OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Healthnet International and Transcultural Psychosocial Organization
Allocation Type :	2015 2nd CHF Standard Allocation / Call for Proposals

Primary Cluster	Sub Cluster	Percentage
PROTECTION		22.00
HEALTH		78.00
		100

Project Title :	Provision of life-saving psychosocial support and emergency primary health care services to the conflict induced IDPs of Kundoz province
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-15/3481/SA2/APC-H/INGO/422
Cluster :		**Project Budget in US$:**	316,917.09
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 :

HNTPO will provide life-saving psychosocial support and primary health care services to the IDPs affected by conflict, settled in 33 different areas in center of Kundoz province through establishment of 3 mobile health and 3 psychosocial teams which is in-line with the CHF allocation strategy for 2015. HNTPO is present in Afghanistan since 1996 and has long experience in the provision of health services including implementation of BPHS, EPHS, mobile health services, mental health, psycho-social support, trauma care and malaria control projects in different provinces of Afghanistan including Kundoz. HNTPO has pioneered mental health and psychosocial support in Afghanistan by implementing several projects offering these types of services, including to the refuges in Khost. HNTPO has also implemented the Community System Strengthening project in Kundoz province from 2011-2013. HNTPO will conduct initial psycho-social training where total of 256 counselors will be trained and deployed back in CHCs in 32 provinces of Afghanistan including 13 counselors for Kundoz through financial support of EC starting from January 2016.These experiences demonstrate that HNTPO is well-suited for the proposed project. HNTPO has been present in Kundoz province since 2002 implementing the Malaria control program and will remain so for the next several years. HNTPO is well aware about the local context and the IDPs in Kundoz that fled because of conflict since early 2015. A rapid assessment conducted by HNTPO in the IDPs settlement areas revealed that IDPs are suffering from infectious diseases (such as diarrhea and pneumonia), mental health problems, (immunization-preventable) childhood diseases and reproductive health problems. The assessment also found a high patient load of IDPs in BPHS HFs and limited resources and staffing to provide required services to the IDPs. The assessment thus found an urgent need for provision of mobile health services and psycho-social support, which will be addressed through the implementation of the proposed project. A total of 37,398 IDPs (14,889 men, 14,742 women,3,753 boys and 4,014 girls) settled in 33 areas in the center of Kundoz city and the Madrasa area of Ali Abad district are in need of health services and psychosocial support in their settlement areas which is also acknowledged by provincial stakeholders through support letters during the assessment. HNTPO has agreed with the BPHS implementer (SCI) that they will focus on FATPs as integrated approach in BPHS HFs while HNTPO will provide psycho-social and emergency PHC services to the IDPs settled in the center of Kundoz and Madrasa area of Aliabad district (where small IDPs camp is located and in need of mobile health services). All the activities are well coordinated with SCI through meetings in order to prevent duplication of services and to ensure the required services are provide to the IDPs where needed at provincial level. HNTPO will establish 3 mobile health teams having trained male and female workers and provide (emergency) PHC services on a daily basis including prevention, diagnosis and treatment of common diseases, referral of complicated cases to the regional hospital, conducting health/hygiene education, provision of FP, ANC,PNC, delivery care ,IMCI, nutrition and routine EPI services. The life-saving Psychosocial support is the second important component of the project and will be provided by 3 trained teams of male and female counselors. Used interventions include through support groups, discussion groups, psycho-education and case management for women and men, recreational activities for children and prevention of Gender-Based Violence (GBV). The project will also focus on community education, awareness raising, training local actors on how to respond to victims' needs and on the establishment of a referral system. The project will be managed by experienced staff with sufficient support from the Kabul office.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
14,900	14,749	3,753	4,014	37,416

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	14,889	14,742	3,753	4,014	37,398
Other	11	7	0	0	18

Indirect Beneficiaries :

The indirect beneficiaries of the project will be the total urban population of Kundoz city and the total urban and rural population of Aliabad district which consists of 194,800 people (CSO 2013) (including the 148,200 urban population of Kundoz with the breakdown of 72,000 males and 76,200 female and the 46,600 urban and rural population of Aliabad district with the breakdown of 23,000 male and 23,600 females) The 'other beneficiaries' mentioned in the above table represent staff members, who will receive 9 different types of training including TOT for psychosocial counselors, clinical management of the GBV survivors, HMIS/reporting system, family planning, public nutrition/common disease training, infection prevention, first aid and trauma care, supervision & monitoring and disaster management during the project period (11 male and 7 female staff).

Catchment Population:

The total catchments population is 194,800 including 95,000 male and 99,800 females (urban population of Kundoz city, urban and rural population of Aliabad district (CSO 2013) and all IDPs of the other districts settled in Kundoz city.

Link with allocation strategy :

Kundoz is one of the provinces where an increase in conflicts (both in terms of frequency and geographic spread) has been noticed in the first half of 2015. The conflict later even expanded to the urban areas of Kundoz city. All these conflicts generate displacements at provincial level. The number of conflict-induced IPDs in Kundoz province as per assessment report carried out late September 2015 shows a significant upsurge starting from April till September 2015 due to on-going armed clashes and operations in most of the districts of the province. The proposed intervention under the health and protection cluster envelops in the 2nd standard allocation in 2015 is in line with the main strategic objectives of this allocation, namely to provide life-saving humanitarian assistance to the targeted vulnerable displaced population affected by conflicts in under-served/white areas of North and North-East Afghanistan. Kundoz province is regarded as a top priority, both in Afghanistan's Protection Cluster and in Health Cluster, which further stresses the need for the intervention. The proposed intervention has two components:
1) Provision of life-saving primary health care services. This intervention includes FP, ANC,PNC, delivery care, Emergency obstetric and new born care (EmONC), child health and immunization services (EPI), integrated management of childhood illness (IMCI), provision of essential drugs, nutrition education, screening/detection and referral services to the Kundoz regional hospitals and health/hygiene education. This intervention will be implemented through 3 MHTs to the conflict-induced IDPs (Envelop 4, health strategic priority).
2) Provision of psycho-social services for the conflict-induced IDPs, settled in center of Kundoz province. Next to the provision of psycho-social services, a protective environment will be created in which both a GBV and a child protection in emergencies (CPiE) program can be implemented. The ultimate goal of the psycho-social intervention is to restore the dignity and psycho-social well-being of the vulnerable displaced population, particularly of children and of victims of GBV. (Envelope 1, strategic priority 2).
Both these components will contribute to the reduction of excess morbidity and mortality in the province. Worth to mention is that the recent spread of the conflict to the urban areas of Kundoz city in October 2015 may cause further IDP displacements which will need re-assessment of the intervention priorities at the start of the project in close coordination with all provincial stakeholders, in order to make sure a maximum number of conflict-induced IDPs in the center of Kundoz is covered by the emergency primary health care and psycho social support services.

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 :

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BACKGROUND

1. Humanitarian context analysis

Kunduz Province is located in the north-eastern region of Afghanistan, and consists of the following 6 districts: Ali Abad, Khanabad, Chahardara, Qala e Zal, Imam Sahib, Dasht e Archi and Kundoz city. The population of the province reaches to an estimated number of 972,200 people (CSO 2013). Different ethnicities such as Pashtoons, Tajiks, Ozbeks, Turkmans, Hazaras, Aimaq and Arabs are living there. The security of province was not stable during the last year and the recent intensification of the conflict started by the end of March from Gultepa area located in north-west side of Kundoz city and then spread to Chardara and other districts and the center of the Kundoz province. The families displaced due to the conflict from Imam Sahib, Chardara, Aliabad, Dashti Archi, Khanabad, Qala-e-zal and some areas of center of Kundoz have fled into the urban areas in the center of Kundoz province. A rapid assessment carried out by the HNTPO provincial team in Kundoz in the first week of September 2015 reveals that 37,398 IDPs (5,666 families) settled in the center of Kundoz city and in the Madrasa area of Aliabad districts are in urgent need of humanitarian life-saving assistance and support. There are several governmental and non-governmental organizations and UN agencies including UNHCR, WFP, NRC, GIZ and UNICEF present in the province, providing food and non-food items support to the IDPs in their settlement areas. However, the provision of health services to the settlement areas was found insufficient from the start of the conflict. There are no mobile health services and psychosocial services available for the IPDs at provincial level. A total of 32 areas in the center of Kundoz and one area in Aliabad district (Madrasa) were found in need for health service delivery and psycho social support. The recent situation in the first week of October 2015 is that the conflict has spread out of the urban areas of Kundoz city and the hostilities reportedly continue sporadically inside Kundoz city while the control of some areas remains contested. A rapidly deteriorating humanitarian situation is reported in the city, with a continued lack of access to food and water for many residents. Numerous civilian causalities have been reported, with a lack of access to the city making verification difficult. Citizens have reportedly left the city and have moved to neighboring provinces, with an estimated 150,000 people remaining in Kundoz city out of estimated 311600 urban and rural population of the Kundoz city. Humanitarians continue to have no safe access to Kundoz city for the delivery of aid. The status of operation of HFs in the area remains unclear. At present the Afghan security forces hold an operation in Kundoz city, which will hopefully lead to an improvement of the situation for local civilians.

2. Needs assessment

HNTPO is present in Kundoz province for the last 13 years and implemented a number of projects in coordination with provincial stakeholders. From 2002 till the present date HNTPO is implementing a Malaria control program in Kundoz and newly launched an EU funded project called 'Initial training for psycho-social counselors' tor all provinces of Afghanistan including Kundoz. In this project 13 psycho-social counselors from Kundoz will be trained for the duration of one year and will be deployed back to the CHCs in Kundoz where they will provide of psycho-social counseling services. From 2011 till 2013 HNTPO also implemented a Community Systems Strengthening project in Kundoz. The organization is an active member of PHCC and other coordination forums in the province. HNTPO is well aware of the local context and the situation of the conflict-induced IDPs in the province. HNTPO conducted an assessment through the provincial office team in Kundoz in the first week of September 2015 in accordance with the developed checklist and in close coordination with the stakeholders in the province, in order to identify the gaps for health services and humanitarian needs of the IDP population. The assessment team found a total of 37,398 IDPs (with the breakdown of 14,889 man, 14,742 women, 3,753 boys and 4,014 girls) displaced from their villages and currently settled in 33 different parts of the Kundoz city and in Madrasa area of Alibad district. The IDPs originated mainly from Imam Sahib, Ali Abad, Qalae Zal, Chardara, Archi, Khan Abad and from some villages of Kundoz city where the conflict was going on. The IDPs were spread out within the urban community where security was comparatively good. This was not the case in the Madrasa area of Ali Abad district where a total of 324 families of IDPs are settled and are in need for support including food, non-food items and access to PHC services and psycho social support. The assessment team noticed that the IDPs are in a transit situation, which changes day by day, and even that some families had repeatedly returned to their homes but then went back to the city of Kundoz because of the re-start of fighting in their living area. There were different organizations/UN agencies such as UNHCR, WFP, NRC, SCI and ACTED working in the province to provide aid to the IDPs, but a lack of required basic health services and psycho social support was found to be a major gap. The team also found that the health services within the BPHS health facilities are limited because of lack of resources and staffing challenges. As a result, these HFs have difficulties to deal with the extra caseload of IDPs. From the other side, the IDPs also expressed their problems to access quality health services. Because of security obstacles and their traumatized situation. The IDPs are found not only in need for health services but also for psychosocial support, as they are suffering from continuous conflict. The main health problems found under the IDPs were infectious diseases (such as childhood diarrhea and pneumonia), reproductive and maternal health problems and mental health problems. The referral system to higher levels or health care in the province was also found very weak. The team found 33 IPDs settlement areas in Kundoz city and Madrasa area of Ali bad will be selected as service delivery points to implement the above-mentioned health services, in coordination with stakeholders. As in the current situation the conflict even spreads to urban areas of Kundoz, mobile health services will be best fitted to provide the required health and protection services to the IPDs, which is also supported by most of the stakeholders in the province through official letters. Further IDP displacements in the upcoming period may need re-assessment and revision of service delivery points, in close coordination with UNHCR, WHO, the refugee's directorate, PPHD and the BPHS implementer. (refer to assessment report in doc tab for details)

3. Description Of Beneficiaries

The direct beneficiaries of the project will be total of 37,416 individuals including 37,398 IDPs settled in 33 urban areas of Kundoz city and Madrasa area of Aliabad district (with the breakdown of 14,889 men, 14,742 women 3,753 boys and 4,014 girls) and 18 staff who will receive different types of training during the project period, including 11 male staff and 7 female staff (refer for details of training to the training plan in document tab). HNTPO has identified these beneficiaries during pre-proposal assessment and in close coordination with provincial UNHCR, directorate of refugees and returnees, NRC and the local BPHS implementer. The total number of families is found as 5,566 families with an average family size of 7 persons (rounded up from 6.7). These IDPs originate from conflict-affected areas at the west of the center of Kundoz (42.8%), from Chardara district (39.6%), Imam Sahib (2.6%), Aliabad (5.2%), Khan Abad (7.8%), Archi (0.5%) and Qala-e-zal district (1.6%) fleeing into urban areas in the center of Kundoz. There might be more IDPs settled in the center of districts which are not included in the target group and who may have no problems to access the BPHS health facilities. The IDPs in the other districts will be covered by the BPHS implementer (SCI): SCI will also focus on trauma care services in the province. The indirect beneficiaries of the project will be the total urban population of Kundoz city and the urban and rural population of Aliabad district (for figures: see 'indirect beneficiaries'). Worth to be mentioned is that the number of beneficiaries may vary because of recent change in the security context in the province, which renders a re-assessment report and a revision of plans at the start of the project implementation, in close coordination with provincial stakeholders.

4. Grant Request Justification

Continuous conflicts for the last three decades have badly affected the country in every sector. Since the fall of Taliban regime in 2001, Afghanistan is in the process of rebuilding the health system but still faces key challenges in financing health services. Within the national budget, donor contributions represent 75% of total public expenditures on health, suggesting that health care priorities are largely donor dependent. The total health expenditure of 76% is contributed by public out of pocket payments (OOP). According to Afghanistan National Health Account, a total of 42 USD per capita per year is spent on health and households contribute 76% as Out of the Pocket spending (OOP) to the total health expenditure. In total, 91% of the developmental budget and 60% of government operation budget comes from donor contributions [Ministry of Finance 2011]. According to the WHO, the recommended primary health package in developing countries should cost about 38 USD per capita, while the official figure according to the BPHS 2010 policy document of the Ministry of Public Health, states that the current allocated budget for all components of the BPHS in the country is 4.96 USD per capita, which is way below the official WHO minimum recommended. On the other hand, BPHS is accessed by 57% of population living within one hour walking distance from the nearest health facilities. Next to that, the poor population spends annually a higher amount on health compared to the wealthy population ($10.00 vs. $8.40) accessing health care (Pilot study - Community health fund report MoPH 2009). With 57% population access to health services within an hour walking distance, leaves about 47% population who has difficulty to access health services due to remote geographical locations, insecurity and resource scarcity. The population of Kundoz province has also challenges to access to the BPHS health facilities, because the existing BPHS HFs in the province are already exhausted and are chronically lacking staff, particularly female staff, and medical supplies due to the limited budget, and the BPHS health system consequently fails to respond to the needs of IPDs. Information shared during a workshop held between GCMU/MoPH and the Health Cluster members at the 3rd of August 2015 showed that there are a total of 96,654 individuals in Imam Sahib district and 66,800 in the center of Kundoz who have access problems to the BPHS/EPHS health services. The on-going conflict in the province has continuously generated IDPs in the province settled in more than 30 locations in the center of Kundoz province, which increases the demand for mobile health.
The exit strategy of the HNTPO focuses on training/orientation of the districts CHC's staff on psychosocial counseling in order to enable them to continue the provision of psycho-social services to the affected population of the districts as well as to the IPDs who are returned back to their villages. HNTPO has also plan to conduct initial psycho-social training for 13 psycho-social counselors and deploy them back in CHC of Kundoz in close coordination with the local BPHS implementer through financial support of EC starting from January 2016 who will continue provision of the psycho-social services through BPHS health facilities. HNTP will closely coordinate the emergency PHC services with the local BPHS implementer as well to be continued after ending of this fund as we expect that most of the IPDs will be back to their homes in relevant districts.

5. Complementarity

HNTPO started the model for provision of primary health care services under the name of Health Care Support Program (HCSP) in Nangarhar since 1996 and expanded its operation to Khost and Paktya where BPHS and EPHS projects are implemented till end of June 2015. HNTPO currently implements EPHS in Nangarhar under SEHAT phase I and in Paktya under SEHAT phase II. In addition HN TPO is implementing mobile health services to the nomadic population of Kabul, Ghazni, Logar, Nangarhar and Kandahar province through 7 mobile health teams and financial support of WHO. HNTPO is present in Kundoz since 2002 implementing Malaria control program including malaria surveillance, research and house to house LLINs (bed nets) distribution. HNTPO is awarded the contract of psychosocial counselor's initial training for all provinces of Afghanistan where total of 13 psychosocial counselors will be training for Kundoz province as well starting from January 2016 for the duration of one year which will improve the psychosocial services in targeted CHCs of Kundoz province. HNTPO has also implemented community system strengthening and some other vertical projects in the province. HNTPO provides emergency trauma care services through Nangarhar and Paktya hospitals and primary health care services to the refugees of North Waziristan through 2 mobile and 2 static health facilities funded through CHF/UNOCHA under first standard allocation 2015. HNTPO was the first organization to provide health services to refugees of the Gullan camp in June 2014 until a fixed clinic was established by MSF and then taken over by ACTD. HNTPO implemented numbers of mental health and psycho social projects in different provinces of Afghanistan including psychosocial support interventions through WHO funding to the refugees of North Waziristan settled in Gullan camp of Khost province; this will also end in June 2015. The proposed project of psycho social support and provision of life saving primary health care services to the conflict induced IDPs of Kundoz province will fill the gaps of existing health care gaps and need for psycho social support. This project will cover the white areas and will complement the health service delivery needs in the province for IDPs which will improve the access to the health services and psychosocial support and consequently contribute in reducing of morbidity and mortality among the IDPs.

LOGICAL FRAMEWORK

Overall project objective

To reduce the conflict related deaths and impairments through provision of life-saving humanitarian assistance to the targeted vulnerable displaced population affected by conflict in Kundoz province by 1) Provision of emergency primary health care services by establishment of three mobile health teams and 2) provision of cost effective, culturally appropriate and sustainable life-saving psycho-social support to the IPDs in Kundoz province (to Improve Mental Health and Psycho-social status of IDPs through psycho-social interventions)

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	100

Contribution to Cluster/Sector Objectives : The proposed intervention of provision primary health care services to the IDPs are directly linked to strategic priority 1 of the health allocation envelop 4 which addresses life-saving primary health care services to the IDPs affected by conflict in Kundoz province. HNTPO will establish three well-equipped MHTs with trained male and female staff to provide primary health care services, including prevention, diagnosis and treatment of common diseases, provision of emergency obstetric and newborn care, ANC, PNC, FP, delivery care, IMCI, immunization and referral services to the IDPs settled in center of Kundoz province. The project will also collect HMIS and DEWS information from the target areas, which will be shared with the MoPH, which will contribute to disease surveillance and on-time response to the outbreaks. HNTPO has a long experience with provision of life-saving services to the IDPs and refugees in Afghanistan; currently it is providing emergency primary health care services to the refugees of North Waziristan settled in four districts of Khost province with satisfactory achievements. HNTPO will use this experience for the implementation of the proposed project in Kundoz province. The proposed intervention will improve access of IDPs to the health services which will contribute to reducing the mortality and morbidities among IDPs in the province.

Outcome 1

Mortality and morbidity among IDPs affected by conflict are reduced

Output 1.1

Description

Three well equipped mobile health teams are established for provision of emergency primary health care services to the 30919 Conflict-induced IPDs settled in center of Kundoz province and Madarasa area of Aliabad district based on daily schedule

Assumptions & Risks

Insecurity/Arm conflict in the areas
continue displacements
Returning of IPDs to their districts

Activities

Activity 1.1.1

Recruitment/mobilizing of clinical and management staff for MHTs (1 MD, 1 Midwife, 1 vaccinator, 1 health educator, support staff for each MHT and other project management staff)

Activity 1.1.2

Procurement and supply of medical and non-medical equipment and supplies to the MHTs on quarterly bases

Activity 1.1.3

Coordination with provincial stakeholders particularly with PPHD, local BPHS implementer and regional hospital staff for revision/updating of service delivery points, provision of emergency PHC services, referral of complicated cases to the regional hospital and others at least on quarterly bases.

Activity 1.1.4

Provision of daily life-saving emergency primary health care services to the IDPs based on monthly schedule

Activity 1.1.5

Participation in all coordination forums including PHCC and IDPs task force meeting in the province and UNOCHA partners meeting and health and protection cluster meetings at Kabul level

Activity 1.1.6

Conducting of training such as clinical management of GBV survivors, HMIS and reporting, family planning, infection prevention etc for mobile health team staff (8 male ad 3 female staff), please refer to training plan for more details in documents tab.

Activity 1.1.7

Ambulance/referral services from service delivery points(IDPs settlment areas) to the Kundoz regional hospital for complicated cases or the cases need higher level of hospital servcies

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of Mobile Health Teams/Psycho-soical teams established					3
Means of Verification : HMIS reports and registers, project reports, direct observation							
Indicator 1.1.2	HEALTH	Number of people served by emergency PHC/ Mobile health services					30,919
Means of Verification : HIMS reports and registers/project reports All targeted beneficiaries(100%) for emergency PHC services will receive at least one visit/health care during the one year period(Standard indicator of MoPH)							
Indicator 1.1.3	HEALTH	% of children < 2 vaccinated with Penta 3			389	389	778
Means of Verification : HIMS and EPI reports/Project reports The under two years childern is 8% of the targeted population (8% of 37398=2992), the MoPH target is 80% of them which become 2393.The midyear review 2015 carried out by health cluster from MHTs working in white areas shows 16% coverage. We have considered 10% increase which will be 26% of the target(778) including 387 boys and 387 girls							

Indicator 1.1.4	HEALTH	Number of deliveries attended by SBA at facility or by CHW at community level					209

Means of Verification : HMIS reports/project reports
The 4% of the total targeted population is pregnant women (4% of 37398= 1496 women), the MoPH target is 40% of them which comes 598 deliveries attended by skilled birth attendants. As per the The midyear review of 2015 by health cluster in white and IDPs/refugees settlement areas.it shows 4% coverage for delivery by MHTs as most of the deliveries occurs during off time. so we have considered 10% increase which become 14% (209) deliveries by SBA targeted by this project.

Indicator 1.1.5	HEALTH	Number of male and female MHT staff received different types of training					11

Means of Verification : Training reports, training pictures, trainees attendance sheets, project reports, direct observation during the training
The 11 staff includes 3 midwives, 3 MD doctors, 3 vaccinators, one health educator and one provincial officer/team leader for mobile health services.
The training include clinical case management of GBV cases,HMIS, Family planning,public nutrition and common disease, first aid and trauma care, infection prevention, supervision monitoring and disaster management. please refer to BoQ 2.6 as training plan for details in doc tab

Additional Targets : Additional targets will be the local community where the IDPs are settled.

PROTECTION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3. Support the creation of a protection-conducive environment to respond to protection needs and restore the dignity of particularly vulnerable displaced and other conflict-affected populations	3. Timely response to affected populations	100

Contribution to Cluster/Sector Objectives : HNTPO will address the priority areas in a culturally appropriate way, in line with what works in the country, based on the organization's experience and according to national policies and strategies including that of NAPWA and IASC. HNTPO will use its current staff at central level which has many years of experience in the subject while benefitting from the expertise of MoWA, MoPH and other stakeholders. The Resource Mapping and Mobilization (RMM) approach will be the key strategy within the proposed action. The RMM approach and is used to enable communities in fragile states to improve their overall health, wellbeing and resilience. The approach has been developed and adapted by HNTPO over the last years and has been used to work with conflict-affected groups of women in Afghanistan. Community mobilization is at the heart of the RMM approach. This is the process which facilitates the active participation of community members in achieving a collective goal, without being dependent on external or more powerful figures. The mobilization process focuses on the social functioning of the community as a whole. Existing community structures are reinforced and new ones are built to create social ties on multiple levels. Psychosocial support is provided to build the resilience and capacity of individuals involved in these structures. This aims to create an environment where community members can take control of their own wellbeing, and become fully involved in problem-solving and public service delivery. This is the foundation for developing more specific interventions and connecting to specialized services. Depending of the needs of the particular community, this foundation can develop in any number of directions and for this specific case towards reinforced advocacy for the rights of women and girls improved health and education etc. Proving Psychosocial support to women and men, awareness raising regarding GBV and Family violence, conducting recreational activities for children will contribute to the improving psychosocial well being of target population of IDPs in Kundoz city and as this purpose action is evidence base with IASC and Guidelines for Prevention and Response of UNHCR May 2013. These all interventions will contribute in cluster objective 3 which is timely response to the affected population in Kundoz province.

Outcome 1

Psycho-social well-being is improved among IDPs with a specific focus on women and children

Output 1.1

Description

Total of 3154 women, 2335 men, 500 girls and 490 boys received psycho-social support and care through psycho-social team based on daily schedule (The target is established based on the number of sessions, the available staff and duration of the project. please refer to revised/updated detailed calculation of the beneficiaries in doc tab)

Assumptions & Risks

Armed conflict in the targeted areas/population

Activities

Activity 1.1.1

Recruitment of qualified staff for psycho-social services provision
(Three male and three female Psycho-social counselors will be hired for the implementation of project psycho-social activities, these 6 counselors will be arranged in 3 teams of each male and female counselor and being part of each MHT)

Activity 1.1.2

Building network of support among stakeholders and NGOs through psycho-social team in the province for linking NGOs with the communities for improving access of the targeted community to the legal services and other basic needs

Activity 1.1.3

Establishment of 10 coordination committee within IDPs for implementation of Psycho-social activities (1 committee per 3700 IDPs in 10 IDPs settlement areas(9 in center of Kundoz and 1 in Madrasa area of Alibad), the committee will have at least 10 members of influential figures of IDPs)

Activity 1.1.4

Provision of psycho-social support services to the IDPs through conducing of support group sessions, discussion group sessions, individual case management, psycho-education and awareness rising

Activity 1.1.5

Conducting of orientation and awareness rising campaigns on GBV and family violence to the influential figures and IDPs

Activity 1.1.6

Conducting recreational activities for the children through providing sport facilities, storytelling and drawing

Activity 1.1.7

Conducting of TOT for psycho-social workers (4 male and 3 female)

Activity 1.1.8

Conducting of coordination meetings with NGOs and targeted communities (1 meeting per month with NGOs and two with the targeted communities)

Activity 1.1.9

Provision of psycho-social support, referral and registration of GBV cases

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	PROTECTION	Number of children affected by conflict and natural disasters receiving Emergency CP Services			490	500	990
Means of Verification : Monthly/quarterly reports, IDP task force meeting minutes, Direct observations The target is established based on the number of sessions, available staff and duration of the project. please refer to establishment of targets excel sheet in doc tab							
Indicator 1.1.2	PROTECTION	Number of men, boys, women, and girls benefiting from community sensitization sessions on GBV, CPiE, and PSS concerns and services.	2,335	3,154	490	500	6,479
Means of Verification : Project reports/ supervision monitoring reports/direct observation The target is established based on the number of sessions, available staff and duration of the project. please refer to establishment of targets excel sheet in doc tab							
Indicator 1.1.3	PROTECTION	Number of male and female psycho-social workers received TOT on psycho-social services provision					7
Means of Verification : Training reports, training pictures, trainees attendance sheets, project reports and direct observation from the training process. The number 7 includes 3 male and 3 female counselors and one team leader (the team leader will be responsible for both of MHT and psycho-social team, this is why considered for both type of training (clinical and psycho-social), refer to detailed beneficiary calculation in excel sheet in doc tab							
Indicator 1.1.4	PROTECTION	Number of meetings conducted with NGOs and with the targeted communities					33
Means of Verification : Minutes of meetings/project reports/pictures the meetings with targeted communities aim to coordinate the services and obtain their support for implementation as well as to increase their awareness on protection issues, GBV prevention, available services by psycho-social team and referral Meetings with the NGOs aims to link them with communities for access of community to the legal services and other basic needs. Each team will have at least one meeting per month which will come 3 meetings per month for the duration of 11 working months which total becomes 33 meetings.							
Indicator 1.1.5	PROTECTION	Number of reported GBV survivors provided with at least one of these services: medical, health, protection, legal, and psychosocial	0	14	0	14	28
Means of Verification : HMIS reports/psycho social services reports/project reports the average number of GBV registered cases per 100,000 female population is reported as 35 cases per year (EVAW implementation report 2014/MoWA), So the estimated number of GBV cases for 18763 female targeted IDPs(women and girls) would be estimated 7 cases per year. Looking to the high chance of unreported cases and vulnerability of female IDP population to the GBV, the estimated GBV cases is considered four times more (28 cases) as target till end of the year.							
Indicator 1.1.6	PROTECTION	Number of coordination committees established for implementation of psycho-social activities					10
Means of Verification : List of committee members, meeting minutes, project reports, meeting pictures, project reports : total of 10 committee will be established (one committee for estimated of 3700 IDPs) in 10 areas (9 in Central areas of Kundoz where IDPs are settled and 1 in Madrasa area of Aliabad). Each committee will have at least 10 members.							
Additional Targets : The additional targets of the project will be local community member where IDPs are settled.							

M & R

Monitoring & Reporting plan

HNTPO Monitoring and Evaluation Unit based in Kabul is responsible for coordinating M&E from project activities and also for developing and follow up of the project monitoring indicators. A specialized team is providing technical support to the program staff in developing and implementing national tools for monitoring of program progress. HNTPO will conduct an annual planning workshop together with community, PHD and other staff which will be the base for follow up meetings, workshops and monitoring. The project will be monitored at three levels: 1) At mobile health team level where the MHT in-charges will have the responsibility of daily monitoring of their relevant MHT staff performances, activities and quality health service and psychosocial health service delivery, b) at provincial level where project staff will monitor project sites on a monthly basis while c) the quarterly basis monitoring will take place from Kabul. At the end of each visit monitoring report which will include the strength, weakness and recommendation will be developed. A remedial action plan will also be developed and followed-up in subsequent visits. In addition joint monitoring with PPHD and other stakeholders will also take place from the project sites. HealthNet TPO will fully implement the UNOCHA “Remote Monitoring Guideline” and will facilitate the remote call monitoring for UNOCHA during the whole project period. All the required information as per the guideline will be provided to the UNOCHA and all the finding and gaps as a result of monitoring will be followed up by developing and implementation of remediation action plan where UNOCHA will be kept informed from progress. HNTPO is familiar with this system in OCHA other funded projects and will ensure proper implementation during the period. HealthNet will submit the technical and financial report based on agreed reporting calendar and will also provide adhoc reports as per request of UNOCHA and monthly updates to the relevant clusters..

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Recruitment of qualified staff for psycho-social services provision (Three male and three female Psycho-social counselors will be hired for the implementation of project psycho-social activities, these 6 counselors will be arranged in 3 teams of each male and female counselor and being part of each MHT)	2015												X
	2016												
Activity 1.1.1: Recruitment/mobilizing of clinical and management staff for MHTs (1 MD, 1 Midwife, 1 vaccinator, 1 health educator, support staff for each MHT and other project management staff)	2015												X
	2016												
Activity 1.1.2: Building network of support among stakeholders and NGOs through psycho-social team in the province for linking NGOs with the communities for improving access of the targeted community to the legal services and other basic needs	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Procurement and supply of medical and non-medical equipment and supplies to the MHTs on quarterly bases	2015												X
	2016	X			X				X				
Activity 1.1.3: Coordination with provincial stakeholders particularly with PPHD, local BPHS implementer and regional hospital staff for revision/updating of service delivery points, provision of emergency PHC services, referral of complicated cases to the regional hospital and others at least on quarterly bases.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Establishment of 10 coordination committee within IDPs for implementation of Psycho-social activities (1 committee per 3700 IDPs in 10 IDPs settlement areas(9 in center of Kundoz and 1 in Madrasa area of Alibad), the committee will have at least 10 members of influential figures of IDPs)	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4: Provision of daily life-saving emergency primary health care services to the IDPs based on monthly schedule	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4: Provision of psycho-social support services to the IDPs through conducing of support group sessions, discussion group sessions, individual case management, psycho-education and awareness rising	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.5: Conducting of orientation and awareness rising campaigns on GBV and family violence to the influential figures and IDPs	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.5: Participation in all coordination forums including PHCC and IDPs task force meeting in the province and UNOCHA partners meeting and health and protection cluster meetings at Kabul level	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.6: Conducting of training such as clinical management of GBV survivors, HMIS and reporting, family planning, infection prevention etc for mobile health team staff (8 male ad 3 female staff), please refer to training plan for more details in documents tab.	2015												
	2016	X	X	X	X	X	X	X	X				
Activity 1.1.6: Conducting recreational activities for the children through providing sport facilities, storytelling and drawing	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.7: Ambulance/referral services from service delivery points(IDPs settlment areas) to the Kundoz regional hospital for complicated cases or the cases need higher level of hospital servcies	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.7: Conducting of TOT for psycho-social workers (4 male and 3 female)	2015												X
	2016	X											

Activity 1.1.8: Conducting of coordination meetings with NGOs and targeted communities (1 meeting per month with NGOs and two with the targeted communities)	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.9: Provision of psycho-social support, referral and registration of GBV cases	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	

OTHER INFO

Accountability to Affected Populations

HNTPO has long time presence in Kundoz province implementing numerous of project in close coordination with provincial stakeholders and local community leaders. HNTPO currently implements the Malaria control program in Kundoz where mostly engaged with the local community and have good relation, understanding and support at central and districts level. HNTPO has already established coordination committees for distribution of bed nets within the community at each district level who were responsible for oversee and feedback of the project activities at field level. HNTPO has also facilitated joint monitoring visits with local community elders, provincial council members, PPHD staff and other involved organizations during the working period in Kundoz province.

HNTPO will establish a committee made up of key influential figures from target IDPs to have oversight of the MHT services and will continue to involve the local community elders/IDP representatives and provincial council members (optional) with an oversight role of the activities of the live-saving primary health care services and psychosocial support. The provincial health officer and MHTs in-charges will share updates on achievements, challenges with committee members and they will be invited to have quarterly monitoring of the project activities after each quarterly committee meeting.

The mechanism for receiving feedback from the community will be through a committee of key influential figures from the community who will play the role of bridge between the MHTs and community. They will be given an oversight role in the terms of references developed for the committee. The committee will serve as a means of transferring the feedback from community to MHTs and project staff to their quarterly meetings where the provincial officer, the MHT in-charges and committee members will participate. The project staff will share update and the committee members will provide feedback from the community on the service provided to them and also on the behavior of staff with the clients.

The meeting decision s will be recorded and followed up both by provincial and national staff of the project.

Implementation Plan

The proposed methodology for implementation of this project is based on experience and lessons learnt from providing life-saving primary health care services to the refugees of north Waziristan, provision of mobile health services to the nomadic population in five provinces of Afghanistan and different mental health and psycho social support projects implemented during the last years. HNTPO has clear knowledge of the humanitarian emergency needs of the IDPs in Kundoz and is prepared to use the exiting workforce and facilities in the province for smooth implementation for the project.
The project will be implemented in two phases: Phase 1) Inception phase which will last for 1.5months; recruiting/mobilization of existing staff for managing the project both at provincial and national level, training/orientation of staff for building their capacities, procurement of medical and non medical equipments, coordination with provincial stakeholders and signing of MoU with Kundoz regional hospital for referral of complicated cases for further treatment will be the main activities carried out during the inception phase. HNTPO in close coordination with the local BPHS implementer (SCI) and other stakeholders will have a re-look on services delivery points and will update it as per need and recent changes in order to make sure the maximum possible access of the IDPs to the life-saving services. Phase 2) Implementation phase (10.5m); HNTPO will continue provision of life-saving PHC and psycho social support services through 3 MHTs and 3 psycho social counselors of male and female in the province. These three MHTs and psycho social counselors' teams in Kundoz will continue provision of primary health care services and psycho social support to the IDPs settled in center of Kundoz province. HN TPO will make sure regular supply, supervision/monitoring and coordination with all stakeholders. All necessary medical and non-medical equipment needed for the MHTs will be provided, including drugs, medical supplies, and stationary and running costs of the MHTs. The 3 MHTs will be named as team A, B and C where each of the team will have already identified service delivery points and will reach the areas from morning and will continue provision of services as per monthly MHTs operation schedule. Each MHT team will have 1 MD, I midwife, one vaccinator and one health education for provision of PHC services and one male and one female psychosocial counselor for provision of psychosocial services .All the teams will have regular monthly coordination meetings in order to ensure proper utilization and coverage of the health services delivery in the area. HNTPO will participate in relevant coordination meetings both national and provincial level where the update of the project will be shared with the relevant stakeholders. The project activities will be monitored at three levels; 1) MHT level 2) Provincial level and 3) country office and HN TPO will also facilitate remote monitoring call for UNOCHA during the period. HNTPO will work on building local capacity for provision of services which lead to sustainability. HNTPO will share the reports based on agreed contract.

Insecurity will be one of the main challenge against health service delivery in the province where HNTPO will use it is experience of working in other insecure provinces such as Khost, Paktya and Nangarhar to ensure the smooth implementation of the project. The approach to deal with the security challenges will be but not limited to: 1) involvement of local community/IDP representative in provision of services 2) recruitment of local staff who have the required qualification and experience for service provision and 3) keeping impartiality and humanitarian assistance role. HNTPO will develop and implement the risk mitigation plan for health service delivery in coordination with the IPDs representatives during the start of the project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
PPHD	Provision of PHC and Psycho social services to the IDP, Attending PHCC meetings
UNHCR,NRC, Refugees directorate	IDPs settlement areas, health needs, attending IDPs Task Force meetings
UNOCHA/WHO regional offices	Facilitation of monitoring visits, planing and coordination of humanitarian assistance

Health Cluster/WHO	Coordination of health activiteis and humaniterian assistance, attending health cluster meetings
Protection Cluster	Coordination of protection activities, attending monthly protection cluster meetings
GBV sub cluster/UNFPA	Coordination of GBV actiities, sharing updates and attending monthly GBV sub cluster meetings
UNOCHA	Coordination, reporting, facilitation of remote monitoring calls, attending partners meetings etc
MoPH	Coordination of health activities, updates
Trauma Hospital Run by MSF	Referral of complicated surgery cases (MSF is running a trauma hospital in Kudoz city providing traumatology services mostly to the injured people. So HNTPO provincial team will sing a MoU and will have coordination for referral of cases to the hospital)
Save the children International (Local BPHS implementer)	HNTPO will have close coordination with the SCI for provision of primary health care and psycho social support services to the IDPs in the province. HNTPO will provide technical support to the SCI in term of training/orientation sessions to the clinical staff regarding psycho social services provision where needed. HNTPO will also support SCI for provision of quality trauma care services as per its experience in other provinces of Afghanistan and will facilitate the exchange visits to the trauma care center of Nangarhar managed by HNTPO. HNTPO will have monthly coordination meeting with SCI at provincial level and quarterly at country office level. the preproposal coordination meetings are also held in the province and at Kabul office level and it is agreed that HNTPO will target the IDPs settled in Kundoz city and Madrasa areas of Aliabad district for PHC and psychosocial support services while SCI will focus on FATPs as integrated approach in BPHS HFs and provision of PHC services to the IDPs in other districts. minute of coordination is uploaded in documents tab
Kundoz Regional Hospital	Referral coordination: HNTPO during pre-proposal assessment has found that the referral system was not available between the IDPs settlement ares to the health facilities and regional hospital. HNTPO will establish a referral system between 3 mobile health teams working for IDPs and Kundoz provincial hospital and MSF trauma hospital by start of the project through signing of MoU where the role of each party will be specified and the complicated cases needed for higher level intervention from IDPs will be referred to these two referral points for further treatment. the MHT team will have monthly coordination meeting with key staff of the hospital for coordination of referrals, feedback and improving the weak points in the future which will be properly recorded and followed up. HNTPO will utilize its three ambulances of MHTs for referral of the cases from community or IPDs settlement areas to the regional hospital using proper registration and referral sheet stools.

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

HNTPO identified the actual number of men, women, boys and girls who are in need to the services during pre-proposal assessment in the local areas, and found that all these categories will be equally benefit from the services considering the needs and cultural issues including privacy for females patients and the reproductive health services provision through female health workers. HNTPO has made sure the gender and age segregated data collection during pre-proposal assessment and has identified the needs for man, women, boys and girls. These needs are addressed during the developing of proposal and will make sure the gender mainstreaming is considered in the whole period of the project implementation to make sure every activity is gender sensitive and responsive to the humanitarian principles. Careful consideration will be made that gender markers of all interventions of the health and protection are designed to ensure gender equality and gender main streaming at all levels.
The proposed action contributes significantly to gender equality in the following ways: 1.Provision of services in culturally appropriate environment through female health workers and qualified female staff for women and boys, girls at risk(HNTPO will hire couples(male and female) for provision of psychosocial services and will prefer hiring the couples of health worker for MHT services as well). 2. Provision of specific training/workshops for female health staff enabling them to i) provide basic reproductive health services including delivery, ii) identify risk factor and symptom of gender and iii) to provide basic skill to translate discriminatory patterns in practical advice and coping skills iv) to provide required services and clinical care for the survivors of GBV. 3) Provide indiscriminately services to IDPs in Kundoz province through female services providers to ensure that gender equity is considered in the intervention design and implementation. Equal opportunity for capacity building for male and female health workers as well as keeping a decent balance between male and female management staff in office are key consideration will be made.
The service delivery points (SDP) will be established in each selected/targeted area in close coordination with the local community/IDPs representatives, these service delivery points will be in areas where all IDPs can have easy access such as in public areas or in the Masjids. The female health worker will provide the service in separate areas with privacy where women can have easy access to the services.
The project will have neutral impact on the environment. The psycho-social services will be provided to the IDPs through counseling sessions and discussion groups at community level. The mobile health teams during health service delivery will implement the infection prevention and waste disposal guidance and instructions including use of personal protection equipments (PPE), proper waste segregation and disposal in order to make sure there will be no any negative effect in the environment.

Protection Mainstreaming

The proposed life-saving emergency PHC and psycho social support project is designed as such that it targets the IDPs settled in 33 areas of Kundoz city and Madrasa area of Aliabad district in order to provide them life-saving psycho social support aside to the PHC services. IDPs that have left their own places, their house, separated from family are subjected to traumatic situations where they do not have access to proper health services, food, water, very often suffer from Mental Health and Psycho Social problems. Addressing Psycho Social issues, raising awareness and learning how to cope is essential for people in this situation. Stigma and being unfamiliar with MH and PS issues has to be addressed. Within the group of IDPs, women and children are the most at risk and need specific attention and protection.
HNTPO has long term experience in the context of Afghanistan with Mental health and psycho social services and will use this experience for the implementation of the project activities in order to achieve the best outcome for the IDPs in Kundoz Province.
The proposed action will focus on provision of services in culturally appropriate environment through female staff preferably couples, provision of specific training for female staff enabling them to manage all kind of gender based violence and provision of psychosocial services and to provide indiscriminately the services for affected community in Kunduz province. The proposed action of providing psychosocial services will focus on all categories. Total of 18763 girls and women will received emergency PHC services and 3154 women, 2335 men, 490 boys and 500 girls will benefit from the psychosocial support services.
HNTPO will make sure all the staff who are providing psycho-social services are qualified and implement all principles of the counseling during provision of services including consent of the beneficiary and confidentiality of information. HNTPO will ensure adherence to all principles of psycho-social and PHC services provision particularly to the females considering the local context in Kundoz province.
All men, women, girls and boys will have equal access to the services through having male and female staff, separate service delivery points by male and female staff ,privacy and confidentiality throughout the project period
HNTPO will attend protection cluster meetings on regular bases and will provide monthly update to the cluster from the servcies provided in Kundoz province.

Country Specific Information

Safety and Security

HN TPO has standard safety and security operation procedures where all measures regarding safety of its staff and its premises are being considered. HN TPO has a security department leady by security in-charge and has focal person in each and every province. The staff is being advised by them before movement to provinces and from provinces to field. The security and safety is the top priority for the organization employee and premises HN TPO, as an organization, claims sole responsibility to determine the possibility and need to work in tension areas and war-zones and the acceptability of the ensuing risks. We must ensure the provision of risk minimizing measures through the devising of adequate security plans and the promotion of active awareness amongst the team-members by the responsible field and Headquarters Managers.

HN TPO obliges itself to clarify relevant risks to volunteers, provide proper security measures and appropriate insurance conditions. The responsibility for the implementation of HN TPO's security policy lies with the Operational Directors at Headquarters and Head of Mission Afghanistan and applies to all HN TPO projects in Afghanistan The Head of Mission of HN TPO and the Afghanistan Management Board (AMB) may at all times decide to diminish, suspend or terminate (intended) project activities when security risks are considered too high or if risk minimizing measures are considered unacceptable, decisions which at all times must be strictly followed by all HN TPO staff.

Providing safe and secure working environment and maintaining continuity of employment is of continual concern. In this regard, it is important that adequate policies and procedure be developed and adhered to in order to ensure safe, secure working environment and efficient operating conditions, thereby safeguarding employees and facilities. HN TPO will not knowingly permit unsafe conditions to exists, nor will it permit employees to indulge in unsafe acts. Violations of HN TPO's rules and regulations will result in disciplinary action. HN TPO believes that the safety and security of employees and physical property can best be ensured by a meaningful program:

Access

The proposed MHTs and psychos social support teams will improve access through provision of daily life-saving emergency services and referrals through ambulances to the higher level of hospitals in the province. HNI-TPO will continue the emergency primary health services to the IDPs in selected areas where IPDs are thickly settled in consultation with UNHCR, PPHD and other stakeholders. The MHTs will be equipped and staffed by male and female staff and will be assign to provide emergency primary health care at the door step of target IDPs. Improved coordination between MHTs and regional hospital and DHs in the province will be established for two way referrals which will improve the access to the services at provincial level particularly with the IDPs.

HealthNetTPO will develop winterization plan before winter is coming in close coordination with the provincial team and BPHS implementer in the province which includes provision of 6 months drug kit supply to all MHTs in the province and provision of other medical and non-medical supplies for smooth running of the project. However, the harsh winter is not reported from Kundoz targeted areas to cause blockage of roads but HNTPO will make sure preparation is carried out and sufficient supply is available to enable the team to continue services provision in the province.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Head Of Mission	S	1	8,200.00	12	10%	9,840.00
	For guidance, technical support and ensuring the organization procedures application and follow up. 10% of his contracted salary will be charged to this project. The amount include only salary.						
1.2	Deputy Head Of Mission	S	1	4,000.00	12	10%	4,800.00
	He is doing overall follow up of implementation and ensuring that the donors requirements. (10% of salary)The amount include only salary.						
1.3	Program Manager	D	1	3,081.00	12	10%	3,697.20
	Responsible for technical assistance, guidance and support to the staff(10% of salary)The amount include only salary.						
1.4	Finance Director	S	1	2,500.00	12	10%	3,000.00
	Responsible for ensuring the organization and donors policies are applied in financial management of the project. 10% of salary						
1.5	Project Manager	D	1	2,000.00	6	100%	12,000.00
	Responsible for overall management of the project including supervision, monitoring, reporting and coordination and technical support to the staff for better performance. He is also responsible to liaise, communicate and coordinate with donor, MoPH and other relevant organs. He is charged 100% to CHF 1st Standard allocation grant under the contract with HNI-TPO till 13th of May 2016. So he will be charged from 13th of May 2016 onward till end of project and will be responsible to manage all aspect of the projects.						
1.6	Finance Coordinator (Project Finance focal point)	S	1	1,400.00	6	100%	8,400.00
	Responsible for project financial reporting and management.He will also conduct regular supervision and monitoring from project offices/service delivery points in order to ensure financial proper financial documents, application of HNI-TPO financial requirements/procedure and ensuring each transaction is made according to project approved budget. He is charged to CHF 1st Standard allocation grant under the contract with HNI-TPO till 13th of May 2016.So he will be charged only for 6 months from June 2016 onward till end of proposed project period which is Nov 2016.						
1.7	Head of HR	S	1	1,000.00	12	10%	1,200.00
	Head of HR will be responsible for overall human resource management of the project including hiring, orientation, filling, record and other HR related issues. She will be also responsible for the support of staff on HR issues in the province through regular visits. She will be charged only 10%						
1.8	Admin/Logistic Manager	S	1	1,200.00	12	10%	1,440.00
	Admin/logistic Manager will be responsible for administrative and logistic activities of the project. He will conduct regular visit from service delivery points and will ensure administrative and logistic activities including project inventory. He will make sure all the procurement is in line with the HNTPO and donor policy. he will be charged 10%						
1.9	Pharmacy Manager	D	1	700.00	12	10%	840.00
	Pharmacy manager will be responsible for pharmaceutical management of the project. He will be responsible for processing/follow up of pharmacy orders, make sure the MoPH and donor requirements on procurement and regular supply to service delivery points, pharmacy reporting. He will be charged only 10% to this project.						
1.10	Support Staff Kabul office	S	2	250.00	12	50%	3,000.00
	1 guard/cleaner and one driver will provide support to the project implementation including monitoring missions and support to the project staff based in Kabul office working for the CHF project. they will be charged 50% of their monthly salary.						
1.11	Management staff benefits	S	1	500.00	12	100%	6,000.00

	As per HNI-TPO Policy, the staff are entitle to receive benefits such as Eid allowance, medical allowance, severance pay etc. Based HN TPO policy each management staff is entitle for receiving 13th month salary, which constitute 8.3% increase per month, 2000 AFN Eid bonus, 600 AFN medical allowance, 1000 AFN capital allowance but we have considered minimum to keep the HR cost as below as possible. P Lease refer to BoQ 1.11 for details						
1.12	Provincial health Officer/Team leader Kundoz	D	1	800.00	11	100%	8,800.00
	Responsible for overall Management, supervision, coordination and reporting of MHTs and psychosocial support team in Kundoz province. He/She will conduct regular supervision from MHTs and psycho-social team, liaise communicate with provincial stakeholders and develop/submit reports. His salary is considered for 11 months as he is covered by other project till end of the year 2015.						
1.13	Provincial Psycho-social Counselor/Trainer	D	6	400.00	11	100%	26,400.00
	HNTPO will hire total of 6 psycho-social counselors by start of the project including 3 male and 3 females led by team leader. They will receive TOT by and then will be responsible for provision of psycho-social services in the targeted areas of the IDPs based on monthly schedule. They will also conduct training on GBV and family violence and facilitate recreational activities to the children at targeted areas level.						
1.14	Provincial Admin/Finance Officer	D	1	400.00	11	100%	4,400.00
	Admin finance officer will be responsible for day to day administrative and financial issues of the project in Kundoz province. he will be also responsible for financial control, tracking, recording and reporting system at provincial level. he will be charged only for 11 months as he is charged for one month in other project till end of the year 2015						
1.15	Medical Doctors (MD)	D	3	550.00	11	100%	18,150.00
	HNTPO will hire total of 3 MDs for 3 Mobile health team (one for each) will be responsible for provision life-saving primary and secondary health services to the IPDs and host communities based on monthly plan on regular bases. He will be also team leader of the mobile health team responsible for performance follow up of other MHT staff, coordination with local communities, provision of on the job training to subordinates and monthly reporting						
1.16	Midwife	D	3	600.00	11	100%	19,800.00
	HNTPO will hire total of 3 midwives one for each MHTs responsible for provision of maternal and child health care services on regular bases in mobile health facility including delivery services, ante natal, natal, family planning and other MCH related services and health education						
1.17	Vaccinator	D	3	200.00	11	100%	6,600.00
	Total of 3 vaccinators will be hired as one vaccinator for each mobile health team responsible for provision of EPI Services including BCG, polio, measles, penta as per routine EPI plan.						
1.18	Health Educator	D	3	200.00	11	100%	6,600.00
	Total of 3 as one Health Education for each of MHTs will be hired for the provision of health and hygiene education to the clients on daily bases on topics such as immunization, communicable diseases, hygiene, nutrition, utilization of health services particularly MCH and EPI services and other topics based on need and health situation.						
1.19	Guard/Cleaners	S	4	200.00	11	100%	8,800.00
	Total of 4 guard/cleaner for MHTs will be hired to provide support to the MHT and psycho-social support services for daily health services provision, guarding and administrative support .						
1.20	M&E Officer	D	1	700.00	11	100%	7,700.00
	Monitoring and evaluations Officer will conduct regular supportive supervision/monitoring from service delivery points in Kundoz province. He/She will provide technical support/feedback for improvement. He/she will make sure the project is running according to the set objectives action plan.						
	Section Total						**161,467.20**
Supplies, Commodities, Materials							
2.1	Stationary for Mobile Health Teams (MHTs) and Psycho-social teams	D	3	80.00	12	100%	2,880.00
	Stationary include pens, pencils, note books, white paper etc mobile health teams						
2.2	Office Supply for MHTs and psycho-social support office Kundoz	D	1	45.00	12	100%	540.00
	Office supplies including cleaning materials/supplies to MHTs and psychosocial support team on monthly bases						
2.3	Essential Drugs for MHTs	D	3	1,512.50	4	100%	18,150.00
	1512.5 USD is allocated per quarter per MHT that include the essential medicine which is based on HNTPO experience in implementation of MHTs, local need and assessment report/recommendation of the team. HealthNet TPO will procure the medicine on quarterly bases from quality suppliers in the country and will make sure sufficient supply and drugs are available for daily use as well as buffer stock to cover unexpected emergencies						
2.4	Medical Supplies for MHTs	D	3	825.00	4	100%	9,900.00

	825 USD is allocated per quarter per MHT that include the medical supplies (Gauze, canulae, payodin, suture, bandage etc). This is based on HNTPO experience in implementation of MHTs, local need and assessment report/recommendation of the team. HNTPO will procure the medicine on quarterly bases from quality suppliers in the country and will make sure sufficient supply and drugs are available for daily use as well as buffer stock to cover unexpected emergencies						
2.5	HMIS/Reporting tools	D	3	40.00	11	100%	1,320.00
	HMIS tools include MIAR , OPD registers , ANC, PNC, Family planing and delivery registers, referrals sheets, and other official MoPH reporting/recording tools/format for each MHT and psycho-social team						
2.6	Trainings	D	1	2,880.00	6	100%	17,280.00
	Total of 9 training session of 9 topics for MHT staff including TOT for Psycho-social staff where total of 18 staff (11 male and 7 female) will be trained during the project period in different topics. One staff may attend more than one training, so the estimated number of attendants/participants will come around 86 including 51 male and 35 females. These trainings include TOT on counselling for psycho social counselors, clinical management of gender based violence survivors, HMIS recording and reporting, family planning for midwifes, public nutrition and treatment of common diseases including referral, first aid and trauma care, infection prevention , supervision monitoring and disaster management training which are selected based on need and requirements of the project. HNI-TPO training department will facilitate and manage these trainings during the project period. The average cost of the training is estimated as 2880 USD per month in the first six months targeted for the training which includes training food, refreshment, transportation, Mahram for female staff and per diem. (Please refer to the BoQ 2.6 for details uploaded in documents tabs)						
2.7	Orientations and awareness rising sessions/gathering for GBV and other PSS activities	D	1	580.00	11	100%	6,380.00
	Orientation and awareness rising sessions and recreational activities to the children, which will be conducted at community level to the key influential figures and IPDs through psycho social team. An average of 43 sessions is planned per month where 122 influential figures will receive orientation/awareness rising during the period of one month with average cost of 580 USD per month. This cost includes refreshment and stationary during training and stationary/note book for GBV awareness session participants and stationary for recreational activities of the children.						
	Section Total						**56,450.00**
Equipment							
3.1	IT Equipments	S	1	4,700.00	1	100%	4,700.00
	2 Lap top computers (1 for provincial officer and one for admin/finance officer of Kundoz, 2 printers for Kundoz MHT office, 1 digital camera for photography of services and one photocopy machine for copy of monthly reports in MHT office will be procured and supplied. The rest staff of psycho-social team and mobile health team will provided computers and other facilities as available in HNI-TPO provincial office as contribution for smooth running of this project.(Contribution to this will include 2 computers, office furniture, furnishing and others) please refere to BoQ 3.1 for details						
3.2	Non-Medical Equipment/Furniture for MHTs/Psycho-social teams	D	3	950.00	1	100%	2,850.00
	Non medical equipment/furniture for MHTs includes folding desks, tables, chairs, dust bins etc). The estimation is made based on needed items/furniture in mobile health teams particularly during 5-6 hours stay in villages or IDPs camps for provision of life-saving services. This equipment also includes equipment for recreational activities to the children under psycho-social support.						
3.3	Medical Equipmens for MHTs	D	3	850.00	1	100%	2,550.00
	Medical equipment for MHTs includes BP sets, stethoscope, thermometer, otoscope, autoclave, suture sets, delivery table, delivery set, minor suture set etc). These all equipments will be needed based on scope of work and type of services delivery for each mobile health team.						
	Section Total						**10,100.00**
Contractual Services							
4.1	Rental Ambulance for MHTs/Psychosocial team	D	3	900.00	11	100%	29,700.00
	Each mobile health team will have one ambulance for reaching the targeted community/IDP camps for provision of mobile health and psycho-social services on daily bases as well as will be used for the referral of emergency cases including complicated delivery cases to the higher level of services/hospitals in the province. this cost will include rent of ambulance, driver salary and fuel/maintenance						
4.2	Rental house for MHT/PSS teams stock and parking of ambulances	D	1	650.00	11	100%	7,150.00
	HN-TPO will rent a house close to its provincial office for parking of MHTs Ambulances and stock of drugs, medical supplies, stationary and others as HNI-TPO existing provincial office has the limited space for vehicle parking and stock. This rented office will be used only for this project in order to make sure that 3 ambulances are parked saved during the night and there is sufficient space for stock of at least 6 months drugs, medical and none medical supplies to ensure smooth implementation of the project.						
	Section Total						**36,850.00**
Travel							
5.1	Transportation cost of MHT/Psycho-social staff	D	3	25.00	11	100%	825.00
	Transportation cost of MHT/PSS staff for attending meetings, workshops, coordination forums and submission of reports. estimated 3 staff of MHTs/PSS per month is considered for transportation cost of an average 25 USD per round travel.						
5.2	Travel perdiem and accommodation Cost of supervisors/monitors of HNI-TPO	D	3	180.00	4	100%	2,160.00

	An average of 3 staff from technical, procurement and finance departments per quarter is planned for visit from Kundoz province which total comes 12 person during the period. each staff is considered for average of 5 days in mission. the cost above include accommodation and perdiem for the staff during the mission. So 10 USD per day as perdiem for 5 days comes 50 USD and 26 USD (average of 1600 Afs) per night as accommodation for of 5 days comes 130 USD(130 USD accommodation+ 50 USD perdiem=180 USD/Person)						
5.3	Aire fare cost	D	3	220.00	4	100%	2,640.00
	Air fare cost of staff for supervision and monitoring from kundoz province by Kabul office team.an average total of 3 staff from technical, procurement and finance department per quarter is planned for visit from Kundoz province						
	Section Total						**5,625.00**
General Operating and Other Direct Costs							
7.1	Utilities (Electricity, fuel, Gas) MHT/PSS	S	1	240.00	12	100%	2,880.00
	Utilities cost of Kundoz office working for MHTs and psychos-social support						
7.2	Winter heating cost MHT/PSS	S	3	140.00	4	100%	1,680.00
	Winter heating cost of MHTs and PSS team						
7.3	Communication cost Project Staff	S	8	20.00	12	100%	1,920.00
	Communication cost of the project/MHT/PSS staff during the project period including project manager, finance coordinator, M&E Officer, provincial team leader, MHT in-charges-3 and provincial admin finance officer with an average of 20 USD per month (8 Staff). This communication cost include phone top up card and internet.						
7.4	Communication cost of Kabul office 10%	S	7	280.00	12	10%	2,352.00
	Communication cost of Kabul country management team working for the project (10%) only for 7 staff)						
7.5	Vehicles fuel and maintenance Kabul	S	2	280.00	12	100%	6,720.00
	*The average utilization of vehicle per month is 1265 KM, the average fuel consumption is 1 litter/5 KM and the average one litter fuel cost is considered as 0.83 USD (1265 km/5=253 liter fuel/month, 253 liter fuel*0.83 USD= 210 USD/month).* *The average mobleoil cost per vehicle per month is 40 USD and the average minor repair cost is per vehicel per month is 30 USD (Grand total is 210 USD fuel+ 40 USD mobile oil+ 30 minor repair= 280 USD)* *these vehicles will used for Supervision/monitoring of service delivery sites and office use/attending meetings*						
7.6	Utilities Kabul office 10%	S	1	650.00	12	10%	780.00
	Utilities include Gas, water, electricity)for Kabul office based project staff. 10% will be charged.						
7.7	Winter heating cost of Kabul office 10%	S	1	450.00	4	10%	180.00
	Winter heating cost of Kabul office only 10% will be charged as key management staff of the project will be based in Kabul office.						
7.8	Office Supply Kabul office 10%	S	1	350.00	12	10%	420.00
	Office Supply including cleaning materials for Kabul office, 10% will be charged						
7.9	Office rent Kabul office 10%	S	1	5,000.00	12	10%	6,000.00
	Office Rent Kabul office 10%						
7.10	Stationary Kabul office	S	1	50.00	12	100%	600.00
	Stationary include pen, pencil, note book for Kabul office project management staff						
7.11	Internet Cost Kabul office 10%	S	1	1,200.00	12	10%	1,440.00
	Internet cost of Kabul office (10%) as key managment staff of the project will be based in Kabul						
7.12	Repair and Maintenance	S	1	60.00	12	100%	720.00

	Repair and maintenance of building, equipment and furniture			
	Section Total			**25,692.00**
SubTotal		100.00		**296,184.20**
Direct				219,312.20
Support				76,872.00
PSC Cost				
PSC Cost Percent				7%
PSC Amount				20,732.89
Total Cost				**316,917.09**
Grand Total CHF Cost				**316,917.09**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kunduz -> Kunduz	90	13,993	13,842	3,527	3,788	35,150	
Kunduz -> Aliabad	10	907	906	227	226	2,266	

Documents

Category Name	Document Description
Project Supporting Documents	PPHD Support letter for Need of MHTs in Kundoz.jpg
Project Supporting Documents	Official Request of Kundoz DoRR for provision of health services to the IDPs from HNTPO.jpg
Project Supporting Documents	IPDs Rep request for MHTs Kundoz.jpg
Project Supporting Documents	Dari Meeting minutes of EPR team in Kundoz Requeting for MHTs.jpg
Project Supporting Documents	Calculation of Benificiaries.xlsx
Project Supporting Documents	List of IPDs Areas Center of Kundoz Part-1.xlsx
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Final Assesment Report Kundoz Sept 2015 HNI-TPO.pdf
Project Supporting Documents	Detailed Calculation of Benificiaries Code-442.xlsx
Project Supporting Documents	Schedule for MHT Operation-Code 442.xlsx
Project Supporting Documents	Service Delivery Points(SDP) Kundoz City-Code 442.xlsx
Project Supporting Documents	BoQ line 2.3 Essential drugs for MHTs.xls
Project Supporting Documents	BoQ line 2.4 Medical Supplies MHTs.xls
Project Supporting Documents	BoQ line 2.6 Training Plan Kundoz MHT-PSS Code 442.xlsx
Project Supporting Documents	BoQ line 3.1 IT Equipments.xlsx
Project Supporting Documents	BoQ Line 2.1 Stationary Kit MHTs.xls
Project Supporting Documents	BoQ Line 2.5 HMIS Kit MHTs.xls

Project Supporting Documents	BoQ 2.2 Office Supplies MHT.xls
Project Supporting Documents	BoQ line 2.7 Orientations of PSS team.xlsx
Project Supporting Documents	BoQ 1.11 Management Benefits.xls
Project Supporting Documents	BoQ 3.2 Non Medical Equipments.xlsx
Project Supporting Documents	BoQ line 3.3 Medical Equipments MHT.xlsx
Project Supporting Documents	HNI-TPO Beneficary breakdown CHF 2nd SA 2015 Kundoz CODE-442.xlsx
Project Supporting Documents	Coordination meeting of HNTPO and SCI on CHF 2nd allocation for health in Kunduz.pdf
Project Supporting Documents	Reply to Comments on CHF proposal 20 Oct 2015.docx
Project Supporting Documents	Coordination between HNTPO and SCI on 18th Oct 2015.pdf
Project Supporting Documents	Coordination meeting minutes with GCMU-MoPH.pdf
Project Supporting Documents	Establishment of targets Code-442.xlsx
Project Supporting Documents	Revised-BoQ 2.7 Orientations of PSS team.xlsx
Project Supporting Documents	BoQ 7.5 Fuel and Maintanance.xlsx
Project Supporting Documents	Revised-2 -BoQ 2.7 Orientations of PSS team.xlsx
Project Supporting Documents	Registration form of MoPH(english).pdf
Project Supporting Documents	REPLY-2 of Comments Full Prop 20 Oct.docx