HIP Cost Estimation Template Cover Sheet

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)*

Please enter one of the following in the box above:
Post-Abortion Family Planning (PAFP);
Pharmacies & Drup Shops (PDS) ; Immediate Postpartum FP (IPPFP)

This workbook is designed to help you identify and report on the resources used by your organization to support: 1) Introduction of the HIP Service listed above, and/or 2) provision of the HIP service to clients. The approach we will use to generate our cost estimates is known as Activity-Based Costing. Please complete the light orange cells before proceeding to the "Activity Identification" tab.

For detailed instructions, please see the document: "Guide to HIP Cost Estimation Template"

ELIGIBILITY: To engage in this exercise, participants must meet the following criteria:
- 18 years or older
- Has experience with, or knowledge of, HIP implementation, the domains of inquiry (HMIS, LMIS, training, etc.), and/or the resources required to implement such activities by virtue of their professional position. It is anticipated that this will include technical officers, district managers, and finance staff; however, the specific title/job description of each participant may vary based on ability to provide the most detailed information
- Willing to provide oral informed consent to participate in an interview

Your Organization: *<= Enter your Organization name here*

Notes: *<= Use this space for any notes you wish to make*

Please use the following checklist to identify the activities that were involved/engaged with for introducing and/or supporting the HIP: Immediate post-partum family planning (IPPFP)

Up-front / Preparation Activities to Establish the HIP Service: Immediate post-partum family planning (IPPFP)

Activity No.	Description	*For each row below mark "Y" if the organization being interviewed was involved in this activity. Complete detail sheet for any activity marked "Y", Also complete Start MO/YR & Stop MO/YR fields*			
		Involved / Engaged (Y=Yes)	*Start MM/YYYY*	*Stop MM/YYYY*	
E-1	Design of the HIP service includes: planning for implementation and selection of implementation site(s)				
E-2	Design of training materials including handouts and job aids for HIP service				
E-3	Procurement of specialized equipment and/or modification of service delivery space for HIP service				*<= Equipment is anything with an expected useful life of more than 1 year*
E-4	Training of service providers and others supporting the operation of the HIP service				
E-5	Design/modification of reporting formats to reflect HIP service provision				
E-Other1					*<= Were there any other up-front / preparation activities your organization was involved in which are not described above? (if yes, enter description and complete E-Detail (blank) Sheet for each one)*
E-Other2					
E-Other3					

On-Going Recurring Activities to Sustain Immediate post-partum family planning (IPPFP) Service Provision

Activity No.	Description	*For each row below mark "Y" if the organization being interviewed was involved in this activity. Complete detail sheet for any activity marked "Y", Also complete frequency field*		
		Involved / Engaged (Y=Yes)	*Frequency*	*<= How often does this activity take place: daily, weekly, bi-weekly, monthly, bi-monthly, quarterly, semi-annually, annually*
S-1	Awareness Raising / Demand Creation Activities			
S-2	Provision of FP service to clients			
S-3	Supportive Supervision / Quality Assurance review of HIP service provision			
S-4	Reporting on HIP service provision to HMIS			
S-Other1				*<= Are there any other on-going/recurring activities your organization is involved related to this HIP service which are not described above? (if yes, enter description and complete S-Activity Detail (blank) Sheet for each one)*
S-Other2				
S-Other3				

Activity: Design of the HIP service includes: planning for implementation and selection of implementation site(s)

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,* Return to Activity Identification

When did this activity begin: Date 01-1900 <= *Insert date mm-yyyy (or approximate)*

When was this activity finished: 01-1900 <= *Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				

C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		trips	
	Transport allowances		person-trips	
Publ	Printing/photocopying		pages	
Per Diems	Per Diems for participants		person-days	
Lodging	Lodging for participants		person-days	
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity: Design of training materials including handouts and job aids for HIP service

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,* Return to Activity Identification

When did this activity begin: Date 01-1900 *<= Insert date mm-yyyy (or approximate)*

When was this activity finished: 01-1900 *<= Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				

C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		trips	
	Transport allowances		person-trips	
Publ	Printing/photocopying		pages	
Per Diems	Per Diems for participants		person-days	
Lodging	Lodging for participants		person-days	
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity: Procurement of specialized equipment and/or modification of service delivery space for HIP service

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,* Return to Activity Identification

When did this activity begin: Date 01-1900 *<= Insert date mm-yyyy (or approximate)*

When was this activity finished: 01-1900 *<= Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				

C-7				
C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		trips	
	Transport allowances		person-trips	
Publ	Printing/photocopying		pages	
Per Diems	Per Diems for participants		person-days	
Lodging	Lodging for participants		person-days	
	Computers / Laptops		units	
ICT Equip	Cellphones		handsets	
	Tablets		units	
Refurb	Refurbishmnent of space		sq mtrs	*<= estimated size of space refurbished*
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity: Training of service providers and others supporting the operation of the HIP service

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,* Return to Activity Identification

When did this activity begin: Date 01-1900 <= *Insert date mm-yyyy (or approximate)*

When was this activity finished: 01-1900 <= *Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				

C-7				
C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		trips	
	Transport allowances		person-trips	
Publ	Printing/photocopying		pages	
Per Diems	Per Diems for participants		person-days	
Lodging	Lodging for participants		person-days	
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity: Design/modification of reporting formats to reflect HIP service provision

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,* Return to Activity Identification

When did this activity begin: Date 01-1900 <= *Insert date mm-yyyy (or approximate)*

When was this activity finished: 01-1900 <= *Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				
C-2				
C-3				
C-4				

C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		trips	
	Transport allowances		person-trips	
Publ	Printing/photocopying		pages	
Per Diems	Per Diems for participants		person-days	
Lodging	Lodging for participants		person-days	
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity:

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP,*

Return to Activity Identification

When did this activity begin: Date *<= Insert date mm-yyyy (or approximate)*

When was this activity finished: *<= Insert date mm-yyyy (or approximate)*

Who were the people (by cadre) from: engaged in this activity?

Note: If organization reporting is MoH, please use the next section

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who were the people *from the MoH (by cadre) who* engaged with *your staff* above in *this activity*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity
e.g.:	*Clinic Officer*	***3***	***36***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who were the people (by cadre) *from the Community/Civil Society Orgs who* engaged with *your staff* above in *this activity* (list people from other organizations separately)

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours for this Cadre on this Activity	Organization from which these people came
e.g.:	***Community Representative***	***5***	***80***	***Community***
C-1				

C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

Which of these other resources from: were required to carry out this activity?

	Resource	Quantity	Unit	
e.g.:	*Refreshments*	*45*	***persons***	
	Meeting Rooms (time/mtg)		hours	*<= estimated average per mtg*
Mtgs	Meeting Rooms (# of mtgs)		# mtgs	
	Size of space used for mtgs		sq mtrs	*<= estimated average per mtg*
	Refreshments		persons	*<= estimated average per mtg*
Comm	Air time		minutes/mo.	*<= include time for on-line meetings*
	Transportation (distance/trip)		kms	*<= estimated average per trip*
Trans	Transportation (# of trips)		# of trips	
	Transport allowances		# person-trips	
Publ	Printing/photocopying		# pages	
Per Diems	Per Diems for participants		# person-days	
Lodging	Lodging for participants		# person-days	
Oth-1				*<= Were there any*
Oth-2				*other resources*
Oth-3				*your organization*
Oth-4				*provided to support*
Oth-5				*this activity? (if yes,*

Activity: Awareness Raising / Demand Creation Activities

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)*

Return to Activity Identification

When did *your organization* begin supporting *this activity for this HIP?* Date: _____ *<= Insert date mm-yyyy (or approximate)*

Who are the people *from this organization* engaged in *this activity for this HIP* ?

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who are the people *from the MoH who* are engaged in *this activity for this HIP?*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per *month* for this Cadre on this Activity
e.g.:	*Nursing Assistant*	*10*	***80***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who are the people *from the Community / Civil Society Orgs who* are engaged in *this activity for this HIP*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per *month* for this Cadre on this Activity	Organization from which these people came
e.g.:	*Community Representative*	*2*	***20***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

What *other resources* from *your organization* are required to carry out *this activity in a* ***typical month***

According to Activity Identification worksheet this activity occurs: ***0***

	Resource	Quantity/***month***	Unit
e.g.:	*Info Sheets*	*200*	***pieces***
	Pamphlets		pieces
	Info Sheets		pieces
	Posters		pieces
Media	Radio/tv spots		# spots/month
	Social media campaigns		# events
	Community engagement event (describe)		# events
	Banners		pieces
Oth-1			
Oth-2			
Oth-3			
Oth-4			
Oth-5			

<= Were there any other resources your organization provided to support this activity? (if yes, complete details to left)

Activity: Provision of FP service to clients

HIP Service being Reported Upon: IPPFP

Return to Activity Identification

When did *your organization* begin supporting *this activity for this HIP?* Date <= *Insert date mm-yyyy (or approximate)*

Who are the people *from this organization* engaged in *this activity for this HIP*?

<= ***Note: If organization reporting is MoH, please use the next section***

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Distribution of Staff Cadre by Health System Level

Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic

Who are the people *from the MoH who* are engaged in *this activity for this HIP?*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Nursing Assistant*	*10*	***80***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Distribution of Staff Cadre by Health System Level

Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic

Who are the people *from the Community / Civil Society Orgs who* are engaged in *this activity for this HIP*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity	Organization from which these people came
e.g.:	*Community Representative*	*2*	***20***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

Distribution of Staff Cadre by Health System Level

Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic	Other (Describe in Col Q)

What *other resources* from *your organization* are required to carry out *this activity in a* ***typical month***

According to Activity Identification worksheet this activity occurs: ***0***

	Resource	Quantity/***month***	Unit
e.g.:	*Info Sheets*	*200*	***pieces***
Supplies	Oral Contraceptive pills		packets
	Injectables		vials
	Implants		units
	IUCDs		units
	Condoms		units
Oth-1			
Oth-2			
Oth-3			
Oth-4			
Oth-5			

<= *Were there any other resources your organization provided to support this activity? (if yes, complete details to left)*

Distribution of Resources Across Health System Levels

Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic	Community

Activity: Supportive Supervision / Quality Assurance review of HIP service provision

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)*

Return to Activity Identification

When did *your organization* begin supporting *this activity for this HIP?*

Date: <= *Insert date mm-yyyy (or approximate)*

Who are the people *from this organization* engaged in *this activity for this HIP* ?

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who are the people *from the MoH who* are engaged in *this activity for this HIP?*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Nursing Assistant*	*10*	***80***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who are the people *from the Community / Civil Society Orgs who* are engaged in *this activity for this HIP*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity	Organization from which these people came
e.g.:	*Community Representative*	*2*	***20***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

What *other resources* from *your organization* are required to carry out *this activity in a* ***typical month***

According to Activity Identification worksheet this activity occurs: ***0***

	Resource	Quantity/***month***	Unit
e.g.:	*Info Sheets*	*200*	***pieces***
Transport	# trips		# days/mo
	distance		km/roundtrip
	per diems		per day
	allowances		per day
Comm	Air time for phone/computer		monthly charge
Oth-1			
Oth-2			
Oth-3			
Oth-4			
Oth-5			

<= Were there any other resources your organization provided to support this activity? (if yes, complete details to left)

Activity: Reporting on HIP service provision to HMIS

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)* Return to Activity Identification

When did *your organization* begin supporting *this activity for this HIP?* Date _____ *<= Insert date mm-yyyy (or approximate)*

Who are the people *from this organization* engaged in *this activity for this HIP* ?

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who are the people *from the MoH who* are engaged in *this activity for this HIP?*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Nursing Assistant*	*10*	***80***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who are the people *from the Community / Civil Society Orgs who* are engaged in *this activity for this HIP*

According to Activity Identification worksheet this activity occurs: ***0***

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity	Organization from which these people came
e.g.:	*Community Representative*	*2*	***20***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				
C-7				
C-8				
C-9				
C-10				

What *other resources* from *your organization* are required to carry out *this activity in a* ***typical month***

According to Activity Identification worksheet this activity occurs: ***0***

	Resource	Quantity/***month***	Unit
e.g.:	*Info Sheets*	*200*	***pieces***
Comm	Airtime for data transmission		mins/mo
Oth-1			
Oth-2			
Oth-3			
Oth-4			
Oth-5			
Oth-6			
Oth-7			
Oth-8			

<= Were there any other resources your organization provided to support this activity? (if yes, complete details to left)

Activity:

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)*

Return to Activity Identification

When did *your organization* begin supporting *this activity for this HIP?*

Date: <= *Insert date mm-yyyy (or approximate)*

Who are the people *from this organization* engaged in *this activity for this HIP*?

According to Activity Identification worksheet this activity occurs: <= *Insert frequency at which this activity occurs*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Program Officer*	*3*	***135***
L-1			
L-2			
L-3			
L-4			
L-5			
L-6			
L-7			
L-8			
L-9			
L-10			

Who are the people *from the MoH who* are engaged in *this activity for this HIP?*

According to Activity Identification worksheet this activity occurs: ***0*** <= *Insert frequency at which this activity occurs*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity
e.g.:	*Nursing Assistant*	*10*	***80***
M-1			
M-2			
M-3			
M-4			
M-5			
M-6			
M-7			
M-8			
M-9			
M-10			

Who are the people *from the Community / Civil Society Orgs who* are engaged in *this activity for this HIP*

According to Activity Identification worksheet this activity occurs: ***0*** <= *Insert frequency at which this activity occurs*

	Staff Cadre (describe)	# of Persons in this Cadre Involved	Total Hours per ***month*** for this Cadre on this Activity	Organization from which these people came
e.g.:	*Community Representative*	*2*	***20***	***Community***
C-1				
C-2				
C-3				
C-4				
C-5				
C-6				

C-7				
C-8				
C-9				
C-10				

What *other resources* from *your organization* are required to carry out *this activity in a* ***typical month***

According to Activity Identification worksheet this activity occurs: ***0*** *<= Insert frequency at which this activity occurs*

	Resource	Quantity/***month***	Unit
e.g.:	*Info Sheets*	*200*	***pieces***
Oth-1			
Oth-2			
Oth-3			
Oth-4			
Oth-5			
Oth-6			
Oth-7			
Oth-8			
Oth-9			

<= Were there any other resources your organization provided to support this activity? (if yes, complete details to left)

Activity: Provision of FP service to clients: Provider Contact Time Estimates

HIP Service being Reported Upon: *Immediate post-partum family planning (IPPFP)*

Staff from your organization *who* are engaged in *this activity for this HIP*
According to Activity Identification worksheet this activity occurs: ***0***

On the S-2 Detail sheet, you identified the staff cadre listed below as being involved in the provision of this HIP service. You also indicated where these person were involved. ***In the green shaded cells below***, please indicate the estimated time (***in minutes***) ***one member of this cadre*** spends with **a single** client per encounter in the delivery of the HIP service (can vary by health system level). If staff cadre not in direct contact with clients, please enter "0" *(see guide for an example of how to estimate)*

Estimated Time person in this rows spends with a client per encounter by Health System Level ***(minutes)***

	Staff Cadre (describe)	Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic
e.g.:	*Nursing Assistant*										
L-1	0										
L-2	0										
L-3	0										
L-4	0										
L-5	0										
L-6	0										
L-7	0										
L-8	0										
L-9	0										
L-10	0										

Staff *from the MoH who* are engaged in *this activity for this HIP*
According to Activity Identification worksheet this activity occurs: ***0***

Estimated Time person in this rows spends with a client per encounter by Health System Level ***(minutes)***

	Staff Cadre (describe)	Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic
e.g.:	*Nursing Assistant*										
M-1	0										
M-2	0										
M-3	0										
M-4	0										
M-5	0										
M-6	0										
M-7	0										
M-8	0										
M-9	0										
M-10	0										

Staff *from the Community / Civil Society Organizations who* are engaged in *this activity for this HIP*
According to Activity Identification worksheet this activity occurs: ***0***

On the S-2 Detail sheet, you identified the staff cadre listed below as being involved in the provision of this HIP service. You also indicated where these person were involved. ***In the green shaded cells below***, please indicate the estimated time (***in minutes***) ***one member of this cadre*** spends with **a single** client per encounter in the delivery of the HIP service (can vary by health system level). If staff cadre not in direct contact with clients, please enter "0" *(see guide for an example of how to estimate)*

Estimated Time person in this rows spends with a client per encounter by Health System Level ***(minutes)***

	Staff Cadre (describe)	Organization from which these people came	Teaching Hospital	Federal Medical Center	General Hospital	Comprehensive Health Center	Specialist Hospital	Private Hospital	Primary Health Center	Primary Health Clinic	Health Post	Clinic	Other (Describe in Col O)
e.g.:	*Community Representative*	***Community***											
C-1	0	0											
C-2	0	0											
C-3	0	0											
C-4	0	0											
C-5	0	0											
C-6	0	0											
C-7	0	0											
C-8	0	0											
C-9	0	0											
C-10	0	0											

Resource Valuation Worksheet

Source	Resource Label	Resource Name	Quantity	Unit	Unit Value	Unit (Local currency or USD)	Funder/Donor	Source of Data
E-1	L-1	0	0	per hour				
E-1	L-2	0	0	per hour				
E-1	L-3	0	0	per hour				
E-1	L-4	0	0	per hour				
E-1	L-5	0	0	per hour				
E-1	L-6	0	0	per hour				
E-1	L-7	0	0	per hour				
E-1	L-8	0	0	per hour				
E-1	L-9	0	0	per hour				
E-1	L-10	0	0	per hour				
E-1	M-1	0	0	per hour				
E-1	M-2	0	0	per hour				
E-1	M-3	0	0	per hour				
E-1	M-4	0	0	per hour				
E-1	M-5	0	0	per hour				
E-1	M-6	0	0	per hour				
E-1	M-7	0	0	per hour				
E-1	M-8	0	0	per hour				
E-1	M-9	0	0	per hour				
E-1	M-10	0	0	per hour				
E-1	C-1	0	0	per hour				
E-1	C-2	0	0	per hour				
E-1	C-3	0	0	per hour				
E-1	C-4	0	0	per hour				
E-1	C-5	0	0	per hour				
E-1	C-6	0	0	per hour				
E-1	C-7	0	0	per hour				
E-1	C-8	0	0	per hour				
E-1	C-9	0	0	per hour				
E-1	C-10	0	0	per hour				
E-1	Mtgs	Meeting Rooms (time/mtg)	0	hours				
E-1	Mtgs	Size of space used for mtgs	0	sq mtrs				
E-1	Mtgs	Refreshments	0	persons				
E-1	Comm	Air time	0	minutes/mo.				
E-1	Trans	Transportation (distance/trip)	0	kms				
E-1	Trans	Transport allowances	0	person-trips				
E-1	Publ	Printing/photocopying	0	pages				
E-1	Per Diems	Per Diems for participants	0	person-days				
E-1	Lodging	Lodging for participants	0	person-days				
E-1	Oth-1	0	0	0				
E-1	Oth-2	0	0	0				
E-1	Oth-3	0	0	0				
E-1	Oth-4	0	0	0				
E-1	Oth-5	0	0	0				
E-2	L-1	0	0	per hour				
E-2	L-2	0	0	per hour				
E-2	L-3	0	0	per hour				
E-2	L-4	0	0	per hour				
E-2	L-5	0	0	per hour				
E-2	L-6	0	0	per hour				
E-2	L-7	0	0	per hour				
E-2	L-8	0	0	per hour				
E-2	L-9	0	0	per hour				
E-2	L-10	0	0	per hour				
E-2	M-1	0	0	per hour				
E-2	M-2	0	0	per hour				
E-2	M-3	0	0	per hour				
E-2	M-4	0	0	per hour				
E-2	M-5	0	0	per hour				
E-2	M-6	0	0	per hour				
E-2	M-7	0	0	per hour				
E-2	M-8	0	0	per hour				
E-2	M-9	0	0	per hour				
E-2	M-10	0	0	per hour				
E-2	C-1	0	0	per hour				
E-2	C-2	0	0	per hour				
E-2	C-3	0	0	per hour				
E-2	C-4	0	0	per hour				
E-2	C-5	0	0	per hour				
E-2	C-6	0	0	per hour				
E-2	C-7	0	0	per hour				
E-2	C-8	0	0	per hour				
E-2	C-9	0	0	per hour				
E-2	C-10	0	0	per hour				
E-2	Mtgs	Meeting Rooms (time/mtg)	0	hours				
E-2	Mtgs	Size of space used for mtgs	0	sq mtrs				
E-2	Mtgs	Refreshments	0	persons				
E-2	Comm	Air time	0	minutes/mo.				
E-2	Trans	Transportation (distance/trip)	0	kms				
E-2	Trans	Transport allowances	0	person-trips				
E-2	Publ	Printing/photocopying	0	pages				
E-2	Per Diems	Per Diems for participants	0	person-days				
E-2	Lodging	Lodging for participants	0	person-days				
E-2	Oth-1	0	0	0				
E-2	Oth-2	0	0	0				
E-2	Oth-3	0	0	0				
E-2	Oth-4	0	0	0				
E-2	Oth-5	0	0	0				
E-3	L-1	0	0	per hour				
E-3	L-2	0	0	per hour				
E-3	L-3	0	0	per hour				
E-3	L-4	0	0	per hour				
E-3	L-5	0	0	per hour				
E-3	L-6	0	0	per hour				
E-3	L-7	0	0	per hour				
E-3	L-8	0	0	per hour				
E-3	L-9	0	0	per hour				
E-3	L-10	0	0	per hour				
E-3	M-1	0	0	per hour				
E-3	M-2	0	0	per hour				
E-3	M-3	0	0	per hour				
E-3	M-4	0	0	per hour				
E-3	M-5	0	0	per hour				
E-3	M-6	0	0	per hour				
E-3	M-7	0	0	per hour				

<= 1) Select entire table to left (A3:I383), 2) sort by Resource Name, Quantity, 3) complete cols F:I with organization assistance for any row with Quantity >0, 4) if you wish, you can hide rows where Quantity=0 (highlight row and right click, select hide)

E-3	M-8	0	0	per hour				
E-3	M-9	0	0	per hour				
E-3	M-10	0	0	per hour				
E-3	C-1	0	0	per hour				
E-3	C-2	0	0	per hour				
E-3	C-3	0	0	per hour				
E-3	C-4	0	0	per hour				
E-3	C-5	0	0	per hour				
E-3	C-6	0	0	per hour				
E-3	C-7	0	0	per hour				
E-3	C-8	0	0	per hour				
E-3	C-9	0	0	per hour				
E-3	C-10	0	0	per hour				
E-3	Mtgs	Meeting Rooms (time/mtg)	0	hours				
E-3	Mtgs	Size of space used for mtgs	0	sq mtrs				
E-3	Mtgs	Refreshments	0	persons				
E-3	Comm	Air time	0	minutes/mo.				
E-3	Trans	Transportation (distance/trip)	0	kms				
E-3	Trans	Transport allowances	0	person-trips				
E-3	Publ	Printing/photocopying	0	pages				
E-3	Per Diems	Per Diems for participants	0	person-days				
E-3	Lodging	Lodging for participants	0	person-days				
E-3	ICT Equip	Computers / Laptops	0	units				
E-3	ICT Equip	Cellphones	0	handsets				
E-3	ICT Equip	Tablets	0	units				
E-3	Refurb	Refurbishmnent of space	0	sq mtrs				
E-3	Oth-1	0	0	0				
E-3	Oth-2	0	0	0				
E-3	Oth-3	0	0	0				
E-3	Oth-4	0	0	0				
E-3	Oth-5	0	0	0				
E-4	L-1	0	0	per hour				
E-4	L-2	0	0	per hour				
E-4	L-3	0	0	per hour				
E-4	L-4	0	0	per hour				
E-4	L-5	0	0	per hour				
E-4	L-6	0	0	per hour				
E-4	L-7	0	0	per hour				
E-4	L-8	0	0	per hour				
E-4	L-9	0	0	per hour				
E-4	L-10	0	0	per hour				
E-4	M-1	0	0	per hour				
E-4	M-2	0	0	per hour				
E-4	M-3	0	0	per hour				
E-4	M-4	0	0	per hour				
E-4	M-5	0	0	per hour				
E-4	M-6	0	0	per hour				
E-4	M-7	0	0	per hour				
E-4	M-8	0	0	per hour				
E-4	M-9	0	0	per hour				
E-4	M-10	0	0	per hour				
E-4	C-1	0	0	per hour				
E-4	C-2	0	0	per hour				
E-4	C-3	0	0	per hour				
E-4	C-4	0	0	per hour				
E-4	C-5	0	0	per hour				
E-4	C-6	0	0	per hour				
E-4	C-7	0	0	per hour				
E-4	C-8	0	0	per hour				
E-4	C-9	0	0	per hour				
E-4	C-10	0	0	per hour				
E-4	Mtgs	Meeting Rooms (time/mtg)	0	hours				
E-4	Mtgs	Size of space used for mtgs	0	sq mtrs				
E-4	Mtgs	Refreshments	0	persons				
E-4	Comm	Air time	0	minutes/mo.				
E-4	Trans	Transportation (distance/trip)	0	kms				
E-4	Trans	Transport allowances	0	person-trips				
E-4	Publ	Printing/photocopying	0	pages				
E-4	Per Diems	Per Diems for participants	0	person-days				
E-4	Lodging	Lodging for participants	0	person-days				
E-4	Oth-1	0	0	0				
E-4	Oth-1	0	0	0				
E-4	Oth-1	0	0	0				
E-4	Oth-4	0	0	0				
E-4	Oth-5	0	0	0				
E-5	L-1	0	0	per hour				
E-5	L-2	0	0	per hour				
E-5	L-3	0	0	per hour				
E-5	L-4	0	0	per hour				
E-5	L-5	0	0	per hour				
E-5	L-6	0	0	per hour				
E-5	L-7	0	0	per hour				
E-5	L-8	0	0	per hour				
E-5	L-9	0	0	per hour				
E-5	L-10	0	0	per hour				
E-5	M-1	0	0	per hour				
E-5	M-2	0	0	per hour				
E-5	M-3	0	0	per hour				
E-5	M-4	0	0	per hour				
E-5	M-5	0	0	per hour				
E-5	M-6	0	0	per hour				
E-5	M-7	0	0	per hour				
E-5	M-8	0	0	per hour				
E-5	M-9	0	0	per hour				
E-5	M-10	0	0	per hour				
E-5	C-1	0	0	per hour				
E-5	C-2	0	0	per hour				
E-5	C-3	0	0	per hour				
E-5	C-4	0	0	per hour				
E-5	C-5	0	0	per hour				
E-5	C-6	0	0	per hour				
E-5	C-7	0	0	per hour				
E-5	C-8	0	0	per hour				
E-5	C-9	0	0	per hour				
E-5	C-10	0	0	per hour				
E-5	Mtgs	Meeting Rooms (time/mtg)	0	hours				
E-5	Mtgs	Size of space used for mtgs	0	sq mtrs				
E-5	Mtgs	Refreshments	0	persons				
E-5	Comm	Air time	0	minutes/mo.				

E-5	Trans	Transportation (distance/trip)	0	kms				
E-5	Trans	Transport allowances	0	person-trips				
E-5	Publ	Printing/photocopying	0	pages				
E-5	Per Diems	Per Diems for participants	0	person-days				
E-5	Lodging	Lodging for participants	0	person-days				
E-5	Oth-1	0	0	0				
E-5	Oth-1	0	0	0				
E-5	Oth-1	0	0	0				
E-5	Oth-4	0	0	0				
E-5	Oth-5	0	0	0				
S-1	L-1	0	0	per hour				
S-1	L-2	0	0	per hour				
S-1	L-3	0	0	per hour				
S-1	L-4	0	0	per hour				
S-1	L-5	0	0	per hour				
S-1	L-6	0	0	per hour				
S-1	L-7	0	0	per hour				
S-1	L-8	0	0	per hour				
S-1	L-9	0	0	per hour				
S-1	L-10	0	0	per hour				
S-1	M-1	0	0	per hour				
S-1	M-2	0	0	per hour				
S-1	M-3	0	0	per hour				
S-1	M-4	0	0	per hour				
S-1	M-5	0	0	per hour				
S-1	M-6	0	0	per hour				
S-1	M-7	0	0	per hour				
S-1	M-8	0	0	per hour				
S-1	M-9	0	0	per hour				
S-1	M-10	0	0	per hour				
S-1	C-1	0	0	per hour				
S-1	C-2	0	0	per hour				
S-1	C-3	0	0	per hour				
S-1	C-4	0	0	per hour				
S-1	C-5	0	0	per hour				
S-1	C-6	0	0	per hour				
S-1	C-7	0	0	per hour				
S-1	C-8	0	0	per hour				
S-1	C-9	0	0	per hour				
S-1	C-10	0	0	per hour				
S-1	Media	Pamphlets	0	pieces				
S-1	Supplies	Info Sheets	0	pieces				
S-1	Supplies	Posters	0	pieces				
S-1	Supplies	Banners	0	pieces				
S-1	Oth-1	0	0	0				
S-1	Oth-2	0	0	0				
S-1	Oth-3	0	0	0				
S-1	Oth-4	0	0	0				
S-1	Oth-5	0	0	0				
S-2	L-1	0	0	per hour				
S-2	L-2	0	0	per hour				
S-2	L-3	0	0	per hour				
S-2	L-4	0	0	per hour				
S-2	L-5	0	0	per hour				
S-2	L-6	0	0	per hour				
S-2	L-7	0	0	per hour				
S-2	L-8	0	0	per hour				
S-2	L-9	0	0	per hour				
S-2	L-10	0	0	per hour				
S-2	M-1	0	0	per hour				
S-2	M-2	0	0	per hour				
S-2	M-3	0	0	per hour				
S-2	M-4	0	0	per hour				
S-2	M-5	0	0	per hour				
S-2	M-6	0	0	per hour				
S-2	M-7	0	0	per hour				
S-2	M-8	0	0	per hour				
S-2	M-9	0	0	per hour				
S-2	M-10	0	0	per hour				
S-2	C-1	0	0	per hour				
S-2	C-2	0	0	per hour				
S-2	C-3	0	0	per hour				
S-2	C-4	0	0	per hour				
S-2	C-5	0	0	per hour				
S-2	C-6	0	0	per hour				
S-2	C-7	0	0	per hour				
S-2	C-8	0	0	per hour				
S-2	C-9	0	0	per hour				
S-2	C-10	0	0	per hour				
S-2	Supplies	Oral Contraceptive pills	0	packets				
S-2	Supplies	Injectables	0	vials				
S-2	Supplies	Implants	0	units				
S-2	Supplies	IUCDs	0	units				
S-2	Supplies	Condoms	0	units				
S-2	Oth-1	0	0	0				
S-2	Oth-2	0	0	0				
S-2	Oth-3	0	0	0				
S-2	Oth-4	0	0	0				
S-2	Oth-5	0	0	0				
S-3	L-1	0	0	per hour				
S-3	L-2	0	0	per hour				
S-3	L-3	0	0	per hour				
S-3	L-4	0	0	per hour				
S-3	L-5	0	0	per hour				
S-3	L-6	0	0	per hour				
S-3	L-7	0	0	per hour				
S-3	L-8	0	0	per hour				
S-3	L-9	0	0	per hour				
S-3	L-10	0	0	per hour				
S-3	M-1	0	0	per hour				
S-3	M-2	0	0	per hour				
S-3	M-3	0	0	per hour				
S-3	M-4	0	0	per hour				
S-3	M-5	0	0	per hour				
S-3	M-6	0	0	per hour				
S-3	M-7	0	0	per hour				
S-3	M-8	0	0	per hour				
S-3	M-9	0	0	per hour				
S-3	M-10	0	0	per hour				

S-3	C-1	0	0	per hour				
S-3	C-2	0	0	per hour				
S-3	C-3	0	0	per hour				
S-3	C-4	0	0	per hour				
S-3	C-5	0	0	per hour				
S-3	C-6	0	0	per hour				
S-3	C-7	0	0	per hour				
S-3	C-8	0	0	per hour				
S-3	C-9	0	0	per hour				
S-3	C-10	0	0	per hour				
S-3	Transport	# trips	0	# days/mo				
S-3	Supplies	distance	0	km/roundtrip				
S-3	Supplies	per diems	0	per day				
S-3	Supplies	allowances	0	per day				
S-3	Oth-1	0	0	0				
S-3	Oth-2	0	0	0				
S-3	Oth-3	0	0	0				
S-3	Oth-4	0	0	0				
S-3	Oth-5	0	0	0				
S-4	L-1	0	0	per hour				
S-4	L-2	0	0	per hour				
S-4	L-3	0	0	per hour				
S-4	L-4	0	0	per hour				
S-4	L-5	0	0	per hour				
S-4	L-6	0	0	per hour				
S-4	L-7	0	0	per hour				
S-4	L-8	0	0	per hour				
S-4	L-9	0	0	per hour				
S-4	L-10	0	0	per hour				
S-4	M-1	0	0	per hour				
S-4	M-2	0	0	per hour				
S-4	M-3	0	0	per hour				
S-4	M-4	0	0	per hour				
S-4	M-5	0	0	per hour				
S-4	M-6	0	0	per hour				
S-4	M-7	0	0	per hour				
S-4	M-8	0	0	per hour				
S-4	M-9	0	0	per hour				
S-4	M-10	0	0	per hour				
S-4	C-1	0	0	per hour				
S-4	C-2	0	0	per hour				
S-4	C-3	0	0	per hour				
S-4	C-4	0	0	per hour				
S-4	C-5	0	0	per hour				
S-4	C-6	0	0	per hour				
S-4	C-7	0	0	per hour				
S-4	C-8	0	0	per hour				
S-4	C-9	0	0	per hour				
S-4	C-10	0	0	per hour				
S-4	Comm	Airtime for data transmission	0	mins/mo				
S-4	Supplies	0	0	0				
S-4	Supplies	0	0	0				
S-4	Supplies	0	0	0				
S-4	Oth-4	0	0	0				
S-4	Oth-5	0	0	0				
S-4	Oth-6	0	0	0				
S-4	Oth-7	0	0	0				
S-4	Oth-8	0	0	0				