



Health Part 2

This sector of the IDEA Book includes health projects established by previous Peace Corps volunteers in their communities. These projects include a range of ideas that have helped their communities collaborate to create health centers, life-saving programs, and outbreak prevention plans. This sector includes projects from several grant types.

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Cameroon: Health Community HIV Outreach Campaign

Peace Corps Volunteers Educate Community Members on the Realities of Living with and Transmitting HIV



Community members participate in educational activities planned by the PCV.

The Health Community HIV Outreach Campaign sought to provide community members with accurate knowledge on **HIV transmission, prevention, stigmatization**, and options and **appropriate care for PLWHIV**. By educating community members on these topics, the Outreach Campaign was designed to **empower** community members and **enable** them to make **educated decisions** whether these decisions are involving sex practices, HIV treatment options, attitudes towards PLWHIV, etc. This project worked to increase **HIV-related knowledge** in the impacted communities while also providing **free HIV-tests** in order to help community members know and better understand their own statuses.

Both the Training of Trainers (TOT) and HIV testing campaigns were successful. During the TOT, **23 participants** were trained on HIV transmission, prevention, stigmatization, treatment options and PLHIV. The HIV testing campaigns were successful in all the villages, and **1785 community members** were **tested for HIV** and received education on HIV transmission, prevention, stigmatization, treatment options and PLHIV. In order to ensure that community members will continue to have access to HIV test kits, **415 kits** will remain at the community's Integrated Health Center at **reduced prices**. The profits from the administration of these kits will go toward purchasing more test kits in order to ensure the **sustainability of testing** within the community.

Small Investments

Total Project Cost: \$4,665.10

VAST Funded Amount: \$3,454.78

(Including: supplies, travel, materials transport)

Community Contribution: \$1,210.32

(Including: labor, equipment, land/venue rental)

Volunteer Paid (Overspent): \$5.80

General Grant Information

This application has been developed as a tool to help Volunteers and their communities plan successful small grant projects. The information that you record here will also be transmitted to Peace Corps Headquarters for internal reporting and reporting to donors. Please work with your community to fill out this application and return it to the appropriate staff member at post for review. Before completing any section, make sure to read the entire application.

Community #1 Health Community HIV Outreach Campaign

Project Title:

Grant Type: Volunteer Activities Support and Training (VAST) **Status:** Completion Report Submitted

Volunteer: PCV #1 **Responsible Program Manager/APCD:** Program Manager #1

Country: Cameroon **Program Element:**

Project Start Date: 1/7/2015 **Project End Date:** 1/22/2015

The budget information below will auto-fill once the budget has been entered into PCGO. If these fields are blank, you do not need to fill them in .

% Comm. Contribution Proposed: 25.14 **% Comm. Contribution Final:** 25.94

Comm. Contribution Amount Final: \$1,210.32

Comm. Contribution Amount Proposed: \$1,158.51

Amount Requested: \$3,448.98 **Amount Approved:** \$3,448.98 **Amount Remaining:** (\$5.80)

Requested Grant Amount (local currency)

1664200.00

Exchange Rate: \$1US= (enter local currency value here): 482.52

Number of PCVs working on project: 1

Community Information

City/Town/Village	Community Group Name	Group Contact Information (phone, address, etc.)	Group Contact Person
Community #1	Community #1 Health Community	Group Contact Person #1 Phone Number	Group Contact Person #1

Classification

Choose from the following categories to give your project a primary classification: Agriculture, Education, Environment, Health, Municipal Development, Community and Economic Development, Youth Development, Water and Sanitation, HIV/AIDS, ICT, NGO Development, Volunteerism, Food Security, or Gender and Development.

From the same list above, choose one or more secondary classification to describe your project, if applicable

Primary Classification?	Classification(s)
No	Education
No	Health
Yes	HIV AIDS

Volunteer Information

Primary PCV	PCV #1	Peace Corps Sector	Health	COS Date	11/23/2015
PCV 2		Peace Corps Sector		COS Date	
PCV 3		Peace Corps Sector		COS Date	
Other PCVs:					

Project Narrative

Please fill in each box explaining the planning for your project.

Summary

Please provide a brief summary of the project (up to 250 words). Include project activities, objectives, the community's contribution and the potential impact the project may have. For PCPP applications, this is the text that will appear on the PCPP webpage, please omit specific location information.

The primary objectives of this project are to increase the knowledge of community members on HIV transmission, prevention, stigmatization, treatment options and proper care for PLWHIV as well as to provide free HIV testing. This project will impact community members of the twelve villages supported by the Community #1 Integrated Health Center which is where the Peace Corps volunteer works. Each of the twelve villages are very remote with the average population of the twelve villages being 427 people. The project will begin with a training of trainers (TOT) program that will take place over two days and the thirty participants will be provided with knowledge on HIV transmission, prevention, stigmatization, treatment options and proper care for PLWHIV. The TOT program will occur in the volunteer's village and two people from each village will attend the program. After the TOT program is complete those who participated will then be responsible for providing HIV education to their respective community members during the HIV outreach testing campaigns. There will be one thousand free HIV tests provided and outreach testing campaigns will be carried out in all twelve villages supported by the Community #1 Integrated Health Center. The community contribution will be a conference hall that will be used in the TOT program, venues for the testing campaigns, speakers, food preparation, dining dishes, chairs, tables, and facilitators for the TOT program, lab technicians for the testing campaigns and man power for the testing campaigns. After completion of the project community members will have had the opportunity to be tested for HIV. Community members will have been educated on HIV stigmatization and provided with accurate information concerning HIV prevention, transmission, and the necessary measures that should be taken concerning the health of PLWHIV.

Background

Describe the background of the community and what priority this project addresses.

Community #1 is the village in which the Peace Corp volunteer lives and the Community #1 Integrated Health Center serves eleven neighboring villages. Almost every household in each of the communities earns their living through farming. The Community #1 Integrated Health Center has made it mandatory that every woman who comes to Ante-Natal Clinic (ANC) appointments must be tested for HIV during their initial ANC visit and also during delivery. Other than the pregnant women who come for ANCs, there are very few people who come to the Health Center in order to be tested for HIV. While there are very few people who actively seek HIV testing there are populations of individuals living with HIV in each of the communities and the volunteer works with some of these individuals in an HIV care-group. Community members supported by the Community #1 Integrated Health Center are vulnerable to HIV because many people possess inaccurate information on HIV/AIDS and there is HIV/AIDS stigmatization within the communities which also puts community members at risk. This grant would allow for proper and accurate education to be provided to individuals within the community in order to increase general education, reduce stigmatization, and provide community members with their HIV status. The desired outcome of this project could ideally effect every member of the twelve communities from newborns to the elderly. For example if a newborn's parents decide to engage in safe-sex practices which results in the couple remaining HIV negative for the entirety of their lives. This newborn will not become an orphan and/or vulnerable child during their life as a result of HIV.

Community Involvement

How is the community the driving force behind the project? Provide examples that demonstrate the community's involvement in the design and planning of this project.

Community #1 and the eleven surrounding villages are highly motivated communities where importance is really placed on education. The communities as a whole greatly value education and are aware of the importance in not only providing their children with education, but also furthering their own. The high motivation exhibited by community members is also apparent when it comes to healthcare. Community members are constantly asking questions in order to expand on healthcare knowledge whether these questions are asked directly at the Health Center, during vaccination days, or in passing. After finishing my community needs assessment I discovered that while community members are highly motivated and driven individuals, there is a very large percentage of individuals who do not possess accurate knowledge when it comes to HIV/AIDS and there is a significant level of stigmatization concerning HIV/AIDS in the communities. If provided with free HIV testing and accurate knowledge on HIV prevention, transmission, treatment options and proper care for PLWHIV I feel that the community members would greatly benefit and realize the value of what the project will provide to their communities. The staff at the Community #1 Integrated Health Center is very committed to the project and are willing to help in any way. The chief of Community #1 is also very committed to this project and has provided much support and resources to the project. There have also been numerous community members who have not only expressed interest in learning more about HIV/AIDS but also in being tested for HIV. This grant would enable these highly motivated community members to be aware of their HIV status as well as equip them with proper knowledge which they will have for the rest of their lives.

Outcome

Briefly describe the desired outcome of the project.

After the project concludes there are several desired outcomes that I would like to occur. The first outcome would be for both the knowledge and use of safe sex practices to increase. The second outcome would be for HIV stigmatization to decrease among community members. The third outcome would be for accurate knowledge on HIV prevention, transmission, and treatment options and proper care for PLWHIV to increase among community members and the individuals who participated in the TOT program will be a permanent resource for each of the communities. The fourth outcome would be for people who test negative for HIV to be empowered by their negative status and take measures in order to ensure that their status remains negative. The fifth outcome would be for people who test positive for HIV to also be empowered when it comes to their treatment options and for these individuals to make the necessary changes in order to ensure their health is the best that it can be.

Implementation

Describe the implementation plan that will be used to achieve the goals and objectives of this project. Do you foresee any challenges to project implementation?

The TOT program will be implemented using material from the HIV toolkit, a facilitator as well as medical staff from the Community #1 Integrated Health Center. A possible challenge during the TOT program could be attendance that might be affected due to harvesting in the farms. This problem can be avoided by making sure that participants are aware of the commitment they must make to the program far in advance. The HIV testing outreach campaigns will be implemented by lab technicians, participants of the TOT program, and pre/post test counselors. A possible challenge during the HIV testing outreach campaigns could be fear of testing as a result of stigmatization. This challenge can be addressed by providing a supportive and relaxed environment during the testing campaigns and knowledge on the effects stigmatization can have. During the month on November the Chief of the Community #1 Health Center (COC), the volunteer, and the chiefs of the villages will be responsible for identifying and selecting candidates for the TOT program. During the month on November the COC and volunteer will be responsible for finalizing the material to be presented during the TOT program as well as purchasing the supplies needed for the testing campaigns. In January setup for the TOT program will occur followed by the completion of the program. During this month setup and completion for the HIV testing outreach campaigns will also occur

Capacity Building

How will the project contribute to building skills and capacity within the community?

This project will provide community members with accurate knowledge on HIV transmission, prevention, stigmatization, and options and appropriate care for PLWHIV. This acquired knowledge will empower community members and enable them to make educated decisions whether these decisions are involving sex practices, HIV treatment options, attitudes towards PLWHIV etc.. For community members who participate in the Training of Trainers program knowledge, skills, and attitudes will be monitored at three separate times. The first time will occur with a pre-test given at the beginning of the Training of Trainers program, the second will be given at the end of the program, and the last monitoring occasion will be during the outreach HIV testing in participant's respective villages. It will be a bit trickier to demonstrate that knowledge, skills, and attitudes have changed and improved in the general public but there are a few different ways that I think this can be done. The women who attend Ante-Natal Clinic appointments are currently asked about HIV prevention and transmission, and these results are recorded. These results that are currently being recorded can be compared to the results women provided after the HIV education and HIV testing project is complete in order to determine whether knowledge has in fact increased. The number of condoms sold at the Health Center also will be monitored in order to determine whether more condoms are being bought after the HIV education and testing project. The number of HIV positive cases will also be monitored in order to determine whether this number decreases over time.

Sustainability

How will the community be able to sustain the activities and/or benefits of this project? What is the community's plan to sustain the benefits of the project after the initial project funding has been exhausted?

Each of the twelve communities will have at least two community members who have participated in the Training of Trainers (TOT) program and who have been equipped and empowered with knowledge on HIV transmission, prevention, stigmatization, treatment options and appropriate care for PLWHIV. The community members who participated in the TOT program will be responsible for sharing the knowledge they gained with their community members during the outreach testing in each of the communities. They will do this by educating their own communities before the testing campaign reaches their village, while the testing campaign is occurring in their village, and they will also serve as a resource after the campaign is through. The outreach HIV testing in each of the communities will not only serve to test community members for HIV but it will also serve as an opportunity to monitor and evaluate the community members who participated in the TOT. Participants of the TOT will also be encouraged to share what they learned in their communities for as long as possible and in whatever setting they find fit, for example during high school health club meetings, vaccination outreach and health outreach days. Community members who did not test positive for HIV will be encouraged to use preventative behaviors in order to ensure that they remain HIV negative. Community members who tested positive for HIV will be aware of their positive status and will be provided with necessary information on treatment facilities, treatment options, psychological support, and the necessary behavior changes that should accompany their HIV positive status. Of the one thousand test kits that will be purchased, only seven hundred will be used during the testing campaign. The remaining three hundred test kits will be kept at the Community #1 Integrated Health Center in order to ensure that test kits are always available to the community. If a community member wishes to be tested for HIV they will pay a reduced testing fee of 500 CFA. The money collected from the sale of these test kits will be kept separately so that when the test kits run out the sum of money that was collected can be used to buy additional test kits. With this procedure in place, community members will always have access to HIV test kits. Overall I feel that due to the motivation and commitment to healthcare that I have witnessed in each community, the knowledge and empowerment that results from this project will be sustainable.

Goals & Objectives

What are the project's goals and objectives and how will you know if your project is reaching them to produce the desired benefits or change? Please list corresponding goal and objective for each line when entering multiple indicators under a single goal/objective. Add rows if needed.

Fill out for Initial Grant/Application					Fill out for Completion Report	
Goal	Objective	Indicator(s)	Who	When	Results	Comments
The participants will have increased knowledge and skills to address the difficulties of living with HIV	Objective 1. By January 23, 2015 one thousand community members will have been tested for HIV.	Number of people tested during the HIV outreach campaign	Participants in the HIV testing campaign	By January 23, 2015	There were 1,785 community members who were tested for HIV by May 4, 2015.	A higher number of test kits were purchased which allowed for more community members to be tested for HIV.
The participants will have increased knowledge and skills to address the difficulties of living with HIV.	Objective 2. By January 23, 2015 at least one thousand participants will have increased knowledge on HIV prevention.	Number of condoms sold at the Community #1 Integrated Health Center will increase. Comparison of pre and post tests scores. Comparison of pre and post project answers during ANC appointments.	Community #1 health area community members.	By January 23, 2015	There are 2,855 community members who have increased knowledge on HIV prevention.	Not all individuals who received education were tested for HIV, being that the HIV testing was voluntary. Many young school children received education but were not tested.
The participants will have increased knowledge and skills to address the difficulties of living with HIV.	Objective 3. By January 23, 2015 at least one thousand participants will have increased knowledge of HIV transmission.	Number of condoms sold at the Community #1 Integrated Health Center will increase. Comparison of pre and post tests scores. Comparison of pre and post project answers during ANC appointments.	Community #1 health area community members.	By January 23, 2015	There are 2,855 community members who have increased knowledge on HIV transmission.	Not all individuals who received education were tested for HIV, being that the HIV testing was voluntary. Many young school children received education but were not tested.
The participants will have increased knowledge and skills to address the difficulties of living with HIV.	Objective 4. By January 23, 2015 at least one thousand participants will have increased knowledge on HIV stigmatization.	Comparison of pre and post tests scores. Comparison of pre and post project answers during ANC appointments.	Community #1 Health area community members.	By January 23, 2015	There are 2,855 community members who have increased knowledge on HIV stigmatization.	Not all individuals who received education were tested for HIV, being that the HIV testing was voluntary. Many young school children received education but were not tested.
The participants will have increased knowledge and skills to address the difficulties of living with HIV.	Objective 5. By January 23, 2015 at least one thousand participants will have increased knowledge on HIV treatment options.	Comparison of pre and post tests scores. Comparison of pre and post project answers during ANC appointments.	Community #1 health area community members.	By January 23, 2015	There are 2,855 community members who have increased knowledge on HIV treatment options.	Not all individuals who received education were tested for HIV, being that the HIV testing was voluntary. Many young school children received education but were not tested.
The participants will have increased knowledge and skills to address the difficulties of living with HIV.	Objective 6. By January 23, 2015 at least one thousand participants will have increased knowledge on proper care for PLWHIV.	Comparison of pre and post tests scores. Comparison of pre and post project answers during ANC appointments.	Community #1 health area community members.	By January 23, 2015	There are 2,855 community members who have increased knowledge on proper care for PLHIV.	Not all individuals who received education were tested for HIV, being that the HIV testing was voluntary. Many young school children received education but were not tested.

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Do No Harm

General

Please report on the results of your "do no harm" discussions with community members. Did you find that there were consequences you hadn't thought about?

Does not apply to this project.

Environmental

If the proposed project is not solely a training project, please discuss possible negative environmental impacts with your community. What are potential negative Environmental impacts of the project activities?

Does not apply to this project.

Mitigation

For each of the potential negative impacts described in your prior responses please describe the measures the community will adopt in order to monitor and mitigate against potentially harmful effects.

Does not apply to this project.

Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the detailed budget has been entered in the PCGO portal.

Category	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$124.35	\$0.00	\$0.00
Labor	\$0.00	\$0.00	\$692.20	\$0.00	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$310.87	\$0.00	\$0.00
Materials Transport	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$3026.20	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Travel/Per Diem/Food/Lodging	\$422.78	\$0.00	\$31.09	\$0.00	\$0.00
Total	\$3,448.98	\$0.00	\$1,158.51	\$0.00	\$0.00

Budget Detail

Enter each item that will be required to complete the project. For the budget category, you will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your initial budget offline. This can be found at http://files.peacecorps.gov/donate/Small_Grants_Budget_Worksheet.xls. The Grants Coordinator at your post can also provide you a copy.

Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount Local	Grant Amount \$US	Community Contribution Cash (Local/\$US)		Community Contribution In-Kind (Local/\$US)		Third-Party Contribution Cash (Local/\$US)		Third-Party Contribution In-Kind (Local/\$US)	
Dining dishes	Equipment	5000.00	1.00	5000.00	0.00	\$0.00	0.00	\$0.00	5000.00	\$10.36	0.00	\$0.00	0.00	\$0.00
Chairs	Equipment	200.00	30.00	6000.00	0.00	\$0.00	0.00	\$0.00	6000.00	\$12.43	0.00	\$0.00	0.00	\$0.00
Tables	Equipment	600.00	15.00	9000.00	0.00	\$0.00	0.00	\$0.00	9000.00	\$18.65	0.00	\$0.00	0.00	\$0.00
Speakers	Equipment	20000.00	2.00	40000.00	0.00	\$0.00	0.00	\$0.00	40000.00	\$82.90	0.00	\$0.00	0.00	\$0.00
Facilitator	Labor	10000.00	4.00	40000.00	0.00	\$0.00	0.00	\$0.00	40000.00	\$82.90	0.00	\$0.00	0.00	\$0.00
Lab Technician	Labor	12000.00	12.00	144000.00	0.00	\$0.00	0.00	\$0.00	144000.00	\$298.43	0.00	\$0.00	0.00	\$0.00
Health educators for testing campaign	Labor	5000.00	30.00	150000.00	0.00	\$0.00	0.00	\$0.00	150000.00	\$310.87	0.00	\$0.00	0.00	\$0.00
Conference Hall	Land/Venue Rental	50000.00	3.00	150000.00	0.00	\$0.00	0.00	\$0.00	150000.00	\$310.87	0.00	\$0.00	0.00	\$0.00
Receipt book	Materials/Supplies	700.00	1.00	700.00	700.00	\$1.45	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Cotton	Materials/Supplies	1000.00	1.00	1000.00	1000.00	\$2.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Rubbing alcohol	Materials/Supplies	1000.00	2.00	2000.00	2000.00	\$4.14	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Markers	Materials/Supplies	500.00	5.00	2500.00	2500.00	\$5.18	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Erasers	Materials/Supplies	100.00	30.00	3000.00	3000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Folders	Materials/Supplies	100.00	30.00	3000.00	3000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Pencils	Materials/Supplies	100.00	30.00	3000.00	3000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Pens	Materials/Supplies	100.00	30.00	3000.00	3000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Sharp objects box	Materials/Supplies	2000.00	2.00	4000.00	4000.00	\$8.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Tape	Materials/Supplies	2000.00	4.00	8000.00	8000.00	\$16.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Banner	Materials/Supplies	10000.00	1.00	10000.00	10000.00	\$20.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Flip chat paper	Materials/Supplies	5000.00	2.00	10000.00	10000.00	\$20.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Notebooks	Materials/Supplies	1000.00	30.00	30000.00	30000.00	\$62.17	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Condoms (female)	Materials/Supplies	50.00	700.00	35000.00	35000.00	\$72.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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Printed handouts	Materials/Supplies	50.00	700.00	35000.00	35000.00	\$72.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Condoms (male)	Materials/Supplies	30.00	2000.00	60000.00	60000.00	\$124.35	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Gloves	Materials/Supplies	150.00	1000.00	150000.00	150000.00	\$310.87	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
HIV test kit	Materials/Supplies	1100.00	1000.00	1100000.00	1100000.00	\$2279.70	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Food preparation	Travel/Per Diem/Food/Lodging	15000.00	1.00	15000.00	0.00	\$0.00	0.00	\$0.00	15000.00	\$31.09	0.00	\$0.00	0.00	\$0.00
Transportation for participants	Travel/Per Diem/Food/Lodging	1000.00	44.00	44000.00	44000.00	\$91.19	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Food for participants	Travel/Per Diem/Food/Lodging	2500.00	64.00	160000.00	160000.00	\$331.59	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total					1,664,200.00	\$3,448.98	0.00	\$0.00	559,000.00	\$1,158.50	0.00	\$0.00	0.00	\$0.00

Budget Narrative (optional)

This section describes the types of items or services that will be purchased in each budget category. It gives a snapshot of what will be purchased to complete the project. The budget narrative differs from the detailed budget in that it summarizes all budget line items within the same category. The fields completed here should match the categories used in the "Budget Detail" Section.

Budget Category	Grant Contribution	Community Contribution	Third-Party Contribution
Materials Transport			
Other			
Equipment		Speakers, Chairs, Tables, Dining dishes	
Labor		Facilitator, Health educators for testing campaign, Lab technicians	
Land/Venue Rental		Conference hall	
Materials/Supplies	Receipt book, Tape, Notebooks, Pencils, Erasers, Markers, Folders, Printed Handouts, Pens, Flip chart paper, Banner, HIV test kits, Sharp objects box, Rubbing alcohol, Cotton, Gloves, Condoms (male and females)		
Travel/Per Diem/Food/Lodging	Transportation for participants and food for participants	Preparation of food	

Grant Performance Indicators

When you are applying for a grant and filling in your grant application, you will only fill in the first column titled, "Initial Indicators". At this time, you will estimate the number of organizations or community members that you anticipate will participate in, benefit from, or be affected by your project. You must enter a non-zero number for at least one initial grant-specific indicator for the project to be approved.

When your project is complete and you are filling out your grant completion report, you will only fill in the second column titled, "Final Indicators". In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant-specific indicator to confirm that the project met agreed-upon funding requirements

Region / Country	Type	Program Element	Metric	Categories	Initial Indicators	Final Indicators
Cameroon	All	# of Beneficiaries (indirect)	Community members who receive an indirect benefit from the project, not including those counted above	Male(s) 25 and above	1000	455
				Male(s) 15-24	600	479
				Male(s) 14 and below	400	394
				Female(s) 25 and above	1000	442
				Female(s) 15-24	600	559
				Female(s) 14 and below	400	526
		# of Participants (direct)	Community members directly involved in the design and implementation of the project, including those who attend trainings or workshops	Male(s) 25 and above	6	34
				Male(s) 15-24	0	0
				Male(s) 14 and below	0	0
				Female(s) 25 and above	7	19
				Female(s) 15-24	0	0
				Female(s) 14 and below	0	0
		Capacity Development	# of community organizations and/or associations that will have increased capacity due to this small grant	Organizations	5	7
			# of individuals who will have increased capacity due to this small grant	Male(s) 25 and above	500	455
				Female(s) 25 and above	500	442
				Male(s) 15-24	200	479
				Female(s) 15-24	200	559

			Male(s) 14 and below	300	394
			Female(s) 14 and below	300	526
		# service providers who will have increased capacity due to this small grant	Male(s) 25 and above	10	11
			Female(s) 25 and above	4	4
			Male(s) 15-24	0	0
			Female(s) 15-24	0	0
			Male(s) 14 and below	0	0
			Female(s) 14 and below	0	0
	New Technology & Practices		# of individuals who have applied new technologies and/or practices as a result of this grant	Male(s) 25 and above	500
		Female(s) 25 and above		500	442
		Male(s) 15-24		200	240
		Female(s) 15-24		200	280
		Male(s) 14 and below		300	197
		Female(s) 14 and below		300	263
		# of new technologies and/or practices that will have been adopted as a result of this small grant	Technologies	0	0
			Practices	6	8
VAST	1 Care Service-Economic Strengthening (HE-164-PEPFAR)	# of eligible individuals provided with economic strengthening services (C5.7.D)	Male(s), 9 and below	0	0
			Male(s), 10-14	0	0
			Male(s), 15 to 17	0	0
			Male(s), 18 to 24	0	0
			Male(s), 25 and above	0	0
			Female(s), 9 and below	0	0
			Female(s), 10-14	0	0
			Female(s), 15 to 17	0	0

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		Female(s), 18 to 24	0	0
		Female(s), 25 and above	0	0
1 Care Service- Food and/or other Nutritional Support (HE-165-PEPFAR)	# of eligible individuals who received food and/or nutritional services (C5.1.D)	Male(s), 9 and below	0	0
		Male(s), 10-14	0	0
		Male(s), 15 to 17	0	0
		Male(s), 18 to 24	0	0
		Male(s), 25 and above	0	0
		Female(s) NOT pregnant, 9 and below	0	0
		Female(s) NOT pregnant, 10-14	0	0
		Female(s) NOT pregnant, 15 to 17	0	0
		Female(s) NOT pregnant, 18 to 24	0	0
		Female(s) NOT pregnant, 25 and above	0	0
		Female(s) Pregnant, 9 and below	0	0
		Female(s) Pregnant, 10-14	0	0
		Female(s) Pregnant, 15 to 17	0	0
		Female(s) Pregnant, 18 to 24	0	0
		Female(s) Pregnant, 25 and above	0	0
Addressing Stigma Related to HIV (HE-182)	# of the general population with accepting attitudes toward people living with HIV (P8.22.N)	Male(s), 9 and below	100	17
		Male(s), 10-14	100	377
		Male(s), 15 to 17	100	387
		Male(s), 18 to 24	100	92

		Male(s), 25 and above	500	455
		Female(s), 9 and below	100	10
		Female(s), 10-14	100	516
		Female(s), 15 to 17	100	447
		Female(s), 18 to 24	100	112
		Female(s), 25 and above	500	442
Can Identify Ways of Preventing HIV and can Reject Major Misconceptions (HE-144-PEPFAR)	# of young women and men aged 15 -24 who both correctly identify ways of preventing sexual transmission of HIV and who reject major misconceptions about HIV transmission (P8.8.N)	Female(s), 15 to 17	100	447
		Female(s), 18 to 24	100	112
		Male(s), 15 to 17	100	387
		Male(s), 18 to 24	100	92
Educated on Best Practices in Care and Treatment (HE-171)	# of PLHIV/ caregivers educated on best practices in care and treatment	Male(s), 9 and below	0	0
		Male(s), 10-14	5	1
		Male(s), 15 to 17	5	3
		Male(s), 18 to 24	5	0
		Male(s), 25 and above	15	7
		Female(s), 9 and below	0	0
		Female(s), 10-14	5	0
		Female(s), 15 to 17	5	1
		Female(s), 18 to 24	5	1
		Female(s), 25 and above	15	18
Educated on the Importance of Voluntary Testing and Counseling for HIV (HE-147)	# of target population reached with individual or small group level education on the importance of voluntary testing and counseling for HIV	Male(s), 9 and below	100	17
		Male(s), 10-14	100	377
		Male(s), 15 to 17	100	387
		Male(s), 18 to 24	100	92

		Male(s), 25 and above	500	455
		Female(s), 9 and below	100	10
		Female(s), 10-14	100	516
		Female(s), 15 to 17	100	447
		Female(s), 18 to 24	100	112
		Female(s), 25 and above	500	442
Educated on the Prevention of Mother to Child Transmission of HIV (HE-155)	# of women reached with individual or small group level education on the prevention of mother to child transmission of HIV during pregnancy and breastfeeding	Female(s), 9 and below	100	10
		Female(s), 10-14	100	516
		Female(s), 15 to 17	100	447
		Female(s), 18 to 24	100	112
		Female(s), 25 and above	500	442
General Population, Excluding People Living with HIV (PLHIV), Reached with HIV Prevention Interventions (HE-140-PEPFAR)	# of general population (NOT including Most At Risk Populations/ Key Populations and People Living with HIV) reached with individual and/or small group level HIV prevention interventions that are based on evidence and/or meet the minimum standards required (P8.1.D & P8.2.D)	Male(s), 9 and below	100	7
		Male(s), 10-14	100	372
		Male(s), 15 to 17	100	384
		Male(s), 18 to 24	100	92
		Male(s), 25 and above	500	448
		Female(s), 9 and below	100	4
		Female(s), 10-14	100	514
		Female(s), 15 to 17	100	445
		Female(s), 18 to 24	100	111
		Female(s), 25 and above	500	420
Health Care Workers (HCW) Completing an In-Service Training	Number of health care workers who successfully completed	Male(s), 15 to 17	0	0
		Male(s), 18 to 24	0	0

	Program (HE-181-PEPFAR)	an in-service training program.(H2.3.D)	Male(s), 25 and above	10	0
			Female(s), 15 to 17	0	0
			Female(s), 18 to 24	0	0
			Female(s), 25 and above	6	0
	Individuals Reached with an HIV Prevention Message Promoting Male Circumcision (HE-151)	# of target population reached with individual or small group messaging promoting male circumcision as a way to reduce the risk of HIV infection since the last reporting period	Male(s), 9 and below	100	17
			Male(s), 10-14	100	377
			Male(s), 15 to 17	100	387
			Male(s), 18 to 24	100	92
			Male(s), 25 and above	500	455
			Female(s), 9 and below	100	10
			Female(s), 10-14	100	516
			Female(s), 15 to 17	100	447
			Female(s), 18 to 24	100	112
Female(s), 25 and above			500	442	
Key Populations (Commercial Sex Workers, Injecting Drug Users, Men who have Sex with Men, etc.) Reached with HIV Interventions (HE-142-PEPFAR)	# of key populations reached with individual and/or small group level HIV interventions that are based on evidence and/or meet the minimum standards required (P8.3.D)	Commercial Sex Workers (CSW), Male(s), 17 and below	0	0	
		Commercial Sex Workers (CSW), Male(s), 18 and above	0	0	
		Commercial Sex Workers (CSW), Female(s), 17 and below	0	0	
		Commercial Sex Workers (CSW), Female(s), 18 and above	0	0	
		Injecting Drug Users (IDU), Male(s), 17 and below	0	0	

			Injecting Drug Users (IDU), Male(s), 18 and above	0	0
			Injecting Drug Users (IDU), Female(s), 17 and below	0	0
			Injecting Drug Users (IDU), Female(s), 18 and above	0	0
			Men Who Have Sex With Men (MSM), Male(s), 17 and below	0	0
			Men Who Have Sex With Men (MSM), Male(s), 18 and above	0	0
			Other Vulnerable Populations, Male(s), 17 and below	100	14
			Other Vulnerable Populations, Male(s), 18 and above	300	0
			Other Vulnerable Populations, Female(s), 17 and below	100	9
			Other Vulnerable Populations, Female(s), 18 and above	300	4
	New Care Workers (HCW) and Para-social Workers Completing a Pre-Service Training Program (HE-180-PEPFAR)	# of community health care and para-social workers who successfully completed a pre-service training (PST) program (H2.2.D)	Male(s), 15 to 17	0	0
			Male(s), 18 to 24	0	0
			Male(s), 25 and above	15	14
			Female(s), 15 to 17	0	0
			Female(s), 18 to 24	0	0
			Female(s), 25 and above	6	9
	People Living with HIV (PLHIV) Provided with a	# of PLHIV reached with a minimum package of	Male(s), 9 and below	5	0

	Minimum Package of "Prevention With PLHIV" as Defined by PEPFAR (HE-143-PEPFAR)	"Prevention with PLHIV (PwP)" since the last reporting period (P7.1.D)	Male(s), 10-14	5	1
			Male(s), 15 to 17	5	3
			Male(s), 18 to 24	5	0
			Male(s), 25 and above	20	7
			Female(s), 9 and below	5	0
			Female(s), 10-14	5	0
			Female(s), 15 to 17	5	1
			Female(s), 18 to 24	5	1
			Female(s), 25 and above	20	18
	Umbrella- Provided with a Minimum of One Care Service (HE-162-PEPFAR)	# of eligible adults and children provided with a minimum of one care service (psychological, spiritual, preventive, food support, shelter, protection, access to health care, education, economic strengthening) (C1.1.D)	Male(s), 9 and below	100	17
			Male(s), 10-14	100	377
			Male(s), 15 to 17	100	387
			Male(s), 18 to 24	100	92
			Male(s), 25 and above	500	455
			Female(s), 9 and below	100	10
			Female(s), 10-14	100	516
			Female(s), 15 to 17	100	447
			Female(s), 18 to 24	100	112
Female(s), 25 and above	500	442			

Referral Contacts

Most approved PCPP and LGL projects will be posted online for fundraising at peacecorps.gov/donate. Volunteers are encouraged to enter contact information for their friends and family who may want to support their project through donations. Once your project is approved, Peace Corps/HQ staff will contact your referrals to alert them that your project is online.

Title	First Name	Last Name	Relationship to Volunteer	E-mail Address	Street Address	City	State	Zip Code

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STOP HERE, if you are filling out your grant application - you are done!

If you have completed your project and are filling in your completion report information, be sure to fill in your final indicators in the "Grant Performance Indicators" section above. Then, fill in your final narrative and budget below.

Completion Report Narrative

Please fill in each box explaining the outcomes of your project.

Tell Your Story

Every project has a story. Please describe any anecdotal evidence/stories from a community member or your personal experience that attest to the project's success. This vignette may be used to highlight your exemplary work when reporting to stakeholders.

The most powerful moment during the TOT (training of trainers) was the discussion on stigmatization. The honesty during this discussion was overwhelming. All of the participants were able to describe numerous ways in which people living with HIV (PLHIV) were stigmatized. Some of the examples were deeply disturbing. In one community, a woman with HIV was selling food and her community suspected her status. This woman was selling food to make a living, and whenever she would go out into her community she was ridiculed, mocked, taunted, and followed by other members of her community. Participants shared many stories such as these, and with each story, discomfort spread through the room as participants realized the implications that these behaviors and attitudes have on PLHIV. The participants then lead the discussion themselves on how to support PLHIV and how to reduce stigma in their communities. I was in awe with the participants because I thought that stigmatization would be one of the most difficult topics for the participants. Not only were participants able to lead the discussion on stigmatization but I could tell they were actually committed to combating stigmatization within their communities.

One community was so eager for HIV testing that a very large and very loud argument erupted over who within the community would be tested first. Members in this community were literally yelling at one another that one's mother should be tested before the other person's father and so on. Eventually, the community members calmed down once I assured them that everyone would be guaranteed a test. This same eager community was also very disappointed that the students at the high school would not get the opportunity to be tested for HIV because we had to leave at a certain time to ensure that we arrived at the next community. The community pleaded with me to test the youth of their community and we could do nothing but schedule to test their youth on another day. The effort that some people made to arrive at the HIV testing events was quite moving. There were severely handicapped people who struggled to travel long distances in order to take their tests including numerous blind people. The age range of those who came to be tested was quite vast. There were young children who were tested because of their mother's concern, and there were also very old women and men who came out to be tested and see the excitement in the village.

Many of the participants from the TOT were very motivated when the testing outreach reached their villages. Some educated their community in both local dialect #1 and local dialect #2 (the dialect). They wanted to make sure that everyone understood the training, including the old women and men who don't speak pidgin. I asked all of the TOT participants to notify their communities of the upcoming testing campaign that was to occur in their various villages. Notification of a village usually consists of informing the local chief and having the town crier make an announcement. One community employed a thorough system of notification that included a village meeting of all the village youth. At the meeting, the youth were educated on HIV, and informed of the upcoming testing campaign.

Many of the community members who tested positive for HIV have started taking treatment for HIV. Not only have these community members started taking treatment but many of the people within their families have been tested for HIV. Unfortunately there have been some additional family members who have tested positive for HIV, but this project has allowed for these additional family members to be tested and started on treatment in a very time effective manner. Community members who are living with HIV have also been linked to an HIV caregroup whom I work with. There is not a lot of support for PLHIV within Cameroon and when a person in Cameroon is told they are HIV positive many times they feel isolated and do not start on treatment right away. This project not only allowed for 1,785 community members to be tested for HIV but it also allowed for those who tested positive for HIV to be linked to a health center, an HIV caregroup, and an HIV treatment center. Overall the Community #1 HIV Outreach Campaign was a success and I'm very proud and thankful for all the work and effort that my community members put into this project.

Goals Achieved, Changes in Initial Objectives, and Community Feeling

Both the TOT and the HIV testing campaigns were successful. During the TOT twenty three participants were trained on HIV transmission, prevention, stigmatization, treatment options and PLHIV. Not only were these participants educated but they learned skills which allowed them to effectively educate members of their community. During the TOT participants took a pre-test and a post-test. Participants correct responses on their post-test either stayed the same or increased for fifteen of the sixteen questions. The HIV testing campaigns were successful in all the villages, and 1785 community members were tested for HIV and received education on HIV transmission, prevention, stigmatization, treatment options and PLHIV. Community members who were tested positive were linked to the Community #1 Integrated Health Center. Most of the community members who tested positive have come to the health center as requested, and they have received care and instructions on how to begin treatment for HIV. Linking the Community #1 Integrated Health Center with the community members who tested positive for HIV has allowed for patients to start treatment in a timely manner and has provided patients with care and support that they might not be receiving elsewhere.

I have noticed a change in the community regarding their attitudes towards HIV testing, their education on HIV, and stigma towards PLHIV. I have noticed these changes while in some of the communities, both through having conversations with people and overhearing conversations. Before the commencement of the project I conducted surveys during ante-natal clinics. I will continue to conduct the same survey and am hopeful that correct responses will increase. I no longer feel like people are ashamed to talk about HIV or to ask questions, and I have noticed some people have become rather bold, and are proud to show what they have learned. I have witnessed community members educating one another on modes of transmission, HIV treatment, and the importance of knowing one's status.

Capacity and Skills Built

Participants of the TOT learned how to, not only teach and mentor their community members, but how to do so while remaining unbiased. The communication skills that participants learned during the TOT are essential in ensuring the continued success of HIV education in their communities. During the TOT participants learned to have empathy towards PLHIV and to teach this empathy to their community members. All of the community members who participated in the HIV testing campaign were educated on HIV transmission, prevention, stigmatization, treatment options and PLHIV. The education that community members received will allow for educated decisions to be made concerning sexual practices, risky behaviors, feeding options for HIV positive mothers, HIV treatment options, attitudes towards people living with HIV. Participants of the testing campaign learned that STDs increase the risk of contracting HIV, male circumcision reduces the risk of males contracting HIV, the time during pregnancy when mothers can transmit HIV to their babies along with other valuable lessons. All participants of the testing campaign excluding children below the age of 14 learned how to correctly use male and female condoms. Participants are now capable of using both male and female condoms as a preventive measure against the transmission of HIV and where condoms can be purchased in each of their communities.

Sustainability

The two main parts of the project were the TOT and the testing campaign. The purpose of the TOT was to ensure that there are people who are trained on all aspects of HIV residing in each of the villages. These participants will continue to educate their communities and have become an invaluable resource to those communities. The TOT was successful and participants were properly trained. They were also provided with educational materials that will allow them to further train and educate the people in their various villages.

The testing campaign ensured that everyone in the health community would have access to an HIV test, no matter the remoteness of their village or their income level. In order to ensure that community members will continue to have access to HIV test kits, 415 will remain at the Community #1 Integrated Health Center. These HIV test kits will be available at a reduced price. The money collected from these tests kits will be used to buy additional test kits, which will ensure that test kits will always be available to the community.

Unexpected Events and Recommendations

The most stressful unexpected event was the duration of the project. It was supposed to be completed by the end of January, but it was not completed until early May. There were a number of contributing factors that affected the project timeline. The project team had to wait a month until the testing campaigns were carried out in two of the villages due to land disputes within those villages. Eventually, we were able to reach these villages, and the test outreach in these villages was successful. One of the villages did not send two participants to the TOT, even though the village chief had previously agreed to send the two participants. A month later, this chief sent two participants to my village. I trained these two participants and we held the HIV testing campaign in their village. Another unexpected obstacle was the lack of staff at my health center. My health center lost two nurses between the time that the grant was submitted for approval and the start of the program. The decrease in health center staff prolonged the time line of the project because staff was only available to participate in the testing campaigns on certain designated days. Before the decrease in health center staff, my chief of center had agreed that I would always have staff at my disposal. Unfortunately that was not possible.

When I went to buy the test kits, I discovered that the price per test kit that I had been quoted was nearly double the actual buying price. As a result, I decided to buy as many tests kits as possible with the amount of money that had been allotted for test kits within the grant budget. This resulted in the purchase of 2,200 test kits instead of the projected 1,000. I struggled with making the decision of how many test kits to purchase, but I am very happy with the choice that I made. I started this project to test as many people for HIV as possible, and the purchase of the additional tests kits allowed me to do that with populations of people (students, orphans, additional villages) that I otherwise would not have tested. Of course, the additional test kits extended the timeline of the project because we were no longer planning on testing 700 people but rather 1,800. Another unexpected event was the breakdown of the motorcycle used by my health center. My chief of center gave me permission to use the health center motorcycle for the outreach HIV testing within the various villages, as long as I covered fuel costs. I was very pleased because using the health center motorcycle was a very cost effective way of reaching the various villages. However, midway through the project the motorcycle broke. That left us with no other option than to use another means of transport (paying per seat in vehicles that travel between the villages), which was more expensive. I had not budgeted for this more expensive transport, but there was still enough money within the budget to cover the costs. A recommendation that I would make would be to allocate money for CD4 tests. Before an HIV positive patient is put on ARVs they are required to do a CD4 test. The CD4 test can be quite expensive for some people, and I noticed that the cost of the CD4 hindered some patients starting treatment. If a part of the budget allocated for CD4 tests this would remove an obstacle for some patients who need treatment.

Lessons Learned and Promising Practices

The continuous education during the testing campaign was essential to the success of the project. While the participants were waiting to give blood samples and receive results, they were educated on HIV transmission, prevention, stigmatization, treatment options and PLHIV. This education occurred in an open environment in which people were encouraged to ask questions. This type of educational setting benefited all participants because it exposed them to the answers of questions they might not have asked themselves. The condom demonstration went very well and everyone was extremely interested in proper condom use. Many people in my community do not use condoms because they don't see the point of using condoms since they always seem to break. The condoms break because of improper use, so it was essential to properly demonstrate the use of condoms so that condom use would increase after the project. I also felt the option of free condoms was a good component of the project. I felt that having the TOT take place over two days benefited all of the participants. It would have been possible to cover all the material in two days, but there would not have been enough time to answer many of the questions or have the in-depth discussions that occurred. The presence of both males and females during the TOT enriched the experience of all participants. Men are the dominant sex in my

community and all opportunities are given to men before they are given to women. There might not have been any women in attendance if I had not specified that one woman and one man from each village should attend the TOT. Not only did the women benefit by attending the TOT, but the men in attendance also benefited from the input and questions asked by the women. There were several occasions during the TOT where we discussed issues that women face and the men were very quick to deny the existence of these issues in their community. However, the women were able to give insight into the many issues that women face which put them at a high risk of contracting HIV, and eventually the men understood that these issues were in fact occurring in their community. I also felt that it was essential to have both genders participate in the TOT so that both the men and the women could serve as resources in their community. Women generally do not confide in men or feel comfortable discussing topics such as HIV with men, which is why I wanted women to be a resource for other women. As a result of this project, each of the villages now has a woman trained in HIV transmission, prevention, stigmatization, treatment options and PLHIV.

No need to complete this section when working offline. This section will automatically calculate when the Final Project Log has been entered in the PCGO portal.

Activity	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$124.35	\$0.00	\$0.00
Labor	\$0.00	\$0.00	\$764.74	\$0.00	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$310.87	\$0.00	\$0.00
Materials Transport	\$10.36	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$2,974.38	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$79.38	\$0.00	\$0.00	\$0.00	\$0.00
Travel/Per Diem/Food/Lodging	\$390.66	\$0.00	\$10.36	\$0.00	\$0.00
Total	\$3,454.78	\$0.00	\$1,210.32	\$0.00	\$0.00

Final Budget

Use this project log to record each receipt collected for your project. You will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your final budget offline. This can be found at http://files.peacecorps.gov/donate/Final_Report_Project_Log.xls.

Date	Receipt #	Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount (Local Currency)	Grant Amount (\$US)	Community Contribution Cash (Local Currency/\$US)	Community Contribution In-Kind (Local Currency/\$US)	Third-Party Contribution Cash (Local Currency/\$US)	Third-Party Contribution In-Kind (Local Currency/\$US)				
1/20/2015	17	Dining dishes	Equipment	250.00	20.00	5,000.00	0.00	\$0.00	0.00	\$0.00	5,000.00	\$10.36	0.00	\$0.00	0.00	\$0.00
1/20/2015	17	Chairs	Equipment	200.00	30.00	6,000.00	0.00	\$0.00	0.00	\$0.00	6,000.00	\$12.43	0.00	\$0.00	0.00	\$0.00
1/20/2015	17	Tables	Equipment	600.00	15.00	9,000.00	0.00	\$0.00	0.00	\$0.00	9,000.00	\$18.65	0.00	\$0.00	0.00	\$0.00
1/20/2015	17	Speakers	Equipment	20,000.00	2.00	40,000.00	0.00	\$0.00	0.00	\$0.00	40,000.00	\$82.90	0.00	\$0.00	0.00	\$0.00
4/6/2015	20,23	Facilitator	Labor	10,000.00	4.00	40,000.00	0.00	\$0.00	0.00	\$0.00	40,000.00	\$82.90	0.00	\$0.00	0.00	\$0.00
4/4/2015	20,21	Lab Technician	Labor	12,000.00	12.00	144,000.00	0.00	\$0.00	0.00	\$0.00	144,000.00	\$298.43	0.00	\$0.00	0.00	\$0.00
4/6/2015	20,22,23	Health educators for testing campaign	Labor	5,000.00	37.00	185,000.00	0.00	\$0.00	0.00	\$0.00	185,000.00	\$383.40	0.00	\$0.00	0.00	\$0.00
1/20/2015	17	Conference Hall	Land/Venue Rental	50,000.00	3.00	150,000.00	0.00	\$0.00	0.00	\$0.00	150,000.00	\$310.87	0.00	\$0.00	0.00	\$0.00

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1/10/2015	6	Transportation of project materials	Materials/Transport	5,000.00	1.00	5,000.00	5,000.00	\$10.36	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/27/2014	24	Photocopies	Materials/Supplies	25.00	16.00	400.00	400.00	\$0.83	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/15/2015	13	Tape	Materials/Supplies	800.00	1.00	800.00	800.00	\$1.66	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/15/2015	13	Printed handout (printed with a generator)	Materials/Supplies	50.00	20.00	1,000.00	1,000.00	\$2.07	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	10	Markers	Materials/Supplies	700.00	2.00	1,400.00	1,400.00	\$2.90	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	8	Ribbon	Materials/Supplies	1,500.00	1.00	1,500.00	1,500.00	\$3.11	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	10	Pens	Materials/Supplies	100.00	30.00	3,000.00	3,000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/12/2015	12	Rubbing alcohol	Materials/Supplies	1,500.00	2.00	3,000.00	3,000.00	\$6.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/17/2015	16	Sharp objects box	Materials/Supplies	4,000.00	1.00	4,000.00	4,000.00	\$8.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	10,13	Flip chat paper	Materials/Supplies	200.00	40.00	8,000.00	8,000.00	\$16.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/12/2015	12	Cotton	Materials/Supplies	5,000.00	2.00	10,000.00	10,000.00	\$20.72	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	10	Folders	Materials/Supplies	500.00	30.00	15,000.00	15,000.00	\$31.09	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	5	Printed handouts	Materials/Supplies	20.00	935.00	18,700.00	18,700.00	\$38.75	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/10/2015	10	Notebooks	Materials/Supplies	750.00	30.00	22,500.00	22,500.00	\$46.63	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/2/2015	2	Condoms (female)	Materials/Supplies	2,700.00	17.00	45,900.00	45,900.00	\$95.13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/2/2015	2	Condoms (male)	Materials/Supplies	11,500.00	8.00	92,000.00	92,000.00	\$190.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/2/2015	3	Gloves	Materials/Supplies	27,000.00	4.00	108,000.00	108,000.00	\$223.82	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/2/2015	1	HIV test kit	Materials/Supplies	50,000.00	22.00	1,100,000.00	1,100,000.00	\$2,279.70	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
5/5/2015	18	Transportation of testing team	Other	11,000.00	1.00	11,000.00	11,000.00	\$22.80	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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5/5/2015	19	Fuel used for transportation of testing team	Other	700.00	39.00	27,300.00	27,300.00	\$56.58	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/20/2015	17	Food preparation	Travel/Per Diem/Food/Lodging	5,000.00	1.00	5,000.00	0.00	\$0.00	0.00	\$0.00	5,000.00	\$10.36	0.00	\$0.00	0.00	\$0.00
1/9/2015	4,14	Beverages for participants	Travel/Per Diem/Food/Lodging	43,000.00	1.00	43,000.00	43,000.00	\$89.12	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/1/2015	25	Transportation for participants	Travel/Per Diem/Food/Lodging	53,000.00	1.00	53,000.00	53,000.00	\$109.84	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/13/2015	7,9,11,15	Food for participants	Travel/Per Diem/Food/Lodging	92,500.00	1.00	92,500.00	92,500.00	\$191.70	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total							1,667,000.00	\$3,454.78	0.00	\$0.00	584,000.00	\$1,210.31	0.00	\$0.00	0.00	\$0.00

Final Grant Performance Indicators

Please go back to the previous "Grant Performance Indicators" section and fill in the column titled, "Final Indicators" to report on the results of your project. In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant specific indicator to confirm that the project met agreed-upon funding requirements.

Armenia: Child Development Rehabilitation Center Computer Based Therapy

Peace Corps Volunteers Train Specialists to Use Technology with Children Who Have Development Disorders



Specialists being trained in utilizing the programs to help children learn and grow.

In computer therapy, computers and other similar devices, are used in order to help children in the rehabilitation process by working to **improve their reading and writing** skills, as well as their communication skills in an educational setting. Computer-based treatment can **enhance a child's mental capabilities**, their language and reading skills, and their social skills. This project worked to train specialists and parents in using the iPads that were bought using grant funds and how to aid in a child's development with these devices.

Over the course of the training, **105 parents** were trained on how to use computer-based therapy at home and **six specialists** were trained in the therapy as well. One of the Child Development Rehabilitation Centers was given **six iPads** to use for treatment and the 105 parents trained were also provided software to use at home. The iPads help the children with disabilities using them stay engaged during treatment. At one Child Development Rehabilitation Center, the **312 patients** there have received treatment with the devices as a result of this project and have seen improvement.

Small Investments

Total Project Cost: \$8,254.48

SPA Funded Amount: \$4,899.28

(Including: iPads, stylus, headphones)

Community (And Third Party) Contribution: \$3,354.99

(Including: software, projector, training venue)

Volunteer Paid (Overspent): \$0.21

General Grant Information

This application has been developed as a tool to help Volunteers and their communities plan successful small grant projects. The information that you record here will also be transmitted to Peace Corps Headquarters for internal reporting and reporting to donors. Please work with your community to fill out this application and return it to the appropriate staff member at post for review. Before completing any section, make sure to read the entire application.

Project Title: Child Development Rehabilitation Center Computer Based Therapy Project

Grant Type: Small Project Assistance (SPA) **Status:** Project Completed

Volunteer: PCV #1 **Responsible Program Manager/APCD:** Program Manager

Country: Armenia **Program Element:** 2.4.1, Civic Participation

Project Start Date: 5/1/2017 **Project End Date:** 3/5/2018

The budget information below will auto-fill once the budget has been entered into PCGO. If these fields are blank, you do not need to fill them in.

% Comm. Contribution Proposed: 29.16 **% Comm. Contribution Final:** 29.89

Comm. Contribution Amount Proposed: \$2,466.94 **Comm. Contribution Amount Final:** \$2,466.94

Amount Requested: \$4,899.28 **Amount Approved:** \$4,899.28 **Amount Remaining:** (\$0.21)

Requested Grant Amount (local currency)

2371250.00

Exchange Rate: \$1US= (enter local currency value here): 484.00

Number of PCVs working on project: 1

Community Information

City/Town/Village	Community Group Name	Group Contact Information (phone, address, etc.)	Group Contact Person
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Classification

Choose from the following categories to give your project a primary classification: Agriculture, Education, Environment, Health, Municipal Development, Community and Economic Development, Youth Development, Water and Sanitation, HIV/AIDS, ICT, NGO Development, Volunteerism, Food Security, or Gender and Development.

From the same list above, choose one or more secondary classification to describe your project, if applicable

Primary Classification?	Classification(s)
Yes	Education

Volunteer Information

Primary PCV	PCV #1	Peace Corps Sector	Youth	COS Date	6/21/2018
	_____		_____		_____
PCV 2		Peace Corps Sector		COS Date	
	_____		_____		_____
PCV 3		Peace Corps Sector		COS Date	
	_____		_____		_____
Other PCVs:					
	_____		_____		_____

Project Narrative

Please fill in each box explaining the planning for your project.

Summary

Please provide a brief summary of the project (up to 250 words). Include project activities, objectives, the community's contribution and the potential impact the project may have. For PCPP applications, this is the text that will appear on the PCPP webpage, please omit specific location information.

The CDRC was opened by Organization #1 of Community #2 in 2008 to serve as the rehabilitation center for children with disabilities in Region #1. The Child Development and Rehabilitation Center of Community #1 (CDRC) provides rehabilitation treatment for children ages 0-18 with problems including mental, physical, emotional, hearing, and speech disabilities. Previously, there was no other medical center that addressed the needs of children with disabilities. While researching for new treatment methodologies for this population, the NGO #1 encountered a method which proves to be a popular approach in the United States and Europe. This method, computer therapy, focuses on how computers can play a significant role in the rehabilitation of a child with special needs. Computers are used in a patient's rehabilitation process to improve writing and reading skills, communication skills and for educational and leisure purposes. Educating children with special needs often poses a serious challenge for parents and specialists. Special-needs software programs can be used to supplement a child's school curriculum assisted by a trained specialist. Autistic children often achieve success with computer-based learning. They are often good with computers because they have an easier time visually focusing on material illustrated on a computer monitor. In addition, many children like software programs because of their predictability, the repetition of the activity and the engaging animation. There are software programs for language training, speech, reading, attention, focusing and social skills available today. Overall, computer-based treatment can enhance a child's mental capabilities, language, speech, reading abilities as well as their social and life skills. Using computer programs will also help a child develop the abilities needed to live in today's computer-oriented society. This technology offers the opportunity for children with disabilities to have an optimistic view of an independent future.

Project activities

NGO #1 distributed 20 questionnaires to parents of children who are patients at the Community #1 CDRC and 6 questionnaires to Community #1 CDRC staff on July 10, 2016. On the questionnaire we stated that the responses would be confidential so we were not given the names of those who responded. We received 20 completed questionnaires from parents and 6 completed questionnaires from the staff.

As a result of the responses to the questionnaire, NGO #1 has identified the following top two priorities which were consistent throughout all of the surveys, both for staff and parents.

1. A need for organizing new training on new therapies for both parents and staff
2. A need for upgrading the rehabilitation tools at the Center. (for staff)

Training portion for the staff

The CDRC staff will be trained in the use of computer based therapy. The training will be provided by the specialist of the Organization #1 from Community #2. Once the staff receives training on computer based therapy we will organize training for the parents. For the training portion of our project for parents, our hope is to provide training to 100 of the parents served by the CDRC so that they will be able to continue rehabilitation treatment in the home. Currently, we believe we will have 5 training groups of 20 each, who attend training over a 5 month period. Direct beneficiaries of our project are 6 staff members and 100 parents. The indirect beneficiaries are the 312 children who use the Center who will receive that treatment using computer based therapy. We believe that every family member in the families that we select will benefit from the changes and new tools the participants have gained from the project. In addition to all of the staff, parents, children with disabilities and family members of the participants, all the patients at the Center have the opportunity to benefit from this project by receiving this new type of therapy.

Background

Describe the background of the community and what priority this project addresses.

NGO #1 of Community #1 was founded in March 2008. The mission of NGO #1 is one that empowers special needs children and their parents on health, social, and educational issues facing children with disabilities in Armenia and particularly in the Region #1. NGO #1 supports the children, parents and specialists of the Community #1 Child Development and Rehabilitation Center. All children visiting the CDRC and their parents are the direct beneficiaries of NGO #1. On July 10, 2016, NGO #1 for research purposes, distributed a questionnaire to both the staff of the Children Development and Rehabilitation Center of Community #1 (CDRC) and the parents of children who are patients at the center to survey their needs. NGO #1 supports the staff, parents, and patients of the CDRC and is using the results from the survey to better serve our beneficiaries. The results of the survey revealed the following top two priorities which were consistent throughout all of the surveys, both for staff and parents.

1. A need for organizing training sessions on new therapies for both parents and staff (20 of the 20 parents identified training on new therapies as a need and 6 out of 6 staff identified training as a need)
2. A need for upgrading the rehabilitation tools at the Center (for staff) – 6 staff members said they need new rehabilitation tools for rehabilitation treatment to increase the efficiency of treatment and to implement new methods of treatment.

As a result, my counterpart, Group Contact Person #1, our Director, Community Member #1, Community Member #2, Director of Community #1's CDRC, the CDRC staff, and our beneficiaries have been working towards ways to address these two issues. As we have found, through discussions and further follow-up questionnaires, the parents and staff have requested for NGO #1 to work on a training project which will teach the staff how to use iPads as rehabilitation tools with special rehabilitation software (the description of the software is included in the Community Contribution attachment) in their treatment and parents how to use

computer software to continue rehabilitation treatment at home. We decided to train the staff and the parents in computer based therapy. This therapy is used extensively in the United States. This will be an innovative approach to treatment. Currently, this type of therapy is not available in any of the 6 Child Development Centers in Armenia. It will allow the staff to use specialized software that will benefit children with disabilities. It will also allow the parents and the children to continue treatment in their homes.

The reason we chose the iPad is it allows specialists to easily and creatively tailor their lesson plans for each child with disabilities based on what that he/she needs. There are hundreds of apps specifically designed for children with special needs that specialists can use to enhance the learning experience just by using the iPad.

The next reason is the durability & high quality of these devices. As you can see from our project this equipment is going to serve 312 beneficiaries during the project and hundreds after it. So, we really need something that will be durable within the next years.

These iPads will be used every day by all the specialists. Every day we serve dozens of children simultaneously. All the specialists will be treating children with different health problems at the same time according to our normal schedule. Per our discussions with staff we consider that the optimal quantity of devices to be able to continue our work with high effect is 6. Otherwise the lack of resources will make it difficult to keep up with our complicated day schedule. Our belief is that all the patients should have access to the iPads in order to achieve the best results.

Community Involvement

How is the community the driving force behind the project? Provide examples that demonstrate the community's involvement in the design and planning of this project.

On July 10th we initially surveyed the staff and beneficiaries of the CDRC. In the survey, the staff and beneficiaries identified the need for new trainings and the need for upgrading the rehabilitation tools at the Center. After discovering the needs and issues of the CDRC staff and beneficiaries by survey we decided to go deeper, specify, determine and understand all of the details. For that reason on July 29th a follow-up survey was provided to the parents and staff asking them to denote more specific devices, special software and identification of topics that they recommend. The staff recommended that we purchase iPads and special software for the Center and that we offer training to parents on computer based therapy. The parents showed a strong interest in taking part in the new training.

The parents will receive training for a period of one month on how to use computer based therapy in their homes. We will organize group discussions with them after the training has been completed to determine their satisfaction and to see if they have any other needs.

The Community #1 branch of Organization #2 has agreed to provide a guest speaker who is an expert in computer based therapy. She will provide 5 training sessions to the parents of the beneficiaries. Organization #2 has also agreed to pay the salary of the trainer from the Organization #1 and to purchase alternative software for the parents. They will also provide beverages and snacks during the training sessions for the parents and staff.

Project stakeholders are very well differentiated and diversified. Among them are:

1. 418 Beneficiaries

- Beneficiaries (100 parents and 312 children with disabilities) from major cities of Region #1 (Community #3, Community #4, Community #1, Community #5, Community #6, Community #7). Community involvement includes beneficiaries from small villages of our Marz. There are beneficiaries from neighboring marzes also.

- The Community #1 Child Development Rehabilitation Center 6 staff members

2. Project parties:

- Organization #1

- Organization #3 from Community #2

- Organization #2 Community #1

As you can see our project is very well diversified geographically. We feel strongly about the sustainability and continuity of our project because we believe the more the community is involved in the project, the more successful it will be.

Outcome

Briefly describe the desired outcome of the project.

Outcome: There are several projected outcomes of this project.

Primary outcome:

A) First, the overall effectiveness of rehabilitation treatment will be strengthened as a result of the parents' ability to contribute to their child's treatment plan.

B) Second, using computer based therapy will improve children with disabilities' mental capacities, language skills, speech, reading abilities, social skills and life skills. It will also help them develop computer skills. The project will also include training on computer

based therapy which will be given to parents and they will use computers in their homes for educational purposes.

C) The third outcome will be a sharp increase in the quality of service that the CDRC provides. Modern methods of treatment will give opportunities to provide better services to the children of our region. As we know children from our region face challenges that prevent them from receiving high quality treatment in Community #2 and for that reason we try to make available all those services at site.

Secondary outcome
 The project will also help parents and staff develop the children's computer skills.

Potential Impact

1. The level of care provided to the special needs children in Region #1 will be increased.
2. Provide knowledge, resources and opportunities for beneficiaries to continue treatment at home. As we know from best practices of rehabilitation treatment worldwide the efficiency of treatment sharply increases in cases where the parents receive the knowledge and resources to continue the home component of rehabilitation treatment.
3. The iPad programs having the engaging animations will motivate children with disabilities.
4. With this training the parents will be encouraged to purchase educational software rather than violent computer games.

Implementation

Describe the implementation plan that will be used to achieve the goals and objectives of this project. Do you foresee any challenges to project implementation?

Our project has four phases. Each phase of the training portion of the project.

- The first phase of this project will be training for staff which will be provided by our mother organization from Community #2. A computer specialist from the Organization #1 will provide training on computer based therapy (curriculum is attached) over a period of one month.
- The second phase of this project will be hands on training in which the Community #1 CDRC specialists will use computer based therapy to treat 312 children in the clinic during pilot project. We will test the cognitive abilities of the patients to determine their level before we begin using computer based therapy. Then after the project is completed we will test their cognitive abilities again to determine their level of improvement.
- The third phase of this project will be training for parents. The specialists will provide training to 100 parents (participants list is attached). Each specialist will train 20 parents over a period of one month. They will have weekly meetings where they will train the parents in computer based therapy (curriculum is attached). A guest speaker paid for by the Community #1 branch of Organization #2 who is an expert in computer based therapy will provide 5 training sessions to the parents. There will be practical sessions provided to the parents where they will be able to use the iPads under the supervision of a staff member. The purpose of the third phase is to increase the efficiency of computer based rehabilitation treatment. Parents obtaining the knowledge will be able to continue computer based therapy in their homes. (The international experience of rehabilitation treatment shows that inpatient rehabilitation treatment in Center should be parallel supported by the component of rehabilitation treatment in home) All the parents we have chosen for the training portion have laptops at their homes and we consulted with our specialists to determine which software is similar to the iPad's software so they can provide the continuity of the rehabilitation treatment at home. All parents who participate in the training will be provided with alternative software that will be compatible with their devices. The alternative software will allow the parents to work with the children in their homes.
- The fourth phase of this project will be for monitoring and evaluation purposes to ensure the effectiveness of the above mentioned three phases. This will provide an opportunity to monitor the success of the project by using for example evaluation and attendance sheets during the training sessions (MRE monitoring plan questions are attached). The evaluation sheets will measure how satisfied the parents and staff were with the training sessions and computer based treatment. The attendance sheets will track the participation of the parents during each training session. After the end of the training sessions the parents will install the 2 alternative software and put into practice what they learned. The parents will come back for a meeting and have a discussion with the staff about what is working/what is not and what further questions they have. We will also share the results with the other centers. We will organize a conference in Community #2 with all of the Child Development and Rehabilitation Centers and share the results of the project with them. The monitoring and evaluation stage will help us to plan continuous usage of iPads and received knowledge in the future activities of the Rehabilitation Center.

Capacity Building

How will the project contribute to building skills and capacity within the community?

The main goal of our project is to create new knowledge, skills, and abilities for our beneficiaries. We believe that through these training sessions all the parents and staff will gain new knowledge about computer based therapy and they will be able to transfer their knowledge to other members of the community.

Project's capacity - present and future beneficiaries:

- The pilot project involves 418 beneficiaries (100 parents, six specialists and 312 children with disabilities who will receive the treatment in the Center). The effect of the project will be providing skills and knowledge to this group.
- But after the pilot project is concluded the resources (iPads) provided by project will continue to serve children with special needs and their parents.

According to official statistics the center serves totally 9800 visits (treatment sessions) per year and our long term goal is to continue to use this method in the future also. So after the pilot project we will have a great impact transferring new knowledge

and skills to our future beneficiaries. Having iPads will allow the staff to use the specialized software that will greatly improve the treatment given to the beneficiaries. The staff will share their experience with 6 regional rehabilitation centers across Armenia.

Sustainability

How will the community be able to sustain the activities and/or benefits of this project? What is the community's plan to sustain the benefits of the project after the initial project funding has been exhausted?

The staff of the CDRC will continue to use the computer based therapy on the beneficiaries after the project has ended. The beneficiaries will continue to use computer based therapy at home. We will provide them with 2 alternative softwares they can use at home. Also, we will organize a meeting with the beneficiaries after the project has ended. The staff will share their knowledge with the other Rehabilitation Centers around Armenia. The iPads, Styluses, Covers and Headphones will come under the ownership of NGO #1. The responsibility for the care and upkeep of the equipment and materials supplied by the grant will fall to Organization #1 Community #1. CDRC staff will assume the long term responsibility to save and maintain the purchased items long after the pilot project has been completed and modify the project as needed to be able to implement it in subsequent years. By taking responsibility over the grant purchased items it means that families served by the CDRC will have continued access to these resources. The purchased iPads, Styluses, Covers and Headphones will have a clear label on them that reads "These are not for personal use and are only for official use". The grant items both during the project and afterwards, will be used by assigned staff for official use and will be kept at the CDRC. We implement computer based therapy in different areas of treatment as in physical as well as mental, psychological speech fields. This gives strong foundation to build a sustainable and continuous project in the future.

Software applications for the IPad are fully available for free at a professional level.

According to our research there is a large variety of apps available for free. But there is also a very good selection of software available at very reasonable prices. In our budget, we have a certain amount of funds (please see the budget where we have available funds to purchase software. As we pledged, we are going to guarantee the continuity of this method of treatment in our center. In the budget of the Community #1 CDRC, our specialists can request materials to improve the efficiency of treatment. They will have the opportunity to request updated software to ensure the quality of treatment in the future.

Goals & Objectives

What are the project's goals and objectives and how will you know if your project is reaching them to produce the desired benefits or change? Please list corresponding goal and objective for each line when entering multiple indicators under a single goal/objective. Add rows if needed.

Fill out for Initial Grant/Application					Fill out for Completion Report	
Goal	Objective	Indicator(s)	Who	When	Results	Comments

1. At the end of May 2017 the Center will be supplied with 6 new iPads and with special rehabilitation software that will help beneficiaries.	1.2 Install special rehabilitation software on it	Purchased 6 iPads Instructions and manuals of hardware and software	The 6 staff members of the Center, PCV #1, Group Contact Person #1	May 2017	The iPads had special rehabilitation software installed on them	
1. At the end of May 2017 the Center will be supplied with 6 new iPads and with special rehabilitation software that will help beneficiaries.	1.1 Purchase iPads	Purchased 6 iPads Instructions and manuals of hardware and software	PCV #1, Group Contact Person #1	May 2017	The Center purchased 6 new iPads	
1. At the end of May 2017 the Center will be supplied with 6 new iPads and with special rehabilitation software that will help beneficiaries.	1.3 The 312 patients at the Community #1 CDRC will be able to receive computer based therapy.	Treatment records of each child before and after treatment.	The 6 staff members of the Center.	May 2017	The 312 patients have been receiving treatment with the iPads since October	
2. At the end of June 2017 the 6 specialists of the Center will be trained in computer based therapy	2.2 Train 6 staff members on how to use computer based therapy	Training attendance & evaluation sheets, - Videos of practical implementation of treatment in rehabilitation center	Computer therapist from Organization #1	June 2017	At the end of September 7 specialists and 4 community doctors who were invited to participate in the trainings were trained	
2. At the end of June 2017 the 6 specialists of the Center will be trained in computer based therapy.	2.1 Plan the trainings and prepare teaching materials	Training attendance & evaluation sheets, -Videos of practical implementation of treatment in rehabilitation center	Computer therapist from Organization #1	June 2017	In September the trainings and teaching materials were prepared	
3. At the end of November 2017 the beneficiaries of the clinic (100 trained parents and their 100 children with special needs) will be able to use computer based therapy in their homes.	3.1 Plan the trainings and prepare teaching materials	- Training attendance & evaluation sheets, - Satisfaction of the parents during group discussions	The 6 staff members of the CDRC Community #1	June 2017- November 2017	In October the trainings and teaching materials were prepared	
3. At the end of November 2017 the beneficiaries of the clinic (100 trained parents	3.2 Train 100 parents on how to use computer based therapy at home	- Training attendance & evaluation sheets, - Satisfaction of the	The 6 staff members of the CDRC Community #1, an expert in	June 2017- November 2017	At the end of February 105 parents were trained on	

and their 100 children with special needs) will be able to use computer based therapy in their homes.		parents during group discussions	computer based therapy Community Member #3		computer based therapy	

Timeline

Person Responsible	Activity	Implementation Time
PCV #1, Group Contact Person #1, the 6 staff members	Purchase of iPads with headphones and stylus, pick up of devices, Install special rehabilitation software on it	1 Week
Organization #1's computer therapist	Develop curriculum for staff members	Completed
Community Member #2 (Special educator), Community Member #4 (Speech therapist), Community Member #5 (Psychologist), Community Member #6(Occupational therapist), Community Member #7 (Physical therapist)	Develop curriculum for parents with children who have both mental and physical disabilities	Completed
Organization #1's computer therapist	Phase 1 of the project: Community #1 CDRC staff training	1 Month
Community Member #2 (Special educator), Community Member #4 (Speech therapist), Community Member #5 (Psychologist), Community Member #6 (Occupational therapist), Community Member #7 (Physical therapist)	Phase 2 of the project: Knowledge in practice (Specialist will use computer based therapy to treat the children in the clinic)	5 Months
Community #1 CDRC staff	Phase 3 of the project: Parents training	5 Months
Community Member #4	Group 1 (20 parents)	1 Month
Community Member #5	Group 2 (20 parents)	1 Month
Community Member #6	Group 3 (20 parents)	1 Month
Community Member #7	Group 4 (20 parents)	1 Month
Community Member #2	Group 5 (20 parents)	1 Month
PCV #1, Group Contact Person #1, Community #1 CDRC staff members, parents	Phase 4 of the project: Monitoring and evaluation to ensure the effectiveness of the training, sharing the knowledge and results with other 6 CDRC's in Armenia	2 Months

Do No Harm

General

Please report on the results of your "do no harm" discussions with community members. Did you find that there were consequences you hadn't thought about?

A risk that we have identified is that the iPads may be damaged while working with the children of the Community #1 CDRC.

Environmental

If the proposed project is not solely a training project, please discuss possible negative environmental impacts with your community. What are potential negative Environmental impacts of the project activities?

N/A

Mitigation

For each of the potential negative impacts described in your prior responses please describe the measures the community will adopt in order to monitor and mitigate against potentially harmful effects.

To mitigate this risk we will require that all iPads must be protected by a cover at all times.

Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the detailed budget has been entered in the PCGO portal.

Category	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$4564.05	\$0.00	\$475.21	\$0.00	\$0.00
Labor	\$0.00	\$0.00	\$991.74	\$185.95	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$433.88	\$0.00	\$0.00
Materials/Supplies	\$309.92	\$0.00	\$537.19	\$413.22	\$0.00
Other	\$25.31	\$0.00	\$0.00	\$0.00	\$0.00
Travel/Per Diem/Food/Lodging	\$0.00	\$0.00	\$28.93	\$495.87	\$0.00
Total	\$4,899.28	\$0.00	\$2,466.94	\$1,095.04	\$0.00

Budget Detail

Enter each item that will be required to complete the project. For the budget category, you will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your initial budget offline. This can be found at http://files.peacecorps.gov/donate/Small_Grants_Budget_Worksheet.xls. The Grants Coordinator at your post can also provide you a copy.

Click Ctrl+Home to return to top

Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount Local	Grant Amount \$US	Community Contribution Cash (Local/\$US)		Community Contribution In-Kind (Local/\$US)		Third-Party Contribution Cash (Local/\$US)		Third-Party Contribution In-Kind (Local/\$US)	
Projector stand	Equipment	30000.00	1.00	30000.00	0.00	\$0.00	0.00	\$0.00	30000.00	\$61.98	0.00	\$0.00	0.00	\$0.00
Projector	Equipment	200000.00	1.00	200000.00	0.00	\$0.00	0.00	\$0.00	200000.00	\$413.22	0.00	\$0.00	0.00	\$0.00
Headphone	Equipment	35000.00	1.00	35000.00	35000.00	\$72.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
iPad Stylus	Equipment	65000.00	4.00	260000.00	260000.00	\$537.19	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
iPad	Equipment	319000.00	6.00	1914000.00	1914000.00	\$3954.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Trainer for staff	Labor	10000.00	4.00	40000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	40000.00	\$82.64	0.00	\$0.00
Guest speaker for parents	Labor	10000.00	5.00	50000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	50000.00	\$103.31	0.00	\$0.00
Salary for Trainers	Labor	20000.00	24.00	480000.00	0.00	\$0.00	0.00	\$0.00	480000.00	\$991.74	0.00	\$0.00	0.00	\$0.00
Venue for training	Land/Venue Rental	35000.00	6.00	210000.00	0.00	\$0.00	0.00	\$0.00	210000.00	\$433.88	0.00	\$0.00	0.00	\$0.00
Alternative Software for the participants purchased by Organization #2	Materials/Supplies	2000.00	100.00	200000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	200000.00	\$413.22	0.00	\$0.00
Software for iPads	Materials/Supplies	30000.00	2.00	60000.00	0.00	\$0.00	0.00	\$0.00	60000.00	\$123.97	0.00	\$0.00	0.00	\$0.00
Alternative Software for the participants purchased by NGO #1	Materials/Supplies	2000.00	100.00	200000.00	0.00	\$0.00	0.00	\$0.00	200000.00	\$413.22	0.00	\$0.00	0.00	\$0.00
iPad Cover	Materials/Supplies	25000.00	6.00	150000.00	150000.00	\$309.92	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Bank Encashment Fees	Other	12250.00	1.00	12250.00	12250.00	\$25.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Food and beverages for staff during training sessions	Travel/Per Diem/Food/Lodging	10000.00	4.00	40000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	40000.00	\$82.64	0.00	\$0.00

Food and beverages for parents during training sessions	Travel/Per Diem/Food/Lodging	10000.00	20.00	200000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	200000.00	\$413.22	0.00	\$0.00
2 Trips Travel to Community #2	Travel/Per Diem/Food/Lodging	7000.00	2.00	14000.00	0.00	\$0.00	0.00	\$0.00	14000.00	\$28.93	0.00	\$0.00	0.00	\$0.00
Total					2,371,250.00	\$4,899.28	0.00	\$0.00	1,194,000.00	\$2,466.94	530,000.00	\$1,095.04	0.00	\$0.00

Budget Narrative (optional)

This section describes the types of items or services that will be purchased in each budget category. It gives a snapshot of what will be purchased to complete the project. The budget narrative differs from the detailed budget in that it summarizes all budget line items within the same category. The fields completed here should match the categories used in the "Budget Detail" Section.

Budget Category	Grant Contribution	Community Contribution	Third-Party Contribution
Equipment	2209000	230000	
Labor		480000	90000
Land/Venue Rental		210000	
Materials/Supplies	150000	260000	200000
Other	12,249.00		
Travel/Per Diem/Food/Lodging		14000	240000

Environmental Review

For grant projects involving 1) water/sanitation; 2) agriculture such as agroforestry and community gardens, and 3) environment such as natural resource management, Volunteers must complete and submit an environmental screening form to the grant review committee. The grant review committee must ensure that information on the form is taken into consideration and given significant weight. The Volunteer and committee will determine what, if any, measures must be taken to mitigate and monitor the environmental impact of the project.

The purpose of this Environmental Review and Assessment Checklist (ER Checklist) is to determine whether the proposed action (scope of work) encompasses the potential for environmental pollution or concern and, if so, to determine the scope and extent of additional environmental evaluation, mitigation, and monitoring necessary to fulfill federal U.S. environmental requirements. The ER Checklist is intended to be used by both the Peace Corps personnel who submit project proposals and the grant selection committee to ensure that environmental consequences are taken into account before making an award for a proposed activity. The environmental consequences checklist will assist in determining the potential environmental impact of the proposal.

Include cost information on any environmental mitigation and monitoring in the overall budget proposal. Appropriate environmental mitigation and monitoring is considered an integral aspect of the overall project activity.

Please provide the following information. This information will assist the grant award committee in making an environmental impact determination on the proposed activity.

Project/Activity Description	
Type of Project/Activity	
Baseline Environmental Conditions	

A. CHECKLIST FOR ENVIRONMENTAL CONSEQUENCES: Check appropriate column as Yes (Y), Maybe (M), No (N) or Beneficial (B). Briefly explain Y, M and B checks in next Section, "Explanations". A "Y" response does not necessarily indicate a significant effect, but rather an issue that requires focused consideration.

1. Earth Resources

a. grading trenching, or excavation in cubic meters or hectare	
b. geologic hazards (faults, landslides, liquefaction, un-engineered fill, etc.)	
c. contaminated soils or ground water on the site	
d. offsite overburden/waste disposal or borrow pits required in cubic meters or tons	
e. loss of high-quality farmlands in hectares	

2. Agricultural and Agrochemical

a. impacts of inputs such as seeds and fertilizers	
--	--

b. impact of production process on human health and environment

c. other adverse impacts

3. Industries

a. impacts of run-off and run-on water

b. impact of farming such as intensification or extensification

c. impact of other factors

4. Air Quality

a. substantial increase in onsite air pollutant emissions (construction/operation)

b. violation of applicable air pollutant emissions or ambient concentration standards

c. substantial increase in vehicle traffic during construction or operation

d. demolition or blasting for construction

e. substantial increase in odor during construction or operation

f. substantial alteration of microclimate

5. Water Resources and Quality

a. river, stream or lake onsite or within 30 meters of construction

b. withdrawals from or discharges to surface or ground water

c. excavation or placing of fill, removing gravel from, a river, stream or lake

d. onsite storage of liquid fuels or hazardous materials in bulk quantities

6. Cultural Resources

a. prehistoric, historic, or paleontological resources within 30 meters of construction

b. site/facility with unique cultural or ethnic values

7. Biological Resources

a. vegetation removal or construction in wetlands or riparian areas in hectare

b. use of pesticides/rodenticides, insecticides, or herbicides in hectare

c. Construction in or adjacent to a designated wildlife refuge

8. Planning and Land Use

a. potential conflict with adjacent land uses

b. non-compliance with existing codes, plans, permits or design factors

c. construction in national park or designated recreational area

d. create substantially annoying source of light or glare

e. relocation of >10 individuals for +6 months

f. interrupt necessary utility or municipal service > 10 individuals for +6 months

g. substantial loss of inefficient use of mineral or non-renewable resources

h. increase existing noise levels >5 decibels for +3 months

9. Traffic, Transportation and Circulation

a. increase vehicle trips >20% or cause substantial congestion

b. design features cause or contribute to safety hazards

c. inadequate access or emergency access for anticipated volume of people or traffic

10. Hazards

a. substantially increase risk of fire, explosion, or hazardous chemical release

b. bulk quantities of hazardous materials or fuels stored on site +3 months

c. create or substantially contribute to human health hazard

11. Other Issues

a. substantial adverse impact

b. adverse impact

c. minimal impact

B. EXPLANATION OF ENVIRONMENTAL CONSEQUENCES: explain Y, M and B responses

C. IDENTIFIED SIGNIFICANT ENVIRONMENTAL IMPACTS (including physical, biological and social), if any: (Use ER to identify significant environmental impacts)

D. PROPOSED MITIGATION MEASURES (if any):

E. PROPOSED MONITORING MEASURES (if any):

Grant Performance Indicators

When you are applying for a grant and filling in your grant application, you will only fill in the first column titled, "Initial Indicators". At this time, you will estimate the number of organizations or community members that you anticipate will participate in, benefit from, or be affected by your project. You must enter a non-zero number for at least one initial grant-specific indicator for the project to be approved.

When your project is complete and you are filling out your grant completion report, you will only fill in the second column titled, "Final Indicators". In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant-specific indicator to confirm that the project met agreed-upon funding requirements

Region / Country	Type	Program Element	Metric	Categories	Initial Indicators	Final Indicators	
Armenia	All	# of Beneficiaries (indirect)	Community members who receive an indirect benefit from the project, not including those counted above	Male(s) 25 and above	0	0	
				Male(s) 15-24	0	0	
				Male(s) 14 and below	199	199	
				Female(s) 25 and above	0	0	
				Female(s) 15-24	0	0	
				Female(s) 14 and below	113	113	
		# of Participants (direct)	Community members directly involved in the design and implementation of the project, including those who attend trainings or workshops	Male(s) 25 and above	4	8	
				Male(s) 15-24	1	0	
				Male(s) 14 and below	0	0	
				Female(s) 25 and above	80	82	
				Female(s) 15-24	22	15	
				Female(s) 14 and below	0	0	
		Capacity Development	# of community organizations and/or associations that will have increased capacity due to this small grant	Organizations	1	1	
				# of individuals who will have increased capacity due to this small grant	Male(s) 25 and above	4	8
					Female(s) 25 and above	74	82
					Male(s) 15-24	1	0
					Female(s) 15-24	21	15

			Male(s) 14 and below	0	0	
			Female(s) 14 and below	0	0	
		# service providers who will have increased capacity due to this small grant	Male(s) 25 and above	0	0	
			Female(s) 25 and above	6	11	
			Male(s) 15-24	0	0	
			Female(s) 15-24	0	0	
			Male(s) 14 and below	0	0	
			Female(s) 14 and below	0	0	
	New Technology & Practices		# of individuals who have applied new technologies and/or practices as a result of this grant	Male(s) 25 and above	0	0
				Female(s) 25 and above	6	11
		Male(s) 15-24		0	0	
		Female(s) 15-24		0	0	
		Male(s) 14 and below		0	0	
		Female(s) 14 and below		0	0	
		# of new technologies and/or practices that will have been adopted as a result of this small grant	Technologies	6	6	
			Practices	1	1	
SPA	2.4.1, Civic Participation	# of civil society organizations using US government assistance to improve internal organizational capacity	Civil society organizations	0	0	
			Organizations	1	2	
		# of people trained/educated in organizational capacity and/or leadership	Male(s) 25 and above	0	0	
			Female(s) 25 and above	6	11	
			Male(s) 15-24	0	0	
			Female(s) 15-24	0	0	
			Male(s) 14 and below	0	0	

			Female(s) 14 and below	0	0
		# of people who have completed USG-assisted civic education programs	Male(s) 25 and above	4	8
			Female(s) 25 and above	0	82
			Male(s) 15-24	1	0
			Female(s) 15-24	74	15
			Male(s) 14 and below	0	0
			Female(s) 14 and below	21	0

Referral Contacts

Most approved PCPP and LGL projects will be posted online for fundraising at peacecorps.gov/donate. Volunteers are encouraged to enter contact information for their friends and family who may want to support their project through donations. Once your project is approved, Peace Corps/HQ staff will contact your referrals to alert them that your project is online.

Title	First Name	Last Name	Relationship to Volunteer	E-mail Address	Street Address	City	State	Zip Code

STOP HERE, if you are filling out your grant application - you are done!

If you have completed your project and are filling in your completion report information, be sure to fill in your final indicators in the "Grant Performance Indicators" section above. Then, fill in your final narrative and budget below.

Completion Report Narrative

Please fill in each box explaining the outcomes of your project.

Tell Your Story

Every project has a story. Please describe any anecdotal evidence/stories from a community member or your personal experience that attest to the project's success. This vignette may be used to highlight your exemplary work when reporting to stakeholders.

We received a Small Assistance Project to introduce computer-based therapy to the Community #1 Child Development Rehabilitation Center. We purchased 6 iPads with specialized software for the specialists.

The specialists were trained on how to use the iPads to provide improved treatment to the beneficiaries of the Community #1 CDRC. They started providing treatment to the beneficiaries with the iPads beginning in October.

The specialists then provided training to 105 parents on how to use computer-based therapy in their homes. Each specialist trained a group of 20 parents over the period of a month. After the parents completed the training they were provided with free software to use in their homes.

Goals Achieved, Changes in Initial Objectives, and Community Feeling

Goals

1. The Center was supplied with 6 new iPads and with special rehabilitation software that will help beneficiaries.
2. The 6 specialists of the Center were trained in computer based therapy.
3. The beneficiaries of the clinic (105 trained parents and their 105 children with special needs) are able to use computer based therapy in their homes.

Objectives

There were some changes in the objectives:

1. 3 community doctors from nearby villages and 1 medical student from Community #2 were included in the training sessions for the specialists.
2. We had to begin the project later than expected due to delays in receiving the funds.

Community Feeling

The specialists were very pleased to receive the iPads for computer-based therapy. They said it has changed the way that they can provide treatment to the beneficiaries. The iPads help the children with disabilities stay engaged while they are receiving treatment. The parents of the beneficiaries gave positive feedback for the training that they received from the specialists.

Capacity and Skills Built

1. 6 specialists, 3 community doctors, and a medical student from Community #2 were trained in computer-based therapy.
2. 105 parents were trained on how to use computer-based therapy in their homes.
3. The Community #1 CDRC was supplied with 6 iPads to use in treatment of the beneficiaries. The iPads will increase the level of treatment provided at the Community #1 CDRC.
4. 105 parents were provided with software that they can use to continue treatment in their homes.

Sustainability

The project will be sustainable because the specialists will be able to continue using the iPads to treat beneficiaries after the project has ended. The specialists will also be able to share what they have learned with other child development centers in Armenia.

The parents will be able to provide treatment to their children at home with the rehabilitation software.

Unexpected Events and Recommendations

Unexpected Events

The funding for our project was delayed by two months because of the budget problems in the United States a year ago. We had to make changes to the schedule of the project because of the delay.

3 community doctors and a medical student from Community #2 took part in the training sessions for the specialists.

Recommendations

I think it's important to try to simplify the SPA grant application and to make the website easier to use.

Lessons Learned and Promising Practices

The computer-based therapy which was introduced to the Community #1 CDRC has led to an improvement in the treatment which is given to the beneficiaries. The specialists have confirmed that the patients are showing improvement due to the computer-based therapy. It is a new type of therapy which is used in Community #2 but it is not used in the regions of Armenia to treat children with disabilities.

No need to complete this section when working offline. This section will automatically calculate when the Final Project Log has been entered in the PCGO portal.

Activity	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$4,564.05	\$0.00	\$475.21	\$0.00	\$0.00
Labor	\$0.00	\$0.00	\$991.74	\$185.95	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$433.88	\$0.00	\$0.00
Materials/Supplies	\$309.92	\$0.00	\$537.19	\$413.22	\$0.00
Other	\$25.52	\$0.00	\$0.00	\$0.00	\$0.00
Travel/Per Diem/Food/Lodging	\$0.00	\$0.00	\$28.93	\$288.88	\$0.00
Total	\$4,899.49	\$0.00	\$2,466.94	\$888.05	\$0.00

Final Budget

Use this project log to record each receipt collected for your project. You will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your final budget offline. This can be found at http://files.peacecorps.gov/donate/Final_Report_Project_Log.xls.

Date	Receipt #	Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount (Local Currency)	Grant Amount (\$US)	Community Contribution Cash (Local Currency/\$US)		Community Contribution In-Kind (Local Currency/\$US)		Third-Party Contribution Cash (Local Currency/\$US)		Third-Party Contribution In-Kind (Local Currency/\$US)	
9/2/2017	11	Projector stand	Equipment	30,000.00	1.00	30,000.00	0.00	\$0.00	0.00	\$0.00	30,000.00	\$61.98	0.00	\$0.00	0.00	\$0.00
9/2/2017	11	Projector	Equipment	200,000.00	1.00	200,000.00	0.00	\$0.00	0.00	\$0.00	200,000.00	\$413.22	0.00	\$0.00	0.00	\$0.00
8/22/2017	9	Headphone	Equipment	1.00	35,000.00	35,000.00	35,000.00	\$72.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
8/17/2017	7	iPad Stylus	Equipment	65,000.00	4.00	260,000.00	260,000.00	\$537.19	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
8/1/2017	6	iPad	Equipment	319,000.00	6.00	1,914,000.00	1,914,000.00	\$3,954.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
9/2/2017	10	Trainer for staff	Labor	10,000.00	4.00	40,000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	40,000.00	\$82.64	0.00	\$0.00
2/23/2018	3	Guest speaker for parents	Labor	10,000.00	5.00	50,000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	50,000.00	\$103.31	0.00	\$0.00
10/17/2017	12	Salary for Trainers	Labor	20,000.00	24.00	480,000.00	0.00	\$0.00	0.00	\$0.00	480,000.00	\$991.74	0.00	\$0.00	0.00	\$0.00
9/2/2017	11	Venue for training	Land/Venue Rental	35,000.00	6.00	210,000.00	0.00	\$0.00	0.00	\$0.00	210,000.00	\$433.88	0.00	\$0.00	0.00	\$0.00

Click Ctrl+Home to return to top

9/15/2017	4	Alternative Software for the participants purchased by Organization #2	Materials/Supplies	2,000.00	100.00	200,000.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	200,000.00	\$413.22	0.00	\$0.00
10/1/2017	12	Software for iPads	Materials/Supplies	30,000.00	2.00	60,000.00	0.00	\$0.00	0.00	\$0.00	60,000.00	\$123.97	0.00	\$0.00	0.00	\$0.00
10/2/2017	11	Alternative Software for the participants purchased by NGO #1	Materials/Supplies	2,000.00	100.00	200,000.00	0.00	\$0.00	0.00	\$0.00	200,000.00	\$413.22	0.00	\$0.00	0.00	\$0.00
8/11/2017	8	iPad Cover	Materials/Supplies	6.00	25,000.00	150,000.00	150,000.00	\$309.92	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
4/6/2018	305-18-BC0068	Bill of Collection for Unspent Grant funds	Other	12,250.00	1.00	12,250.00	12,250.00	\$25.52	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
9/26/2017	1	Food and beverages for staff during training sessions	Travel/Per Diem/Food/Lodging	9,987.00	4.00	39,948.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	39,948.00	\$82.54	0.00	\$0.00
2/27/2018	2	Food and beverages for parents during training sessions	Travel/Per Diem/Food/Lodging	4,993.50	20.00	99,870.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	99,870.00	\$206.34	0.00	\$0.00
5/1/2017	11	2 Trips Travel to Community #2	Travel/Per Diem/Food/Lodging	7,000.00	2.00	14,000.00	0.00	\$0.00	0.00	\$0.00	14,000.00	\$28.93	0.00	\$0.00	0.00	\$0.00
Total							2,371,250.00	\$4,899.49	0.00	\$0.00	1,194,000.00	\$2,466.94	429,818.00	\$888.05	0.00	\$0.00

Final Grant Performance Indicators

Please go back to the previous "Grant Performance Indicators" section and fill in the column titled, "Final Indicators" to report on the results of your project. In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant specific indicator to confirm that the project met agreed-upon funding requirements.

Senegal: Family Planning Talk Tour

Peace Corps Volunteers Raise Awareness about Local Family Planning Resources

In Senegal, the use of contraceptives by women is fairly low- approximately 21-22 percent according to USAID. After examining the family planning registry at local health centers, PCVs realized the particularly low attendance in their district. Following a discussion with relevant health workers in the community, it was decided that a lack of knowledge regarding family planning was an obstacle for healthy behavior changes. The correlation between maternal health and child birth spacing was also considered, as the prevalence of malnutrition in rural communities high. To address these concerns, PCVs and community members developed a **one day training on family planning** and subsequent **tours of health facilities**.

During the one day training, the PCV and local birth attendant covered the **basic elements of family planning**- which helped prepare community representatives and health workers to facilitate subsequent tours and local discussions. Following this training, participating community representatives and health workers returned to their respective villages to coordinate **tours of local health facilities**, and to facilitate **discussions about family planning and available resources**. As a result, more than **180 community members** have an increased capacity to make informed decisions regarding family planning.

Small Investments

Total Project Amount: \$363.70

SPA Funded Amount: \$213.52

(Including: lunch, notebooks, chart paper)

Community Contribution: \$150.18

(Including: venue, seating)

Volunteer Paid (Overspent): \$0.54

General Grant Information

This application has been developed as a tool to help Volunteers and their communities plan successful small grant projects. The information that you record here will also be transmitted to Peace Corps Headquarters for internal reporting and reporting to donors. Please work with your community to fill out this application and return it to the appropriate staff member at post for review. Before completing any section, make sure to read the entire application.

Project Title: Family Planning Talk Tour

Grant Type: Small Project Assistance (SPA) **Status:** Project Completed

Volunteer: PCV #1 **Responsible Program Manager/APCD:** Program Manager

Country: Senegal **Program Element:** 3.1.7, Family Planning and Reproductive Health

Project Start Date: 12/31/2017 **Project End Date:** 1/20/2018

The budget information below will auto-fill once the budget has been entered into PCGO. If these fields are blank, you do not need to fill them in.

% Comm. Contribution Proposed:	39.06	% Comm. Contribution Final:	41.29
Comm. Contribution Amount Proposed:	\$136.53	Comm. Contribution Amount Final:	\$150.18
Amount Requested:	\$212.98	Amount Approved:	\$212.98
		Amount Remaining:	(\$0.54)

Requested Grant Amount (local currency)

117000.00

Exchange Rate: \$1US= (enter local currency value here): 549.34

Number of PCVs working on project: 1

Community Information

City/Town/Village	Community Group Name	Group Contact Information (phone, address, etc.)	Group Contact Person
Community #1	Community #1 Health Workers		Group Contact Person #1

Classification

Choose from the following categories to give your project a primary classification: Agriculture, Education, Environment, Health, Municipal Development, Community and Economic Development, Youth Development, Water and Sanitation, HIV/AIDS, ICT, NGO Development, Volunteerism, Food Security, or Gender and Development.

From the same list above, choose one or more secondary classification to describe your project, if applicable

Primary Classification?	Classification(s)
Yes	Health

Volunteer Information

Primary PCV	PCV #1	Peace Corps Sector	Health	COS Date	5/1/2018
	_____		_____		_____
PCV 2		Peace Corps Sector		COS Date	
	_____		_____		_____
PCV 3		Peace Corps Sector		COS Date	
	_____		_____		_____
Other PCVs:					

Project Narrative

Please fill in each box explaining the planning for your project.

Summary

Please provide a brief summary of the project (up to 250 words). Include project activities, objectives, the community's contribution and the potential impact the project may have. For PCPP applications, this is the text that will appear on the PCPP webpage, please omit specific location information.

After looking through my local health post's family planning registry and observing the drastically low usage of family planning in rural communities compared to road towns, my counterpart and I decided to collaborate on a family planning talk tour. This tour will serve to provide these villages with basic information on family planning such as the various types, methods of use, advantages, disadvantages, and side effects. We want to emphasize especially the importance of family planning for the health of the mother and child. By going around to these communities and including both men and women in a discrete discussion, we hope to decrease malnutrition caused by closely timed pregnancies or births. The talks will be one full day per community with the information session in the morning and a more informal question and response discussion in the evening. We plan on targeting 10 of the communities that are under the jurisdiction of my local health post with the tour spanning over two weeks. The purpose of this is merely to inform the communities and assure that any barriers to behavior are not caused by ignorance and by no means are we planning on including any personal opinions. Furthermore, a representative in each community will aid in selection of the participants and each discussion will be limited to no more than 25 people to create a more comfortable and casual environment as opposed to a formal training or educational talk.

Background

Describe the background of the community and what priority this project addresses.

The use of contraceptives by women in Senegal is fairly low at approximately 21-22 percent (USAID). Furthermore, after looking through the family planning registry at my local health structure, there was a distinct lack of use from the more rural villages surrounding mine. After consulting the community health workers at the structure as well as my counterpart, we decided that a lack of knowledge of family planning is a possible barrier to behavior that we can feasibly address and confront. The correlation between the health of mothers and children and birth spacing is additional cause to talk about family planning as the prevalence of malnutrition in rural communities tends to be high in my region.

Community Involvement

How is the community the driving force behind the project? Provide examples that demonstrate the community's involvement in the design and planning of this project.

The community will be the driving force behind the project by providing the talk venue, choosing the participants, and my counterparts will largely be facilitating the discussion due to the sensitive nature of the issue with me acting as support and logistics. My counterpart has already chosen other facilitators from each of the communities whose duties will be to act as a relay between the leaders as well as to set up logistics and support in their respective villages.

Outcome

Briefly describe the desired outcome of the project.

The desired outcome of the project is that future or current mothers and fathers will have received knowledge on the different kinds of family planning available as well as their methods, advantages, disadvantages, and side effects. Ideally, women adopt and support practices that contribute to a healthy pregnancy, delivery, and healthy newborn which can be accomplished by new mothers using family planning methods.

Implementation

Describe the implementation plan that will be used to achieve the goals and objectives of this project. Do you foresee any challenges to project implementation?

The first two weeks of December, my counterpart and I will talk with the local religious leaders and political leaders and get their consent to talk about family planning. In the last week of December, my counterpart and I will contact a group of community representatives who come from each of the communities that the previous volunteer has trained or has had previous training on family planning from another source (such as the local health structure) and do a brief one-day review session.

There will be a one day training at the local health structure where all the representatives will come to review family planning. As some of the representatives will have less or more knowledge than others, my counterpart, the local birth attendant, and I will be covering everything from the basics. Transportation for six of the ten representatives will be provided but four are walking distance and will be able to walk to the local health structure.

The first two weeks of January will then be when the actual tour will take place. It will be five days a week with each day covering one of the communities. There will be five facilitators who will be attending each session: the representative for the community, the Peace Corps volunteer, my counterpart, two community health workers. Of the five, only four will need transportation costs. Transportation to six of the ten communities will be provided as they are quite a distance from my village but four are walking distance and thus transportation is not necessary. One challenge that may occur is availability of the counterparts. Since it will be all day and everyday over two weeks, there are sure to be some scheduling conflicts but with foreknowledge, the conflicts should be minimal.

Capacity Building

How will the project contribute to building skills and capacity within the community?

The project will be a chance for the community health workers to review their knowledge about family planning and practice their public speaking skills as they will take on the bulk of the responsibility of communication the information and facilitating the talks. In addition, if young parents use this knowledge, in the future they will be able to pass it onto their relatives, friends, and their children.

Sustainability

How will the community be able to sustain the activities and/or benefits of this project? What is the community's plan to sustain the benefits of the project after the initial project funding has been exhausted?

Going to each of the communities, the knowledge will not leave the communities. Furthermore, by integrating the use of the chosen representatives (some of whom were trained by the volunteer that came before me), we are encouraging them to review the information and present themselves to their communities as a source of knowledge to go to for family planning questions. In the future, these representatives can further educate the new generations of parents. Due to the sensitive nature of the subject, it is admittedly difficult to make this a more widespread and therefore more sustainable training but I believe that a discussion is the most culturally appropriate way to talk about family planning.

Goals & Objectives

What are the project's goals and objectives and how will you know if your project is reaching them to produce the desired benefits or change? Please list corresponding goal and objective for each line when entering multiple indicators under a single goal/objective. Add rows if needed.

Fill out for Initial Grant/Application					Fill out for Completion Report	
Goal	Objective	Indicator(s)	Who	When	Results	Comments

Ending preventable child and maternal deaths	Increase knowledge and skills of women to adopt practices that contribute to a healthy pregnancy, good post-partum health, and a healthy newborn	HE-033: individuals trained in sexual reproductive health and modern contraception	Pregnant women/young mothers and fathers	January 2018	In the discussions, we were successfully able to talk about how family planning used for birth spacing can help contribute to a healthy mother, pregnancy, and newborn. We also extrapolated on the different types of family planning methods available at the local health structure and their benefits and disadvantages. There were upwards of 150 women who received this information.	
Ending preventable child and maternal deaths	Increase knowledge and skills of women to adopt practices that contribute to a healthy pregnancy, good post-partum health, and a healthy newborn	Number of women who have been counselled on family planning methods within 2 months of giving birth	Pregnant women/young mothers and fathers	January 2018	Family planning was talked about largely in the capacity of birth spacing and ensuring a healthy pregnancy for the mother and baby. Approximately 150 women received this information. The number of women counseled has yet to be seen but as many of the women attending the meeting were of child bearing age, it is expected that many will at least consider family planning after giving birth.	

Timeline

Person Responsible	Activity	Implementation Time
Counterparts, PCV (only for the easily accessible villages)	Meeting with Religious leaders and Chiefs	
Counterparts, PCV	Review Sessions with Representatives (schedule which days the talks will happen for each community)	
Counterparts and PCV	Talk Tour- one village per day over two weeks and 10 villages in total	

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Do No Harm

General

Please report on the results of your "do no harm" discussions with community members. Did you find that there were consequences you hadn't thought about?

As a response to the sensitivity of the subject, there might be disagreement with the discussion of or the use of family planning. Talking about family planning in respect to birth spacing for the health of the child and the mother is generally accepted in Islam but talking about family planning as a way to deliberately prevent births or to have recreational relations is not accepted.

Environmental

If the proposed project is not solely a training project, please discuss possible negative environmental impacts with your community. What are potential negative Environmental impacts of the project activities?

This is solely a talk and has no negative environmental impacts.

Mitigation

For each of the potential negative impacts described in your prior responses please describe the measures the community will adopt in order to monitor and mitigate against potentially harmful effects.

As a response to the sensitivity issue, both my counterpart and I have agreed that this will be a strictly informational talk and not a discussion on ethics or religion. In the case of a negative response or rejection from the village chiefs, we will respect their decisions.

Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the detailed budget has been entered in the PCGO portal.

Category	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$45.51	\$0.00	\$0.00
Labor					
Land/Venue Rental	\$0.00	\$0.00	\$91.02	\$0.00	\$0.00
Materials Transport					
Materials/Supplies	\$21.84	\$0.00	\$0.00	\$0.00	\$0.00
Other					
Travel/Per Diem/Food/Lodging	\$191.14	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$212.98	\$0.00	\$136.53	\$0.00	\$0.00

Budget Detail

Enter each item that will be required to complete the project. For the budget category, you will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your initial budget offline. This can be found at http://files.peacecorps.gov/donate/Small_Grants_Budget_Worksheet.xls. The Grants Coordinator at your post can also provide you a copy.

Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount Local	Grant Amount \$US	Community Contribution Cash (Local/\$US)		Community Contribution In-Kind (Local/\$US)		Third-Party Contribution Cash (Local/\$US)		Third-Party Contribution In-Kind (Local/\$US)	
Seating (chairs and mats)	Equipment	100.00	250.00	25000.00	0.00	\$0.00	0.00	\$0.00	25000.00	\$45.51	0.00	\$0.00	0.00	\$0.00
Discussion venue	Land/Venue Rental	5000.00	10.00	50000.00	0.00	\$0.00	0.00	\$0.00	50000.00	\$91.02	0.00	\$0.00	0.00	\$0.00
Markers (blue)	Materials/Supplies	200.00	10.00	2000.00	2000.00	\$3.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Chart Paper for discussions (padex)	Materials/Supplies	2000.00	5.00	10000.00	10000.00	\$18.20	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Transport For Representatives to Review Session	Travel/Per Diem/Food/Lodging	1000.00	6.00	6000.00	6000.00	\$10.92	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Lunch for Review Session	Travel/Per Diem/Food/Lodging	1000.00	15.00	15000.00	15000.00	\$27.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Transportation for facilitators to Community #3	Travel/Per Diem/Food/Lodging	1000.00	24.00	24000.00	24000.00	\$43.69	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Lunch for the discussion facilitators	Travel/Per Diem/Food/Lodging	1500.00	40.00	60000.00	60000.00	\$109.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total					117,000.00	\$212.98	0.00	\$0.00	75,000.00	\$136.53	0.00	\$0.00	0.00	\$0.00

Budget Narrative (optional)

This section describes the types of items or services that will be purchased in each budget category. It gives a snapshot of what will be purchased to complete the project. The budget narrative differs from the detailed budget in that it summarizes all budget line items within the same category. The fields completed here should match the categories used in the "Budget Detail" Section.

Budget Category	Grant Contribution	Community Contribution	Third-Party Contribution
Equipment	0	25000	0
Labor	0	0	0
Land/Venue Rental	0	50000	0
Materials/Supplies	12000	0	0

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Materials Transport	0	0	0
Other	0	0	0
Travel/Per Diem/Food/Lodging	200000	0	0

Environmental Review

For grant projects involving 1) water/sanitation; 2) agriculture such as agroforestry and community gardens, and 3) environment such as natural resource management, Volunteers must complete and submit an environmental screening form to the grant review committee. The grant review committee must ensure that information on the form is taken into consideration and given significant weight. The Volunteer and committee will determine what, if any, measures must be taken to mitigate and monitor the environmental impact of the project.

The purpose of this Environmental Review and Assessment Checklist (ER Checklist) is to determine whether the proposed action (scope of work) encompasses the potential for environmental pollution or concern and, if so, to determine the scope and extent of additional environmental evaluation, mitigation, and monitoring necessary to fulfill federal U.S. environmental requirements. The ER Checklist is intended to be used by both the Peace Corps personnel who submit project proposals and the grant selection committee to ensure that environmental consequences are taken into account before making an award for a proposed activity. The environmental consequences checklist will assist in determining the potential environmental impact of the proposal.

Include cost information on any environmental mitigation and monitoring in the overall budget proposal. Appropriate environmental mitigation and monitoring is considered an integral aspect of the overall project activity.

Please provide the following information. This information will assist the grant award committee in making an environmental impact determination on the proposed activity.

Project/Activity Description	After looking through my local health post's family planning registry and observing the drastically low usage of family planning in rural communities compared to road towns, my counterpart and I decided to collaborate on a family planning tour. This tour will serve to provide these villages with basic information on family planning such as the various types, methods of use, advantages, disadvantages, and side effects. The talks will be one full day per community with the information session in the morning and a more informal question and response discussion in the evening. The purpose of this is merely to inform the communities and assure that any barriers to behavior are not caused by ignorance and by no means are we planning on including any personal opinions. By going around to these communities and including both men and women in a discrete discussion, we hope to decrease malnutrition and under nourished children caused by closely timed pregnancies or births.
Type of Project/Activity	Training/Public Talk
Baseline Environmental Conditions	

A. CHECKLIST FOR ENVIRONMENTAL CONSEQUENCES: Check appropriate column as Yes (Y), Maybe (M), No (N) or Beneficial (B). Briefly explain Y, M and B checks in next Section, "Explanations". A "Y" response does not necessarily indicate a significant effect, but rather an issue that requires focused consideration.

1. Earth Resources

- a. grading trenching, or excavation in cubic meters or hectare N
- b. geologic hazards (faults, landslides, liquefaction, un-engineered fill, etc.) N
- c. contaminated soils or ground water on the site N
- d. offsite overburden/waste disposal or borrow pits required in cubic meters or tons N
- e. loss of high-quality farmlands in hectares N

2. Agricultural and Agrochemical

- a. impacts of inputs such as seeds and fertilizers N

b. impact of production process on human health and environment

N

c. other adverse impacts

N

3. Industries

a. impacts of run-off and run-on water

N

b. impact of farming such as intensification or extensification

N

c. impact of other factors

N

4. Air Quality

a. substantial increase in onsite air pollutant emissions (construction/operation)

N

b. violation of applicable air pollutant emissions or ambient concentration standards

N

c. substantial increase in vehicle traffic during construction or operation

N

d. demolition or blasting for construction

N

e. substantial increase in odor during construction or operation

N

f. substantial alteration of microclimate

N

5. Water Resources and Quality

a. river, stream or lake onsite or within 30 meters of construction

N

b. withdrawals from or discharges to surface or ground water

N

c. excavation or placing of fill, removing gravel from, a river, stream or lake

N

d. onsite storage of liquid fuels or hazardous materials in bulk quantities

N

6. Cultural Resources

a. prehistoric, historic, or paleontological resources within 30 meters of construction

N

b. site/facility with unique cultural or ethnic values

N

7. Biological Resources

a. vegetation removal or construction in wetlands or riparian areas in hectare

N

b. use of pesticides/rodenticides, insecticides, or herbicides in hectare

N

c. Construction in or adjacent to a designated wildlife refuge

N

8. Planning and Land Use

- a. potential conflict with adjacent land uses
- b. non-compliance with existing codes, plans, permits or design factors
- c. construction in national park or designated recreational area
- d. create substantially annoying source of light or glare
- e. relocation of >10 individuals for +6 months
- f. interrupt necessary utility or municipal service > 10 individuals for +6 months
- g. substantial loss of inefficient use of mineral or non-renewable resources
- h. increase existing noise levels >5 decibels for +3 months

N
N
N
N
N
N
N
N

9. Traffic, Transportation and Circulation

- a. increase vehicle trips >20% or cause substantial congestion
- b. design features cause or contribute to safety hazards
- c. inadequate access or emergency access for anticipated volume of people or traffic

N
N
N

10. Hazards

- a. substantially increase risk of fire, explosion, or hazardous chemical release
- b. bulk quantities of hazardous materials or fuels stored on site +3 months
- c. create or substantially contribute to human health hazard

N
N
N

11. Other Issues

- a. substantial adverse impact
- b. adverse impact
- c. minimal impact

N
N
N

B. EXPLANATION OF ENVIRONMENTAL CONSEQUENCES: explain Y, M and B responses

N/A

C. IDENTIFIED SIGNIFICANT ENVIRONMENTAL IMPACTS (including physical, biological and social), if any: (Use ER to identify significant environmental impacts)

N/A

D. PROPOSED MITIGATION MEASURES (if any):

N/A

E. PROPOSED MONITORING MEASURES (if any):

N/A

Grant Performance Indicators

When you are applying for a grant and filling in your grant application, you will only fill in the first column titled, "Initial Indicators". At this time, you will estimate the number of organizations or community members that you anticipate will participate in, benefit from, or be affected by your project. You must enter a non-zero number for at least one initial grant-specific indicator for the project to be approved.

When your project is complete and you are filling out your grant completion report, you will only fill in the second column titled, "Final Indicators". In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant-specific indicator to confirm that the project met agreed-upon funding requirements

Region / Country	Type	Program Element	Metric	Categories	Initial Indicators	Final Indicators	
Senegal	All	# of Beneficiaries (indirect)	# of community members who receive an indirect benefit from the project, not including direct project participants	Male(s) 25 and above	0	0	
				Male(s) 15-24	0	0	
				Male(s) 14 and below	100	100	
				Female(s) 25 and above	0	0	
				Female(s) 15-24	0	0	
				Female(s) 14 and below	50	50	
		# of Participants (direct)	# of community members directly involved in the design and implementation of the project, including those who attend trainings or workshops	Male(s) 25 and above	50	4	
				Male(s) 15-24	50	0	
				Male(s) 14 and below	0	0	
				Female(s) 25 and above	50	120	
				Female(s) 15-24	50	56	
				Female(s) 14 and below	0	12	
		Capacity Development	# of community organizations and/or associations that will have increased capacity due to this small grant	Organizations	0	0	
				# of individuals who will have increased capacity due to this small grant	Male(s) 25 and above	50	3
					Female(s) 25 and above	50	112
					Male(s) 15-24	50	0
		Female(s) 15-24	50		54		

			Male(s) 14 and below	0	0
			Female(s) 14 and below	0	12
		# service providers who will have increased capacity due to this small grant	Male(s) 25 and above	0	1
			Female(s) 25 and above	0	8
			Male(s) 15-24	0	0
			Female(s) 15-24	0	2
	New Technology & Practices	# of individuals who have applied new technologies and/or practices as a result of this grant	Male(s) 25 and above	0	0
			Female(s) 25 and above	0	0
			Male(s) 15-24	0	0
			Female(s) 15-24	0	0
			Male(s) 14 and below	0	0
			Female(s) 14 and below	0	0
		# of new technologies and/or practices that will have been adopted as a result of this small grant	Technologies	0	0
			Practices	0	0
SPA	3.1.7, Family Planning and Reproductive Health	# of individuals that have seen or heard a specific USG-supported family planning/reproductive health message	Female(s) 14 and below	0	12
			Female(s) 15-24	50	56
			Female(s) 25 and above	50	120
			Male(s) 14 and below	0	0
			Male(s) 15-24	50	0
			Male(s) 25 and above	50	4
		# of local non-government organizations trained and providing quality family planning and reproductive health services	Organizations	0	0
		# of new family planning approaches successfully	Approaches	0	0

		introduced through USG supported programs.			
		# of people trained in family planning and reproductive health with USG funds	Female(s) 14 and below	0	0
			Female(s) 15-24	0	2
			Female(s) 25 and above	0	8
			Male(s) 14 and below	0	0
			Male(s) 15-24	0	0
			Male(s) 25 and above	0	1
		# of US government-assisted community health workers (CHWs) trained to provide family planning (FP) information and/or services during the year	Female(s) 15-24	0	0
			Female(s) 25 and above	0	0
			Male(s) 15-24	0	0
			Male(s) 25 and above	0	0

Referral Contacts

Most approved PCPP and LGL projects will be posted online for fundraising at peacecorps.gov/donate. Volunteers are encouraged to enter contact information for their friends and family who may want to support their project through donations. Once your project is approved, Peace Corps/HQ staff will contact your referrals to alert them that your project is online.

Title	First Name	Last Name	Relationship to Volunteer	E-mail Address	Street Address	City	State	Zip Code

STOP HERE, if you are filling out your grant application - you are done!

If you have completed your project and are filling in your completion report information, be sure to fill in your final indicators in the "Grant Performance Indicators" section above. Then, fill in your final narrative and budget below.

Completion Report Narrative

Please fill in each box explaining the outcomes of your project.

Tell Your Story

Every project has a story. Please describe any anecdotal evidence/stories from a community member or your personal experience that attest to the project's success. This vignette may be used to highlight your exemplary work when reporting to stakeholders.

After attending both the Community #8 Gender Workshop and the Gender Training at Health Summit, my counterpart and I were inspired to work with women and gender. As a health volunteer and working with my local health structure, I knew that family planning is a huge issue in the villages farther away from the main road and thus, the closest health structure. I brought this problem to my counterpart and she offered a program design to talk about the importance of birth spacing for both health reasons and economic reasons.

Determined to put this into action, we consulted the local authorities (the chief of the village and the health committee) and I took the information from the health manual and roughly translated it into the local language, Pulaar. As my counterpart is a Pulaar teacher, I then gave her my rough translation and had her perfect it. We then discussed which villages we would go to. Most of the villages had worked with Peace Corps before and had a health representative to help me and my counterpart facilitate the discussions. In total, we came up with 10 villages total.

We called all the representatives to the health post to have a revision session before the discussions began. There, we went over the importance of birth spacing for the health of the mother and children, as well as the economic advantages. Then we went over each of the different types of birth control available at the health post, focusing on the advantages and disadvantages. The following month, we went to each of the villages and had simple discussions with the young women.

Goals Achieved, Changes in Initial Objectives, and Community Feeling

All in all, I would say that the community feeling was one of open mindedness and attentiveness. Furthermore, being in a room full of young women talking casually about their bodies and periods lent an air of easy camaraderie. I made it abundantly clear at the start of the discussions that I was not saying that family planning is "good" or "bad" or something they should do. I was just there to provide information on the services of the local health structure and the advantages and disadvantages to each. Many women mentioned that although they might not use family planning, there might be a day in the future when they will need this information and even if they disagreed with something I said, talking about it and fostering understanding is better than ignorance. Overall, I felt that it was a success because I was able to have productive conversations with many of the women.

Although initially, I strongly desired to have young men attend these meetings, unfortunately that is just not the culture here in regards to family planning (typically it is just the woman alone who comes to the health structure for family planning). Additionally, many men at this time of the year have left village with their herds of livestock and so there were only a few men in the villages (most either too young or too old to attend the meetings).

Capacity and Skills Built

Not only were representatives trained in family planning but numerous young women and some men were taught about the various options available to them at the local health structure. We specifically talked about what each kind of family planning method entails, the mode of delivery (shot, pills, implant, etc.), how long they last, and finally, their advantages and disadvantages (including side effects). Because of the sensitive nature of the subject, most of these discussions were simply conversations in an intimate setting where the women would be comfortable asking questions. Even if they do not utilize this information for themselves, they will have the skills to pass on this knowledge to their daughters or their relatives. In fact, many women who were past child bearing age expressed an interest for the sake of a family member.

Sustainability

The health representatives were trained in family planning with the goal of giving them enough information to help young women from their own villages and to be seen as the family planning experts. Before the start of the discussions, the representatives selected were people who either have a role in the local health structure hierarchy or people who have a role in health locally, in their villages. By selecting these people who have the respect of their villages as well as at least a basic health education, this training only increased their basic knowledge with which they can help other young women in their villages. By having them facilitate the meetings, it clearly shows the participants that the representatives are knowledgeable and make them more approachable as the discussions were held in an intimate setting. As Peace Corps leaves, these representatives will still be in their villages acting as sources of information and expertise.

Unexpected Events and Recommendations

There was one village that I was unable to schedule a meeting with because the representative did not come to the review session and never settled on a date for the discussion despite numerous calls. By the time the grant was coming to a close, it was becoming a struggle to schedule a day with this representative. Fortunately, one of the attendees of the review session was from Community #2, which was not originally included in the program as our local health post does not serve them. The Community #2 representative was invited to the initial meeting because of her experience in doing trainings and my counterpart's recommendation that she can help facilitate meetings. With the left over grant funds, we decided to do the last meeting in her village.

As for recommendations, my counterpart was extremely motivated and designed much of the program. Unfortunately, she is a busy person who is heavily involved in the community including but not limited to local government, teaching Pulaar (local language), and is the president of the women's groups. She was not able to make it to the majority of the meetings. For those villages whose representatives did not have strong public speaking skills, often the task of facilitating the discussions fell onto me. Luckily, there was usually at least one outspoken person

in the group that would help but it was a struggle at first to reconcile not having my counterpart. For the next time, I would still work with my counterpart but maybe find someone more available to go with me to the discussions.

Lessons Learned and Promising Practices

Although I meant for this tour to be meant for young parents - especially to encourage the participation of young men and engage them in the family planning conversation. Unfortunately, due to the culture, the nature of the villages, and the time this tour took place. Involving men was incredibly difficult. First of all, in my village most men either work overseas (in which case, they were absent) or they leave for work in the mornings and don't return until the afternoon. Secondly, for the herder castes, all the men have left to take their livestock grazing. Lastly, culturally and because of the precedent the volunteer before me set, when I asked my work partners to call a meeting, they only called women (despite me asking them to try to ask men to come). I would not say this was a complete failure though because without men present, women did have the courage to speak up and ask questions that they otherwise might not have if their husbands were present. One promising practice was having materials in local language that my counterpart helped me make. A few of the villages have had Pulaar teachers and enjoyed being able to read the material despite being illiterate in French.

Final Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the Final Project Log has been entered in the PCGO portal.

Activity	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$50.06	\$0.00	\$0.00
Labor					
Land/Venue Rental	\$0.00	\$0.00	\$100.12	\$0.00	\$0.00
Materials Transport					
Materials/Supplies	\$46.06	\$0.00	\$0.00	\$0.00	\$0.00
Other					
Travel/Per Diem/Food/Lodging	\$167.47	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$213.53	\$0.00	\$150.18	\$0.00	\$0.00

Final Budget

Use this project log to record each receipt collected for your project. You will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your final budget offline. This can be found at http://files.peacecorps.gov/donate/Final_Report_Project_Log.xls.

Date	Receipt #	Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount (Local Currency)	Grant Amount (\$US)	Community Contribution Cash (Local Currency/\$US)	Community Contribution In-Kind (Local Currency/\$US)	Third-Party Contribution Cash (Local Currency/\$US)	Third-Party Contribution In-Kind (Local Currency/\$US)				
1/4/18	9,12, 13,15, 18,20, 23,26, 29,33, 36	Seating (chairs and mats)	Equipment	100.00	275.00	27,500.00	0.00	\$0.00	0.00	\$0.00	27,500.00	\$50.06	0.00	\$0.00	0.00	\$0.00
1/4/18	9,12, 13,15, 18,20, 23,26, 29,33, 36	Discussion venue	Land/Venue Rental	5,000.00	11.00	55,000.00	0.00	\$0.00	0.00	\$0.00	55,000.00	\$100.12	0.00	\$0.00	0.00	\$0.00
12/29/17	1	Markers (blue)	Materials/Supplies	200.00	10.00	2,000.00	2,000.00	\$3.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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12/31/17	7	Pens (1 blue box, 1 red box, half green box)	Materials/Supplies	100.00	25.00	2,500.00	2,500.00	\$4.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/31/17	7	Markers (black and red)	Materials/Supplies	200.00	15.00	3,000.00	3,000.00	\$5.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/31/17	7	Chart Paper for discussions (padex)	Materials/Supplies	1,000.00	4.00	4,000.00	4,000.00	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/26/18	31	More Chart Paper (padex)	Materials/Supplies	2,000.00	2.00	4,000.00	4,000.00	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/31/17	7	Notebooks (200 pg)	Materials/Supplies	490.00	20.00	9,800.00	9,800.00	\$17.84	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/13/18	17	Transportation for facilitators to Community #4	Travel/Per Diem/Food/Lodging	500.00	4.00	2,000.00	2,000.00	\$3.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/27/18	32	Transportation for facilitators to Community #2	Travel/Per Diem/Food/Lodging	500.00	4.00	2,000.00	2,000.00	\$3.64	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/28/18	35	Transportation for facilitators to Community #5	Travel/Per Diem/Food/Lodging	625.00	4.00	2,500.00	2,500.00	\$4.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/6/18	10	Transportation for facilitators to Community #3	Travel/Per Diem/Food/Lodging	625.00	4.00	2,500.00	2,500.00	\$4.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/24/18	28	Transportation for facilitators to Community #6	Travel/Per Diem/Food/Lodging	625.00	4.00	2,500.00	2,500.00	\$4.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/21/18	22	Transportation for facilitators to Community #7	Travel/Per Diem/Food/Lodging	750.00	4.00	3,000.00	3,000.00	\$5.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/22/18	25	Transportation for facilitators to Community #9	Travel/Per Diem/Food/Lodging	750.00	4.00	3,000.00	3,000.00	\$5.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/31/17	3,4,5,6	Transport For Representatives to Review Session	Travel/Per Diem/Food/Lodging	1,000.00	4.00	4,000.00	4,000.00	\$7.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/31/17	2	Lunch for Review Session	Travel/Per Diem/Food/Lodging	1,000.00	15.00	15,000.00	15,000.00	\$27.31	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/4/18	8,11,14,16,19,21,	Lunch for the discussion facilitators	Travel/Per Diem/Food/Lodging	1,500.00	37.00	55,500.00	55,500.00	\$101.03	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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	24,27, 30,34, 37															
Total							117,300.00	\$213.53	0.00	\$0.00	82,500.00	\$150.18	0.00	\$0.00	0.00	\$0.00

Final Grant Performance Indicators

Please go back to the previous "Grant Performance Indicators" section and fill in the column titled, "Final Indicators" to report on the results of your project. In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant specific indicator to confirm that the project met agreed-upon funding requirements.

Guatemala: San Pedro Belejú Training Center and Early Pregnancy Malnutrition Training Program

Peace Corps Volunteer works with community to encourage healthy behaviors, start permagardens, and develop a community meeting space



In Guatemala, a volunteer and community came together to hold trainings for rural and indigenous women on the importance of self-esteem, family planning methods, starting and maintaining a garden, handling and preparing the different herbs and vegetables grown in the garden, and how to prevent malnutrition. SPA funds were also used to support the construction of a local sub-health center complete with a training space for community use.

From the PCV: “This project has had great successes. The construction of the sub-health training center was completed easily and efficiently as the community, NGO Medical Teams, and I all worked together. The series of trainings entitled “Strong Families” given to the peer mother counselors and chosen community members were successfully planned and implemented with a total of 32 women. The Assistant to the Women’s Office was able to translate all trainings from Spanish to the local native language, Poqom Chi, increasing the level of understanding and participation of the women in the group. The sub-health training center is already being utilized daily by the auxiliary nurse that works in the community; the center is also available for any health commission or community leader meetings. In addition, the training with the peer mother counselors and chosen community members has further enriched knowledge around health and nutrition in the area, as well as promoted and provided resources for sustainable home gardens. These trainings have educated mothers on providing support to other families, sharing the information they learned in the trainings, and creating nutritious meals for their families. Throughout the six months we have met with these women, we have seen them put into practice lessons from the trainings, grow more comfortable and outspoken, and most of all, become more confident in themselves. The women’s support network and sense of community has certainly strengthened as a result of this project.”

Small Investments

Total Project Cost: \$3,822.12

PCPP Funded Amount: \$1,295.34

(Including: Doors for community health service, seeds for garden training)

Community Contribution: \$2,424.74

(Including: community member labor, materials for community center)

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General Grant Information

This application has been developed as a tool to help Volunteers and their communities plan successful small grant projects. The information that you record here will also be transmitted to Peace Corps Headquarters for internal reporting and reporting to donors. Please work with your community to fill out this application and return it to the appropriate staff member at post for review. Before completing any section, make sure to read the entire application.

Training Center and Early or Unplanned Pregnancy/Malnutrition Training Program

Project Title:

Grant Type:

Small Project Assistance (SPA)

Status:

Project Completed

Volunteer:

PCV #1

Responsible

Program Manager #1

**Program
Manager/APCD:**

Country:

Guatemala

**Program
Element:**

3.1.7, Family Planning
and Reproductive
Health

Project Start Date:

10/9/2017

Project End Date:

4/18/2018

The budget information below will auto-fill once the budget has been entered into PCGO. If these fields are blank, you do not need to fill them in.

**% Comm.
Contribution
Proposed:**

75.11

**% Comm.
Contribution Final:**

63.44

**Comm. Contribution
Amount Proposed:**

\$4,298.47

**Comm.
Contribution
Amount Final:**

\$2,424.74

Amount Requested:

\$1,295.34

**Amount
Approved:**

\$1,295.34

**Amount
Remaining:**

\$0.00

Requested Grant Amount (local currency)

10155.50

Exchange Rate: \$1US= (enter local currency value here): 7.84

Number of PCVs working on project: 1

Community Information

City/Town/Village	Community Group Name	Group Contact Information (phone, address, etc.)	Group Contact Person
Community #1	Community Group #1	-	Contact Person #1; Contact Person #2

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Classification

Choose from the following categories to give your project a primary classification: Agriculture, Education, Environment, Health, Municipal Development, Community and Economic Development, Youth Development, Water and Sanitation, HIV/AIDS, ICT, NGO Development, Volunteerism, Food Security, or Gender and Development.

From the same list above, choose one or more secondary classification to describe your project, if applicable

Primary Classification?	Classification(s)
No	Food Security
Yes	Health

Volunteer Information

Primary PCV	PCV #1	Peace Corps Sector	Health	COS Date	5/4/2018
	_____		_____		_____
PCV 2		Peace Corps Sector		COS Date	12/31/1969
	_____		_____		_____
PCV 3		Peace Corps Sector		COS Date	
	_____		_____		_____
Other PCVs:					

Project Narrative

Please fill in each box explaining the planning for your project.

Summary

Please provide a brief summary of the project (up to 250 words). Include project activities, objectives, the community's contribution and the potential impact the project may have. For PCPP applications, this is the text that will appear on the PCPP webpage, please omit specific location information.

This project entails two parts; that of the termination of the construction of the training center and sub-health center as well as 7 month long trainings with Mother Guides and women community members of Community #1. The objective of this project are that of the better understanding of the community members, through the support of Mother Guides, in the topic areas of how to start and maintain a garden, what is malnutrition and how can it be prevented, the importance of good self-esteem, family planning methods available to them and how they are to be used, the consequences of an early or unplanned pregnancy, knowledge and practice of food handling as well as cooking classes to learn and practice how to use the different herbs and vegetables grown in the garden. In addition to this objective is that of the completion of the construction of the training and sub-health center in Community #1. The potential impact is that this community will have a place to continue further trainings given by mother guides and/or health workers. In addition, the community will benefit from the information shared in the trainings and ultimately the prevalence of early or unplanned pregnancies and malnutrition will decrease.

Background

Describe the background of the community and what priority this project addresses.

The village of Area #1, with an estimated population of about 6,200 people, is the most populous and one of the most severely impoverished villages in the municipality. Area #1 is comprised of four communities. Area #1 in total is attended by 6 health workers including 1 professional nurse and 5 auxiliary nurses as well as 1 secretary at the health post located in the sector. A recent restructuring of the Guatemalan health system now ensures access to a professional nurse in addition to auxiliary nurses at each health post throughout the country. Auxiliary nurses are assigned a sector and assigned to attend all of the people of that sector. Often performing vaccinations, checkups, height and weight of children, midwife trainings, and pregnancy consults and education, etc. Of the four villages of Area #1, Community #1 is the furthest west of the four sectors. It is located 21 kilometers from the urban center or about an hour and half in private transportation. According to the National Institution of Statistics census (INE), it is estimated to have 1,610 inhabitants with the majority being under the age of 25 and about 407 women of fertile age. Prior to the start of construction of the sub health/training center, community leaders of Community #1 regularly used the space of a community member's house to host the Auxiliary Nurse's trainings with midwives, pregnant women and mothers of malnourished children as well as health consults for those who aren't able to get to the main health post which is about 20 minutes away by car. The space lacks a paved floor, privacy for patients, access to water, sanitation, sufficient lighting, and sufficient space. The community, as well as the Water and Health Commission with the help and guidance of a nongovernmental organization, have organized and collected funds from residents of Community #1, and also successfully solicited funds the municipality for materials in order to start the construction of a much needed sub-health post complete with a training center for the sector. Community leaders have begun the construction of this new space with the intention of providing community members with a sense of ownership in their health and providing an adequate space for health education and services. In addition to this health workers and community members of Area #1 have identified two of the main health issues in Community #1, Area #1 as early or unplanned pregnancies as well as malnutrition in children as cases of both throughout the past years have been consistent. Meetings were also had between many partners to discuss needs in the community based on the experience of each member of the meetings to those present in the meeting. In addition to the aid in finishing the construction of this training center, a program for training of mother guides and community members on these identified health topics is underway. These mother guides had previously been chosen by the six sectors of Community #1 to participate in trainings conducted by Medical teams including topics such as danger signs during and after pregnancy, during birth and in newborn babies, as well as all practices included in the Medical Teams' Household and Terrain practices Plan (similar to the Health Ministry's previous initiative of the 19 practices for a healthy lifestyle), and thus the current trainings will be building off their current level of knowledge.

Community Involvement

How is the community the driving force behind the project? Provide examples that demonstrate the community's involvement in the design and planning of this project.

The community began the construction of their health post in early 2016. Funds were solicited and received from the municipality in order to carry on certain parts of construction. Members of the community approached me, asking if I knew of any resources that could be used in order to help with the finishing of the construction. When I discussed the possibility of applying for a grant, but with the inclusion of trainings and a further sustainable project he discussed this with community leaders and members who then became more interested. After having discussed it with him as well as coordinating with the auxiliary nurse and community members of the community, we met with group members and those constructing the building, to outline monetary needs in order to finish the health post's construction. Following this, another more formal was held on April 21st 2017 with all project partners. In this meeting, a partner presented all health related information gathered over the time period they have been present working in Community #1, and following this, using the PDML resources the group decided on the project them based on health issues identified and what needs they saw and community members see as important. At the end of the meeting the project goal and objectives were outlined with certain tasks assigned to each member. One partner and the auxiliary nurse were in charge of recruiting interest in the community and finally July 10th 2017 a community leader meeting was held to discuss the project ideas, whether the community desired other topics or if they were in agreement with the outline. After receiving the approval of both mother guides, members of the group as well as of the Commission #1, women and men of the community, further planning started to occur. Within the plot of land owned by the community where the sub health/training center is being

constructed a plot was decided upon for the gardening demonstration aspect to take place. September 10th a meeting was held with community leaders once again along with Medical NGO to take measurements for the finalization of the amount of money necessary to complete the construction of the training center and sub health post. The group President also ensured that the electricity bill for the light in the training center will be paid by the pooled community funds. On September 20th Auxiliary Nurse and the Peace Corps Volunteer organized a meeting with the 16 Mother Guides to explain the project details, gauge interest in participating in the monthly trainings, as well as set a date for the first meeting in October. All Mother Guides displayed interest in the monthly meetings and 14 able to attend and each brought a community member the first meeting held on October 9th 2017 totaling 28 participants for the first of the training series.

Outcome

Briefly describe the desired outcome of the project.

The desired outcome of this project is the better understanding of community members, mainly women in the Community, through the support of Mother Guide's replication of the trainings for other community members. These trainings will be in the topic areas of how to start and maintain a garden, what is malnutrition and how can it be prevented, the importance of good self-esteem, family planning methods available to them and how they are to be used, the consequences of an early or unplanned pregnancy, knowledge and practice of food handling as well as cooking classes to learn and practice how to use the different herbs and vegetables grown in the garden. In addition the desired outcome is the completion of the construction of the sub-health center complete with a training space for community use.

Implementation

Describe the implementation plan that will be used to achieve the goals and objectives of this project. Do you foresee any challenges to project implementation?

A group of 16 women who have been previously trained by the Medical NGO (Mother Guides) has been organized to partake in the trainings. In our trainings these same mother guides will be participating and asked to bring 1-2 woman from their community to participate as well. They will also be required to replicate the trainings, along with their counterpart (the woman they invite) from the community, with at least 5 other members of their community and will be required to report who the individuals are. This process should be of ease to these women as they are already accustomed to this style of receiving and replicating information as was done in their Medical Teams trainings. The trainings are in the following topics monthly for the period of 7 months:

1. What is malnutrition and how can it be prevented?
2. How to start and maintain a garden.
3. The importance of good self-esteem.
4. Family planning methods available to them and how they are to be used
5. The consequences of an early or unplanned pregnancy.
6. Knowledge and practice of proper food handling.
7. Cooking classes to learn and practice how to use the different herbs and vegetables grown in the garden.

All those involved will receive a diploma displaying their level of involvement (participant or facilitator) as well as seeds to then use in the creation of their own gardens at home. The women will receive the training from myself in coordination with Auxiliary Nurse #1, Professional Nurse #1, Partner Representative #1, Partner Representatives #3 and #4, as well as Forest and Agricultural Representatives #1 and #2 and Auxiliary Nurse #2 of Medical Teams. The trainings will all take place in what is currently the unfinished health post, complete with walls, roof, windows and a front door. As the construction is underway we can give trainings in a nearby house of a well-known community member and past community vigilant, until all is in place for the trainings to continue in the space. The community members are also preparing the land next to the area where the construction of the training center and sub health center is taking place. A schedule will be set for maintaining the garden so that its yield can be used in the nutrition training and cooking classes towards the end of the training series. The aid of fellow PCV will be in conjunction with that of the municipal forte and agricultural office specifically in the second training of how to start and maintain a garden. The forest and agricultural representatives will also partake in follow up and maintenance of the home gardens each of the women in the group. As for the construction aspect of the project, this will take place through hiring of construction workers as well as the support of community members to finish the construction of the little already construction of the space. The main potential foreseen issue is lack of participation from the Mother Guides or community members in the trainings as the main incentive of the trainings is the acquisition of knowledge and thus their attendance could potentially waver as they must devote time out of their day to participate without monetary compensation. The involvement of gardening and provision of seeds to each member is a way to mitigate this issue as many have shown strong interest in starting their own gardens and learning this information.

Capacity Building

How will the project contribute to building skills and capacity within the community?

The training aspect of the project will directly build the capacity of the women participating as well as those with which they will be replicating the information. The following topics will be covered in the training series over the course of the outline dates:

1. October 7, 2017 What is malnutrition and how can it be prevented?
2. November 6, 2017 How to start and maintain a garden.
3. December 4, 2017 The importance of good self-esteem.
4. January 8, 2018 Family planning methods available to them and how they are to be used
5. February 5, 2018 The consequences of an early or unplanned pregnancy.
6. March 5, 2018 Knowledge and practice of proper food handling.
7. April 9, 2018 Cooking classes to learn and practice how to use the different herbs and vegetables grown in the garden. **

This aspect will be carried out in the homes of the participants of the trainings as they have agreed to do so since the new sub health/training center will not have water access. During each training following that of the second, the garden will be consistently checked on and maintained via a schedule

system of the women. Each training we will have members of the Forest and Agriculture municipal office will check on garden maintenance to ensure its success.

All trainings will be carried out using the adult experiential learning cycle of which the co-facilitators, including the professional and auxiliary nurses and Partner Representative #1 are already familiar with through use in previous activities. This is especially true for the Auxiliary Nurse #1 as she has already participated in a formal training concerning the experiential learning cycle the current PCV gave to health staff last year. In this way these co-facilitators will all be strengthening further their skills in the experiential learning cycles throughout the entire training process with the Mother Guides. The trainings will all be fully translated by Auxiliary Nurse #1 as a native of the community as well as bilingual participants of the trainings when necessary.

In addition, all participants of the training will have the responsibility of replicating the information, of each training, with 5 other members of their sector that month. As previously stated, this is a practice already used by the mother guides in the community (run by Medical NGO) thus they are familiar with it. Each woman has to report with whom they shared the information that month to myself and the other facilitators. The Peace Corps volunteer along with previously mentioned professional and auxiliary nurses will keep a list of these secondary participants of the trainings to be able to best understand who is receiving the information in Area #1.

Sustainability

How will the community be able to sustain the activities and/or benefits of this project? What is the community's plan to sustain the benefits of the project after the initial project funding has been exhausted?

In reference to the infrastructure of the building, the grant funds are paying for the completion of a training center as well as consult rooms. The training center can be used for community meetings as well as any future trainings that need to take place especially surrounding health topics in this space, of which there is no other in Area #1. The keys to the center are currently and will continue to be held by the Auxiliary Nurse #1 as well as the COMMUNITY GROUP President. This way future meetings involving the health related commissions as well as local government issues as well as mid-wife trainings and future Mother Guides Trainings can be held here.

The facilitation skills that all participants of the training will essentially gain will allow the information they learn to be sustainable in that they will be aware of how to share this information with others as well as the importance in doing so. Also in starting the use of this newly constructed space with trainings such as those we are going to do, the space will have that connotation and be known for its use in that manner, thus potentially promoting its further use that way.

In training both these men in the gardening topics and women in all topics mentioned, we are creating ambassadors of this information within the community of Area #1. With this training comes the knowledge of how to properly start and care for a vegetable and herbal garden as well as how to use the contents of this garden. The seeds that will be used in the demonstration garden next to the health post are those that produce more seeds, thus allowing the seed number to proliferate and the community to be able to continue growing these vegetables etc. in their own gardens at home as they will be distributed among those involved in the training in order for the home gardens to be able to be created. This will then allow others who are interested to reach out to those involved in the training and inquire information on gardening as well as any of the topics mentioned in the trainings.

In addition the resources and trainings in the Adult Learning Cycle format will be given to all facilitators as well as left in the main Health Post and Health Center for further use.

The trainings will also bring together a group of community members along with the professional and auxiliary nurse of Community #1 and thus creating a stronger alliance of those educated in health topics in the area, allowing the nurse a better support network in providing care for the entire community. It is important to note that the trainings will be given in both Spanish and Poqom Chi as all trainings will be co-facilitated by members of the community that speak both the native language and Spanish, so that no participant should have language barrier issues and all information is shared as clearly as possible.

Goals & Objectives

What are the project's goals and objectives and how will you know if your project is reaching them to produce the desired benefits or change? Please list corresponding goal and objective for each line when entering multiple indicators under a single goal/objective. Add rows if needed.

Fill out for Initial Grant/Application					Fill out for Completion Report	
Goal	Objective	Indicator(s)	Who	When	Results	Comments

Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	Objective 1.3: Family members adopting MNCH behaviors and practices	HE-086: Educated on Modern Contraceptive Methods - Number of target population reached with individual or small group level education on modern contraceptive methods. ;HE-100: Educated on Nutritional needs of Children from 12 to 59 Months of Age; HE-110: Educated on Correct Hand Washing, Water Treatment and Safe Water Storage	16 Mother Guides and 16 women members of the community	October 2017-April 2018	16 peer mother counselors from the community of the community and 16 other women community members chosen to be involved by the original peer mother counselors also from the community of Community #1	The women were educated on family planning methods available to them by the Ministry of Health as well as how each method works in the body. They were also educated on nutritional needs of their children as well as themselves and how to create a nutritious plate via a cooking class. They also were educated during meal preparation as to how to appropriately wash hands and disinfect vegetables.
Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	Objective 1.1: Capacity building of Health Center Personnel By December 2018, 390 health center personnel, working in MNCH, will adopt proven methodologies to develop and execute effective non-formal education activities with community members.	Educated on stigma and discrimination - # of health center staff trained on prevention and consequences of stigma and discrimination related to sexual and reproductive health.	professional nurse #1 and Auxiliary Nurse #1	October 2017-April-2018	2 health center personnel were trained in the Experimental Learning Cycle and 3 other personnel of partnering organizations were also involved and trained.	In giving the training concerning sexual and reproductive health, with a focus on family planning options, stigma and discrimination concerning sexual and reproductive health topics were confronted, discussed and overcome as the best interest of participants was in mind and that includes access to proper health care and family planning methods.
Construction of Training Center and Sub Health post	By February 2018, members of The community will have completed the construction of the training center and sub health post.	PDI 555 Community Health Leaders training- # of community health leaders, trained in community planning, governance, resource development and PDM	COMMUNITY GROUP President and fellow members of COMMUNITY GROUP; members of health and water sanitation commission	May 3017-February 2018 (estimated end of construction)	A finished sub health and training center in The community as well as Community Group and health and water sanitation commission members have become further trained in the mentioned topics	The community leaders mentioned through coordination with peace corps in project planning and implementation have become educated and more experienced in resource development and project implementation through the months we have been working together on this project.
Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	Objective 1.2: Developing and Strengthening of MNCH Training Programs and Resources By December 2018, 37 health centers will develop MNCH training programs and resources based on effective adult education methodologies and behavior change approach.	PDI 555 # of health center staff trained in lesson planning	Professional Nurse #1 and Auxiliary Nurse #1	October 2017-April 2018	2 health center personnel were trained in the Experimental Learning Cycle and 3 other personnel of partnering organizations were also involved and trained.	We created all of the training session plans together using the Experiential Learning Cycle Methodology.
Improved Maternal, Newborn and Child Health Outcomes	Objective 1.2: Developing and Strengthening of MNCH Training Programs and Resources By	PDI 370 # of materials standardized for MNCH training (manuals,	Professional Nurse #1 and Auxiliary Nurse #1	October 2017-April 2018	7 session plans to make up one manual	With these 7 session plans already completed have a manual in the works to be left with the Municipal Office, the Health Center, as well as the Partner

through Local Institutional Strengthening	December 2018, 37 health centers will develop MNCH training programs and resources based on effective adult education methodologies and behavior change approach	lesson plans, charts, etc.)				Representative #1, to be used as a reference for future trainings.
Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	Objective 1.3: Family members adopting MNCH behaviors and practices By December 2018, 5000 family members will adopt practices that lead to healthy pregnancies, safe deliveries, positive birth outcomes, and healthy infants.	HE-100: Educated on Nutritional needs of Children from 12 to 59 Months of Age - Number of target population reached with individual or small group level education on the nutritional needs of young children from 12 months to under 5 years old (HE-100)	16 Mother Guides and 16 women members of the community	October 2017-April 2018	16 peer mother counselors from the community of The community and 16 other women community members chosen to be involved by the original peer mother counselors also from the community of The community received training in this area.	The training received was on nutrition, how to create a nutritious meal for a family as well as exclusive breast feeding and complimentary feeding following the first 6b months of life of the child.
Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	Objective 1.3: Family members adopting MNCH behaviors and practices By December 2018, 5000 family members will adopt practices that lead to healthy pregnancies, safe deliveries, positive birth outcomes, and healthy infants.	SSI 5550 HE-110: Educated on Correct Hand Washing, Water Treatment and Safe Water Storage - Number of target population reached with individual or small group level education on how to correctly clean their hands, treat, and safely store water.	16 Mother Guides and 16 women members of the community	October 2017-April 2018	16 peer mother counselors from the community of The community and 16 other women community members chosen to be involved by the original peer mother counselors also from the community of The community received training in this area.	The women were trained on food preparation in a cooking class as well as in a training on malnutrition and its causes and thus learned the importance of washing their hands as well as how to properly clean vegetables and thus water as well.
Improved Maternal, Newborn and Child Health Outcomes through Local Institutional Strengthening	1.1 Capacity building of Health Center Personnel	Educated on Experiential Learning Cycle - # of health center staff trained on the Experiential Learning Cycle.	Professional Nurse #1 and Auxiliary Nurse #1	October 2017-April 2018	2 health center personnel were trained in the Experimental Learning Cycle and 3 other personnel of partnering organizations were also involved and trained.	Professional Nurse #1 and Auxiliary Nurse #2 were informally trained in the Experiential Learning Cycle by way of completing the trainings from the women peer counselors. In addition Partner representative #3 aided a lot in training preparation and implementation and thus is highly training in the Experiential Learning Cycle. In addition Partner Representative #4 was involved in giving trainings and thus became trained in the Experimental Learning cycle as well.

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Do No Harm

General

Please report on the results of your "do no harm" discussions with community members. Did you find that there were consequences you hadn't thought about?

The only consequences we see in this project is that of general injury due to construction of the training center or per participation in gardening.

Environmental

If the proposed project is not solely a training project, please discuss possible negative environmental impacts with your community. What are potential negative Environmental impacts of the project activities?

Potential negative impacts could exist via the construction site for example improper disposal or cleanup of materials but with the guidance of a construction worker these potential impacts shouldn't be seen as he will have knowledge of how to properly go about this process.

Mitigation

For each of the potential negative impacts described in your prior responses please describe the measures the community will adopt in order to monitor and mitigate against potentially harmful effects.

The potential harms will be mitigated by the hiring of construction workers to correctly direct community members in finishing the construction of the center. In reference to potential injury during gardening (working with tools etc.) the women will be taught best practices in gardening in order to not engage in a potentially hazardous behavior gardening.

Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the detailed budget has been entered in the PCGO portal.

Category	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Labor	\$229.59	\$0.00	\$275.51	\$0.00	\$0.00
Materials/Supplies	\$1065.75	\$0.00	\$3767.86	\$0.00	\$128.83
Total	\$1,295.34	\$0.00	\$4,043.37	\$0.00	\$128.83

Budget Detail

Enter each item that will be required to complete the project. For the budget category, you will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your initial budget offline. This can be found at http://files.peacecorps.gov/donate/Small_Grants_Budget_Worksheet.xls. The Grants Coordinator at your post can also provide you a copy.

Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount Local	Grant Amount \$US	Community Contribution Cash (Local/\$US)		Community Contribution In-Kind (Local/\$US)		Third-Party Contribution Cash (Local/\$US)		Third-Party Contribution In-Kind (Local/\$US)	
Machinery to flatten the land (terraplén)	Equipment	1000.00	2.00	2000.00	0.00	\$0.00	0.00	\$0.00	2000.00	\$255.10	0.00	\$0.00	0.00	\$0.00
Construction worker (36 days at 60	Labor	60.00	66.00	3960.00	1800.00	\$229.59	0.00	\$0.00	2160.00	\$275.51	0.00	\$0.00	0.00	\$0.00

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quetzales/day) + 2 construction workers for 15 days each at 60 quetzales per day)														
Installation of electrical wiring	Materials/Supplies	210.00	1.00	210.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	210.00	\$26.79
Latrine	Materials/Supplies	800.00	1.00	800.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	800.00	\$102.04
Window	Materials/Supplies	100.00	2.00	200.00	0.00	\$0.00	0.00	\$0.00	200.00	\$25.51	0.00	\$0.00	0.00	\$0.00
Pounds of metal wire for construction of walls	Materials/Supplies	150.00	6.00	900.00	0.00	\$0.00	0.00	\$0.00	900.00	\$114.80	0.00	\$0.00	0.00	\$0.00
Wooden board to close space between the roof and walls of the training/sub health center	Materials/Supplies	500.00	2.00	1000.00	0.00	\$0.00	0.00	\$0.00	1000.00	\$127.55	0.00	\$0.00	0.00	\$0.00
Quintals of Iron	Materials/Supplies	200.00	7.00	1400.00	0.00	\$0.00	0.00	\$0.00	1400.00	\$178.57	0.00	\$0.00	0.00	\$0.00
Wood for construction of the training center and sub health post	Materials/Supplies	150.00	20.00	3000.00	0.00	\$0.00	0.00	\$0.00	3000.00	\$382.65	0.00	\$0.00	0.00	\$0.00
Lamina roofing sheet	Materials/Supplies	78.00	40.00	3120.00	0.00	\$0.00	0.00	\$0.00	3120.00	\$397.96	0.00	\$0.00	0.00	\$0.00
Community member physical labor in construction of center (30 people for 6 days at 60 quetzales daily)	Materials/Supplies	60.00	180.00	10800.00	0.00	\$0.00	0.00	\$0.00	10800.00	\$1377.55	0.00	\$0.00	0.00	\$0.00
Amaranth Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	1.75	2.00	3.50	3.50	\$0.45	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Box of electrical staples	Materials/Supplies	10.00	1.00	10.00	10.00	\$1.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

Cilantro Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	5.00	2.00	10.00	10.00	\$1.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Roll of insulation tape	Materials/Supplies	10.00	1.00	10.00	10.00	\$1.28	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Electrical Clamps	Materials/Supplies	5.00	3.00	15.00	15.00	\$1.91	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Connection piece for lightbulb	Materials/Supplies	5.00	4.00	20.00	20.00	\$2.55	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Outlet connection	Materials/Supplies	10.00	3.00	30.00	30.00	\$3.83	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Circuit Breaker Box #30	Materials/Supplies	35.00	1.00	35.00	35.00	\$4.46	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Squash Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	18.00	2.00	36.00	36.00	\$4.59	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Chipilin Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	40.00	1.00	40.00	40.00	\$5.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
insulators	Materials/Supplies	5.00	8.00	40.00	40.00	\$5.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Light Switch	Materials/Supplies	10.00	4.00	40.00	40.00	\$5.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Chard Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	29.00	2.00	58.00	58.00	\$7.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Celery Seeds for demonstration	Materials/Supplies	31.50	2.00	63.00	63.00	\$8.04	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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as well as home gardens for the Mother Guides and other participants of the trainings														
Onion Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	32.00	2.00	64.00	64.00	\$8.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Beet Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	32.50	2.00	65.00	65.00	\$8.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Lettuce Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	40.00	2.00	80.00	80.00	\$10.20	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Carrot Seeds for demonstration as well as home gardens for the Mother Guides and other participants of the trainings	Materials/Supplies	44.00	2.00	88.00	88.00	\$11.22	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Insulating Tube for connecting electrical wiring to post outside of training center	Materials/Supplies	90.00	1.00	90.00	90.00	\$11.48	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Meters of Electrical Cable # 10 solid	Materials/Supplies	3.50	28.00	98.00	98.00	\$12.50	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Energy saving light bulbs	Materials/Supplies	25.00	4.00	100.00	100.00	\$12.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Radish Seeds for	Materials/Supplies	35.00	3.00	105.00	105.00	\$13.39	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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demonstration as well as home gardens for the Mother Guides and other participants of the trainings														
Meters of Parallel Electrical Cable # 12	Materials/Supplies	7.50	34.00	255.00	255.00	\$32.53	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Rock for construction	Materials/Supplies	1250.00	5.00	6250.00	1250.00	\$159.44	0.00	\$0.00	5000.00	\$637.76	0.00	\$0.00	0.00	\$0.00
Door	Materials/Supplies	800.00	3.00	2400.00	1600.00	\$204.08	0.00	\$0.00	800.00	\$102.04	0.00	\$0.00	0.00	\$0.00
Bags of Cement for construction and finishing of walls and floor	Materials/Supplies	83.00	90.00	7470.00	4150.00	\$529.34	0.00	\$0.00	3320.00	\$423.47	0.00	\$0.00	0.00	\$0.00
Total					10,155.50	\$1,295.34	0.00	\$0.00	33,700.00	\$4,298.47	0.00	\$0.00	1,010.00	\$128.83

Budget Narrative (optional)

This section describes the types of items or services that will be purchased in each budget category. It gives a snapshot of what will be purchased to complete the project. The budget narrative differs from the detailed budget in that it summarizes all budget line items within the same category. The fields completed here should match the categories used in the "Budget Detail" Section.

Budget Category	Grant Contribution	Community Contribution	Third-Party Contribution
Labor	This would be for the two construction workers to guide the finishing of the construction.	The community has already hired a construction worker to guide the construction up to the current point	
Materials/Supplies	This includes the seeds that will be used for the gardening aspect of the project as well as all of the necessary materials to finish the construction of the training/sub health center.	The community has already provided a significant amount of the materials and construction needed for the construction up to this point	The Medical NGO has provided a latrine and will provide the installation of the electrical system for the training/sub health center

Environmental Review

For grant projects involving 1) water/sanitation; 2) agriculture such as agroforestry and community gardens, and 3) environment such as natural resource management, Volunteers must complete and submit an environmental screening form to the grant review committee. The grant review committee must ensure that information on the form is taken into consideration and given significant weight. The Volunteer and committee will determine what, if any, measures must be taken to mitigate and monitor the environmental impact of the project.

The purpose of this Environmental Review and Assessment Checklist (ER Checklist) is to determine whether the proposed action (scope of work) encompasses the potential for environmental pollution or concern and, if so, to determine the scope and extent of additional environmental evaluation, mitigation, and monitoring necessary to fulfill federal U.S. environmental requirements. The ER Checklist is intended to be used by both the Peace Corps personnel who submit project proposals and the grant selection committee to ensure that environmental consequences are taken into account before making an award for a proposed activity. The environmental consequences checklist will assist in determining the potential environmental impact of the proposal.

Include cost information on any environmental mitigation and monitoring in the overall budget proposal. Appropriate environmental mitigation and monitoring is considered an integral aspect of the overall project activity.

Please provide the following information. This information will assist the grant award committee in making an environmental impact determination on the proposed activity.

Project/Activity Description

The gardening aspect of the project involved that of a starting and maintenance of a demonstration garden for purposes of teaching the participants of the training how to start and keep a garden. These participants will also be starting gardens on their own land.

Type of Project/Activity

gardening

Baseline Environmental Conditions

Normal state, no outstanding issues

A. CHECKLIST FOR ENVIRONMENTAL CONSEQUENCES: Check appropriate column as Yes (Y), Maybe (M), No (N) or Beneficial (B). Briefly explain Y, M and B checks in next Section, "Explanations". A "Y" response does not necessarily indicate a significant effect, but rather an issue that requires focused consideration.

1. Earth Resources

- a. grading trenching, or excavation in cubic meters or hectare N
- b. geologic hazards (faults, landslides, liquefaction, un-engineered fill, etc.) N
- c. contaminated soils or ground water on the site N
- d. offsite overburden/waste disposal or borrow pits required in cubic meters or tons N
- e. loss of high-quality farmlands in hectares N

2. Agricultural and Agrochemical

- a. impacts of inputs such as seeds and fertilizers M
- b. impact of production process on human health and environment M

c. other adverse impacts

N

3. Industries

a. impacts of run-off and run-on water

N

b. impact of farming such as intensification or extensification

N

c. impact of other factors

N

4. Air Quality

a. substantial increase in onsite air pollutant emissions (construction/operation)

N

b. violation of applicable air pollutant emissions or ambient concentration standards

N

c. substantial increase in vehicle traffic during construction or operation

N

d. demolition or blasting for construction

N

e. substantial increase in odor during construction or operation

N

f. substantial alteration of microclimate

N

5. Water Resources and Quality

a. river, stream or lake onsite or within 30 meters of construction

N

b. withdrawals from or discharges to surface or ground water

N

c. excavation or placing of fill, removing gravel from, a river, stream or lake

N

d. onsite storage of liquid fuels or hazardous materials in bulk quantities

N

6. Cultural Resources

a. prehistoric, historic, or paleontological resources within 30 meters of construction

N

b. site/facility with unique cultural or ethnic values

N

7. Biological Resources

a. vegetation removal or construction in wetlands or riparian areas in hectare

N

b. use of pesticides/rodenticides, insecticides, or herbicides in hectare

N

c. Construction in or adjacent to a designated wildlife refuge

N

8. Planning and Land Use

a. potential conflict with adjacent land uses

N

b. non-compliance with existing codes, plans, permits or design factors	N
c. construction in national park or designated recreational area	N
d. create substantially annoying source of light or glare	N
e. relocation of >10 individuals for +6 months	N
f. interrupt necessary utility or municipal service > 10 individuals for +6 months	N
g. substantial loss of inefficient use of mineral or non-renewable resources	N
h. increase existing noise levels >5 decibels for +3 months	N

9. Traffic, Transportation and Circulation

a. increase vehicle trips >20% or cause substantial congestion	N
b. design features cause or contribute to safety hazards	N
c. inadequate access or emergency access for anticipated volume of people or traffic	N

10. Hazards

a. substantially increase risk of fire, explosion, or hazardous chemical release	N
b. bulk quantities of hazardous materials or fuels stored on site +3 months	N
c. create or substantially contribute to human health hazard	N

11. Other Issues

a. substantial adverse impact	N
b. adverse impact	N
c. minimal impact	N

B. EXPLANATION OF ENVIRONMENTAL CONSEQUENCES: explain Y, M and B responses

The Maybe responses were for each of the following options:
a. impacts of inputs such as seeds and fertilizers
b. impact of production process on human health and environment
This is because of the gardening that will take place and thus seeds will be used to grow different vegetables and herbs that will then be consumed by community members.

C. IDENTIFIED SIGNIFICANT ENVIRONMENTAL IMPACTS (including physical, biological and social), if any: (Use ER to identify significant environmental impacts)

Significant environmental impacts are not foreseen as this is a small scale project.

D. PROPOSED MITIGATION MEASURES (if any):

Mitigation would only involve proper handling of seeds and maintenance of gardens.

E. PROPOSED MONITORING MEASURES (if any):

Those representatives of Partner Organization previously mentioned, have agreed to partake in monitoring of gardening projects with each of the women to ensure their success and proper procedures in gardening.

Grant Performance Indicators

When you are applying for a grant and filling in your grant application, you will only fill in the first column titled, "Initial Indicators". At this time, you will estimate the number of organizations or community members that you anticipate will participate in, benefit from, or be affected by your project. You must enter a non-zero number for at least one initial grant-specific indicator for the project to be approved.

When your project is complete and you are filling out your grant completion report, you will only fill in the second column titled, "Final Indicators". In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant-specific indicator to confirm that the project met agreed-upon funding requirements

Region / Country	Type	Program Element	Metric	Categories	Initial Indicators	Final Indicators	
Guatemala	All	# of Beneficiaries (indirect)	Community members who receive an indirect benefit from the project, not including those counted above	Female(s) 25 and above	30	22	
				Female(s) 15-24	0	8	
		# of Participants (direct)	Community members directly involved in the design and implementation of the project, including those who attend trainings or workshops	Female(s) 25 and above	3	3	
		Capacity Development	# of community organizations and/or associations that will have increased capacity due to this small grant	Organizations	2	5	
				# of individuals who will have increased capacity due to this small grant	Female(s) 25 and above	32	24
					Female(s) 15-24	0	8
				# service providers who will have increased capacity due to this small grant	Female(s) 25 and above	5	5
		New Technology & Practices	# of individuals who have applied new technologies and/or practices as a result of this grant	Female(s) 25 and above	32	24	
				Female(s) 15-24	0	8	
				# of new technologies and/or practices that will have been adopted as a result of this small grant	Practices	7	7
		SPA	3.1.7, Family Planning and Reproductive Health	# of individuals that have seen or heard a specific USG-supported family planning/reproductive health message	Female(s) 15-24	0	8
					Female(s) 25 and above	32	24

Referral Contacts

Most approved PCPP and LGL projects will be posted online for fundraising at peacecorps.gov/donate. Volunteers are encouraged to enter contact information for their friends and family who may want to support their project through donations. Once your project is approved, Peace Corps/HQ staff will contact your referrals to alert them that your project is online.

Title	First Name	Last Name	Relationship to Volunteer	E-mail Address	Street Address	City	State	Zip Code

STOP HERE, if you are filling out your grant application - you are done!

If you have completed your project and are filling in your completion report information, be sure to fill in your final indicators in the "Grant Performance Indicators" section above. Then, fill in your final narrative and budget below.

Completion Report Narrative

Please fill in each box explaining the outcomes of your project.

Tell Your Story

Every project has a story. Please describe any anecdotal evidence/stories from a community member or your personal experience that attest to the project's success. This vignette may be used to highlight your exemplary work when reporting to stakeholders.

We have been very fortunate in that this project in Community #1 has had great successes. The termination in the construction of the sub health/training center was completed with ease and efficiency as the community and I along with the Medical NGO worked together to divide up responsibilities allowing all necessary actions to be completed with an appropriate timeline. The series of trainings entitled "Strong Families" given to the peer mother counselors and chosen community members was successfully planned and implemented with a total of 32 women. The highlight of this was that it was a great coordination with many institutions in Area #1 including the Health center and Partner Organizations #1-4. All institutions provided support and were very willing to collaborate in providing the trainings to this group of women and were especially able to do so in the native language of Poqom Chi as the Assistant to the Women's Office was able to translate all trainings from Spanish to the local language. This key aspect made a difference in the level of understanding and participation of the women in the group and provided for complete inclusivity and comfort.

Throughout the six months we have met with these women, we have seen them grow more comfortable, outspoken and most of all more confident in themselves. I have personally witnessed these women grow in multitude of ways. I have heard them recite what self-esteem is and what mechanisms we can use to make sure others maintain high self-esteem. I have seen them role-play different scenarios to better understand gender roles and then explain why we must raise our girls and boys so that they have the opportunity to achieve comparable goals in life. I have watched them engage in nutrition trainings and then hands on learn how to prepare and implement their own garden. I have witnessed them together prepare a nutritious meal that involves all food groups and little fat or sugar. I have seen them distinguish between different types of malnutrition and explain how to best avoid it with healthy and clean food preparation practices. I have seen older women in the group explain things to younger women and I have seen younger women translate and explain certain concepts to older women. I have seen all of the women get to know one another better than they may have before. I have seen every single woman in the group smile and laugh and enjoy her time around the rest of the women. I have myself have watched these women celebrate their achievements and rejoice in dance for doing so. I have danced with these women that many would've thought never would want to do so. I have been involved in every training these women have received together as a group and have witnessed so much growth and unification both individually as well as a unit of women health promoters. I am so incredibly proud of how far they have come and am even more excited to see how they make their community of a better one tomorrow and how as mothers and community members they influence their children and community to do the same.

Goals Achieved, Changes in Initial Objectives, and Community Feeling

The goals of the project were completely achieved as the women were trained on all of the topics mentioned in the grant proposal and the construction of the sub health/training center was completed successfully. Minor changes were made including that of having bimonthly trainings instead of just monthly trainings. Also the closing ceremony had to be rescheduled and finally fell on the date of April 19th, 2018 instead of April 9th 2018. Also an achievement we had in coordination with the partnering organizations was the ability to get transport by means of the municipality by joining another training project in Leadership and Empowerment with this grant project. We coordinated so that the trainings could happen on the same day twice a month and thus go transport through the municipality, allowing the coordination of multiple institutions as transport to the community is usually less dependable than to other areas.

Capacity and Skills Built

Capacities and skills built would have to be the community organization as the COMMUNITY GROUP representatives as well as the Commission of Water and Sanitation really came together to work out the logistics concerning the construction as well as miss happenings that occurred. For instance when the construction workers had to work extra time to work on the floor and smoothing out of the walls, the Commission and COMMUNITY GROUP agreed to pay the extra amount due with funds they already had accumulated as a community. In reference to the peer mother counselors and other community members involved in the trainings entitles "Strong Families" these women built upon many skills they already had and some developed new ones they previously hadn't necessarily had. Based on the themes we touched in trainings the women displayed better handling and comprehension of the following topics:

1. What is malnutrition and how can it be prevented?
 2. How to start and maintain a garden.
 3. The importance of good self-esteem.
 4. Family planning methods available to them and how they are to be used
 5. The consequences of an early or unplanned pregnancy.
 6. Knowledge and practice of proper food handling.
 7. Cooking classes to learn and practice how to use the different herbs and vegetables grown in the garden.
- The women seemed to really understand these topics and their importance and relevance in their lives at the end of the training series.

Sustainability

The sustainability of the grant is in terms of the two facets. One is the use of the sub health/training center as it is already being utilized daily by the auxiliary nurse that works in the community and is also available for any health commission or community leader meetings. In addition the training with the peer mother counselors and chosen community members has further enriched knowledge around health and nutrition in the area as well as promoted and provided resources for sustainable home gardens. These training in general have educated more mothers to provide support to other families in sharing the information shared with them and also in providing the knowledge and resources to create more nutritious meals for their families.

Unexpected Events and Recommendations

A few unexpected events did occur including when a training was unknowingly planned for the same day as "Bono Seguro" was being distributed to all of the qualifying families. The result was that the women were unable to attend the training and we had to reschedule, but only after having already arrived there the day of. Another unexpected event was that of the construction workers working more hours than expected but also on construction aspects not agreed upon in the budget, thus the money allotted for construction couldn't be used to pay the remainder of the dues. The community handled this issue using the funds they already had saved up and thus the issue was solved fairly quickly.

Lessons Learned and Promising Practices

Building off of the previously recounted experience above concerning a training being canceled last minute as funds were being distributed that same day to qualifying families, many of whom had mother participating in our training series. I learned that issues such as these need to be let go. I was fortunate to be accompanied by a Guatemalan work partner and together we didn't dwell on the situation nor find the trip we made a waste of time. Upon finding out the issue we decided to visit the homes of some of the malnourished children in the area to check in and thus made the day as productive as possible.

I also learned through this grant, that community organizing is specific to the community. How each community organizes themselves is specific to that community and its culture. For instance at the start of the trainings I used to be stressed with the debacle of how to contact all of the women and assure they would all arrive. It didn't take me long to realize that one key point person was needed. As a main community leader, she always let the women know of the time and place of trainings and what supplies was necessary that day. This was the most reliable of way to inform the women and was easiest for me.

I also learned, most importantly of all, that bonding and true friendship reaches over and through language barriers. I have built strong relationships with various women that are in these trainings built on mutual respect and caring for one another. These women have undoubtedly shown appreciation for the project implementation and have really made me feel like all the work has been very much worth all that it has required in order to successfully take place. On the day of closing the training these women expressed so much gratitude and concern for the fact that we may not see one another again for a very long time. Words weren't necessarily expressed but the feelings were and are very much felt. I will miss these women dearly and promise to consistently recall our time together and what they have taught me throughout my time working with them.

Final Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the Final Project Log has been entered in the PCGO portal.

Activity	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Labor	\$229.59	\$0.00	\$1,377.55	\$0.00	\$0.00
Materials/Supplies	\$1,065.75	\$1,047.19	\$0.00	\$0.00	\$102.04
Total	\$1,295.34	\$1,047.19	\$1,377.55	\$0.00	\$102.04

Final Budget

Use this project log to record each receipt collected for your project. You will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your final budget offline. This can be found at http://files.peacecorps.gov/donate/Final_Report_Project_Log.xls.

Date	Receipt #	Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount (Local Currency)	Grant Amount (\$US)	Community Contribution Cash (Local Currency/\$US)	Community Contribution In-Kind (Local Currency/\$US)	Third-Party Contribution Cash (Local Currency/\$US)	Third-Party Contribution In-Kind (Local Currency/\$US)				
4/5/2018	8	Community member labor	Labor	60.00	180.00	10,800.00	0.00	\$0.00	0.00	\$0.00	10,800.00	\$1,377.55	0.00	\$0.00	0.00	\$0.00
2/21/2018	5	Labor for finishing of floor and interior/exterior walls of sub health/training center	Labor	1,800.00	1.00	1,800.00	1,800.00	\$229.59	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
3/19/2018	7	Contribution by Medical NGO	Materials/Supplies	800.00	1.00	800.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	800.00	\$102.04
4/5/2018	9	Community Contribution of Materials	Materials/Supplies	8,030.00	1.00	8,030.00	0.00	\$0.00	8,030.00	\$1,024.23	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
1/29/2018	1	Materials for installation of electricity	Materials/Supplies	352.00	1.00	352.00	172.00	\$21.94	180.00	\$22.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
2/12/2018	3	More materials for installation of electricity	Materials/Supplies	617.50	1.00	617.50	617.50	\$78.76	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
2/18/2018	4	Seeds for Mother Guide Trainings	Materials/Supplies	658.00	1.00	658.00	658.00	\$83.93	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
2/21/2018	6	Purchase and Installation of 2 doors in the sub	Materials/Supplies	800.00	2.00	1,600.00	1,600.00	\$204.08	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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		health/trainin g center														
1/29/20 18	2	Cement and Rock needed construction	Materials/Suppl ies	5,308.0 0	1.00	5,308.0 0	5,308.00	\$677.04	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total							10,155.5 0	\$1,295.3 4	8,210.0 0	\$1,047.1 9	10,800.0 0	\$1,377.5 5	0.00	\$0.00	800.0 0	\$102.0 4

Final Grant Performance Indicators

Please go back to the previous "Grant Performance Indicators" section and fill in the column titled, "Final Indicators" to report on the results of your project. In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant specific indicator to confirm that the project met agreed-upon funding requirements.

Rwanda: GLOBE Camp Southwest 2016

Peace Corps Volunteers Help Youth Develop Leadership Capabilities and Make Healthy Life Choices



Youth participate in capacity building exercises that promote self-confidence and smart life-decisions.

The main priority of the Rwandan government's Vision 2020 program is the education and **empowerment of youth** with a focus on **HIV prevention** and **gender equality**. This camp has one primary goal to **promote leadership development** and **healthy lifestyle choices** and four objectives in order to assist the community to reach these standards: to **educate** 68 young boys and 68 young girls about HIV/AIDS prevention and **good nutrition** practices; to educate those boys and girls in **team-building and peer-leadership** skills to help serve them as they become peer educators in their schools and communities; to train the boys and girls in **good decision making** and **goal-setting**; and to help the boys and girls with their **professional development**.

The goals set in during the planning stage of the program were all met. Volunteers and Rwandan senior facilitators **led lessons** on a variety of topics focusing on **mental and physical health**, **building leadership skills**, and **planning for the future**. Students left the camp with new skills that will impact their future, such as **building a resume** and **applying to university** as well as **techniques for stress management**. Furthermore, after the camp, more students know all the ways to **prevent both HIV and malaria transmission**, how to **set goals for the future**, in the short and long term, and how to **promote positive self-esteem** and **avoid negative peer pressure**.

Small Investments

Total Project Cost: \$9,773.27

VAST Funded Amount: \$7,184.31

(Including: Hygiene kit, food, water)

Community Contribution: \$2,588.96

(Including: Dormitory rental, venue rental)

General Grant Information

This application has been developed as a tool to help Volunteers and their communities plan successful small grant projects. The information that you record here will also be transmitted to Peace Corps Headquarters for internal reporting and reporting to donors. Please work with your community to fill out this application and return it to the appropriate staff member at post for review. Before completing any section, make sure to read the entire application.

Project Title: GLOBE Camp Southwest 2016

Grant Type: Volunteer Activities Support and Training (VAST) **Status:** Project Completed

Volunteer: PCV #1 **Responsible Program Manager/APCD:** Program Manager #1

Country: Rwanda **Program Element:** PEPFAR*

Project Start Date: 11/20/2016 **Project End Date:** 2/2/2017

The budget information below will auto-fill once the budget has been entered into PCGO. If these fields are blank, you do not need to fill them in.

% Comm. Contribution Proposed: 25.16 **% Comm. Contribution Final:** 26.49

Comm. Contribution Amount Proposed: \$2,711.66 **Comm. Contribution Amount Final:** \$2,588.96

Amount Requested: \$8,066.43 **Amount Approved:** \$8,066.43 **Amount Remaining:** \$882.12

Requested Grant Amount (local currency)

6574140.00

Exchange Rate: \$1US= (enter local currency value here): 815.00

Number of PCVs working on project: 9

Community Information

City/Town/Village	Community Group Name	Group Contact Information (phone, address, etc.)	Group Contact Person
City #1	Community #1	Phone # of Group Contact person #1	Group Contact Person #1

Classification

Choose from the following categories to give your project a primary classification: Agriculture, Education, Environment, Health, Municipal Development, Community and Economic Development, Youth Development, Water and Sanitation, HIV/AIDS, ICT, NGO Development, Volunteerism, Food Security, or Gender and Development.

From the same list above, choose one or more secondary classification to describe your project, if applicable

Primary Classification?	Classification(s)
Yes	Education
No	Youth Development

Volunteer Information

Primary PCV	PCV #1	Peace Corps Sector	Education	COS Date	12/1/2017
	_____		_____		_____
PCV 2		Peace Corps Sector		COS Date	
	_____		_____		_____
PCV 3		Peace Corps Sector		COS Date	
	_____		_____		_____
Other PCVs:	PCV #2, PCV #3, PCV #4, PCV #5				
	PCV #6, PCV #7, PCV #8, PCV #9				

Project Narrative

Please fill in each box explaining the planning for your project.

Summary

Please provide a brief summary of the project (up to 250 words). Include project activities, objectives, the community's contribution and the potential impact the project may have. For PCPP applications, this is the text that will appear on the PCPP webpage, please omit specific location information.

This camp has one primary goal (to promote leadership development and healthy lifestyle choices), with four objectives. The first objective is to educate 68 young boys and 68 young girls about HIV/AIDS prevention and good nutrition practices. The second objective will be to educate those boys and girls in team-building and peer-leadership skills to help serve them as they become peer educators in their schools and communities. The third objective seeks to train the boys and girls in good decision making and goal-setting, and the last objective will help the boys and girls with their professional development. The community's contribution will include all facilities (dorms, refectory, large meeting hall, etc.), several types of materials (mattresses, mosquito nets, sports/sound equipment, forks, plates, cups, etc.) and the labor needed to prepare the food for the week. The impact that this camp wishes to achieve is to have a group of self-empowered young leaders who will be able to become peer educators in their communities. As peer educators they will have the ability to help spread the truths surrounding HIV/AIDS, teach good decision making, goal setting and good nutrition practices and also to empower those same people in their communities through the spread of skills and knowledge gained from this camp.

Background

Describe the background of the community and what priority this project addresses.

A main priority of the Rwandan government, as outlined in Vision 2020 and other strategic documents, is the education and empowerment of youth. Vision 2020 also prioritizes HIV prevention and gender equality, topics which are prominently featured in the Camp GLOW and BE curricula. Using material from the Peace Corps Life Skills Manual, we have created a camp curriculum focused on life skills, health information, professional development, and peer education. This curriculum will provide young men and women with the necessary knowledge, attitudes, and skills to help them contribute to the achievement of the Rwandan government's development goals. In addition, City #1 is the area with the second highest rates of HIV cases in Rwanda, after City #2, with a prevalence of 2.7%. This is attributed to continuing risky behavior and promiscuity, especially in specific areas such as District #1 and District #2. This speaks to the region's need for a program like this which will encourage behavior change as a means of prevention.

Community Involvement

How is the community the driving force behind the project? Provide examples that demonstrate the community's involvement in the design and planning of this project.

Community #1 recognizes the need to educate the youth about HIV/AIDS prevention techniques, healthy relationships and the several other topics that will be taught during the week at camp as a means of curbing the spread of the disease and promoting the development of individuals and their communities. As such, Community #1 is eager to host Camp GLOBE as a means to educate the students Region #1. The headmaster has worked with the PCV at the school to secure the necessary space and people required to assist in the implementation of this camp. All authorities at the other participating schools have also expressed their interest and delight in having their students attend the camp.

Outcome

Briefly describe the desired outcome of the project.

There are three primary desired outcomes of this camp: The first is that the campers will be able to take on an active role in their communities as proponents of HIV/AIDS prevention. Using the information that they learn in this camp they will be able to become advocates of safe sex practices, help their communities to dispel myths and spread truths about HIV/AIDS. Second is that students will acquire the tools necessary to educate their peers about the topics they learned in camp, i.e. avoiding peer pressure, how to maintain a healthy relationship with their partners, good nutrition, delaying sex, etc. Lastly, students will learn about the value of future planning. They will learn about setting personal goals (short term

and long term)
 and what steps are needed to accomplish their goals so that they can better understand the importance of future planning in their lives, especially as it relates to developing their own capacities.

Implementation

Describe the implementation plan that will be used to achieve the goals and objectives of this project. Do you foresee any challenges to project implementation?

This camp will be a combination of the usual GLOW and BE camps, with both male and female students participating at the same place and at the same time, but with gender-specific lessons in the mornings followed by mixed activity and application time in the afternoons. It is designed to be a fun and creative outlet for campers to feel comfortable with one another, Junior Facilitators and PCVs so that they do not feel embarrassed or intimidated to ask questions. Each lesson will require the campers to take proactive roles in the classroom (through role plays, discussions, etc.) so that they get the most out of each lesson. We will use the Junior Facilitators heavily, as peer education can be a very effective tool, to develop credibility and trust in each class. Upon arrival and prior to departure, campers will take a pre/post-test to evaluate the skills and knowledge gained as a result of this camp. We do not foresee any challenges that could not be overcome. The Junior Facilitators will be selected from previous camps who have been recommended as a valuable resource. The lessons will be discussed during the TOT for effectiveness and any last minute changes.

Capacity Building

How will the project contribute to building skills and capacity within the community?

This camp is going to be taught in English and as such will help build campers' English language skills. Junior Facilitators will be relied on heavily for teaching material to the campers, acting also as translator when it is necessary to have something explained in Community #4 so that there is total comprehension. Having Junior Facilitators take on this role will help develop their leadership skills and capacity building as they teach individual lessons with auxiliary help from PCVs. The lessons will revolve around providing students with new knowledge and skills about HIV/AIDS prevention, how to serve as peer educators to those who were not at the camp, and a special lesson will be devoted to teaching campers how to develop their own capacity through goal setting and understanding how to achieve those goals through creating small steps that bring them closer to realizing their goals.

Sustainability

How will the community be able to sustain the activities and/or benefits of this project? What is the community's plan to sustain the benefits of the project after the initial project funding has been exhausted?

The incorporation of GLOW and BE lessons into the local school English and/or Health clubs (or establishment of a separate club designated specifically to GLOW or BE) will encourage sustainability at a community level. Campers, along with English/Health Club advisors, should be committed to continuing GLOW and BE activities with their school clubs. We will provide all participants with ideas for lessons and projects to implement with their clubs. Students will keep journals during the camp to record lessons, ideas, and plans. Each school English club will also receive copies of a GLOW/BE manual. These tools will ensure that camp participants are equipped to plan and carry out GLOW/BE activities when they return to their schools. After the conclusion of the camps, PCVs will visit these English/GLOW/BE Clubs to check up on their progress and provide assistance. Strong emphasis is placed on peer education as a main pillar of Camp GLOW/BE. The participation of Junior Facilitators, guest speakers and campers in GLOBE will promote the capacity building of future camps. We plan to create a community network of Camp GLOW/BE alumni so that future classes of PCVs in the Region #1 can maintain strong ties with participating Rwandans.

Goals & Objectives

What are the project's goals and objectives and how will you know if your project is reaching them to produce the desired benefits or change? Please list corresponding goal and objective for each line when entering multiple indicators under a single goal/objective. Add rows if needed.

Fill out for Initial Grant/Application					Fill out for Completion Report	
Goal	Objective	Indicator(s)	Who	When	Results	Comments

<p>The goal of Camp GLOBE is to promote leadership and healthy lifestyle choices among 136 Rwandan youth ages 13-20</p>	<p>By December 2, 2016, 136 youth, 10 Junior Facilitators, and 9 volunteers will participate in cultural exchange through formal and informal conversations, in keeping with Peace Corps Goals 2 and 3.</p>	<p>136 youth, 10 JFs, and 9 PCVs report that they participated in cultural exchange</p>	<p>Volunteers, Campers, HCN facilitators</p>	<p>The pre-test will be administered upon arrival and the post-test will be taken prior to departure.</p>	<p>102 youth including 10 junior facilitators, 6 Rwandan senior facilitators, and 8 PCVs shared aspects of their cultures including music, food, sports, and games.</p>	
<p>The goal of Camp GLOBE is to promote leadership and healthy lifestyle choices among 136 Rwandan youth ages 13-20.</p>	<p>By December 2, 2016, 136 youth will receive training in life skills development, including self-esteem building, decision making, and goal-setting.</p>	<p>136 youth educated in building self-esteem, decision making, and goal setting skills.</p>	<p>Volunteers, Campers, HCN facilitators</p>	<p>The pre-test will be administered upon arrival and the post-test will be taken prior to departure.</p>	<p>102 youth participated in lessons led by PCVs and Rwandan senior facilitators. Lessons learned included having positive self-image physically and emotionally, how to make good decisions regarding peer pressure and healthy living, and how to set goals in different aspects of life. The post-test indicated overall improved test scores in each category with questions such as: What are positive and negative self-statements? What are the steps in resisting pressure to drink alcohol?</p>	
<p>The goal of Camp GLOBE is to promote leadership and healthy lifestyle choices among 136 Rwandan youth ages 13-20.</p>	<p>By December 2, 2016, 136 youth will receive training in team-building and peer leadership skills so that they may serve as peer educators in their respective communities, sharing best practices and lessons from camp.</p>	<p>136 youth educated on team-building and leadership skills.</p>	<p>Volunteers, Campers, HCN facilitators</p>	<p>The pre-test will be administered upon arrival and the post-test will be taken prior to departure.</p>	<p>102 youth participated in lessons and activities focusing on working with peers. Post-test scores indicated overall improvement in the categories with questions such as: What are roles you can have during group work in class? What are the qualities you want to see in a leader?</p>	

The goal of Camp GLOBE is to promote leadership and healthy lifestyle choices among 136 Rwandan youth ages 13-20.	By December 2, 2016, 136 youth will receive training in professional development through activities such as action planning and career planning skills.	136 youth educated in professional development.	Volunteers, Campers, HCN facilitators	The pre-test will be administered upon arrival and the post-test will be taken prior to departure.	102 youth showed post-test improvement in questions such as: What are the important components of a resume? What skills are necessary for your future career and how to plan to obtain those skills?	
The goal of Camp GLOBE is to promote leadership and healthy lifestyle choices among 136 Rwandan youth ages 13-20.	By December 2, 2016, 136 youth from the Region #1 will receive training in HIV/AIDS prevention and good nutrition practices. They will learn how their own self-empowerment can play an essential role in the pursuit of gender equality and HIV/AIDS reduction.	136 youth educated about HIV/AIDS prevention and good nutrition practices.	Volunteers, Campers, HCN facilitators	The pre-test will be administered upon arrival and the post-test will be taken prior to departure.	102 youth showed improvement in post-test questions such as: What are the ways to prevent the transmission of AIDS? How can you reduce stigma against people with HIV/AIDS? What are the main nutrients in our diet? Give an example of a well-rounded meal.	

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Do No Harm

General

Please report on the results of your "do no harm" discussions with community members. Did you find that there were consequences you hadn't thought about?

One potential negative outcome could be that campers do not carry out GLOW/BE-related activities when they return to their respective communities. In other words, the sustainability component of this project would not be carried out. Another potential negative effect of this project is that campers may have false expectations regarding the camp. For example, campers might believe that they will receive scholarships by attending the camp or that they will become members of the Peace Corps. Campers could come into physical harm at the camp as a result of unavoidable injuries or sicknesses that occur in everyday activity.

Environmental

If the proposed project is not solely a training project, please discuss possible negative environmental impacts with your community. What are potential negative Environmental impacts of the project activities?

Given that they will be staying on school grounds for almost a week, campers may affect the cleanliness and quality of the infrastructure and environment of the school.

Mitigation

For each of the potential negative impacts described in your prior responses please describe the measures the community will adopt in order to monitor and mitigate against potentially harmful effects.

In order to prevent the first negative potential outcome (lack of sustainability), we will place a large emphasis on having campers think about and plan future activities during Camp GLOBE. We will also encourage campers to use their English/Health Clubs as a forum for project planning and implementation.

To mitigate the second potential negative effect (false expectations), we will make clear presentations at schools regarding descriptions of Peace Corps and Camp GLOBE. This way, we can try to dispel myths about misinformed impressions about the camps.

All campers will be required to have health insurance. In order to prevent negative environmental outcomes, participants will be advised to practice proper hygiene measures (in toilets, the dormitory, at the playground, etc), to protect/safeguard existing trees, fruits, and flowers, and to leave the place clean. Hygiene kits will provided to each camper to facilitate this process.

Budget Summary

No need to complete this section when working offline. This section will automatically calculate when the detailed budget has been entered in the PCGO portal.

Category	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$12.27	\$0.00	\$0.00
Labor	\$184.05	\$0.00	\$0.00	\$0.00	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$2331.29	\$0.00	\$0.00
Materials Transport	\$73.62	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$1904.59	\$0.00	\$368.10	\$0.00	\$0.00
Other					
Travel/Per Diem/Food/Lodging	\$5904.17	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$8,066.43	\$0.00	\$2,711.66	\$0.00	\$0.00

Budget Detail

Enter each item that will be required to complete the project. For the budget category, you will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your initial budget offline. This can be found at http://files.peacecorps.gov/donate/Small_Grants_Budget_Worksheet.xls. The Grants Coordinator at your post can also provide you a copy.

Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount Local	Grant Amount \$US	Community Contribution Cash (Local/\$US)	Community Contribution In-Kind (Local/\$US)	Third-Party Contribution Cash (Local/\$US)	Third-Party Contribution In-Kind (Local/\$US)

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Sound equipment rental	Equipment	10000.00	1.00	10000.00	0.00	\$0.00	0.00	\$0.00	10000.00	\$12.27	0.00	\$0.00	0.00	\$0.00
Cooking/cleaning bonus incentive	Labor	15000.00	10.00	150000.00	150000.00	\$184.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Refectory - 6 days	Land/Venue Rental	30000.00	6.00	180000.00	0.00	\$0.00	0.00	\$0.00	180000.00	\$220.86	0.00	\$0.00	0.00	\$0.00
Sports area and equipment - 6 days	Land/Venue Rental	30000.00	6.00	180000.00	0.00	\$0.00	0.00	\$0.00	180000.00	\$220.86	0.00	\$0.00	0.00	\$0.00
Large meeting hall - 6 days	Land/Venue Rental	40000.00	6.00	240000.00	0.00	\$0.00	0.00	\$0.00	240000.00	\$294.48	0.00	\$0.00	0.00	\$0.00
Classroom rental - 5 days, 10 rooms	Land/Venue Rental	10000.00	50.00	500000.00	0.00	\$0.00	0.00	\$0.00	500000.00	\$613.50	0.00	\$0.00	0.00	\$0.00
Dorm - 6 days	Land/Venue Rental	5000.00	160.00	800000.00	0.00	\$0.00	0.00	\$0.00	800000.00	\$981.60	0.00	\$0.00	0.00	\$0.00
Camp materials transport	Materials Transport	15000.00	4.00	60000.00	60000.00	\$73.62	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Mattresses rental	Materials/Supplies	1000.00	100.00	100000.00	0.00	\$0.00	0.00	\$0.00	100000.00	\$122.70	0.00	\$0.00	0.00	\$0.00
Cups, plates, forks, pots, pans	Materials/Supplies	500.00	400.00	200000.00	0.00	\$0.00	0.00	\$0.00	200000.00	\$245.40	0.00	\$0.00	0.00	\$0.00
Printing all materials	Materials/Supplies	40.00	50.00	2000.00	2000.00	\$2.45	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing forms	Materials/Supplies	3000.00	1.00	3000.00	3000.00	\$3.68	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing Junior Facilitator Lessons	Materials/Supplies	500.00	10.00	5000.00	5000.00	\$6.14	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing camper acceptance packet	Materials/Supplies	136.00	100.00	13600.00	13600.00	\$16.69	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing pre/post-test	Materials/Supplies	80.00	180.00	14400.00	14400.00	\$17.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Camp phone cards	Materials/Supplies	5000.00	3.00	15000.00	15000.00	\$18.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing lessons/activity resources	Materials/Supplies	1000.00	20.00	20000.00	20000.00	\$24.54	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing camper applications	Materials/Supplies	100.00	300.00	30000.00	30000.00	\$36.81	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Lesson/activity demonstration	Materials/Supplies	50000.00	1.00	50000.00	50000.00	\$61.35	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

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materials (, game supplies)														
Mattress rental - 6 days	Materials/Supplies	1000.00	55.00	55000.00	55000.00	\$67.48	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Decorations	Materials/Supplies	75000.00	1.00	75000.00	75000.00	\$92.02	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Mosquito Nets	Materials/Supplies	500.00	150.00	75000.00	75000.00	\$92.02	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing certificates	Materials/Supplies	500.00	150.00	75000.00	75000.00	\$92.02	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Arts and crafts, office supplies, and classroom materials	Materials/Supplies	80000.00	1.00	80000.00	80000.00	\$98.16	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Office supplies	Materials/Supplies	85000.00	1.00	85000.00	85000.00	\$104.29	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Classroom materials	Materials/Supplies	90000.00	1.00	90000.00	90000.00	\$110.43	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Printing camper workbook	Materials/Supplies	840.00	136.00	114240.00	114240.00	\$140.17	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Hygiene kit (soap, toothpaste, toothbrush, toilet paper, pads, basins, bags)	Materials/Supplies	1000.00	150.00	150000.00	150000.00	\$184.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
T-shirt for campers and Junior Facilitators	Materials/Supplies	4000.00	150.00	600000.00	600000.00	\$736.20	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Round trip transportation - guest speakers	Travel/Per Diem/Food/Lodging	5000.00	5.00	25000.00	25000.00	\$30.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
PCV transport (helping students at the bus station, transport to camp)	Travel/Per Diem/Food/Lodging	3000.00	9.00	27000.00	27000.00	\$33.13	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Round trip transportation - facilitators	Travel/Per Diem/Food/Lodging	10000.00	11.00	110000.00	110000.00	\$134.97	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Water	Travel/Per Diem/Food/Lodging	300.00	2880.00	864000.00	864000.00	\$1060.12	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Round trip transportation for campers	Travel/Per Diem/Food/Lodging	10000.00	146.00	1460000.00	1460000.00	\$1791.41	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

Food for the week	Travel/Per Diem/Food/Lodging	15506.00	150.00	2325900.00	2325900.00	\$2853.87	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total					6,574,140.00	\$8,066.43	0.00	\$0.00	2,210,000.00	\$2,711.66	0.00	\$0.00	0.00	\$0.00

Budget Narrative (optional)

This section describes the types of items or services that will be purchased in each budget category. It gives a snapshot of what will be purchased to complete the project. The budget narrative differs from the detailed budget in that it summarizes all budget line items within the same category. The fields completed here should match the categories used in the "Budget Detail" Section.

Budget Category	Grant Contribution	Community Contribution	Third-Party Contribution
Equipment	Payment to rent sound equipment for the camp	School owned sound equipment	N/A
Labor	Cooking and cleaning incentive for staff at Community #1 school	N/A	N/A
Land/Venue Rental	N/A	Dorm, classroom, cafeteria, kitchen, and sport facility space provided by Community #1	N/A
Materials/Supplies	Printing and office supplies to provide campers, junior facilitators, and volunteers with lessons, resources, and appropriate paperwork. Also, mattresses and mosquito nets, cups, plates, forks, and hygiene kits for campers.	N/A	N/A
Materials Transport	Funds to allow for materials transport (purchasing an additional bus seat to create space for purchases, round trip travel from Region #1 to City #1 to camp to deliver supplies, etc.)	N/A	N/A
Other	T-shirts for campers and facilitators.	N/A	N/A
Travel/Per Diem/Food/Lodging	Travel reimbursement for campers, facilitators, and guest speakers. Food for campers for the week and refreshment for guest speakers, in addition to water for everyone.	N/A	N/A

Grant Performance Indicators

When you are applying for a grant and filling in your grant application, you will only fill in the first column titled, "Initial Indicators". At this time, you will estimate the number of organizations or community members that you anticipate will participate in, benefit from, or be affected by your project. You must enter a non-zero number for at least one initial grant-specific indicator for the project to be approved.

When your project is complete and you are filling out your grant completion report, you will only fill in the second column titled, "Final Indicators". In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant-specific indicator to confirm that the project met agreed-upon funding requirements

Region / Country	Type	Program Element	Metric	Categories	Initial Indicators	Final Indicators
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Rwanda	All	# of Beneficiaries (indirect)	Community members who receive an indirect benefit from the project, not including those counted above	Male(s) 15-24	75	55
				Female(s) 15-24	75	53
		# of Participants (direct)	Community members directly involved in the design and implementation of the project, including those who attend trainings or workshops	Male(s) 15-24	70	52
				Female(s) 15-24	70	50
		Capacity Development	# of individuals who will have increased capacity due to this small grant	Male(s) 15-24	70	52
				Female(s) 15-24	70	50
		New Technology & Practices	# of individuals who have applied new technologies and/or practices as a result of this grant	Male(s) 15-24	70	52
				Female(s) 15-24	70	50
			# of new technologies and/or practices that will have been adopted as a result of this small grant	Technologies	3	3
				Practices	5	5
VAST	PEPFAR*	(HE-140-PEPFAR PP_PREV): # of individuals from each priority population who completed a standardized HIV prevention intervention, including the specified minimum components, during the reporting period	Male(s), 15 to 19	70	52	
			Female(s), 15 to 19	70	50	

Referral Contacts

Most approved PCPP and LGL projects will be posted online for fundraising at peacecorps.gov/donate. Volunteers are encouraged to enter contact information for their friends and family who may want to support their project through donations. Once your project is approved, Peace Corps/HQ staff will contact your referrals to alert them that your project is online.

Title	First Name	Last Name	Relationship to Volunteer	E-mail Address	Street Address	City	State	Zip Code

STOP HERE, if you are filling out your grant application - you are done!

If you have completed your project and are filling in your completion report information, be sure to fill in your final indicators in the "Grant Performance Indicators" section above. Then, fill in your final narrative and budget below.

Completion Report Narrative

Please fill in each box explaining the outcomes of your project.

Tell Your Story

Every project has a story. Please describe any anecdotal evidence/stories from a community member or your personal experience that attest to the project's success. This vignette may be used to highlight your exemplary work when reporting to stakeholders.

In January of 2016 I attended the southwest region's GLOBE camp. None of the PCVs had done a camp before, and as a PCV who had been at site for only a month, I learned a lot about how camp works and how valuable it is to both the students and volunteers involved. When our region decided to hold another camp at the end of the school year, I was eager to have a significant role in the planning of the event. As the grant point person, I thought it would be interesting to coordinate with different people involved in the running of the camp. Because we have such a small region, only a few of us end up planning and running the entire the camp - planning lessons, preparing materials, coordinating with the school, shopping, etc.

Goals Achieved, Changes in Initial Objectives, and Community Feeling

We achieved the goals we initially set out to achieve. Volunteers and Rwandan senior facilitators led lessons on a variety of topics focusing on mental and physical health, building leadership skills, and planning for the future. Students were enthusiastic to participate in these lessons, sharing their knowledge and experiences with each other. And they walked away with new skills that will impact their future, such as building a resume and applying to university. A lesson focus that I did not specify in the original grant was stress management. The students were very responsive to this lesson, as they experience a variety of stresses in their lives. As we had conversations about stress, triggers, and coping mechanisms, I felt the room open up, as if students could feel a sense of belonging and understanding among each other. They all come from different sectors across Community #2 and Community #3, some more rural, some from better schools. But when we discuss things like stress in our lives, they felt a common thread between them. The students were excited to take back what they've learned in camp to their schools and communities. Some spoke about painting malaria murals at their schools or health centers. Many students are determined to bring GLOW/BE clubs to their schools to share and expand on their trainings.

Capacity and Skills Built

Capacity building can be difficult to measure, but the pre-test/post-test helps to show real learning took place. More students know all the ways to prevent both HIV and malaria transmission. More students know how to create balanced healthy meals using the ingredients commonly found in their markets, and more understand the importance of avoiding too much sugar, oil, and salt in their diets. More students know how to set goals for the future, in the short and long term, and how to write a well-formed resume. More students know how to promote positive self-esteem and avoid negative peer pressure.

Sustainability

One of the best features about GLOBE camp is that we accept students to attend who are interested in being leaders and role models. They are excited to learn in the camp lessons and participate fully in the activities. Before leaving camp we discuss ways students can bring what they've learned to their communities and continue the learning experience without PCVs present. All of the students came up with a plan for how to implement clubs or add to existing clubs, including a list of weekly topics. The students do not necessarily need a PCV to attend the club, as they have become trained GLOBE leaders by attending camp.

Unexpected Events and Recommendations

There are some logistical issues that come up during camp and could be corrected in the future. One is that students should agree on a price for the cost of travel when they turn in their permission forms. PCVs should make sure students understand that they'll be receiving the agreed upon amount, and that they cannot change their destination and ask for more money when checking out of camp. When students do this, it becomes difficult to know who really has to travel farther and who is lying to receive more money.

Lessons Learned and Promising Practices

Sometimes in large group activities, the boys can slightly overshadow the girls by participating more often and more loudly. For the next camp, it might be a good idea to have the girls attend a day before, where the focus can be on GLOW only activities and female empowerment. This might help the girls feel stronger during the rest of the time at camp and they might feel more comfortable participating. This is a suggestion since our region has too few volunteers to hold separate GLOW and BE camps.

Final Budget Summary

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No need to complete this section when working offline. This section will automatically calculate when the Final Project Log has been entered in the PCGO portal.

Activity	Grant Amount	Community Contribution Cash	Community Contribution In-Kind	Third-Party Contribution Cash	Third-Party Contribution In-Kind
Equipment	\$0.00	\$0.00	\$12.27	\$0.00	\$0.00
Labor	\$184.05	\$0.00	\$0.00	\$0.00	\$0.00
Land/Venue Rental	\$0.00	\$0.00	\$2,331.29	\$0.00	\$0.00
Materials Transport	\$91.36	\$0.00	\$0.00	\$0.00	\$0.00
Materials/Supplies	\$2,290.90	\$0.00	\$245.40	\$0.00	\$0.00
Other					
Travel/Per Diem/Food/Lodging	\$4,618.01	\$0.00	\$0.00	\$0.00	\$0.00
Total	\$7,184.32	\$0.00	\$2,588.96	\$0.00	\$0.00

Final Budget

Use this project log to record each receipt collected for your project. You will need to classify each item as one of the following budget categories: Equipment, Labor, Land/Venue Rental, Materials Transport, Materials/Supplies, Other, Travel/Per Diem/Food/Lodging. It is recommended that you use the supplemental spreadsheet to complete your final budget offline. This can be found at http://files.peacecorps.gov/donate/Final_Report_Project_Log.xls.

Date	Receipt #	Item Description	Budget Category	Unit Cost	Qty	Total Cost	Grant Amount (Local Currency)	Grant Amount (\$US)	Community Contribution Cash (Local Currency/\$US)	Community Contribution In-Kind (Local Currency/\$US)	Third-Party Contribution Cash (Local Currency/\$US)	Third-Party Contribution In-Kind (Local Currency/\$US)				
11/27/2016	00	Sound equipment rental	Equipment	10,000.00	1.00	10,000.00	0.00	\$0.00	0.00	\$0.00	10,000.00	\$12.27	0.00	\$0.00	0.00	\$0.00
11/25/2016	01	Cooking/cleaning bonus incentive	Labor	15,000.00	10.00	150,000.00	150,000.00	\$184.05	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/27/2016	00	Refectory - 6 days	Land/Venue Rental	30,000.00	6.00	180,000.00	0.00	\$0.00	0.00	\$0.00	180,000.00	\$220.86	0.00	\$0.00	0.00	\$0.00
11/27/2016	00	Sports area and equipment - 6 days	Land/Venue Rental	30,000.00	6.00	180,000.00	0.00	\$0.00	0.00	\$0.00	180,000.00	\$220.86	0.00	\$0.00	0.00	\$0.00
11/27/2016	00	Large meeting hall - 6 days	Land/Venue Rental	40,000.00	6.00	240,000.00	0.00	\$0.00	0.00	\$0.00	240,000.00	\$294.48	0.00	\$0.00	0.00	\$0.00
11/27/2016	00	Classroom rental - 5 days, 10 rooms	Land/Venue Rental	10,000.00	50.00	500,000.00	0.00	\$0.00	0.00	\$0.00	500,000.00	\$613.50	0.00	\$0.00	0.00	\$0.00

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11/27/2016	00	Dorm - 6 days	Land/Venue Rental	5,000.00	160.00	800,000.00	0.00	\$0.00	0.00	\$0.00	800,000.00	\$981.60	0.00	\$0.00	0.00	\$0.00
11/27/2016	02	Camp materials transport	Materials Transport	74,460.00	1.00	74,460.00	74,460.00	\$91.36	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/27/2016	00	Cups, plates, forks, pots, pans	Materials/Supplies	500.00	400.00	200,000.00	0.00	\$0.00	0.00	\$0.00	200,000.00	\$245.40	0.00	\$0.00	0.00	\$0.00
11/19/2016	03	Decorations	Materials/Supplies	5,600.00	1.00	5,600.00	5,600.00	\$6.87	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
10/9/2016	03	Camp phone cards	Materials/Supplies	1,000.00	15.00	15,000.00	15,000.00	\$18.40	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	01	Mattress rental - 6 days	Materials/Supplies	90,000.00	1.00	90,000.00	90,000.00	\$110.43	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/27/2016	03	Printing all materials	Materials/Supplies	229,780.00	1.00	229,780.00	229,780.00	\$281.94	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/26/2016	03	Arts and crafts, office supplies, and classroom materials	Materials/Supplies	229,800.00	1.00	229,800.00	229,800.00	\$281.96	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/26/2016	04	Lesson/activity demonstration materials (, game supplies)	Materials/Supplies	232,000.00	1.00	232,000.00	232,000.00	\$284.66	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/26/2016	05	Hygiene kit (soap, toothpaste, toothbrush, toilet paper, pads, basins, bags)	Materials/Supplies	494,900.00	1.00	494,900.00	494,900.00	\$607.24	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
11/24/2016	06	T-shirt for campers and Junior Facilitators	Materials/Supplies	570,000.00	1.00	570,000.00	570,000.00	\$699.39	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	07	Round trip transportation - guest speakers	Travel/Per Diem/Food/Lodging	10,000.00	1.00	10,000.00	10,000.00	\$12.27	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	09	PCV transport (helping students at the bus station, transport to camp)	Travel/Per Diem/Food/Lodging	31,000.00	1.00	31,000.00	31,000.00	\$38.04	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00

12/2/2016	08	Round trip transportation - facilitators	Travel/Per Diem/Food/Lodging	33,500.00	1.00	33,500.00	33,500.00	\$41.10	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	01	Water	Travel/Per Diem/Food/Lodging	300.00	360.00	108,000.00	108,000.00	\$132.52	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	09	Round trip transportation for campers	Travel/Per Diem/Food/Lodging	775,400.00	1.00	775,400.00	775,400.00	\$951.41	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
12/2/2016	10	Food for the week	Travel/Per Diem/Food/Lodging	2,805,780.00	1.00	2,805,780.00	2,805,780.00	\$3,442.67	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00	0.00	\$0.00
Total							5,855,220.00	\$7,184.32	0.00	\$0.00	2,110,000.00	\$2,588.96	0.00	\$0.00	0.00	\$0.00

Final Grant Performance Indicators

Please go back to the previous "Grant Performance Indicators" section and fill in the column titled, "Final Indicators" to report on the results of your project. In this column, you will report the actual number of organizations or community members that participated in, benefited from or were affected by your project. You must enter a non-zero number for at least one final grant specific indicator to confirm that the project met agreed-upon funding requirements.

