



Pour la dignité des femmes afghanes
For the dignity of Afghan Women

Organizational information

1. Name, address, telephone, email and web page address

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2. Registration and legal status

"Afghanistan Libre" (AL) is a legal independent non-profit organization established in 2001 under Law No. 1901 of the Republic of France. AL was registered with the Government of Afghanistan in 2005 (certificate attached).

3. Goal, mandate and strategies of the organization

The goal of AL is to empower Afghan women to become full-fledged members of society. Our mandate rests upon the leadership of the founder of the organization, the first female Afghan diplomat Chekeba, Hachemi, who has been herself in restoring Afghan women's dignity through knowledge, psychological and social assistance, as well as participation in cultural life.

Our strategy consists of three areas of intervention. First, we provide Afghan girls with better access to formal education by constructing and rehabilitating schools, providing them with educational materials, developing their infrastructure and assisting in the educational process. We believe that a school is a sanctuary for female students, teachers and women from the community. Therefore, we've established health education centres (HEC) and kindergartens in three schools supported by AL. Finally, we are giving Afghan women and girls a means of self-expression by launching different cultural activities, such as the photo exhibition "Simply Afghan Women" (<http://afghalibre.typhon.net/en/2011/07/13/discover-our-photo-project-simply-afghan-women/>) and by publishing the magazine ROZ (www.rozmagazine.com). ROZ launched in 2002, is the first magazine by and for Afghan women after the fall of the Taliban. Each month, thousands of women and girls read about their rights, prominent Afghan women and other issues of interest to Afghan female readers, in ROZ.

4. Organizational activities pertaining to issues of gender equality

All the activities mentioned above aim to tackle the issues of gender equality through women empowerment.

5. Qualification of key personnel to be involved in the implementation of the project

- Operation Coordinator, 8 years of experience in the humanitarian field within "Doctors without borders" (MSF) and 2 years within AL.
- Head of Mission, 3 years of experience in the humanitarian field.
- Afghan staff within AL directly involved in the project (program manager, 2 coordinators, 1 logistician) comprising 4 Afghans, all with sound experience in the humanitarian assistance.

6. Total annual budget of the organization: 210.000 euro (2010).

Justification

1. Key opportunities and challenges that the project wishes to address

Afghan women and their families have been through three decades of war, disastrous consequences of which have left deep scars in their lives. Afghan women have known acts of military violence as well as different forms of political, social and economic hardship. Non-sexual violence, poor healthcare and economic discrimination make Afghanistan the worst place to live for women¹.

Although the effect on the mental health of Afghan women has been overwhelming, during the past decade they've struggled to reassert their place in society. By launching our programme of psycho-social counselling for women and their families in the Paghman district - a region where social relations have been particularly influenced by fundamentalist interpretations of Islam, patriarchal structures and local clan politics - we aim to assist them in dealing with Post-Traumatic

¹ The World's Five Most Dangerous Countries for Women, <http://www.trust.org/documents/womens-rights/resources/2011WomenPollResults.pdf>.

stress and regain self-confidence in the cultural and religious context of Afghanistan. We shall seek to prevent domestic and community violence against women by including their husbands, fathers and brothers, as well as community elders into the project. So as to have an understanding that psycho social issue. Such a holistic approach shall raise the awareness about the side-effects of violence and discrimination among men, in order to attain community support for the programme and to strengthen gender equality.

Finally, we aim to assist in the implementation of the Government's National Action Plan for the Women of Afghanistan 2007-2017. This plan's goal is to improve women's access to psycho-social support provided by organizations and community health workers (p. 76-80)² since the authorities' capacities remain limited and weak.

We seek to offer psycho-social counselling sessions lead by community social workers and to make these sessions accessible to the population living in the Paghman district. It is an ethnically mixed region (70% Pashtun and 30% Tadjik) located about 20 km from the capital. Geographically being an entry to Kabul, the district has been a zone of transit and infiltration, although the population itself aspires to peace, stability and development. We aim to assist them in fulfilling these aspirations in this relatively stable but geographically inconvenient region.

2. Evidence-based data supporting the arguments above

While international humanitarian aid has been focused on reducing maternal death rates in Afghanistan, the health needs of Afghan women are not limited to their child-bearing function. Post-war trauma is rampant, although verifiable prevalence figures of mental disorders among Afghans are difficult to obtain. The available sources indicate that depression and anxiety disorders are extremely prevalent, particularly among women and children³. According to the data of the government of Afghanistan, about 60 % of Afghans are estimated to suffer from Post-Traumatic Stress Disorder⁴. Furthermore, women suffer from psychological problems disproportionately to men⁵.

Our team in Afghanistan has conducted a survey in order to estimate the needs for psychosocial assistance in three HEC for women established by AL. The results have shown that between 65 and 85 % of beneficiaries have admitted to feeling depressed, having insomnia and/or concentration problems.

Results to be achieved

Dealing with Post-Trauma disorders and social discrimination requires an empowering dimension in order to assist women in pursuing their goals such as getting a diploma, taking control of their health and participating in their community's social and economic life. A decade after the fall of the Taliban, the latter aspirations of Afghan women are evident and need to be further encouraged.

Within the framework of this project, our operational strategy to empower women of the Paghman region is twofold and consists in community- based social intervention and a therapeutic dimension.

1. Immediate output

The General objective is Women empowerment through citizen-based psychosocial intervention with communities and public institutions in Paghman.

To reach that goal, we need to reach these specific objectives below:

- a. Communities know and make use of the Communal Sharing Sessions (CSS)
- b. Most in-need populations make use of the psychosocial therapeutic services (PTS)
- c. Communities, their representatives, stakeholders and staff members of the programme have access to training and sensitization sessions.
- d. Health and Education public services are involved in the programme and take their own responsibilities.
- e. Afghan and International audiences have access to information about the programme and its ongoing initiatives in the area of capacity development.

2. Medium term outcome:

- a. Community forums for dialogue are available and of quality through Communal Sharing Sessions (CSS)
- b. Therapeutic psychosocial sessions including support activities (literacy, Income Generating Activities,...) are available and of quality
- c. Training and sensitization sessions (violence against women, education for peace, psychoeducation...) are available and of quality.
- d. Forum for exchanges with those in authority and the community leaders are available and of quality
- e. Comprehensive approach on analysis, ongoing initiatives in the area of capacity development and communication is offered in tandem

² National Action Plan for the Women of Afghanistan 2007-2017.

³ Ibid.

⁴ "Afghanistan: Dealing with the Trauma of War on Stage", <http://www.eurasianet.org/node/63553>.

⁵ National Action Plan for the Women of Afghanistan, 2007-2017.

3. The Long-term impact:

The long term impact outcome can only be measured by conducting a survey 6 months to one year after the end of the project. The survey of family members who benefited from both the CSS and PTS will be conducted by the social workers.

- a. Forum for dialogue will be available to men and women, so the violence rate within the family, especially against women will decrease, thereby, it will also decreasing violence in the community. By getting used to speaking in public, being encouraged and stimulated, women will be empowered to launch public discussions on community issues.
- b. The issue of psychosocial support becomes less and less sensitive and better understood among rural Afghan communities and the incidence of psychosocial Post-Trauma disorders diminished. Access to psychosocial support will be increased among the rural population of Afghanistan
- c. Ongoing quality work on analysis, knowledge and experience and communication, is being accumulated, being accomplished in partnership with stakeholders and shared with a broader network of NGOs, authorities and institutions

4. Identify key target group(s) partners and other stakeholders

The principal target group of the project is women living in the Paghman district. However, in order to apply a holistic approach and in order to prevent future psychological disorders, violence and discrimination against women, men will also be included in the project.

<u>The stakeholders are the following</u>	<u>Partners of the project</u>
<ul style="list-style-type: none"> ▪ Local public health establishments ▪ School staff ▪ Local and central authorities ▪ Religious representatives ▪ The Shura members (community elders) 	<ul style="list-style-type: none"> ▪ Doctors of the World (Médecins du Monde) ▪ Sport without Borders (Sport sans Frontières) ▪ Hosa ▪ Medica Afghanistan ▪ BRAC

Key activities

Result 1- Quality communal forum for dialogue are offered through *Communal Sharing Sessions (CSS)*

The CSS will take place in 3 phases:

- Reflection on events and social phenomena that cause stress and social fragmentation
- Determination of their consequences on individuals, family and community as a whole
- Discussion on possible solutions
- Feedback session: social workers report to the professional psychologist and AL staff

▪ Activity 1-A

Organization of a set of capacity building training session for local social workers (male and female) needed in order to increase public awareness on causes of psychosocial stress, violence against women and drug addiction. The first training session allowing for the start of the project has already taken place and was held by the Afghan NGO HOSA. Other training by Médecins du Monde, Sport sans Frontières and Medica Afghanistan are proceeding on schedule.

▪ Activity 1-B

Organization of weekly discussions facilitated by trained social workers (held separately with men and women) on the relationship between local cultural traditions, universal rights, behaviour to adopt with women, in villages of the Paghman district.

▪ Activity 1-C

Organization of "Mediation of family conflicts" sessions when needed. The social worker, know by the local community is working as a facilitator to have an access to the family. Then, the psycho social counsellor can work on family mediation to solve the family conflict...

▪ Activity 1-D

Lobbying of community member and their Shuras to launch public discussions about the importance and means of psychosocial support, especially for persons and families who have experienced acts of violence.

Result 2- Therapeutic psychosocial sessions care, including support activities (literacy classes, IGA) are available and of quality.

▪ Activity 2-A

Individual socio psychological consultations, as well as sessions for groups and/or families made accessible and of quality.

▪ Activity 2-B

The demand for post-traumatic care is met in 4 Paghman villages and in 2 to 3 public health centres.

▪ Activity 2-C

Implementation of support activities (literacy classes, income generating activities, sports and creative activities). Those activities will be defined and established by the community with the support of Afghanistan Libre which will manage closely the implementation and follow up. The activities, defined by the women, must have a close link with the program and must increase women well being.

▪ **Activity 2-D**

Organization of capacity building sessions on psychosocial support provided to public health care workers to encourage them to recognize and refer the psycho social cases to Afghanistan Libre counsellors.

Result 3 – Awareness-raising sessions on violence against women, psycho social education, etc... On the project stakeholders are available and of quality

▪ **Activity 3-A**

Awareness-raising of local actors on psychosocial issues: This work is being done on an ongoing basis through the activities of the social workers. It will take place through working sessions organized by the psycho social counsellor and the medical coordinator and will be offered to local authorities, medical staff at the public institutions, headmasters, and shuras.

▪ **Activity 3-B**

Organization and implementation of awareness-raising activities regarding psycho social problems. -Animation of psychosocial education session, in schools, mosques and with the local authorities

Result 4 – Forum for exchanges with health and education sector workers are being organized and of quality

▪ **Activity 4. A**

Capitalize the presence in public health institution through post intervention analysis with the social workers and the Afghanistan Libre staff

▪ **Activity 4. B**

Organize visits during the various sessions held in public outpatient health centres

Result 5 - A work of analysis, ongoing initiatives in the area of capacity development and communication is led in partnership and of quality.

▪ **Activity 5. A**

Set up a regular follow-up of the work of analysis, planning, and mobilizing

▪ **Activities 5. B**

Lead regular preparatory meetings with the aim of ongoing initiatives in the area of capacity development

▪ **Activity 5. C**

Lead ongoing analysis of the area of capacity development

▪ **Activity 5. D**

Collect evidence, shape them and publish or/and share them.

Strategies

1. Strategies

a. A community based strategy

We have always aimed to be anchored in the Afghan society in order to gain its confidence and to better meet its needs. We aspire to see local Afghans become main actors in transforming Afghanistan into a more prosperous, and stable country, where their dignity is maintained. Our Afghan staff is the key to success of our activities in Afghanistan. For project implementation we've recruited Afghans from within Shuras, schools and health education centers in order to ensure that the relationship with project beneficiaries is built on trust and confidence. As project beneficiaries we've selected the high profile men and women who are upon consultation with local communities in order to guarantee a positive image for our project.

Before starting a project we always conduct a thorough needs assessment and marshal local community's support. We've obtained written statements support of local community councils (Shuras) -attached- endorsing this project, and have nurtured trust and confidence among female beneficiaries of our previous and current projects.

We've included Shura members and local health and education sector workers as target groups of the project in order to strengthen the community-based approach and enhance the outcome and impact of awareness-raising activities.

Women's husbands, brothers and sons will benefit from *Communal Sharing* and *Psychosocial Therapeutic Sessions* in order to improve the psychosocial well-being of Afghan women, to apply an inclusive, all-encompassing approach. It will allow, for the problems that women face, to become an openly discussed issue and will enable women to feel supported. A holistic approach will ensure that men become more aware of women's issues and willing to engage in solving.

b. Human resources strategy

Our human resources strategy stems from the local community-based approach. Therefore, the social workers who we have already employed come from Paghman and work in their own villages. We believe that recruiting local Afghan women and

men is key to the long- term success of the project. This is why 80% of the staff hired for project implementation comes from communities where we work. Training of these key persons assures the sustainability of the project over time. The social workers have subsequently been trained by an Afghan NGO, HOSA, and have started conducting *Communal Sharing Sessions*.

The Afghan psychological counsellors have been trained by Caritas Germany. They all have at least 5 years of work experience in counselling. They have been recruited to conduct the therapeutic component of the project and, assist and train the social workers and the stakeholders.

c. Women's empowerment strategy

Since the start of our mission in Afghanistan in 2001 we've aimed to seize the opportunity to improve the living conditions of Afghan women and to offer a better future to Afghan girls. Gender equality in providing access to education, health care and employment is the principal goal of Afghanistan Libre. Thus, women are the principal target group of our projects, the current one being no exception. However, since 90 % of post-trauma cases stem from family issues, we strongly believe that the wellbeing of women is closely linked with the improvement of the psychosocial state of their male family members.

Dealing with Post-Trauma disorders and social discrimination requires an empowering dimension in order to therapeutically assist women to pursue their goals such as, taking control of their health and participating in their community's social and economic life. A decade after the fall of the Taliban, the latter aspirations of Afghan women are evident and need to be further encouraged.

d. Educational strategy

To make a real change in Afghan women's lives, education – of both, men and women - is the key. Thus, psycho-education will be our focus during the implementation phase.

Psycho-education is a teaching method that develops individuals' capacity to cope with everyday stress and to enhance their capacity to cope with everyday life. The purpose is to strengthen the participants educating them on coping with everyday distress when they face it. Afghanistan Libre aims to supply them with useful coping mechanisms, techniques, skills, resources and other opportunities to manage the difficulties inherent in such a stressful life.

e. Partnership strategy

We choose our partners according to their expertise, project management quality, activity results and the degree of anchorage in Afghan society. Recognition and acceptance from local population is important to us since we aim to minimize the possibility of cultural, religious or social misconceptions.

Whenever we can, we encourage an "Afghan to Afghan" approach by choosing local NGOs and other local non-state actors as project partners. Our foreign partners share the same values.

f. Knowledge build-up and sustainability strategy

Our ten years of experience in Afghanistan in education and the health-care sector, including the projects aimed at alleviating women's suffering, allows for us expand our activities in the field of psycho-sociology, even more so as the local population supports our initiatives and government authorities endorse the inclusion of a mental health care component into the basic package health services (BPHS).

There is a lack of reliable data on the psychological health of Afghans and the extent of treatment needed. We aim to gain an expertise in the field of psychosocial health in the Paghman region in order to share this knowledge with external actors and lobby locally (outside the Paghman district) and internationally for more attention to mental disorders among the Afghan population.

g. Financial strategy

Our financial strategy rests upon a realistic and cost-effective budget and a wealth of experience in project management that allows us to optimize the ratio between estimated costs and the expected results adequate.

2. Key methodologies, reason for proposed methodologies

We've chosen the Paghman district as the location in which we implement the current project as its population supports peace and development initiatives. And also, the current "bottom-up" strategy that we're applying in conducting our activities allows for successful project implementation.

Our methodology rests upon two pillars of intervention: community-based social action and therapeutic assistance (see above). These two approaches have to be applied simultaneously due to the following reasons: first, community-based social intervention is needed in order to garner local support, marshal the potential of community social workers and apply an "Afghan-to-Afghan" approach. Since psycho social therapeutic intervention is little known in Afghanistan, community-oriented action will ensure acceptance of project among the locals. However, psycho social therapeutic assistance needs to be gradually introduced in Afghanistan since the need of the population for professional psychological support is immense. Moreover, one has to take advantage of the fact that Afghan psychological counselors who have been previously trained by international actors

to proceed with the international community's and Afghanistan government's goal to improve the psychosocial state of its population.

3. Detail scaling up actions and process, with whom, how and towards what end

In order to implement an all-inclusive approach in terms of project beneficiaries and activities, we've nurtured partnerships with organizations which have track record in Afghanistan in dealing with a range of medical issues, including psychology.

As mentioned in the sections above, **HOSA** has already conducted training for the social workers who conduct our community-based intervention. HOSA has been chosen due to its experience in offering psychosocial support to Afghan female convicts. In turn, the NGO **Medica Afghanistan** will further develop the skills of the psychosocial counsellors.

Doctors of the World will assist us in organizing awareness-raising sessions on drug addiction and its effects on the psychological state of an individual.

Cooperation with **Sport without Borders** will allow us to peace education and the education regarding the eradication of violence against women.

Finally, we are partnering with the NGO **BRAC Afghanistan** in order to nurture cooperation with public health centres in the Paghman district as ten clinics have been established by them.

Performance and Risk Indicators

1. Project Goal indicator

2.

⇒ **Women empowerment through citizen-based psychosocial intervention with communities and public institutions in Paghman**

- There are no direct performance indicators available for such assessment
Proxy indicators available:
- Sustainability and increase of the actor's meetings during programme implementation.
- Percentage of Paghman population making direct or indirect use the programme services: 20 %

3. Project purpose indicators

a. Communities know about and make use of the Communal Sharing Sessions (CSS)

- Total number of participants per week for all CEGs: 40
- Number of new participants per session in 4 CEGs per week: 1 per session.
- The Ratio of male to female participants in CSS: 1

b. Most in-need populations make use of the psychosocial therapeutic services (PTS)

- Total number of participants per week in all PTSs: 30
- Number of New cases (NC) per session in 4 PTSs: 2 per PTS per month.
- The Ratio of male to female in PTS: 1

c. Communities, their representatives, stakeholders and staff members of the programme have access to training sessions and sensitization sessions.

- Number of participants from communities per session is on average: 10
- The Ratio of male to female in sessions: 1
- At least one representative from Shuras, public service and staff members is present in each session

d. Health and Education public services are involved in the programme and charged with various responsibilities.

- At the end of each consultation session in public health services, a feedback meetings is held with public authorities
- Number of feedback meetings about school-based intervention per week: 1
- Number of coordination/analysis meetings with a representative from each body (community, beneficiary, public health and education representatives) per month: 1

e. An Afghan and International audience have access to information about the programme and its ongoing initiatives in the area of capacity development

- Minimum Number of published analyses /advocacy documents of the programme's output within 6 months: 1
- Number conferences involving into Inter-NGOs and representatives of concerned ministries to be held within 6 month: 1
- Number of documents outlining ongoing initiatives (guides, official statements, surveys) developed in conjunction with community representatives and ministry representatives: 1

4. Project activities indicators

a. Result 1. Quality communal forum for dialogue are made available through Communal Sharing Sessions (CSS)

- Frequency of CSS per site per week: 1
- Ratio of availability of CSS per gender: male to female= 1
- Number of preparatory meetings with psychosocial counsellors about topics discussed during CEGs, per session: 1
- Number of feedback /analysis meetings with social workers, counsellors and AL staff members, per week: 1

b. Result 2. Sessions of therapeutic psychosocial care, including support activities (literacy classes, IGA), are available and of quality.

- Number of sites used per week : 4
- Number of sessions held on each site per week : 1
- Ratio of availability per session per gender: male to female=1
- Number of support activity held per site, per week: 1
- Number of sessions for the patients of public health centres, per week: 1

c. Result 3. Awareness-raising sessions on violence against women, psycho education, the consequences of discrimination etc.) for the project stakeholders are available and of quality

- Number of training /sensitization sessions per month: 2
- Ratio of availability of sessions per gender: male to female= 1

d. Result 4. Forum for exchanges with health and education sector workers are organized and of quality

- Number of exchange meetings per month : 1
- Minimum Number of public services representatives of per meeting: 2
- Number of shared official reports per meeting : 1

e. Result 5. A shared analysis of ongoing initiatives in the area of capacity development and communication is offered and of quality.

- Number of post-intervention analysis meetings held per year of implementation: 3
- Number of documents outlining ongoing initiatives in the area of capacity development of the programme to be done: 1
- Number of bodies that sign off on the ongoing initiatives in the area of capacity development document : 4
- Number of external communications per year : 3

Work Plan												
General Objective : Women empowerment through citizen-based psychosocial intervention with communities and public institutions in Paghman												
Output	Activity	Individuals and/or organizations responsible	Month - 4*	Month- 3*	Month - 2*	Month - 1*	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6
1- Quality communal forum for dialogue are offered through Communal Sharing Sessions (CSS)	1.A	ONG HOSA		■					■			
	1.B	AL Social Workers			■	■	■	■	■	■	■	■
	1.C	AL Social Workers						■		■		■
	1.D	AL Social Workers			■	■	■	■	■	■	■	■
2- Therapeutic psychosocial sessions care, including support activities (literacy classes, IGA) are available and of quality.	2.A	AL psychosocial counsellors					■	■	■	■	■	■
	2.B	AL psychosocial counsellors						■	■	■	■	■
	2.C	AL psychosocial counsellors					■	■	■	■	■	■
	2.D	AL psychosocial counsellors					■	■	■	■	■	■
3- Awareness-raising sessions on violence against women, psycho social education, etc... on the project stakeholders are available and of quality	3.A	MdM /SSF / MA / AL psychosocial counsellors / AL medical coordinator					■	■	■	■	■	■
	3.B	AL psychosocial counsellors / AL medical coordinator					■	■	■	■	■	■
4 – Forum for exchanges with health and education sector workers are being organized and of quality	4.A	AL medical coordinator / AL head of mission					■	■	■	■	■	■
	4.B	AL medical coordinator / AL head of mission					■	■	■	■	■	■
5 - A work of analysis, ongoing initiatives in the area of capacity development and communication is led in partnership and of quality.	5.A	AL medical coordinator / AL head of mission					■	■	■	■	■	■
	5.B	AL medical coordinator / AL head of mission						■		■		■
	5.C	AL medical coordinator / AL head of mission						■		■		■
	5.D	AL medical coordinator / AL head of mission/ AL HoM					■	■	■	■	■	■
*These activities are already implemented – months- 1, -2, -3, -4												

Assessment

b. Indicators and management monitoring report

Used to compare and measure actual results compared to anticipated results within a given report allow for follow up project evaluation which allows a fast intervention to increase the project and facilitates the analysis and sharing of information among the AL team and the stakeholders.

c. Bimestrial self evaluation

The evaluation is to gain greater understanding of the motivation and the nature of involvement of beneficiaries and staff. This is an opportunity for them to express their need and step back for a moment of analysis.

d. Training evaluation

All training done by our NGO partner will be followed up through monitoring and evaluation to evaluate the impact training and. This evaluation offers of a practical link assurance of a practical link between what has been learnt and appropriate applications.

e. Bimestrial report

Tool that compile and give a more refined analysis of the situation. This report is developed from the detailed follow up progress report, the Indicators and management monitoring reports and interviews of the different stakeholders.

Sustainability of the project

Our community-based strategy and the « Afghan to Afghan » approach will guarantee the sustainability of the project. We aim to train local social workers and psychological counsellors to render them capable to take over the project after the end of the project.

During 10 years of work in Afghanistan improving the lives of women we've built constructive relationships with national and international actors as well as learnt to learn from the particularities of the Afghan context. Our constant presence in Afghanistan renders us with a capacity to undertake action in the areas where Afghans can take over the lead.

/trainings/ seminars									
Prestation de Service									
A.6 Technical assistance		1	1	5000	5000	4900	4000	3	
A.7 Trainings		1	1	30000	30000	29400	25000	24	
A.8 Support, follow-up, control		1	6	300	1800	1764	1000		
A.9 Seminars and conferences' cost		1	6	1000	1000	980	500		
A.9 Communication activities and capitalization		1	6	500	3000	2940	1500	1	
A.10 Creation of literacy courses, generating activity of income		1	1	3000	3000	2940	2500	2	
Total Project Cost				58100	106600	104468	81400	79	
B Administrative Cost:									
B.1 Housing rents and other charges (water, electricity, gas)		1	6	700	4200	4116	3400	3	
B.2 Consommables et fournitures de bureau		1	6	50	300	294	150		
B.3. Management costs		1	6	100	600	588	300		
B.4. Communication		1	6	150	900	882	700		
Total Administrative cost				1000	6000	5880	4550	4	
1. Indirect cost					13466	13197	13466	13197	
A. Total Program Costs				58100	106600	104468	81400	79	
B. Total Admin. Cost				1000	6000	5880	4550	4	
Grand Total US\$				59100	126066	123545	99416		
Grand Total CN\$				57918	123545	121074			