

WOMEN'S WELFARE FOR HEALTH & EDUCATION SERVICES (Regd)
AND
PAK RURAL AREA DEVELOPMENT ORG.



Whae's
Lets Come to the Nature

WHAE'S

Primary Health Care

Project For

Taluka Dhalli

&

Other Remote Areas

of Tharparkar &

Based On District / Tehsil

Level Of

PAKISTAN

WHAE'S PRIMARY HEALTH CARE CENTER PROJECT FOR SLUM/NEGLECTED AREAS OF PROVINCE / CITY DISTRICT LEVEL

First time in the history of Pakistani health social history, we are starting primary health care unit, with special and essential facility of Eye/ Dental and ultrasound services.

In Health Sector we are trying to become trend maker for providing special, expansive and essential requirements of any human being, either he / she belong to posh/ developing areas or belong to slum/neglected areas, but they need to this type of facilitates/ treatment. We are trying to establish our primary health care unit on Tehsil or District level. First model project will be establish in Taluka Dhalli Tharparkar because some months ago a big disaster happened in those areas from which many precious lives has been lost including many children infact these areas people still spending their lives like a stone age, they have no water, no electricity, no sufficient food for surviving their lives, this disaster happened many times in a year but fortunately due to electronic media it publicized on General Public first time, so a delegation of Women's Welfare for Health and Education Services Visited that areas and observed and also felt the reality and painful situation of that area's people, which are on going round the clock for them. So we planned some Relief Packages for local population and also planned a Primary Health Care Unit for their initially health issues. We have a local partner of these area, which are already performing brilliant job in health and education with name of PRADO.

**PRIMARY HEALTH CARE UNIT COST INCLUDING LAND /
CONSTRUCTION / FURNITURE FIXTURE / MEDICAL EQUIPMENT /
RUNNING FINANCE WILL BE AS FOLLOWS:**

Total Approx Cost Of Primary health care unit

1. land 1000 Yards + Construction charges	150.000.000
	(15 Million)
2. furniture / fixture	150.0000
	1.5 Million
3. publicity / stationary Materials	500.000
	<u>0.5 Million</u>
Total Amount	170.000.00
	(1.7 Million)

Required Medical Equipment for Primary Health Care Unit

1. Ultrasound Machine	
i. Color Doppler + Printer	450.0000 (4.5 Million)
2. Dental Setup with Accessories	100.000 (1 Million)
3. Eye Setup with Accessories (Minor Surgery)	200.000 (2 Million)
4. Other basic instruments and Medicines	500.000 (0.5 Million)
5. Miscellaneous	500.000 <u>(0.5 Million)</u>
	850.000.00
Total Amount:	(8.5 Million)

Staff Saleries and other Expenses of Health Care Unit

- | | |
|---|---|
| 1. Two Male Doctors for 12 hours | 25000 / Each
50.000/ ¹ Month for Two Doctors |
| 2. Two F/ Male Doctors 12 hours | 25000 / Each
50.000/ ¹ Month For 2 Doctors |
| 3. Two Male Staff for 12 hours | 15000 / Each
30000 / ¹ Month two Staff |
| 4. Two F/Male Staff for 12 hours | 15000 / Each
30000 / ¹ Month Two Staff |
| 5. Two Ayas for 12 hour | 10000 / Each
20000 / ¹ Month for two Ayas |
| 6. Two Guards for 12 hour | 12000 / Each
24000 ¹ Month for two guards |
| 7. Two Sweepers | 10000 / Each
20000 / ¹ Month for two Sweepers |
| 8. Utilities (Gas, electricity Telephone) | <u>30000 / per Month</u> |

Total Amount: 254.000 / per Month

Rs. 3048000 / per year

(3 Million 48 Thousands)

F/Male vocational Training and Learning Center

Vocational Training Center will be construct on 500 yards and Consist on two floors.

This training Center will be work as providing vocational and Educational Training, (Like as Computer, web designing, office work, Teacher Training) for the area F/Male to Educate, confidence, empower and make them financial stable for themselves and their families.

Ground floor will be established for sewing, knitting, and cutting department.

1st floor will be for educational Courses for F/Male, e.g, C.I.T, D.I.T, Web Designing, Beautician and Teacher Training Center.

These all F/Male Courses are in demanding in Market now a days & F/Male are very interested, keen to learn these courses and became a Practical, use full citizen of the Society.

Approx expanses of a vocational and learning center

1. 30 Sewing Machine + Accessories	100.000.000
	(10 Million)
2. 30 Computer + Accessories	1000.000
	(01 Million)
3. Related Accessories	500.000
	(0.5 Million)
4. Beautician and Teacher Training Materials	500.000
	(0.5 Million)
Total Amount	120.000.000
	(12 Million)

Required Staff and salaries

1. 4 F/Male Trainer for Vocational Center	20000 / Each 80000 / per Month
2. 2 F/Male Helping Assistant	10000 / Each 20000 / Per Month
3. 4 F/Male Computer Trainer	15000 / Each 60000 / Per Month
4. 2 F/Male Computer Assistant	8000 / Each 16000 / Per Month
5. 2 Cleaners	10000 /Each 20000 / Per Month
6. Utilities	20000 / Per Month

Total Amount 216.000 Per Month

(Rupees Two lac sixteen thousand only)

$2,16,000 \times 12 = 2,592,000/-$ Per Year

(Rupees Twenty five lac ninety two thousand only)

PROJECT PROPOSAL FORM

General Information

Name of the Organization : Women's Welfare for Health & Education Services
Pakistan (WHAES) Regd.

(Local Organization in Thar) Pak Rural Area
Development Organization (PRADO)

1.1 Project/Programme Title: Community based Management of Acute
Malnutrition for malnourished populations of district Tharparkar/Primary Health Care
Unit & Vocational Training Centre.

1.3 Sector/Type of Project/Programme: Nutrition/Health Care Unit & Vocational
Training Centre.

1.4 Programme Geographical Location: Pakistan, Sindh Taluka Dhali Dist:
Tharparkar/other remote areas of Tharparkar.

1.5 Duration of WFP Support: (in months) 24 Months

1.6 Starting Date proposed: (day/month/year) 1st Oct, 2014

1.7 Ending Date planned: (day/month/year) 30th Nov, 2015

1.8 Total Funds requested from WFP: (in cash and kind/tonnages) (details are
attached.

1.9 Legal Status of the Organization: Registered NGO

1.10 Stakeholders: CBOs, District Govt. Health
department/Philanthropist/Welfare
Institutions.

1.11 Contact Person: Dr. Muhammad Zafar Khan

Khalifa Sakhi Muhammad Rahimoon

1.12 Email & Cell No: zafri999@yahoo.com. 0321-9221984

Website: www.whaes.org

ask.khalifa@gmail.com. 0342-2556786

Skype: ask.sakhimohammad

1.13. Project Submission Date: _____

2. PROJECT SUMMARY

In this section, provide a brief description of the project. Indicate clearly for whom this operation is directed to, quantifying tonnages and beneficiaries, stating type of commodities and geographical location of implementation.

District Tharparkar count in lower income district of Sindh in Pakistan, by geographically there is two sub part dessert & barrage in desert the marginalized community with lowest income exist the residual of desert has only source of living is natural rain/monsoon, due low literacy and poverty the condition of Thari very citreous as compared to barrages population mostly 56% population migrate and remain in hurdles.

Above aspects which define the life of Thari people which dark life and all basic needs of life are at risk and no.

According to updated OCHA Sit Rep released October 3 338,447 children and pregnant and lactating women require comprehensive nutrition care and many of these affected population are located in the districts previously affected by the 2010 and 2011 flooding. According to the National Nutrition Survey conducted in 2011, the global acute malnutrition (GAM) rate in Sindh estimated at 17.5%.

District Umerkot is lower belt district of Sindh, and severely affected in 2011 flood 60% population of District Umerkot geographically in desert and minority ratio is 40% of total population is there. According to District Govt. official in 2012 there is drought declared and mostly family has migrate with their cattles.

4. PROJECT DESCRIPTION

4.3 OUTPUTS (Result):

Describe the goods/service to be delivered to the beneficiaries by this operation, which should address the cause(s) of the core problem(s).

- Reduction in infant and child mortality and morbidity through increased surveillance and provision of life-saving care for severely acute malnourished children with complications. Distribution of supplementary food rations and therapeutic feeding products based on emergency levels of acute malnutrition and international standards for entrance selection criteria.
- Early detection of under-nutrition and effective response to both moderate and sever acute malnutrition at the community and facility levels.

- Supported families nutritional status and general health will be protected and supported through increased access to and integration of nutritional services among local health actors.
- Priority will be given to the most vulnerable households who were most severely impacted by the floods and at greatest risk of acute malnutrition.
- Supported health facility staff, community leaders, and care-givers receive training and material inputs to support their role in identifying and properly managing acute malnutrition at the community or facility levels.

3. Background of the Project

3.1. INTRODUCTION:

In this section, provide a general description of the area(s) of implementation, as well as other relevant events that will explain why this project is necessary. Provide a brief history of the organization's presence in the country, general intervention strategy and current activities. Mention, if relevant, other programmes implemented in the same area of operation.

The Nutritional Nutrition Survey in Sindh has recorded SAM rate as 6.6% , MAM rate: 10.9% and GAM rate as 17.5% which is still threatening.

According to the NNS 2011, the prevalence of wasting of index children in Sindh has been recorded as 19.4% which is the highest among the other provinces of Pakistan. Furthermore the NNS 2011 data counts severe deficiencies of Vitamin D as 11.6%, Zinc as 38.8, and Vitamin A as 23.2. The Severe deficiencies of essential micronutrients are the major causes of corneal damages, blindness and Anemia.

Some of the major fatal diseases are due to micronutrients deficiencies which can enhance the chances of morbidity mortality and blindness among the children less than five years of their age.

According to the same survey, very importantly the percentages of malnutrition of pregnant and lactating women which is among the main causes of Low Birth Weight and later on child malnutrition (life cycle and malnutrition) is reported at its high rates, hence the Nutrition program and experience is a well justified intervention. Pak Rural Area Development.

Organization presence in the district and experience of Managing CMAM program is an added value for the smooth implementation of this program.

3.2 State of the Problem:

Reason that justify partner's intervention and support therefore. Describe main problems identified, their magnitude, prevalence and socio-economic impact in the operational area and how the intervention proposed could address the problem identified.

4.4. BENEFICIARIES:

- Indicate the population that will benefit from this operation and why they are targeted in the programme.
- Beneficiary selection criteria,
- Food distribution mechanism.

Add all information relevant to the group targeted (age, location, gender). Please indicate how the selection criteria take into account gender equity in the access to services.

According to WFP standard beneficiaries criteria may contain following general rules.

Acutely Malnourished children 6-59 months of age with MUAC between 11.5---12.4cm and Pregnant women (second trimester & third trimester| till delievery and lactating mothers (having a child less than age of 6 months) and MUAC less than 21cm will be enrolled for treatment in the program .

FOOD RATION:

- i. Acha Mum/Supplementary Plumpy: Moderate Acute Malnourished children will receive: 36Kg/month/child. In case of Supplementary Plumpy ration scale will be 2.76 Kg/month/child.
- ii. HEB: Sibiling of MAM and SAM will receive High Energy Biscuits: 2.25Kg/per child/month/MAM or SAM case.
- iii. Fortified Blended Food: PLWS will receive 5 kg FBF/person/month for four months
- iv. Vegetable Oil: PLWs will also receive 1 kg Vegetable Oil/person for four months.

4.5. MAIN COMPONENTS AND ACTIVITIES:

- Main activities
- Food Basket

Describe the main components of the programme and all activities to be carried out in order to deliver the goods/services.

- Screening of 6-59 month-old children and PLWs as per CMAM national guidelines.
- Provide support to malnourished children and PLWs through SFPs and, OTPs and, if required, through SCs
- Registration and treatment of SAM & MAM children and PLWs
- Reporting and recording of food supplement and registered cases.
- Provide referral to higher-level health facilities for patients in need of more specialized healthcare services.
- Provide emergency nutrition services and community-and facility based management of acute malnutrition such as:
 - New outpatient therapeutic feeding programmes and outreach to severely malnourished children.
 - Support for Supplementary feeding centers in cooperation with World Food Programme, providing nutritious and Balanced rations with the necessary micronutrient supplementation for children 6-59 months old and pregnant/lactating women.
 - Capacity building in nutrition for local health-care providers and community health workers.
 - Coordination and support as needed for sentinel data collection and/or broader nutritional household surveys.

4.6. IMPLEMENTATION STRATEGY:

How the operation will be implanted? Please describe Targeting and Distribution modalities, logistical arrangements, monitoring and Evaluation and reporting steps, modalities and links.

- Sign contract project agreement and Deployment of Project Staff.
- Orient an and train the project field teams:
 - Field Logistic arrangements
 - Collection Data with consulting health Department.
 - Secreening Mobilize community & CO formation.

- Coordinate effectively with WFP, UNICEF & WHO.
- Monitor indicators and reporting plan.

4.7. MONITORING AND EVALUATION:

Describe Monitoring evaluation procedures the partner will undertake during the duration and at closure of the program. Indicate the frequency of monitoring exercises the organization will undertake, monitoring samples and targets, monitoring tools to be utilized, etc evaluation methods. Reporting methods (frequency of the reports, contents and dates of submission)

Women's Welfare for Health & Educations Services Pakistan and their local partner in Thar PAK RURAL AREA DEVELOPMENT ORGANIZATION have established a Monitoring & Evaluation Unit to measure the program performance and effectiveness. Management information systems have been developed and are used as tool modification or improvement of intervention strategies. In this project the main principles of Women's Welfare for Health & Educations Services Pakistan and PAK RURAL AREA DEVELOPMENT ORGANIZATION information system are data collection, data recording & reporting, analysis and progress review and dissemination of information for further action. The monitoring mechanism would be:

- Field Monitoring by supervisors.
- Supervising Mechanism.
- Feedback Mechanism.
- Monthly Progress Review (MPR).
- Strictly monitoring on Financial Matters. (e.g funding, donations, etc.)

Women's Welfare for Health & Educations Services Pakistan and PAK RURAL AREA DEVELOPMENT ORGANIZATION Monitoring and Evaluation progress will conduct the initial screening and would collect data through management information systems and lesson learned. All the lesson learnt would be incorporated in future plans especially in these remote areas by Women's Welfare for Health & Educations Services Pakistan and PAK RURAL AREA DEVELOPMENT ORGANIZATION.

5. GENDER STRATEGY.

As you know Women's Welfare for Health & Educations Services Pakistan is already working in the field of health and education especially for Women so we know about the basic and essential requirements of a Woman, either she belongs to Urban or Rural Areas, we are focusing how we can empower the Women of these areas, and for these kind of Remote Areas we have a big support of Pak Rural Area Development Organization. Describe the Gender Strategy of the organization and in the present project. Indicate how the project will contribute to the empowerment of women (if possible, relate activities and WFP-ECW).

8. BUDGET & RESOURCES REQUIRED

Provide a narrative description of the costs of the programme, detailing those under request for WFP support.

8.1. Total Budget of the Operation: As per the budget format attached

8.2. Contribution requested from WFP:

8.3. Human Resources: (under organization's own budget and requested from WFP).

8.4. Material Resources: (under organization's own budget and requested from WFP).

8.5. Logistical Resources: (under organization's own budget and requested from WFP).

Budget: attached Annex I

WOMEN'S WELFARE FOR HEALTH AND EDUCATION SERVICES (WHAES)

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PAK RURAL AREA DEVELOPMENT ORGANIZATION (PRADO)

Programme Cost	Unit Cost	Units	Total Cost	NGO Share	Comm. Share	Donor Share
Baseline survey of 07 UC of Dahali Thar	210,000	7	1,470,000	441,000	-	1,029,000
CO Formation	2,000	220	440,000			440,000
Logistic Expenditure per UC	25,000	220	5,500,000			5,500,000
Field for Mapping & Mobilization	20,000	220	4,400,000			4,400,000
			11810,000	441000		11369,000

Staff Cost					
Program Manager PC	75,000	12	900,000		900,000
OTP Nurse	45,000	12	540,000		540,000
Store Keeper	30,000	12	360,000		360,000
Distribution Officer	30,000	12	360,000		360,000
Social Organizer	25,000	12	300,000		300,000
Data Entry Operator	25,000	12	300,000		300,000
Helper	10,000	12	120,000		120,000
Nutrition Assistant	30,000	12	360,000		360,000
			3240,000		

Operator Cost	30,000	12	360,000		360,000
Office Rent	8,000	12	96,000		96000
Utility			456000		456000

Fixed Cost	80,000	1	360,000		80000
Furniture	50,000	1	50,000		50,000
Laptop					
Sub Total			130,000	441000	130000

Total Budget			15636,000	441000		15195000
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DROUGHT HIT UC OF TALUKA DHALLI & OTHER REMOTE AREAS OF DISTRICT THARPARKAR, SINDH PAKISTAN.

**RELIEF PACKAGE/PRIMARY HEALTH CARE
UNIT/VOCATIONAL TRAINING CENTRE**

**WOMEN'S WELFARE FOR HEALTH & EDUCATION SERVICES
PAKISTAN**

&

PAK RURAL AREA DEVELOPMENT ORGANIZATION

Both are registered NGO's under society Act XXI-1860

**Vision: Healthy Educated Women for Better Future Generation, Healthy
Educated and Prosperous Rural Areas of Sindh and Pakistan.**

**Mission: To Promote and Provide Basic and essential Requirement of a Human
Being especially Better Health and Quality Education.**

**Income generation opportunities and sustainable development of Institutions to
empower the deprived communities.**

PAST EXPERIENCE:

Women Welfare for Health & Education Services (WHAES) and PRADO has successfully participating in the Field of Health and Education.

We arranged, different free medical camps at different places of Sindh especially in Remote Areas of Big Cities.

We organized seminars on different issues about health and Education for Awareness of Peoples.

AREA of Operation

■ Drought Hit UC's (07) Remote Area:
TALUKA Dhalli Distt: Tharparkar.

S #	UC	Total Village	Population
1	JESSE- JO- PAR	20	30461
2	DHALLI	21	34099
3	PARNO	40	35566
4	KHEENSAR	27	35542
5	GADRO	32	29694
6	LAPLO	40	31520
7	PIRANI- JO- PAR	40	28828
TOTAL		220	<u>225710</u>

NEED ASSESSMENT

DROUGHT HIT UC'S TALUKA DHALLI
DISTRICT THARPARKAR SINDH.

- | | |
|---|---------|
| <input type="checkbox"/> Wheat (50 Kg bag) | 45,142 |
| <input type="checkbox"/> Oil Bottle (4.5 Litter) | 45,142 |
| <input type="checkbox"/> Biscuit Sachet | 541,704 |
| <input type="checkbox"/> Energy Juice | 225,710 |
| <input type="checkbox"/> Mineral Water (5 Litter) | 225,710 |
| <input type="checkbox"/> ORS | 20,000 |
| <input type="checkbox"/> Multi Vitamins | 225,710 |
| <input type="checkbox"/> Syp/Capp& Tab: | |