

Requesting Organization :	Bakhtar Development Network		
Allocation Type :	2023 1st Reserve Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		42.00	
NUTRITION		58.00	
		100	
Project Title :	Provision of health and nutrition services in underserved communities of Kunduz province		
Allocation Type Category :	Field activities		
OPS Details			
Project Code :		Fund Project Code :	CBPF-AFG-23-R-NGO-26016
Cluster :		Project Budget in US\$:	250,844.98
Planned project duration :	6 Months	Priority:	
Planned Start Date :	15/08/2023	Planned End Date :	14/02/2024
Actual Start Date:	14/09/2023	Actual End Date:	13/03/2024
Project Summary :	<p>BDN will implement the project to save lives and decrease morbidities and mortalities caused by communicable diseases with a focus on AWD, CCHF and Dengue Fever, complications of pregnancy and malnutrition through integrated lifesaving primary health and nutrition services including reproductive health, MHPSS and nutrition counselling in underserved locations of Kunduz province (Dashte Archi district 1 SHC namely Hassan Khan Hotak SHC, Emamsaheb district 2 SHCs namely Zardkamar SHC and Muhajeren Shir khan bandar SHC, Khanabad district 1 SHC namely Khobdara SHC, Kunduz city 1 SHC namely Bagh- e- Meri SHC) targeting 5860 women, 6099 men, 6880 girls and 7161 boys out of which around 3900 people with disability. The interventions designed in the project are based on a comprehensive needs assessment conducted by a team comprised of senior experts. The project will provide primary health care and nutrition services through establishing 5 sub health Centers (SHCs) targeting underserved population without creating any duplication. Locations of the sub health centers selected in line with AHF allocation strategy in full coordination with MoPH and PPHD. Attached PPHD letter confirms complementarity of project with the existing health system. The project is aligned with response activities of health and nutrition clusters outlined in HRP 2023 i.e., Maintain and increase access to lifesaving and life-sustaining coordinated health services and information for those most vulnerable and in need. Ensure access to safe, equitable and inclusive health services and information to GBV survivors. 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. The project will provide health and nutrition services through qualified health care providers of SHCs where the following services will be provided: Outpatient consultations (OPD), Ante Natal Care (ANC), Safe delivery, PNC, New-Born Care (NBC), Immunization, management of AWD, CCHF and Dengue Fever, MHPSS, Growth Monitoring and Promotion (GMP), MIYCN, malnutrition</p>		

screening for children 6-59 months as well as pregnant and lactating women, referring of complicated cases of malnutrition to TFUs. Furthermore, essential supplies, equipment will be provided for the SHCs. Support will be provided for risk communication and community engagement including community sensitization and awareness on diseases prevention particularly AWD, CCHF and Dengue Fever in a coordinated manner with RCCE. In line with the United Nation Convention on the Rights of Persons with Disabilities (UNCPRD) and as defined in the IASC guidelines, access of Persons with disabilities will be ensured to the services provided through this project. The rationality of the proposed project is that the target population are living in white and underserved areas who have limited access to primary health and nutrition services, The population living in the target areas facing with various access challenges leaving them in desperate need of emergency care in health and nutrition. According to Afghanistan Humanitarian Needs overview 2023 (HNO-2023), rural areas of Kunduz province ranked in extreme phase of severity for humanitarian needs. The SHCs (each staffed with 1 Medical doctor, 1 midwife, 1 nutrition counselor, 1 community mobilizer, 1 MHPSS counselor, 1 female vaccinator, 1 guard) will provide health and nutrition services from SHCs. Health education sessions will also be conducted within each SHC. The project activities related to nutrition cluster is coordinated with the cluster, and UNICEF will be approached to receive required quantity of RUTF to treat SAM cases, whilst MAM and AM-PLW will be coordinated with WFP to sign an FLA for receiving food commodities to treat CH-MAM and AM-PLW.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
6,099	5,860	7,161	6,880	26,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	6,099	5,860	7,161	6,880	26,000
	0	0	0	0	0

Indirect Beneficiaries :

The population living in white areas of all target districts that is estimated to be 129,710 will be indirect beneficiaries including all families living in remote locations; Women and girls; Persons with disabilities; Families and communities experiencing poverty, especially extreme poverty; IDPs and Returnees; Pastoral nomads (Kuchis); Elderly people; Women-headed households; The unemployed; Youth (Adolescents); Homeless people and those living in informal settlements or urban slums; Disadvantaged groups including ethnic minorities; Refugees, asylum seekers, populations in conflict setting or those affected by humanitarian emergencies, vulnerable migrants in irregular situations; Hard to reach population groups; Older adults defined by age-based risk; Older adults in high risk living situations, health care providers, vendors and suppliers

Catchment Population:**Link with allocation strategy :**

The project has been designed in alignment with AHF allocation strategy to contribute to achieving health and nutrition objectives. The project supports the delivery of HRP 2023 in terms of Health and Nutrition i.e., Maintain and increase access to lifesaving and life-sustaining coordinated health services and information for those most vulnerable and in need. Ensure access to safe, equitable and inclusive health services and information to GBV survivors. 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. Response to GBV, PSEA and reaching to persons with disability will be fulfilled through the project, activities are relevant to the health and nutrition sectors which have been prioritized by the concerned clusters. AAP is a priority that has been considered from design of the project and will be dominated throughout the project implementation. effective coordination with the provincial and district authorities, community elders and other stakeholders has made it possible to reach to underserved population in the ground and the proposed project is in response to the most urgent health and nutrition needs including reach to persons with disability that effectively linking it to the allocation strategy significantly improving the humanitarian response in a coordinated manner in the field.

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**

Long standing poverty, natural disasters, extensive and complex humanitarian crisis, large-scale internal displacement, a population exodus, loss of livelihoods, food insecurity and malnutrition, and their disastrous link with disease and mortality, ongoing disease outbreaks of measles, CCHF, Dengue fever and AWD, limited access to lifesaving health care particularly women, children and persons with disability have generated extreme needs and vulnerabilities. The

situation exacerbated by GBV, limited access of women and children to appropriate care. According to HRP 2023, 17.6 M. people (3.11 M women, 7.5 M children and 1.2 M with disability) are in need of access to life-saving health services and, 7.2 million people (2.9K women, 2.6 M children and 494 K with disabilities) are in need of lifesaving nutrition services. In Kunduz province, according to (HNO 2023), rural areas of target province are in extreme phase of need and urban areas are in sever phase. BDN also conducted a need assessment by assigning assessment team in coordination with MoPH and PPHD. The overall result of the assessment obviously informed that there is urgent need for lifesaving health and nutrition services in underserved areas of Kunduz province and around 26,000 people will be targeted by the proposed action. (Attached the need assessment report)

3. Description Of Beneficiaries

4. Grant Request Justification

BDN's experience specific to provision of health and nutrition services has enabled the organization to implement the project to the best possible extent and to achieve its objectives perfectly. BDN's familiarity with field and support of PPHD (support letter attached) provide BDN with sufficient advantages to have access to the entire population of the target province. Coordination with community has also been ensured. During the needs assessment it was confirmed that the proposed project could be an effective and efficient response to health and nutrition needs of population. BDN conducted need assessment at field level through Focus Group Discussions which highlighted health and nutrition needs and gaps in the target districts. The assessment provided a reliable base and evidence to design the interventions in a way to ensure that the planned project activities are justified and do not overlap but rather complement the existing interventions. Ongoing BPHS program is not sufficient in fulfilling the needs of population in underserved and white areas in terms of health and nutrition. WoAA-2022 also found that 11 % of households in the province have no access to an active healthcare center, given this, there is dire need for additional interventions under the AHF program. Expanding health and nutrition services to the underserved villages and increasing awareness in line with the allocation strategy are interventions to address the due unmet needs of the target population.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

<p>Safeguarding people's health, including women and adolescent girls, by ensuring the provision of high-quality healthcare services, preventing the spread of communicable diseases, and effectively managing outbreaks and other incidents that pose a threat to public health. </p>

<p>Providing lifesaving nutrition services for the early detection and treatment of acute malnutrition in girls and boys under five years of age, as well as pregnant and lactating women (PLW) affected by acute malnutrition.</p>

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 project will contribute to achieving the objectives of health cluster by implementing interventions aimed at ensuring access to life-saving and life-sustaining health services and services provided through this project i.e., Outpatient consultations (OPD), Ante Natal Care (ANC), delivery services accompanied by skilled birth attendants (Safe delivery), Post Natal Care (PNC), New-Born Care (NBC), Immunization, management of AWD, CCHF and Dengue Fever, Mental Health and Psychosocial Counseling (MHPSS), provision of essential medicines/medical supplies/kits/equipment for the management of communicable disease, supporting risk communication and community engagement including community sensitization and awareness on diseases prevention particularly AWD, CCHF and Dengue Fever will contribute to the reduction of the risk of excessive mortality and morbidity by improving the health status of vulnerable groups particularly children under five and pregnant, lactating women and persons with disability. The objective of health cluster can be achieved in coordination with the BPHS program. The project is being closely coordinated with the health cluster and the ongoing BPHS program and will ensure that all activities are delivered through newly established health facilities as well as the existing structures if required. The fact that the need of population living in underserved areas cannot be met by existing structures, 5 Primary Health Centers will be established under this project to reach the under-served population living beyond the reach of health facilities. In close coordination with the health cluster as well as the Provincial Public Health Office, the health facilities mainly be focused on the provision of life saving health services. An effective referral system will also be established with nearest HPs and CHWs as well as community health counsels will be involved in increasing service utilization.

Outcome 1

Mortality and morbidity of crisis affected people of all gender and diversities are reduced through improving their access to health care services.

Output 1.1

Description

Population living in underserved areas of Kunduz province have access to primary lifesaving, quality health services.

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	4,186	7,774	4,914	9,126	26,000

Means of Verification : <p>HF registers, DHIS-2, monitoring visit report.</p></p>							
Indicator 1.1.2	HEALTH	Output: Number of pregnant women attended first antenatal care visit		520		0	520
Means of Verification : <p>HF register, DHIS2, Monitoring Visit report</p>							
Indicator 1.1.3	HEALTH						260
Means of Verification : <p>HF registers, DHIS2, Monitoring Visit report</p>							
Indicator 1.1.4	HEALTH	Output: Number of children less than 12 months of age who received measles vaccines			239	229	468
Means of Verification : <p>EPI registers and report, DHIS2 and monitoring visit reports </p>							
Indicator 1.1.5	HEALTH		247	238	1,126	1,082	2,693
Means of Verification : <p>HF registers, DHIS2, Monitoring Visit report, registers of Oral Rehydration Therapy corner (ORT)</p>							
Indicator 1.1.6	HEALTH						95
Means of Verification : <p>Report of Exist Interview with clients, Community interview and Monitoring Visit report..</p>							
Indicator 1.1.7	HEALTH						95
Means of Verification : <p>Availability of short code 410 and materials related to Awaaz Afghanistan in all HFs, monitoring visit report, availability of complaint boxes, complaint registers and GRM system. </p>							
Indicator 1.1.8	HEALTH	Number of clients with disability received overall health care services.	915	879	1,074	1,032	3,900
Means of Verification : <p>Disability specific tally sheet, HF register, DHIS2, Mapping of houses where persons with disability reside. </p>							
Indicator 1.1.9	HEALTH	Output: Number of MHPSS consultations	610	586	716	688	2,600
Means of Verification : <p>Mental health register, DHIS2, MHPSS register books. </p>							
Activities							
Activity 1.1.1							
Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases							
Coordination with MoPH, submission of MoU package to MoU review committee, addressing any likely comments of MoPH and ultimately signing MoU and inception meeting with PPHD.							
Activity 1.1.2							
Standard Activity : Not Selected							
Coordination with PPHD and community elders, identify a suitable rented buildings within the underserved villages to establish new SHCs. Meanwhile to establish community health counsels and create a link between existing BPHS HFs and CHWs through coordination with BPHS implementer of the province. The BPHS HFs and HPs which are the nearest to the newly established SHCs will be mapped, coordination mechanism will be established through arranging quarterly meetings with head of mentioned HFs. referral system will be coordinated between newly established SHCs, existing HPs and BPHS HFs.							
Activity 1.1.3							
Standard Activity : Not Selected							
The clinical positions as per the staffing structure of HFs will be announced, suitable candidates will be recruited through transparent and merit-based procedures, and local staff will be preferred for the sake of sustainability and retention.							
Activity 1.1.4							
Standard Activity : Not Selected							
Providing nonmedical equipment, medical Equipment and Pharmaceuticals as per the BPHS guidelines and other logistical supplies for all 5 SHCs.							
Activity 1.1.5							
Standard Activity : Not Selected							
Provision of OPD, ANC, delivery, PNC, newborn care, vaccination, MHPSS, outbreak response, health education and refer services to all clients including persons with disability through five new SHCs.							

Activity 1.1.6**Standard Activity : Not Selected**

Preparing and checking attendance reports, payrolls and salary payment to all project staff on monthly basis, salary for the staff of HFs will be based on NSP 2020 and management staff will be based on NTA salary scale.

Activity 1.1.7**Standard Activity : Not Selected**

The planned trainings as per the training plan will be provided to health care providers consisting of topics on HMIS, EPI, IP, MHPSS and nutrition.

Activity 1.1.8**Standard Activity : Not Selected**

following a renovation need assessment, minor renovation of 5 SHCs will be done in first quarter of the project and maintenance of all five HFs will be ensured.

Activity 1.1.9**Standard Activity : Not Selected**

Implementing Infection Prevention control and health Care Waste Management measures in all five HFs as per the standard IP and HCWM guidelines. local made incinerators (Stove) will be provided to burn and bury the medical wastes.

Activity 1.1.10**Standard Activity : Not Selected**

Mapping of households where persons with disability reside, Triage and priority for disabilities to get the services, preparing list of persons with disabilities including type of disability at each HF levels, and the health care providers will be informed to provide specific services to them.

Activity 1.1.11**Standard Activity : Not Selected**

Posting the Short Code of 410 of Awaaz Afghanistan in all HFs and informing clients and community on GRM system. receiving all complaints and providing appropriate responses accordingly by ensuring confidentiality.

Activity 1.1.12**Standard Activity : Not Selected**

Joint monitoring plan will be developed with PPHD as well as with community and conducting joint monitoring visits with PPHD and community to five HFs using monitoring tools developed by MoPH for monitoring of primary health centers on monthly basis.

Activity 1.1.13**Standard Activity : Not Selected**

Conducting supportive supervision and internal monitoring visits to the HFs on monthly basis through management staff such as supervisors and officers. meanwhile the project will be supervised by technical departments of main office on quarterly basis. furthermore PME officer based in Kunduz will conduct internal monitoring visits to the HFs on monthly basis.

Activity 1.1.14**Standard Activity : Not Selected**

Collecting HMIS reports from HFs, reviewing and cleaning the data, entering into databases, submitting the reports, analyzing and data use.

Activity 1.1.15

Standard Activity : Not Selected

Providing gender sensitive health care services and ensuring gender mainstreaming in provision of health services.

Activity 1.1.16

Standard Activity : Not Selected

Ensuring community participation and AAP through community health council meetings.

Activity 1.1.17

Standard Activity : Not Selected

Submitting all technical, financial and ad-hoc reports on timely manner to health and nutrition clusters as well as other relevant.

Activity 1.1.18

Standard Activity : Not Selected

Participating in all relevant coordination forums at district, provincial and central levels

Activity 1.1.19

Standard Activity : Not Selected

Close out of the project and handing over to PPHD.

Output 1.2

Description

community awareness increased through conducting Risk Communication and community engagement sessions.

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Output: Number of persons reached with RCCE messages for communicable diseases	4,186	7,774	4,914	9,126	26,000

Means of Verification : <p>RCCE pictorial report, Monitoring visit report </p>

Activities

Activity 1.2.1

Standard Activity : Support RCCE activities for communicable diseases outbreak

Coordinate with RCCE working group to receive standard IEC materials for all five SHCs, the IEC materials will be posted in various departments of the HFs, and waiting area that will be used for health education to clients.

Activity 1.2.2**Standard Activity : Not Selected**

Conducting one round of Community Awareness Campaign in the coverage of each SHC, focusing on health and nutrition topics, and an estimated number of 12,000 people will be reached by the campaign.

Activity 1.2.3**Standard Activity : Not Selected**

A comprehensive health education plan will be developed by considering the health education policy of MoPH, conducting health education sessions for clients on daily basis through health care providers of HFs, the topics will be focused on seasonal diseases and any likely outbreak of diseases.

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

Contribution to Cluster/Sector Objectives : The project will directly contribute to achieving the objectives of nutrition cluster by implementing interventions aimed at ensuring continuing lifesaving nutrition services for the early detection and treatment of acute malnutrition in girls and boys under five years of age, as well as pregnant and lactating women (PLW) affected by acute malnutrition. Growth Monitoring and Promotion (GMP), MIYCN, malnutrition screening for children 6-59 months as well as pregnant and lactating women, treatment of SAM and MAM cases and referring of complicated cases of SAM to upper level of services will contribute to the reduction of the risk of excessive mortality and morbidity by improving the nutrition status of vulnerable groups particularly children under five and pregnant, lactating women and persons with disability. The objective of nutrition cluster can be achieved in coordination with the BPHS program. The project is being closely coordinated with the nutrition cluster and the ongoing BPHS program and will ensure that all activities are delivered through newly established health facilities as well as the existing structures if required.

The fact that the need of population living in underserved areas cannot be met by existing structures, 5 Primary Health Centers will be established under this project to reach the under-served population living beyond the reach of nutrition services. In close coordination with the nutrition cluster as well as the Provincial Public Health Office, the health facilities mainly be focused on the provision of life saving nutrition services. An effective referral system will be established with nearest HPs and community health counsels to increase service utilization. All required nutrition supplies for CH- SAM, CH- MAM and AM-PLW will be requested from UNICEF and WFP through signing FLAs.

Outcome 1

Mortality and morbidity of crisis affected people of all gender and diversities are reduced through improving their access to nutrition services.

Output 1.1**Description**

Population living in underserved areas of 4 districts (Dasht-e-Archi, Imam Sahib, Khan Abad and Kunduz) have access to primary lifesaving, quality nutrition services.

Assumptions & Risks**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Output: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD			92	89	181
Means of Verification : <p>HF register, Nutrition Database, monitoring visit report. </p>							
Indicator 1.1.2	NUTRITION	Output: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment			244	235	479
Means of Verification : <p>HF registers, Nutrition database and monitoring visit reports. </p>							
Indicator 1.1.3	NUTRITION	Output: Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counseling		1,040			1,040
Means of Verification : <p>HF register, nutrition database and monitoring report</p>							
Indicator 1.1.4	NUTRITION	Output: Number of girls and boys aged 6-59 months who received vitamin A supplement			1,074	1,032	2,106
Means of Verification : <p>HF register, monitoring visit reports. </p>							
Indicator 1.1.5	NUTRITION	Output: Number of girls and boys aged 6-59 months who received MNP			1,074	1,032	2,106
Means of Verification : <p>HFs register, Nutrition database, field monitoring reports. </p>							
Indicator 1.1.6	NUTRITION						95
Means of Verification : <p>Collecting data from complaints boxes, HFs GRM register, BDN GRM online database, community interview, monitoring visits.</p>							
Indicator 1.1.7	NUTRITION						95
Means of Verification : <p>Hotline number of 410, Exit interview sheets, Community interview, monitoring visits.</p>							
Indicator 1.1.8	NUTRITION	<p>Number AM-PLW admitted to MAM program </p>	0	264	0	0	264
Means of Verification : <p>Nutrition database, HF registers</p>							
Activities							
Activity 1.1.1							
Standard Activity : Not Selected							
<p>Coordination with MoPH, submission of MoU package to MoU review committee, addressing any likely comments of MoPH and ultimately signing MoU and inception meeting with PPHD.</p>							
Activity 1.1.2							
Standard Activity : Not Selected							
<p>Coordination with PPHD and community elders, identify a suitable rented buildings within the underserved villages to establish new SHCs. Community health counsels will be established for each SHC and meanwhile a link between existing BPHS HFs and existing CHWs will be created in coordination with BPHS implementer. The nearest available HFs and HPs will be mapped, quarterly meeting will be organized with head of nearest BPHS HFs to strengthen the referral system.</p>							
Activity 1.1.3							
Standard Activity : Not Selected							
<p>The clinical positions as per the staffing structure of HFs will be announced, suitable candidates will be recruited through transparent and merit-based procedures, and local staff will be preferred for the sake of sustainability and retention.</p>							
Activity 1.1.4							
Standard Activity : Not Selected							

Coordinating with UNICEF to sign a PD so as to provide required nutrition supplies for SAM cases such as RUTF and MUAC. and we will provide logistic supplies as cleaning materials, stationaries, gas and winterization supplies.

Activity 1.1.5

Standard Activity : Not Selected

Coordinating with WFP to sign an FLA so as to provide RUSF and Super cereal for CH- MAM and AM- PLW and Providing SAM, MAM, AM- PLW, MIYCN, health education and refer services to all eligible clients including persons with disability in coordination with UNICEF and WFP.

Activity 1.1.6

Standard Activity : Not Selected

Coordinating with UNICEF to provide nutrition supplies for CH- SAM and WFP for CH- MAM and AM- PLW as in-kind donation.

Activity 1.1.7

Standard Activity : Not Selected

Conducting nutrition screening of all children under five who are brought to HF's using MUAC tape and the SAM and MAM cases will be admitted to relevant programs. All PLW will be screened through MUAC and AM- PLW will be admitted to TSFP program.

Activity 1.1.8

Standard Activity : Not Selected

Conducting nutrition screening of all PLW who visit HF's using MUAC tape, and CHW's who are located in the nearest locations will also be involved in screening and refer the SAM and MAM cases through coordination with BPHS implementer in the province.

Activity 1.1.9

Standard Activity : Not Selected

Admitting SAM cases for treatment in OPD- SAM services by provision of RUTF, home visit follow up of absents and defaulters will be done through nutrition counselors, head of HF's and project supervisors as well.

Activity 1.1.10

Standard Activity : Not Selected

Coordinating with BPHS implementer which run the TFU toward establishing a referral system between new SHCs and TFUs to refer complicated cases of SAM to TFUs. The ambulance services which are available at the nearest DHs and CHCs will be called to pick up the complicated SAM cases and take them to the nearest TFU. In instances where the ambulances are busy, the care givers of the patients will be informed through interpersonal communication and counseling about availability of the TFUs to take their patients there for better treatment and if the care givers were not able to afford transportation cost, then the project vehicles which are used for supervision will carry out the SAM complicated cases to TFUs.

Activity 1.1.11

Standard Activity : Not Selected

Admitting CH- MAM cases for treatment in OPD- MAM services by provision of RUSF, home visit follow up of absents and defaulters will be done through nutrition counselors, head of HF's and CHW's.

Activity 1.1.12**Standard Activity : Not Selected**

Providing nutrition commodities to AM-PLW by signing FLA with WFP dependent on WFP agreement.

Activity 1.1.13**Standard Activity : Not Selected**

Conducting Growth Monitoring and Promotion activities for children under two years of age in all five health facilities through nutrition counselors, growth abnormalities will be detected and required counseling will be provided to their care givers.

Activity 1.1.14**Standard Activity : Not Selected**

Provision of MIYCN services for mothers and caregivers,

Activity 1.1.15**Standard Activity : Not Selected**

Provision and Distribution of MNP for children 6-59 months in the coverage areas through coordination with UNICEF

Activity 1.1.16**Standard Activity : Not Selected**

Posting the Short Code of 410 of Awaaz Afghanistan in all HF's, and informing clients and community on GRM system

Activity 1.1.17**Standard Activity : Not Selected**

Mapping of households where persons with disability reside, Triage and priority for disabilities to get the services,

Activity 1.1.18**Standard Activity : Not Selected**

Conduct joint monitoring visits with PPHD and community to HF's

Activity 1.1.19**Standard Activity : Not Selected**

Conducting supportive supervision and internal monitoring visits to the HF's on monthly basis.

Activity 1.1.20

Standard Activity : Not Selected

Participating in all relevant coordination forums at district, provincial and central levels

Activity 1.1.21

Standard Activity : Not Selected

Conducting nutritional education to all clients on daily basis.

Activity 1.1.22

Standard Activity : Not Selected

Conducting one round of Community Awareness Campaign in the coverage of each SHC, focusing on nutrition topics, and an estimated number of 12,000 people will be reached by the campaign.

Activity 1.1.23

Standard Activity : Not Selected

Submitting all technical, financial and ad-hoc reports on timely manner to health and nutrition clusters as well as other relevant.

Activity 1.1.24

Standard Activity : Not Selected

Ensuring community participation and AAP through community health council meetings.

Activity 1.1.25

Standard Activity : Not Selected

Close out of the project and handover process to PPHD

Additional Targets :

M & R

Monitoring & Reporting plan

The PMEU an independent section in the structure of BDN carrying M&E functions and accountability as per M&E manual and develops M&E plan of the project. Joint monitoring missions with PPHD will be done so that all project interventions are monitored properly. Communities as key stakeholders will be involved through getting their views in the project. Remote Call Monitoring will be done through obtaining phone # of clients to verify they received services. The PME officer based in Kunduz budgeted in this project will carry out M&E visits to all HF's on monthly basis. NMC, HMIS, MCH, Nutrition, Pharmacy and EPI tools will be applied. Findings are shared with staff; remedial actions are taken and follow up is in place. Technical and financial reports will be submitted to OCHA on GMS. End of project report will be submitted after completion of the project; weekly reports for emergency response to cluster coordinators, 4 W reports and HRP report for health and nutrition.

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Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
HEALTH: Activity 1.1.1: Coordination with MoPH, submission of MoU package to MoU review committee, addressing any likely comments of MoPH and ultimately signing MoU and inception meeting with PPHD.	1												
HEALTH: Activity 1.1.10: Mapping of households where persons with disability reside, Triage and priority for disabilities to get the services, preparing list of persons with disabilities including type of disability at each HF levels, and the health care providers will be informed to provide specific services to them.	1												
HEALTH: Activity 1.1.11: Posting the Short Code of 410 of Awaaz Afghanistan in all HFs and informing clients and community on GRM system. receiving all complaints and providing appropriate responses accordingly by ensuring confidentiality.	1												
HEALTH: Activity 1.1.12: Joint monitoring plan will be developed with PPHD as well as with community and conducting joint monitoring visits with PPHD and community to five HFs using monitoring tools developed by MoPH for monitoring of primary health centers on monthly basis.	1												
HEALTH: Activity 1.1.13: Conducting supportive supervision and internal monitoring visits to the HFs on monthly basis through management staff such as supervisors and officers. meanwhile the project will be supervised by technical departments of main office on quarterly basis. furthermore PME officer based in Kunduz will conduct internal monitoring visits to the HFs on monthly basis.	1												
HEALTH: Activity 1.1.14: Collecting HMIS reports from HFs, reviewing and cleaning the data, interring into databases, submitting the reports, analyzing and data use.	1												
HEALTH: Activity 1.1.15: Providing gender sensitive health care services and ensuring gender mainstreaming in provision of health services.	1												
HEALTH: Activity 1.1.16: Ensuring community participation and AAP through community health council meetings.	1												
HEALTH: Activity 1.1.17: Submitting all technical, financial and ad-hoc reports on timely manner to health and nutrition clusters as well as other relevant.	1												

HEALTH: Activity 1.1.18: Participating in all relevant coordination forums at district, provincial and central levels	1																			
HEALTH: Activity 1.1.19: Close out of the project and handing over to PPHD.	1																			
HEALTH: Activity 1.1.2: Coordination with PPHD and community elders, identify a suitable rented buildings within the underserved villages to establish new SHCs. Meanwhile to establish community health counsels and create a link between existing BPHS HFs and CHWs through coordination with BPHS implementer of the province. The BPHS HFs and HPs which are the nearest to the newly established SHCs will be mapped, coordination mechanism will be established through arranging quarterly meetings with head of mentioned HFs. referral system will be coordinated between newly established SHCs, existing HPs and BPHS HFs.	1																			
HEALTH: Activity 1.1.3: The clinical positions as per the staffing structure of HFs will be announced, suitable candidates will be recruited through transparent and merit-based procedures, and local staff will be preferred for the sake of sustainability and retention.	1																			
HEALTH: Activity 1.1.4: Providing nonmedical equipment, medical Equipment and Pharmaceuticals as per the BPHS guidelines and other logistical supplies for all 5 SHCs.	1																			
HEALTH: Activity 1.1.5: Provision of OPD, ANC, delivery, PNC, newborn care, vaccination, MHPSS, outbreak response, health education and refer services to all clients including persons with disability through five new SHCs.	1																			
HEALTH: Activity 1.1.6: Preparing and checking attendance reports, payrolls and salary payment to all project staff on monthly basis, salary for the staff of HFs will be based on NSP 2020 and management staff will be based on NTA salary scale.	1																			
HEALTH: Activity 1.1.7: The planned trainings as per the training plan will be provided to health care providers consisting of topics on HMIS, EPI, IP, MHPSS and nutrition.	1																			
HEALTH: Activity 1.1.8: following a renovation need assessment, minor renovation of 5 SHCs will be done in first quarter of the project and maintenance of all five HFs will be ensured.	1																			

HEALTH: Activity 1.1.9: Implementing Infection Prevention control and health Care Waste Management measures in all five HFs as per the standard IP and HCWM guidelines. local made incinerators (Stove) will be provided to burn and bury the medical wastes.	1																			
HEALTH: Activity 1.2.1: Coordinate with RCCE working group to receive standard IEC materials for all five SHCs, the IEC materials will be posted in various departments of the HFs, and waiting area that will be used for health education to clients.	1																			
HEALTH: Activity 1.2.2: Conducting one round of Community Awareness Campaign in the coverage of each SHC, focusing on health and nutrition topics, and an estimated number of 12,000 people will be reached by the campaign.	1																			
HEALTH: Activity 1.2.3: A comprehensive health education plan will be developed by considering the health education policy of MoPH, conducting health education sessions for clients on daily basis through health care providers of HFs, the topics will be focused on seasonal diseases and any likely outbreak of diseases.	1																			
NUTRITION: Activity 1.1.1: Coordination with MoPH, submission of MoU package to MoU review committee, addressing any likely comments of MoPH and ultimately signing MoU and inception meeting with PPHD.	1																			
NUTRITION: Activity 1.1.10: Coordinating with BPHS implementer which run the TFU toward establishing a referral system between new SHCs and TFUs to refer complicated cases of SAM to TFUs. The ambulance services which are available at the nearest DHs and CHCs will be called to pick up the complicated SAM cases and take them to the nearest TFU. In instances where the ambulances are busy, the care givers of the patients will be informed through interpersonal communication and counseling about availability of the TFUs to take their patients there for better treatment and if the care givers were not able to afford transportation cost, then the project vehicles which are used for supervision will carry out the SAM complicated cases to TFUs.	1																			
NUTRITION: Activity 1.1.11: Admitting CH- MAM cases for treatment in OPD- MAM services by provision of RUSF, home visit follow up of absents and defaulters will be done through nutrition counselors, head of HFs and CHWs.	1																			
NUTRITION: Activity 1.1.12: Providing nutrition commodities to AM-PLW by signing FLA with WFP dependent on WFP agreement.	1																			

<p>NUTRITION: Activity 1.1.13:</p> <p>Conducting Growth Monitoring and Promotion activities for children under two years of age in all five health facilities through nutrition counselors, growth abnormalities will be detected and required counseling will be provided to their care givers.</p>	1												
<p>NUTRITION: Activity 1.1.14:</p> <p>Provision of MIYCN services for mothers and caregivers,</p>	1												
<p>NUTRITION: Activity 1.1.15:</p> <p>Provision and Distribution of MNP for children 6-59 months in the coverage areas through coordination with UNICEF</p>	1												
<p>NUTRITION: Activity 1.1.16:</p> <p>Posting the Short Code of 410 of Awaaz Afghanistan in all HFs, and informing clients and community on GRM system</p>	1												
<p>NUTRITION: Activity 1.1.17:</p> <p>Mapping of households where persons with disability reside, Triage and priority for disabilities to get the services,</p>	1												
<p>NUTRITION: Activity 1.1.18:</p> <p>Conduct joint monitoring visits with PPHD and community to HFs</p>	1												
<p>NUTRITION: Activity 1.1.19:</p> <p>Conducting supportive supervision and internal monitoring visits to the HFs on monthly basis.</p>	1												
<p>NUTRITION: Activity 1.1.2:</p> <p>Coordination with PPHD and community elders, identify a suitable rented buildings within the underserved villages to establish new SHCs. Community health counsels will be established for each SHC and meanwhile a link between existing BPHS HFs and existing CHWs will be created in coordination with BPHS implementer. The nearest available HFs and HPs will be mapped, quarterly meeting will be organized with head of nearest BPHS HFs to strengthen the referral system.</p>	1												

NUTRITION: Activity 1.1.20: Participating in all relevant coordination forums at district, provincial and central levels	1																			
NUTRITION: Activity 1.1.21: Conducting nutritional education to all clients on daily basis.	1																			
NUTRITION: Activity 1.1.22: Conducting one round of Community Awareness Campaign in the coverage of each SHC, focusing on nutrition topics, and an estimated number of 12,000 people will be reached by the campaign.	1																			
NUTRITION: Activity 1.1.23: Submitting all technical, financial and ad-hoc reports on timely manner to health and nutrition clusters as well as other relevant.	1																			
NUTRITION: Activity 1.1.24: Ensuring community participation and AAP through community health council meetings.	1																			
NUTRITION: Activity 1.1.25: Close out of the project and handover process to PPHD	1																			
NUTRITION: Activity 1.1.3: The clinical positions as per the staffing structure of HFs will be announced, suitable candidates will be recruited through transparent and merit-based procedures, and local staff will be preferred for the sake of sustainability and retention.	1																			
NUTRITION: Activity 1.1.4: Coordinating with UNICEF to sign a PD so as to provide required nutrition supplies for SAM cases such as RUTF and MUAC. and we will provide logistic supplies as cleaning materials, stationaries, gas and winterization supplies.	1																			
NUTRITION: Activity 1.1.5: Coordinating with WFP to sign an FLA so as to provide RUSF and Super cereal for CH- MAM and AM- PLW and Providing SAM, MAM, AM- PLW, MIYCN, health education and refer services to all eligible clients including persons with disability in coordination with UNICEF and WFP.	1																			

NUTRITION: Activity 1.1.6: Coordinating with UNICEF to provide nutrition supplies for CH- SAM and WFP for CH- MAM and AM- PLW as in-kind donation.	1																			
NUTRITION: Activity 1.1.7: Conducting nutrition screening of all children under five who are brought to HF's using MUAC tape and the SAM and MAM cases will be admitted to relevant programs. All PLW will be screened through MUAC and AM- PLW will be admitted to TSFP program.	1																			
NUTRITION: Activity 1.1.8: Conducting nutrition screening of all PLW who visit HF's using MUAC tape, and CHWs who are located in the nearest locations will also be involved in screening and refer the SAM and MAM cases through coordination with BPHS implementer in the province.	1																			
NUTRITION: Activity 1.1.9: Admitting SAM cases for treatment in OPD- SAM services by provision of RUTF, home visit follow up of absents and defaulters will be done through nutrition counselors, head of HF's and project supervisors as well.	1																			

OTHER INFO

Accountability to Affected Populations

This project is designed in compliance with the principles of the IASC that are taking account of, giving account to, and being held to account by the people. The project is designed in consultation with local communities through FGD held during need assessment where community involved and their meaningful support attracted. Similarly, the affected population will be involved in the implementation as well as monitoring and evaluation of the services they receive. Further involvement of affected people will be ensured through a participatory approach that will be monthly meetings with community where each person can express their views on the project. Exist interview of clients on random sampling (men, women, girls, boys and people with disability) will be also put in place to get views of beneficiaries on the services they receive, their comments, suggestions and complains will be considered in provision of health and nutrition services where remedial actions will be taken accordingly.

Implementation Plan

BDN with 18 years of experience has implemented health and nutrition projects in 10 provinces, BDN's main office is well-staffed and well equipped with various technical and administrative departments including Planning, Monitoring and Evaluation Unit providing overall supports to the projects. BDN's highly qualified and experienced personnel at management level are on board both at national and provincial offices carrying degrees and specializations i.e., medical doctors, master's in public health, Pharmacy, MBA, BBA and social science. All required procurements, transport and delivery arrangements will be ensured through procurement, logistic, admin, HR and finance departments of main office, however, for smooth implementation of this project, BDN will recruit new technical and administrative staff within 25 days. Till recruitment of staff, the existing staff of main office and provincial offices will carry out all required arrangement and their support will be extended to project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
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<u>Environment Marker Of The Project</u>

<u>Gender Marker Of The Project</u>
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4- Likely to contribute to gender equality, including across age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

The project is in compliance with elements of protection mainstreaming. To prioritize safety and dignity and avoid causing harm, the project will ensure that all beneficiaries are safely treated, optimal infection prevention and waste management measures are practiced, medical errors will be avoided. Professional and ethical standards of no harm to clients and environment will be applied. Meaningful access will be ensured through establishing HF's in underserved villages so as every person, all gender and age groups will have access to life-saving health and nutrition services without any barriers, a greater priority will be given to vulnerable groups such as children, women, and persons with disability. Accountability will be promoted through providing of information to beneficiaries and responsive mechanisms will be put in place for all beneficiaries to share their concerns and get proper convincing response addressing their complaints i.e., short code 410, phone # of BDN's focal point and complain boxes. To promote participation and empowerment, communities were involved in need assessment and planning, who will be further involved in implementing, monitoring and evaluating of project. orientation sessions will be arranged to clients who visit HF's focusing on rights of clients. SEA by the project staff is strictly prohibited and both project staff and clients will be oriented on this. Any misconduct or SEA will be dealt seriously with consequences of disciplinary actions.

Country Specific Information

Safety and Security

Access

BDN has implemented BPHS, EPHS and other health and nutrition projects in Baghlan, Balkh, Takhar, Herat, Sar-e-pul, Daikundi, Ghanzni, Zabul, Samangan and Jawzjan and has built history of successful project implementation. BDN is very familiar with geography, ground reality, cultural behaviors, community expectations, accountability to affect population, conflict resolutions, responses to emergencies, outbreak of diseases, on time supply of medical and non-medical items to all HF's including winterization supplies and handling any likely challenges emerging from the provinces. Currently, BDN is implementing health and nutrition projects in Balkh, Samangan, Sar-e-Pul, Jawzjan and Faryab provinces and have extended its access to Kunduz province through assigning assessment teams, coordinated with PPHD and local communities. Specific to the needs of this project, BDN will establish a cost-effective office in Kunduz that all its set ups will be done within 20 days.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Medical Doctors	D	5	392.58	6	100.00	11,777.40
	<i>These staff are working as head of clinics in the following HF's: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NSP 2020 which is 21,101 AFN, hardship of 50% which is rural area with 10% provincial grading total AFN will 33,762 divided by AFN 86/USD= (392.58 USD). NSP is attached.</i>						
1.2	Midwives	D	5	428.01	6	100.00	12,840.30
	<i>These staff are working as midwife of clinic, in the following HF's: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NSP 2020, which is 17,528 AFN, hardship of 100% which is rural area and with 10% provincial grading total AFN will 36,809 divided by AFN86/USD= (428.01 USD). NSP is attached.</i>						
1.3	Nutrition Counselors	D	5	332.43	6	100.00	9,972.90
	<i>These staff working as Nutrition Counselor of clinic, in the following HF's: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NSP 2020, which is 13614 AFN, hardship of 100% which is rural area and with 10% provincial grading total AFN will 28,589 divided by AFN86/USD= (332.43 USD). NSP is attached.</i>						
1.4	MHPSS counselors	D	5	332.43	6	100.00	9,972.90
	<i>These staff re working as MHPSS Counselor of clinic, in the following HF's: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NSP 2020, which is 13,614 AFN, hardship of 100% which is rural area and with 10% provincial grading total AFN will 28,589 divided by AFN86/USD= (332.43 USD). NSP is attached.</i>						
1.5	Female- Vaccinator	D	5	384.84	6	100.00	11,545.20

	<i>These staff re working as female vaccinators of clinic, in the following HF: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NSP 2020, which is 15760 AFN, hardship of 100% which is rural area and with 10% provincial grading total AFN will 33,096 divided by AFN86/USD= (384.84USD). NSP is attached.</i>						
1.6	Guards	D	5	170.53	6	100.00	5,115.90
	<i>This staff is working as Guard of project in the following HF: 1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC. basic salary is NTA Grade H, step 5 with no any other allowance, Total AFN 12,444 divided by @ 86 = (144.70USD)</i>						
1.7	Project Manager	D	1	1,488.37	6	100.00	8,930.22
	<i>This staff is working as project manager base location is Kunduz province, basic salary is NTA Grade B, step 1 with no any other allowance, Total AFN 128,000 divided by @ 86 = (1,488.37USD). NTA is attached.</i>						
1.8	Nutrition Supervisor	D	1	425.06	6	100.00	2,550.36
	<i>This staff is working as nutrition supervisor of project base location is Kunduz province, basic salary is NTA Grade E, step 5 with no any other allowance, Total AFN 36,556 divided by @ 86 = (425.06USD). NTA is attached.</i>						
1.9	RMNCH Supervisor	D	1	425.06	6	100.00	2,550.36
	<i>This staff is working as RMNCH Supervisor of project base location is Kunduz province, basic salary is NTA Grade E, step 5 with no any other allowance, Total AFN 36,556 divided by @ 86 = (425.06USD). NTA is attached.</i>						
1.10	EPI Supervisor	D	1	425.06	6	100.00	2,550.36
	<i>This staff is working as EPI Supervisor of project base location is Kunduz province, basic salary is NTA Grade E, step 5 with no any other allowance, Total AFN 36,556 divided by @ 86 = (425.06USD). NTA is attached.</i>						
1.11	Admin/Finance Officer	D	1	425.06	6	90.00	2,295.32
	<i>This staff is working as Admin/Finance officer of project base location is Kunduz province, basic salary is NTA Grade G, step 6 with no any other allowance, Total AFN 35,586 where 90% will be charged to this project that will be 32,000 AFN per month * 6 months will be 192,000 divided by @ 86 = (2295.39 USD), BDN will quickly establish an office in Kunduz province dedicated to this project therefore all staff based in Kunduz will be involved 100% to this project.</i>						
1.12	Logistic Officer	D	1	319.12	6	90.00	1,723.25
	<i>This staff is working as Logistic officer of project base location is Kunduz province, basic salary is NTA Grade G, step 6 with no any other allowance, Total AFN 27,445 where 90% will be charged to this project that will be 24,700 AFN per month * 6 months will be 148,200 divided by @ 86 = (1723.25 USD), BDN will quickly establish an office in Kunduz province dedicated to this project therefore all staff based in Kunduz will be involve 100% to this project.</i>						
1.13	Guard	D	2	144.70	6	100.00	1,736.40
	<i>This staff is working as Guard of project base location is Kunduz province, basic salary is NTA Grade H, step 5 with no any other allowance, Total AFN 12,444 divided by @ 86 = (144.70USD), BDN will quickly establish an office in Kunduz province dedicated to this project therefore all staff based in Kunduz will be involve 100% to this project.</i>						
1.14	Cleaner	D	2	144.70	6	100.00	1,736.40
	<i>This staff is working as Cleaner of project base location is Kunduz province, basic salary is NTA Grade H, step 5 with no any other allowance, Total AFN 12,444 divided by @ 86 = (144.70USD), BDN will quickly establish an office in Kunduz province dedicated to this project therefore all staff based in Kunduz will be involve 100% to this project.</i>						
1.15	PME Officer	D	1	705.43	6	100.00	4,232.58
	<i>This staff is working as PME Officer of project base location is Kunduz province, basic salary is NTA Grade D, step 5 with no any other allowance, Total AFN 60,667 divided by @ 86 = (425.06USD), BDN will quickly establish an office in Kunduz province dedicated to this project therefore all staff based in Kunduz will be involve 100% to this project.</i>						
1.16	Health Program Manager	D	1	1,379.85	6	15.00	1,241.87
	<i>This staff is working as Health program Manager base location is Kabul Head office, who will contribute to the implementation this project. Basic salary is NTA Grade C, step 7 with no any other allowance, Total AFN 118,667 divided by @ 86 = (1379.85USD) out of total salary 15% will be charged in this project</i>						
1.17	Finance Manager	D	1	1,379.85	6	15.00	1,241.87
	<i>This staff is working as Finance Manager base location is Kabul Head office, who is contributing to this project. Basic salary is NTA Grade C, step 7 with no other allowance, Total AFN 118,667 divided by @ 86 = (1379.85USD) out of total salary 15% will be charge in this project .</i>						
1.18	Admin/HR Manager	D	1	573.64	6	15.00	516.28
	<i>This staff is working as Admin/HR Manager base location is Kabul Head office, basic salary is NTA Grade D, step 3 with no other allowance, Total AFN 49,333 divided by @ 86 = (573.64USD) out of total salary 15% will be charge in this project</i>						

1.19	Logistic Manager	D	1	705.43	6	15.00	634.89
	<i>This staff is working as Logistic Manager base location is Kabul Head office, basic salary is NTA Grade D, step 5 with no other allowance, Total AFN 60,667 divided by @ 86 = (705.43USD) out of total salary 15% will be charge in this project</i>						
	Section Total						93,164.76
2. Supplies, Commodities, Materials							
2.1	Medicine Supplies, Medical supplies/Consumables	D	5	1,313.34	6	100.00	39,400.20
	<i>92 items of medicines, 51 items of consumables as per the BPHS list will be procured and supplied to HFs BOQ is attached.</i>						
2.2	Utilities (Electricity bill, gas, water) of HFs	D	6	450.00	6	100.00	16,200.00
	<i>Utilities (Electricity bill, gas, water) of HFs during project duration 38,700 AFN estimated per month</i>						
2.3	Printing of materials	D	5	50.00	6	100.00	1,500.00
	<i>Printing of IEC materials, manuals and attendance register books for HFs 4,300 AFN per HF per month</i>						
2.4	Printing of HMIS formats	D	5	50.00	6	100.00	1,500.00
	<i>Printing of HMIS formats 4,300 AFN per HF per month</i>						
2.5	Internet for provincial office	D	1	139.53	6	100.00	837.18
	<i>Internet bill of provincial office 12,000 AFN per month estimated</i>						
2.6	Renovation of HF's	D	5	166.66	6	100.00	4,999.80
	<i>Comprehensive BOQ is provided for this budget line please refer to BOQ</i>						
2.7	Training (Capacity building)	D	5	1,928.49	1	100.00	9,642.45
	<i>Training plan is attached for capacity building of HFs staff EPI - Refresher , HMIS training, Infection Prevention (IP), MHPSS training will be held for staff of clinic Nutrition Comprehensive BOQ is provided for this budget line please refer to BOQ</i>						
2.8	Shipment cost (Documents and materials Head office to province, Province to HFs and vice versa)	D	5	134.00	6	100.00	4,020.00
	<i>Shipment of documents, medicine, equipment and medical supplies from provincial office to Health Facilities, from Kabul head office to provincial office and vice versa amount 11,524 AFN per month is estimated</i>						
2.9	Heating facilities for HFs during winter period.	D	5	725.00	1	100.00	3,625.00
	<i>Woodend heater 5 HF x 6 unit x 2,000 AFN = 60,000 AFN Wood for heaters 7 kg per day per heater = 210 KG per day x 60 days x 20 AFN = 252,000 AFN + 60,000 AFN heater = 312,000 AFN</i>						
	Section Total						81,724.63
3. Equipment							
3.1	Laptop for Project staff	D	2	930.23	1	100.00	1,860.46
	<i>Laptops (Dell 15.5 inch, inspiron, 1GB HD, 1 GB Ram, windows license) for project Manager & operation team for provincial office staff who will be newly hired for the project. 80,000 AFN each laptop, BDN will quickly establish an office in Kunduz province dedicated to this project therefore this equipment will be utilized 100% to this project.</i>						
3.2	Medical Equipment's	D	5	2,031.20	1	100.00	10,156.00
	<i>Medical equipment for HFs, BOQ is attached. for medical equipment for HFs. The equipment will be installed in rented houses that will be contracted with owner of the house for the entire duration of the project.</i>						
3.3	Non-Medical equipment for HFs	D	5	2,175.58	1	100.00	10,877.90
	<i>Non- Medical equipment for HFs, BOQ is attached for non-medical equipment for HFs, The equipment will be installed in rented houses that will be contracted with owner of the house for the entire duration of the project.</i>						
	Section Total						22,894.36
4. Contractual Services							
4.1	Rent of vehicles for program activities	D	2	988.37	6	100.00	11,860.44
	<i>Rent of vehicles including of driver, fuel, maintenance dedicated to this project in Kunduz province for operation activities and supervision of the proeject of project 85,000 AFN per month @ rate of 86=988.37 USD, As the HFs are located in a very hard to reach areas, meanwhile frequent supervision visits are required therefore the cost of vehicle is deemed reasonable as per the market rate.</i>						

4.2	Rent of new HF's at district level	D	5	174.4 2	6	100.00	5,232.60
	<i>Rent of newly establishing of clinics for this proeject 15,000 AFN per month @ rate of 86=174.42 USD</i>						
	Section Total						17,093.04
5. Travel							
5.1	Per-diem of staff for Monitoring of HFs	D	1	61.05	6	100.00	366.30
	<i>Per-dium for Project staff who will stay 1 night per month in HFs for supervision and monitoring of HFs and admin finance will travel to Kabul head office for clearance of financial documents on monthly basis and in each month he/she will stay 1 night in Kabul plus 2 days coming and going back, breakdown is attached (BL-E1 of the budget sheet) total cost of per-dim will be 366 USD.</i>						
5.2	Transportation of staff for project activities	D	5	30.00	6	100.00	900.00
	<i>Transporation cost estimation for clinical staff who will travel to provincial office for monthly review meeting (5 staff x 2,580 both side x 6 months = 77,400 AFN) breakdown is attached (BL-E2 of the budget sheet)</i>						
	Section Total						1,266.30
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	Fuel for Generator provincial office	D	52	1.00	6	80.00	249.60
	<i>Fuel for Generator of provincial office (2 litter per day x 26 days = 52 Litters per month x 6 months) in Kunduz sub office</i>						
7.2	Bank charges	D	2	200.0 0	6	80.00	1,920.00
	<i>Bank charges and Hawala charges estimated to be 17,200 AFN per month, one account for Head office in Kabul and one account for provincial office in Kunduz including Salary transfer charges, Cheque book charges and monthly account maintenance charges.</i>						
7.3	Stationary (paper, cartridge, stapler, solution tape, punch, pen, ruler, notebook etc... for Provincial office and HFs.	D	6	150.0 0	6	80.00	4,320.00
	<i>Stationaries for health facilities such as paper, cartridge, stapler, solution tape, punch, pen, ruler, notebook for Kunduz Provincial office and 5 HFs (1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC.) during the project duration, we estimated 12,900 AF per month.</i>						
7.4	Office supplies (hand washing liquid, towel, soap, bleaching liquid, toilet acid, toilet paper etc... for Head office and Provincial office and HFs.	D	6	58.00	6	80.00	1,670.40
	<i>Office supplies for health facilities such as (hand washing liquid, towel, soap, bleaching liquid, toilet acid, toilet paper for Kunduz Provincial office and 5 HFs (1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC.) 4,988 AFN is estimated per month for 5 HFs & 1 provincial office</i>						
7.5	Community awareness campaign	D	1	5,581 .40	1	100.00	5,581.40
	<i>Community awareness compaign will be for 12,000 people during the project life and 40 AFN refreshment cost will be charged for each person (12,000x40=480,000 AFN / 86= 5,581 USD) in the coverage areas of following HFs: (1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC.)</i>						
7.6	Top up cards for staff	D	43	5.82	6	80.00	1,201.25
	<i>Top up cards for the project staff in 5 HFs (1- Zardkamar SHC, 2- Mahajeren Shir Khan Bandar SHC, 3- Hassan Khan Hotak SHC, 4- Khob Dara SHC and 5- Bagh-e- Mere SHC.) & Kunduz provincial office 43 top up cards of 500 AFN = 21,500 AFN per month</i>						
7.7	Office rent for Provincial office	D	1	697.6 7	6	80.00	3,348.82

	Office rent dedicated to this project in Kunduz province for operation activities of project 60,000 AFN per month @ rate of 86=697.67USD			
	Section Total			18,291.47
SubTotal	223.00			234,434.56
Direct				234,434.56
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				16,410.42
Total Cost				250,844.98

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 > Kunduz > Kunduz	20.00000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.2: Coordination with PPHD and community eld... H: Activity 1.1.3: H: Activity 1.1.5: H: Activity 1.1.6: H: Activity 1.1.7: H: Activity 1.1.9: H: Activity 1.1.10: H: Activity 1.1.12: H: Activity 1.1.13: H: Activity 1.1.14: H: Activity 1.1.16: Ens... H: Activity 1.1.17: Par... H: Activity 1.1.19: Close out of the project and handing ove... H: Activity 1.2.1: H: Activity 1.2.3: N: Activity 1.1.1:

								<p>H: Activity 1.1.16:</p> <p>Ens...</p> <p>H: Activity 1.1.17:</p> <p>Par...</p> <p>H: Activity 1.1.19:</p> <p>Close out of the project and handing ove...</p> <p>H: Activity 1.2.1:</p> <p>H: Activity 1.2.3:</p> <p>N: Activity 1.1.1:</p> <p>N: Activity 1.1.3:</p> <p>N: Activity 1.1.5:</p> <p>N: Activity 1.1.7:</p> <p>...</p> <p>N: Activity 1.1.9:</p> <p>Admitting SAM cases for treatment in...</p> <p>N: Activity 1.1.10:</p> <p>N: Activity 1.1.11:</p> <p>Admitting CH- MAM cases for treatment in...</p> <p>N: Activity 1.1.12:</p> <p>N: Activity 1.1.14:</p> <p>N: Activity 1.1.16:</p> <p>N: Activity 1.1.18:</p> <p>N: Activity 1.1.20:</p> <p>N: Activity 1.1.22:</p> <p>N: Activity 1.1.24:</p>
Afghanistan > Kunduz > Khanabad	20.00000	0	0	0	0			<p>H: Activity 1.1.1:</p> <p>H: Activity 1.1.2:</p> <p>Coordination with PPHD and community eld...</p> <p>H: Activity 1.1.3:</p> <p>H: Activity 1.1.5:</p> <p>H: Activity 1.1.6:</p>

H: Activity 1.1.7:

H: Activity 1.1.9:

H: Activity 1.1.10:

H: Activity 1.1.12:

H: Activity 1.1.13:

H: Activity 1.1.14:

H: Activity 1.1.16:

Ens...

H: Activity 1.1.17:

Par...

H: Activity 1.1.19:

Close out of the project and handing ove...

H: Activity 1.2.1:

H: Activity 1.2.3:

N: Activity 1.1.1:

N: Activity 1.1.3:

N: Activity 1.1.5:

N: Activity 1.1.7:

...

N: Activity 1.1.9:

Admitting SAM cases for
treatment in...

N: Activity 1.1.10:

N: Activity 1.1.11:

Admitting CH- MAM cases for treatment in...

N: Activity 1.1.12:

N: Activity 1.1.14:

N: Activity 1.1.16:

N: Activity 1.1.18:

N: Activity 1.1.20:

N: Activity 1.1.22:

N: Activity 1.1.24:

Afghanistan > Kunduz > Dasht-e-Archi	20.00000	0	0	0	0	<p>H: Activity 1.1.1:</p> <p>H: Activity 1.1.2:</p> <p>Coordination with PPHD and community eld...</p> <p>H: Activity 1.1.3:</p> <p>H: Activity 1.1.5:</p> <p>H: Activity 1.1.6:</p> <p>H: Activity 1.1.7:</p> <p>H: Activity 1.1.9:</p> <p>H: Activity 1.1.10:</p> <p>H: Activity 1.1.12:</p> <p>H: Activity 1.1.13:</p> <p>H: Activity 1.1.14:</p> <p>H: Activity 1.1.16:</p> <p>Ens...</p> <p>H: Activity 1.1.17:</p> <p>Par...</p> <p>H: Activity 1.1.19:</p> <p>Close out of the project and handing ove...</p> <p>H: Activity 1.2.1:</p> <p>H: Activity 1.2.3:</p> <p>N: Activity 1.1.1:</p> <p>N: Activity 1.1.3:</p> <p>N: Activity 1.1.5:</p> <p>N: Activity 1.1.7:</p> <p>...</p> <p>N: Activity 1.1.9:</p> <p>Admitting SAM cases for treatment in...</p> <p>N: Activity 1.1.10:</p> <p>N: Activity 1.1.11:</p> <p>Admitting CH- MAM cases for treatment in...</p> <p>N: Activity 1.1.12:</p>
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N: Activity 1.1.14:

N: Activity 1.1.16:

N: Activity 1.1.18:

N: Activity 1.1.20:

N: Activity 1.1.22:

N: Activity 1.1.24:

Documents

Category Name	Document Description
Project Supporting Documents	PPHD confrimation letter.pdf
Project Supporting Documents	HAG endorsement.pdf
Project Supporting Documents	RCCE endorsment.pdf
Project Supporting Documents	Assessment reports of field visit from Kunduz province.pdf
Project Supporting Documents	AAP endorsement.pdf
Project Supporting Documents	NSP Policy.pdf
Project Supporting Documents	Health Cluster endorsment.pdf
Project Supporting Documents	GBV endorsement under review.pdf
Project Supporting Documents	Nutrition Cluster endorsment under review.pdf
Project Supporting Documents	Nutrition Cluster Endorsement.pdf
Project Supporting Documents	BDN Perdium Policy.pdf
Project Supporting Documents	Health Cluster endorsement on BoQ medicine and equipment.pdf
Project Supporting Documents	NTA Salary Policy.pdf
Project Supporting Documents	Population info village wise.xlsx
Project Supporting Documents	Share cost policy Page 40 & 41 of BDN Finance Manual.pdf
Project Supporting Documents	ToR of Staff involeved in the project.docx
Project Supporting Documents	Protection Cluster Endorsment.pdf
Project Supporting Documents	Disability working group endorsement.pdf
Budget Documents	Budget details_ BoQ for AHF.xlsx
Budget Documents	Budget details_ BoQ for AHF.xlsx
Budget Documents	Revised Budget details_ BoQ for AHF 14.08.2023.xlsx
Budget Documents	Budget details_ BoQ for AHF revised 27.08.2023.xlsx
Budget Documents	Budget details_ BoQ for AHF revised 29.08.2023.xlsx
Budget Documents	Budget details_ BoQ for AHF revised 29.08.2023.xlsx
Budget Documents	Budget details_ BoQ for AHF revised 29.08.2023.xlsx
Budget Documents	BoQ_BDN_26016 - Nut01.09.2023.xlsx

Budget Documents	Nutrition cluster's comments on medicines and medical-non medical equipment.pdf
Budget Documents	Budget details_ BoQ for AHF revised 03.09.2023.xlsx
Grant Agreement	Grant Agreement_CBPF-AFG-23-R-NGO-26016_BDN_Nutrition and Health_Signed.pdf
Grant Agreement	Grant Agreement_CBPF-AFG-23-R-NGO-26016_BDN_Nutrition and Health_Counter Signed.pdf