OCHA Coordination Saves Lives — **Project Proposal**

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|---|---|
| **Requesting Organization :** | Agency for Assistance for Development of Afghanistan |
| **Allocation Type :** | 2015 2nd CHF Standard Allocation / Call for Proposals |

| Primary Cluster | Sub Cluster | Percentage |
|---|---|---|
| HEALTH | | 100.00 |
| | | **100** |

| | |
|---|---|
| **Project Title :** | Provision of health services to people living in conflict/white area through one HSC, one mobile team and two First Aid Trauma in Faryab |
| **Allocation Type Category :** | |

**OPS Details**

| | | | |
|---|---|---|---|
| **Project Code :** | | **Fund Project Code :** | AFG-15/3481/SA2/H/NGO/411 |
| **Cluster :** | | **Project Budget in US$ :** | 192,652.43 |
| **Planned project duration :** | 12 months | **Priority:** | |
| **Planned Start Date :** | 01/12/2015 | **Planned End Date :** | 30/11/2016 |
| **Actual Start Date:** | 01/12/2015 | **Actual End Date:** | 30/11/2016 |

**Project Summary :**

AADA is the BPHS implementer in Faryab Province under SEHAT II. In an assessment which was done by PPHD and AADA, the unmet needs of the people who are living in white areas/conflict affected areas, have been identified. While most of the needs are covered through BPHS, still there is need for the following services:

1. Establishment and support of one Health Sub Center (HSC) and one mobile health team (MHT) to improve access and quality of health services in white areas, including delivery care, Emergency Obstetric and Newborn Care (EmONC), Child HEalth and EPI services, Integrated Management of Childhood Illnesses (IMCI) and provision of essential drugs. Staffing pattern will be according to BPHS staffing both for SHC and MHT. Recruitment of staff will be done in a transparent manner considering the accepted HR rules and regulations which are reflected in AADA HR policy. Salary of the health facilities will be paid considering Nation Salary Policy (base salary 2016). An orientation session will be conducted for the staff at the commencement of the project. Other trainings will be provided to staff based on TNA. The facilities will be provided with required guidelines, job aids and stationaries. Medical and none medical equipment and supplies will be procured for the HSC and MHT. Rental vehicle will be hired for the MHT. Service provision will be regularly monitored and supervised by AADA staff.
2. Establishment and support of two First Aid Trauma Post (FATPs) in two BHCs to provide first aid/life support to casualties with timely referral of trauma cases through strengthened referral from FATPs and PHC facilities to secondary care facilities. Through this project trauma referral and stabilization services will be provided through First Aid Trauma Posts (FATPs). The staffing will be done considering the FATP pattern and salary will be paid according to NSP (allocated salary for 2016). AADA commits to regularly monitor and supervise the project and provide require support to the project. Medical and none medical equipment will be provided and required supplies, including drug, will be timely provided to the facility. To further improve the trauma cases management and referral services, 2 ambulances will be rented. The location of the FATPs have been selected considering most vulnerable places in term of security and remoteness. The FATPs are going to be established in the conflict affected areas (Qaisar and Sherintagab are among the most insecure districts of Faryab with most incidences of conflict), and thus two BHCs, Shakh BHC and Astana Baba BHC.are selected to be provided with trauma care and referral services. Proper space will be dedicated for the FATPs and, community awareness will be given by CHS and CHWs. One nurse and one cleaner will be hired for the FATP and adequate supplies will be provided through project fund. Training on trauma care and management will be conducted to the FATP staff as well as for the BHC (Shakh and Astana Baba) staff. The communities are already contacted to ensure safety of the staff and equipment, particularly the ambulance.

**Direct beneficiaries :**

| Men | Women | Boys | Girls | Total |
|---|---|---|---|---|
| 12,721 | 13,239 | 10,407 | 10,833 | 47,200 |

**Other Beneficiaries :**

| Beneficiary name | Men | Women | Boys | Girls | Total |
|---|---|---|---|---|---|
| Internally Displaced People | 674 | 701 | 551 | 574 | 2,500 |
| Other | 11,912 | 12,398 | 9,746 | 10,144 | 44,200 |
| Other | 135 | 140 | 110 | 115 | 500 |

**Indirect Beneficiaries :**

**Catchment Population:**

Catchment population for HSC: 12800 residence+500 nomads
Catchment population for MHT: 10000 residence + 500 IDPs
Catchment population FATPs: 21400 residence + 2000 IDPs

**Link with allocation strategy :**

The main objectives of the Afghanistan CHF are to promote needs-based assistance in accordance with humanitarian principles, to respond to the most urgent needs, and to strengthen coordination and leadership through the HC and cluster system. As member of Health Cluster and the sole BPHS implementer in Faryab province, AADA intends to respond to the unmet needs of people in remote, underserved white areas, and people affected by conflicts in this province.
While AADA is covering most parts of the province through implementation of BPHS, still there are underserved/uncovered areas due to limited fund and unavailability of fund for provision of certain services.
Considering the Allocation Envelop 4 (Providing life-saving health care services for conflict affected and displaced population) and the associated HRP strategic priorities (1: Excess morbidity and mortality reduced; 2: Conflict related deaths and impairment reduced; 3: Timely response to affected population), and AADA assessment from the underserved districts of the province (Almar, Qaisar and Sherin Tagab are prioritized as underserved districts by Health Cluster) following services are proposed for CHF 2nd allocation fund:
1.Life-saving PHC services to population in white areas:
A: Establishment and support of one Sub Health Center in Almar district;
B: Establishment and support of one Mobile Health Team in Almar district:
2. Trauma care including first aid, triage, stabilization, referral and fulll management to conflict-related trauma cases:
A: Establishment and support of two FATPs in Qaisar and Sherin Tagab districts;
The proposed services/project is identified based on assessment which was done by AADA and PPHD in the province. Meanwhile, it is discussed with GCMU and their agreement is obtained. The project possesses full support of the community, and the Community Based Health Care Network (CHWs, Local Health Shuras, and Family Health Action Groups). Presence of AADA in the province further ensures quality and cost effectiveness of the project in Faryab.

**Sub-Grants to Implementing Partners :**

| Partner Name | Partner Type | Budget in US$ |
|---|---|---|
| | | |

**Other funding secured for the same project (to date) :**

| Other Funding Source | Other Funding Amount |
|---|---|
| | |

**Organization focal point :**

| Name | Title | Email | Phone |
|---|---|---|---|
| | | | |
| Dr. Yasamin Yousofzai | Program Development Director | yyousofzai@aada.org.af | 0093700012254 |

**BACKGROUND**

**1. Humanitarian context analysis**

Health system of Afghanistan was badly affected due to prolonged war and internal conflict over the past three decades. Health indicators after fall of Taliban were alarming. The MOPH of Afghanistan has clearly defined its priorities and developed related policy documents to reduce maternal and child mortality rates. The Afghan Mortality Survey (AMS) conducted in 2010 shows considerable increase in access of communities to the basic health care services and significant decline in mortality rates. However, despite significant achievements, these indicators are still among the highest in the world. Challenges still remain affecting utilization and quality of services. More than 35% of population need to travel longer than one hour to reach the nearest HF and one third of HFs doesn't have female HW. Efforts are needed to further institutionalize interventions addressing people living in remote/underserved and white areas due to its remoteness or insecurity (conflict
Provincial context: Faryab province is located in Northern Region of Afghanistan, bordering with Jawzjan and Saripul in east, Badghis in west, Ghor in south, and Republic of Turkmenistan in north. The province has an estimated total population of 964,600 as per RFP released by the MOPH for this action. Administratively, the province is divided into 15 districts with Maimana being the capital. Faryab is a multi-ethnic and mostly tribal society, Uzbek, Tajik, Pashtun, Turkmen and Hazara are the main ethnic groups. Faryab province also has a population of Kuchis or nomads whose numbers vary in different seasons. The province covers an area of 21,146 km2 with 33.7% and 29% of the province being mountainous or semi- mountainous respectively.
Field assessment by AADA: As part of preparation for SEHAT II proposal, AADA sent a competent tea m of its central level managers to the field. The team developed a comprehensive checklist for collection of information and assessment of field realities and also did analysis of HMIS, BSC, and other data provided by MOPH. There are 51 HFs including 2 DHs, 2 CHC+, 14 CHCs, 20 BHCs, 12 HSCs, and one Prison health clinic) and 564 HPs in the province. In addition to that there are some HFs out of BPHS including 35 Family Health Houses (FHH) and 3 MHTs run by AADA, 1 MCH clinic run by MSI, two ARCS clinics, and one EPHS provincial hospital run by TIKA. There is also one physiotherapy centre run by IAM. According to the PPHD, there are 24 new HFs (12 HSCs and 12 BHCs) endorsed by PPHCC and proposed to MOPH for the future. Meanwhile, AADA has been several times approached by PPHD and communities for establishment of MHTs, and trauma care and referral in BHCs, in conflict areas of the identified districts( Almar, Qaisar and Sherin Tagab).
Security situation: Faryab is one of the most insecure provinces in Northern region. Suicide attacks, road side explosions, abduction of government and NGOs workers have been common over the past years. Although all HFs were reportedly active at the time of our assessment, supervision of remote HFs in several districts is a major challenge.
The target population for this project is the entire people living in these districts including nomads and IDPs, and the health needs of the target population will be addressed through this project. The needs identified are:
• Women (ANC, PNC, Family Planning, Immunization, delivery care and new-born care as well as OPD of the common diseases and referral to upper level facilities etc.)
• Men (OPD of the common diseases and referral to upper level facilities etc)
• Boys and Girls (IMCI, EPI, OPD of the common diseases and referral to upper level facilities etc)
• Trauma care and referral is the need for all categories of the people in the target areas.

**2. Needs assessment**

The proposed services are based on the need assessment which was done by provincial public health directorate and AADA. According to the PPHD, there are need for 24 new HFs (12 HSCs and 12 BHCs) in the areas of the Faryab province where the people has no access to existing health facilities, or, are hardly reach to the health facilities. The proposed HSC in Almar, (Ghalbala HSC) is already prioritized and endorsed by PPHCC and proposed to MOPH for establishment. As BPHS implementer in Faryab, AADA has planned to establish this health facility in the third year of the SEHAT II project. Owing this opportunity and fund from CHF, AADA proposes to establish this health facility through CHF fund, and upon end of the CHF fund, AADA will continue services from SEHAT fund. It is mentionable that there is a standard building in place for this health facility. The Almar district is among the largest districts of the Faryab province and is placed in a wide area in the province. The HSC will cover a portion of the white area, in the flat part of the district, and the mountainous part is to be covered by the mobile team. Total population covered with the mobile team in the white area is 11500. There was a mobile team for this district through UNFPA fund, which is stopped since 2013. The First Aid Trauma Post FATP is a new concept in Faryab, and Qaisar and Shirin Tagab districts two BHCs are selected for this intervention. The selected BHCs, in which the FATPs are proposed, are located in conflict areas, with the most need for such an intervention to manage and refer the trauma cases. The needs are assessed together with PPHD and approval of the GCMU is also obtained, which is loaded in the document tab of the proposal. Training need of the project staff will be assessed upon start of the project and a training plan will be developed and implemented. As the For FATP staff a training is already proposed and budgeted.

**3. Description Of Beneficiaries**

The immediate beneficiaries for SHC and MHT are women in reproductive age, under 2 years' children, and IDPs.
The anticipated coverage for SHC and MHTs has been selected based on population living in white area, including IDPs and Nomads.
Target population for the SHC and MHT in Almar district is 23,800; out of which 4,760 women are at the age of reproductive, and there are 1,904 children less than 2 years of age. FATPs will be established in two BHCs (Shakh BHC and Astana Baba BHC), whic most of the time are affected by conflict; the catchment populations around the BHCs/FATPs and population in white areas have been considered as beneficiaries for FATPs. According to HMIS (although there was no special services for trauma care), total of 182 (Shakh BHC) and 157 (Astana Baba BHC) trauma cases are registered from July 2014 to June 2015. At the district level, 1938 cases are registered in Qaisar District and 2733 tauma cases are registerd in Sherintagab district of Faryab province.
IDPs: According to the information of local authorities, there have been 2500 IDPs in Almar, Qaisar and Sherin Tagab districts of the Faryab province. There is no specific HF for them as they are integrated into their communities. AADA makes sure, IDPs to receive the required services without any discrimination.
Nomads: According to local authorities, an estimated number of 500 Nomads live in Almar district of Faryab province. Currently there is no specific HF for Nomads under BPHS. AADA will ensure provision of basic services to Nomads the SHC and MHT.
An excel sheet is attached in document tab for beneficiaries breakdown.

**4. Grant Request Justification**

AADA will implement this project in 3 districts of Faryab province. The organization is the sole BPHS implementer in Faryab province and provides health services (BPHS) through 51 health facilities. AADA will be responsible for overall technical and financial management of the project. As one of the MOPH partner, AADA has huge experience in implementation of health projects in the country, and is well-known for its experience and expertise. In Faryab province, the organization has been contracted by MOPH for implementation of BPHS since 2006; as well as has been contracted by UNFPA for Community Midwifery Education program and implementation of Family Health Houses. AADA has a well-established office with experts of public health interventions in Faryab. For implementation of the project under CHF 2nd allocation, AADA intends to involve its qualified staff (supervisors, technical managers/officers) in monitoring, supervision and support of this project. Space will be allocated for the project staff in AADA Faryab office. Meanwhile, the project manager of AADA SEHAT, will be responsible to coordinate the project issues with PPHD and other stakeholders (provincial/district level local authorities, departments of line ministries and relevant UN agencies). Provincial Council, Local Community Shuras, religious leaders will be approached for seeking their assistance. AADA tries its best to include the SHC in SEHAT II after funding from CHF will be ended, and ensure continuation of the services. FATPs are designed to be based in current HFs (BHCs), and therefore the activities will gradually be integrated into relevant HFs. AADA will seek alternative ways within BPHS and though additional resources if required in order to provide basic services to the white areas those are included in coverage of MHTs.

**5. Complementarity**

AADA is BPHS implementer in the Faryab province, and is committed to improve access and quality of services to the people. While the organization is trying to ensure quality and increase access by provision of health services through World Bank fund in implementation of BPHS, it is also approaching other funds to fulfil its objective. Through this fund opportunity, AADA will improve access of total of 47200 people to life saving health services.

## LOGICAL FRAMEWORK

### Overall project objective

To reduce mortality and morbidity of people living in white/hard to reach and conflict areas through provision of one HSC, one MHT and two FATPs, with special focus on women at child bearing age and children under 2 years of age.

## HEALTH

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|---|---|---|
| Objective 1. Reduce incidence of maternal and child mortality and morbidity targeting 1 million | 1. Excess morbidity and mortality reduced | 60 |
| Objective 2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care | 2. Conflict related deaths and impairment reduced | 40 |

**Contribution to Cluster/Sector Objectives :** Through provision of life-saving primary health services and provision of trauma care services to people living in white/hard to reach areas and conflict affected areas, AADA intends to contribute to health cluster strategic priority 1 and 2.

**Outcome 1**

Access of communities living in white/hard to reach and conflict areas to basic health care services are increased

**Output 1.1**

**Description**

Quality basic health care services are provided through one HSC and one MHT for 23800 people living in white/hard to reach and conflict affected areas of Almar District of Faryab province.

**Assumptions & Risks**

Assumptions: It is assumed that the security situation is either getting better or remain the same, and communities are supporting the health facilities, specially the staff. Meanwhile, fund is available for 12 months.
Risks: There is risk of closure/discontinuation of the services in case the security is a big challenge and life threaten issue for the health facilities staff. Meanwhile, if the fund is stopped, there is risk of discontinuation of the facilities particularly the MHT.

**Activities**

**Activity 1.1.1**

Establish one HSC in Ghalbala village of Almar district and one MHT in Almar district

**Activity 1.1.2**

Coordination meeting with Health Cluster, PPHD and concerned community

**Activity 1.1.3**

Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle for the MHT,

**Activity 1.1.4**

Regular supply of drug and consumable medical and none medical items to the facilities

**Activity 1.1.5**

Supportive supervision and monitoring of the project

**Activity 1.1.6**

Conduct training and Orientation session for project staff

**Activity 1.1.7**

Develop and submit required reports

**Indicators**

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|---|---|---|---|---|---|---|---|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | HEALTH | Per centage of deliveries attended by SBA at facility or by CHW at community level | | | | | 40 |

**Means of Verification** : HMIS and project report verifies the status of this indicator.
The target is set based on the national target which is 40%

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.1.2 | HEALTH | Percentage of children < 2 vaccinated | | | 44 | 46 | 90 |

**Means of Verification** : HMIS and project report verifies the status of this indicator.
This target is set based on national target which is 90%

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.1.3 | HEALTH | Percentage of pregnant women received ANC | | | | | 60 |

**Means of Verification** : HMIS and project report verifies the status of the indicator.
This target is set based on Household survey result in Faryab which was done in 2013. The national target is 50%, but the 2013 HHS shows about 60% achievement.

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.1.4 | HEALTH | Percentage of women received PNC | | | | | 60 |

**Means of Verification** : HMIS project report verifies the status of this indicator.
The target is set based the target which was given by GCMU for 2014, which is 60%.

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.1.5 | HEALTH | Percentage of women at child bearing age received TT vaccine | | | | | 86 |

**Means of Verification** : HMIS and project report verifies the status of this indicator.
The target is set base on nation target which is 86%.

**Output 1.2**

**Description**

Quality trauma care services including first aid, triage, stabilization, referral and full management of conflict related trauma cases, are provided through two FATPs in Qaisar and Sherintagab districts of Faryab province

**Assumptions & Risks**

Assumptions: It is assumed that the security situation is either getting better or remain the same, and communities are supporting the health facilities, specially the staff. Meanwhile, fund is available for 12 months.
Risks: There is risk of closure/discontinuation of the services in case the security is a big challenge and life threaten issue for the health facilities staff. Meanwhile, if the fund is stopped, there is risk of discontinuation of the services, particularly referral by the ambulance. as the BHCs don't have ambulance.

**Activities**

**Activity 1.2.1**

Establish two FATPs in two BHCs, one in Qaisar and one in Sherintagab district of Faryab province

**Activity 1.2.2**

Coordination meeting with Health Cluster, PPHD and community

**Activity 1.2.3**

Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle,

**Activity 1.2.4**

Regular supply of drug and consumable medical and none medical items to the facilities

**Activity 1.2.5**

Conduct training on trauma care and management for the FATP and related BHC staff

**Activity 1.2.6**

Supportive supervision and monitoring of the project activities

**Activity 1.2.7**

Develop and submit required reports

**Indicators**

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|---|---|---|---|---|---|---|---|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | HEALTH | Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services | | | | | 2 |

**Means of Verification** : Project report verifies establishment of one FATP in a BHC in Qaisar district and one in Sherintagab district of Faryab province

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.2.2 | HEALTH | Percentage of conflict affected districts with at least one FATP or HF providing specialized conflict trauma care. | | | | | 18 |

**Means of Verification** : Out of 11 conflict affected districts only two districts will have the FATPs

| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
|---|---|---|---|---|---|---|---|
| Indicator 1.2.3 | HEALTH | Number of health professionals receiving training in stabilization and management of war trauma | | | | | 11 |

**Means of Verification :** Project report verifies the number of staff trained in stabilization and management of trauma.
This target is set as below:
1 FATP nurse+2 medical staff from the health facility+2cleaners (the cleaners should be trained in some concepts as triage..) *2 FATP=10+1 project manager=11

| Indicator 1.2.4 | HEALTH | Number of people receive trauma care and referral. | | | | | 592 |
|---|---|---|---|---|---|---|---|

**Means of Verification :** The existing target for the trauma cases management in the two BHCs (Shakh and Astana) is 456/year. Considering the establishment of the FATP in the BHCs, it is assumed that 30% increment will lead to 592 patients.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The project manager will develop supervision and monitoring plan, and supervise the facilities accordingly. During supervision, they will assess performance of health workers, discuss about their needs, and provide on-the-job training. The human needs of staff (e.g. safety/security, recognition, respect, etc.) and professional needs of health worker (e.g. clear role & responsibilities, salary, work environment, training needs, etc.) will be assessed and addressed. Also the resources, including drugs and supplies, necessary for proper implementation of the activities will be assessed in each facility. There is a standard monitoring checklist in place, presented by MOPH; however, for FATPs, a monitoring checklist will be developed by AADA monitoring unit. The project team will use checklists and prepare a brief report after supervision and monitoring visits. A database will be developed that will contain the major findings of monitoring. Within each facility, the culture of supportive supervision will also be promoted. The facility in-charge will be supervising staff daily. On-the-job aids will be provided to staff. Similarly, health facility in-charges will be supervising the FATPs regularly.
Regular monitoring visits will be conducted from Kabul Main Office (both by technical and operation) to ensure proper implementation of the project. Joint monitoring visits will be conducted with PPHO from the provincial level to the facilities. AADA also will do proper follow up based on MOPH monitoring reports through developing and implementing follow up action plans after each monitoring visit. Each service delivery site will be monitored at least one in a month considering project indicators and the findings will be recorded and reported. It is worth mentioning, that AADA BPHS project staff will also be involved in project monitoring and supervision.
Data analysis: In each facility, a preliminary analysis of data will be executed by the respective health staff. The HFs staff will be enabled to use and analyze the data at HF level, draw simple charts and graphs that can show their performance in relation to the provision of services. This practice will be promoted in facilities because the staff can monitor their own progress against the targets they themselves have set. HMIS tools will be used in HSC and MHT. The HMIS reports will be collected monthly and entered into the database in AADA Faryab provincial office. Reports of DEWS will also be collected. The HMIS officer will also perform data analysis and provide results of HIMS reports in tables, graphs, and charts to project manager and facilities staff. Written feedback will be provided to the field to improve the concerned areas.
Reporting: AADA will submit required report to donor on timely bases. The reports will be collected from field office and after review will be sent to the donor. HMIS will be the valid source of data; for the quality of data, the HMIS officer will provide on the job trainings for health facility staff as needed. End of Project Report (EPR) will be provided one month after completion of the project.
AADA complies with the CHF communication and visibility guidance note, and do apply it where possible/allowed. Success stories, pictures and progress of the project will be shared with CHF/Health Cluster.

**Workplan**

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Activity 1.1.1: Establish one HSC in Ghalbala village of Almar district and one MHT in Almar district | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | | | | | | | | | |
| Activity 1.1.2: Coordination meeting with Health Cluster, PPHD and concerned community | 2015 | | | | | | | | | | | | X |
| | 2016 | X | | X | | X | | X | | X | | X | |
| Activity 1.1.3: Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle for the MHT, | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | | | | | | | | | |
| Activity 1.1.4: Regular supply of drug and consumable medical and none medical items to the facilities | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | X | | | | X | | | | |
| Activity 1.1.5: Supportive supervision and monitoring of the project | 2015 | | | | | | | | | | | | X |
| | 2016 | X | X | X | X | X | X | X | X | X | X | X | |
| Activity 1.1.6: Conduct training and Orientation session for project staff | 2015 | | | | | | | | | | | | |
| | 2016 | X | X | X | | | | | | | | | |
| Activity 1.1.7: Develop and submit required reports | 2015 | | | | | | | | | | | | |
| | 2016 | X | | X | | | X | | | X | | | |
| Activity 1.2.1: Establish two FATPs in two BHCs, one in Qaisar and one in Sherintagab district of Faryab province | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | | | | | | | | | |

| Activity 1.2.2: Coordination meeting with Health Cluster, PPHD and community | 2015 | | | | | | | | | | | | X |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 2016 | X | | X | | X | | X | | X | | X | |
| Activity 1.2.3: Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle, | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | | | | | | | | | |
| Activity 1.2.4: Regular supply of drug and consumable medical and none medical items to the facilities | 2015 | | | | | | | | | | | | X |
| | 2016 | | | | X | | | | X | | | | |
| Activity 1.2.5: Conduct training on trauma care and management for the FATP and related BHC staff | 2015 | | | | | | | | | | | | X |
| | 2016 | X | | | | | | | | | | | |
| Activity 1.2.6: Supportive supervision and monitoring of the project activities | 2015 | | | | | | | | | | | | X |
| | 2016 | X | X | X | X | X | X | X | X | X | X | X | |
| Activity 1.2.7: Develop and submit required reports | 2015 | | | | | | | | | | | | |
| | 2016 | X | | X | | | X | | | X | | | |

**OTHER INFO**

**Accountability to Affected Populations**

AADA believes in a bottom-up approach for identification of the prioritized needs of community; thus, we make our best efforts to reflect such intention while planning our activities in line with community's needs. Most parts of this objective can be achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions in Faryab province. This will be done through adopting and implementation Catchment Area Planning and Action approach which involve the community in the whole planning circle, create sense of ownership among the community members and increase community contribution in the sustainable success of the project. The most in need and vulnerable groups will be encouraged to participate in the process. AADA will work to change the role of communities from "participation in meeting" to taking responsibility for real action. They will be involved in community awareness campaigns, community sanitation, and security of HFs etc. AADA will increase accountability of the project to the community district levels. The project management team will arrange quarterly meeting with concerned communities; project activities will be reviewed and feedback from the communities will be received; their recommendation will be strictly followed up. The contact number of the project focal point and AADA BPHS project manager will be shared with communities for informing them regarding any concerning issue at the facility level.

**Implementation Plan**

The project will be implemented in decentralised fashion through giving enough autonomy to the project management team at the provincial level. AADA's General Director will oversee implementation of the project; the Program Director will be responsible for day to day technical and financial management of the project. Project Manager will be responsible for implementation of quality services, planning for technical assistance, supervision and monitoring, incorporating of relevant competencies in supervision tools and ensuring proper supply management. The Admin/Finance officer will support the project in financial, logistics and HR related issues.
Logistics Unit of AADA ensures that goods and services are supplied at the right time, with adequate quality for the best cost and strictly considering AADA's Ethical Conducts. AADA maintains an up to date database of qualified vendors that meet objectively justifiable requirements. Need identification, planning for procurements and formal written requests are made by departments to the Logistics Unit in order to initiate the procurement process. It is the responsibility of Finance Department to ensure that sufficient funds are available to pay for the purchase, and that all donor requirements have been met as per relevant grant. AADA will make sure supply of materials that are not locally available is made from Mazar or Kabul on timely manner. Meanwhile, for locally available material, it will be preferred to purchase from local market. Supplies will be provided to field on timely manner without stocking at Kabul level and for winter preparedness the relevant supplies will be provided to each HF in advance.
Upon receipt of funds from the donor, Main Office will transfer the required amount, based on field cash request and allocated budget, to field office after verification by Admin/Finance Manager and approval of General Director or designated person, through local banks that have a branch in the province. The main office will record this transaction in the relevant cashbook and bank book with recording the relevant vouchers of cash transfer. AADA maintains separate Bank Accounts for each project through which relevant cash management is maintained.
As BPHS implementer in Faryab, AADA has already established working relations with existing partners providing health and health related services in the area such as WHO, UNICEF, UNFPA, WFP, different NGOs, government departments and social organizations through existing forums such as PPHCC, taskforces, coordination bodies at the provincial and district governor houses. AADA's another key partner for coordination will be the communities.
AADA receives both technical and financial reports from the projects/field on monthly bases that are in its turn developed by collecting data from HFs. These reports are reviewed by main office technical and financial team and effective/timely feedbacks are given to the projects/field. When AADA obtains feedback from CHF/Health Cluster monitors, the team will develop an action plan in order to apply their recommendations.
AADA will pay serious attention to the transparency and fighting possible corruption in the management of this project.
AADA will ensure the regular supply of essential drugs to HFs as per the BPHS guideline. This means in every facility sufficient amount of essential drugs, based on the pull-method, will be supplied. The essential drugs of the coming quarter will be supplied at least a month before the first month of the quarter. A FIFO (first-in first-out) system will be applied in each facility. AADA will purchase essential drugs mainly from the local markets in the country. For the non-medical supplies, AADA will purchase them locally. These purchases will mainly include procurement of non-consumable and consumable goods/items. The non-consumable items (such as furniture, utensils, equipment, generator, etc.) will be procured in whole, and shipped to facilities.

**Coordination with other Organizations in project area**

| Name of the organization | Areas/activities of collaboration and rationale |
|---|---|
| MOPH, GCMU at central level | coordinatation, collaboration and getting support in implementaton of the project. |
| PPHD (Provincial Public HEalth Directorate) at provincial level | coordination and collaboration as well as getting PPHD support in implementation of the project |
| Health Cluster at central level | coordination and collaboration and getting their support in smooth implementation of the project |

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

**Justify Chosen Gender Marker Code**

Women are the most deprived and vulnerable population in Afghanistan. One of the main objectives of MOPH is to reduce maternal morbidity and mortality, and thus, AADA proposed project is mainly focusing to increase access of the women living in white area and conflict affected areas through provision of fixed and mobile health services. Through these services, AADA provides quality health services for women at child bearing age including delivery care, Emergency Obstetric and Newborn Care (EmONC), ANC, PNC, Family Planning, and OPD services for common diseases, and referral to the upper level of health facilities. Through the FATPs, AADA gives priority to females affected by conflicts. Most of the services provided by the HSC and MHT is for women and newborns. The FATPs will give priority to the affected women, children, disables,and old people. Staff will be oriented on how to give priority to women, and how to behave.
AADA gives preference for recruitment of female staff where applicable. The project focal point for this project is female, and it will be tried to hire female staff in managerial positions at field level for this project.
Following approaches will be done to managing shortage of female staff:
 Allocation of better hardship salary (in coordination with PPHD and GCMU)
 Provision of accommodation and other allowances to the facilities where there is no family house, AADA will explore options such as community's contribution or will pay accommodation allowance.
 Recruitment of their Mahrams if applicable. AADA will try to recruit couples, or any close relatives of a female staff to retain them in the facilities located in remote areas so that the female staff feels safe.
 Provision of nursery / kindergarten facilities in HF to take care of babies of female staff

Justification for the chosen environmental marker: AADA is applying waste management and considers safety of the environment. An orientation session will be conducted for the staff of the health facilities for safe disposal of medical and non medical wastes at the health facility. The HSC and FATPs have standard incinerators for disposal of waste materials. The MHT will be oriented to dispose the waste material in a fix center incinerator. Meanwhile, health education will be given to the communities on waste disposal and how to keep the environment free of hazardous materials.

**Protection Mainstreaming**

**Country Specific Information**

**Safety and Security**

Faryab is one of the most insecure provinces over the past years. The proposed project is also located in insecure areas of the districts; particularly the FATPs, which target the conflict induced trauma. AADA will take the following actions to ensure uninterrupted services provision in insecure districts:
Extensive community involvement will be ensured. Any security threats to the HF and its staff will be shared, advices will be sought. AADA will discuss with community leaders and encourage them to cultivate a positive attitude toward health staff.
Involvement of community leaders in negotiation with all influent parties in insecure districts in order to get their agreement for health services and ensure safety/security of HFs and its staff.
Explaining project objectives, impartiality of the NGO, and indiscrimination in regard to provision of health care services to the communities through Shuras and local forums.
Support of local authorities through coordination with provincial and district government authorities. Possible security threats will be immediately shared with the PPHD and other related government authorities in order to get their advices /recommendations accordingly.
Provision of culture sensitive services: AADA will teach its staff to strictly respect traditions, values, believes, and other particularities of the local people, patients, and clients. AADA will give top priority to the recruitment of local staff with similar culture at all levels.
Ensure regular mobile communication with heads of HFs in insecure districts. HFs will be requested to immediately report any possible threats to the security focal point of AADA.
At the provincial level, AADA will keep regular contact with the local authorities. Mobile communication with HFs in insecure districts will also be used for the purpose of reporting HMIS data / information if it can't be sent on time.

**Access**

AADA is BPHS implementer in Faryab, and in close coordination with PPHD will establish and operate the health facilities and the FATPs. There is no problem in operation of the fixed centers (HSC and FATPs), however, operation of the MHT is a concern during winter. in very hard to reach mountainous areas, where the vehicle is not able to reach the beneficiaries during winter, other approaches will be used, such as traveling by walk and/or animals. AADA has the experience of provision of health services through MHTs in the past and will utilize its experience in this project. Access and manage insecurity is explained under "Safety and Security".

| BUDGET | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Code** | **Budget Line Description** | **D / S** | **Quantity** | **Unit cost** | **Duration Recurrance** | **% charged to CHF** | **Total Cost** |
| **Staff and Other Personnel Costs** | | | | | | | |
| 1.1 | Nurse HSC | D | 1 | 391.00 | 12 | 100% | 4,692.00 |
| | *Nurse HSC for provision of health services*<br>*The salary is calculated based on NSP and base salary for 2016 (NSP is attached in document tab) in the format given by Health Cluster.*<br>*23460 Afs ( Base salary 8500 --- Situation-Normal---Gender - Male ----Category- 4----- Rural ) This calculation is done in a format which was given by health cluster, and is attached in document tab. Currency rate USD1=Afs 60.* | | | | | | |
| 1.2 | Midwife HSC | D | 1 | 580.00 | 12 | 100% | 6,960.00 |
| | *Midwife HSC for provision of health services for women*<br>*The salary is calculated based on NSP and base salary for 2016 in the format given by Health Cluster.*<br>*34776 Afs( Base salary 10800 --- Situation-Normal---Gender - female ----Category- 4----- Rural ) This calculation is done in a format which was given by health cluster, and is attached in document tab. Currency rate USD1=Afs 60.* | | | | | | |
| 1.3 | Vaccinator HSC | D | 1 | 147.00 | 12 | 100% | 1,764.00 |
| | *Vaccinator HSC for provision of immunization services*<br>*The salary is calculated based on amendment in NSP (8000Afs/month for 2013) including 5% inflation rate for 2014 and 2015 (8800)*<br>*8800 Afs* | | | | | | |
| 1.4 | Nurse MHT | D | 1 | 561.00 | 12 | 100% | 6,732.00 |
| | *Nurse MHT for provision of health services*<br>*The salary is calculated based on NSP and base salary for 2016 in the format given by Health Cluster.*<br>*33660 Afs( Base salary 8500 --- Situation-Normal---Gender - Male ----Category- 4----- Deep Rural ) This calculation is done in a format which was given by health cluster, and is attached in document tab. Currency rate USD1=Afs 60.* | | | | | | |
| 1.5 | Midwife MHT | D | 1 | 832.00 | 12 | 100% | 9,984.00 |
| | *Midwife MHTfor provision of health services for women*<br>*The salary is calculated based on NSP and base salary for 2016 in the format given by Health Cluster.*<br>*49896 Afs( Base salary 10800 --- Situation-Normal---Gender - female ----Category- 4----- Deep Rural ) This calculation is done in a format which was given by health cluster, and is attached in document tab. Currency rate USD1=Afs 60.* | | | | | | |
| 1.6 | Vaccinator MHT for provision of immunization services | D | 1 | 183.00 | 12 | 100% | 2,196.00 |
| | *Vaccinator MHT for provision of immunization services*<br>*11000 Afs.* | | | | | | |
| 1.7 | Community Mobilizer MHT and HSC | D | 2 | 133.00 | 12 | 100% | 3,192.00 |
| | *Community Mobilizer MHT and HSC: to aware and mobilize communities to utilize health facility*<br>*8000 Afs* | | | | | | |
| 1.8 | Nurse FATPs | D | 4 | 391.00 | 12 | 100% | 18,768.00 |
| | *The FATP nurses are providing trauma care, management and referral.*<br>*The salary is calculated based on NSP and base salary for 2016 in the format given by Health Cluster.*<br>*23460 Afs. ( Base salary 8500 --- Situation-Normal---Gender - Male ----Category- 4----- Rural ) This calculation is done in a format which was given by health cluster, and is attached in document tab. Currency rate USD1=Afs 60. Two nurses are considered for each FATP for the two shifts in 24 hours.* | | | | | | |
| 1.9 | Project Officer Faryab office | D | 1 | 667.00 | 12 | 100% | 8,004.00 |
| | *This is project staff based in Faryab for overall management of the project at field level* | | | | | | |
| 1.10 | Admin/Finance officer Faryab office | S | 1 | 415.00 | 12 | 100% | 4,980.00 |
| | *This is project staff based in Faryab for admin/finance management of the project at field level* | | | | | | |
| 1.11 | Project Focal Point Kabul Office | D | 1 | 3,600.00 | 12 | 15% | 6,480.00 |
| | *15% of salary of a staff from main office is charged to this project. For coordination at the central level, ensure proper implementation of the project and reporting to donor.* | | | | | | |
| 1.12 | Admin/finance Kabul office | S | 1 | 3,000.00 | 12 | 10% | 3,600.00 |
| | *10% salary of a staff from main office is charged. overall financial management of the project, reporting to donor (financial) and ensure the financial resources are spent in an appropriate way.* | | | | | | |
| 1.13 | Cleaners/guard for HSC and FATPs | S | 6 | 110.00 | 12 | 100% | 7,920.00 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| | *one cleaner for HSC, two for FATP (two shifts in 24 hours) and one guard for HSC* | | | | | | |
| | **Section Total** | | | | | | **85,272.00** |
| **Supplies, Commodities, Materials** | | | | | | | |
| 2.1 | Drug for MHT and HSC | D | 1 | 1,725.00 | 12 | 100% | 20,700.00 |
| | *The list of required drugs and BOQ is attached to the document tab. The list is driven from BPHS.*<br>*943USD for MHT/month and 782 USD for HSC* | | | | | | |
| 2.2 | Drug for FATPs | D | 2 | 566.00 | 12 | 100% | 13,584.00 |
| | *As FATP is not addressed in BPHS, list of drug is taken from Emergency FAPs; however, the list is subject to change considering field reality* | | | | | | |
| 2.3 | Medical and none medical consumables supplies and materials for MHT and SHC | D | 1 | 90.00 | 12 | 100% | 1,080.00 |
| | *The list of required materials and BOQ is attached to the document tab*<br>*50 USD for HSC and 40USD for MHT* | | | | | | |
| 2.4 | Medical and none medical consumables supplies and materials for FATPs | D | 2 | 55.00 | 12 | 100% | 1,320.00 |
| | *The required list of supplies will be requested from Health Cluster as in the BPHS the FATP is not addressed. However, the estimated budget is based on a document we received from Emergency FATPs.* | | | | | | |
| 2.5 | Training for the nurses and MWs of the health facilities | D | 1 | 3,331.00 | 1 | 100% | 3,331.00 |
| | *The training will be provided for the medical staff of the health facilities. List of the required trainings and estimated cost is attached in document tab.* | | | | | | |
| | **Section Total** | | | | | | **40,015.00** |
| **Equipment** | | | | | | | |
| 3.1 | Medical and none medical equipment for MHT | D | 1 | 1,311.00 | 1 | 100% | 1,311.00 |
| | *The list of required equipment and BOQ is attached to the document tab. The list is driven from BPHS and the estimation is based on market rate.* | | | | | | |
| 3.2 | Medical and none medical equipment for HSC | D | 1 | 3,565.00 | 1 | 100% | 3,565.00 |
| | *The list of required materials and BOQ is attached to the document tab* | | | | | | |
| 3.3 | Computers for officers Faryab office | S | 2 | 550.00 | 1 | 100% | 1,100.00 |
| | *Two Computers are needed for two staff at Faryab sub office. other office supplies will be provided by AADA faryab office and main office* | | | | | | |
| 3.4 | Medical and non medical equipment for FATP | D | 2 | 2,113.00 | 1 | 100% | 4,226.00 |
| | *As the FATP is not considered in BPHS, the list is driven from Emergency FATPs; however, the list is subject to change considering the field reality and needs.* | | | | | | |
| | **Section Total** | | | | | | **10,202.00** |
| **Contractual Services** | | | | | | | |
| 4.1 | Vehicle rent for MHT | D | 1 | 1,250.00 | 12 | 100% | 15,000.00 |
| | *As the vehicle of the MHT travels to remote villages every day, therefore the cost is considered higher.*<br>*Although it is rental, however, the cost breakdown is as follow: 550USD for fuel, 200USD for maintenance, 300USD for driver, and 200USD for the owner of the vehicle.* | | | | | | |
| 4.2 | Vehicle rent for FATPs | D | 2 | 1,000.00 | 12 | 100% | 24,000.00 |
| | *The vehicle will be rented for the BHCs where the FATPs are located. The referral points are the nearest CHCs or DHs.* | | | | | | |
| 4.3 | Stock for commodities | D | 1 | 100.00 | 12 | 100% | 1,200.00 |
| | *The stock is for the commodities of the health facilities which will be distributed on monthly or quarterly bases. AADA will rent a room for this purpose in neighboring of its office in Faryab* | | | | | | |
| | **Section Total** | | | | | | **40,200.00** |
| **Travel** | | | | | | | |
| 5.1 | Aire fare | D | 1 | 500.00 | 2 | 100% | 1,000.00 |
| | *This is for the monitoring and supervision purposes from AADA main office* | | | | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 5.2 | Local travel | D | 1 | 100.00 | 24 | 100% | 2,400.00 |
| | *This is for supervision and monitoring of the health facilities by project field office, which is twice monthly. The team will use one vehicle for transportation. (2*50=100) The taxi charge is considered for $50.* | | | | | | |
| 5.3 | Perdiem | D | 2 | 20.00 | 24 | 100% | 960.00 |
| | *Perdiem is 20 USD per person per visit and is calculated for two person from project office.* | | | | | | |
| | **Section Total** | | | | | | **4,360.00** |
| **SubTotal** | | | 43.00 | | | | **180,049.00** |
| Direct | | | | | | | 162,449.00 |
| Support | | | | | | | 17,600.00 |
| **PSC Cost** | | | | | | | |
| PSC Cost Percent | | | | | | | 7% |
| PSC Amount | | | | | | | 12,603.43 |
| **Total Cost** | | | | | | | **192,652.43** |
| **Grand Total CHF Cost** | | | | | | | **192,652.43** |

**Project Locations**

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|---|---|---|---|---|---|---|---|
| | | Men | Women | Boys | Girls | Total | |
| Faryab -> Shirintagab | 20 | 2,722 | 2,833 | 2,227 | 2,318 | 10,100 | Activity 1.2.1 : Establish two FATPs in two BHCs, one in Qaisar and one in Sherintagab district of Faryab province<br>Activity 1.2.2 : Coordination meeting with Health Cluster, PPHD and community<br>Activity 1.2.3 : Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle,<br>Activity 1.2.4 : Regular supply of drug and consumable medical and none medical items to the facilities<br>Activity 1.2.5 : Conduct training on trauma care and management for the FATP and related BHC staff<br>Activity 1.2.6 : Supportive supervision and monitoring of the project activities<br>Activity 1.2.7 : Develop and submit required reports |
| Faryab -> Almar | 60 | 6,414 | 6,676 | 5,248 | 5,462 | 23,800 | Activity 1.1.1 : Establish one HSC in Ghalbala village of Almar district and one MHT in Almar district<br>Activity 1.1.2 : Coordination meeting with Health Cluster, PPHD and concerned community<br>Activity 1.1.3 : Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle for the MHT,<br>Activity 1.1.4 : Regular supply of drug and consumable medical and none medical items to the facilities<br>Activity 1.1.5 : Supportive supervision and monitoring of the project<br>Activity 1.1.6 : Conduct training and Orientation session for project staff<br>Activity 1.1.7 : Develop and submit required reports |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Faryab -> Qaysar | 20 | 3,584 | 3,731 | 2,933 | 3,052 | 13,300 | Activity 1.2.1 : Establish two FATPs in two BHCs, one in Qaisar and one in Sherintagab district of Faryab province<br>Activity 1.2.2 : Coordination meeting with Health Cluster, PPHD and community<br>Activity 1.2.3 : Operationalization of the health facilities i.e. Recruit staff considering all accepted HR rules and regulations, and perform training need assessment, procure, supply and install medical and non medical equipment, and rent vehicle,<br>Activity 1.2.4 : Regular supply of drug and consumable medical and none medical items to the facilities<br>Activity 1.2.5 : Conduct training on trauma care and management for the FATP and related BHC staff<br>Activity 1.2.6 : Supportive supervision and monitoring of the project activities<br>Activity 1.2.7 : Develop and submit required reports |

**Documents**

| Category Name | Document Description |
|---|---|
| Project Supporting Documents | CHF Afghanistan - Visibility and Communication Guidance.pdf |
| Project Supporting Documents | Call Centre - Contact List Template.xlsx |
| Project Supporting Documents | NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx |
| Project Supporting Documents | Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf |
| Budget Documents | To be deleted Medicine List for MHT.xls |
| Budget Documents | To be deleted Medicne List for SHC.xls |
| Budget Documents | To be deleted SHC and MHT Medical supply and equipment.xls |
| Signed Project documents | To be deleted Faryab PHD confirmation letter for white area.jpg |
| Project Supporting Documents | To be deleted Breakdown of Beneficiaries.xlsx |
| Signed Project documents | Faryab PHD confirmation letter for white area.jpg |
| Project Supporting Documents | Beneficiaries breakdown revised.xlsx |
| Project Supporting Documents | Almar MHT-SDP monthly schedule.docx |
| Budget Documents | 12.Feb.2012.pdf |
| Budget Documents | Cost Breakdown format for non BPHS health service providers - draft - 3.xlsx |
| Budget Documents | 2.1 in budget Medicine List for MHT Revised.xls |
| Budget Documents | 2.1 in budget Medicne List for SHC Revised.xls |
| Budget Documents | 2.3 and 3.1 and 3.2 in budget SHC and MHT Medical supply and equipment.xls |
| Budget Documents | Training plan & estimated budget for CHF project.docx |
| Budget Documents | FATP ME and supply.xls |
| Budget Documents | 2.4 and 3.4 FATP ME and supply.xls |
| Budget Documents | 2.2 Drug For FATP.xls |