Project Proposal

Organization	JUH (JOHANNITER)			
Project Title	Extension of Emergency Health Care Services for the Landslide and flood affected population during the Winter in Badakhshan Province			
Fund Code	AFG-14/ER/H/INGO/291			
Primary Cluster	HEALTH		Secondary Cluster	None
Project Allocation	CHF Reserve Allocation		Allocation Category Type	Field activities
Project budget in US$	56,893.00		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

Afghanistan had faced unprecedented wave of floods and land-slide in Badakhshan in the spring 2014. The underlying poverty, geographical hardship, insufficient access to Health care and the passage of winter has left communities vulnerable. Due to heavy flooding which started in the last week of April, two massive landslides struck the Abi- Bariki village of Argo district on May 2, 2014. The number of people dead is 502 individuals as reported by UNOCHA. A total of 700 families have been affected by the landslide and 500 families fearing landslide have moved to this safe location. Owing to the scale of the disaster and the urgent needs of the affected people, different humanitarian agencies and Governments have extended their support for provision of shelter, food, non-food items, water, sanitation and Hygiene services, and provision of essential health services. Humanitarian assistance has been provided under the coordination of UNOCHA at the central level, Local Aid Coordination Council (LACC) and the Provincial Humanitarian Assistance Coordination Council (PHACC) which included the Governor and the relevant Government offices. As a follow up of the consultations, the essential basic needs of the affected populations in this location Abi- Bariki have been provided by different agencies - UNOCHA, WHO, WFP, Afghan Aid, Merlin/CAF, CONCERN, Kinder Berg Germany, IPSO, Afghan Family Guidance Association (AFGA), ACTD/JUH, Afghan Red Crescent society (ARC) and the Government of Afghanistan.. MERLIN, AFGA and Kinder Berg had started Mobile Health Clinics within a few days. Johanniter having realized that there are no gaps in Health services, decided not run a Mobile Clinic. However MERLIN ceased operating Health Clinic after two months (June) and AFGA after three months (July). Therefore Johanniter and ACTD started running Mobile Clinic from July, supported this initiative with its own funds for initially 3 months and later extended for totally 5 months in order to provide continued quality health care. The community requires provision of health services at their door-step as the roads may be blocked in winter to reach the nearest static health facility – BHC which is located 12 kms away. There are 2 District Hospitals which are located in Barak and Kishim (which are located at 50 and 102 kms). With the onset of winter within one month, the roads are likely to be blocked. According to CONCERN, there are 300 women requiring per-natal care. The Government of Afghanistan's plans to construct housing colony in a new location would be delayed and the population would be left without proper shelter, many of them are still living in tents. A field assessment was done by Johanniter team for continuation of the Health facility during 22- 24 September 2014. Kinder Berg reported that they would cease operations from December 2014 and ARC provides Mobile Clinic support occasionally, which means that there would not be any daily Mobile Clinic from Jan 2015. JUH is planning to rent a house so that the Clinic could function during the severe winter and the families could have easy access to it. This SHC would be stocked adequately with medicines, etc., and further stock at a store room in Faizabad along with ERM kits. Similarly the other one location, where Johanniter plans to run SHC face similar situation. The population faced floods in the spring in the District of Yaftel-Payeen. The villages of Sher Chec, Yorgan Loldera, Semen, Geaw, Housekan, loreng and Borkan with total population of 13,000 individuals would benefit from the FHC in Yaftel payeen. JUH/ACTD provided initially MHT in this location for three months.The SHC will be located at Borkan village. Yaftel Payeen is located 47 Km from Faizabad and the population would be affected due to severe snow.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	4294	4294	1073	1073	**10,734**
Total beneficiaries include the following:					
Internally Displaced People	2560	2560	640	640	6400
Host Communities	1734	1734	433	433	4334
Host Communities	0	0	0	0	0

Indirect Beneficiaries	32200	Catchment Population	32200
Link with the Allocation Strategy	The target population was already affected by floods and landslide during the spring. Due to severe winter snow, the roads would be blocked and are likely to be cut off from approaching any nearby health facilities. Therefore exposure to harsh winter conditions exacerbated by inadequate shelter and constrained access to health services may lead to excess cases of morbidity and mortality. Therefore the SHCs would be able to provide rapid response to any unforeseen circumstances. Thus the project will prevent and control pneumonia, communicable diseases, thus avert loss of lives during the winter and sudden onset disasters.		
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization primary focal point contact details

Name: Dr James A. Williams **Title:** Country Director

Telephone: 93 795 391 309 **E-mail:** james.williams@thejohanniter.org

Organization secondary focal point contact details

Name	Title	Phone	Email
Dr Akbarzai Sediqullah	Program Coordinator	93 796 199 229	akbarzai.sediqullah@thejohanniter.org
Dr. Akbarzai	Program Coordinator	0796199229	sediqullah.akbarzai@thejohanniter.org

BACKGROUND INFORMATION

1. Humanitarian context analysis. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Afghanistan had faced unprecedented wave of floods and land-slide in the Northern provinces in the spring months of 2014. The underlying poverty, geographical hardship, insufficient access to Health care and the passage of winter has left communities in Badakhshan Province highly vulnerable. The simultaneous wave of flash floods, floods and landslide have exhausted the response capacity of the Government of Afghanistan and other humanitarian agencies. Due to heavy flooding which started in the last week of April 2014, two massive landslides struck the Abi- Bariki village of Argo district of Badakhshan province on May 2, 2014. The number of people dead is said to be 502 individuals as reported by the UNOCHA. Owing to the scale of the disaster and the urgent needs of the affected people, different humanitarian agencies and foreign Governments have extended their support for provision of shelter, food, non-food items, water, sanitation and Hygiene services, and provision of essential health services. Humanitarian assistance has been provided under the coordination of UNOCHA at the central level. As a follow up of the consultations among the Provincial Public Health Directorate (PPHD), the Local Aid Coordination Council (LACC), and the Provincial Humanitarian Assistance Coordination Council (PHACC) which includes the Governor and the relevant Government offices,. the essential basic needs of the affected populations in this location Abi- Bariki have been provided by different agencies such as UNOCHA, WHO, WFP, Afghan Aid, Merlin/CAF, CONCERN, Kinder Berg Germany, IPSO, Afghan Family Guidance Association (AFGA), ACTD/JUH, Afghan Red Crescent society(ARC) and the Government of Afghanistan. All the consulted bodies stressed on the need of a dedicated Mobile Health Team (MHT) which will specifically provide services to the landslide- and flood-affected population. A total of 1,200 families which constitute approximately 7,200 individuals were in need of mobile health services in May 2014. MERLIN, AFGA and Kinder Berg had started operations within a few days. Johanniter undertook a field assessment in May/June 2014 and having realised that there is no gap in Health services, decided not run a Mobile Clinic. However MERLIN ceased operating Health Clinic after two months (June) and AFGA after three months (July). Therefore Johanniter approached its partner ACTD who were already running Mobile Clinic for the IDP communities in other Districts to start running Mobile Clinic from July with its own funds for initially 3 months and later extended for totally 5 months in view of winter. The community requires provision of health services at their door-step as they lack transportation means to attend the health care services of the nearest static health facility – Basic Health Centre which is located 12 kms away. It would take two hours by donkey and 30 minutes by car.. Then they have to travel similar time to reach the Provincial Hospital in Faizabad. There are two District Hospitals which are located in Barak and Kishim (which are located at 50 and 102 kms respectively). With the onset of winter within one month, the roads are likely to be blocked. According to CONCERN, there are 300 women requiring pre-natal care. Similarly the other locations, where Johanniter plans to run SHC face similar situation. The population faced floods in the spring in the Districts of Yaftel payeen. The villages of Sher Chec, Yorgan Loldera, Semen, Geaw, Housekan, loreng and Borkan with total population of 13,000 individuals would benefit from the SHC. JUH/ACTD provided initially MHT in this location for 3 months. Yaftel Payeen is located 47 Km from Faizabad and the population would be affected due to severe snow.

2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps.

A field assessment was done by Johanniter led by Country Director (CD) and Program Coordinator (PC) to study the need for continuation of the Health facility in Abi-Bariki on 22nd 23rd and 24th September 2014. They visited the field location where currently ACTD/JUH Mobile Health Team is run alongside the one run by Kinder Berg. They observed the services offered, interviewed patients and held Focus Group discussion with the community elders. They also spoke to the

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)	Medical team of Kinder Berg and ACTD/JUH Mobile Clinics at the site. In addition to the 1200 families affected by the floods and landslide, another 2000 families from 6 villages were also accessing the services of the 2 Mobile Clinics provided by ACTD/JUH and Kinder Berg. Meetings were organised with Director of Badakhshan PHD, National Health Coordinator of WHO, Humanitarian Affairs Officer, UN-OCHA, Provincial Director, Kinder Berg, Provincial Director, ARC, Country Director and Programme Coordinator, CONCERN and Head of office of Afghan Aid, all at Faizabad. Kinder Berg reported that they would cease operations from December 2014, which means that there would not be any daily Mobile Clinic from Jan 2015. ARC accordingly to the local population provides Mobile Clinic support occasionally. The community elders and the Director PHD provided letters to JUH to continue supporting the Health facility to function as a fixed Clinic. As JUH has mandate to support the Mobile Clinic from its own funds for three months (has been extended for another 2 months till Nov), it is now approaching Health Cluster and CHF for support the Health facility during winter for another five months.
3. Description Of Beneficiaries	At Abi-Bariki, a total of 700 families have been affected by the landslide. Another 500 families fearing landslide have moved to this safe location. Thus there are 1200 families who are internally displaced(IDPs) Another 2000 families (host) from nearby 6 villages are also currently accessing the services of the Clinics. So there are a total individual of 19200. The population faced floods in the spring in the District of Yaftel payeen There are 13,000 individuals who would benefit from the SHC in Yaftel payeen.The target population would be affected due to severe snow and as the roads are very bad, the population is likely to be cut from accessing health facilities. The Direct Direct beneficiaries for both locations are calculated as following: Abi- Barik: 80% of the indirect beneficiaries (19200) will visit the Health Facility in 12 month = 15360, for one month = 1280, for 5 months = 6400 (direct beneficiaries). Yaftal Payeen: 80% of the indirect beneficiaries (13000) will visit the Health Facility in 12 month = 10400, for one month = 866.66, for 5 months = 4334 (direct beneficiaries).
4. Grant Request Justification.	The Government of Afghanistan's plans to construct housing colony in a new location for the 900 families affected by the landslide would be delayed and the population would be left without proper shelter, many of them are still living in tents. The PHD of Badakhshan also requested for delivery of health services through SHC in Abi-Barik area and health services for the flood affected population in Yaftel Payen not covered by the BPHS implementer. Thee project will equitable access to the affected population and thus remedy, mitigate or avert direct loss of life and protect their dignity.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	Johanniter is currently implementing through ACTD a fixed Clinic in Abi-Bariki for the past 5 months, in Yaftal payeen for 3 months and therefore we are requesting for extension of this during the winter months. The current BPHS implementer is not covering the area in the 2 Districts where we have requested for the health facilities.

LOGICAL FRAMEWORK

Overall project objective	Provision of prioritized emergency health services for population affected by extreme weather and have no access to health services

Logical Framework details for HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3. People have access to information and services designed to prevent and control communicable diseases that contribute most significantly to excess morbidity and mortality	Respond to Natural Disasters	100

Outcome 1	Reduce incidence of avoidable mortality and morbidity in one provinces/ 2districts	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Facilitate access to Emergency temporary basic health services through establishment of temporary static health clinics	

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					10734
	Means of Verification:	By HMIS report					
Indicator 1.1.2	HEALTH	% of women delivered by Skilled birth attendants (Target 30% of pregnant women)					76
	Means of Verification:	HMIS report					
Indicator 1.1.3	HEALTH	# of Pneumonia cases treated or refererd					630
	Means of Verification:	HMIS report					
Indicator 1.1.4	HEALTH	% of temporary health facilities having qualified female staff					100
	Means of Verification:	HR record and contracts (each SHC will have at least one qualified female staff)					
Indicator 1.1.5	HEALTH	50 % coverage of fully vaccinated children in target areas					1073
	Means of Verification:	HMIS report and record of EPI section / 50% of children will be vaccinated					
Indicator 1.1.6	HEALTH	100 % of alarms investigated within 48 hours from notification					100
	Means of Verification:	Reports and record					
Indicator 1.1.7	HEALTH	% of measles cases reported and treated					80
	Means of Verification:	HMIS report, EPI report					

Activities

Activity 1.1.1	Establish static temporary health clinic that provides Basic emergency services including referral
Activity 1.1.2	Support Communicable disease surveillence (reporting to HMIS) and outbreak investigation, sample collection
Activity 1.1.3	Monitoring & Supervision visits
Activity 1.1.4	Reporting
Activity 1.1.5	Participating PPHCC & Cluster meetings

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 Establish static temporary health clinic that provides Basic emergency services including referral	2014												X
	2015	X	X	X	X								
Activity 1.1.2 Support Communicable disease surveillence (reporting to	2014												X

HMIS) and outbreak investigation, sample collection	2015	X	X	X	X								
Activity 1.1.3 Monitoring & Supervision visits	2014												X
	2015	X	X	X	X								
Activity 1.1.4 Reporting	2014												X
	2015	X	X	X	X								
Activity 1.1.5 Participating PPHCC & Cluster meetings	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 .	Describe the specific monitoring and reporting arrangements for the progress and achievements of the project. Specifically: 1. Explain how indicators and sources of verification allowing management information to be collected/used in a timely and cost-effective manner. Johanniter has a standard data base for monitoring the work of the Clinics. The registration information from every Clinic would be brought by the Project Supervisor to be entered into this data base. 2. Describe role and responsibilities for collecting recording, reporting using the information.- This would be collected by the Nurse at the registration desk of the Clinic and the project supervisor would enter the data on a daily basis and at the end of the month transfer the same to the Health Officer who would analyze this data and provide a monthly report along with feedback. The Program coordinator would track the progress of the Clinics based on the monthly report and advise the project supervisor. 3. Describe how affected populations and direct beneficiaries can voice their opinion and concerns. A visibility board with telephone number would be placed at the sites. The project supervisor would hold meeting with CDC /Health Shura once a month and the Health officer once in two months .This feedback from the community would be shared during the monthly meeting of the medical team for improvement of the Clinics. 4. Ensure key monitoring and reporting activities are included in the project's work plan (Section III)

OTHER INFORMATION

Accountability to Affected Populations	The Project supervisor would meet the CDC/Health shura at the local level once every month to check notes on their feed back as to whether the Clinic is running to their satisfaction. Based on their recommendations, there would be a monthly team meeting among the medical team when the Health officer of the CO would be present. The local community would be involved in the selection of the site for the SHC.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	There is already a Mobile health team in place at Abi- Bariki implemented by JUH/ACTD. Similarly at Yaftal Payeen for 3 months MHT was implemented. The staff, equipment, etc., of this Clinic would be transferred so that the Clinic would continue without disruption. The current medical team contracted by ACTD through support from Johanniter would be re-employed by Johanniter from Dec 01, 2014 to ensure continuity of quality health services through SHC. We would ensure that there is gender equity. The BPHS implementer would be regularly contacted to avoid duplication

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. CONCERN	Regular field visit is made by CONCERN team to assess their NFI needs and they do have data on the number of women requiring pre-natal care.
2. Kinder Berg	Weekly meeting would be held with the medical of KB by the proejct supervisor to identify areas of cooperation
3. ARC	Weekly meeting would be held with the medical of KB by the proejct supervisor to identify areas of cooperation
4. PPHD	Weekly meeting would be held with PPHD by the proejct supervisor to identify areas of cooperation
5. MERLIN	The current BPHS implementer would be regularly consulted
6. CAF	The current BPHS implementer would be regularly consulted
7. Community Shura/CDC	Already we communicated the activity with community. Regular meeting would ber held once in a 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 ativities.The project will serve for all catagoies 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 Badakhshan is changing and some parts are quite insecure. In the last quarter there were 4 incidents related to NGOs. Overall there is 5% increase in reporting violent incidents in this Province.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. 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 who are based in Faizabad. JUH is also in touch with INSO.
Access	Johanniter would have sub-office in Faizabad and Mazar.. 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. I

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 Supervisor	D	1	900	5	100.00%	4,500.00
	He would provide overall supervision of the project in consultation with the Program Coordinator at the CO. He would visit the 3 locations regularly, attend to procurement and other needs of the Health facilities. He would also attend meetings of the CDC/Health Shuras,PPHCC, PPHD and other stakeholders. The unit cost includes benefits as per labour law.						
1.2	Male Medical Doctor/Nurse	D	2	340	5	100.00%	3,400.00
	One Doctor for each of the two teams. He would be the head of the medical team and would examine patients and provide medicines for treatment. He would also refer patients for advance health facilities if required. He would also supervise the work of other team members. He would report the Clinic activities to the project supervisor. The unit cost includes benefits as per labour law.						
1.3	Mid-wife/Female	D	2	420	5	100.00%	4,200.00
	2 Mid-wives would be at the SHC where one would stay overnight. Therefore 24/7 the Clinic would function especially to handle deliveries. 200% hardship The third Mid-wife would be part of the MHT. The Mid-wife would provide midwifery services, pre-natal, natal, post -natal care and family planning.The unit cost includes benefits as per labour law.						
1.4	Vaccinator	D	2	200	5	100.00%	2,000.00
	One for each of the two medical teams. Each vaccinator will provide vaccination for children under 5 and for women between age 15-45. He/She would also perform the role of pharmacist. The vaccinator would also conduct health education for the community. The unit cost includes benefits as per labour law. 100 %hardshi						

1.5	Finance and Admin Officer-CO/ 20%	S	1	1100	5	20.00%	1,100.00
	The FAO at the CO would support the Project Supervisor in procurement and preparing financial statement with required support documentation on a monthly basis.The unit cost includes benefits as per labour law.						
1.6	Guard/Cleaner	D	2	175	5	100.00%	1,750.00
	The Guard would also perform the role of Cleaner.w.						
1.7	Food Allowance for staff and drivers	D	10	39	5	100.00%	1,950.00
	USD 01.50 per person per day for 26 days for 8 staff members and 2 drivers of 2 vehicles						
1.8	Per diem for supervision from CO	D	1	40	2	100.00%	80.00
	$15 for lunch, 15 for dinner and 10 for breakfast/days						
	Section Total						18,980.00

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	Medicines and related supplies for the Health facilities	D	2	1000	5	100.00%	10,000.00
	Procurement would be made once in 2 months in Kabul in compliance with procurement policies and shifted to Faizabad. The supply will be containing of medical and non medical equipment and furniture.						
2.2	Renting of buldings	D	2	160	5	100.00%	1,600.00
	To rent two houses for the 2 SHCs						
2.3	Rent for Stock/Rest room	D	1	300	5	100.00%	1,500.00
	The flights may be not operational and roads blocked. The medicines and other related supplies will be bought and kept in the stock. It will be meeting place for the two team and as well as it will be used as a training center.						
2.4	Stationary	D	1	60	5	100.00%	300.00
	Printing of HIMS Forms.						
2.5	Heating materials	D	2	300	5	100.00%	3,000.00
	Heating materials, gas and wood, for both SHC are required during the winter months.						
2.6	Utilities	D	1	60	5	100.00%	300.00
	Utilities include cleaning and washing materials for SHC						
	Section Total						16,700.00

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
	Section Total						0.00

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
4.1	Rental Vehicle for transportation of medical teams	D	2	1350	5	100.00%	13,500.00
	Each SHC will have one Vehicle, which will be used for staff transportation, referral, supervision and delivery of medicines and supplies.						
4.2	Travel cost for supervision of Program coordinator from CO	D	1	360	2	100.00%	720.00
	The Program coordinator from Kabul would visit once in 2 months using UNHAS. However he would maintain weekly telephone meetings with the project supervisor						
	Section Total						14,220.00

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
	Section Total						0.00

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	49,900.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	6.55516640758152%
PSC Amount	3,493.00

Quarterly Budget Details for PSC

Amount	2014	2015		Total
	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00

Total Fund Project Cost	53,393.00

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Badakhshan -> Yaftal-e-Sufla	46	1734	1734	433	433	4334	Activity 1.1.2 : Support Communicable disease surveillence (reporting to HMIS) and outbreak investigation, sample collection Activity 1.1.3 : Monitoring & Supervision visits Activity 1.1.4 : Reporting Activity 1.1.5 : Participating PPHCC & Cluster meetings
Badakhshan -> Argo	54	2560	2560	640	640	6400	Activity 1.1.1 : Establish static temporary health clinic that provides Basic emergency services including referral Activity 1.1.2 : Support Communicable disease surveillence (reporting to HMIS) and outbreak investigation, sample collection Activity 1.1.3 : Monitoring & Supervision visits Activity 1.1.4 : Reporting Activity 1.1.5 : Participating PPHCC & Cluster meetings

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. Letter of Badakhshan PHD Sep 14.jpg
2. Report of the Assessment at Abi-Barik.docx
3. List of people met during the visit (1).docx
4. Case Studies- Badakshan.docx
5. Case studies 22092014.docx
6. photo 2.docx
7. 140225.pdf
8. Community letter Abi-Barik 1.pdf
9. Community letter Abi-Barik 2.pdf
10. Translation of Badakhshan PHD letter.pdf
11. Copy of Medicines.xlsx
12. Copy of Cleaning material.xlsx
13. Copy of Heating material.xlsx
14. Copy of Equipment.xlsx
15. Statement of Account.pdf
16. Statement of Account 2.pdf
17. Statement of Account 3.pdf