Project Proposal

Organization	ACTD (Afghanistan Center for Training and Development)		
Project Title	Ensure on time response to outbreaks to the people living in clusters of villages remain cut off during winter.		
Fund Code	AFG-14/ER/H/NGO/289		
Primary Cluster	HEALTH	Secondary Cluster	None
Project Allocation	CHF Reserve Allocation	Allocation Category Type	Field activities
Project budget in US$	66,943.48	Planned project duration	5 months
Planned Start Date	01/12/2014	Planned End Date	30/04/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary

Through this project ACTD aims to improve access of population living in areas with high risk of blockage of roads during winter to basic health and emergency health services. The project will operate in seven districts of Ghor, with establishment of static clinics in populated areas (cluster of villages) in three districts and train volunteers from solitary villages/less populated in all seven districts of the province. Three populated areas with possibility of road blockage has been targeted for establishment of static health clinics in Ghar-e-Siagak of Murghab aea in Chaghcharan, Dara-e-Keshrao in Dowlat Yar district and in a central village (to be decided) in a cluster of villages of Saghar district. 20 volunteers will be trained from 20 distantly located villages from seven districts of the province. These volunteers are from the dispersed less populated (350-1000 people) villages located in areas with distant locations from the nearby HFs and with possibility of road blocks in winter. Each Static Health Team will be staffed with an MD or Nurse, a Midwife, a vaccinator and a support staff. Considering high catchment area of Saghar cluster of villages, two vaccinators will be posted to cover the area through outreach and fixed immunization services. All staff will be oriented on concept of the project. Technical staff will also get orientation on DEWs, response to outbreaks, collection of specimen and its transportation to project office. A dedicated team at project office will be assigned to work on hiring of staff for the proposed health facility on priority bases, orient them on the project activities and train them on training package proposed for them. Staff worked with ACTD for completed project of MHTs (run through WHO support) will be contacted for their availability to work in planned static clinics. There is high possibility of their re-joining for working in this proposed project. Considering the weather condition, ACTD expect accessibility of 20 sites for volunteer during first two weeks of November as otherwise chances of blockage to majority of the villages is among high possibilities. ACTD will arrange training on firs aid care, DEWs and information sharing mechanism to the volunteers. All trained volunteers (new and old) will be provided with supply of kit needed for first aid and response to small scale of outbreaks, while newly trained volunteers will also receive initial kit (equipment, resupplies and first aid kit) as well. Total estimated catchment population for the project (3 Static clinics and 20 villages for volunteers) is 43,127. Where catchment population for 3 static clinics is 33,200 individuals and for 20 volunteers 9,927. Approximately 30% of catchment population has been targeted to receive direct support (OPD, ANC, PNC, Delivery care, Health Education, EPI services and response to outbreaks) from this project which is 12,938. Based on CSO data Men to women ratio in rural population of Ghor is 51.1: 48.9. Children U-5 and women of child bearing age (CBA) are calculated as 20% each in total population (EPI Afghanistan). 32% of the total population are boys and girls of 6-15 years (NRVA). ACTD had submitted a project proposal to HC for the same project in Ghor, it was shared by WHO with a committee where GCMU, EPR committee and WHO were agreed on provision of support during winter months. Meanwhile ACTD had approached GCMU in this regard, GCMU showed their agreement and promised to provide it in writing as well. ACTD will apply for obtaining written agreement and will share it soon.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	3144	3096	3438	3290	**12,968**
Total beneficiaries include the following:					
Other	27	3	0	0	30

Indirect Beneficiaries	Indirect beneficiaries are family members of the patients who directly receive health services from the project which is 38,817 calculated based on assumption 3 members of the families could not attended to health facility.	Catchment Population	Total 43,127 people living in catchment area of health facilities and villages of volunteers are the catchment population of the project.
Link with the Allocation Strategy	Through this project ACTD aims to respond to humanitarian needs of 111 villages which are prone to cut off from routine health services during winters. The project through three static health centers will extend life saving primary health services to the areas prone to cut off from the routine health services during the winters. Furthermore the project will improve response to outbreask in these areas. 20 volunteers will be providing timely information on health status of their communities and information on any change/increase in diseases especially vaccine preventable diseases. Three static health clinics will work during winter months (10 November 2014 to 09 March 2015), access of most of the targeted villages improved after winter to their fix health facilities in the area.		
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	
Organization primary focal point contact details	**Name:** Dr. Shah Maqsood Sahebzada **Title:** Health Director **Telephone:** 0093779195484 **E-mail:** dhealth.actd@gmail.com		
Organization secondary focal point contact details			

BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Ghor project having mountainous terrain, poor road infra structure with practical closure of roads isolating individual and cluster of villages from the nearby health facilities during winter. Poor economy, low literacy rate especially among women and girls are further contributing to vulnerability of women and children to diseases and outbreaks. Overall needs and vulnerability index (CHAP 2015) shows high under five children mortality, poor vaccination and poor hygiene practices among general population in Ghor. Areas targeted under this application are remotely located population have compromised access to basic health services during winter months. However their access improves during summer when the roads are open. The people of the areas due to low vaccination coverage are prone to outbreaks of vaccine preventable disease and need timely response and treatment, where access to most of the villages become a challenge from nearby HFs and from center of the province.
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)	As BPHS implementing NGO in the province since November 2011, the areas targeted in this proposal area practically cut off from the nearby HFs and from center of the province during winter months. Once the road get blocked people living in these areas do not have access to basic primary health services including RH services and emergency services. There are high possibilities of outbreaks of EPI target disease due to low coverage of vaccines, this low coverage is due to remoteness of the area and security problems in summers in the area. These targeted areas are only accessible through helicopter during winter season to respond to emergencies/outbreaks. Malnutrition and poor dietary practices is another problem of the people in the area, this project will focus on growth monitoring of children and on awareness raising of the general population visiting HFs and teams visiting for outreach through sharing IYCF messages with mothers and child care givers. This project will increase awareness of the local population on importance of vaccination and will improve linkages of community with their fixed health facility and trust on immunization. Considering the needs of the area ACTD planned to launch this project for improvement of access to basic PHC and emergency health services of people living in three populated areas in CCN, Dowlatyar and Saghar through establishment of 3 static clinics. Similarly there are tiny pockets of population in other areas living in less populated pouches, where ACTD planned to train volunteers to improve access of these vulnerable people to first aid services and ensure response to emergencies and outbreaks in these areas through timely sharing information with center for response.
3. Description Of Beneficiaries	The project will focus on provision of health services to all fraction of population living in the ares, however the project in particular will target children of less then five years and women of child bearing age. The health facilities planned through this application will provide basic RH services including Anti Natal, Natal and Post natal services along with family planning services to married women. Similarly children of less then five years will be provided growth monitoring services and with vaccination. Vaccination services will be done through fixed and outreach strategy. Moreover the project will provide emergency services to all people in need during outbreaks and any emergency situation according to the scope of these teams. Approximately 30 % of catchment population has been targeted as direct

	beneficiaries for services through fixed and outreach services of the static health clinics and volunteer. Breakdown of the targets has been done based on data from EPI, NRVA and CSO ad detailed in project summary section.
4. Grant Request Justification.	The project will be focusing on provision of basic health and emergency health services to the population of targeted villages have compromised access to health services being provided through the fixed health facilities functioning in the ares. The project will work during winter months where roads to villages targeted in this application get blocked due to heavy snow fall. this blockage in particular affect women and children who needs basic and emergency health services including RH services. This project will address emergency needs of an estimated population of 43,127 living in eight districts (Chagcharan, Saghar, Dowlatyar, Dolaina, Shahrak, Tulak, Passaband and Taiwara). Out of total 33,200 people living in three populated areas of three districts (Chaghcharan, Dawlatyar and Saghar) will be covered through three static health clinics and 9,927 people living in 20 villages in seven districts (Chagcharan, Saghar, Dolaina, Shahrak, Tulak, Passaband and Taiwara) will have access to first aid services through 20 trained volunteers. As discussed in project summary section, three static health facilities will be stationed in central village of the cluster of villages in Ghar-e-Siagak of Murghab aea in Chaghcharan, Dara-e-Keshrao in Dowlat Yar district and in a central village (to be decided) in a cluster of villages of Saghar district. 20 Volunteers will be trained from - 2 in CCN 1 in Plasang & 1 Khujaghar vilalge. - 3 in Dilaina (1 Khakyarak, 1 Zanoo, 1Garmabak). - 3 in Shahrak (1Tang-e-vulma, 1Wushansultan, 1 Zangaw) - 3 in Tulak (1 Guldan, 1 Takhara, 1Asquran) -3 in Saghar (1 Guhar, 1Disheer, 1Robat) -4 in Passaband (1 each in Safidbuz, Durodi, Kauri and Kafter Khana) -2 in Taiwara (1 Yakhan sufta, Nawabad-e-Fararod) As volunteer working in district with no proposed static clinic cover less population, therefore small percentage is covered in districts where only volunteers are trained.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	The project will complement BPHS health services especially through improve access to health services in targeted villages of the province which have low access to the services during winters and BPHS cannot cope with this extra need. The project further support BPHS project in reaching its set targets on different indicators set for the BPHS including vaccination, ANC, PNC, OPD visits and detection of malnourished children among the general population of the province. .

LOGICAL FRAMEWORK

Overall project objective	To improve access of the people living in targeted villages to basic primary health services and to decrease avoidable morbidity and mortality through improved information sharing and response.

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. People affected by conflict and insecurity have equitable access to effective, safe, and quality essential health services	Provide Emergency Healthcare and Prioritize Access to Critical Services	100

Outcome 1	People living in targeted villages have access to primary health services and to emergency/outbreak response services during winter months	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Three static health clinics are functioning providing basic PHC & emergency health care and 20 trained volunteer providing emergency services and information sharing on increase burden of diseases	Project approval ensured before actual blockage of roads, staff hiring possible during narrow planning phase for the project

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Population covered by emergency PHC and referral services					12938
	Means of Verification:	OPD register, Midwife register, referral sheets, EPI registers, outbreak response reports, Delivery room register,					
Indicator 1.1.2	HEALTH	# of volunteers trained on DEWs and on first aid					20
	Means of Verification:	Training report					
Indicator 1.1.3	HEALTH	Percentage of children received penta 3 vaccine					25
	Means of Verification:	EPI fixed and outreach registers					
Indicator 1.1.4	HEALTH	% of women delivered by SBAs inside the health clinic and community					9
	Means of Verification:	Proportion of births attended by skilled attendants					
Indicator 1.1.5	HEALTH	Early warning established in 80% of newly covered conflict affected areas					23
	Means of Verification:	DEWs reports					
Indicator 1.1.6	HEALTH	# of health shuras established and conducting monthly meeting throughout the project period					3
	Means of Verification:	Health shura members list, monthly health shura meetings					
Indicator 1.1.7	HEALTH	# of visits undertaken by fixed EPI team					60
	Means of Verification:	EPI monthly outreach reports					
Indicator 1.1.8	HEALTH	100% of health facilities are staffed with female technical staff					3
	Means of Verification:	Staff contracts, payrolls, attendance register					
Indicator 1.1.9	HEALTH	# of pneumonia cases treated by the static clinics/month					80
	Means of Verification:	OPD register, monthly reports, outbreaks response reports					
Indicator 1.1.10	HEALTH	# of pneumonia cases referred out by static clinics per month					15
	Means of Verification:	Monthly static clinics HMIS reports, referral register, referral sheets					
Indicator 1.1.11	HEALTH	# of measles cased treated by static clinics					30
	Means of Verification:	Monthly facility HMIS reports, outbreak response resports					
Indicator 1.1.12	HEALTH	# of measles cases referred out by each static clnic					5
	Means of Verification:	HMIS reports, referral register, outbreak response reports					

Activities

Activity 1.1.1	Hire staff (MD/Nurse, MW and Vaccinators for the proposed Static clinics

Activity 1.1.2	Orient staff on project planned objectives and activities
Activity 1.1.3	Orient technical staff on DEWs, sample collection and on outbreak response
Activity 1.1.4	Provide furniture, equipment, medicine and resupplies to the static health facilities.
Activity 1.1.5	All three centers provide OPD, ANC, PNC, Delivery and vaccination services
Activity 1.1.6	Train 20 (14 already working and 6 new volunteers) on DEWs and sharing information on outbreaks with ACTD office in Ghor/PHD team
Activity 1.1.7	Provide first aid kit to 6 newly trained volunteers and medicine and resupply kit to all 20 volunteers

Output 1.2	Outbreaks of diseases are timely responded through static clinics and BPHS facilities	Areas of outbreak are accessible for staff of the clinics during winter. Information received from areas not covered with telephone

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	% of outbreaks reported and responded by static clinics in catchment area of static clnics					90
	Means of Verification:	DEWs report, Outbreak response reports					
Indicator 1.2.2	HEALTH	% of outbreaks reported by 20 trained volunteer and responded by BPHS project staff (PO and HFs)					80
	Means of Verification:	# of DEWs reports received, outbreak response reports by BPHS PO and HFs					
Indicator 1.2.3	HEALTH	100% of the alarms are investigated within 48 hours from notification					100
	Means of Verification:	Investigation reports					
Indicator 1.2.4	HEALTH	100% of outbreaks reported by volunteers are coordinated and responded by BPHS HFs					100
	Means of Verification:	DEWs reports, outbreak response reports					

Activities

Activity 1.2.1	Establish Emergency response committee at project office and BPHS Health facilities for timely response to outbreaks in catchment ares.
Activity 1.2.2	Provide training and medical kits to emergency response committees
Activity 1.2.3	Provide resupply kit, reporting format and communication cost to 20 (14 already working and 6 new volunteers) for sharing information on health status of their communities and increase load of diseases with their respective HFs/ACTD PO or PHD office
Activity 1.2.4	Record all reports shared by volunteers on outbreaks and shared with project management for decision
Activity 1.2.5	Provide separate outbreak kits to three static clinics for use during response to outbreaks in their catchment area

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Hire staff (MD/Nurse, MW and Vaccinators for the proposed Static clinics	2014												X
	2015												
Activity 1.1.2 Orient staff on project planned objectives and activities	2014												X
	2015												
Activity 1.1.3 Orient technical staff on DEWs, sample collection and on outbreak response	2014												X
	2015												
Activity 1.1.4 Provide furniture, equipment, medicine and resupplies to the static health facilities.	2014												X
	2015	X	X	X	X								
Activity 1.1.5 All three centers provide OPD, ANC, PNC, Delivery and vaccination services	2014												X
	2015	X	X	X	X								
Activity 1.1.6 Train 20 (14 already working and 6 new volunteers) on DEWs and sharing information on outbreaks with ACTD office in Ghor/PHD team	2014												X
	2015												
Activity 1.1.7 Provide first aid kit to 6 newly trained volunteers and medicine and resupply kit to all 20 volunteers	2014												X
	2015												
Activity 1.2.1 Establish Emergency response committee at project office and BPHS Health facilities for timely response to outbreaks in catchment ares.	2014												X
	2015	X	X	X	X								
Activity 1.2.2 Provide training and medical kits to emergency response committees	2014												X
	2015												
Activity 1.2.3 Provide resupply kit, reporting format and communication cost to 20 (14 already working and 6 new volunteers) for sharing information on health status of their communities and increase load of diseases with their respective HFs/ACTD PO or PHD office	2014												X
	2015												
Activity 1.2.4 Record all reports shared by volunteers on outbreaks and shared with project management for decision	2014												X
	2015	X	X	X	X								
Activity 1.2.5 Provide separate outbreak kits to three static clinics for use during response to outbreaks in their catchment area	2014												X
	2015	X	X	X	X								

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	ACTD have well established project office in Chaghcharan (CCN) with trained and capable technical and support team. The project team will develop a monitoring and reporting plan during inception phase of the project. The technical team of the project especially cluster supervisors, EPI supervisors, CBHC team and project management team will conduct monitoring visits to the area of operation of the proposed project. Standard MoPH approved national monitoring checklist will be used for monitoring of the project. A comprehensive monitoring report will be developed and shared with the static health facilities staff after each monitoring visit. An action plan will be developed jointly with the health facility teams for improvement of the gaps identified by the monitoring teams. Necessary supplies and capacity building will be done by the project team in order to help the health facility team to cover the identified gaps in implementation of the project planed activities and deliver optimal quality of health services. HMIS monthly project activities reports will be submitted by the HFs to the project office in HMIS reporting formats. Reports will be collected by the supervisory teams visiting to the area or through telephone by the health teams to the project focal point at project office. Quarterly report and end of project report will be shared with OCHA based on agreed timelines in contract. ACTD will regularly share monthly progress report with health cluster and MoPH. DEWs reports will be regularly collected (on weekly basis) and more frequently in case of case identification/outbreak(s) and shared with DEWs officer in PHD office. Moreover the teams will ensure recording complete address and telephone number of patients or their attendants for sharing with OCHA for remote monitoring of the project activities.

OTHER INFORMATION

Accountability to Affected Populations	ACTD have established health facility shuras in all health facilities of the province. Each shura have members from most of the major villages of the catchment area of the health facility. ACTD will develop health facility shura for all three static health facilities planned in this application. Members of the shuras will be selected from the villages located in catchment area of each static HF based on their accessiblity to attend the monthly meeting. Similarly separate shuras will be activated in areas of visiting of the health facilities out of the villages these static health facilities are stationed in. Members of these shuras will be oriented and informed on scope of work of the health teams. They will be asked to communicate information they received from their meetings with the community members. Health Shura members will be encouraged to share their personal feedback and from community members on the services that the HF is providing. Similarly
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	ACTD will manage all planned activities proposed through this project through its project office based in Chaghcharan (CCN) in Ghor. The project management staff will hire and orient staff for the static health facilities, orient them on project implementation plan, specifically on DEWs and on outbreak response. 20 volunteers from 20 distantly located villages will be invited to act office in CCN for training. All activities will be closely coordinated with PHD team and with PHCC members. Provincial council members and especially members from the targeted areas under this project will be consulted for their inputs in timely launching of the planned activities and smooth running of the project planed activities. They will also be urged to help the static health clinics staff during implementation of the planned activities. ACTD using its experience of the province, linkage with medical staff who already worked with ACTD in other projects will try to timely staff proposed health clinics and timely mobilize health teams to targeted areas (before possibility of blockage of roads to the area). Supply of medicine and resupplies will be done from the buffer stock for the outbreaks which has been stored at ACTD stock at CCN which later on will be replaced from procurement of medicine from this grant. Similarly fuel for heating in winter (Wood) will be purchased from the local villages where available and supplied from CCN to areas where wood in not available for the whole winter season for heating of the health facility. The project activities has already been discussed in a committee composed of EPR and GCMU (MoPH) and WHO and the committee agreed on need of the intervention. Moreover ACTD had approached GCMU regarding planned intervention with agreement of the GCMU for the same and provision of written agreement. ACTD as implementing organization will need approval of MoPH for hiring of staff for the project and will try to mobilize staff already worked with organization for this project as soon as it can. ACTD will solely be responsible for implementation of the planned activities proposed under this application and will keep close coordination with communities and with health providers in the province. ACTD will collect monthly activities reports from the clinics and will share monthly reports with Health Cluster. Quarterly narrative report will also be shared with OCHA in approved format. ACTD main office team and project office team will closely support, supervisor and monitor project activities through mechanism in place.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. PHD team	Overall care taker of the health services in the province. Through coordination with PHD, ACTD will coordinate project planned activities with provincial shura members and with government departments for their support in project implementation
2. UNICEF and WHO focal points in the province	Involve them in supportive supervision and monitoring of the project activities
3. DEWs team (PHD)	Share DEWs information, involve them in training on DEWs and have their support in response to outbreaks
4. Health Cluster/WHO at Kabul	ACTD will share monthly project updates with WHO, ask for assistance in case of high level outbreaks, outbreaks in inaccessible areas of the province for arrangement of resources including air transport.

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	ACTD aims to use proposed project budget for improving access of men, women, girls and boys to the project planned activities. To obtain this aim ACTD will hire men and women technical staff for proposed three static clinics. ACTD team in Ghor has already started searching suitable staff especially midwives for proposed static clinics. ACTD will hire local staff for this proposed project. ACTD using its presence in the province, existing trusts with communities and staff, contacting staff worked with ACTD for other projects and considered suitable salary package for the staff (considering difficulties of the proposed places for operation and short contract period) will actively search for finding suitable qualified and experienced staff based on project proposed structure. Moreover ACTD field team has contacted its already working staff in BPHS, in CHNE and CME schools to contact staff they know and encourage them to contact ACTD project office for mentioned project. PHD team of Ghor was also asked to contact suitable staff and encourage them to contact ACTD project for employment in mentioned project. Fortunately in addition to the male staff, ACTD field team has also identified two MWs who are willing to work in proposed project for ACTD. They will be contacted soon after getting go ahead sign from OCHA to join ACTD and will be mobilized to the site after short orientation. To further ensure access of men, women, girls, boys and children to get benefited from the project activities, ACTD will start project activities in close coordination with the communities in the area. Trust building of the community elders and general community will be taken into consideration through involvement in project planning, frequent meetings, exposure visit of the community members to the established static clinics and respecting dignity of the beneficiaries. Health staff will take care of patients privacy especially during physical examination and delivery. Each static HF will establish a health committee from the community elders. Try will be made to make the committee more representative from the communities from the catchment area. Feasibility of including women members or establishing separate committee for women will also be considered. HF staff will conduct regularly meeting with the health committee and will keep them on board on project planned activities through asking for their feedback and comments on progress of the project implementation. Each HF will be provided with monthly targets (desegregated by sex and age) for achievement. HFs will provide their data segregated by age and sex on monthly basis to the project office. Project office team will review their reports and will provide feedback on their reports considering status of each health clinic's achievement against their targets. Teams will be encouraged to adopt suitable strategies to reach to set targets of the project and improve access of all sections of the communities to get benefited from the project activities.
Protection Mainstreaming	The project will target overall population of the targeted area with special focus to people prone to diseases (women and children and elderly), the project will be designed to allow access of the people to the health facility (health facility will be established in central village, with convenient access from other villages) and planned outreach visits to surrounding villages. Health facility teams will provide response to outbreaks to provide timely support and decrease mortality and morbidity.
Safety and Security	Mostly security situation improved during winters in Ghor province. Moreover based on ACTD experience of working in province, the health service providers are allowed to work by the opponents groups. ACTD will ensure its impartiality during service provision in order to ensure staff safely and access of communities to the health services.
Access	The project is targeted to improve access of the population in danger of cut off during winter from the nearby health facilities. Proposed health clinics will be established in areas easily accessible to most of the people living in targeted villages which remain cur off during winters. 20 volunteers will work in their own villages in order to improve access of the people to first aid health services and the provincial health authorities have more information about any problem in those remote areas for timely planing response.

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	Nurse for Static Health Facility	D	3	500	5	100.00%	7,500.00
	Overall incharge of Static clinic, Conduct OPD services, plan and conduct outreach activities, respond to outbreaks, coordination with community, report preparation and sharing with project office (PO) Unit cost is calculated based on NSP 2015 for Nurse =160 + 30% provincial hard ship 50+ 125% hard ship 200 + 90 USD extra due to short contract and winter allounce=						
1.2	Midwife for Static Health Facility	D	3	600	5	100.00%	9,000.00
	Responsible for provision of RH services (ANC, PNC, Delivery and family planning services), help vaccinator provide TT vaccine to women and help MD/Nurse examining female patient when needed. Unit cost is calculated based on NSP 2015 for Nurse =206 + 30% provincial hard ship 62+ 250% hard ship 515 = 783. However there is high possibility of finding staff with						

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	monthly salary of 600 USD/month						
1.3	Vaccinator for static HF and outreach	D	4	145	5	100.00%	2,900.00
	Provide EPI services inside and outside the health facility Unit cost is calcuated based on MoPH approaved grading for vaccinator = 145 USD with perdiem of USD 4/day outreach and USD 8/ day mobile (perdiem is calculated in coming section) only salary is calculated here.						
1.4	Support staff (Guard Cleaner)	D	3	110	5	100.00%	1,650.00
	Provide support to the technical staff, safe guard of health facility, cleaning of the HF. No fixed rate is approved in NSP for support staff. Unit cost is calculated based on ACTD own current practice in the province.						
1.5	Food allowance for Static Health Facilities staff	D	13	30	5	100.00%	1,950.00
	Unit cost calculated for 13 staff of clinics @ 1 USD/day for 5 months= 13*30*5=1950						
	Section Total						23,000.00

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	Medicine, equipment and resupplies to Static Health Teams	D	3	1600	5	100.00%	24,000.00
	Medicine for routine services, emergencies and outbreak responses, medicine for volunteers. ACTD has already supplied BPHS HFs for 09 months, and have available medicine stored for emergency cover with high possibility of need in response to outbreaks and emergencies throughout the province. therefore this medicine is budgeted here separately for this project. BoQ uploaded in document section						
2.2	First Aid Kits for volunteers	D	14	100	1	100.00%	1,400.00
	Kit composed of Basic medical equipment (scissors, toothed and plain forceps, kidney dish, soap container, soar for hand washing), Guaze pieces, sterile bandages, adhesive taps, splints and anti septic detailed uploaded in document section						
2.3	Building rent for static health facilities	D	3	70	5	100.00%	1,050.00
	Rent of building for use for static clinic in community						
2.4	General running cost and utilities for Static HFs	D	3	30	5	100.00%	450.00
	@ 30 USD (cleaning materials, and other related general items including stationery, HMIS tools, items like matches, oil for burning Bukhari, lock, etc)						
2.5	Top Up cards for Volunteer	D	20	5	4	100.00%	400.00
	Top up card for trained volunteers for sharing update situation of the area and share increasing trend of disease in their locality @ of 5 USD/person/month						
2.6	Winter heating of Static Health Facilities	D	3	150	4	100.00%	1,800.00
	Heating equipment and fuel (wood) for heating of health facilities						
2.7	Orientation of EPI technicians on EPI, DEW and on outbreak response.	D	4	10	1	100.00%	40.00
	total four EPI technician will be oriented. Unit cost calculated based on (3 USD stationary/day/participant, 2 USD refreshment/person/day, 5 USD food)= 3+2+5=10						
2.8	Training for volunteers on DEWs, First Aid and reporting	D	20	45	6	100.00%	5,400.00
	Total 20 volunteer from 20 villages will get trained Unit cost calculated based on (96 USD two way transportation cost/ participant once, 2 USD stationary/day/participant, 2 USD refreshment/person/day, 15 USD food and accommodation cost/24 hour+ 10 USD perdiem/person/day)= (96/6)+2+2+15+10=43						
	Section Total						34,540.00

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	Furniture for Static Health Facilities	D	3	100	1	100.00%	300.00
	Basic furniture (office desk, office chairs, bench etc), cost has been reduced from 300 to 100 as only very necessary items not available in office (some items procured for MHTs has been used/broken due to continuous transportation, loading, unloading and during used)						
	Section Total						300.00

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 cost during Supervision and Monitoring from ACTD MO	D	1	250	1	100.00%	250.00
	Travel cost from MO for support, supervision and monitoring of the activities (230 USD return ticket, 20 USD local transportation at Kabul from home to Airport and return)						
5.2	Travel cost project office staff from health facility and outreach activities	D	2	60	2	100.00%	240.00
	Travel cost is calculated based on [two way transportation cost 60 USD						
5.3	Perdiem for main office staff traveling to field	D	2	70	1	100.00%	140.00
	Calculation is based on unit cost @ 10 USD/head/day (1 person X10 USDx 7 Days)= 70						
5.4	Perdiem for project office staff during supervision and monitoring from HFs	D	3	30	2	100.00%	180.00
	Perdiem is calculated based ACTD policy of daily perdiem @5 USD for 6 days in a trip						
5.5	Perdiem for Vaccinator for outreach/mobile services	D	14	4	4	100.00%	224.00
	3 vaccinators will conduct outreach/mobile sessions 10 days in month and 1 vaccinator is planned to visit 26 days for outreach. Thus average unit number is (3x10)+26/4= 14 days. Unit cost of perdiem is calculated based on MoPH approved policy of 4 USD/day/person.						
5.6	Transportation cost of medicine to the Project and HFs	D	3	450	1	100.00%	1,350.00
	Transportation cost from Kabul to PO @ 40 Afs/7kg+ local transportation from Project office (PO) to HFs						
5.7	Local rent for animals used for outreach activities and Ambulatory mobile activities in nearby villages by HFs and response to outbreaks	D	117	20	1	100.00%	2,340.00

	Calculated based on 4 EPI teams visits an average 3 visits per month per team = 4x3x5=60 Ambulatory Mobile visits with EPI outreach of health facilities (each of 3 clinics conduct 3 visits/ month =3 visits*3 HFs*5 months= 45 visits total Outbreak response visits =12 estimated in 5 months Thus 60+45+12=117 Cost estimated for each visit is USD 20	
	Section Total	4,724.00

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
	Section Total						0.00

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
	Section Total						0.00

Sub Total Direct Cost	62,564.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0%
PSC Amount	4,379.48

Quarterly Budget Details for PSC Amount

2014	2015		Total
Q4	Q1	Q2	
0.00	0.00	0.00	0.00

Total Fund Project Cost	66,943.48

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Ghor -> Chaghcharan	31	890	987	1068	1070	4015	
Ghor -> DoLayna	2	110	91	65	51	317	
Ghor -> Dawlatyar	29	693	844	1104	950	3591	
Ghor -> Taywarah	3	230	190	82	52	554	
Ghor -> Pasaband	2	130	69	80	46	325	
Ghor -> Tolak	2	167	77	61	42	347	
Ghor -> Saghar	31	899	844	978	1080	3801	

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. List of Volunteer Kit Filled.xlsx
2. ACTD BoQ (one month medicine).xlsx