OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	International Organization for Migration
Allocation Type :	2022 1st Reserve Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Emergency response to COVID-19 and infectious disease outbreaks including measles and acute watery diarrhoea (AWD) in target high-risk districts of Afghanistan's provinces (Kandahar, Herat ,Helmand, Balkh and Kunduz)
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-22/3481/RA1/H/UN/21607
Cluster :		**Project Budget in US$:**	1,977,148.46
Planned project duration :	6 Months	**Priority:**	
Planned Start Date :	10/04/2022	**Planned End Date :**	09/09/2022
Actual Start Date:	01/07/2022	**Actual End Date:**	31/12/2022

Project Summary :

This proposed project, in line with the humanitarian's priorities within the framework of the Afghanistan multi-year HRP (2022) will contribute, in coordination and partnership with WHO, the Ministry of Public Health and others relevant health cluster actors, to the reduction of morbidity and mortality of vulnerable Afghans in the areas of highest needs. This includes underserved mobile and some of the hardest-to-reach locations in epidemic-prone disease (EPD) high-risk districts along target border provinces in Afghanistan.

This project is also in line with health cluster response priorities to ensure timely, equitable lifesaving health care is provided to people in need, through a holistic approach to humanitarian health assistance that also enables the health system to perform its essential functions, respond to emergencies, prevent, detect and respond to outbreaks of Epidemic Prone Disease (EPD)_ and protect the health of vulnerable populations.

Building on existing IOM Migration Health programming and in coordination with the Health Cluster (HC) sub-regional teams in targeted provinces, this project will specifically support:

• COVID-19 response and case management, including support to 2 COVID-19 hospitals (Kandahar and Nimroz), as well as the provision of COVID-19 vaccination, risk communication and community engagement (RCCE) on EPD (COVID-19, Acute Watery Diarrhoea (AWD), measles, Crimean-Congo hemorrhagic fever (CCHF), Dengue Fever), including demand generation for vaccines and awareness raising in Kandahar and Nimroz provinces.

• Integrated Infectious diseases outbreak response (e.g., AWD, measles, CCHF, Dengue Fever) with the particular with the focus on measles and AWD through 12 Rapid Response Teams (RRTs), deployed in four provinces (Kandahar, Helmand, Balkh and Kunduz) and the support for the functioning of a Cholera Treatment Center (CTC) at Comprehensive Health Center (CHC) level in Kandahar. Whilst a particular focus will be placed on screening for AWD and measles, RRT staff will also (where possible and feasible) screen for other infectious diseases, including COVID-19 and make referrals as appropriate.

These targeted provinces, selected as priority areas by the HC for further expansion of intervention coverage in 2022, are characterized by high return and displacement and are among the 15 identified with extreme severity of needs based on overall severity ranking (according to inter cluster-need prioritization, Sept-Dec 2021). IOM stands ready to strengthen public health response capacities to save lives, while addressing migration and displacement drivers and mitigating mid-term impacts of the crisis in Afghanistan.

The preparatory period for the project will be minimal as almost all arrangements (staff, building, equipment etc.) are already in place. As support for COVID-19 hospitals is mainly justified by current epidemiological trends in a context of lack of sustainable funding, IOM, in consultation with the Health Cluster, may consider rescheduling any available balance in the event of a favorable change, inclusive of the resumption of World Bank funding tentatively expected in July.

The project targets a total of 816,390 persons.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
291,860	238,794	157,155	128,581	816,390

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	145,086	118,706	78,123	63,919	405,834
Internally Displaced People	128,756	105,346	69,330	56,724	360,156
Refugees	1,287	1,053	693	567	3,600
Returnees	16,731	13,689	9,009	7,371	46,800

Indirect Beneficiaries :

Throughout the course of the project, through robust preventive community-based measures and health promotion activities carried out by the IOM teams (e.g. health communication, demand generation and community engagement, COVID-19 vaccination, disease surveillance, contact tracing and self-isolation) IOM expects an overall improvement of health outcomes of the general population in the communities it is active in.

Furthermore, it is expected that the number of new COVID-19 cases will be positively reduced; being both directly and indirectly impacted in each location as an intended indirect impact of the RRT intervention. We estimate that 480,000 persons will be protected and therefore considered as indirect beneficiaries of the project.

Catchment Population:

Link with allocation strategy :

IOM's proposed 6-month intervention links with the Afghanistan Humanitarian Response Plan (HRP) recently launched as the coordinated, strategic response devised by humanitarian agencies in order to meet the acute needs of people affected by the crisis and fill immediate response gaps in providing priority disease outbreak preparedness and response support to 10.8 million of the most vulnerable people in need.

Following the rapid spread of new COVID-19 variants and the outbreak AWD and Measles adding strain to an already fragile health care system in rural and urban settings, IOM, in coordination with the Health Cluster, the Provincial Public Health Directorates (PPHDs) and local NGOs, will supports the COVID-19 response and case management and the scaling-up of Rapid Response Teams (RRT) to enhance disease surveillance and responses among returnees, conflict affected internally displaced communities and underserved populations in the border provinces with highest flows in/out of Iran and Pakistan.

Based on the weaknesses on the main health system pillar in Afghanistan, IOM will also provide support to the skilled health workforce, equipment, and medicines and supplies needed for successfully maintaining the adequate functioning of two COVID-19 health facilities in Helmand and Nimroz provinces. Use of reliable data collection and reporting systems that track and provide feedback on the performance of key processes and outcomes will also be supported, as well as further capacity building for supported staff.

The proposed project would address Afghanistan HRP Strategic Objective 1 (SO-1: Lives are saved in the areas of highest needs) with a focus on COVID-19 response and case management and Disease Outbreak Rapid Response Teams towards vulnerable persons in urban and rural areas of Helmand, Nimroz, Kunduz, Balkh and Kandahar. this is in line with AHF's 2022 1st Reserve Allocation strategic paper under which IOM was pre-selected by the Health Cluster, to make a submission against its existing activities enhancing Disease Outbreak Rapid Response as well as COVID-19 response case management inclusive of COVID-19 screening, vaccination provision, case management and the provision of a COVID-19 RCCE package on health messages on the risks and precautions related to COVID-19 as well as other relevant health topics including demand generation for C19 vaccines in order to target 816,390 persons.

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
Government of Canada (DFATD)	500,000.00
Government of Korea	300,000.00
	800,000.00

Organization focal point :

Name	Title	Email	Phone
Dr. Mohiuddin Khan	Migration Health Officer	mhkhan@iom.int	+93794445810

David Mavengere	Senior Resource Management Officer	dmavengere@iom.int	+93794797292
Susan Price	Project Development Officer	sprice@iom.int	+93794795117

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

This project is informed by formal assessment findings from the national Disease Early Warning System (DEWS) and regular epidemiological updates shared by WHO, the de-facto MoPH and other external humanitarian sources (such as the WHO health bulletins, Humanitarian need Overview (HNO), Flash Appeal and health related assessments conducted by other agencies). Operations are also supported by IOM's Displacement Tracking Matrix (DTM) findings, alongside observations and on-going feedback from IOM's existing field health team, health officials and cluster partners at the provincial level.

IOM's MHTs collaborate with the provincial health authorities and community leaders to identify areas with high concentrations of migrant, displaced and underserved, marginalized communities using DTM tools. Following the selection of the target districts, the teams carry out a series of community engagement activities with Community Development Centres and community leaders/shuras to present the details of the available healthcare and to identify appropriate spaces to deliver services to the public.

DTM employs the Baseline Mobility Assessment tool, designed to track mobility, determine the population sizes, locations and geographic distribution of forcibly displaced, return and migrant populations, reasons for displacement, places of origin, and times of displacement, as well as basic demographics, vulnerabilities and priority needs, inclusive of those related to healthcare needs and access. This is undertaken across all districts in Afghanistan at the settlement level. DTM Enumerators collect quantitative data at the settlement level, through focus group discussions with key informants (KIs). Through direct observations, enumerators also collect qualitative data on living conditions, basic services, and security and socio-economic situations.

The BMA Round 14 Summary Results (November-December 2021) were used to provide baseline targeting information to the HRP, Flash Appeal and the Ministry of Public Health and inform all of IOM's ongoing health interventions. At the time of writing another round of BMA is being finalized, with analysis expected to be completed shortly. This will be used to adjusted programming in real time as needed, to ensure the assistance is best tailored to the needs of targeted populations.

Information collected through the most recent round of DTM data collection, combined with assessments on market monitoring carried out by WFP and NGO partners have demonstrated a significant stress on existing resources and humanitarian assistance in Kandahar r, Nimroz, Balkh, Kunduz and Kandahar provinces, resulting in lack of access to health services. This is linked to the consequences of La Nina-driven droughts and famine, resulting in declining nutrition outcomes and ability to afford, as well as the arrival of highly virulent COVID-19 strains from neighboring countries transmitted through high levels of cross border mobility with Iran and Pakistan. Drought and flood-prone provinces have the least access to markets to buy food and rely most on growing their own wheat, making them extremely vulnerable to the drought which is affecting Afghanistan in 2021 and 2022. Populations in these provinces already rely on various negative coping mechanisms, consuming less preferred, less nutritious foods, borrowing money for food, limiting portion sizes, and skipping entire meals. As a consequence, it is expected that the existing malnutrition rate will further deteriorate with the addition of co-morbidities and eventually leading to a significant burden on available health facilities and resources.

Access remains a consistent impediment to healthcare services, with the BMA surveys finding healthcare facilities are an average of 23 km away from where Afghans reside. These assessments have shown that access to care is further reduced by the overall low quality of service delivery, lack of medicines, and qualified staffing.

3. Description Of Beneficiaries

4. Grant Request Justification

Afghanistan's health system is collapsing as a result of the present humanitarian crisis combined with the spread of COVID-19 and numerous others epidemic-prone diseases (EPDs). Alongside this is an increase in the number of people in need of health assistance from 18.1 million for 2022 as compared to 15.4 in 2021.

The pandemic continues to pose a significant threat in Afghanistan and as of 11 June 2022 , a total of 181151 confirmed cases and 7,710 deaths due to COVID-19 have been reported with a Case Fatality Rate (CFR) of 4.2%. Currently several provinces, including Herat, Nangarhar, Kandahar, Nimroz and Balkh, are facing an increase in COVID cases. Despite tremendous efforts by numerous partners and medical NGOs, the current health system response capacities are very weak. 40 COVID-19 hospitals remain at varying levels of functionality and are also facing critical shortages of food, fuel and other required supplies, posing a major challenge for COVID-19 case management. IOM is currently supporting, through Implementing partners, the running of COVID-19 hospitals in four provinces with critical funding gaps, particularly in Kandahar and Nimroz.

Currently only 12,5 % of the population is fully vaccinated against COVID-19, requiring concerted efforts to get on track for the ambitious mid-2022 target of 70%. Over the course of the pandemic, the International Organization for Migration (IOM) has been a critical partner supporting the Ministry of Public Health (MoPH) in the fight to halt the pandemic's transmission in Afghanistan. With the support of various partners, significant efforts have been made to strengthen health screening capacities for example, such as at the International Kabul Airport and some key points of entry (PoEs) – e.g., Islam Qala (Herat), Spin Boldak (Kandahar) and Turkham (Nangarhar).

IOM's intervention will mainly focus on support to the COVID-19 hospital services as well as COVID-19 vaccination and Risk Communication Community Engagement (RCCE) activities to urgently ramp up COVID-19 vaccination along the mobility continuum for equitable access to COVID-19 vaccines for vulnerable populations (migrants and mobile persons and those in underserved host communities).

In addition to COVID-19, multiple outbreaks, including measles, AWD, dengue fever, and malaria, have greatly increased the burden on the country's already frail health system. The leading causes of morbidity among all age groups are Acute Respiratory Infection (ARI) and Acute

Diarrheal Disease (ADD). AWD/cholera is endemic in Afghanistan and recurrent outbreaks remain a major public health threat. The risk of AWD/cholera is considerably increasing in country due to inadequate access to clean water, and prevailing poor sanitary conditions. The morbidity and mortality could also increase due to limited access to healthcare services for early case management. As of 11 June 2022, , a cumulative of 6,229AWD/ suspected Cholera cases have been reported in 6 provinces in Afghanistan, with over 70% (3,506) severe cases requiring hospitalization, and 8 deaths (CFR:0.13%). Kandahar is the second most affected provinces after Kabul with 293 cumulative number of AWD cases and more than 40 % of the cases are coming from the undeserved “white areas” of Police District 12 (PD 12) and 9 with an increasing afflux of Refugees and IDPs from neighboring countries. A measles outbreak is also occurring across all provinces in the country: cumulated cases of 54,386 with 321 death (CFR 0.6%) has been recorded from Jan 2021 to 11th June 2022 (WHO Situation report #244.

Furthermore, given the complexity of the migration dynamics at play in Afghanistan following combined effects of decades of conflict, recurrent disasters and the impact of climate change, international sanctions and the resulting broad-based systemic collapse, cross-border flows and internal displacement, access to adequate health service becomes particularly challenging for the popul

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

This proposed project, in line with humanitarian priorities within the framework of the Afghanistan multi-year HRP and more specifically the 2022 humanitarian programme cycle will contribute, in coordination and partnership with WHO, the Ministry of Public Health and others relevant Health cluster actors, to the reduction of morbidity and mortality of vulnerable persons in the areas of highest needs including underserved, hardest-to-reach locations and complex urban settings in Afghanistan.

The specific objective of this proposed project is to save lives and prevent unnecessary morbidity through urgently providing COVID-19 and other disease outbreak response access among vulnerable mobile populations inclusive of returnees, IDPs and underserved host communities. This will be done through a multi-layered approach of Integrated Disease Surveillance and Response to acutely provide the needed services through the support to the functioning of a COVID-19 treatment centers in two provincial hospital (Kandahar and Nimroz), including staffing diagnostic facilities, and provision of personal protective equipment (PPE), COVID-19 vaccination, screening, referral and RCCE services as well as the deployment of RRT for disease surveillance and response to COVID-19 and other outbreak (Measles, AWD, Dengue fever, CCHF…)and provision of Cholera treatment for moderate cases..

This project targets provinces of high return and displacement (Kandahar, Nimroz, Helmand, Balkh, and Kunduz) among the 15 identified with extreme severity based on overall severity ranking (ICCT, Inter-cluster need periodization, Sept-Dec 2021).

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2022 HRP Health Outcome 1.1: Increased and equitable access to life-saving emergency health services among vulnerable populations, particularly children under five and Pregnant and Lactating Women (PLW).	SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.	100

Contribution to Cluster/Sector Objectives : IOM will be supporting COVID-19 response through two COVID-19 hospitals for case management, facilitating contextualized awareness raising on COVID-19 including risk communication and community engagement as well as Infectious diseases outbreak response with the focus on measles and AWD including moderate case management through RRTs and CTC to returnees, IDPs and underserved host communities in high-risk districts along border provinces.

Outcome 1

Returnees, IDPs and underserved host communities in high-risk districts along border provinces have improved health outcomes as a result of access to emergency response to COVID-19 and other Infectious diseases outbreaks (e.g. measles and AWD)

Output 1.1

Description

Returnees, IDPs and underserved host communities in cross border provinces are provided with COVID-19 response and case management services in high-risk districts in Kandahar and Nimroz border provinces through specialized COVID-19 facilities, COVID-19 vaccine provision, and RCCE including vaccine demand generation.

Assumptions & Risks

Borders remain open and unimpacted by changes in security and the political situation;
Security situation within and around the proposed area of operations remains stable to allow proper deployment of COVID-19 activities/the implementing partner (IPs);
Implementing partner could be less compliant to IOM rules and procedure / Due diligence to be conducted prior contract signature with proper follow-up of IPs implementation to mitigate the embezzlement and corruption risks.
Security situation within and around the proposed area of operations remains stable to allow proper deployment of COVID-19 screening and RCCE teams and access permissions from the de facto authorities are maintained;
Female staff are allowed to continue their assistance unimpeded.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	# of COVID-19 patients treated in Kandahar and Nimroz hospitals	139	114	75	62	390

Means of Verification : Patient lists							
Indicator 1.1.2	HEALTH	% of COVID-19 patients recovering					80
Means of Verification : IP monthly reports; monitoring checks							
Indicator 1.1.3	HEALTH	# of isolation wards established					2
Means of Verification : IP activity reports							
Indicator 1.1.4	HEALTH	# of returnees, IDPs, and host communities receive COVID-19 vaccines in Kandahar and Nimroz provinces	17,160	14,040	9,240	7,560	48,000
Means of Verification : vaccination lists							
Indicator 1.1.5	HEALTH	[COVID-19]: # of persons reached with RCCE messages for COVID-19	85,800	70,200	46,200	37,800	240,000
Means of Verification : Screening list; patient/vaccination lists							

Activities

Activity 1.1.1

Standard Activity : [COVID-19]: Strengthen COVID-19 response services through strengthening coordination, case management, surveillance and reporting, infection prevention and control, enhanced RCCE, etc

Following an initial support phase from February 1st, 2021, to April 30th, 2022, of the C19 treatment center in Kandahar, IOM will continue to support the running cost of the COVID-19 treatment center in Kandahar for additional 6 months until October 31st, 2022, in collaboration with an implementing partner (IP) namely Organization for Health Promotion and Management (OHPM). In addition, IOM will support the COVID-19 treatment center in Nimroz for 6 months from July 1st to December 31st, 2022, in collaboration with CHA (Coordination of Humanitarian Assistance) who is the current Basic Primary Health Service (BPHS) implementer recognizing by MoPH and Sehatmandi project partners. However, IOM recently launched an open recruitment process for new IPs . As a result of this process, both implementing partners may change.

This support includes the running cost, the basic necessary equipment and the salaries of the staff in order to run the COVID-19 treatment center in Kandahar and Nimroz. This activity will continue with 20 beds in Kandahar and will start with a minimum number of 6 beds in Nimroz in collaboration with the de-facto MoPH who will provide the infrastructures (shelter for isolation ward).

It is worthy to note that the selected IP organizations are among the very few ones accredited with the Health Department through evaluation and performance indicators. Final details and facilities are being decided in coordination with the Health Cluster focal point.

IOM will also support the IPs to set up and maintain an accountability framework with an efficient monitoring and evaluation mechanism allowing achievement of high-quality project outcomes in line with IOM rules procedures and reporting standards

With a total of 26 beds, an average occupancy rate of 100 % and an average hospital length of stay of 8 days, approximately 390 patients are estimated to be treated through these two COVID-19 isolation centers during this 6-month period.

Activity 1.1.2

Standard Activity : [COVID-19]: Strengthen COVID-19 response services through strengthening coordination, case management, surveillance and reporting, infection prevention and control, enhanced RCCE, etc

Procurement of medicines and supplies including PPE and other related supplies to run the COVID-19 treatment centers.

Activity 1.1.3

Standard Activity : [COVID-19]: Strengthen COVID-19 response services through strengthening coordination, case management, surveillance and reporting, infection prevention and control, enhanced RCCE, etc

Deploy 8 multi-purpose social mobilizers/vaccinators teams to disseminate contextualized and targeted RCCE/demand generation messages and provide C19 vaccination to vulnerable target population along the mobility continuum at key points of entry (PoEs) - Spin Boldak (Kandahar) and Milak (Nimroz)

These persons will also facilitate community engagement and undertake regular and targeted discussions to increase awareness and promote behavior change to help prevent community transmission of COVID-19 and other EPD such as (AWD and Measles ,CCHF and Dengue Fever, among others .

Social mobilizers use the MOPH-approved information about COVID-19 to develop messages and information materials that are accurate, timely and actionable and specifically adapted to local and target communities of returnees, IDPs, and host communities to provide risk communication, infection prevention and control, and community engagement activities, specifically along mobility corridors and among existing migrant and mobile population networks.
Approximately 240,000 persons are estimated to be directly reached through RCCE (5,000 per team per month for 8 teams) and 48,000 persons for COVID-19 vaccination (1,000 per team per month for 8 teams) during this 6-month period.

Activity 1.1.4

Standard Activity : [COVID-19]: Strengthen COVID-19 response services through strengthening coordination, case management, surveillance and reporting, infection prevention and control, enhanced RCCE, etc

Conduct two field level monitoring trips and continuous quality insurance as well as on site capacity building through the placement of 2 M&E project clerks in targeted provinces (Kandahar and Nimroz)

Output 1.2

Description

COVID-19 and other outbreak (AWD and Measles, CCHF and Dengue Fever) disease surveillance and response among Returnees, IDPs and underserved host communities in high-risk district among cross border provinces in Kandahar, Helmand, Balkh and Kunduz is strengthened through 12 Rapid Response Teams (RRTs) and support to a Cholera Treatment Center at CHC level in Kandahar.

Assumptions & Risks

Borders remain open and unimpacted by changes in security and the political situation;
Security situation within and around the proposed area of operations remains stable to allow proper deployment of RRTs and access permissions from the de facto authorities are maintained;
The availability of adequate vaccine stockpile and the maintaining of an acceptable level of vaccine demand throughout the implementation process are key external factors allowing proper implementation of vaccination activities. Vaccine hesitancy fueled by rumors and myths around vaccination can jeopardize the achievement of a good vaccination coverage.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	HEALTH	# of returnees, IDPs, and host communities reached screened for outbreak disease (Measles and Acute Water Diarrheal (AWD)) in Kandahar, Helmand, Balkh and Kunduz provinces	205,920	168,480	110,880	90,720	576,000
Means of Verification : Monitoring reports							
Indicator 1.2.2	HEALTH	# of suspected case of Measles identified and referred for case management among under five children in Kandahar, Helmand, Balkh and Kunduz provinces			28	22	50
Means of Verification : RRT monitoring reports							
Indicator 1.2.3	HEALTH	# of AWD suspected case identified in Kandahar, Helmand, Balkh and Kunduz provinces through RRTs	179	146	96	79	500
Means of Verification : RRT monitoring reports							
Indicator 1.2.4	HEALTH	# of moderate AWD /Cholera case treated in Kandahar provinces through Cholera Treatment Center at BHC level and oral rehydration points (ORPs)	54	44	29	23	150
Means of Verification : CTC monitoring reports							
Indicator 1.2.5	HEALTH	# of health personnel trained	42	22			64
Means of Verification : Training reports							

Activities

Activity 1.2.1

Standard Activity : Strengthen infectious diseases outbreak preparedness and response (e.g. establish RRTs, support disease surveillance, provision of diagnostic and treatment kits, RCCE including printing/distribution of IEC materials and awareness campaigns, etc.)

Deployment of 12 RRTs in Kandahar, Helmand, Balkh and Kunduz provinces to provide disease surveillance and response support to infectious disease outbreaks, including Measles, AWD, dengue fever, etc.)

IOM in coordination and partnership with WHO, the de-facto Ministry of Public Health, the Provincial Public Health Directorate (PPHD) and others relevant health cluster actors with support the deployment of 12 Rapid Response teams (RRTs) disease outbreak surveillance and response in four border provinces (Kandahar, Helmand, Balkh and Kunduz) for 6 months. These RRT will provide screening and early referral of suspected cases to undocumented returnees, underserved IDPs, host communities and other migrants vulnerable to EPDs (including Measles, AWD, Dengue etc.) including travelers at the main Points of Entry. Each RRT will also manage an Oral Rehydration point (ORPs) at the community level for simple case registration and ORS distribution for cases with mild symptoms before referral to the provincial CTC and the convalescent patients after release from the CTC.

They will then refer to public laboratory for sample collection from presumptive Epidemic Prone Disease (EPD) cases and support (if needed) transportation of samples to provincial laboratories, undertake targeted risk communication and community engagement (RCCE)/demand generation and encourage COVID-19 vaccination. IOM will also provide two refresher training session to RRT staff on COVID-19 and others EPDs surveillance protocols using WHO, Health Cluster and MoPH standards and manuals.

With an average number of 5,000 persons screened per RRT per month, approximatively 576,000 persons are estimated to directly benefit from disease surveillance and response activities through RRTs.

Activity 1.2.2

Standard Activity : Strengthen infectious diseases outbreak preparedness and response (e.g. establish RRTs, support disease surveillance, provision of diagnostic and treatment kits, RCCE including printing/distribution of IEC materials and awareness campaigns, etc.)

Procurement of supplies including Personal Protective Equipment (PPE) and other essential medical supplies

Activity 1.2.3

Standard Activity : Customized Activity

Supporting 2 field monitoring visits in targeted provinces (Kandahar, Helmand, Balkh and Kunduz) to ensure proper implementation of planned activities as well as quality insurance and on site capacity building of field teams

Activity 1.2.4

Standard Activity : Strengthen infectious diseases outbreak preparedness and response (e.g. establish RRTs, support disease surveillance, provision of diagnostic and treatment kits, RCCE including printing/distribution of IEC materials and awareness campaigns, etc.)

In coordination with the PPHD and regional health cluster, IOM will support the functioning of a Cholera Treatment Center (CTC) inside the new Comprehensive health center (CHC) of PD 12 in Kandahar ,This CTC will serve as primary point of care for the early management of the moderate AWD/Cholera cases from the undeserved “white areas” of PD 12 and 9 with an increasing influx of Refugees and IDPs from neighboring countries and thus also relieve congestion at the Mirwais Regional Hospital. This support will be carried out through provision of adequate human resource, supply as well as Cholera treatment Kit and hygiene kits. A 5- day training to the CTC staff including 2 supervisors using standard management protocols for the reduction of morbidity attributed to cholera and strengthening of IPC in treatment facilities,
In addition, IOM will continue the staffing support for 7 lab technicians at the regional reference lab and the addition of 6 more to handle the extra workload generated by the increase of AWD/cholera suspected cases
With a total of 10 beds, an average occupancy rate of 100 % and an average hospital length of stay of 8 days, approximately 150 patients are estimated to be treated through the CTC and 6 ORPs integrated with RRTS) during this 6-month period.

Additional Targets :

M & R

Monitoring & Reporting plan

The monitoring and reporting of the project will be done based on the proposed indicators stipulated in the AHF 1st Standard Allocation 2021 Strategy Paper, while some customized indicators have been proposed to cover all aspects and activities of the project.

IOM has an Information management system fully integrated with the national MoPH and Health cluster Health information system using DHIS 2, HeRAMS and ReportHub.
Reports on progress and performance (technical report) and financial aspects (financial report) of the project will be prepared and submitted to OCHA as required by the GMS on a quarterly basis, while data on overall 3/4W and reports to the relevant clusters will be provided when required.

Data on RCCE and AAP indicators will be collected through the specified tools and will be reported to the relevant WGs.
The supervision, monitoring, and reporting activities are integral parts of the project work plan and log-frame. Issues of confidentiality and security of data will be strictly considered to ensure the beneficiaries’ safety, privacy, and anonymity.
The visits by regional and central OCHA offices will be facilitated and joined by the project manager from the IOM country office to have on-spot support and decisions to ensure project implementation is in line with the project scope and work plan.
The project will be monitored at three levels: 1) At heath facility / HF/MHT level – the team in-charges and head of target health facilities will have the responsibility of daily monitoring of their relevant facilities, staff performances, and activities, b) at the provincial level where project staff will monitor project sites on a monthly basis, and c) the quarterly basis monitoring will take place from Kabul. At the end of each visit, a monitoring report will be developed, including the strengths, weaknesses, and recommendations. A remedial action plan will also be developed and followed up in subsequent visits. In addition, joint monitoring with PPHD, UNOCHA, and health cluster representatives will also take place from the project sites as per their planned missions.

Post Patient Monitoring (PPM) surveys will be conducted during the course of the project. Feedback from these surveys will be analyzed and woven into the project operations. A third-party service provider that operates an outbound call centre will conduct the surveys through voice calls. A harmonized questionnaire for PPM was developed with in 2020. IOM’s aim is to carry out PPM for 10 per cent of the beneficiaries/patients with contact information who receives services.
Monitoring will be also conducted during home visits conducted by IOM sub-contracted staff during medical check-ups and by joint monitoring from IOM and health actors. On a bi-monthly basis, the Project Coordinators visit all MHT operations to monitor operations and assess service delivery and areas for improvement (see Annex for Supervision and Monitoring Checklist).

Situation permitting, the Migration Health National Officer and International Migration Health Officer will conduct 2 monitoring visits, to the CTC , RRTs and RCCE teams. Local staff at the provincial sub-office level will visit and monitor activities on a daily basis.

Regarding regular reporting, field level staff submit reports on a daily basis to Kabul level programme staff and send a summary report at the end of the week and the end of the month. IOM will also support the IPs to set up an accountability framework with an efficient monitoring and evaluation mechanism allowing achievement of high-quality project outcomes in line with IOM rules, procedures and reporting standards. One project clerk will be hired to ensure close monitoring and evaluation of IPs achievements.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Following an initial support phase from February 1st, 2021, to April 30th, 2022, of the C19 treatment center in Kandahar, IOM will continue to support the running cost of the COVID-19 treatment center in Kandahar for additional 6 months until October 31st, 2022, in collaboration with an implementing partner (IP) namely Organization for Health Promotion and Management (OHPM). In addition, IOM will support the COVID-19 treatment center in Nimroz for 6 months from July 1st to December 31st, 2022, in collaboration with CHA (Coordination of Humanitarian Assistance) who is the current Basic Primary Health Service (BPHS) implementer recognizing by MoPH and Sehatmandi project partners. However, IOM recently launched an open recruitment process for new IPs . As a result of this process, both implementing partners may change. This support includes the running cost, the basic necessary equipment and the salaries of the staff in order to run the COVID-19 treatment center in Kandahar and Nimroz. This activity will continue with 20 beds in Kandahar and will start with a minimum number of 6 beds in Nimroz in collaboration with the de-facto MoPH who will provide the infrastructures (shelter for isolation ward). It is worthy to note that the selected IP organizations are among the very few ones accredited with the Health Department through evaluation and performance indicators. Final details and facilities are being decided in coordination with the Health Cluster focal point. IOM will also support the IPs to set up and maintain an accountability framework with an efficient monitoring and evaluation mechanism allowing achievement of high-quality project outcomes in line with IOM rules procedures and reporting standards With a total of 26 beds, an average occupancy rate of 100 % and an average hospital length of stay of 8 days, approximately 390 patients are estimated to be treated through these two COVID-19 isolation centers during this 6-month period.	2022							X	X	X	X	X	X
Activity 1.1.2: Procurement of medicines and supplies including PPE and other related supplies to run the COVID-19 treatment centers.	2022							X	X	X	X	X	X
Activity 1.1.3: Deploy 8 multi-purpose social mobilizers/vaccinators teams to disseminate contextualized and targeted RCCE/demand generation messages and provide C19 vaccination to vulnerable target population along the mobility continuum at key points of entry (PoEs) - Spin Boldak (Kandahar) and Milak (Nimroz) These persons will also facilitate community engagement and undertake regular and targeted discussions to increase awareness and promote behavior change to help prevent community transmission of COVID-19 and other EPD such as (AWD and Measles ,CCHF and Dengue Fever, among others . Social mobilizers use the MOPH-approved information about COVID-19 to develop messages and information materials that are accurate, timely and actionable and specifically adapted to local and target communities of returnees, IDPs, and host communities to provide risk communication, infection prevention and control, and community engagement activities, specifically along mobility corridors and among existing migrant and mobile population networks. Approximately 240,000 persons are estimated to be directly reached through RCCE (5,000 per team per month for 8 teams) and 48,000 persons for COVID-19 vaccination (1,000 per team per month for 8 teams) during this 6-month period.	2022							X	X	X	X	X	X
Activity 1.1.4: Conduct two field level monitoring trips and continuous quality insurance as well as on site capacity building through the placement of 2 M&E project clerks in targeted provinces (Kandahar and Nimroz)	2022							X			X		

Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh and Kunduz provinces to provide disease surveillance and response support to infectious disease outbreaks, including Measles, AWD, dengue fever, etc.) IOM in coordination and partnership with WHO, the de-facto Ministry of Public Health, the Provincial Public Health Directorate (PPHD) and others relevant health cluster actors with support the deployment of 12 Rapid Response teams (RRTs) disease outbreak surveillance and response in four border provinces (Kandahar, Helmand, Balkh and Kunduz) for 6 months. These RRT will provide screening and early referral of suspected cases to undocumented returnees, underserved IDPs, host communities and other migrants vulnerable to EPDs (including Measles, AWD, Dengue etc.) including travelers at the main Points of Entry. Each RRT will also manage an Oral Rehydration point (ORPs) at the community level for simple case registration and ORS distribution for cases with mild symptoms before referral to the provincial CTC and the convalescent patients after release from the CTC. They will then refer to public laboratory for sample collection from presumptive Epidemic Prone Disease (EPD) cases and support (if needed) transportation of samples to provincial laboratories, undertake targeted risk communication and community engagement (RCCE)/demand generation and encourage COVID-19 vaccination. IOM will also provide two refresher training session to RRT staff on COVID-19 and others EPDs surveillance protocols using WHO, Health Cluster and MoPH standards and manuals. With an average number of 5,000 persons screened per RRT per month, approximatively 576,000 persons are estimated to directly benefit from disease surveillance and response activities through RRTs.	2022							X	X	X	X	X	X
Activity 1.2.2: Procurement of supplies including Personal Protective Equipment (PPE) and other essential medical supplies	2022							X	X	X	X	X	X
Activity 1.2.3: Supporting 2 field monitoring visits in targeted provinces (Kandahar, Helmand, Balkh and Kunduz) to ensure proper implementation of planned activities as well as quality insurance and on site capacity building of field teams	2022							X			X		
Activity 1.2.4: In coordination with the PPHD and regional health cluster, IOM will support the functioning of a Cholera Treatment Center (CTC) inside the new Comprehensive health center (CHC) of PD 12 in Kandahar ,This CTC will serve as primary point of care for the early management of the moderate AWD/Cholera cases from the undeserved “white areas” of PD 12 and 9 with an increasing influx of Refugees and IDPs from neighboring countries and thus also relieve congestion at the Mirwais Regional Hospital. This support will be carried out through provision of adequate human resource, supply as well as Cholera treatment Kit and hygiene kits. A 5- day training to the CTC staff including 2 supervisors using standard management protocols for the reduction of morbidity attributed to cholera and strengthening of IPC in treatment facilities, In addition, IOM will continue the staffing support for 7 lab technicians at the regional reference lab and the addition of 6 more to handle the extra workload generated by the increase of AWD/cholera suspected cases With a total of 10 beds, an average occupancy rate of 100 % and an average hospital length of stay of 8 days, approximately 150 patients are estimated to be treated through the CTC and 6 ORPs integrated with RRTS) during this 6-month period.	2022							X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

IOM shares the contact information for the AWAAZ inter-agency call center with all beneficiaries to ensure they have access to a feedback mechanism where reporting is received each week in instances where IOM beneficiaries' express concerns. At each of the four border points (both reception centres and transit centres) IOM has established visibility materials explaining the availability of AWAAZ. IOM has developed standard messages for AWAAZ and regularly responds to queries sent to AWAAZ. IOM will also ensure promotion of the local Ministry of Public Health hotlines for COVID-19 reporting as well as the central call center.

IOM conducts beneficiary monitoring for its patient caseload through a third-party call center partner based in Kabul. As with other on-going health projects, these Post Patient Monitoring (PPM) surveys will be conducted during the course of the project to understand beneficiaries' experiences and satisfaction with IOM services. Feedback from these surveys, alongside the feedback received through AWAAZ and the MoPH hotlines, will be analyzed and woven into the project operations in real time by field and programme staff (see monitoring and reporting plan section below for further details on PPMs).

IOM is committed to being responsive to patient needs and feedback, something which is regularly shared with PPHDs for consideration and potential reflection in standard operating procedures and/or medical/medicine supply lists; areas of deployment and specific needs identified within those areas. For example, IOM has been responsive to conflict related displacement in Dand district of Kandahar province where people were exposed to living conditions in a desert like situation has meant that illnesses and the needs for specific forms of support require an adaptation of service. All of IOM's health programmes also contain significant volumes of health education sessions where health staff engage with patients multiple times per day and gather comments on their experience, needs and additional services they would like IOM to support.

To gather wider information on access to services, experiences with service delivery and extenuating needs (all-inclusive of medical care), IOM's DTM team runs country-wide Community-Based Needs Assessments (CBNA) at a settlement level every 3-4 months, through key informant interviews. This includes the catchment areas for this project and in addition to informing this project, will allow IOM's Migration Health Team to better understand where health needs persist and areas of improvement during and following this project period.

IOM Afghanistan has actively contributed to the review of the first draft of SOPs on PSEA in Humanitarian Action in March 2020. Globally, IOM has a mandatory internal instruction, entitled: Policy and Procedures for Preventing and Responding to Sexual Exploitation and Abuse, which binds staff members to standards of behavior at all times and especially when working with beneficiaries of assistance, including during emergency response. Sexual exploitation and abuse of affected populations constitutes gross misconduct and is grounds for disciplinary action, including summary dismissal and referral for criminal prosecution, where appropriate. In addition to IOM's PSEA Instruction and the Standards of Conduct, IOM has made PSEA commitments that include inter-agency coordination to prevent and address SEA incidents, including leading in-country PSEA Networks. This coordination is especially important in emergency response sites, where the efficiency of joint PSEA efforts is necessary to ensure that activities are not undermined by the taint of abuse by staff of any agency. https://emergencymanual.iom.int/entry/21309/protection-from-sexual-exploitation-and-abuse-psea. IOM health have also undertaken training on reporting and referral mechanisms within IOM to the sub-working group within the protection team that handle reports and follow up on PSEA.

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

3- Likely to contribute to gender equality, but without attention to age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

IOM's Health team works closely with IOM's Protection team to ensure that GBV referral pathways between the two units are functional. IOM health teams are equipped with clinical management of rape (CMR) kits and trained staff, both of which are available 24/7. All staff are trained in Psychological First Aid (PFA) and can support minor injuries. The referral pathway for GBV survivors to access protection or psycho-social support services is well established and will be integrated into this project, as with all others. MHTs and health posts will have appropriate training and resources to assist GBV survivors in accessing the most suitable facilities/services. All related information for this caseload will remain private and sealed in a locked cabinet, in line with global principles for handling GBV cases and ensuring their rights are maintained. All medical data will be managed confidentially and in line with IOM's Data Protection Principles, as is done across IOM's health programme.

To ensure the Do no harm principle is respected, IOM works closely with the community to ensure services are culturally appropriate and that accessing services will not add the potential for harm to beneficiaries (see Access section for further information on local engagement, including with the Taliban to ensure safe access to services). The mobile health team modality is designed to bring services to communities in need, limiting potential risks in traveling to health centres for care, which may put them in harm's way.

All of IOM's social mobilization teams and RRTs will include at least one female staff member to ensure that access to health care for women and girls is equitable despite local level cultural and social practices. IOM will also ensure unique focus group sessions that are women only and orientation and training for women to empower them to take informed decisions about how to protect themselves and their families from COVID-19 transmission and associated impacts. These sessions are also held specifically with elderly populations to understand and respond to their particular needs.

IOM coordinates with Humanity and Inclusion (HI) to understand how to tailor services to ensure Person living with handicaps (PWD) are able to access our services and that are staff are aware of particular disabilities that may be common in the target communities. In addition, IOM maintains relationships with health shura at the community level to understand local needs and how best to ensure that all vulnerable groups can access IOM services, inclusive of women, PWD, elderly persons.

Social Mobilizers deployed under this project will visit COVID-19 affected communities and carry out focus group discussions where they will collect rumors from community members and provide orientation sessions on COVID to specific community groups inclusive of women, vulnerable groups such as returnees, IDPs and other PSNs, leadership groups such as shuras, ulema councils, religious authorities, shopkeepers and other population groups that can either a) have significant influence on preventing community level spread and/or b) deal with or operate spaces where community members congregate in large numbers.

Country Specific Information

Safety and Security

Access

IOM is operational in all 34 provinces through the Country Office in Kabul, seven Sub-Offices and six Project Offices in the provinces. IOM regularly updates and analyzes the accessible and inaccessible districts in all target areas. As a UN agency, IOM is a constituent party to the UN SMS and a regular participant in the Humanitarian Access Group. The mission is aligned with the humanitarian community (HCT) on red-lines and acceptance of conditions and will continue to advocate for a common approach to engagement with de facto authorities. To prepare field-level staff to engage on access-related discussions, IOM's national field coordinators are regular participants in access workshops with the Center for Competence on Humanitarian Negotiations (CCHN) and the Klingender Institute of the Netherlands and all staff have completed a series of online humanitarian access trainings. These same coordinators also work closely with government and non-state armed groups to dialogue on access and operational continuity. IOM also coordinates closely on regional security dynamics with UNDSS and INSO and regularly channels information/reporting to core stakeholders based on its direct implementing modality.

As IOM's programming is implemented directly at the community level, several strategies are taken to ensure local acceptance and maintain access in dynamic conditions, including:
1. IOM's areas of deployments are coordinated with the Public Provincial Health Directors in all provinces of action, while local level deployment is coordinated with maliks and shuras where they actively agree to service delivery and often provide their homes as temporary clinic spaces for mobile teams
2. Road movements are always coordinated with UNDSS.
3. Information sharing and contextual developments are coordinated with OCHA and INSO, as well as with other health actors as relevant and report on new developments and communicate new challenges and obstacles as they arise to collectively push for continuing access and solutions.

Should access challenges arise during project implementation as they have done in the past, IOM will ensure staff safety by temporarily revising deployment patterns and areas of deployment in coordination with de facto authority health actors, OCHA, UNDSS and other project partners including WHO and Health Cluster. Throughout these matters IOM would seek support from local community leaders who would also negotiate continuing service delivery on the part of IOM with the control party in the affected area.

In addition, IOM is in the process of onboarding an international Humanitarian Access Advisor and has in place national access focal points in all regions to monitor the overall security situation and provide sound and timely advice to IOM staff and field management in order to support the safe access and improved delivery of programme activities. She/he will provide humanitarian access and security risk management advice and analysis on building relationships with stakeholders, negotiating and mediating humanitarian access, managing critical incidents and providing timely advisories.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	1 P3 Migration Health Officer (Kabul)	D	1	14,000.00	6	17.00	14,280.00
	1 P3 Migration Health Officer to provide overall management of Heaths programming, external coordination with partners and MoPH @ USD 14000 per month and AHF Covers 17% for 6 months						

1.2	1 P3 Public Health Officer (Kabul)	D	1	13,500.00	6	17.00	13,770.00
	@ USD 13500 per month and AHF Covers 17% for 6 months *Will provide overall coordination of Health operation and technical expertise in Disease surveillance and response ,Primary Health care and COVID-19 hospital support*						
1.3	1 P2 Health Information Management Officer (Kabul)	D	1	12,500.00	6	17.00	12,750.00
	to help support critical health data collection, visualisation and data sharing, such as through ReportHUB and Health Cluster bulletins @ USD 12500 per month and AHF Covers 17% for 6 months						
1.4	1 P5 Deputy Chief of Mission (Kabul)	s	1	18,717.00	6	10.00	11,230.20
	@ USD 18717. AHF covers 10% Only. Responsible for direct oversight of the program manager. Engages in the inter-agency forums in Kabul, including at high level meetings related to health projects such as this one. Provides inputs on strategic project development and expansion.						
1.5	1 P2 Supply Chain Officer (Kabul)	s	1	12,000.00	6	10.00	7,200.00
	@ USD 12000. AHF covers 10% Only. Ensures that IOM is able to access functioning supply chains in order to properly deliver the medicines/PPEs and has the materials needed to deliver services						
1.6	1 P4 Senior Security Officer (Kabul)	s	1	18,717.00	6	10.00	11,230.20
	@ USD 18717. AHF covers 10% Only. Overall oversight for providing security risk assessments, approvals for field teams, engagement with UNDSS and wider security community, and keeps staff abreast of key security updates.						
1.7	1 G4 Migration Health Project Assistant (Kabul)	s	1	2,400.00	6	30.00	4,320.00
	@ USD 2400 per month and AHF Covers 30% for 6 months. To support all resources management functions (admin, finance, HR and logistics) for the IOM Migration Health Unit (MHU), inclusive of core activities under this project.						
1.8	1 G4 Procurement & Logistics Assistants (Kabul)	s	1	2,500.00	6	10.00	1,500.00
	@ cost of USD 2500. AHF covers 10% only. Support the international procurement and logs officer on the day to day support to the program team on procuring key items (medical+support) for the project, including raising purchase requests, following up with vendors and confirming receipt/delivery of items.						
1.9	1 G5 IT Assistants (Kabul)	s	1	2,800.00	6	10.00	1,680.00
	@ average cost of USD 2800. AHF covers 10% only. Ensures the project teams has functioning IT related equipment (in Ksbul +filed based).						
1.10	1 G6, Senior Security Assistant (Kabul)	s	1	4,000.00	6	10.00	2,400.00
	@ cost of USD 4000. AHF covers 10% only. Support security assessments and approvals, as well as security related admin and onboarding related to project implementation.						
1.11	1 Driver (Kabul)	s	1	1,800.00	6	10.00	1,080.00
	@cost of USD 1800. AHF covers only 10% of the cost. Drive Kabul based project staff to key meetings with partners, MoPH and between IOM's two offices.						
1.12	1 Maintenance assistant (Kabul)	s	1	1,815.00	6	10.00	1,089.00
	@ average cost of USD1815 AHF covers only 10% of the cost.						
	Section Total						**82,529.40**
2. Supplies, Commodities, Materials							
2.1	Office supplies for sub-contracted personnel (C19 RCCE)	D	8	500.00	6	100.00	24,000.00
	This line covers office supplies for RCCE teams: @ average cost USD 500 per monthX8 teamsX6months						
2.2	Office Supplies for sub-contracted personnel (RRT)	D	12	750.00	6	100.00	54,000.00
	This line covers the supply of basic equipments and supplies for 12 RRTs field workers. @ cost of USD 750 per month x 6 months x 12 RRTTs						
2.3	Office Supplies for sub-contracted personnel: CTC-ORP	D	39	38.00	6	100.00	8,892.00
	This line covers the supply of basic equipment and supplies for 39 CTC RRTs field workers. @ cost of USD 38 per month x 6 months x 39 CTC staff						
2.4	Procurement of PPEs for RRT	D	1	57,419.00	4	100.00	229,676.00
	This covers procurement of personal Protective Equipment (PPE) for Rapid Response Teams (RRTs) listed @average cost of USD 57,419 per procurement x 4; Please see Annex 5 - B-BOQ PPE for RRTs						

2.5	CTC cholera kit	D	2	8,923.00	1	100.00	17,846.00
	This covers procurement of 2 Interagency Diarrhea Disease Kits (IDDK). / periphery module for 1 CTC KIT, CHOLERA PERIPHERY (2), complete 2020 *@average cost of USD 8,923 per KIT x 2 =17,845; Please see Annex 5 - C-BOQ cholera kits "*						
2.6	ORPs cholera kits	D	12	1,969.00	1	100.00	23,628.00
	" This covers procurement of 12 Interagency Diarrhea Disease Kits (IDDK). / KIT, CHOLERA COMMUNITY (3), complete 2020 for 12 ORPS *@average cost of USD 1,969 per KIT x12= 23,624; Please see Annex 5-C-BOQ cholera kits "*						
2.7	CTC capacity building training	S	1	7,304.00	1	100.00	7,304.00
	"This line covers the costs for organization of 1 5-DAY capacity building sessions for CTC team 7,304 X 1 Session= USD 7,304 Please Annex 5.b BOQ of cholera operational cost "						
2.8	Capacity building/Training RCCE	S	3	6,810.00	1	100.00	20,430.00
	"This line covers the costs for organization of 3 capacity building sessions for RRCE team 6,810 X 3 Sessions= USD 20,430 For 1 session (6,810 USD): *See Annex 4 BOQ C19 RCCE"*						
2.9	Capacity building (RRT)	S	1	9,485.00	1	100.00	9,485.00
	"This line covers the costs for organization of 1 capacity building sessions for RRT team 9 X 1 Session= USD 9,485 Please Annex 5.a BOQ of RRT cost"						
	Section Total						**395,261.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Contractual Services							
4.1	3 sub-contracted Field level Provincial Coordinator	D	3	2,528.00	6	15.00	6,825.60
	Based in Herat, Nangarhar, Kandahar for field representation, external coordination and humanitarian access facilitation as well as security (Component 1 and 2) @ average cost of USD 2,528. AHF covers only 15 % of the cost. Annex 3 BOQ						
4.2	1 sub-contracted Migration Health Emergency Officer	D	1	3,500.00	6	17.00	3,570.00
	Based in Kabul with field travel for the overall coordination, technical support and supervision of MHTs (Component 1) @ average cost of USD 3,500. AHF covers only 17 % of the cost. Annex 3 BOQ						
4.3	1 sub-contracted Health Information Management Assistant	D	1	2,000.00	6	17.00	2,040.00
	Based in Kabul to provide support for migration health data collection, Analysis and visualization. Potential travel to the field necessitating sub-contracted staffing modality. (Component 1 and 2) @ cost of 2,000. AHF covers only 17 % of the cost. Annex 3						
4.4	4 sub-contracted Pharmacist	D	4	800.00	6	100.00	19,200.00
	Based in Kandahar, Nimroz, Balkh & Kunduz to support day-to-day medicines and medical product management.@ cost of USD 1,600. AHF covers 100 % of the cost; Annex 3						
4.5	Medical sub-contracted field teams (COVID-19 RCCE and Vaccination)	D	8	5,100.00	6	100.00	244,800.00
	*This line covers sub-contracted salaries of 64 C19 RCCE staff member (8 staff per C19 RCCE *8) in 2 Provinces (Kandahar , Kabul, Herat & Nimroz) to provide RCCE and COVID-19 vaccination @average cost of USD 40,800 per month x 6 months. Please see BOQ as Annex 4*						
4.6	1 Sub-Contracted COVID-19 National Support Officer	D	1	3,500.00	6	30.00	6,300.00
	1 Sub-Contracted COVID-19 National officer based in Kabul for the overall coordination, technical support and supervision of RRTs (Component 2). *@ average cost of USD 3,500. AHF covers 30 % of the cost. BOQ @ Annex 3*						
4.7	RRTs car rental and running cost	D	12	600.00	6	100.00	43,200.00
	This line covers the car rental costs for the transportation of 12 RRTs to reach the different Point-of -care. @average cost of USD 600 per month x 6 months x 12 RRTs; Please see Annex 5 for BoQ						

4.8	Medical sub-contracted field teams (RRT)	D	12	3,100.00	6	100.00	223,200.00
	*This line covers sub-contracted salaries of 48 RRTs staff member (4 staff per RRT * 12 RTTs) in 4 Provinces (Kandarhar, Helmand , Balkh & Kunduz) to provide rapid surveillance and disease response at field level @average cost of USD 3,100 per month X 12 teams x 6 months. Please Annex 5 BOQ of RRT staffing*						
4.9	Medical sub-contracted field teams (CTC)	D	1	22,600.00	6	100.00	135,600.00
	This line covers sub-contracted salaries of 39 CTCs staff member in Kandarhar to provide rapid management of moderate AWD/Cholera cases @average cost of USD 22,600 per month x 6 months. Please see Annex 5.b BOQ of cholera operational cost						
4.10	Medical sub-contracted field teams (lab)	D	1	2,700.00	6	100.00	16,200.00
	This line covers sub-contracted salaries of 14 Lab technicians staff in Kandarhar to provide diagnosis of EPDs including AWD/Cholera cases @average cost of USD 2,700 per month x 6 months. Please Annex 5.b BOQ of cholera operational cost						
4.11	4 sub-contracted Project Assistant for technical assistance, supervision and Monitoring & Evaluation based in Kandarhar, Helmand, Balkh & Kunduz	D	4	2,500.00	6	100.00	60,000.00
	For the close monitoring and supervision of RRTs. @ cost of USD 2,500/per staff = $10,000. AHF covers 100 % of the cost for 6 months. Annex 3						
4.12	Printing of IEC material	D	8000	4.00	1	100.00	32,000.00
	Covers cost of printing of IEC material for RCCE @ cost USD 4 per flyer for 8,000 *Overall the RCCE team will reach 240, 000 persons through 8,000 sensitization session (Average number of 30 per session) .During each session one handout containing key health promotion messages will be shared with participants.*						
4.13	CTC car rental and running cost	S	2	1,350.00	6	100.00	16,200.00
	This line covers the car rental costs of 2 ambulances including running cost for evacuation of sever cholera cases from CTC @average cost of USD 1350 per month x 6 months Please see Annex 5.b BOQ of cholera operational cost						
	Section Total						**809,135.60**
5. Travel							
5.1	Travel, DSA and R&R	s	4.05	2,170.00	1	100.00	8,788.50
	Total number of International Support Staff 3 X 10% and 3 Project Staff @ 15% X 5 Cycles of R&R / person/ 1420 (Ticket Costs) + 750 (DSA) = 2170/R&R, Annex 1						
5.2	Field level monitoring missions from Kabul management staff (Return flight on Kam Air+DSA)	D	10	565.00	1	100.00	5,650.00
	To cover DSA/accommodation of the staff travelling to the targeted provinces for MHTs field supervision (overnight) *10 staff x $50/overnight DSA x 11.3 days = $ 5,560.00*						
5.3	Field level monitoring missions from Kabul management staff (Return flight on KamAir+DSA)	D	2	565.00	1	100.00	1,130.00
	To cover DSA/accommodation of the staff travelling to the targeted provinces for RRTs field supervision (overnight) *2 staff x $50/overnight DSA x 11.3 days = $ 1,130*						
	Section Total						**15,568.50**
6. Transfers and Grants to Counterparts							
6.1	Support to public health facilities (IP-Organization for Health Promotion and Management (OHPM)) (COVID-19 treatment center) in Kandahar	D	1	43,238.00	6	100.00	259,428.00
	This line covers Implementing partner COVID-19 treatment center cost in Kandahar *Please See Annex 6 b -IP budget OHPM of COVID-19 hospital running cost*						
6.2	Support to public health facilities (IP-Coordination of Humanitarian Assistance (CHA)) (COVID-19 treatment center) in Nimroz	D	1	21,815.00	6	100.00	130,890.00
	This line covers Implementing partner COVID-19 treatment center cost in Nimroz *Please See Annex 6 a -IP budget CHA of COVID-19 hospital running cost*						
	Section Total						**390,318.00**
7. General Operating and Other Direct Costs							
7.1	Communication (Internet upgrade/license, phone)	S	1	15,000.00	6	7.00	6,300.00
	Missions monthly communicaiton cost to support project activities. 15,000 X 6 Months X 7% = 6,300						
7.2	Staff communication (COVID-19 RCCE)	D	64	20.00	6	100.00	7,680.00

	This line covers the monthly communication costs for 64 field staff to support project activities @average cost of USD 20 per month x 6 months x 8 C19-RCCE staff						
7.3	Staff Communication (RRT)	D	12	80.00	6	100.00	5,760.00
	This line covers the monthly communication costs for 12 RRTs field staff to support project activities @average cost of USD 80 per month x 6 months x 12 RRTs staff						
7.4	Office Premises, Maintenance, Utilities	s	1	60,000.00	6	7.00	25,200.00
	Missions Office cost including Rent, Utilities and Maintenance to manage project activities. 60,000X 6 Months X 7%= 25,200						
7.5	Office Supplies	s	1	8,000.00	6	7.00	3,360.00
	Covers mission's office supplies cost (Stationary, supplies, covid related supplies, it supplies) 8,000 X 6 Months X 7% = 3,360						
7.6	Vehicle fuel/Maintenance	s	1	5,300.00	6	7.00	2,226.00
	Missions Vehicles Running cost (Fuel and Maintenance) 5,300X 6 Months X 7%= 2,226						
7.7	Insurance	s	1	8,142.90	6	7.00	3,420.02
	This line covers General, Cash and Vehicle insurance costs of the mission. 8,142.90 X 6 Months X 7%= 3,420						
7.8	IT Software License Cost (Monthly)	s	1	15,000.00	6	7.00	6,300.00
	Covers the cost associated with all softwares licenses. 15,000 X 6 Months X 7% = 6,300; Annex 1 Support S&O cost						
7.9	Sub-Office Running Cost (Kandahar)	s	1	12,009.00	6	7.00	5,043.78
	Kandahar Sub-office @USD 12009 shared monthly cost X 6 month X 7% = 5,044						
7.10	Bank Charges	s	1	7,000.00	6	7.00	2,940.00
	This line covers all project related financial transaction / bank charges. 7000 X 6 Months X 7% = 2,943						
7.11	Security Costs	s	1	180,000.00	6	7.00	75,600.00
	Covers overall mission security costs (Armed Guards, Unarmed Guards, DPS..). 180,000 X 6 Months X 7% = 75,600 *Due to current security situation, this cost will be necessary for IOM operational activities*						
7.12	Warehouse rental (Kabul and field level)	S	1	2,000.00	6	40.00	4,800.00
	Covers the cost of warehouse rental in Kabul @ USD 1,200 per month , Kandahar USD 400 & Nimroz USD 400 per month each						
7.13	Staff communication (CTC)	D	53	20.00	6	100.00	6,360.00
	This line covers the monthly communication costs for 53 CTC & Lab technicians staff RRTs to AWD management activities @average cost of USD 20 per month x 6 months x 53 staffs						
	Section Total						**154,989.80**
SubTotal			8,298.05				**1,847,802.30**
Direct							1,608,675.60
Support							239,126.70
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							129,346.16
Total Cost							**1,977,148.46**

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	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Kunduz > Emamsaheb	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Balkh > Mazar-e-Sharif	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Balkh > Sholgareh	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Hilmand > Lashkargah	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Hilmand > Nahr-e-Saraj	5.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Kandahar > Kandahar	36.00000	0	0	0	0		H: Activity 1.1.1: Following an initial support phase from February ... H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Kandahar > Shahwalikot	3.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh... H: Activity 1.2.3: Supporting 2 field monitoring visits in targeted ... H: Activity 1.2.4: In coordination with the PPHD and regional health...
Kandahar > Spinboldak	3.00000	0	0	0	0		H: Activity 1.2.1: Deployment of 12 RRTs in Kandahar, Helmand, Balkh...
Nimroz > Zaranj	28.00000	0	0	0	0		H: Activity 1.1.1: Following an initial support phase from February ... H: Activity 1.1.3: Deploy 8 multi-purpose social mobilizers/vaccinat...

Documents

Category Name	Document Description
Project Supporting Documents	Afghanistan Health Cluster Situation Report_February_2022.pdf
Project Supporting Documents	afghanistan-humanitarian-needs-overview-2022.pdf
Project Supporting Documents	afghanistan-humanitarian-response-plan-2022.pdf
Project Supporting Documents	IOM Afghanistan- Cross Border- Situation Report 5 -11 Mar 2022.pdf
Project Supporting Documents	IOM-AFG-DTM BMA-CBNA_Round14_keyfindings_0.pdf
Project Supporting Documents	Protection and PSEA approval.pdf
Project Supporting Documents	RHC Confirmation for Kunduz Interventions.pdf
Project Supporting Documents	RHC Confirmation for Kandahar Helmand and Nimroz Interventions.pdf
Project Supporting Documents	RHC Confirmation for Balkh Interventions.pdf
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted

Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	Health Cluster approval for AHF proposal submission 26 march 22.pdf
Project Supporting Documents	HAG approval.pdf
Project Supporting Documents	RCCE Approval.pdf
Project Supporting Documents	AAP Approval.pdf
Project Supporting Documents	Signed_OHPM-IOM Project Agreement.pdf
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	OLD VERSION
Project Supporting Documents	Beneficiary calculation.pdf
Budget Documents	IOM_AHF 1st reserve allocation 2022.xlsx
Budget Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	To be deleted
Project Supporting Documents	Annex 1-9 (BoQs)_9June08.30.xlsx
Project Supporting Documents	Annex 1-9 (BoQs)_13June16.18.xlsx
Project Supporting Documents	Annex 10-letter of PPHD-kandahar for cholera care support 15 June 2022.pdf
Budget Documents	To be deleted
Revision related Documents	HC offline review_16June.pdf
Budget Documents	Annex 1-9 (BoQs)_20June15.47.xlsx
Grant Agreement	Allocation Letter_Health_IOM_21607_HC signed.pdf
Grant Agreement	Allocation Letter_Health_IOM_21607_HC signed_IOMcountersigned.pdf
Grant Agreement	26-June-2022 - Delegation of Authority_26 June 22.pdf