Project Proposal

Organization	WHO (World Health Organization)			
Project Title	Emergency response to the needs of pop affected by extreme winter in 3 high risk provinces			
Fund Code	AFG-14/ER/H/UN/288			
Primary Cluster	HEALTH		Secondary Cluster	None
Project Allocation	CHF Reserve Allocation		Allocation Category Type	Core activities
Project budget in US$	165,951.66		Planned project duration	8 months
Planned Start Date	01/12/2014		Planned End Date	31/07/2015
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 basic health services. Areas selected are not part of the BPHS coverage and targeted population is identified based on last year needs and gaps (Health cluster winterization plan 24 provinces /98 districts). This was further corroborated by data provided by OCHA (an exercise undertaken to identify pop living in high altitudes). Needs were further prioritized by the health cluster and under this proposal 3 provinces (around 35300 pop) are being targeted. Three provinces will be covered by direct application to CHF by Health partners and 3 provinces will be funded by WHO re-programed funds (CHF) see attachment - total pop covered by all funding sources is around 326,071. This proposal will be implemented by subcontracting NGOs that have not undergone the due diligence exercise by OCHA and PHDs to establish the static and mobile clinics in selected areas. The subcontracted NGOs and PHDs will be requested to report on regular bases to HMIS on communicable disease outbreaks, and if needed will have to undertake an outbreak investigation activity to confirm an outbreak especially since these clinics are based in remote white. The clinics will be established on temporary bases for a period of 5 months to cover the needs and respond to emergencies in areas cut off during winter.			

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	12006	12497	3001	3124	**30,628**
Total beneficiaries include the following:					
Host Communities	84042	87479	21007	21868	214396

Indirect Beneficiaries	Indirect beneficiaries are the family members of served population 214396	Catchment Population	catchment population is calculated based on all pop living in selected districts/villages 267995
Link with the Allocation Strategy	This proposal aims to strengthen access to emergency health services targeting population who are known to be cut off during extreme winter and will have no access to BPHS services. Thus responding to priority number one of the health cluster and Strategic priority 1 in the SRP "providing emergency health care and prioritizing access to critical, essential services .These facilities will be established on temporary bases just during winter season in order to respond to emergencies and public health threats and contribute to the reduction in avoidable mortality and morbidity. Thus, the intervention responds to the most acute need identified in the CHAP 2014, based on emergency health services among the vulnerable pop and the breakdown of essential life-supporting services.		

Sub-Grants to Implementing Partners

Partner Name	Partner Type	Budget in US$
PHD Bamyan	Government	78,400.00
PHD Herat	Government	19,995.00
CAF Logar	National NGO	39,200.00
		137,595.00

Other funding Secured For the Same Project (to date)

Organization primary focal point contact details	**Name:** Dr Ghulam Rafiqi **Title:** Emergency National Technical officer
	Telephone: 0782200378 **E-mail:** rafiqig@afg.emro.who.int
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	Afghanistan is a disaster prone country with numerous recurrent natural calamities of different scales. Extreme winter conditions and avalanches are recurrent feature in the mountainous areas of Afghanistan that make up approximately 63%of the country. Being mountainous, these regions have poor accessibility due to geographical conditions and harsh weather that further increasing the vulnerability of populations living in these areas. Harsh winters occur between November to April in the central region and central high land. Selected provinces; Bamyan , Herat and Logar . Targeted districts in Bamyan (Waras, Panjab, Yakowlang, Sayghan), Logar (Churkh, Pulalam, Mohamadaga) and Herat (Kushk district) have very high altitudes, its mountainous and population are scattered, and suffers from extreme and long winter temperatures more than 267995 pop might be stranded and cut off from access to basic emergency services during winter season. Around 10719 pregnant women (i.e.4% of total population under risk) will have no access to skilled birth attendants and 53599 children under 5 (i.e. 20% of total population under risk) will have no access to basic services (pneumonia being the number one killer diseases for children under 5 years and HNO classified pneumonia as very high in pneumonia risk) which could cause a rise in mortality and morbidity due to lack of access and extreme weather. This will be further aggravated with poor shelter and lack of access to basic facilities. Targeted districts.
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)	This project is focusing on white areas, these are areas that don't have facilities within 2 hour walking distance in normal situation and these areas are completely cut off during winter, hence there is no existing capacities running there. The needs were estimated based on WHO records and historical knowledge; this was further corroborated with OCHA data on pop living in high altitudes. Other sources of data included PPHD and implementing partners (NGOs) working in these provinces. Using the HNO Burden of diseases, the prevalence of pneumonia ranged from 24 to 134 cases per 1000 population. Based on the available information; we are targeting 30630 Pop (Direct beneficiaries) through the project activities.
3. Description Of Beneficiaries	This project will focus on pop affected by extreme weather conditions, who are cut off and have no access to basic health services. These families were identified based on historical knowledge; this was further corroborated by data received from OCHA on pop living in high altitudes. Other data sources included the NGOs working in these areas; PHDs. Selected families are neither IDPs nor refugees and some are affected by conflict such as in Herat and logar . These families are affected by the natural disasters that occur in these provinces which renders them inaccessible to nearby facilities, while they also have their pre-existing vulnerabilities which further exasperates their situation. The main vulnerable population will be the women at childbearing age and children. Elderlies will also be affected due to lack of support to their chronic diseases. 30630 pop will be supported out of which 1225 (4% of direct beneficiaries) will be pregnant women and children under 5= Boys 3001, girls 3124. Beneficiaries have been identified based on targeted area population and past experience of health partners working in these areas this includes actual number of patients. Mobile health facilities have been selected in areas were population is dispersed and the area is accessible by the mobile clinic. While areas that have population concentrated in one area have been selected as static clinics. Subcontracting with NGOs will commence after receiving funds from CHF , and it will take WHO around 20 days to complete all arrangements
4. Grant Request Justification.	Geographical areas selected are not covered by BPHS contracts, and historically the targeted pop is those that are stranded during winter and cut off during extreme weather. This project is developed to provide funding to NGOS 1 (CAF) who did not yet pass the due diligence exercise with OCHA, and 2 Provincial Health Directors PPHD who still are vital in responding to the needs of the population in targeted areas . Based on last year data 16% of pop in the 3 provinces were diagnosed as pneumonia cases due to extreme weather in 2013 , it is estimated that around 153 in 2013 and 93 in 2014 (Jan- Oct) died due to pneumonia in

	Bamyan, Herat , and Logar thus highlighting the inadequate access to basic services during winter season. As a consequence the populations living in the selected districts of the 3Provinces have been and will be deprived of access to essential health services during extreme winter conditions .Due to these reasons above we are proposing the establishment of temporary facilities in Churkh, Saighan and Kushkh (only during winter season) for areas stranded during winter and will have no access to basic health services through BPHS and mobile medical teams will cover Panjab, Yakawlanj, Waras and Pulalam and Mohamad aga. The health cluster has identified 24 provinces /98 districts at risk. Some of these districts based in Faryab, Ghazni and Wardak will be covered by funding available from CHF to WHO (re-programmed) and additionally it will also provide support to Kabul Informal settlement IDP camp. Additionally Ghor, Daikundi and Badakshan will be supported by the CHF emergency reserve funding through partners applying directly in response to the winter response strategy paper (see attachment).
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	WHO is currently working on supporting the health cluster winterization plan to compliment the activities proposed in this project. Supplies are being pre-positioned, and temporary clinics are being established in high risk areas identified by the health cluster which will contribute towards the implementation of this plan. Additionally Emergency preparedness and response committee in each province have been trained and are properly equipped to respond to unforeseen emergencies .

LOGICAL FRAMEWORK

Overall project objective	Provision of prioritized emergency health services for population affected by extreme weather and have no access to BPHS or other health services especially during winter period December 14 -April 15

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	Reduced incidence of avoidable mortality and morbidity in 3 provinces/ 8 districts.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Facilitate access to Emergency temporary basic health services through establishment of temporary static and mobile health clinics.	if funding is delayed access to these areas will be hindered and establishment of facility will be jeopardized

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					30628
	Means of Verification:	Facility records					
Indicator 1.1.2	HEALTH	Number of >5 years pneumonia cases treated or referred by the medical teams					2000
	Means of Verification:	Facility and HMIS records					
Indicator 1.1.3	HEALTH	% Coverage for fully vaccinated children in targeted areas.					4900
	Means of Verification:	monthly report					
Indicator 1.1.4	HEALTH	Percentage of temporary health facilities having female qualified medical staff					100
	Means of Verification:	a midwife working in each HF					
Indicator 1.1.5	HEALTH	100% of the alarms are investigated within 48 hours from notification					100
	Means of Verification:	all measles and pneumonia outbreaks are report and responded					
Indicator 1.1.6	HEALTH	% of women delivered by skilled birth attendants					30
	Means of Verification:	HMIS data of temporary health facilities					

Activities

Activity 1.1.1	Establish 3 static temporary health clinic that provides Basic emergency services inlcuding referral one each in Herat, bamyan and logar for 5 months starting December 2014
Activity 1.1.2	Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014
Activity 1.1.3	Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014

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 3 static temporary health clinic that provides Basic emergency services inlcuding referral one each in Herat, bamyan and logar for 5 months starting December 2014	2014												X
	2015	X	X	X	X								
Activity 1.1.2 Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014	2014												X
	2015	X	X	X	X								
Activity 1.1.3 Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014	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	The contracts with PHDs and NGOs will be monitored by WHO offices in the region, regular technical reporting on identified indicators and utilization rates of different services will be requested to be sent electronically to WHO offices. Public health data will be analyzed regularly by WHO public health officers and MoPH HMIS team. In Bamyan and Herat the activities will be implemented by the PPHD while in Logar the implementing partners will ensure proper coordination and information sharing with PHD and PPHC during their monthly meetings. The community will have to be informed by the implementing partner that these facilities are temporary and will not continue beyond winter season.

evaluate your project .	

OTHER INFORMATION

Accountability to Affected Populations	Interaction and communication with beneficiaries is key for proper project implementation since these facilities are temporary facilities that will not continue beyond winter. These facilities will not be part of BPHS coverage in the future. Hence, partners will inform the community and local authorities of this fact. Additionally the community will have to be involved in selecting the area for the facility to be established; and community will be involved in all decisions made.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	This proposal is basically focusing on establishment of 4 mobile and 3 static clinics to be run by CAF in Logar and PPHD teams in Bamyan and Herat. Once funding is received, the partners will agree on the area to set up the facilities in close coordination with the community. Operations should start 15 days after receiving funds. The implementing partner will ensure that at least one female staff (Midwife) is included in the team mitigating actions such as injection safety, infection prevention and appropriate health waste disposal will be implemented to preserve the environment by health implementing partners especially in the area of health care waste management .
Coordination with other Organizations in project area	**Name of the organization** / **Areas/activities of collaboration and rationale** 1. Provincial health directors — establish health facilities in two provinces , conduct Provincial health meetings and plan response to emergencies 2. MoPH — Support data analysis under HMIS , Identification and response to public health threats 3. CAF — Support health service delivery in Logar
Environmental Marker Code	B+: Medium environmental impact with mitigation(sector guidance)
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	the project will support emergency health service delivery with special focus on service for pregnant women and children under 5 aiming to decrease avoidable mortality and morbidity among the most vulnerable population during winter season and them being stranded and cut off from nearest health facility.Health facility staffing will include Midwives that will ensure access of pregnant women to skilled birth attendants. All facilities will also include female health cadre to ensure access to health services for women .
Protection Mainstreaming	Health facilities will try to ensure that female staff is recruited to preserve women dignity and local customs and culture. The facilities will ensure access of all targeted pop (men/women/ children) to emergency health services with special emphasis on most vulnerable pop be it women and children in order to contribute towards the reduction of morbidity and mortality in these areas.
Safety and Security	The areas selected are not undergoing conflict, but are usually cut off during winter . hence, the selected partners will have to establish presence before the roads are blocked by snow. they will rely on local knowledge to avoid areas of avalanches, still since most of the partners recruit staff who are living in the targeted area , hence they would be aware of the dangers and will try to avoid them . Also the community will be mobilized to provide protection to the health cadre working in their areas
Access	This project is implemented through partners who are currently working in the area. additionally two provinces will be facilitated by PHD who has access and can ensure project implementation in targeted villages.

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	National Officer NOC to suprevise the overall project implemnattion based in Kabul	s	1	4000	5	50.00%	10,000.00
	50% of the time of 1 NOC officer to be based in Kabul						
1.2	WHO HQ and regional monitoring and reporting cost	s	1	14000	5	5.00%	3,500.00
	One P3 officer 5% of his/her time						
	Section Total						13,500.00

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
	Section Total						0.00

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
6.1	Subcontract CAF to establsih 1 MHT and 1 static facility in Logar	D	2	3920	5	100.00%	39,200.00
	The cost of one HF per month is around 3920 compared to 4500 per month SRP 2014) and this will include salaries for health cadre 11,150 USD (for 2 doctors, 2 midwives, 2 vaccinators, and 2 guards) for 5 months, procurement of supplies 21,000 (this is based on historical utilization rates) and 7000 for operations (please see the attachment for the breakdown)						
6.2	Subcontract PHD to establish 1 static HF in Herat	D	1	3999	5	100.00%	19,995.00
	The cost of one HF per month is around 4500 as recoded in the SRP 2014 , but base on discussions with PHD , the cost was decresaed to 3,999 USD per month and this will inlcude salaries for health cadre 5,520 USD (MD, MW Nurse, Vaccinator, guard) , Communication + transportation 1800 , procurement of supplies 7200 USD (which mean 1.2 USD per patient if 50 pts visited the clinic every day) and operational cost around 1476 USD (please see the attachment for the breakdown)						
6.3	Subcontract PPHD to establish 3MHT and 1 static in Bamyan	D	4	3920	5	100.00%	78,400.00
	The cost of one HF per month is around 3920 compared to 4500 (as mentioned in SRP 2014) and this will include salaries for health cadre, renting a clinic and provision of simple furniture, equipment and supplies (please see the attachment for the breakdown)						

	Section Total	137,595.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Support WHO operational cost in Kabul	s	1	166667	5	0.48%	4,000.01
	Shared office security and communication cost (annual cost around 2 million)						
	Section Total						4,000.01

Sub Total Direct Cost	155,095.01
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	
PSC Amount	10,856.65

Quarterly Budget Details for PSC Amount

2014	2015			Total
Q4	Q1	Q2	Q3	
0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	165,951.66

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Bamyan -> Sayghan	12	1568	1632	392	408	4000	Activity 1.1.1 : Establish 3 static temporary health clinic that provides Basic emergency services inlcuding referral one each in Herat, bamyan and logar for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Bamyan -> Yakawlang	13	1764	1836	441	459	4500	Activity 1.1.2 : Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Bamyan -> Panjab	12	1372	1428	343	357	3500	Activity 1.1.2 : Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Bamyan -> Waras	13	2156	2244	539	561	5500	Activity 1.1.2 : Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Hirat -> Kushk	16	2156	2244	539	561	5500	Activity 1.1.1 : Establish 3 static temporary health clinic that provides Basic emergency services inlcuding referral one each in Herat, bamyan and logar for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Logar -> Pul-e-Alam	11	1568	1632	392	408	4000	Activity 1.1.2 : Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Logar -> Mohammadagha	13	1842	1917	460	479	4698	Activity 1.1.2 : Establish 4 Mobile temporary health clinic that provides Basic emergency services including referral one in logar, 3 in Bamyan for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014
Logar -> Charkh	10	1411	1468	352	367	3598	Activity 1.1.1 : Establish 3 static temporary health clinic that provides Basic emergency services inlcuding referral one each in Herat, bamyan and logar for 5 months starting December 2014 Activity 1.1.3 : Support Facility based (by the 4Mobile clinics and 3 Static clinics) Communicable disease surveillance (reporting to HMIS) and outbreak investigation, sample collection in the 3 provinces for 5 months starting December 2014

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. Winterization implementation plan for Health cluster.xlsx
2. Copy of Pn Cases Deaths by Provinces last 3 years- DEWS.xlsx
3. Herat PHD proposal for Static clinic (2).docx
4. Copy of کاپی بروبوزل who.xlsx
5. CAF budget for Logar MHT and static facility.xlsx
6. Herat PHD proposal for Static clinic Final-11 Nov 2014.docx