

TECHNICAL AND FINANCIAL PROPOSAL  
FOR  
Mask 4 Health

SUBMITTED TO:

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# INTRODUCTION

## 1.1 BRIEF INTRODUCTION OF THE ORGANIZATION

*be artsy* (be artistic) is a small, Catalan, non-profit organization that develops and implements creative projects, with the aim of providing different experiences and training opportunities to communities which would otherwise not be able to access them. Our aim is not only to teach art for the sake of art itself, but also to provide communities with the tools (through artistic and creative activities) to improve communication and affect the changes within that they deem necessary.

**In a nutshell, we wish to empower local communities through art, with a special emphasis on women. Hence, our current emphasis is on the topic of menstruation, health, human rights and dignity through the Rato Baltin project in West Nepal. We have been working in the field since the beginning 2017.**

## 1.2 CONTEXT AND JUSTIFICATION

Nepal is a country located between India and Tibet on the Asian continent, which had a measured population of 29.3 million in 2017. According to United Nations Development Program sources, the Human Development Index (HDI) of the country in 2017 was 0.574 points, ranking 149th. Life expectancy in Nepal is 70.6 years, with a mortality rate of 6.24% and a per capita income of 807 euros. In addition to this, access to good health services, rubbish collection and clean water sources are highly limited.

According to the World Bank, "Health is one of the most decentralized sectors in Nepal's new federal structure. The provision of basic health services is now under the mandate of the 753 autonomous municipalities; and 7 Provinces have responsibility over the delivery of basic hospital services. The Federal government is responsible for overall sector policy, public health surveillance, disaster preparedness and delivery of specialized care through national hospitals and public health institutions." In this context it is important to remember that Nepal is also vulnerable to natural disaster, climate change and disease outbreaks like dengue.

Nepal's risk for the COVID-19 outbreak is ranked as a Tier 1 (high) risk according to the US Center for Disease Control and Prevention. This is due to its borders with China and India, low health security capacity, and point-of-entry capacity. The limited access to health clinics and hospitals in remote areas makes the population more at risk in those parts of the country.

As of March 24, the government of Nepal has established a complete lockdown in order to limit the spread of the virus. At the time of writing, 190 positive cases have been officially confirmed, but with no official deaths so far.

## RATIONALE OF THE PROJECT

The latest updates from the Nepali government show that 16,309 swab tests have been done. Out of the 200 positive cases, 5 are located in Sudurpashchim (far-west province). Despite the fact that Province 5 (the neighbouring province) is the most affected with 80 cases, our concern is that the Covid-19 virus might spread among the communities of remote areas in the Achham district in Sudurpashchim province, with workers coming back from foreign countries and major cities after losing their jobs during the lockdown. At the time of writing the proposal, there were 2,848 people in quarantine in the province of Sudurpashchim - 148 of them in the Achham district. The government data shows us that this district can only hold 504 quarantine beds - only 30 of them in isolation. This means that due to the lack of facilities, returnees will have to quarantine in their family homes and put their families at risk. With only 11 ambulances driving on steep roads - where even 4 wheeler jeeps have difficulty reaching the villages - and limited access to proper equipment in the few hospitals in the region, the spread of the virus will obviously be a major health crisis if it propagates. Our targeted villages (Basti, Janalibandali, Kalagaun and Dhungachalna) are very remote villages and the only health service they receive is from the health post, which carries only basic supplies of medicine.

There isn't yet an official confirmed case of the virus in the district of Achham, however, 5 cases have been confirmed in the neighbouring district of Kailali. We want to limit the spread of the virus between districts by providing the necessary tools to protect the population. By making reusable masks for the population of 4 villages, we will provide work for local women and along with the involvement of local health volunteers and local government representatives, we will provide soap to ensure a high level of hygiene, and we will raise awareness of the virus and how to manage it.

## OBJECTIVE OF THE PROJECT

Our project objective is to respond to the threat of COVID-19 and to prevent it from spreading among the community of 4 villages in Achham. In addition to this, we will provide economic opportunities for a group of women through our actions, by putting them in charge of sewing the reusable masks which will be distributed throughout the district.

### 3.1. ACTIVITIES TO ACHIEVE THE OBJECTIVE OF THE PROJECT

To achieve the objective, the project will have three components :

- Component 1 : Identify a local textile workshop led by women to make reusable masks; distribution of reusable masks and soaps
- Component 2 : Spread awareness with a distribution of flyers and through social media
- Component 3 : Communicate with municipality leaders

### 3.2. EXECUTION STRATEGY OF THE PROJECT

We will work in 4 villages in Achham : **Basti, Kuntibandali, Dhungachalna and Kalagaun.**

We have been implementing the Rato Baltin Project in these villages since 2017, therefore we will be able to use our local trainers and the local ward representatives as entry points for the project.

We have established a partnership with a local partner in Kathmandu: 'Be Artsy Nepal' - a newly established social enterprise, whose members have been managing and monitoring our Rato Baltin Project in 2019.

#### Execution by our local partner Be Artsy Nepal in KTM:

- Find out which villages have received help from the government and which one have not
- Communicate with the health post in charge and local government representatives in order to organize the masks distributions once they are ready to be distributed
- Monitor and collect data from local staff

#### Execution by Local Staff:

The trainers will find local women who can make the masks in each of the targeted villages below :

Village 1 : Basti

Trainer : Tejana Khanal

Household : 548

Population : 4000

Person in charge of mask distribution : Ward Leader: Prem Thapa (9864784167) and team

Health post In charge:

Village 2 : Kuntibandali

Trainer : Manisha Nath

Household : 450

Population : 4000

Person in charge of masks distribution : Ward Leader: Gopal Bd Thapa (9869507147) and team

Health post In charge: Arjun Dhami (9840411040) and team

Village 3 : Dhungachalna

Trainer : Dambara Budha

Household : 600

Population : 5000

Person in charge of masks distribution : Ward Leader: Nara Bd Budha (9819525747) and team

Ward Secretary: Sailendra Badal (9848551198)

Health post In charge:

Village 4: Kalagaun

Trainer: Rohina Bhandari

600 masks and 200 soaps have been distributed to the Dalit caste (lower caste) and other vulnerable population.

### Execution by health volunteers under ward leaders and health post supervision:

- Members of local government and health post workers and volunteers will distribute one soap per household and masks for each family member
- They will raise awareness and give information on: how to keep the mask clean, how to remove it properly, how to recognize the COVID-19 symptoms, how to adhere to social distancing and how to isolate in case of symptoms
- They will keep records of the number of households they visit and the number of family members in each household, and submit those records to our local volunteers

### 3.3. EXPECTED OUTCOME

We expect the Covid-19 **Mask 4 health** to have a positive impact on preventing the spread of the virus among the communities.

We expect 14,100 people will receive the masks.

We expect 1,598 households will receive soap.

We expect 14,100 people will receive knowledge about Covid-19 protection measures.

We expect women's groups to be involved in the process of sewing the masks and from that, we expect to create economic opportunity for them and empower them by helping their own community.

## LOG-FRAME APPROACH

Objectives	Indicators	Means of Verification	Assumptions
<b>Goal</b>  Contribute to reduction of incidents (new cases) of the COVID-19 pandemic among the community of 4 remote villages of Achham	14100+ people are not infected by having taken the necessary precautions and having the materials required for prevention of the virus	Local municipality, Health post	<b>Assumption:</b> <ul style="list-style-type: none"> <li>Number of households during material distribution may not be recorded</li> <li>People are unaware of the symptoms related to Covid-19</li> </ul> <b>Risk:</b> <ul style="list-style-type: none"> <li>People don't consult with doctor even if they have the symptoms</li> <li>People returning from foreign countries or different cities are not staying in self-quarantine before returning to the community</li> </ul>
<b>Outcomes</b> <ul style="list-style-type: none"> <li>The inhabitants of 4 communities in Achham have the materials and knowledge to be protected from the spread of COVID-19 virus</li> </ul>	14100+ people receive the masks and soap. 14100+ people receive information about Covid-19 protection measures.	Local municipality census	<b>Assumption :</b> People don't find the program appealing <b>Risk :</b> Households are not accessible

<p><b>Outputs</b></p> <ol style="list-style-type: none"> <li>1. Provide adequate equipment for the inhabitants of each targeted community to protect them from being infected by the virus</li> <li>2. Raise awareness of COVID-19 to the inhabitants of each targeted community</li> <li>3. Project management and coordination</li> </ol>	<ol style="list-style-type: none"> <li>1. Number of people who receive materials</li> <li>2. Number of people who receive a consultation</li> <li>3. Number of regional meetings organized</li> <li>4. Number of technical and financial reports on project implementation</li> </ol>	<ol style="list-style-type: none"> <li>1. Home visits</li> <li>2. Reports</li> <li>3. Records</li> </ol>	<p><b>Assumptions :</b>  Use of the material by the people in the community will reduce the spread of the virus.  Awareness about the virus is communicated effectively.</p> <p><b>Risks :</b>  People are not home when the health worker visits.  People are not interested in becoming aware of the virus</p>
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Activities	Inputs		Pre-conditions
<p>Output 1</p> <p>1.1 Identify a local textile workshop led by women to make reusable masks</p> <p>2. Distribution of reusable masks and soaps</p> <p>Output 2</p> <p>1. Spread awareness</p> <p>Output 3</p> <p>3.1 Communicate with municipality leaders</p>	<p>1.1 Number of masks and soap and their costs</p> <p>1.2 Number of people who receive masks and soap distributed</p> <p>1. Posters, flyers, social media awareness, word of mouth</p> <p>3.1 Names of people in charge</p>	<p>1. Records of distribution Pictures (if applicable)</p> <p>2. Local leaders, local staff, local health post workers reports</p> <p>3. Phone calls with local leaders, local staff, local health post workers,</p>	<p>1. Active Participation of the person responsible for each village with the materials provided. Availability of reusable masks and soap and the beneficiaries willing to receive them.</p> <p>2. Information on the virus understood by the people in the targeted community</p> <p>3. Response from the members of the local government</p>

## 4.1. RISK DURING PROJECT EXECUTION

- People don't find the program appealing and are not interested in being made aware of the virus
- Households are not accessible because they are too remote or because of weather conditions
- People are not home when the health worker comes to visit because they are busy harvesting the fields
- People don't use the masks

## 4.2. RISK MANAGEMENT DURING PROJECT EXECUTION

- Mobilizing Members of local government and health post workers to implement the project and carry out the follow up
- Number of households visited are recorded correctly

- ## HUMAN AND MATERIAL RESOURCES

It is important for us to keep on empowering women which is why we will engage local women to make the masks - this should account for a minimum of 3 women per village.

We will need to have 13,500 reusable masks made locally.

We have already distributed 600 masks and 200 bars of soap in the village of Kalagaun.

We will need registration books to keep track of the number of beneficiaries.

## TIMELINE OF THE PROJECT

[illegible]

## BUDGET OF THE PROJECT

### 7.1. TOTAL SUMMARY PROGRAM

	We counted 1 euro = 125 NPR	Change rate -1 euro = 125NPR
		€125.00
Description	budget in Rupees	budget in Euro
<b>1. – Total: Salaries</b>	<b>Rs80,750.00</b>	<b>€646.00</b>
<b>6. – TOTAL: Program Supplies</b>	<b>Rs596,160.00</b>	<b>€4,769.28</b>
<b>7. – TOTAL: Other Direct Costs</b>	<b>Rs22,875.00</b>	<b>€183.00</b>
<b>9. – TOTAL: 9. Taxes in Nepal</b>	<b>Rs808.00</b>	<b>€6.46</b>
<b>10. – TOTAL: Audit and SWC</b>	<b>Rs12,500.00</b>	<b>€100.00</b>
<b>12. TOTAL: Direct Costs</b>	<b>Rs713,093.00</b>	<b>€5,704.74</b>
<b>13. TOTAL: INDIRECT COST</b>	<b>Rs7,131.00</b>	<b>€57.00</b>
<b>Total Funds Requested</b>	<b>Rs720,224.00</b>	<b>€5,761.74</b>
<b>TOTAL PROGRAM</b>	<b>Rs720,224.00</b>	<b>€5,761.74</b>

## TRANSPARENCY OF THE DONATIONS

### 8.1. WHERE DO WE GET THE MONEY FROM?

Our Founder and President *Clara Garcia i Ortés* is doing talks and photo exhibitions online to explain about our projects and find new associates and donors, as well as looking for companies to help us financially. This is also an opportunity to let them know about the Covid-19 situation in Nepal and to promote the emergency response we are implementing with the **Masks 4 health Project**. We hope that it will generate extra donations in response to the crisis.

We will have a number of volunteers willing to help with communication, web design, events and exhibitions, design and administration to ensure as many people as possible know of our work, with the hope that they become inspired to contribute.

We usually have small shops and enterprises contributing to help our organization by giving a percentage of their income, and we hope that they will also respond to this emergency situation.

Our 2020 Local Partner (be artsy Nepal) will be able to collect some funding from the Local Government and private donors in Nepal.

We trust that we will be able to find new donors willing to participate financially, as well as materially, to provide help during this unexpected situation.

## 8.2. WHY WE BELIEVE IN THE IMPORTANCE OF OUR WORK

At *be artsy*, we are concerned about the well-being of our beneficiaries, which is why it was important for us to act in response to the crisis linked to the Covid-19 virus in order to ensure that the population is as well protected as possible. Since we know that the ability of the local government to control the spread of the virus is limited, we asked our team in Nepal to find out what the needs were during this crisis, and we believe the project that we have implemented meets these needs.

Our main goal is to empower women and girls, and we believe that reducing the spread of the virus will help women. Since they are usually the primary care-givers in their households, preventing the spread of the virus will mitigate the additional workload the women would have to take on if their family members became sick. In addition to this, by raising awareness of the virus, we can ensure that not only the women themselves remain safe, but that they will also be informed on how to keep their families safe.

## PROJECT MONITORING AND EVALUATION

The data will be registered by the local government representatives and health post workers and volunteers going to the households. They will write down the number of masks distributed, as well as number of households they visited.

Our local staff, coordinators and trainers will be able to collect this data and give it to our partner for the evaluation.

Indicator	Data source	Timing
number of reusable masks distributed	local municipality data	once the distribution is done
number of bars of soap distributed	local municipality data	once the distribution is done
number of households who we made aware of the virus	local municipality data	once the distribution is done

Video Tutorial used for making the masks <https://youtu.be/70Krb88Fzr0>

