

Requesting Organization :	Medical Management and Research Courses for Afghanistan		
Allocation Type :	2023 1st Reserve Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		90.00	
NUTRITION		10.00	
		100	
Project Title :	Provision of Primary Health Care Services in hard to reach and underserved areas in Samangan and Sar-e-Pul Provinces		
Allocation Type Category :	Field activities		
OPS Details			
Project Code :		Fund Project Code :	CBPF-AFG-23-R-NGO-26007
Cluster :		Project Budget in US\$:	402,270.35
Planned project duration :	6 Months	Priority:	
Planned Start Date :	01/09/2023	Planned End Date :	29/02/2024
Actual Start Date:	13/09/2023	Actual End Date:	12/03/2024
Project Summary :	<p>Medical Management & Research Courses for Afghanistan (MMRCA) has more than 15 years of working experience in Afghanistan and has implemented health-related projects including Sehatmandi Projects, vertical health and nutrition projects and AHF projects. MMRCA is currently present in four provinces of east region, four provinces of southeast region, Balkh, Samangan, Sar-e-Pul, Kunduz and Badghis provinces.</p> <p>The proposed project will cover catchment population of 58,388 (direct beneficiaries) with limited or no access to primary health care and nutrition services in the targeted districts of Samangan and Sar-e-Pul provinces (Sancharak in Sar-e-Pul & Aybak, Dara-e-Suf Bala, Dara-e-Suf Payin and Khuram Wa Sarbagh in Samangan province). Difficult terrain, poor infrastructure and the long distance urged people to walk to reach the health facilities which are some of the constraints makes it very difficult for people to access basic health and nutrition services. MMRCA through this project, aims to improve access to and utilization of basic primary health care services, nutrition and psychosocial support by the affected population through the;</p> <ol style="list-style-type: none"> 1. Establishment, equipping and staffing of five MHNTs and four SHCs/PHCs in the targeted districts of Samangan and Sar-e-Pul provinces 2. Provision of psychological first aid and counseling to patients showing symptoms of psychological trauma and other psychosocial problems 3. Provision of emergency primary health services to the population living in remote & underserved villages 4. Nutrition screening of acute malnutrition of children, referral of MAM and SAM & orientation of PLWs on breastfeeding & Infant & Young Children Feeding. Screening of PLWs and referral of them for targeted nutrition services in BPHS health facilities <p>An estimated 5,838 people will be indirectly benefited by the project, including people living in inaccessible areas and staff receiving capacity building services. Th team composition and distribution plan will be as below; Sar-e-Pul Province: As per the EoI and allocation standard only Sancharak district was considered and as per the meetings and coordination we had with PPHD, MMRCA proposes two MHNTs and two fixed centers in Sancharak. However the population in the district are very scattered that is why there is need for integrated mobile and fixed approach in Sar-e-Pul province, conclusively;</p>		

1. Two MHNTs will be established in Sancharak district of Sar-e-Pul province
2. Two fixed health centers will be established in Sancharak district of Sar-e-Pul province

Samangan Province: Recently there have been some MHNTs ran by Agha Khan, BRAC and RHDO, they have stopped due to contract completion and In order to avoid interruption in service delivery MMRCAs with close coordination of PPHD proposes three MHNTs in Aybak and Khurum Wasarbagh districts and one fixed Sub-center in Dara-e-Suf Bala and one fixed Sub-center in Dara-e-Suf Payin districts as summarized below;

1. One MHNT in Ayebak district
2. Two MHNTs in Khurum Wasarbagh district
3. One Sub health-center in Dara-e-Suf Bala District
4. One Sub-health-center in Dara-e-Suf Payin district

The staff structure of each MHNT and fixed health sub-center in all districts of both provinces will be as below;

1. One male or female MD doctor
2. One midwife-female
3. One nutrition nurse-female
4. One vaccinator (preferable female)
5. One psychosocial counselor-female

Direct beneficiaries :

Men	Women	Boys	Girls	Total
12,867	20,787	12,104	12,630	58,388

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	12,867	20,787	12,104	12,630	58,388
	0	0	0	0	0

Indirect Beneficiaries :

The project will cover the total catchment population of 5838 (10% of the direct beneficiaries) who are living in white areas, these are the population living in the neighborhood of direct beneficiaries in white areas, who will benefit of the services via education messages through the direct beneficiaries or their occasional visits to the houses of direct beneficiaries and get services there through MHNTs/fixed centers. Similarly the staff who receives training and capacity building services are also the indirect beneficiaries.

Catchment Population:

Link with allocation strategy :

The request for funding under the AHF 1st Reserve Allocation 2023 can be justified as the proposed activities correspond and meet the HRP and Health Cluster objectives 2023. The activities address urgent health needs of people living in inaccessible and hard to reach areas and these are considered as the urgently needed prioritized life-saving humanitarian assistance/ primary health care. Although the project is proposed in the health cluster, it also addresses nutrition, protection, accountability and inclusion issues as well through the targeted activities and thus part of this proposal.

MMRCA is the BPHS implementer in the targeted districts in Samangan and Sar-e-Pul provinces and has an established presence in these provinces. MMRCA has a clear understanding of the various access risks and is a well respected NGO among local government authorities, stakeholders and communities.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

A rapid need assessment was carried out by MMRCA-Samangan team with close coordination of PPHD office in March-2023 in all districts to map the existence of health facilities and current access to static health facilities and to understand the gaps and constraints for people in accessing basic static health services. On the demographic estimation 86.7% of this population is host community, 10% IDPs, 15% persons with disabilities and 3.7% are returnees. Based on the field need assessment the below findings are found which reflect the needs of the communities for health services.

1. The health care centers are far away, very costly as there are no means of transportation available all the times.
2. The average distance between the communities and the healthcare centre was approximately 12 km.
3. The household spends an average of 340 Afghanis for travel to reach the health centers.

The finding of the assessment from Samangan and Sar-e-Pul provinces also reveals that due to strict traditional and cultural restrictions, most of the girls and women do not have access to the

required health services at the right time which is one of the prominent barriers for women and the situation is likely to worsen. The assessment also found that women faces higher levels of poverty due to negative coping mechanisms and they also bear the burden of stress while supporting their families well-being and often faces higher levels of violences during crisis.

3. Description Of Beneficiaries

4. Grant Request Justification

According to the 2023 Humanitarian Respond plan, the complexity and severity of the ongoing humanitarian crisis have increased the number of people in need of health assistance in 2022. This project will be complementary to HER project in both provinces, the continuation of SEHATMANDI project since the overtake of the Taliban came under extreme pressure which had a negative impact on the delivery of health services across Afghanistan and the number of people in need of health care have increased considerably with many losing accesses to facilities specially in white and inaccessible areas. MMRCA recognizes the impact of the cutbacks to Sehatmandi and is therefore prioritizing humanitarian health assistance to vulnerable populations through the provision of access to primary healthcare services in hard-to-reach underserved areas through an integrated approach of MHNTs and fixed centers/SHCs/PHCs (two MHNTs and two SHCs in Sar-e-Pul and five MHNTs in Samangan). The services will include OPD, MCH, EPI, nutrition, MHPSS and referral. With this grant MMRCA can complement HER and other ongoing health activities in Samangan and Sar-e-Pul provinces,

MMRCA has established offices in both provinces with qualified staff being the HER project implementer, it also has good acceptance among the communities and maintains regular coordination with local authorities, cluster, and other stakeholders in both provinces.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Improved access of affected population in white and inaccessible areas to primary healthcare and nutrition services & Psychosocial Counseling Services in the targeted districts of Samangan and Sar-e-Pul provinces. The target for each indicator in health and nutrition sectors are calculated on the basis of catchment population living in the under served and hard to reach areas, as well as considered the HMIS data and past experience of BPHS in the respective provinces.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities			
2023 HRP Health CO1: Maintain and increase access to life-saving and life-sustaining coordinated health services and information for those most vulnerable and in need		SO1: Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.		100			
Contribution to Cluster/Sector Objectives : The aim of this project is to support the provision of life-saving health services in under-served areas by establishing by 5-MHNTs and 4 fixed centers (Sub-health centers/PHCs) in the remote & underserved areas of the targeted districts in Samangan and Sar-e-Pul provinces and to contribute in reducing the mortality and morbidity in the targeted communities through provision of emergency primary health care services including nutrition, mental health/psychosocial support, maternal and child health and immunization. This will contribute in reducing morbidities and mortalities due to preventable causes. The MHNTs and SHCs/PHCs will be established as per the the provinces and districts below;							
Sar-e-Pul Province: As per the Eol and allocation standard only Sancharak district was considered; as per the meetings and coordination we had with PPHD office, they proposed two MHNTs and two fixed centers/SHCs/PHCs for Sancharak district, as a number of MHNTs are already available in Sar-e-Pul and according to MHNTs strategic guidelines the total number of MHNTs in one province should not be more than ten MHNTs. As the villages in Sancharak district are scattered that is why MMRCA considered integrated mobile and fixed approach for Sar-e-Pul province, the two fixed centers will be Sub-health centers/PHCs. Conclusively the Catchment area is Sancharak district with the following health facilities: Two MHNTs Two Sub-Health Centers/PHCs							
Samangan Province: Total of five MHNTs will be established and deployed as per plan below, the districts are selected based on WHO mapping and final AHF agreed strategy/approved Eol. The number of teams are selected with close coordination of PPHD and has already been shared with WHO north region for his agreement. As per the MHNTs updated strategic guideline a total of ten MHNTs can be established in one province and considering the current situation the contract of other NGOs who had MHNTs is already completed, there is still room for other five MHNTs to be established in Samangan province.							
One MHNT in Ayebak District One MHNT in Dara-e-Suf Bala District One MHNT in Dara-e-Suf Payin District Two MHNTs in Khurum Wasarbagh District							
The structure of each MHNT and fixed center/PHC will be as below; One male of female MD doctor One midwife-female One nutrition nurse-female One vaccinator (preferable female) One psychosocial counselor (female) With each MHNT there will be one rental vehicle to transport the female staff and another vehicle to transport logistics and male staff from one village to another village.							
Outcome 1							
People living in underserved, inaccessible and white areas have access to life saving emergency primary health care, mental health and psychosocial services.							
Output 1.1							
Description							
Nine mobile and fixed health facilities (two MHNTs and three Sub-health centers in Samangan & two MHNTs and two sub-health centers in Sar-e-Pul) are established to provide primary health care and psychosocial and mental health services							
Assumptions & Risks							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Output: Number of primary health care consultations	12,867	20,787	12,104	12,630	58,388
Means of Verification : <p><p>OPD Registers, Monthly Technical reports, HMIS data, Pictures, Case stories and M&E visits</p></p>							
Indicator 1.1.2	HEALTH	Output: Number of pregnant women attended first antenatal care visit		2,335		0	2,335
Means of Verification : <p>ANC registers, HMIS reports, Narrative reports, M&E visits</p>							
Indicator 1.1.3	HEALTH						110

Means of Verification : <p>Delivery registers, HMIS report, narrative report and M&E visits</p>							
Indicator 1.1.4	HEALTH	<p>No of women attended post-natal care visits (all PNCs)</p>	0	1,167	0	0	1,167
Means of Verification :							
Indicator 1.1.5	HEALTH	<p>Number of Pregnant women who received TT2+ vaccines</p>	0	3,114	0	0	3,114
Means of Verification :							
Indicator 1.1.6	HEALTH	<p>Number of under five years children who received ARI consultation </p>	0	0	5,794	5,521	11,315
Means of Verification :							
Indicator 1.1.7	HEALTH	Output: Number of children less than 12 months of age who received measles vaccines			502	476	978
Means of Verification : <p>EPI registers, field visits</p>							
Indicator 1.1.8	HEALTH	<p>Number of children less than 12 months who received Penta-3 vaccines</p>	0	0	301	286	587
Means of Verification :							
Indicator 1.1.9	HEALTH	<p>Number of patients/clients is provided with psychosocial counselling and mental health services</p>	370	1,109	109	110	1,698
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases							
Establishment of MHNTs and SHCs/PHCs: <ol style="list-style-type: none"> Three MHNTs and two Sub-health centers will be established in white and inaccessible areas in five districts of Samangan province Two MHNTs and two Sub-Health centers/PHCs will be established in white and inaccessible areas in Sancharak district of Sar-e-Pul province Hiring qualified and experienced staff for MHNTs and Sub-health centers to provide health, nutrition (screening), PSC, MCH, EPI and preventive and referral services to communities living in hard to reach and white areas in targeted districts in Samangan and Sar-e-Pul provinces Equipping MHNTs and Sub-health centers by needed medical and non medical equipments including furniture, vehicles and required logistics Procurement and supply of pharmaceuticals and consumables Renting vehicles for the transportation of staff, pharmaceuticals and logistics 							
Activity 1.1.2							
Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases							

Identification of service delivery points and deployment of MHNTs and fixed centers:

1. Identification of service delivery points for the MHNTs in coordination with PPHDs offices, MMRCA provincial management teams and community elders
2. Identification of locations and sites for sub-health centers
3. Linking MHNTs and Sub-health centers with nearby active HPs
4. Establishing health committee for the MHNTs and sub-health centers to facilitate community mobilization and to liaise between the MHNTs/SHCs and community
5. Deploying MHNTs/SHCs staff to the designated SDPs and fixed centers to provide the primary health care and MHPSS services

Activity 1.1.3**Standard Activity : Not Selected****Procurement and Supply of Pharmaceuticals, consumables, Logistics and winterization:**

1. Procurement and supply of medicines, consumables, equipment, furniture, logistics, stationery and HMIS tools to the MHNTs and rental vehicles for transport purposes
2. Maintaining good tracking record and inventory of all logistics, pharmaceuticals and log-books for vehicles
3. Procurement and supply of winterization items for MHNTs and SHCs/PHCs
4. Updating inventories from time to time on regularly basis
5. Reporting consumptions and balances at the end of each months by MHNTs and SHCs/PHCs
6. Submission of inventory reports to AHF and PPHDs at the end of project

Activity 1.1.4**Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases**

Mother and Child Health Care:

1. Providing MCH care (ANC, PNC and skilled births) through hiring, training and deployment of qualified midwives
2. Ensure availability of safe working environment for midwives and female staff
3. Supply of pharmaceuticals and needed items for MCH care

Activity 1.1.5

Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases

Child health and Immunization Services:

1. Ensure availability of trained staff, pharmaceuticals and equipments to provide consultation to under five years children in MHNTs and sub-health centers
2. Ensure uninterrupted supply of vaccines and commodities
3. Ensure proper cold chain maintenance
4. Administration of routine vaccines
5. Administration of TT vaccines

Activity 1.1.6

Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases

Mental Health and Psychosocial Counselling:

1. Provision of proper and dedicated spaces with needed equipments and materials for psychosocial counseling
2. Taking mental health consultations/treatment of clients who attend the MHNTs and SHCs/PHCs
3. Providing psychosocial counselling to clients who attend the MHNTs and SHCs/PHCs
4. Referring complicated cases of mental disorders to upper level HFs

Activity 1.1.7

Standard Activity : Not Selected

Supervision, Monitoring and reporting

1. Conducting regular supervision of MHNTs and SHCs/PHCs by medical supervisors, BPHS supervisors, BPHS project managers
2. Conducting joint monitoring visits with PPHD office
3. Conducting monitoring visit by WHO regional office, donor/AHF designated M&E team
4. Quarterly monitoring visits from MMRCA Kabul office
5. Submission of monthly HMIS reports
6. Submission of mid-term narrative and financial reports to AHF
7. Submission of final narrative and financial reports to AHF

Output 1.2

Description

Accountability to affected population and Capacity Building of Staff

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	<p>Number of affected population who are satisfied with the services provided by the MHNTs and fixed health Sub-centers</p>	10,293	16,629	6,052	6,315	39,289

Means of Verification :

Indicator 1.2.2	HEALTH						50
-----------------	--------	--	--	--	--	--	----

Means of Verification : <p>Clients exit interviews/forms and OPD registers</p>

Indicator 1.2.3	HEALTH	Output: Number of health care workers trained	9	36			45
-----------------	--------	---	---	----	--	--	----

Means of Verification :

Activities

Activity 1.2.1

Standard Activity : Not Selected

Activities related to Accountability to affected population:

1. Involving communities specifically women in the design, development, implementation and monitoring of project activities
2. Sharing GRM and complaint tools (complaint box, contact information of PSEA focal points) with affected population/beneficiaries
3. Reporting, recording complaints, following and resolving them as per the Afghanistan accountability principles

Activity 1.2.2**Standard Activity : Not Selected****Activities related to Capacity Building/training of staff:**

1. Conducting TNA and identification of training needs for staff
2. Preparing training plan, materials, venue and training logistics
3. Inviting training participants
4. Conducting PSEA, HMIS, MCH, EPI, PSC, IMCI trainings
5. Pre and post training evaluation and follow up

Additional Targets :**NUTRITION**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2023 HRP Nutrition CO2: To increase equitable access and utilization of quality lifesaving preventative nutrition-specific service delivery for children, and women by the end of 2023	SO2: The protection risks of the most vulnerable are mitigated and the needs of affected persons of all genders and diversities are monitored and addressed through humanitarian action.	100

Contribution to Cluster/Sector Objectives : Each MHNT and SHCs/PHCs will be staffed with a female nutrition counselor to screen and detect malnutrition in children of under five years, similarly the doctors in the teams will also assess the conditions of MAM and SAM children and will refer them to the treatment centers at upper level BPHS health facilities. The midwives will conduct IYCF counselling and will detect MAM-PLWs and will refer them to the BPHS health facilities for enrollment in the TSFP and nutrition program. These interventions will lead to on-time identification and management of acute malnutrition among children and PLWs and will contribute to reduction in mortalities due to preventable causes of malnutrition.

As the nutrition commodities in the country are providing by UNICEF and partially by WFP through TSFP intervention, it is therefore not confirmed either UNICEF or WFP will provide food commodities for these newly establishing MHNTs and sub-health centers, though MMRCAs will communicate regularly with both UN-agencies, in case food is not provided the MAM and SAM children and MAM PLWs after screening, counselling and diagnosis will be referred to BPHS and EPHS health facilities, severe SAM cases after diagnosis will be referred to admission centers/TFUs in DHs and PHs.

Outcome 1

Reduction of mortalities and prevention of malnutrition in children and PLWs due to preventable causes of malnutrition

Output 1.1**Description**

Children of 6-59 months with acute malnutrition are screened, identified and treated

Assumptions & Risks**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	<p>Number of MAM children 6-59 months are screened, diagnosed and referred for treatment</p>	0	0	697	667	1,364

Means of Verification :							
Indicator 1.1.2	NUTRITION	Output: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD			545	521	1,066
Means of Verification : <p>OPD registers, nutrition registers, referral logs and field visits</p>							
Activities							
Activity 1.1.1							
Standard Activity : MAM treatment of children 6-59 months in OPD							
<p>MAM and SAM children management</p> <ol style="list-style-type: none"> 1. Screening and diagnosis of SAM and MAM and their management 2. Procurement and supply of all needed items for the provision of nutrition screening and counselling services 3. Coordination and communication with UNICEF for the provision of nutrition commodities 4. Reporting the nutrition activities 							
Output 1.2							
Description							
Number of PLWs provided with MIYCN services and health education							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	<p>Number of PLWs screened for acute malnutrition and provided with MIYCN counselling and awareness</p>	0	3,176	0	0	3,176
Means of Verification :							
Indicator 1.2.2	NUTRITION	Output: Number of Pregnant and lactating women with AM who are admitted for treatment		1,364			1,364
Means of Verification : <p>Nutrition registers, OPD registers, MCH records, referral logs, field visits</p>							
Activities							
Activity 1.2.1							
Standard Activity : MIYCN counselling							

Activities related to MIYCN/PLWs nutritional screening and treatment

1. Screening of PLWs for the assessment of acute malnutrition
2. Referral of MAM-PLWs to higher level BPHS health for receiving nutrition services
3. Providing counseling to pregnant and lactating women

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring tools: National monitoring checklists, clients exit interview forms, community score cards

Monitoring bodies and frequency:

- Day to day implementation of the project using standard checklists focusing on indicators, processes and outcomes,
- Beneficiaries will join M&E visits & rate the quality of services using a score card.
- Frequent monitoring by BPHS supervisors
- Quarterly monitoring by MMRCA main office
- PPHDs joint monitoring with project team
- WHO regional coordinator

The project will use a standard HMIS for data collection, analysis and report generation. An indicator tracking excel sheets and HMIS database for the project will be updated on a monthly basis to monitor the progress in meeting the indicators and targets. The means of verification (MoVs) will be HFs/MHTs monthly progress reports, HFs registers and monitoring reports. project interim and final reports will be submitted to AHF. MMRCA will submit the project data in WHO standard **report-Hub** on monthly basis.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1:</p> <p>Establishment of MHNTs and SHCs/PHCs:</p> <ol style="list-style-type: none"> 1. Three MHNTs and two Sub-health centers will be established in white and inaccessible areas in five districts of Samangan province 2. Two MHNTs and two Sub-Health centers/PHCs will be established in white and inaccessible areas in Sancharak district of Sar-e-Pul province 3. Hiring qualified and experienced staff for MHNTs and Sub-health centers to provide health, nutrition (screening), PSC, MCH, EPI and preventive and referral services to communities living in hard to reach and white areas in targeted districts in Samangan and Sar-e-Pul provinces 4. Equipping MHNTs and Sub-health centers by needed medical and non medical equipments including furniture, vehicles and required logistics 5. Procurement and supply of pharmaceuticals and consumables 6. Renting vehicles for the transportation of staff, pharmaceuticals and logistics 	1												
<p>Activity 1.1.1:</p> <p>MAM and SAM children management</p> <ol style="list-style-type: none"> 1. Screening and diagnosis of SAM and MAM and their management 2. Procurement and supply of all needed items for the provision of nutrition screening and counselling services 3. Coordination and communication with UNICEF for the provision of nutrition commodities 4. Reporting the nutrition activities 	1												

<p>Activity 1.1.2:</p> <p>Identification of service delivery points and deployment of MHNTs and fixed centers:</p> <ol style="list-style-type: none"> 1. Identification of service delivery points for the MHNTs in coordination with PPHDs offices, MMRCA provincial management teams and community elders 2. Identification of locations and sites for sub-health centers 3. Linking MHNTs and Sub-health centers with nearby active HPs 4. Establishing health committee for the MHNTs and sub-health centers to facilitate community mobilization and to liaise between the MHNTs/SHCs and community 5. Deploying MHNTs/SHCs staff to the designated SDPs and fixed centers to provide the primary health care and MHPSS services 	1												
<p>Activity 1.1.3:</p> <p>Procurement and Supply of Pharmaceuticals, consumables, Logistics and winterization:</p> <ol style="list-style-type: none"> 1. Procurement and supply of medicines, consumables, equipment, furniture, logistics, stationery and HMIS tools to the MHNTs and rental vehicles for transport purposes 2. Maintaining good tracking record and inventory of all logistics, pharmaceuticals and log-books for vehicles 3. Procurement and supply of winterization items for MHNTs and SHCs/PHCs 4. Updating inventories from time to time on regularly basis 5. Reporting consumptions and balances at the end of each months by MHNTs and SHCs/PHCs 6. Submission of inventory reports to AHF and PPHDs at the end of project 	1												

<p>Activity 1.1.4:</p> <p>Mother and Child Health Care:</p> <ol style="list-style-type: none"> 1. Providing MCH care (ANC, PNC and skilled births) through hiring, training and deployment of qualified midwives 2. Ensure availability of safe working environment for midwives and female staff 3. Supply of pharmaceuticals and needed items for MCH care 	1																		
<p>Activity 1.1.5:</p> <p>Child health and Immunization Services:</p> <ol style="list-style-type: none"> 1. Ensure availability of trained staff, pharmaceuticals and equipments to provide consultation to under five years children in MHNTs and sub-health centers 2. Ensure uninterrupted supply of vaccines and commodities 3. Ensure proper cold chain maintenance 4. Administration of routine vaccines 5. Administration of TT vaccines 	1																		
<p>Activity 1.1.6:</p> <p>Mental Health and Psychosocial Counselling:</p> <ol style="list-style-type: none"> 1. Provision of proper and dedicated spaces with needed equipments and materials for psychosocial counseling 2. Taking mental health consultations/treatment of clients who attend the MHNTs and SHCs/PHCs 3. Providing psychosocial counselling to clients who attend the MHNTs and SHCs/PHCs 4. Referring complicated cases of mental disorders to upper level HFs 	1																		

<p>Activity 1.1.7:</p> <p>Supervision, Monitoring and reporting</p> <ol style="list-style-type: none"> 1. Conducting regular supervision of MHNTs and SHCs/PHCs by medical supervisors, BPHS supervisors, BPHS project managers 2. Conducting joint monitoring visits with PPHD office 3. Conducting monitoring visit by WHO regional office, donor/AHF designated M&E team 4. Quarterly monitoring visits from MMRCA Kabul office 5. Submission of monthly HMIS reports 6. Submission of mid-term narrative and financial reports to AHF 7. Submission of final narrative and financial reports to AHF 	1																		
<p>Activity 1.2.1:</p> <p>Activities related to Accountability to affected population:</p> <ol style="list-style-type: none"> 1. Involving communities specifically women in the design, development, implementation and monitoring of project activities 2. Sharing GRM and complaint tools (complaint box, contact information of PSEA focal points) with affected population/beneficiaries 3. Reporting, recording complaints, following and resolving them as per the Afghanistan accountability principles 	1																		
<p>Activity 1.2.1:</p> <p>Activities related to MIYCN/PLWs nutritional screening and treatment</p> <ol style="list-style-type: none"> 1. Screening of PLWs for the assessment of acute malnutrition 2. Referral of MAM-PLWs to higher level BPHS health for receiving nutrition services 3. Providing counseling to pregnant and lactating women 	1																		
<p>Activity 1.2.2:</p> <p>Activities related to Capacity Building/training of staff:</p> <ol style="list-style-type: none"> 1. Conducting TNA and identification of training needs for staff 2. Preparing training plan, materials, venue and training logistics 3. Inviting training participants 4. Conducting PSEA, HMIS, MCH, EPI, PSC, IMCI trainings 5. Pre and post training evaluation and follow up 	1																		

OTHER INFO

Accountability to Affected Populations

MMRCA will address AAP as below;

1. Communities/ influential people were engaged in the design/ development of this project
2. Communities will be informed about the scope and objective of project and all information related to the project will be shared
3. They will be hold accountable during the implementation, and will be involved in every step of the project they are given the authority to monitor the progress, share feedback and complaints.

The door of MMRCA to any type of M&E will remain open, whenever there is need of information to beneficiaries staff visit and listen to their advice and answer questions in a friendly environment. MMRCA will engage all ethnicities, PWD, host communities, IDPs and both genders in every phase of the project. Feed back/ grievance (specially PSEA) by women will be submitted to the female staff/PSC, referred to the provincial PSEA focal point (female) and finally to Ms. Albela (MMRCA Kabul office), discussed, analyzed by senior management and resolved.

Implementation Plan

MMRCA is BPHS implementer in both provinces and have enough capacity at the central and provincial levels to manage the project, as these MHNTs/SHCs will be deployed/established in the white areas so MMRCA will recruit new staff for the project with strong back up support by MMRCA central and provincial offices. The staff recruitment is expected to be completed in 3-4 weeks after award. MMRCA main office and provincial offices have a well established set up and transportation facilities to support the project at the beginning, however the MHNTs will need for renting vehicles for their transportation and expected to be completed in 2-3 weeks after the contract award. Training will be going parallel with the implementation, trainings can be supported from MMRCA other projects as loan, for operating expenses MMRCA will transfer money through MSPs which can be done in 1-2 days, staff salaries will be paid in cash or bank transfers depending upon the situation in the provinces.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
<u>Environment Marker Of The Project</u>	
<u>Gender Marker Of The Project</u>	
4- Likely to contribute to gender equality, including across age groups	
<u>Justify Chosen Gender Marker Code</u>	
<u>Protection Mainstreaming</u>	

MMRCA will adhere to the do-no-harm principle and will fully comply with protection principles, MMRCA ensures that their activities have targeted the most vulnerable population living in white and inaccessible areas in Samangan and Sar-e-Pul provinces. These services are designed to enhance safety, dignity, and promote and protect the health rights of the beneficiaries without contributing to or perpetuating discrimination, abuse, violence, neglect and exploitation. The health activities under this project will improve the physical, emotional and psychological well being. MMRCA is strongly adhere to national and international policies which promotes gender and prevent sexual exploitation, allegation and abuse, these issues will be seriously addressed and prevented. Physically the project do not involves construction activities and the waste created as a result of health services (medical and non-medical waste) will be disposed considering the MoPH and WHO safety standards and health care waste management manuals and guidelines. One of the main activity of the project is the psychological/mental health disorders which will be addressed through counselling, case management and referral, thus it is ensured that the project instead of creating psychological issues rather promote health and psychological wellbeing of the targeted population.

Country Specific Information

Safety and Security

Access

MMRCA as a BPHS implementer in both provinces is aware of the local situations and will monitor the issues regularly and closely with communities, PPHD and local government authorities. MMRCA will hire local qualified staff (specifically couples if available) in order to improve access, promote community acceptance & gain trust of the target population & other stakeholders. MMRCA will coordinate with the stakeholders & will use the CHW network in the project areas to ensure that patients and staff have access to service delivery points. MMRCA will continue to engage the community leaders/members in participatory monitoring of the project & build rapport to gain acceptance & trust & coordinate with local influential people before any movements of MHTs to the designated communities. MMRCA will ensure that project staff travel in low profile and all staff will be oriented to respect local customs, religious norms & follow appropriate manner of culturally accepted dressing.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Executive Director Partial (20%)	D	1	4,000.00	6	20.00	4,800.00
	<i>MMRCA Executive Director- Kabul- partially charged, who will be involved in all coordination at central level, participation in meetings, submission of reports to donor and field monitoring, the salary is allocated as per NTA salary scale (Grade 1- Step 10) Executive Director. the BoQ is uploaded. the salary amount will be charged as per amount charged to this project.</i>						
1.2	Finance Director Partial (20%)	D	1	3,778.00	6	20.00	4,533.60
	<i>MMRCA Finance Director -Kabul- partially charged, who will be involved as overall finance management, preparing financial report, maintain records and payments in Quick book centralized financial system, providing responses for auditors internal and external, preparing Financial Reports to donors and participation in finance related meetings. the salary is allocated as per NTA salary scale (Grade 1- Step 9) Finance Director. the BoQ is uploaded. the salary amount will be charged as per amount charged to this project.</i>						
1.3	Project Manager	D	1	1,214.00	6	100.00	7,284.00
	<i>Project Manager (during the month, 15 days in Samangan and 15 days in Sarepul) will be responsible for overall project, coordinating of project activities, participation in meeting, managing staff, hiring of staff and other project activities, the salary is allocated as per NTA salary scale (NTA- Grade C- Step 5) the BoQ is uploaded.</i>						
1.4	Medical Supervisor	D	2	640.00	6	100.00	7,680.00
	<i>Medical Supervisor will be hire once for Sarepul and 2nd for Samangan province, the medical supervisor will be responsible for project monitoring, supervisions, collecting data for health facilities. the salary is allocated as per NTA salary scale (NTA- Grade D- Step 4) the BoQ is uploaded.</i>						
1.5	Technical Staff (HMIS and Pharmacy officers) (4)	D	4	442.00	6	100.00	10,608.00
	<i>There will be hired 4 technical staff including HMIS officer and pharmacy officer per each province of Sarepul and Samangan provinces, the HMIS officer will be responsible for HMIS activities, collecting data from health facilities, entry of data at HMIS database, providing HMIS report and submit to MMRCA main office, the pharmacy officer will be responsible for medicine support. the salary is allocated as per NTA salary scale (NTA- Grade D- Step 1) the BoQ is uploaded.</i>						
1.6	Administration Staff (Admin Finance officers)	D	2	442.00	6	100.00	5,304.00
	<i>Administrative staff in Admin Finance office will be hired per province at Sarepul and Samangan provinces, the admin finance office will be responsible for day-to-day finance and administration activities at Sarepul and Samangan, this include collecting supporting documents for payment and providing payment vouchers. the salary is allocated as per NTA salary scale (NTA- Grade D- Step 1) the BoQ is uploaded.</i>						

1.7	Medical Doctor	D	9	540.0 0	6	100.00	29,160.00
	MDs (Medical Doctor) will be hired per MHT and fixed centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces), The MD will be responsible for treatment of patients and refer out in case of need. the salary is allocated as per NSP salary scale (NSP- BPHS-2020)						
1.8	Midwife	D	9	652.0 0	6	100.00	35,208.00
	Midwife will be hired for each MHT and fixed centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces), the midwife will be responsible for emergency issues and delivery services. the salary is allocated as per NSP salary scale (NSP- BPHS-2020). the BoQ is uploaded..						
1.9	Nutrition female nuse	D	9	507.0 0	6	100.00	27,378.00
	Nutrition female nurse will be hired per MHT and fixed centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces), they will be responsible for follow up of treatment order and OPD for patients. the salary is allocated as per NSP salary scale (NSP- BPHS-2020). the BoQ is uploaded.						
1.10	Mental health and psychosocial support (MHPSS) counsellor	D	9	348.0 0	6	100.00	18,792.00
	Mental health and psychosocial support (MHPSS) counsellor will be hired per MHT and fixed centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces), they will be responsible for counselling to the clients. the salary is allocated as per NSP salary scale (NSP- BPHS-2020). the BoQ is uploaded.						
1.11	Vaccinator	D	9	209.0 0	6	100.00	11,286.00
	Vaccinator will be hired per MHT and fixed centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces), they will be responsible for EPI services. the salary is allocated as per NSP salary scale (NSP- BPHS-2020). the BoQ is uploaded.						
1.12	Guard/Cleaner for fixed center	D	4	174.0 0	6	100.00	4,176.00
	Guard/ Cleaner will be hired for 2 fixed centres at Sarepul and 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan provinces and will be responsible for security and cleaning of the centre. the salary is allocated as per NSP salary scale (NSP- BPHS-2020). the BoQ is uploaded.						
1.13	Partial Salary of (Internal Auditor, HR, Logistic, Finance, pharmacy and HMIS staff) main office staff	D	6	640.0 0	6	10.00	2,304.00
	Administration and technical staff of main office at Kabul who are involved in this project will be charged partial 10%-20% lumpsum to the project, they internal audit will be responsible for checking project documents and other audit issues, HR will be responsible for recruitment and maintaining of personnel files, Logistic will be responsible for procurement activities, Finance will be responsible for daily finance related activities, Pharmacy will be responsible for supply of pharmaceuticals and Technical (HMIS) will be responsible for analysis of HMIS data. the salary lump-sum and allocated as per NTA salary scale (NTA- Grade D- Step4) the BoQ is uploaded.						
	Section Total						168,513.60
2. Supplies, Commodities, Materials							
2.1	Pharmaceuticals	D	9	8,463 .00	1	100.00	76,167.00
	Pharmaceuticals including medicine, dressing, lab materials are allocated for patients.						
2.2	Printing HMIS/IEC Materials	D	9	600.0 0	1	100.00	5,400.00
	HMIS tools will be printed for 3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces, the cost is allocated as per MMRC past experience for printing of HMIS tools, HMIS tools includes prescriptions, stock cards, patients file, patients registers, tally sheets, in addition this line will support health education participants registers.						
2.3	Training	D	9	982.0 0	1	100.00	8,838.00
	Below trainings will be conducted: 1- HMIS Training to in-charges and MWs (18 Staff for 3 days) 2- EPI refresher trainings to vaccinators (9 Staff 6 days) 3- MCH training (ANC, PNC and family planning) for MWs (9 Staff for 3 days) 4- Basics of Psychosocial Counselling (9 Staff for 6 days) 5- Infection Prevention for Health Staff (18 Staff for 2 days) 6- Training on WHO/MoPH approved GBV protocol for health staff (18 Staff for 5 days) For detail refer to BoQ						
2.4	Refreshment for community member education	D	9	50.00	6	100.00	2,700.00
	Small refreshments are considered 50 USD per month/ MHT for community members during health education and monthly coordination meetings.						
	Section Total						93,105.00

3. Equipment							
3.1	Medical Equipments	D	9	1,425.00	1	100.00	12,825.00
	Needed medical equipment will be purchase for 3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces. for detail refer to BoQ						
3.2	Non-medical equipment's	D	9	1,200.00	1	100.00	10,800.00
	Dedicated plastic carpets for male and female staff and waiters/patients, chairs and tables, kitchen utensils. for 3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, and 2 MHT in Sarepul provinces and Furnitures for 2 fixed centres in Sarpul province						
3.3	Laptop commuters and printer	D	4	400.00	1	100.00	1,600.00
	4 Laptop computer 4 dedicated staff (1 project manager, 1 HMIS Sarepul and Samangan, 1 Pharmacy Sarepul and Samangan and 1 Project officer in Sarepul and Samangna provinces).						
	Section Total						25,225.00
4. Contractual Services							
4.1	Rental Vehicle for MHTs	D	10	900.00	6	100.00	54,000.00
	2 Rental vehicles will be hired for Mobile health team once for male and 2nd for female staff for 3 MHT in Samangan and 2 MHT in Sarepul provinces.						
4.2	Rental Vehicle for Coordination, meetings	D	2	750.00	6	100.00	9,000.00
	Rental vehicles will be hired 1 per province (1 Sar-e-pul and 1 for Samangan) for supervision, coordination meeting and procurement supply.						
4.3	Rent of health facility for fixed center	D	4	50.00	6	100.00	1,200.00
	there will be rent a building for space of 2 fixed centres in Sarepul and 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan provinces.						
	Section Total						64,200.00
5. Travel							
5.1	Per-diem- M&E visit from Kabul to Sarepul and Samangan	D	2	240.00	2	100.00	960.00
	2 person (Per-diem 40\$ * 3 days) = 120\$ in quarter will be visit for supervision form Kabul to Sarepul and Samangan provinces. (2 province)						
5.2	Transportation- M&E visit from Kabul to Sarepul and Samangan	D	2	250.00	2	100.00	1,000.00
	Air ticket from Kabul to Balkh and road transportation from Balkh to Sarepul and Samangan provinces for M&E supervision.						
5.3	Mahram accommodation cost per MHT	D	9	200.00	1	100.00	1,800.00
	Almost three staff members in a team will be female so there is considered mahram accommodation cost and bedding for night stay 200 USD per centre in the project period.						
	Section Total						3,760.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Stationery and Office Supplies for MHTs/ fixed centres	D	9	80.00	6	100.00	4,320.00
	Stationery and office supplies are allocated 80 USD per month/ centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces) for daily project operating activities. for detail refer o BoQ						
7.2	Utilites (Electricity, water, gas, ...	D	9	100.00	6	100.00	5,400.00
	Utilities including electricrity, water, gas, etc.. are allocated 100 USD per month/ centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces) for daily project operating activities. for detail refer to BoQ						
7.3	Communication (Mobile top up and Internet)	D	9	87.00	6	100.00	4,698.00

	Communication (mobile top up card and internet) are allocated 87 USD per month/ centre (3 MHT & 2 Health Sub-Centers in Dar-e-Suf Bala and Dar-e-Suf Payan districts at Samangan, 2 MHT and 2 fixed centres in Sarepul provinces) for daily communication and reporting purposes. For detail refer to BoQ						
7.4	Stationery and Office Supplies for management offices	D	3	666.00	6	30.00	3,596.40
	Stationery and office supplies are allocated for 3 offices at (Kabul, Sarepul and Samangan offices) 200 USD per month for daily project operating activities.						
7.5	Communication (Mobile top up and Internet) for management offices	D	1	371.00	6	60.00	1,335.60
	Communication (mobile top up card and internet) are allocated for project management staff at (Kabul, Sarepul and Samangan offices) 100 USD per month for daily communication and reporting purposes. Refer to BoQ for details.						
7.6	Winterization	D	9	200.00	1	100.00	1,800.00
	Ther is allocated 2 Kg LPG gas per day for each MHT ((2 Kg gas * 26 days * 0.96 AFN) * 4 months) = 200 USD						
	Section Total						21,150.00
SubTotal			193.00				375,953.60
Direct							375,953.60
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							26,316.75
Total Cost							402,270.35

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Afghanistan > Samangan > Aybak	22.00000	0	0	0	0		H: Activity 1.1.1: Establishment of MHNTs and SHCs... H: Activity 1.1.2: Identification of service deliv... H: Activity 1.1.3: Procurement and Supply of Pharm... H: Activity 1.1.4: Mother and Child Health Care:&l... H: Activity 1.1.5: Child health and Immunizat... H: Activity 1.1.6: &lt;... H: Activity 1.1.7: Supervision, Monitoring and&nbs... N: Activity 1.1.1: N: Activity 1.2.1:

Afghanistan > Samangan > Dara-e- Suf-e- Payin	11.00000	0	0	0	0	<p>H: Activity 1.1.1:</p> <p>Establishment of MHNTs and SHCs... H: Activity 1.1.2:</p> <p>Identification of service deliv... H: Activity 1.1.3:</p> <p>Procurement and Supply of Pharm... H: Activity 1.1.4:</p> <p>Mother and Child Health Care:&l... H: Activity 1.1.5:</p> <p>Child health and Immunizat... H: Activity 1.1.6:</p> <p>&lt... H: Activity 1.1.7:</p> <p>Supervision, Monitoring and&nbs... N: Activity 1.1.1:</p> <p>N: Activity 1.2.1:</p>
Afghanistan > Samangan > Dara-e Suf-e-Bala	11.00000	0	0	0	0	<p>H: Activity 1.1.1:</p> <p>Establishment of MHNTs and SHCs... H: Activity 1.1.2:</p> <p>Identification of service deliv... H: Activity 1.1.3:</p> <p>Procurement and Supply of Pharm... H: Activity 1.1.4:</p> <p>Mother and Child Health Care:&l... H: Activity 1.1.5:</p> <p>Child health and Immunizat... H: Activity 1.1.6:</p> <p>&lt... H: Activity 1.1.7:</p> <p>Supervision, Monitoring and&nbs... N: Activity 1.1.1:</p> <p>N: Activity 1.2.1:</p>
Afghanistan > Samangan > Khuram Wa Sarbagh	11.00000	0	0	0	0	<p>H: Activity 1.1.1:</p> <p>Establishment of MHNTs and SHCs... H: Activity 1.1.2:</p> <p>Identification of service deliv... H: Activity 1.1.3:</p> <p>Procurement and Supply of Pharm... H: Activity 1.1.4:</p> <p>Mother and Child Health Care:&l... H: Activity 1.1.5:</p> <p>Child health and Immunizat... H: Activity 1.1.6:</p> <p>&lt... H: Activity 1.1.7:</p> <p>Supervision, Monitoring and&nbs... N: Activity 1.1.1:</p> <p>N: Activity 1.2.1:</p>

Afghanistan > Sar-e-Pul > Sancharak(sangchark)	45.00000	0	0	0	0	<p>H: Activity 1.1.1:</p> <p>Establishment of MHNTs and SHCs...</p> <p>H: Activity 1.1.2:</p> <p>Identification of service deliv...</p> <p>H: Activity 1.1.3:</p> <p>Procurement and Supply of Pharm...</p> <p>H: Activity 1.1.4:</p> <p>Mother and Child Health Care:&l...</p> <p>H: Activity 1.1.5:</p> <p>Child health and Immunizat...</p> <p>H: Activity 1.1.6:</p> <p>&lt...</p> <p>H: Activity 1.1.7:</p> <p>Supervision, Monitoring and&nbs...</p> <p>N: Activity 1.1.1:</p> <p>N: Activity 1.2.1:</p>
--	----------	---	---	---	---	---

Documents	
Category Name	Document Description
Project Supporting Documents	Health Cluster Endorsement.pdf
Project Supporting Documents	MMRCA proposal for DIWG endorsement .pdf
Project Supporting Documents	Proposal endorsement Email to GAM.pdf
Project Supporting Documents	AAP Endorsement.docx
Project Supporting Documents	SDPs_target beneficiaries_MHNTs Samangan.xlsx
Project Supporting Documents	AAP endorsement.pdf
Budget Documents	Budget and BoQs
Budget Documents	BudgetReport_CBPf-AFG-23-R-MMRCA-26007.xlsx
Budget Documents	BoQ of non medical equipemtns.xlsx
Budget Documents	BoQ of staff salary.xlsx
Budget Documents	BoQ Training plan - Revised.xlsx
Budget Documents	Salary payment slips June 2023 (Executive Director and Finance Director).pdf
Budget Documents	Health cluster comments_MMRCA.pdf
Budget Documents	Revised BoQ Pharmaceuticals- B.1.xlsx
Budget Documents	BoQ of G.5 Communication (Mobile top up and Internet) for management offices.xlsx
Budget Documents	Shar cost table.xlsx
Budget Documents	BoQ- Training - Revised.xlsx
Budget Documents	Revised BoQ of staff salary.xlsx
Budget Documents	BoQ Salary of Executive director and finance director.xlsx
Budget Documents	BoQ of staff salary.xlsx
Budget Documents	MMRCA HR Manual - Revised July 2021-min.pdf
Budget Documents	Salary skill- MMRCA.pdf
Budget Documents	48. NTA Guidline.pdf

Budget Documents	NSP 2016-2020_Oct 15 2016.pdf
Budget Documents	Revised BoQ of staff salary.xlsx
Budget Documents	BOQ G.4 Stationery and Office Supplies for management offices.xlsx
Grant Agreement	GrantAgreement_CBPF-AFG-23-R-NGO-26007_MMRCA_Health and Nutrition_Signed.pdf
Grant Agreement	GrantAgreement_CBPF-AFG-23-R-NGO-26007_MMRCA_Health and Nutrition_Signed by MMRCA.pdf
Revision related Documents	Endorsement AAP.pdf
Revision related Documents	Endorsement by protection working group.docx
Revision related Documents	HAG Response to MMRCA proposal.pdf