBO will integrate its Child Protection Procedures to systematically assess harm and risk of harm. We will gather and analyse information to assess a) current harm to ascertain the level of harm that exists for children in the present, including an assessment of children's immediate safety b) risk of harm to ascertain the likelihood of harm that may occur to children in the future and c) existing protective factors to mitigate against risk of harm.

2. We will create awareness and improve attitudes and skills of Caregivers on Child Protection through community education. The caregivers' improved

attitudes and skills in identifying and preventing child abuse and harm will eliminate this risk.

3. We will conduct holistic assessments throughout ongoing interventions as part of the case management cycle of risk assessment, planning, implementation and review of a children's safety and protection and care needs to reduce harm.

14 THE PROJECT BUDGET

Cost Description	**Quantity**	**Unit Cost (in MWK)**	**Total Cost (in MWK)**
● Bricks(Blocks) of 20x9 meters will be bought for constructing the classroom block	1200	4,000	4,800,000.00
● Cement for constructing, flooring ,and plastering the classroom block will be needed	75	40,000	3,000,000.00
● Metals of Y12 type for Beam filling will be required	20	22,000	440,000.00
● Metals of Y8 type for Beam filling will be required	18	16,000	288,000.00
● Soft wire for strengthening rings during beam filling will be required	10 kgs	5,000	50,000.00
● Timber of 1x8 in size wil be required for	12	25,000	300,000.00

making shutter in readiness for beam filling			
• Timber of 2x6 in size will be required for roofing	50	42,000	2,100,000.00
• 2x2 timber will be required for roofing	40	20,000	800,000.00
• 2x3 timber for roofing will be required	20	24,000	480,000.00
• 3 inches of nails for shutter making and roofing will be required	6 kgs	9,000	54,000.00
• 4 inches of nails for joinery will be added	10kgs	9,000	90,000.00
• 5 inches of nails for joinery will be needed	10kgs	9,000	90,000.00
• Roofing nails will also be required	20kgs	5,000	100,000.00
• The project will also necessitate window frames	10	130,000	1,300,000.00
• Window stays/ stoppers for opening and holiding a window when opened will be required	30	6,000	180,000.00
• Frames for the doors will also be required	4	110,000	440,000.00

• Units of window glasses will be needed	60	10,000	600,000.00
• Port for strengthening glasses in window frames will be required	10kgs	3500	35,000.00
• Lime for first coat during painting will be required	3 bags	48,000	144,000.00
• Black paint for skirting will also be required	20 Litres	90,000	90,000.00
• Yellow paint will be required for the final coat	80 litres	90,000	360,000.00
• Main doors, stores and ofice door will be required	4	90,000	360,000.00
• Room locks for all four doors will be required	4	10,000	40,000.00
• Quarry stones for beam filling will be needed	15 tonner	450,000	450,000.00
• Iron sheets for roofing will also be required	22	46,000	1,012,000.00
• Some ridge cap to be filled at the edge of roof will be required . The topmost part of a roof where the sloping sides meet	10	10,000	100,000.00

• Transportation for all the materials will be required			297,000.00
• **Grand Total**			**18,000,000.00**

The budget above was estimated per CBCC's

LILONGWE DISTRICT
COUNCIL

CERTIFICATE OF REGISTRATION

THIS CERTIFICATE IS AWARDED TO

ZAMBO
COMMUNITY BASED ORGANISATION
OF TA KALOLO

CERTIFYING THEIR OFFICIAL REGISTRATION AT

LILONGWE DISTRICT COUNCIL

ON 28TH JANUARY, 2013

SIGNATURE OF DISTRICT SOCIAL WELFARE OFFICER

SIGNATURE OF DISTRICT COMMISSIONER

CBO REGISTRATION NUMBER 2013/15/131