Project Proposal

Organization	PU-AMI (PREMIERE-URGENCE-AIDE-MEDICALE-INTERNATIONALE)			
Project Title	Response to the needs of population affected by extreme winter			
Fund Code	AFG-14/ER/H/INGO/292			
Primary Cluster	HEALTH		Secondary Cluster	None
Project Allocation	CHF Reserve Allocation		Allocation Category Type	
Project budget in US$	53,500.03		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

This project will facilitate access of vulnerable population affected by extreme weather to essential health services in two remote areas of two districts in Daykundi province. Areas selected are not part of the BPHS coverage and targeted population have been identified based on the recommendation of PHCC, following a meeting conducted on 26th of October 2014 in Daykundi province. In addition, based on our knowledge of the area and the past experience of PU-AMI in the province we know that the access roads to those two areas are blocked during the winter season due to heavy snowing. PU-AMI propose to establish two fixed health centres with one nurse, one midwife and one cleaner/cook in each clinic to facilitate population's access to health care services during winter season. As BPHS implementer, and since PU-AMI implemented the same type of project under WHO funding in 2012, 2013 and 2014, we can assume that the road blockage will start from December until end of April. Nevertheless, the two temporary sites are likely to be still accessible on the 1st of December which will allow posting of health worker as well as provision of equipment. If the roads are already blocked on the 1st of December, which is not likely to happen, we will use local resources such as donkeys and motorbikes to reach the sites. Regarding staffing, PU-AMI implemented the same project in the past years, therefore some potential staff (have been approached and they are willing to work with us again. In case they finally move over, recruitment strategy will consist in announcing positions locally and through ACBAR. Job descriptions are already prepared and will be published as soon as we get a positive answer from OCHA. Staff will be hired by a recruitment committee composed of PU-AMI and PPHD team and will go in favor of local human resources. If vacant positions are available in BPHS HFs at the end of the project, the staff working in the CHF project will be offered a position in the BPHS HFs.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	3794	3794	871	871	**9,330**
Total beneficiaries include the following:					
Host Communities	3794	3794	871	871	9330

Indirect Beneficiaries	The whole population of the two targeted areas : 10,136	Catchment Population	The whole population of the two targeted areas : 10,136
Link with the Allocation Strategy	This proposal aims to ensure access to essential health services for population who are known to be cut off with no access to BPHS services during extreme winter, thus responding to priority of the health cluster. Two temporary clinics will be established during winter season in order to reduce avoidable mortality and morbidity . The intervention responds to the most acute need identified in the CHAP 2014,based on emergency health services among the vulnerable population and the breakdown of essential life-supporting services		
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	
Organization primary focal point contact details	**Name:** Syed Mohsin Hashmi **Title:** Deputy Head of Mission **Telephone:** 0093 (0) 779 900 789 **E-mail:** afg.deputy.hom@pu-ami.org		

Organization secondary focal point contact details

Name	Title	Phone	Email
Enguerrand Perrot	Grant Officer	0093 (0) 779 900 787	afg.grantofficer@pu-ami.org

BACKGROUND INFORMATION

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

Daykundi province is located in the central region of Afghanistan. The province is one of the most underserved due to poor infrastructures, communication systems, and social services. Despite expansion of the coverage of primary health care under the BPHS strategy, the access to quality health services remains fragile due the lack of a qualified health workforce, especially of female health workers, thus further increasing vulnerability in particular for women and children. In the remotest areas, health promotion and very basic services are provided by volunteer Community Health Workers at health posts level. In case of disease or injury, people often have to travel long distance to reach health facilities with qualified health worker. The situation is worsen during winter when extreme weather conditions further reduce the access to essential health services for some population living in very isolated areas, as they remain completely isolated from December 2014 to April 2015 , the roads being blocked by the snow fall.

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)

The targeted population usually have access to Kadanak BHC and Sangthakht CHC, respectively 20km away for Oshughulak area and 24km away for Shaik Ali. The whole range of BPHS services are implemented in these health facilities, including maternal, newborn and child care and immunization. These services are usually delivered by professional health workers. With the onset of winter, a temporary extension of the health system in theses isolated communities is critical, as they will not be served through the BPHS anymore. This issue of isolated population and excess mortality during winter has been raised by the 2014 HNO. According to data from previous winterization programmes implemented by PUAMI in 2013-2014, an average of 1865 patient needed consultation in these 2 sites every months, among which 58% were female and 19% were children under 5 (U5). A total of 195 pneumonia cases (73% U5 children), 483 cases of acute respiratory infections (38% U5 children) and 143 cases of acute watery diarrhea (59% with dehydratation and 24% U5 children) were identified and treated each month. The need to cover services along the continuum of reproductive health care was also important: 33 antenatal consultations were provided and 3 deliveries were attended by skilled birht attendant each month. Based on those data, PUAMI estimates that a total of 9326 beneficiaries will need health services during the 5 months intervention we are currently proposing.

3. Description Of Beneficiaries

After 3 years of winterization support in Daykundi province, PUAMI identified that the population living in Shaikh Ali area of Sang e Takht district and Oshoghulak area of Sharistan district are particularly affected by extreme winter. The first selected area, Shaikh Ali area in Sang e Takht district has a population of around 5,159 and is located 24 kilometers away from the closest HFs. The second selected area, Oshughulak area in Sharistan district, has 4,977 population and is located 20 kilometers away from the closest HF. These two areas have been selected based on the following criteria: distance to the nearest health facility, availability of regular transportation, road blockage during winter, catchment population, possibility for the communities to provide accommodation. The selection process have been done in close coordination with PPHD and approved during a PHCC meeting on the 26th October 2014.

4. Grant Request Justification.

The BPHS program is covering Daykundi province with 35 health facilities providing health services according to standards. Considering the sparse population of Daykundi province and the roads blockage during winter, the usual BPHS health facilities and services cannot cover anymore some areas at risk of being cut off from health care services during winter. Therefore, PU-AMI has supported additional winterization projects under WHO funding for the past three years. The strategy to implement temporary static clinics with qualified health workers and essential drugs and supply has ensured access to critical health services for remote and highly vulnerable population during winter. The intervention were also highly appreciated and supported by the community in those remote areas. This year, PUAMI plan to support winter preparation for vulnerable communities in 2 areas completely cut off during winter, thus aiming to contribute to the cluster objective to prevent loss of life and excess mortality due to winter. Referral system : As they have communication means and as the related cost will be supported , the temporary health facility staff can contact the closest HF to ask for advise and inform about the case they plan to refer. Due to road blockage, referral by ambulances will be difficult/impossible. However, PU-AMI will refer patients from the two temporary clinics two the closest HFs by using local resources such as donkey, motor bikes, etc. when needed. Then, the closest HFs will take care of the patient for treatment and/or referral to upper level of HFs. Based on our previous experiences, referral of patient who need it, although difficult and taking a longer time, has always been possible. Informing community : PU-AMI has already implemented the same type of projects in the past so communities are already aware of the limited duration of service. Nevertheless, like every year, we

	will remind the communities and provincial authorities that these two clinics are temporary ones and would be running only for a five-month period. The hired skill birth attendant will liaise with the local CHWs to communicate effectively with the communities and the pregnant women on the importance of receiving the appropriate ANC package. The ANC will enable to identify risks and danger signs as well as to prepare the birth plan (where the pregnancy will happen and what arrangements are prepared in case of complications). Pregnant women and their families will be encouraged to deliver at the health facility, or, in case they want to deliver at home, to be assisted by the hired skilled birth attendant.. This initiative will be reminded to communities during the monthly meeting with community elders and during the ANC visits to pregnant women. As BPHS implementer, PU-AMI is in a good position to support CHWs and involve them in the project implementation. We will make sure that regular meeting (at least monthly) between medical staff of both sites and the CHWs are organized. The female health workers will particularly ensure the support and coordination with the female community health workers.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	In view of the successful implementation of PUAMI previous winterization interventions and the strong support and acceptance from the communities, PUAMI plan to implement the same range of activities: 1) Establishment of 2 temporary static clinics for the provision of essential health services. 2) Hiring and Training of health workers on the Health Management Information System (HMIS) as well as on the Rationale Use of Drugs (RUD). 3) Procurement of drugs, medical supply and equipment for a 5-months period. 4) Communication to communities about the opening and running of the two temporary fixed health facilities. 5) Provision of essential health services to the targeted population in a equal way for men, women, boys and girls, with a special focus on maternal and child health services. 6) Support communicable diseases surveillance (reporting to HMIS) and control

LOGICAL FRAMEWORK

Overall project objective	Provision of essential health services for population affected by extreme weather without any access to health services during winter.

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	To reduce incidence of preventable mortality and morbidity in Sang e Takht and Sharistan districts of Daykundi province during winter	
Code	**Description**	**Assumptions & Risks**
Output 1.1	To facilitate access to essential health services through establishment of 2 temporary static clinics.	Assumptions: - Qualified staff (both male and female) is recruited in time and retained. - Procurement of medical supply and other equipments is done in time, before the road blockage. - Local authorities and communities are supporting PU-AMI in the implementation of the programme Risk: -Early and heavy snows are blocking the roads earlier than foreseen.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Number of active temporary health facilities					2
	Means of Verification:	HMIS reports					
Indicator 1.1.2	HEALTH	Number of health staff trained on HIMS and RUD					4
	Means of Verification:	Training reports					
Indicator 1.1.3	HEALTH	Percentage of temporary health facilities having female qualified medical staff					100
	Means of Verification:	HMIS reports					
Indicator 1.1.4	HEALTH	Population covered by emergency PHC and referral services					9326
	Means of Verification:	HMIS reports					
Indicator 1.1.5	HEALTH	Number of pneumonia cases treated or refererd					975
	Means of Verification:	HMIS reports					
Indicator 1.1.6	HEALTH	Percentage of women delivered by Skilled birth attendants					30
	Means of Verification:	HMIS reports					
Indicator 1.1.7	HEALTH	Percentage of measles cases refered to the temporary health facilities that are treated					100
	Means of Verification:	HIMS reports					
Indicator 1.1.8	HEALTH	Number of Acute Watery Diarrhea Cases					715
	Means of Verification:	HMIS reports					

Activities

Activity 1.1.1	Establishment of 2 temporary static clinics for the provision of essential health services. Communities will be asked to support the provision of houses for the fixed centers and accommodation of health workers. One cook/cleaner will also be hired for each temporary site
Activity 1.1.2	Hiring and training of health workers on the Health Management Information System (HMIS) as well as on the Rationale Use of Drugs (RUD). One male nurse and one midwife will be hired locally for each site. They will be trained on HMIS and RUD in the very first steps of the project.
Activity 1.1.3	Procurement of essential drugs, medical supply and equipment for a five-month period. Each site will receive supply according to BPHS SHC standards, with quantity estimated based on the catchment population, previous consumption data, and epidemiological trends
Activity 1.1.4	Communication to communities about the opening and running of the two temporary fixed health facilities. At the same time of submission of proposal, in November 2014, communications will be established towards the communities and community elders, with the support of provincial authorities, to inform them regarding continuation of the previous winterization projects. During this communication, our teams wil also explain that the health services provided during winter will only be temporary and that it is not yet part of the plan to establish permanent health facilities in those villages. The visibility of donor will be considered during all communication process with communities.
Activity 1.1.5	Provision of essential health services to the targeted population Essential health services with be provided equally to men, women, boy and girls since each temporary clinic will be staffed with both male and female health worker. A special attention will be paid on maternal and child health services as well.

Activity 1.1.6	Support Communicable disease surveillance (reporting to HMIS) and control. Reports of the temporary health facilities will be collected and reported to donor and MoPH. The reports of temporary clinics will be integrated in the monthly HMIS reports of the closest HFs. The temporary sites' teams will also be responsible to report any outbreak and will monitor communicable diseases in the catchment areas

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 Establishment of 2 temporary static clinics for the provision of essential health services. Communities will be asked to support the provision of houses for the fixed centers and accommodation of health workers. One cook/cleaner will also be hired for each temporary site	2014												X
	2015												
Activity 1.1.2 Hiring and training of health workers on the Health Management Information System (HMIS) as well as on the Rationale Use of Drugs (RUD). One male nurse and one midwife will be hired locally for each site. They will be trained on HMIS and RUD in the very first steps of the project.	2014												X
	2015												
Activity 1.1.3 Procurement of essential drugs, medical supply and equipment for a five-month period. Each site will receive supply according to BPHS SHC standards, with quantity estimated based on the catchment population, previous consumption data, and epidemiological trends	2014												X
	2015												
Activity 1.1.4 Communication to communities about the opening and running of the two temporary fixed health facilities. At the same time of submission of proposal, in November 2014, communications will be established towards the communities and community elders, with the support of provincial authorities, to inform them regarding continuation of the previous winterization projects. During this communication, our teams will also explain that the health services provided during winter will only be temporary and that it is not yet part of the plan to establish permanent health facilities in those villages. The visibility of donor will be considered during all communication process with communities.	2014												X
	2015	X	X	X	X								
Activity 1.1.5 Provision of essential health services to the targeted population Essential health services with be provided equally to men, women, boy and girls since each temporary clinic will be staffed with both male and female health worker. A special attention will be paid on maternal and child health services as well.	2014												X
	2015	X	X	X	X								
Activity 1.1.6 Support Communicable disease surveillance (reporting to HMIS) and control. Reports of the temporary health facilities will be collected and reported to donor and MoPH. The reports of temporary clinics will be integrated in the monthly HMIS reports of the closest HFs. The temporary sites' teams will also be responsible to report any outbreak and will monitor communicable diseases in the catchment areas	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 .

PU-AMI will use HMIS reporting formats of MoPH to collect monthly statistic reports from the HFs. The reports will be shared with the closest HFs so they can integrate them into their own HMIS report. Then, achievements and potential weak points will be noticed and considered at provincial level. PU-AMI will keep a copy of each sites' HMIS reports for record purposes. In addition to routine HMIS data collection and reporting, communicable diseases, including pneumonia, acute watery diarrhea and Measles cases will be monitored and reported through daily and weekly DEWS and using mobile phone communication. The reports of each site will be presented to provincial and national level health stakeholders in order to keep them informed regarding the project's progress and achievement as well as any challenge faced. CHWs of the mentioned villages will be regularly contacted so they can share any idea, concern or comment. Moreover, a close link will be maintained with communities to be ensured that the HFs are running smoothly. Regular progress report will be provided to UNOCHA as per a predefined and agreed timeline

OTHER INFORMATION

Accountability to Affected Populations

PU-AMI has been implementing similar winterization interventions in the two selected areas for the past two years. These previous interventions were highly appreciated by communities and they've strongly recommended the continuation of the services. Like for the previous projects, PU-AMI will involve the targeted population and will ask for their support for the identification and provision of infrastructures for the two temporary sites. Feedback and complaints of the communities will be recorded by health workers of the temporary facilities and regularly shared with the coordination team in Nili's office for their follow-up and management decisions. PU-AMI will make sure that the opening and running of this two temporary site are acknowledged by the population by informing the communities' elders as well as by asking every patient that will come to the clinic to share the information within his/her relatives, neighbors, etc.

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

PU-AMI is present in Daykundi since 2012 and is current implementer of BPHS in the province. Therefore, PU-AMI has a good knowledge of the area and is in a good position to implement this project in the specified timeline. PU-AMI will first present the project and its objectives to communities and during PHCC meetings. Communities will be asked to provide houses for temporary health centers and recruitment will be done at local level. The identification of the structures and the procurement of medicines and equipments will be done after contract signature, in the first weeks of the project. PU-AMI will ensure a constant communication with local communities to facilitate the establishment of clinics in the identified villages as well as to ensure that communities are aware of the opening of these temporary health facilities opening and the health services provided. Supervision of the clinics during winter period will be ensured only when access to clinics will be possible. Progresses of the project will be shared with PHCC members at provincial level and during health cluster meeting with national health authorities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. Provincial Public Health Directorate	Monthly PHCC meeting and ad hoc meeting during the need
2. WHO	Health cluster meeting
3. UNOCHA	Ad hoc meetings

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	The Project is designed to contribute significantly to gender equality. The different needs of women/girls and men/boys have been analyzed and integrated well in the activities and outcomes. Each temporary clinic will be staffed with both male and female health workers who will be equally trained. Essential health services with be provided equally to men, women, boys and girls. A special attention will be paid on maternal and child health services as well with an adapted procurement of medical supply and equipment. HMIS reports will include disaggregated data and will enable gender and age analysis.

Protection Mainstreaming	Each temporary clinic will be staffed with both male and female health workers in order to ensure that essential health services is provided equally to men, women, boys and girls. The project will be implemented using international standard and guidelines to ensure access to safe and quality health services in respect to medical ethics, with no discrimination and with cultural-sensitivity.
Safety and Security	PU-AMI intervention will take place in Daykundi province, a region generally quiet regarding the area of security since the level of insecurity is far much lower than in other provinces of Afghanistan. If few incidents have been recorded during the past months, they remain very occasionally. Moreover, these incidents, which in most cases are in the hands of criminal gangs, mostly occurred on roadways. With the onset of winter, roads will be blocked by snow and our staff will remain isolated within the two areas of intervention where we've already worked for the past two-year and where we benefit from a strong acceptance inside the targeted-communities. In light of the above, it is reasonable to think that security of our staff won't be endangered during the implementation of the project. Nevertheless, we will provide them phone credit and make sure that there is a network coverage where the work and live so they can call the coordination office in Nili in case an incident happens.
Access	During last year's, projects implementation in Daykundi, there have not been any significant issues with access and ability to monitor activities. The access to the field is maintained through the links PU-AMI has built with the community. Establishment of the two temporary clinics and their procurement in drugs, medical supply and non medical equipment will be done before the roads are blocked by the snow to make sure that the access to the two sites is still possible. Procurement will be done for a five-month period in order to cover the whole project's implementation period. Then, with the onset of heavy snows and road blockage, they will obviously be a problem of access. It won't be possible anymore to visit the temporary clinic sites to monitor the well-running of the activities and collect the reporting document (HMIS monthly reports, etc). Nevertheless a remote monitoring will be maintained with regular phone conversation between Nili office and the two temporary sites. The health workers will reports on the achievements and the coordination team in Nili will make sure that the activities are running smoothly.

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	Field Coordinator	D	1	4421	5	20.00%	4,421.00
	The field coordinator, based in Nili, is the expatriate person in charge of coordinating activities at the base level. He is the responsible of the implementation of the projects, and the good functionning of the base. The Field coordinator will dedicate 20% of his time to work on this project for a 5-months period						
1.2	Log/Admin	S	1	4421	5	20.00%	4,421.00
	The Log/Admin, based in Nili, is the expatriate in charge of the good functionning of the support departement at Daykundi level. Indeed the province is full of challenges and the present of the Log/Admin is to strenghten the capacities of the local team. The Log/Admin will dedicate 20% of his time to work on this project for a 5-months period						
1.3	Program Staff Coordination	D	1	2719	5	20.00%	2,719.00
	The deputy Head of Mission,based in Kabul, is ensuring the representation of the PU-AMI mission in Afghanistan and is responsible for the strategy of the NGO in term of programs. The Program Staff Coordinator will dedicate 20% of his time to work on this project for a 5-months.						
1.4	Midwives	D	2	537	5	100.00%	5,370.00
	The two midwives (one for each temporary sites) will ensure deliveries babies and will provide antenatal and postnatal advice, care and support to women, their babies, their partners and families. They will dedicate 100% of their time on this project, for a 5-month period.						
1.5	Nurses	D	2	361	5	100.00%	3,610.00
	The two nurses (one for each temporary site) will provide medical and nursing care to patients. They will dedicate 100% of their time on this project, for a 5-month period.						
1.6	Cooks/cleaners	D	2	86	5	100.00%	860.00
	The two Cooks/cleaners (one for each temporary sites) will support the health worker in the day-to-day running of the center by preparing the food and cleaning facilities. They will dedicate 100% of their time on this project,for a 5-month period.						
1.7	Finance Officer	S	1	463	5	60.00%	1,389.00
	The Finance officer is one of the persons in charge of insuring the support to the program team. Adminitration will be responsible to pay the salaries, pay the bills and all administration work. He will dedicate 60% of his time to this project for a 5-month period.						
1.8	Finance Assistant	S	1	315	5	60.00%	945.00
	The Finance Assistant is one of the persons in charge of insuring the support to the program team. Adminitration will be responsible to pay the salaries, pay the bills and all administration work. He will dedicate 60% of his time to this project for a 5-month period.						
1.9	Logistics Officer	S	1	440	5	60.00%	1,320.00
	The Logistics officer is one of the persons in charge of insuring the support to the program team. Logistic will be responsible for supplying, purchases and general management. The Logistics Officer will dedicate 60% of his time on this project for a 5-months period .						
1.10	Guards	S	3	273	5	40.00%	1,638.00
	The guards are among the persons in charge of insuring the support to the program team. The guards are in charge of the security of the principal office in Nilli.						
1.11	Support cost coordination	S	2	421	5	40.00%	1,684.00
	Two drivers will be based in Kabul and they will ensure that management team is able to go to different meetings and do some representation at Kabul level. They will work dedicte 40% of their time to this project for a 5-months period.						
1.12	Daily Allowance	D	4	120	5	100.00%	2,400.00
	According to PU-AMI HR regulation, employees on the field are meant to receive a perdiem while on the field, it includes accomodation and food. Here we have 4 persons at the field level who will receive 300 AFA per day worked on the field. 305 x 22 workings days x 5 months = 33,550 AFA per person = 600 USD per person. 600 x 4 persons = 2,400 USD						
	Section Total						30,777.00

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	Office Telephone	D	4	5	5	100.00%	100.00
	Midwives and nurses will need phone credit to communicate with the main office in Nili and with others medical instances for the referral of patient as well as for monitoring and reporting of activities.						
2.2	Wood costs (2 sites)	D	2	56	5	100.00%	560.00
	This line corresponds to the 5 month wood/gas supply for bukharis and kitchen.We may purchase gas instead of wood since there is lack of wood in Daykundi province. Based on our previous experiences, wood costs for one site and one-month period represent 56 UDS						
2.3	Gaz for sterilization (2 sites)	D	2	7	5	100.00%	70.00
	5 months gas for autoclave and sterilization of dressing. Based on our previous experiences, the gaz for sterilisation costs 7 USD per month						
2.4	Trainings	D	4	87	1	100.00%	348.00
	HMIS and RUD Trainings for Health workers. 4 persons (2 nurses, 2 midwives) will attend the training. Unit cost per person will be 87 USD						
2.5	Drug and transportation (2 sites)	D	2	1310	5	100.00%	13,100.00
	The drugs supplies will be purchased at Kabul level and sent from Kabul to Nili and then from Nili to the two temporary fixed health facilities of Sang e Takht and Sharistan district						

2.6	Medical Equipment (2 sites)	D	2	642	1	100.00%	1,284.00
	Episitomy set (1), MVA (1), Dressing set (3), IUD set (1), Delivery set (2), Metallic box (2), Sphygmomanometer (3), Sthetoscope (3), Thermometer (2), Autoclave (1), Suture Cutting Scissor (1), Scissor Curved (2), Needle Holder (2), Tray (1) Examination bed (1), Folding screenbed (1), Otoscope (1), Muac (2), IV stand (1), Dressing Forceps Kocher to take inst (2), Vaginal speculum (1), Sputum bottle (5), Tourniquet (2), Dressing Traly (1), Vision testing chart (1), Scissor (2), Scalpel handle (4) ,Apron plastic protective (2), Plastic Draw Sheet (1), Patella hammer (1), Foot operated suction pump (1), Dressing forceps (2), Baby hanging scale (1), Artery forceps (2), Adult scale (2).						
2.7	Stationery (2 sites)	D	2	3	5	100.00%	30.00
	HMIS Tools, notebooks, pens, pencils, files, cover plastic files,staplers, and notice boards.						
2.8	Cleaning materials (2 sites)	D	2	9	5	100.00%	90.00
	Hand cleaner, powder, soup, cloths, brush, cleaning liquid for table and windows.						
2.9	Other running costs (2 sites)	D	2	37	5	100.00%	370.00
	Bukharis, lights, buckets, cloths washing pots, building maintenance and water reserve.						
	Section Total						15,952.00

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
	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
	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	46,729.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	6.99999580000252%
PSC Amount	3,271.03

Quarterly Budget Details for PSC Amount

2014	2015		Total
Q4	Q1	Q2	
0.00	0.00	0.00	0.00

Total Fund Project Cost	50,000.03

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Daykundi -> Shahrestan	50	1867	1867	429	429	4592	Activity 1.1.1 : Establishment of 2 temporary static clinics for the provision of essential health services. Communities will be asked to support the provision of houses for the fixed centers and accommodation of health workers. One cook/cleaner will also be hired for each temporary site Activity 1.1.2 : Hiring and training of health workers on the Health Management Information System (HMIS) as well as on the Rationale Use of Drugs (RUD). One male nurse and one midwife will be hired locally for each site. They will be trained on HMIS and RUD in the very first steps of the project. Activity 1.1.3 : Procurement of essential drugs, medical supply and equipment for a five-month period. Each site will receive supply according to BPHS SHC standards, with quantity estimated based on the catchment population, previous consumption data, and epidemiological trends Activity 1.1.4 : Communication to communities about the opening and running of the two temporary fixed health facilities. At the same time of submission of proposal, in November 2014, communications will be established towards the communities and community elders, with the support of provincial authorities, to inform them regarding continuation of the previous winterization projects. During this communication, our teams will also explain that the health services provided during winter will only be temporary and that it is not yet part of the plan to establish permanent health facilities in those villages. The visibility of donor will be considered during all communication process with communities. Activity 1.1.5 : Provision of essential health services to the targeted population Essential health services with be provided equally to men, women, boy and girls since each temporary clinic will be staffed with both male and female health worker. A special attention will be paid on maternal and child health services as well. Activity 1.1.6 : Support Communicable disease surveillance (reporting to HMIS) and control. Reports of the temporary health facilities will be collected and reported to donor and MoPH. The reports of temporary clinics will be integrated in the monthly HMIS reports of the closest HFs. The temporary sites' teams will also be responsible to report any outbreak and will monitor communicable diseases in the catchment areas
Daykundi -	50	1927	1927	442	442	4738	Activity 1.1.1 : Establishment of 2 temporary static clinics for the provision of essential health services.

> Sang-e-Takht							Communities will be asked to support the provision of houses for the fixed centers and accommodation of health workers. One cook/cleaner will also be hired for each temporary site Activity 1.1.2 : Hiring and training of health workers on the Health Management Information System (HMIS) as well as on the Rationale Use of Drugs (RUD). One male nurse and one midwife will be hired locally for each site. They will be trained on HMIS and RUD in the very first steps of the project. Activity 1.1.3 : Procurement of essential drugs, medical supply and equipment for a five-month period. Each site will receive supply according to BPHS SHC standards, with quantity estimated based on the catchment population, previous consumption data, and epidemiological trends Activity 1.1.4 : Communication to communities about the opening and running of the two temporary fixed health facilities. At the same time of submission of proposal, in November 2014, communications will be established towards the communities and community elders, with the support of provincial authorities, to inform them regarding continuation of the previous winterization projects. During this communication, our teams will also explain that the health services provided during winter will only be temporary and that it is not yet part of the plan to establish permanent health facilities in those villages. The visibility of donor will be considered during all communication process with communities. Activity 1.1.5 : Provision of essential health services to the targeted population Essential health services with be provided equally to men, women, boy and girls since each temporary clinic will be staffed with both male and female health worker. A special attention will be paid on maternal and child health services as well. Activity 1.1.6 : Support Communicable disease surveillance (reporting to HMIS) and control. Reports of the temporary health facilities will be collected and reported to donor and MoPH. The reports of temporary clinics will be integrated in the monthly HMIS reports of the closest HFs. The temporary sites' teams will also be responsible to report any outbreak and will monitor communicable diseases in the catchment areas

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. Bill of Quantities.xlsx