

<b>Requesting Organization :</b>	Humanitarian Assistance & Development Association for Afghanistan		
<b>Allocation Type :</b>	2023 1st Reserve Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
HEALTH		74.00	
NUTRITION		26.00	
		<b>100</b>	
<b>Project Title :</b>	Provision of integrated Primary Health Care including MPHSS and Nutrition service through static HFs in underserved areas of Ghazni province Afghanistan,		
<b>Allocation Type Category :</b>	Field activities		
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	CBPF-AFG-23-R-NGO-26014
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	367,082.48
<b>Planned project duration :</b>	6 Months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/08/2023	<b>Planned End Date :</b>	31/01/2024
<b>Actual Start Date:</b>	14/09/2023	<b>Actual End Date:</b>	13/03/2024
<b>Project Summary :</b>	<p>Based on available data from PHD and physical assessment conducted by our team, it was found that the BHPS in Ghazni province is unable to cope with current challenges, resulting in poor or no access to available services for many people in the region. The HER Project supports 102 Health Facilities, providing primary healthcare services including nutrition services to around 789,079 people in dispersed locations across Ghazni's wide geography, leaving several areas without health services. HADAAF also has an active presence through 13 static HFs in remote areas with WHO support, but many areas lack health services after the closure of AHF-supported clinics.</p> <p>The main factors contributing to poor access are the long distances from HFs (requiring 3-5 hours of walking), poorly functional BPHS facilities, local cultural traditions, and limited awareness about health care provision. The current HMIS data, although unreliable and susceptible to manipulation, still fails to meet the MoPH targets for key indicators. Key indicators from the analyzed data include ANC all visits (47%), PNC all visits (unspecified percentage), TT+ coverage (50%), DPT3 coverage (82%), and institutional deliveries (54%). Additionally, there is no recent assessment, but data from the Smart survey 2020 shows a Global Acute Malnutrition (GAM) rate of 8.7% (2.4% SAM and 5.8% MAM) in children under five years old.</p> <p>To address these challenges, a proposed project aims to establish 13 Health Facilities (SHCs) in the remotest villages across 10 districts in Ghazni province. The locations for intervention were selected in coordination with PHD, targeting areas with poor or no access to available HFs due to long distances (3-6 hours of walking), a weak transport system, and local cultural restrictions on women's movements. The project is expected to benefit 91,850 people, including women, children, and persons with disabilities, by prioritizing activities related to maternal and child health, immunization, Maternal and Perinatal Health Surveillance System (MPHSS), control of infectious diseases like TB and malaria, management of malnutrition, and daily consultations.</p>		

The proposed Health Facilities and their respective locations :

Wali Mohammad Shaheed: 1 SHC proposed in Sra Qala Village, covering a population of 6,200, located 13 kilometers from the nearest HF.

Waghaz District: 2 SHCs proposed in Surkhak Shahzadagan and Haft Asiab villages, serving populations of 7,065 and 8,285, respectively, situated 13 and 11 kilometers from the nearest HF.

Jaghatoo District: 1 SHC proposed in Shakai, catering to a population of 5,000, located 12 kilometers from the nearest HF.

Rashidun District: 1 SHC proposed in Laghari village, serving a population of 7,800, situated 14 kilometers away from the nearest HF.

Nawar District: 2 SHCs proposed in Qalai Bakhtiari and Altan villages, providing healthcare services to populations of 5,512 and 6,488, respectively, located 27 and 16 kilometers from the nearest HF

Nawa District: 1 SHC proposed in Rahman Qala village, covering a population of 8,300, and situated 22 kilometers from the nearest HF.

Ajiristan District: 2 SHCs proposed in Sahai Maktab and Baigai villages, serving populations of 8,910 and 5,590, respectively, situated 25 and 15 kilometers from the nearest HF.

Malistan District: 1 SHC proposed in Gowmast Village, providing healthcare services to a population of 6,300, residing approximately 12 kilometers away from the nearest BPHS HF.

Jaghori District: 1 SHC proposed in Tabarghanak village, covering a target population of around 8,500, and located 15 kilometers away from the nearest HF.

Ghazni District: 1 SHC proposed in Noghai village, serving approximately 7,900 individuals, situated around 12 kilometers from the nearest HF.

This proposed project aims to address the gaps in healthcare access, improve health outcomes, and enhance the overall well-being of the population in the coverage area.

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
16,161	15,527	7,261	6,976	45,925

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	16,161	15,527	7,261	6,976	45,925
	0	0	0	0	0

**Indirect Beneficiaries :**

Overall, the indirect beneficiaries of project activities will experience positive changes in their lives such as caregivers of under 18-year children, community elders, and their families who benefitted from RCCE training, resulting from the broader impact and ripple effects of the project's goals and achievements.

The calculation is made to benefit the population during the project life  $(45925) * 31\%$  of under-18 caregivers = 14237 + Community elders and their families benefitted from RCCE training  $(=260*7= 1820) = 14237+1820 =16057$

**Catchment Population:**

**Link with allocation strategy :**

The proposed interventions align with the Health Cluster's allocation strategy for 2023, focusing on supporting static healthcare facilities and conducting risk communication and community engagement activities. Currently, 789,079 individuals receive healthcare from 102 poorly functioning BPHS Health Facilities, leaving over one-third of the population in remote villages without access. To address this, the project aims to establish and support 13 Health Facilities in inaccessible areas of Ghazni province, benefiting 91,850 people. Priority activities include maternal and child health, immunization, MPHSS, infectious disease control, malnutrition management, and daily consultations, with a focus on accountability and protection principles. Considering the population's lack of health awareness, the project will incorporate Risk Communication and Community Engagement (RCCE) through community meetings, staff training, engagement with influential community elders, and dissemination of messages through local media. COVID-19 risk reduction measures will also be integrated into routine activities, with community mobilization and effective communication channels such as health Shuras and CHWs utilized.

**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**

HADAAF has an active presence by operating 13 HFs in Ghazni province. A combination of desk reviews, physical visits, and secondary data, revealed Gaps in current health services and the priority health needs of underserved populations. The current BPHS system is leaving about 1/3 of the total 789,079 population in white areas. Some of the areas are covered through emergency WHO and other funding while many are still without reach to health services. The main reason for this deprivation is the provincial mountainous and wide geography. The targeted population in the white area is located within a 3-5 hour walk with no or poor transportation facilities to available health services. The current analysis of the data shows the following percentages: ANC all visits 47%, PNC all visits, TT+ 50%, DPT3 82%, and institutional deliveries 54%. Data from the Smart Survey 2020 also indicate a Global Acute Malnutrition (GAM) rate of 8.7% (2.4% Severe Acute Malnutrition (SAM) and 5.8% Moderate Acute Malnutrition (MAM)) in children under five, while MAM in Pregnant and Lactating Women (PLWs) is reported at 27.7%.

Based on identified needs, HADAAF, in coordination with the Provincial Public Health Department (PPHD), 13 Health Facilities in 10 Districts for 91,850 population are proposed, to fill the gaps in a proposed area without duplication in services provision.

### 3. Description Of Beneficiaries

### 4. Grant Request Justification

Poor health and social infrastructure, low level education, mountainous geography, poor transportation facilities, and contextual issues are the main reasons for reaching the population leaving many population without health services.

Currently, 102 poorly functioning BPHS

Health Facilities are providing health services to 789,079 population and many of the population are unreachable to the available health services.

The unreliable HMIS data falls short of MoPH's targets for ANC, PNC, DPT3, and deliveries, while the 2020 Smart Survey reveals high rates of malnutrition among pregnant and lactating women.

Based on available information, there is high needs for HFs to be reach the underserved population requested by provincial health authorities. The project proposes 13

static Health Facilities in underserved areas across 10 districts, including

Wali Mohammad Shaheed, Waghaz, Jaghato, Nawar, Rashidun, Nawa, Ajiristan,

Malistan, Jaghori, and Ghazni. These areas lack essential reproductive health,

immunization, and nutrition services, with limited outreach. All proposed HFs are to be established in distance of more than 3 hours walk from the available nearest HFs.

The Health Facilities will improve access to health and nutrition service, raise awareness, and generate demand for preventive and promotive services. By addressing gaps and improving access, the project aims to enhance overall health and well-being in Ghazni province.

### 5. Complementarity

## LOGICAL FRAMEWORK

### Overall project objective

**&lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;To prevent and reduce avoidable mortality and morbidity among inaccessible populations&nbsp;by providing accessible integrated health, nutrition, mental health/psychosocial services for 45,925 targeted&nbsp;population in 10 targeted Districts of Ghazni province. &lt;/span&gt;**

**&lt;br&gt;&lt;/p&gt;**

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		
<p><b>Contribution to Cluster/Sector Objectives :</b> Proposed project directly contribute to CO1 and SO1, Lives are saved in the areas of highest needs addressing critical problems related to physical and mental well-being protect people against health and education and gender-sensitive issues, in HRP updated in 2023.</p> <p>Continued provision of integrated health, Psychosocial, and Nutrition Services, COVICCOVID-19eening/awareness, and Community engagement activities in 10 targeted districts in Ghazni Province. The services will be provided through the establishment and support of 13 static HFs (SHCs) to 91,850 affected population Project is designed to include AAP and protection principles to ensure transparency, accountability, and protection from violence(GBV and SEA).</p>							
Outcome 1							
Remote and marginalized communities in targeted districts have improved access to and utilize integrated Health, Nutrition, MPSS and RCCE services.							
Output 1.1							
Description							
13 Static HFs in targeted locations of Ghazi province, established, regularly supported, and providing PHC services to the population.							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Output: Number of primary health care consultations	23,291	24,242	10,464	10,891	68,888
<p><b>Means of Verification :</b> &lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;MIAR Report, Quarterly report, OPD register and supervision/monitoring reports.&lt;br&gt;&lt;/span&gt;&lt;/p&gt;</p>							
Indicator 1.1.2	HEALTH	Output: Number of pregnant women attended first antenatal care visit		1,837		0	1,837
<p><b>Means of Verification :</b> &lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;MIAR Report, Quarterly report, ANC register and supervision/monitoring reports&lt;/span&gt;&lt;/p&gt;</p>							
Indicator 1.1.3	HEALTH	Output: Number of MHPSS consultations	634	2,535	413	1,011	4,593
<p><b>Means of Verification :</b> &lt;p&gt;&lt;b&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;&lt;/span&gt;&lt;/b&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;Quarterly report, Mental Health register and supervision/monitoring reports.&lt;/span&gt;&lt;/p&gt;</p>							
Indicator 1.1.4	HEALTH	Output: Number of children less than 12 months of age who received measles vaccines			405	422	827
<p><b>Means of Verification :</b> &lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;Vaccine register, MIAR report, Supervision and Monitoring report.&lt;/span&gt;&lt;/p&gt;</p>							
Indicator 1.1.5	HEALTH	Output: Number of health care workers trained	43	22			65
<p><b>Means of Verification :</b> &lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;Training report, pictures and attendance sheet. &lt;br&gt;&lt;/span&gt;&lt;/p&gt;</p>							
Indicator 1.1.6	HEALTH	Output: Number of persons reached with RCCE messages for communicable diseases	15,527	16,161	2,475	2,576	36,739
<p><b>Means of Verification :</b> &lt;p&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;Picture of awareness sessions, printed material in public space, exit interview &lt;/span&gt;&lt;/p&gt;</p>							

Indicator 1.1.7	HEALTH							85
<b>Means of Verification</b> : <p><span style="font-family: Arial, sans-serif; color: black;">CRFM record, exit interview, Community Meetings, Monitoring.</span> </p>								
Indicator 1.1.8	HEALTH							551
<b>Means of Verification</b> : <p><span style="font-family: Arial, sans-serif; color: black;">Delivery register, MIAR report, Supervision and Monitoring report.</span> </p>								
Indicator 1.1.9	HEALTH	<p>Number of women received first postnatal care visit. </p>	0	735	0	0		735
<b>Means of Verification</b> : <p><span style="font-family: Arial, sans-serif; color: black;">MIAR Report, Quarterly report, PNC register and supervision/monitoring reports.</span> </p>								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases</b>								
<p>1) 13 HF's are established in 10 districts of Ghazni province</p> <p>2) Provide OPD consultation services to the patients attending HF's six days a week</p> <p>3) Arrange patients-flow to ensure an integrated approach for the provision of OPD, mental health, PSC, Nutrition, reproductive health, and referral services to the patients and clients attending the health facilities.</p> <p>4) Ensure patient privacy and promote utilization of MCH and psychosocial services</p> <p>5) Providing all the necessary medical and non-medical equipment, medicine, reporting tools, and other supplies to all 13 HF's</p>								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Provide in-services training to health care workers</b>								
<p>1) 5 days of Mental Health training for 26 (13 MD and 13 Psychosocial consular) HF's staff</p> <p>2) 2 days of MCH Hand Book training for 39 (13 Nutrition consular, 13 Midwives, and 13 vaccinators) HF's staff</p> <p>3) 3 days IP&amp;C training for 26 (13 MD and 13 Midwives) HF's staff</p> <p>4) On Job training for HF's staff based on their needs</p>								
<b>Activity 1.1.3</b>								
<b>Standard Activity : Ensure communication, information sharing and coordination among health cluster partners to improve delivery of health care services to vulnerable population</b>								
<p>1) Establishment of health shura and Monthly Meetings with Health shura, and community elders, sharing information, receiving feedback, and taking corrective actions. Health Shura is the important channel of communication with communities.</p> <p>2) Sharing AWAZ telephone-free numbers and sharing the beneficiary list with OCHA</p> <p>3) Participating in provincial monthly sectoral meetings</p>								
<b>Activity 1.1.4</b>								
<b>Standard Activity : Not Selected</b>								
<p>1) Nominating Infection prevention (IP) focal point at HF's to supervise and monitor IP activities.</p> <p>2) Proper disposal of medical and non-medical waste.</p> <p>3) Community awareness, through meetings, distribution of IEC materials, and other available means.</p>								

### Activity 1.1.5

#### Standard Activity : Support RCCE activities for communicable diseases outbreak

- 1) 2 days of RCCE training for 260 community elders (20 community elders in each HF) at HFs level
- 2) Community awareness of RCCE activities at HFs level
- 3) Orientation to HFs staff on RCCE

### Activity 1.1.6

#### Standard Activity : Provide health services to GBV survivors

- 1) Ensure HFs are well aware of GBV protocol.
- 2) Strengthening coordination with community, sharing information, and advocacy for women's rights considering community sensitivity and feasibility in current context.
- 3) Provide psychosocial services to GBV victims.

### Activity 1.1.7

#### Standard Activity : Not Selected

Conduct Supportive Supervision/ monitoring and reporting on a regular basis:

- 1) Monthly supervision of the HFs.

"Times New Roman";color:black">2) The team from the project office will visit the project locations, monitor the progress of the activities implemented and identify gaps.

"Times New Roman";color:black">3) Remote monitoring including phone calls, use of What's up calls with staff to ensure their availability in the field and provision of services.

"Times New Roman";color:black">4) Quarterly or needed base monitoring visits will be conducted by HADAAF M&E, technical, logistics, and finance teams representative.

"Times New Roman";color:black">5) Project review would be done by HADAAF in each quarter to see the project's technical and financial progress and consider corrective actions based on the findings from the review.

- 6) Phone calls with beneficiaries on telephone numbers recorded on beneficiary registers for confirmation of service provision and their satisfaction with the project services. [Listening to them for their feedback and recommendations]

"Times New Roman";color:black">7) Share the AWAAZ complaint number with clients and patients for their feedback, suggestions, and complaint

- 8) Regular remote contact with community representatives/ beneficiaries to ensure community satisfaction with Health service provision.

"Times New Roman";color:black">9) Conduct exit interviews on a monthly basis to ensure consumer satisfaction. 5/HFs/Month

- 10) Regular reporting to report hub on the project activities

- 11) Submission of Quarterly/semiannual and end project reports to AHF.

#### **Additional Targets :**

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
2023 HRP Nutrition CO1: To increase equitable access and utilization of quality lifesaving curative nutrition services for early detection and treatment of acute malnutrition for girls and boys under five years of age and PLW affected by acute malnutrition by the end of 2023.		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		
<p><b>Contribution to Cluster/Sector Objectives :</b> The proposed project directly contributes to CO1 and SO1 to increase equitable access and utilization of quality lifesaving curative nutrition services for early detection and treatment of Acute malnutrition services to boys and girls under five years children and PLWs affected by Acute malnutrition by the end of 2023. Management of Malnutrition is integrated into primary health services in the proposed project, nutrition counselors are hired and trained for every HF and support them in their tasks to detect and treat malnourished children and PLWs at the earliest time. Counseling is provided to mothers and caregivers in feeding practice and malnourished are registered and followed up. Nutrition services at accessible locations are provided through the project which increases the utilization of services and contributes to nutrition cluster objectives.</p>							
<b>Outcome 1</b>							
Remote and marginalized communities in targeted districts have improved access to nutrition services integrated in health services.							
<b>Output 1.1</b>							
<b>Description</b>							
Preventive, promotive, and curative Nutrition services are provided to PLWs and children below five years of age in the targeted areas.							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Output: Number of children screened at community level for acute malnutrition			4,051	4,216	8,267
<b>Means of Verification :</b> <p>Screening register, MIAR report and supervision and monitoring report.</p>							
Indicator 1.1.2	NUTRITION	Output: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD			101	105	206
<b>Means of Verification :</b> <p>Admission register, MiAR report, Monitoring and supervision report</p>							
Indicator 1.1.3	NUTRITION	Output: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment			243	253	496
<b>Means of Verification :</b> <p>MAM register, MIAR report, Supervision and Monitoring report</p>							
Indicator 1.1.4	NUTRITION	Output: Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counseling		3,674			3,674
<b>Means of Verification :</b> <p>MIYCN Counseling Register, pictures, quarterly report, Monitoring and supervision report.</p>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Not Selected</b>							
Ensure quality provision of Nutrition services at HFs.							
1) Provide all necessary equipment including MUAC, Measuring Boards, Weighing Scale							
2) Screening of Children attending the clinics.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : MIYCN counselling</b>							
1) Counsling to care givers and mothers on MIYCN at HFs.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : SAM treatment of children 6-59 months in OPD</b>							

- 1) Requesting supplies of RUTF from UNICEF
- 2) Enrolling SAM children and follow up in SAM Treatment.
- 3) Referral to BPHS if the supply is not provided.

#### Activity 1.1.4

#### Standard Activity : MAM treatment of children 6-59 months in OPD

- 1) Referral of MAM children to BPHS clinics

#### Additional Targets :

#### M & R

#### Monitoring & Reporting plan

Monitoring will be tailored to the local context and feasibility. Community involvement will be emphasized, with elders and health shora members participating in periodic monitoring visits. A dedicated field supervisor will conduct visits and share findings with the M&E department. The project will use a standard MIS for data collection and analysis, with quarterly field monitoring and program reviews. Remote call monitoring will be used where feasible. Transparent information sharing will occur with stakeholders and affected communities. Monthly reports will be collected from health facilities and shared with provincial and country offices. Progress will be communicated to the affected population, seeking their support in addressing challenges. End project reports and lessons learned will be shared with OCHA and Health Cluster.

#### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1:  1) 13 HF's are established in 10 districts of Ghazni province  2) Provide OPD consultation services to the patients attending HF's six days a week 3) Arrange patients-flow to ensure an integrated approach for the provision of OPD, mental health, PSC, Nutrition, reproductive health, and referral services to the patients and clients attending the health facilities. 4) Ensure patient privacy and promote utilization of MCH and psychosocial services  5) Providing all the necessary medical and non-medical equipment, medicine, reporting tools, and other supplies to all 13 HF's	1												
Activity 1.1.1:  Ensure quality provision of Nutrition services at HF's.  1) Provide all necessary equipment including MUAC, Measuring Boards, Weighing Scale  2) Screening of Children attending the clinics.	1												
Activity 1.1.2:  1) 5 days of Mental Health training for 26 (13 MD and 13 Psychosocial consular) HF's staff  2) 2 days of MCH Hand Book training for 39 (13 Nutrition consular, 13 Midwives, and 13 vaccinators) HF's staff  3) 3 days IP&C training for 26 (13 MD and 13 Midwives) HF's staff  4) On Job training for HF's staff based on their needs	1												

<p>Activity 1.1.2:</p> <p>1) Counseling to care givers and mothers on MIYCN at HFs.</p>	1																		
<p>Activity 1.1.3:</p> <p>1) Establishment of health shura and Monthly Meetings with Health shura, and community elders, sharing information, receiving feedback, and taking corrective actions. Health Shura is the important channel of communication with communities.  2) Sharing AWAZ telephone-free numbers and sharing the beneficiary list with OCHA  3) Participating in provincial monthly sectoral meetings</p>	1																		
<p>Activity 1.1.3:</p> <p>1) Requesting supplies of RUTF from UNICEF  2) Enrolling SAM children and follow up in SAM Treatment.  3) Referral to BPHS if the supply is not provided.</p>	1																		
<p>Activity 1.1.4:</p> <p>1) Nominating Infection prevention (IP) focal point at HFs to supervise and monitor IP activities.  2) Proper disposal of medical and non-medical waste.  3) Community awareness, through meetings, distribution of IEC materials, and other available means.</p>	1																		
<p>Activity 1.1.4:</p> <p>1) Referral of MAM children to BPHS clinics</p>	1																		
<p>Activity 1.1.5:</p> <p>1) 2 days of RCCE training for 260 community elders (20 community elders in each HF) at HFs level  2) Community awareness of RCCE activities at HFs level  3) Orientation to HFs staff on RCCE</p>	1																		
<p>Activity 1.1.6:</p> <p>1) Ensure HFs are well aware of GBV protocol.  2) Strengthening coordination with community, sharing information, and advocacy for women's rights considering community sensitivity and feasibility in current context.  3) Provide psychosocial services to GBV victims.</p>	1																		

<p>Activity 1.1.7:</p> <p>Conduct Supportive Supervision/ monitoring and reporting on a regular basis:</p> <p>1) Monthly supervision of the HFs.</p> <p>"Times New Roman";color:black"&gt;2) The team from the project office will visit the project locations, monitor the progress of the activities implemented and identify gaps.</p> <p>"Times New Roman";color:black"&gt;3) Remote monitoring including phone calls, use of What's up calls with staff to ensure their availability in the field and provision of services.</p> <p>"Times New Roman";color:black"&gt;4) Quarterly or needed base monitoring visits will be conducted by HADAAF M&amp;E, technical, logistics, and finance teams representative.</p> <p>"Times New Roman";color:black"&gt;5) Project review would be done by HADAAF in each quarter to see the project's technical and financial progress and consider corrective actions based on the findings from the review.</p> <p>6) Phone calls with beneficiaries on telephone numbers recorded on beneficiary registers for confirmation of service provision and their satisfaction with the project services. Listening to them for their feedback and recommendations]</p> <p>"Times New Roman";color:black"&gt;7) Share the AWAAZ complaint number with clients and patients for their feedback, suggestions, and complaint</p> <p>8) Regular remote contact with community representatives/ beneficiaries to ensure community satisfaction with Health service provision.</p> <p>"Times New Roman";color:black"&gt;9) Conduct exit interviews on a monthly basis to ensure consumer satisfaction. 5/HFs/Month</p> <p>10) Regular reporting to report hub on the project activities</p> <p>11) Submission of Quarterly/semiannual and end project reports to AHF.</p>	1													
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**OTHER INFO**

**Accountability to Affected Populations**

HADAAF is committed to integrate AAP's principle and PSEA in every stage of program cycle and give the opportunity to the community in the design, implementation, monitoring and operation of project to ensure that services provided to the population meet their needs. Project is designed based on needs of deprived people to improve meaningful access of the people to primary health care services.

HADAAF will ensure that community are aware of health services, have the ability to raise their voices and ask for correction of gaps in services provision. HADAAF at organization level adhere to transparency and community engagement activities and will ensure that they are fully aware of services provided to them, establish a Complaints and Recording Mechanism (CRM) for the project.

HADAAF will train and orient community elders, Health Shura to ensure community are well aware of the services available to the community.

**Implementation Plan**

With enough qualified personnel, HADAAF ensures successful project execution. Their sufficient staff capacity promotes effective management, collaboration, and avoids delays. After signing the contract, activities will commence within one week due to our preparedness. Leadership, communication, and monitoring are crucial for ongoing success.

HADAAF has established efficient processes for procuring, transporting, and delivering required resources, ensuring the project's smooth execution within the designated timeframe. Proper arrangements for procurement, transport, and delivery are crucial for the project's success, enabling timely and effective support to achieve desired outcomes.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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**Environment Marker Of The Project**

**Gender Marker Of The Project**

2- Unlikely to contribute to gender equality (no gender equality measure but includes age consideration)

**Justify Chosen Gender Marker Code**

**Protection Mainstreaming**

Organization is committed to incorporate protection principles in the project activities to ensure and enhance safety and dignity, promote and protect human rights of the beneficiaries without perpetuating discrimination, abuse, violence, neglect and exploitation. The following points are considered to ensure protection principles,

1. Ensuring safety and dignity and avoid causing harms and negative effects of services.

Recruitment of qualified and trained female staff, safe and comfortable waiting areas, proper waste disposal and suitable and safe premise for service provision will encourage women to have free access the health and nutrition. The HF's will provide orientation, supplies and recording tools to ensure regular disinfection of the HF's and ensure safe environment for patients and clients.

2. Meaningful Access: Main purpose of the project is to improve access of the population to PHC services. HF's are established in accessible location, fully staffed and supported, and promotion of service utilization will enhance access of the population to services.

3. Accountability: Sharing information through Health shura meetings, installment of complaint box and sharing toll free number will ensure that people can share their concerns and receive feedbacks.

3. Participation and Empowerment: Trainings and meeting with health shura will empower them to claim their rights and engaged in supporting health services provision.

### **Country Specific Information**

#### **Safety and Security**

#### **Access**

HADAAF proposes a project to improve primary healthcare access for marginalized populations by engaging communities, addressing complaints, and coordinating with stakeholders. They have relevant experience and will prioritize hiring local staff to gain community trust. The location of healthcare facilities has been selected collaboratively among stakeholders. Continuous community engagement and participatory monitoring will ensure service acceptance and respect for local customs. HADAAF will adhere to a DO NO HARM policy, address issues promptly, and work closely with stakeholders to find solutions.

### **BUDGET**

<b>Code</b>	<b>Budget Line Description</b>	<b>D / S</b>	<b>Quantity</b>	<b>Unit cost</b>	<b>Duration Recurrence</b>	<b>% charged to CHF</b>	<b>Total Cost</b>
<b>1. Staff and Other Personnel Costs</b>							
1.1	Project Coordinator Ghazni province C-1	D	1	900.00	6	100.00	5,400.00

	<p>He will be based in Ghazni and responsible for the overall management and implementation of the Health project at the provincial level. He will be responsible for re-designing and controlling the project activities.          Preparing presentations to update senior management on the project's progress, delegating tasks to team members, tracking and communicating project risks and opportunities, and ensuring deadlines are met. He will also organize and attend stakeholder meetings, Provide administrative support, Liaising with clients to determine the project's objectives and handle financial queries"          The Salary is Grade C Step 1 in NTA Salary Scale.          The salary in the scale is 76000 AFS</p>							
1.2	Medical Supervisor Ghazni Office D-3	D	1	600.0 0	6	100.00	3,600.00	
	<p>He will be based in Ghazni and responsible for the supervision of project activities, ensuring progress, and solving problems at HFs. He will also facilitate on-the-job training for the staff; develop and review the action plans of the health facilities, analyze monthly report, and provide feedback. He/she will also responsible to fill the gap of the medical doctor in his absence. He is a dedicated staff for the project and due to different scope of work          The salary is based on NTA scale with D-3 , fixed with no other benefits.          "</p>							
1.3	Admin/Finance officer Ghazni office D-1	D	1	450.0 0	6	50.00	1,350.00	
	<p>He will be based in Ghazni and responsible for recording and maintaining transactions in journal at Provincial level. He will prepare vouchers and ensure that supporting documents are completed according to financial documents checklist. He will assist with queries from non-finance staff in field office. He will prepare monthly bank reconciliation and report to HADAAF main office for all monthly financial transactions and records for AHF project. He will assist in making travel arrangements and booking venues for conferences and events. He will visit HADAAF main office on monthly base for reconciliation and submission of financial report. The salary is fixed Basic salary with no other benefits.          Salary Scale is D-1 He is 50% charged on the project, the remaining will be paid from HADAAF's core fund.</p>							
1.4	Logistic officer Ghazni office Grade E. Step 5	D	1	400.0 0	6	50.00	1,200.00	
	<p>Logistic Officer based in Ghazni province will facilitate the transport of all supplies and equipment, manage the daily and monthly maintenance of office's and clinics vehicles', control and manage the activities of drivers and rented vehicles, preparation of monthly logbooks for all vehicles per rules and regulations of HADAAF, Monitor stocks of office supplies (paper clips, stationery etc.) and report when there are shortages. He will arrange travel and booking venues for conferences and events. He will receive and prepare GRN for all goods purchased and delivered to the provincial office. He will coordinates with suppliers and transport agents to assure goods are received in the correct quantity and in good condition, provide timely support in distribution of supplies and equipment to the health facilities, arrangement of logistic stock and keeping it on track of coming in and out of materials to logistic stock, keep on track Purchase Request and Purchase Order, Do regular market survey on quarterly basis to have a verified vendor list, provide timely support to the project in term of purchasing. The salary is fixed Grad E Step- 5 50% is charged on the project and 50% will be paid from Core fund.</p>							
1.5	Guard/Cleaner Ghazni office Grade H Step 5	D	3	144.0 0	6	50.00	1,296.00	
	<p>"He will be based in Ghazni and responsible for overall safety of project office for 24 hours. They will patrol provincial office premises to prevent and detect signs of intrusion and ensure security of doors, windows, gates, and monitor entrance and departure of employees, visitors, and other persons to guard against theft.          Totally 3 persons are needed to ensure safety and cleanliness of the project offices and Based on project size"          50% is charged on project, 50% on Core fund.</p>							
1.6	M&E and reporting officer Kabul-Ghazni D-4	D	1	636.0 0	6	100.00	3,816.00	
	<p>Based in Kabul-Ghazni and will be fully involved in monitoring and supporting project at filed level. He will be responsible for data collection, analysis and reporting.          Salary is NTA D-4</p>							
1.7	Medical Doctor for 13 SHCs at Ghazni	D	13	500.0 0	6	100.00	39,000.00	
	<p>"He/she will responsible for overall management of static health facility operation at field level, conduct weekly and monthly meetings with staff for improvement of the services deliveries, provide direct patient care and medical examination and treatment ,registration of patients in registration book, tally sheet, providing timely report of notifiable diseases, immediate report of suspected epidemic disease to PHC supervisor, provide support and on job training to the clinic staff as needed, provide and maintain a good level of hygiene in working place, refer the patient to the high level, provide consolidated monthly reports to the provincial coordinator or supervisor 13 persons are hired for 13 HFs listed below:          The following Districts and numbers of HFs proposed for interventions.          1) Wali Mohammad Shaheed: Proposed 1 SHCs Two SHCs are proposed,          2) Rashidum district: 1 SHC is proposed          3) Jaghatoo district: 1 SHCs is proposed          4) Nawar District: Two SHCs are proposed.          5) Nawa district: 1 SHCs is proposed          6) Ajiristan District: Two SHCs          7) Malistan District: 1 SHCs is proposed          8) Jaghori District: Proposed 1          9) Ghazni District: Propose 1 SHC          10) Waghaz District: Two SHCs are proposed          Grad D. Step 2.</p>							
1.8	Nutrition Nurse for 13 SHCs at Ghazni	D	13	300.0 0	6	100.00	23,400.00	

	<p>"She is responsible for nutrition promotion and management of malnutrition at HFs and community level. She will provide IYCF counseling to mothers, screening of mothers and children, management of MAM and SAM at BHC/SHCs and referral of Sever complicated malnourished children to BPHS facilities. . 13 persons for 13 HFs listed in description section. The salary is Based on NSP with basic salary of 13044 with 100 to 200% hard ship for female staff @ 85 AFS=1\$ The following Districts and numbers of HFs proposed for interventions.</p> <ol style="list-style-type: none"> <li>1) Wali Mohammad Shaheed: Proposed 1 SHCs Two SHCs are proposed,</li> <li>2) Rashidum district: 1 SHC is proposed</li> <li>3) Jaghatoo district: 1 SHCs is proposed</li> <li>4) Nawar District: Two SHCs are proposed.</li> <li>5) Nawa district: 1 SHCs is proposed</li> <li>6) Ajiristan District: Two SHCs</li> <li>7) Malistan District: 1 SHCs is proposed</li> <li>8) Jaghori District: Proposed 1</li> <li>9) Ghazni District: Propose 1 SHC</li> <li>10) Waghaz District: Two SHCs are proposed</li> </ol>							
1.9	Midwife for 13 SHCs at Ghazni	D	13	450.0 0	6	100.00	35,100.00	
	<p>"She will be responsible for overall reproductive health management of the coverage population. She will conduct ANC/PNC, counseling to mothers on child spacing, home deliveries, nutrition care of mothers and referral. 13 Midwives, 1 for each HFs. The salary based on NSP with basic salary of 18404 and 100 to 200% hardship based on NSP policy. The average is 36808 with 100% hardship. The hard ship we proposed are 100 to 150%. The average of which is 450 USD. The following Districts and numbers of HFs proposed for interventions.</p> <ol style="list-style-type: none"> <li>1) Wali Mohammad Shaheed: Proposed 1 SHCs Two SHCs are proposed,</li> <li>2) Rashidum district: 1 SHC is proposed</li> <li>3) Jaghatoo district: 1 SHCs is proposed</li> <li>4) Nawar District: Two SHCs are proposed.</li> <li>5) Nawa district: 1 SHCs is proposed</li> <li>6) Ajiristan District: Two SHCs</li> <li>7) Malistan District: 1 SHCs is proposed</li> <li>8) Jaghori District: Proposed 1</li> <li>9) Ghazni District: Propose 1 SHC</li> <li>10) Waghaz District: Two SHCs are proposed</li> </ol>							
1.10	Psychosocial counselor for 13 SHCs at Ghazni	D	13	300.0 0	6	100.00	23,400.00	
	<p>She will be responsible for counseling of GBV and mental health clients, utilizing appropriate protocols and guidelines, conduct open awareness-raising session, conduct a regular follow up of cases registered, provide individual and/or group counseling session, organize awareness session on stress management and other related issues for staff, keep the daily record in a confidential and safe manner, prepare daily and monthly report, ensure high quality of psychosocial services within the clinic. 13 persons for 13 HFs listed in description section. The salary is Based on NSP with basic salary of 13044 with 100 to 200% hard ship for female staff. The average we calculated as 300 USD=28000</p>							
1.11	Vaccinators for 13 SHCs at Ghazni	D	13	200.0 0	6	100.00	15,600.00	
	<p>She/he will be responsible for vaccination of children and women according to national immunization standards. Provide adequate information to the clients and caregivers. He/ She will collect the vaccine from office on daily based, maintain vaccine temperature and return unused vaccine to safety storage. He will also coordinate with PEMT for support and guidance, participate in NIDs. Documents vaccination on clinic record and immunization card. his/her salary is charged 100% to this project. 13 persons, 1 for every health facility is recruited. Salary is fixed 200 USD The following Districts and numbers of HFs proposed for interventions.</p> <ol style="list-style-type: none"> <li>1) Wali Mohammad Shaheed: Proposed 1 SHCs Two SHCs are proposed,</li> <li>2) Rashidum district: 1 SHC is proposed</li> <li>3) Jaghatoo district: 1 SHCs is proposed</li> <li>4) Nawar District: Two SHCs are proposed.</li> <li>5) Nawa district: 1 SHCs is proposed</li> <li>6) Ajiristan District: Two SHCs</li> <li>7) Malistan District: 1 SHCs is proposed</li> <li>8) Jaghori District: Proposed 1</li> <li>9) Ghazni District: Propose 1 SHC</li> <li>10) Waghaz District: Two SHCs are proposed</li> </ol>							
1.12	Storekeeper/pharmacy Grade E. Step 4	D	1	400.0 0	6	100.00	2,400.00	
	<p>He is responsible for managing the stock of medications and other healthcare products in the pharmacy. This involves monitoring stock levels, ordering new supplies, and ensuring proper storage and organization of medications. He will implement a system for stock rotation to ensure that medications with expiration dates are properly used and expired products are removed from the shelves.</p>							
1.13	Finance Officer D2 in NTA Kabul Office	D	1	500.0 0	6	50.00	1,500.00	
	<p>He will be responsible for recording and maintaining transactions in the system, performing reconciliation, prepare vouchers, assist with the queries for the non finance staff, checking financial reports for the sub office and reportable for all the financial records of AHF project and check invoices coming from the field office and will confirm with vendors to ensure the transparency and accuracy in order to have a strong internal control in place. he will be charged 50% of his allocated salary to this project. The salary is fixed with no other benefits.</p>							
1.14	Guards/Cleaner 26, 2 for every HFs at Ghazni province	D	26	150.0 0	6	100.00	23,400.00	

	<p>"They responsible for overall safety of HF for 24 hours. They will patrol HF premises to prevent and detect signs of intrusion and ensure security of doors, windows, gates, and monitor entrance and departure of clients, employees, visitors to guard against thefts and ensure security. Based on Afghanistan Labor law, and recommendation from TRC, 2 persons will be recruited for the tasks.</p> <p>The 1) Wali Mohammad Shaheed: Proposed 1 SHCs will cover 5500 populations, located in Qalai Surkh Village.  2) Waghaz District: Two SHCs are proposed, 1 in Surkhak-i-Shahzadgan village and another in Haft Asyab villages, which will cover 6300 and 8500 population respectively.  3) Jaghatoo district: Two SHCs are proposed in Shagai and Laghari villages with 5600 and 7300 population  4) Nawar District: Two SHCs are proposed to cover 6500 and 6870 population in Qalai Bakhtiari and Altan villages respectively.  5) Nawa district: 1 SHCs is proposed to cover 8200 population Rahman Qala villages  6) Ajiristan District: Two SHCs are proposed to cover 8500 and 4500 people in Sahai Maktab and Baigai villages  7) Malistan District: 1 SHCs is proposed at Laghari Village to provide health services to 6300 population  8) Jaghori District: Proposed SHC will be established at Tir Ghanak village  9) Markaz District: Propose SHC will be established at Loghi village to provide health care services to about 6500 people located at the distance of around 12 Km from the nearest HF.</p>									
	<b>Section Total</b>									<b>180,462.00</b>
<b>2. Supplies, Commodities, Materials</b>										
2.1	Portable Handwashing stations and supply HFs level.	D	13	20.00	6	100.00				1,560.00
	To protect visitors from infection at HFs and prevent the spread of infections including Covid-19 to each other. This budget line covers the supplies (Mask and Gloves) and (Soap, Alcohol) for hand washing and hand washing basin.									
2.2	2 days training on MCH Hand Book	D	39	20.00	2	100.00				1,560.00
	<p>All 13 HFs (39 staff) Midwife, Nutrition consular, and vaccinators are planned to be trained for 2 days on MCH Hand Book at provincial level, Cost for everyday trainee is 20 USD, which include transportation ( different based on location of HFs), Lunch and refreshment, training materials, accommodation and per-diem</p> <p>The training will be conducted at provincial level and the staff will travel from HFs to provincial capital who will stay in hotel.</p> <p>BoQ attached</p> <p>Unit cost: 20 USD/day/person, broken down as follow</p> <p>Lunch Cost =3 USD/day</p> <p>Refreshment= 1 USD/day</p> <p>Per diem= 5 USD /day</p> <p>Training materials: 0.25 USD/day</p> <p>Accommodation: 5 USD/day</p> <p>Transportation: 5.75 USD/day</p>									
2.3	3 days of IP&C training for Doctors and Midwife	D	26	20.00	3	100.00				1,560.00
	<p>All 13 HFs ( 26 Staff) Midwife and doctors are planned to be trained for 3 days on IP&amp;C at the provincial level, Cost for everyday trainee is 20 USD, which include transportation ( different based on the location of HFs), Lunch and refreshment, training materials, accommodation and per-diem</p> <p>The training will be conducted at the provincial level and the staff will travel from HFs to the provincial capital who will stay in hotel.</p> <p>BoQ attached</p> <p>Unit cost: 20 USD/day/person, broken down as follow</p> <p>Lunch Cost =3 USD/day</p> <p>Refreshment= 1 USD/day</p> <p>Per diem= 5 USD /day</p> <p>Training materials: 0.25 USD/day</p> <p>Accommodation: 5 USD/day</p> <p>Transportation: 5.75 USD/day</p>									

2.4	5 days Mental Health training for MD and Psychosocial Nurse	D	26	20.00	5	100.00	2,600.00
<p>All 13 HFs (26 staff) MD and Psychosocial consular are planned to be trained for 5 days on Mental Health at provincial level, Cost for everyday trainee is 20 USD, which include transportation ( different based on the location of HFs), Lunch and refreshment, training materials, accommodation, and per-diem The training will be conducted at the provincial level and the staff will travel from HFs to the provincial capital and will stay in a hotel. BoQ attached</p> <p>Unit cost: 20 USD/day/person, broken down as follow Lunch Cost =3 USD/day Refreshment= 1 USD/day Per diem= 5 USD /day Training materials: 0.25 USD/day Accommodation: 5 USD/day Transportation: 5.75 USD/day"</p>							
2.5	2 days RCCE training for community elders	D	260	6.00	2	100.00	3,120.00
<p>260 persons for 2 days trained at field level, the cost per person/day is 6 USD which include transportation, refreshment, lunch and training materials. BoQ attached</p> <p>Unit cost: 6/day/person, broken down as follow Lunch Cost =3 /day Refreshment= 1/day Training materials: 0.25/day Accommodation:0 Transportation: 1.75 /day</p>							
2.6	Running Cost for 13 HFs	D	13	30.00	6	100.00	2,340.00
<p>Running costs (Stationary, Cleaning materials, and other small supplies). 29.61 USD/ month for 6 Months to 13 health facilities listed in the description sections BoQ attached"" "</p>							
2.7	HFs incharge meetings (food and transportation)	D	13	35.00	6	100.00	2,730.00
<p>"On a monthly bases HFs In charge will have meeting at provincial level to discuss progress, challenges and exchange opinions. As well as discussion on any deviations and corrective measures to be taken. This budget line includes their transport and perdiem for night stay during the meeting. 35 USD /person/month for 6 months to 13 HFs staff (one from each HF) Transportation cost different depends on the location of HFs= average is calculated as 15 USD Accommodation = 11 USD Perdiem= 6 USD Lunch cost= 3 USD"</p>							
2.8	Printing of HMIS tools	D	13	150.00	1	100.00	1,950.00
<p>"HMIS tools for 13 HFs will be printed at once during the project life. cost for one HF is 150 UDS/HF for 6 months The budget line is costed as per previous experience printing HMIS tools for a HFs "</p>							
2.9	Project Visibilities cost	D	1	1,500.00	1	100.00	1,500.00
<p>The visibility budget will cover visual identity materials of the Donor (AHF logo), white coat and the printing being included (banners, Posters, badges, Boucher's etc.) These items will be printed at once for all HFs.</p>							
2.10	Transport cost for supply of vaccine from PEMT office to HFs on monthly base	D	13	26.00	6	100.00	2,028.00

	<p>"The cost will cover: Vaccine will be supplied from the provincial PEMT office or BPHS HFs to AHF/HADAAF HFs 26 \$ per month/clinic</p> <p>Locations of Hfs are listed in the below 10 districts:</p> <p>1) Wali Mohammad Shaheed: 1 SHC is proposed to cover a population of 6,200 in Sra Qala Village, which is located 13 kilometers away from the nearest Khogiani CHC.</p> <p>2) Waghaz District: 2 SHCs are proposed, one in Surkhak Shahzadagan village and another in Haft Asiab village, covering populations of 7,000 and 8,350, respectively. These villages are situated 13 and 11 kilometers from the nearest Health Facilities.</p> <p>3) Jaghatoo District: 1 SHC is proposed in Shakai, serving a population of 5,000, located 12 kilometers from the nearest Health Facilities.</p> <p>4) Rashidun District: 1 SHC is proposed in Laghari village, catering to a population of 7,300, situated 14 kilometers away from the nearest Health Facilities.</p> <p>5) Nawar District: 2 SHCs are proposed, with one serving a population of 5,599 in Qalai Bakhtiari and the other serving a population of 6,500 in Altan. These villages are located 27 and 16 kilometers away from the nearest BPHS Health Facility, respectively.</p> <p>6) Nawa District: 1 SHC is proposed in Rahman Qala village, covering a population of 8,300, and located 22 kilometers from the nearest Health Facilities.</p> <p>7) Ajiristan District: 2 SHCs are proposed, one in Sahai Maktab and another in Baigai village, serving populations of 8,500 and 4,500, respectively. These villages are situated at distance</p>							
2.11	Monthly meeting with health shura member at HFs level	D	13	30.00	6	100.00	2,340.00	
	<p>"HADAAF will organize monthly meeting with health shura members to discuss challenges and problems and seek solution to problems together. This is important for ensuring accountability to the population. The meeting will be done each month in 13 HFs locations. The cost of per meeting/HF is 30 \$ .</p> <p>the cost include \$20 transportation and \$10 refreshment during meeting.</p> <p>BoQ is added</p> <p>"</p>							
2.12	Medicine for HFs for 6 months	D	13	1,234.33	6	100.00	96,277.74	
	<p>"All (13) HFs listed in description sections will receive the required medication per month as per the standards of the Ministry of Public Health. 1234.33 USD of medicine/ month/HF for 6 Months</p> <p>Unit cost is estimated as in the BoQ for one month, attached.</p>							
2.13	Transportation supply of medicine to HFs on monthly base from the provincial office to HFs	D	13	40.00	2	100.00	1,040.00	
	<p>"The cost will cover the transportation of medicine and equipment from the provincial office to HFs once at the beginning and once after 3 month. It is based on previous experience with transportation costs in the province.</p> <p>Supply of equipment will need high transportation costs and the average for both supplies is average 40 USD /Month/HF</p> <p>No BoQ is required."</p>							
2.14	Utilities for 13 HFs	D	13	40.00	6	100.00	3,120.00	
	<p>"Utilities ( water for drinking, gas, and fuel for generator) for 13 Health Facilities at the rate of 40\$ per month for 6 months.</p> <p>Locations of Hfs are listed in the below 9 districts:</p> <p>1) Wali Mohammad Shaheed: Proposed 1 SHCs will cover 5500 populations, located in Qalai Surkh Village.</p> <p>2) Waghaz District: Two SHCs are proposed,1 in Surkhak-i-Shahzadgan village and another in Haft Asyab villages, which will cover 6300 and 8500 population respectively.</p> <p>3) Jaghatoo district: TwoSHCs are proposed in Shagai and Laghari villages with 5600 and 7300 population</p> <p>4) Nawar District: Two SHCs are proposed to cover 6500 and 6870 population in Qalai Bakhtiari and Altan villages respectively.</p> <p>5) Nawa district: 1 SHCs is proposed to cover 8200 population Rahman Qala villages</p> <p>6) Ajiristan District: Two SHCs are proposed to cover 8500 and 4500 people in Sahai Maktab and Baigai villages</p> <p>7) Malistan District: 1 SHCs is proposed at Laghari Village to provide health services to 6300 population</p> <p>8) Jaghori District: Proposed SHC will be established at Tir Ghanak village</p> <p>9) Markaz District: Propose SHC will be established at Loghi village to provide health care services to about 6500 people located at the distance of around 12 Km from the nearest HF."</p>							
2.15	Renovation of 13 deliveries rooms	D	13	0.00	1	100.00	0.00	
	<p>The deliveries rooms of all 13 HFs needs to be renovated by the installation of tiles to prevent infected disease and apply MoPH standard</p>							
2.16	Winterization 13 HFs and provincial office	D	14	200.00	2	100.00	5,600.00	

	<p>"Winterization cost is budgeted for heating of 13 HF's and 1 provincial office (14 Units) during winter season at the rate of 200 USD per unit for 2 months. For the purpose, woods or Gas can be used.  Location are 13 HF's and 1 Provincial office:  Locations of Hfs are listed in the below 9 districts:  1) Wali Mohammad Shaheed: Proposed 1 SHCs will cover 5500 populations, located in Qalai Surkh Village.  2) Waghaz District: Two SHCs are proposed, 1 in Surkhak-i-Shahzadgan village and another in Haft Asyab villages, which will cover 6300 and 8500 population respectively.  3) Jaghatoo district: Two SHCs are proposed in Shagai and Laghari villages with 5600 and 7300 population  4) Nawar District: Two SHCs are proposed to cover 6500 and 6870 population in Qalai Bakhtiar and Altan villages respectively.  5) Nawa district: 1 SHCs is proposed to cover 8200 population Rahman Qala villages  6) Ajiristan District: Two SHCs are proposed to cover 8500 and 4500 people in Sahai Maktab and Baigai villages  7) Malistan District: 1 SHCs is proposed at Laghari Village to provide health services to 6300 population  8) Jaghori District: Proposed SHC will be established at Tir Ghanak village  9) Markaz District: Propose SHC will be established at Loghi village to provide health care services to about 6500 people located at the distance of around 12 Km from the nearest HF."</p>						
	<b>Section Total</b>						<b>129,325.74</b>
<b>3. Equipment</b>							
3.1	Medical Equipment's for HF's	D	13	500.00	1	100.00	6,500.00
	<i>Medical Equipment's are available from previous establishment, the amount budgeted are to fulfill the needs based on MoPH and WHO standards.</i>						
3.2	Non Medical Equipment's and its Minor Maintenance for 13 HF's	D	13	200.00	1	100.00	2,600.00
	<i>Non Medical Equipment's are available from previous establishment, the amount budgeted are to fulfill the needs based on MoPH and WHO standards.</i>						
	<b>Section Total</b>						<b>9,100.00</b>
<b>4. Contractual Services</b>							
4.1	Rental vehicle for Monitoring and supervision provincial office	D	2	900.00	6	100.00	10,800.00
	<i>Rental vehicle for the purpose of monitoring/supervision and support to 13 HF's and project management activities in each Ghazni province. 900 USD/month cost is allocated for one vehicle for the duration of 6 months "</i>						
4.2	Rental house for 13 HF's	D	13	90.00	6	100.00	7,020.00
	<i>As the HF's are planned in the remote and deprived location as approved by technical HC team, there is no government premises to run the clinics in it, 13 Rental house in Ghazni province needed for operation of HF's at service delivery points. 90 USD/month for 6 months</i>						
	<b>Section Total</b>						<b>17,820.00</b>
<b>5. Travel</b>							
5.1	Per diem and Transportation cost for Kabul staff travel to Ghazni	D	3	152.00	2	100.00	912.00
	<i>"3 monitoring visits are planned for province , in each visit 3 persons will travel from Kabul, who will spend 6 days and nights in the province per visit. And as per HADAAF policy for each day we will pay ( 12 USD as a per diem and 10\$ accommodation). 132 \$ are calculated for each person for 6 days/person  perdiem: 3 persons*(12+10\$)*6days=132  Transportation cost/person= \$ 20/per person  Total cost per person per trip=132+20= \$152  BoQ attached."</i>						
5.2	Perdiem and travel cost for provincial office finance officer for the submission of monthly financial documents	D	1	48.00	6	100.00	288.00
	<i>Finance officer of Ghazni province will visit HADAAF main office on monthly base for reconciliation and submission of financial report. one person x 12 USD/day perdiem X 3 days and night stay in Kabul + Transportation of both side cost  perdiem: \$12X 3 days=\$ 36  Transportation cost= \$ 12 two way transportation from Ghazni  Total= \$ 48/trip/person  1 person X 6 time  "</i>						
5.3	Perdiem for the provincial office staff for the purpose of supervision	D	20	6.00	6	100.00	720.00

	<i>Provincial coordinator and supervisors will visit 13 HFs on regular basis 10 days/month/person. every person will spent 10 nights in the field. per diem per spending 1 night in the field is \$6 Total days in the field for 2 persons are 20. "</i>						
	<b>Section Total</b>						<b>1,920.00</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Bank Charges	D	1	50.00	6	50.00	150.00
	<i>For every transaction, the bank is charging the cost. Charges on salary transfer and charges on other transactions 50% will be covered through this line for the project</i>						
7.2	Office running cost/stationary (provincial offices)	D	1	150.0 0	6	50.00	450.00
	<i>Office running cost ( Stationary, Cleaning materials and other small supplies) for provincial office in Ghazni is costed as 150 \$ /month. 50% charged on project. BoQ is attached.</i>						
7.3	Communication cost ( Telephone and internet )	D	1	350.0 0	6	80.00	1,680.00
	<i>This line covers all the communication expenses for project related matters such as (Top-up cards and internet charges) 120 USD 2 MB internet Cost 78 USD for Top card ( 13 HFs in-charge) @ 6 \$ /month=78 152 USD for 8 Project office staff and Kabul staff , 19 USD each. 20 % will of total allocated budget will coverer by HADAAF from core fund  Total= 350 USD per month BoQ developed and attached"</i>						
7.4	Utilities for Provincial office Ghazni	D	1	270.0 0	6	50.00	810.00
	<i>Utilities (electricity bill, mineral water, gas for kitchen and fuel for generator) of Project office calculated as per BoQ attached 50% charged on project.</i>						
7.5	Rental House for provincial office	D	1	450.0 0	6	50.00	1,350.00
	<i>Office for Operation and management of HFs activities in Ghazni province will be rented @ 450 USD/ month for 6 months. 50% charged on project</i>						
	<b>Section Total</b>						<b>4,440.00</b>
<b>SubTotal</b>			667.00				<b>343,067.74</b>
Direct							343,067.74
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							24,014.74
<b>Total Cost</b>							<b>367,082.48</b>

**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 > Ghazni > Ghazni	7.69000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Walimuhammad-e- Shahid	7.70000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Waghaz	15.40000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Rashidan	7.60000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Jaghatu	7.69000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Nawur	15.40000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Jaghuri	7.70000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Ajrestan	15.38000	0	0	0	0		H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:

Afghanistan > Ghazni > Malestan	7.69000	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:
Afghanistan > Ghazni > Nawa	7.75000	0	0	0	0	H: Activity 1.1.1:  H: Activity 1.1.4:  H: Activity 1.1.7:

**Documents**

Category Name	Document Description
Project Supporting Documents	Endorcement from AAP Working Group.pdf
Project Supporting Documents	Endorcement from RCCE.pdf
Project Supporting Documents	Endrocement from Protection Cluster.pdf
Project Supporting Documents	Assesment Report SHCs Ghazni HADAAF July 2023.pdf
Project Supporting Documents	ME Pan-Frmework-SHC Ghazni HADAAF July 2022 (1) (Autosaved).pdf
Project Supporting Documents	Detail HFs Profile AHF Ghazni Project.xlsx
Project Supporting Documents	Final Detail HFs Profile AHF Ghazni Project.xlsx
Budget Documents	Cancel BOQs Ghazni PHC.xls
Budget Documents	Updated BOQs for Ghazni PHC Project.xls
Budget Documents	Revised BOQs for Ghazni PHC Project.xls
Budget Documents	HR Policy HADAAF.pdf
Budget Documents	Updated BOQs for Ghazni PHC Project.xls
Budget Documents	Shared Cost table salaries and operation.xlsx
Budget Documents	Revised Shared Cost table salaries and operation.xlsx
Budget Documents	Health cluster comments_HADAAF.pdf
Grant Agreement	Grant Agreement_CBPF-AFG-23-R-NGO-26014_HADAAF_Health and Nutrition_Signed.pdf
Grant Agreement	Grant Agreement_CBPF-AFG-23-R-NGO-26014_HADAAF_Health and Nutrition_Counter Signed-.pdf
Revision related Documents	HC endorsment for Medicine list.pdf
Revision related Documents	Revised BOQs for Ghazni PHC Project.xls