

Project Proposal

Organization	JUH (JOHANNITER)																																	
Project Title	Enabling vulnerable population affected by conflict in Faryab and living in un served, remote areas in Badakhshan to access Health services and thus save lives																																	
Fund Code	AFG-15/O580/SA1/H/INGO/338																																	
Cluster	<table border="1"> <tr> <td>Primary cluster</td> <td>Sub cluster</td> </tr> <tr> <td>HEALTH</td> <td>None</td> </tr> </table>		Primary cluster	Sub cluster	HEALTH	None																												
Primary cluster	Sub cluster																																	
HEALTH	None																																	
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type	Field activities																															
Project budget in US\$	449,448.82	Planned project duration	12 months																															
Planned Start Date	01/06/2015	Planned End Date	31/05/2016																															
OPS Details	OPS Code	OPS Budget	0.00																															
	OPS Project Ranking	OPS Gender Marker																																
Project Summary	<p>Johanniter's Mission in Afghanistan since 2002 is to provide emergency health care to the most deserving population. It has been implementing Clinics in Faryab and Badakhshan Provinces since 2014. Through this project, 6 Clinics – 4 in Faryab and 2 in Badakhshan Provinces are planned from June 2015. In Faryab Province, Johanniter would continue the 2 MHTs which are currently implemented in Pushtunkote and Qaisar with support from WHO until May 2015. In Pushtunkote District, some families have moved away due to the on-going conflict and only a population of 23035 is remain in the 11 targeted villages. While some villages are about 7 km away from the nearest health facility, others are 14 kms away.</p> <p>In Qaisar District, the target population is 17882. The targeted 11 villages are quite insecure. While some villages are 7 km, others are 22 km from the HF. Due to the continuous running of the 2 MHTs by Johanniter, the morbidity and mortality are greatly reduced in the community.</p> <p>In the 2 new locations - 2 SHCs are planned in Gurziwan and Kohistan.</p> <p>In Gurziwan District, the target population is 17000. The targeted 15 villages are quite insecure. The nearest health facility is in the radius of 15-80km from these villages.</p> <p>In Kohistan District, the target population is 31022. The targeted 25 villages are quite insecure. The nearest health facilities are in the radius of 5-120kms. However traveling for the medical team indeed pose security challenges in the rough terrain as the target villages are quite insecure. The Security Officer of JUH would track the movement of the medical team.</p> <p>Badakhshan Province: 2MHTs in East</p> <p>In Wakhan District, there are 2 Health Facilities which are located at a distance of 26 hours by walk or donkey. There are 37 villages with population of 14389 having no access to health services. To reach this location from Faizabad, the medical team would require 4 days in winter and 2 days during the summer.</p> <p>The Darwas has 5 districts, of which in Kuf Ab District, there is immense need to of Health services for people who have no access to the two existing HFs which are located at a distance of 15kms. The 32 villages of Kuf Ab have no access to health services which has a population of 14490. The distance between Faizabad and Kuf Ab is 250 km. During the winter, people have to go to Kuf Ab through Tajikistan, which needs 3 days journey and through Badakhshan, it takes one week. The emphasis at the 6 Clinics would be on maternal and child health; emergency health care services including referral through Ambulance. The daily OPDs would function with MD Doctor/Nurse. Activities would include provision of reproductive health services by qualified midwives, pregnant women would be provided with supervised delivery inside the health facility or at their homes, provision of immunization services for women and children; prescribing medicines according to the standard medical list of BPHS. Further the project would undertake routine growth monitoring and nutritional services.</p> <p>The medical teams would identify service delivery points in consultation with local elders, Shuras and PPHD in areas easily accessible to the community in the vicinity. As well as the project would support communicable disease surveillance and outbreak investigation with sample collection.</p> <p>In addition the project would carry out regular supervision and monitoring visits; and submit reports on progress of activities, present them at the PHCC meetings. Thus the project aims to reduce maternal and child mortality and morbidity by providing lifesaving health care services.</p> <p>In Badakhshan, the entire medical team would stay close to the location of the clinics, while at Faryab locations, based on need, the midwives would stay overnight to handle normal deliveries. The clinics are structured in order to handle normal deliveries. Vaccination and mainstreaming of disabled would be a priority.</p>																																	
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>37702</td> <td>37702</td> <td>9425</td> <td>9425</td> <td>94,254</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Host Communities</td> <td>37702</td> <td>37702</td> <td>9425</td> <td>9425</td> <td>94254</td> </tr> <tr> <td>Internally Displaced People</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>					Men	Women	Boys	Girls	Total	Beneficiary Summary	37702	37702	9425	9425	94,254	Total beneficiaries include the following:						Host Communities	37702	37702	9425	9425	94254	Internally Displaced People	0	0	0	0	0
	Men	Women	Boys	Girls	Total																													
Beneficiary Summary	37702	37702	9425	9425	94,254																													
Total beneficiaries include the following:																																		
Host Communities	37702	37702	9425	9425	94254																													
Internally Displaced People	0	0	0	0	0																													
Indirect Beneficiaries	Pashtunkote = 4607 Qaisar = 3576 Kohistan = 6204 Gurziwan = 3400 Kuf = 2898 wakhan = 2879 Total indirect beneficiaries = 23564		Catchment Population	Pashtunkote = 23035 Qaisar = 17882 Kohistan = 31022 Gurziwan = 17000 Kuf = 14490 wakhan = 14389 Total indirect beneficiaries = 117818																														
Link with the Allocation Strategy	<p>Johanniter (JUH) has been implementing Clinics in both Faryab and Badakhshan Provinces since 2014. The Mission of JUH in Afghanistan since 2002 is to provide emergency health care to the most deserving population. Through this project, JUH would implement 6 Clinics – 4 in Faryab and 2 in Badakhshan Provinces. The emphasis at the 6 Clinics would be on maternal and child health; emergency health care services including referral through Ambulance. The daily OPDs would function with MD Doctor and Nurse. Activities would include provision of reproductive health services by qualified midwives, pregnant women would be provided with supervised delivery inside the health facility or at their homes, provision of immunization services for women and children; prescribing medicines according to the standard medical list of BPHS. Further undertake routine growth monitoring and nutritional services. Thus the project aims to reduce maternal and child mortality and morbidity by providing lifesaving health care services and arrest cases of pneumonia.</p> <p>This project is clearly linked to the CHF allocation strategy and strategic priorities by addressing the most urgent needs of the vulnerable population in the insecure and remote Districts in the Provinces of Faryab and Badakhshan. All the 6 Districts where JUH would like to establish the Clinics are identified and recommended by the WHO. Health Cluster and PPHD in Faryab and Badakhshan (Letters of PHDs attached).</p> <p>Main strategic objective 1 of the first standard allocation 2015: As the MHTs which are currently run in Faryab supported by WHO from CERF funds, if extended through CHF would continue to sustain the results and save lives thus maximize the impact of funds already committed.</p> <p>Strategic objective 3 of the first standard allocation 2015: This project fits with this objective by provision of life-saving humanitarian assistance to vulnerable population affected by conflict in Faryab, consequent displacement and remote communities in Badakhshan, with difficult terrain and climate.</p> <p>With regard to strategic priority (2) of the Health Cluster, this project supports the provision of life-saving health care services in areas of active conflict where no other provider is delivering these services, thus under-served areas of Faryab and Badakhshan as recommended by the PPHD.</p> <p>With regard to strategic priority (1) of the Health Cluster, the project is planned in Faryab where the population is on the move due to the conflict. The project indeed aims to reduce morbidity and mortality and provide timely response to the affected population. Badakhshan has difficult terrain and climate while parts of Faryab are insecure. Further Badakhshan and Faryab are eligible Provinces under the Health Strategic priorities. Therefore eligible programme area of establishing Static and Mobile Health facilities in remote, insecure and under-served areas and IDPs are attempted in the project.</p>																																	
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)																															
Organization focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Dr Akbarzai Sediqullah</td> <td>Program Coordinator</td> <td>93 796 199 299</td> <td>sediquallah.akbarzai@thejohanniter.org</td> </tr> <tr> <td>Dr James A. Williams</td> <td>Country Director</td> <td>93 795 391 309</td> <td>james.williams@thejohanniter.org</td> </tr> <tr> <td>Mr. Donny Opar</td> <td>Finance Administrator</td> <td>93 793 784 840</td> <td>donny.opar@thejohanniter.org</td> </tr> <tr> <td>Mr Andre Breintenstein</td> <td>Desk officer, Berlin</td> <td>493026997450</td> <td>andre.breintenstein@johanniter.de</td> </tr> </tbody> </table>					Name	Title	Phone	Email	Dr Akbarzai Sediqullah	Program Coordinator	93 796 199 299	sediquallah.akbarzai@thejohanniter.org	Dr James A. Williams	Country Director	93 795 391 309	james.williams@thejohanniter.org	Mr. Donny Opar	Finance Administrator	93 793 784 840	donny.opar@thejohanniter.org	Mr Andre Breintenstein	Desk officer, Berlin	493026997450	andre.breintenstein@johanniter.de									
Name	Title	Phone	Email																															
Dr Akbarzai Sediqullah	Program Coordinator	93 796 199 299	sediquallah.akbarzai@thejohanniter.org																															
Dr James A. Williams	Country Director	93 795 391 309	james.williams@thejohanniter.org																															
Mr. Donny Opar	Finance Administrator	93 793 784 840	donny.opar@thejohanniter.org																															
Mr Andre Breintenstein	Desk officer, Berlin	493026997450	andre.breintenstein@johanniter.de																															

BACKGROUND INFORMATION

<p>1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented</p>	<p>In the 6 Districts of Faryab and Badakshan Provinces where the 6 Clinics would be serving the vulnerable populations are currently uncovered by BPHS implementers. While in Faryab the 4 locations are insecure, in Badakshan, the 2 locations are remote. In Pashtunkote District, many of them have moved away due to on-going conflict and only a population of 23,035 and 3255 families remains in the 11 targeted villages. Among them 4607 are women in reproductive age and 921 are pregnant. While some villages like Tara Khana, are about 7 km away from the nearest health facility, others are 14 kms away. In Qaiser District, the target population is 17,882 and 3664 families. Among them are 3576 women in reproductive age, and 715 are pregnant. The targeted 11 villages are quite insecure. While Arzalik Balka and Arzalik Payen are 5 and 7 km respectively far from the nearest health facility, others are 22 km far from the HF. Through currently established MHTs, JUH gather that during the winter the people are suffering from respiratory tract infection (Pneumonia) and during the summer gastro intestinal disease are common. Due to the continuous running of the 2 MHTs by JUH the morbidity and mortality are greatly reduced in the community. Gurziwan and Kohistan are 2 new locations where 2 SHCs would be implemented. In Gurziwan District, the target population is 17,000 and 2833 families. Among them are 3400 women in reproductive age, and 680 are pregnant. The targeted 15 villages are quite insecure. The nearest health facility is 15-80km for these villages. In Gurziwan, besides seasonal diseases, TB, anemia complications in birth delivery and some chronic illness are prevalent. In Kohistan District, the target population is 31,022 and 5170 families. Among them are 6204 women in reproductive age, and 1240 are pregnant. The targeted 25 villages are quite insecure. The nearest health facilities from these 25 villages are in the radius of 5-120kms. Many other NGOs are unwilling to work in these locations. However traveling for the medical team indeed pose security challenges in the rough terrain as the target villages are quite insecure</p> <p>Badakshan: The Wakhan District is located in eastern Badakshan. There are 2 HFs (1 BHC & 1 SHC) which are located at a distance of 26 hours by walk or donkey. There are 37 villages with population of 14389 and 2398 families have no access to health services. There are 2877 women in reproductive age and 575 are pregnant. The distance between Faizabad to Broghir (boarder of Wakhan) is 378 Km. To reach this location, the medical team would require 3-4 days in winter and 2 days during the summer. Darwas has 5 districts, of which in Kuf Ab there is immense need to provide Health services to people who have no access to the two existing HFs. There are 2 HFs (1 BHC & 1 SHC) which are located at a distance of 15kms Kuf Ab is in eastern part of Badakshan. District capital is Qal'eh-ye Kuf. The 32 villages of Kuf Ab have no access to health services which has 14,490 population. Of them 2890 women are reproductive age and 579 are pregnant. The distance between Faizabad and Kuf Ab is 250 km. During the winter the people have to go to Kuf Ab through Tajikistan, which needs 3 days journey and through Badakshan, one week. In the target locations in Badakshan, the people are very poor and do not have access to quality food. Malnutrition and TB are the main health problems.</p>
<p>2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)</p>	<p>Based on the request of PHDs of Faryab and Badakshan, the Project Supervisors of JUH in both provinces conducted need assessment between March 26 and 28 for the six locations and based on the assessment reports this proposal has been developed. The assessment report is attached.</p>
<p>3. Description Of Beneficiaries</p>	<p>The project would cater to the needs of women and children; pregnant and lactating mothers, children requiring vaccination and nutrition care; adults with symptoms of pneumonia and seasonal diseases. The proposed project would thus ensure that women/girls and men/boys would benefit equally from the project.</p> <p>Beneficiaries. Men Women Boys Girls Total Badakhsan - Kofab 4636 4636 1159 1159 11590 Badakhsan - Wakhan 4604 4604 1152 1152 11512 Faryab - Pashtunkot 7371 7371 1843 1843 18428 Faryab - Qaysar 5722 5722 1431 1431 14306 Faryab - Konstance 9927 9927 2482 2482 24818 Faryab - Garziwan 5440 5440 1360 1360 13600</p>
<p>4. Grant Request Justification.</p>	<p>JUH has been working in Afghanistan since 2002 in close cooperation with the MOPH implementing BPHS projects in Herat, Kabul and Balkh provinces. In the last 2 years, it extended its emergency health care services to Khost, Badakshan, Faryab and Panjsher Provinces. JUH had been implementing since July 2014 SHT in Abi Bariki (Agro District) and MHT in Yafel- payeen and Darayem districts of Badakshan Province. These 2 Clinics which were continued for winterization would be closed in May and 2 new MHTs would be initiated in Wakhan and Kuf Ab Districts of Badakshan Province. From December 2014 in Faryab province, JUH has initiated 2 MHT's in Pashtunkote and Qaisar districts. JUH is requesting for continuation of these 2 Clinics in Faryab whose funding support from WHO would end in May 2015. As we do know the community we are serving well and had enjoyed good rapport with the PPHD, BPHS provider in this Province and other stakeholders, we are better placed to continue to deliver this project. JUH propose to implement 2 new SHCs in Gurziwan and Kohistan districts of Faryab. In Faryab, the BPHS implementer AADA is also a partner of JUH (together implementing Mid-wifery project in Mazar at IHS where the girls come from 10 Provinces) and is cooperating with our work in terms of referrals, etc.</p> <p>Both in Faryab and Badakshan at the Provincial capital, JUH has set up office /store rooms and stocks are stored to address any eventuality. JUH would be implementing the project directly and the project team would be selected within the same province living closer to the Clinics location. This would indeed promote acceptance from the local community. The project team would participate in the Health shuras and ensure feedback mechanism. A visibility board with mobile number of the Program Coordinator would be displayed for feedback from the beneficiaries and others. JUH would encourage midwife to stay overnight in order to carry out ANC, deliveries and PNCs. During the course of the project, the exit strategy would be addressed. As JUH are implementing the midwifery project in Mazar, it could facilitate recruiting and training of young girls from these locations as midwives and after training appoint them in the nearest health facility. The HMIS reports would be shared with stakeholders including the PPHD.</p> <p>Johanniler has expertise in emergency health care and could intervene with short notice. Based on request from UN-OCHA and WHO, they are running a BHC + in Gulian Camp in Khost and also are planning to implement from April 2015 MHTs in Panjsher in view of the recent avalanches.</p> <p>Currently no other NGO is willing to provide health services in these insecure (Faryab) and unserved (Badakshan) locations. The 6 Clinics would provide equitable access to the target population and thus remedy, mitigate or avert direct loss of life and protect their dignity. The project in 6 locations would provide equitable access to the affected population and thus remedy, mitigate or avert direct loss of life and protect their dignity.</p> <p>Having experience of providing emergency health care and having other humanitarian response program capacity, JUH is requesting support for this project.</p>
<p>5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.</p>	<p>The BPHS implementer in Faryab is AADA which is already a partner of JUH (since 2012). As both organizations are together implementing the Midwifery training project with IHS in Mazar covering 10 Provinces and also completed the construction, equipping and capacity building of the Mir Batcha Kot Maternity Hospital near Kabul.</p> <p>JUH for the last 4 years has been implementing Disaster Risk Reduction projects in Balkh Province and from the last year in the Faryab Province. JUH has finalized implementation of a new project of First Aid Trauma Posts (FATPs) for SHCs in these 2 Provinces with support from the Government of Germany beginning August 2015 in discussion with WHO. Globally JUH is known for their First Aid and Ambulance services. Therefore JUH would link the FATPs anchored at the SHCs to health facilities planned in these 6 locations. In all these locations JUH would also train the medical team and the CHWs in First Aid.</p>

LOGICAL FRAMEWORK

Overall project objective	Provision of prioritized primary health services for population affected by displacement, natural disasters, insecurity and have no access to health services
----------------------------------	---

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. Reduce incidence of maternal and child mortality and morbidity targeting 1 million	1. Excess morbidity and mortality reduced	100

Outcome 1	Reduce incidence of avoidable mortality and morbidity in two Provinces/ 6 Districts					
Code	Description	Assumptions & Risks				
Output 1.1	Provision of Primary health care services	That women would be supported by families to access the Clinic				
Indicators						
Code	Cluster	Indicator	End Cycle Beneficiaries			End-Cycle Target
			Men	Women	Boys	Girls
Indicator 1.1.1	HEALTH	Number of Children < 2 vaccinated				7540
		Means of Verification:	HMIS report			
Indicator 1.1.2	HEALTH	% of outbreak alarms investigated within 48 hours from notification				90

	be present and ascertain their opinion on the functioning of the Clinic. S/he would also report to them on the follow up done based on the last meeting held with them. S/He would also provide feedback based on the monthly M&E reports. This feedback from the community would be shared during the monthly meeting of the medical team for improvement of the Clinics.										
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	<p>There are already 2 Mobile health teams in place at Pashtunkote and Qaiser in Faryab Province implemented by JUH with funds from WHO. The staff, equipment, etc., of the 2 Clinics would be transferred so that the Clinics would continue without disruption. The current medical team contracted by Johanniter would be re-employed with new contract from June 01, 2015 to ensure continuity of quality health services through MHTs. Johanniter would ensure that there is gender equity. The BPHS implementer would be regularly contacted to avoid duplication. However the project would need to recruit additional staff for Gurziwan and Kohistan SHCs.</p> <p>In the case of Badakhshan since the 2 locations are located quite far from the Faizabad. A Johanniter team would travel for stay at this location to initiate dialogue with the nearest Health Facility, then with the community in selection the site for the clinic. Close to the Clinic a House would be rented so that the medical team could stay there. Therefore a fortnight is required at each location in order to set the MHTs. Communication channels would be established with the BPHS implementer, nearest Police outpost and PPHD. The feasibility of mobile phone services would be confirmed. The Logistics Officer would then procure goods for storage at this location for every 3 months.</p>										
Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. AADA</td> <td>AADA is our partner in Balkh province. Since they are BPHS implementers in Faryab, there would be regular weekly meetings in their Provincial office in Faryab.</td> </tr> <tr> <td>2. PPHD</td> <td>In both provinces, we would be in touch with them every fortnight and report on epidemic on immediate basis & attend PPHCC meetings</td> </tr> <tr> <td>3. ACTED</td> <td>ACTED are conducting health education activity in Faryab and we would coordinate with them on monthly basis</td> </tr> <tr> <td>4. AKDN</td> <td>They are BPHS implementers for the Districts where our proposed MHTs would be located. We would discuss with them every month</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. AADA	AADA is our partner in Balkh province. Since they are BPHS implementers in Faryab, there would be regular weekly meetings in their Provincial office in Faryab.	2. PPHD	In both provinces, we would be in touch with them every fortnight and report on epidemic on immediate basis & attend PPHCC meetings	3. ACTED	ACTED are conducting health education activity in Faryab and we would coordinate with them on monthly basis	4. AKDN	They are BPHS implementers for the Districts where our proposed MHTs would be located. We would discuss with them every month
Name of the organization	Areas/activities of collaboration and rationale										
1. AADA	AADA is our partner in Balkh province. Since they are BPHS implementers in Faryab, there would be regular weekly meetings in their Provincial office in Faryab.										
2. PPHD	In both provinces, we would be in touch with them every fortnight and report on epidemic on immediate basis & attend PPHCC meetings										
3. ACTED	ACTED are conducting health education activity in Faryab and we would coordinate with them on monthly basis										
4. AKDN	They are BPHS implementers for the Districts where our proposed MHTs would be located. We would discuss with them every month										
Environmental Marker Code	A+: Neutral Impact on environment with mitigation or enhancement										
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality										
Justify Chosen Gender Marker Code	In general women and girls only take part in public events in strictly separated and gender-specified groups. The project activities consider the religious and traditional particularities of the Afghan culture. Gender-based differences are acknowledged in the project activities. The project will serve for all categories of the communities and will get benefits equally from the health services without any discrimination.										
Protection Mainstreaming	The Program Coordinator who has good understanding of the protection issues would also meet the CDC/Health Shuras once in two months. The CHWs would identify protection issues concerning women, children and other vulnerable and report to the project supervisor. Coordination would be made with Child and women rights NGOs to access information on abuse and discrimination if any and to follow up the same to its resolution. Johanniter is part of the global consortium on SHERE standards and its management staff are trained in "Do No Harm"...										
Safety and Security	The security situation in Faryab especially in Pashtunkote and Qaiser is volatile and some parts are quite insecure. The situation in Badakhshan is changing all the time. The Johanniter has Safety and Security Manual. The Security officer (SO) of Johanniter is trained and the local project supervisor would act as security focal point for this project and communicate on a day to day basis to the SO. S/He would be in touch with community leaders and CDC and seek regular security related information. Johanniter is part of the German Government security support services called RMO which has based in Faizabad and Mazar. JUH is also in touch with INSO. The Guards and Drivers would be trained in both security and first aid.										
Access	Johanniter would have sub-office in Faizabad and Maimana. All the members of the medical team would be locally recruited therefore access to the project area would be easier even if the Province is cut off from flight services. Further for the locations in Badakhshan the medical team would stay at these locations continuously with break once in 2 months.										

BUDGET**1 Staff and Other Personnel Costs** (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Project Manager(Provinces)	D	2	1100	12	100.00%	26,400.00
	will be in charge of day to day management and supervision of the project. One project Officer per province and salary is based on JUH salary scale which includes all benefits. They would be recruited from the respective Province so that they are familiar with the terrain and the stakeholders. He would attend PHCC, cluster and other network meetings. He would prepare monthly HIMS report from the database.						
1.2	Medical Doctor	D	6	800	11	100.00%	52,800.00
	6 medical doctors in two provinces will lead the medical team at the medical facilities and provide professional expertise. he/she would be conversant in the local language and would be recruited locally. Ideally the staff would be located closer to the Clinic. salary is based on JUH salary scale which includes all benefits						
1.3	Midwife	D	6	850	11	100.00%	56,100.00
	6 Midwives in two provinces lead in the provision of midwifery services. he/she would be conversant in the local language and would be recruited locally. Ideally the staff would be located closer to the Clinic. salary is based on JUH salary scale which includes all benefits						
1.4	Monitoring & Evaluation officer- FRB & BDN	D	1	1300	11	100.00%	14,300.00
	Provides support to project management from the country office, help with monitoring and narrative reporting. He would be undertaking monitoring visits once every month and meet PHD and other stakeholders. salary is based on JUH salary scale which includes all benefits						
1.5	Vaccinator/Health Educator	D	6	400	11	100.00%	26,400.00
	Will do vaccination. he/she would be conversant in the local language and would be recruited locally. Ideally the staff would be located closer to the Clinic. salary is based on JUH salary scale which includes all benefits						
1.6	Finance and Admin Officer	S	1	1393	11	20.00%	3,064.60
	responsible for day to day book keeping, data entry and payments. He would be supervised by the FA in Kabul. On a monthly basis he would submit reports to Kabul with cash box containing original payment vouchers. he/she would be conversant in the local language and would be recruited locally. Ideally the staff would be located closer to the Clinic. salary is based on JUH salary scale which includes all benefits						
1.7	Support Staff(Guard/Cleaner)for clinics	S	6	180	11	100.00%	11,880.00
	provides support services. he would be conversant in the local language and would be recruited locally. salary is based on JUH salary scale which includes all benefits						
1.8	Support Staff(Guard/Cleaner)for office/Guest Room	S	3	180	11	100.00%	5,940.00
	provides support services. he would be conversant in the local language and would be recruited locally. salary is based on JUH salary scale which includes all benefits						
1.9	Food Allowance for Staff	D	30	1.5	30	100.00%	1,350.00
	food allowance for the project based staff while on duty						
	Section Total						198,234.60

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Stationery/Printing HIMS Forms and Registers	D	6	100	11	100.00%	6,600.00

	The registration of the OPD patients are maintained at the Clinic. There would be a proper record kept. On a monthly basis the PO would develop the HMIS report. The admission forms, registers, ANC/PNC, vaccinations charts and the HMIS report forms are to be printed.						
2.2	Medicine and medical supply	D	6	850	11	100.00%	56,100.00
	Medical consumables (Bandage, antiseptics, etc, different medicines (Antibiotics, Analgesic and etc) according to the standard I of BPHS.						
2.3	HF Supplies and utilities	D	6	400	11	100.00%	26,400.00
	Plates, glasses,pots and other kitchen material, cleaning material and catering material						
2.4	Staff uniform	D	18	40	2	100.00%	1,440.00
	Uniform for medical staff						
	Section Total						90,540.00
3 Equipment (please itemize costs of non-consumables to be purchased under the project)							
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Equipment Medical	D	2	700	1	100.00%	1,400.00
	States-cop, Feto-scop, Speghmonometer Autoclave, Minor Surgery kits, delivery kits and etc						
3.2	Furniture for Clinics	D	2	600	1	100.00%	1,200.00
	Examination table, chairs, tables and etc.						
3.3	Furniture for Guest Houses in BDN	S	2	300	1	100.00%	600.00
	desk and chair						
3.4	Laptop Computers	S	1	600	1	100.00%	600.00
	one desk top for each location						
3.5	Printers	S	1	150	1	100.00%	150.00
	one printer for each location						
3.6	Scanners	S	1	100	1	100.00%	100.00
	Section Total						4,050.00
4 Contractual Services (please list works and services to be contracted under the project)							
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	Section Total						0.00
5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)							
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Travel management staff	S	1	1000	3	100.00%	3,000.00
	Every quarter, one senior management staff would travel to the field location - CD, PC, FA. Return ticket by PACTEC and UNAIR would cost around USD 360 each trip. While CD, PLM and PC may travel every quarter to Tajikistan. This includes visa for Tajikistan while traveling to Wakhan and Darwaz.						
5.2	Per Diem for management staff	D	6	10	5	100.00%	300.00
	Per diem for local management staff PC, MEO and PLM. Per day per diem rate is USD 10						
5.3	Vehicle for Transportation of Team,patients & Referrals	D	6	1300	11	100.00%	85,800.00
	One Vehicle would be hired at each location for staff transportation at both morning and evenings, and the vehicle would be used for referral during the day. In Wakhan and Darwaz, this vehicle 2would be used as ambulance for referral and to bring the medical team every 3rd week to Faizabad.						
5.4	Airfare for Kabul team for monitoring	S	4	800	1	100.00%	3,200.00
	Airfare for monitoring visits by CO team						
5.5	Local transport	S	1	200	11	100.00%	2,200.00
	Taxi cost for project staff for coordination meetings with other stakeholders at the Provincial capital						
	Section Total						94,500.00
6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)							
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
6.1	Rent of clinics	D	5	150	11	100.00%	8,250.00
	Rent for clinics						
6.2	Store/Rest room rent	D	3	400	11	100.00%	13,200.00
	Rent for store/rest room						
	Section Total						21,450.00
7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)							
Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Winter heating	D	6	150	4	100.00%	3,600.00
	Wood and gas for heating and cooking						
7.2	Top up cards/Internet	D	8	50	11	100.00%	4,400.00
	Internet and phone cards for project supervisors/ team leaders						
	Section Total						8,000.00

Sub Total Direct Cost						416,774.60
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)						7%
Audit Cost (For NGO, in percent)						0.784843426651516%
PSC Amount						29,174.22
Quarterly Budget Details for PSC Amount	2015			2016		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	0.00
Total Fund Project Cost						445,948.82

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Badakhshan -> Kofab	22	4636	4636	1159	1159	11590	
Badakhshan -> Wakhan	16	4604	4604	1152	1152	11512	
Faryab -> Pashtunkot	15	7371	7371	1843	1843	18428	
Faryab -> Qaysar	20	5722	5722	1431	1431	14306	
Faryab -> Kohistan	14	9927	9927	2482	2482	24818	
Faryab -> Garziwan	13	5440	5440	1360	1360	13600	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS**Document Description**

1. Request of BDN PHD For clinics in two new locations (2).jpg
2. Request letter of BDN PHD for extension of SHCs.jpg
3. Request of Abi-Barik community.pdf
4. Needs Assessment of Galaki area in Daryeem district.docx
5. Need Assessment Shahr e Payan in Baharak district.docx
6. Case Study from Abi.docx
7. Request letter of FRB PHD.jpg
8. Need assessment-Pashtunkot district.docx
9. Need assessment-Qaisar district.docx
10. Translation of Request Letter of Faryab PHD - letter.docx
11. Need assessment-Gurziwan district -.docx
12. NEW Request letter of Faryab PHD- APR 01.jpg
13. NEW Translation of request letter of Faryab PHD-APR 01.docx
14. NEW Request letter of BDN PHD-APR 01.jpg
15. NEW Translation of Request Letter of BDN PHD- APR 01.docx
16. NEW Assessment Report for Health Services of BDN Target districts.docx
17. NEW Needs Assessment Report for Health Services of Faryab, Pashtunkot and Qaisar.docx
18. NEW Need Assessment for health services for the uncovered population of Kohistan and Gurziwan Districts of Faryab Province.docx
19. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
20. CHF Afghanistan - Visibility and Communication Guidance.pdf
21. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
22. Budget Line 3.1- Equipment Medical.xls
23. Medicine list1.xls
24. Supplies and utility list.xls
25. Travel.xlsx
26. NGO sample of beneficiary.xlsx
27. Budget Line 3.1- Equipment Medical.xls
28. Medicine list- BUDGET LINE 2.2.xls
29. BUDGET LINES 2.3-3.2-3.3.xls
30. budget line 5.1.xlsx
31. BUDGET LINES 2.3-3.2-3.3.xls

