

<b>Requesting Organization :</b>	International Medical Corps UK		
<b>Allocation Type :</b>	2023 1st Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
HEALTH		100.00	
		<b>100</b>	
<b>Project Title :</b>	Provision of lifesaving emergency primary health care in Paktika province		
<b>Allocation Type Category :</b>	Field activities		
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	CBPF-AFG-23-S-INGO-26363
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	652,845.41
<b>Planned project duration :</b>	6 Months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/11/2023	<b>Planned End Date :</b>	30/04/2024
<b>Actual Start Date:</b>	01/11/2023	<b>Actual End Date:</b>	30/04/2024
<b>Project Summary :</b>	<p>This project aims to provide humanitarian health services to vulnerable communities in Paktika province of Afghanistan, who face harsh winter conditions and limited access to health facilities. IMC proposes to establish and support 10 health sub-centers (HSC) in underserved and hard to reach areas of the province, where people face seasonal and geographical barriers, lack of public transportation, scattered population, and cultural barriers, especially for women and girls. These areas include seven districts of Paktika province. Two HSCs in Urgan District (1 Soor-Kamar and 1 Dara HSCs), two HSCs in Sarawaza district (1 Soorgot and 1 Alizi), two in Zeruk district (1 Jamat-nara, and 1 Kayhon HSCs), Omna district (1 Atta-khona HSC), Nika district (1 Narakai HSC), Giyan district (1 Gulyi HSC), and Gomal district (1Menzai HSC), Each HSC will have six technical staff (one doctor, one midwife, one vaccinator, one nutrition nurse, one MHPSS counselor, and one medicines dispenser) and two support staff (a cleaner and a guard). Services provided by IMC will include control of communicable diseases; Reproductive, Maternal Newborn, and Child Health Services (RMNCH); routine immunization; outpatient consultation for common morbidities, MHPSS services; public health nutrition services including prevention and treatment of malnutrition, surveillance, and referral; sexual and reproductive health services such as antenatal care, skilled delivery services, and postnatal care; health and hygiene education including awareness raising on acute respiratory infections; and provision of essential pharmaceuticals and medical commodities. Other essential activities will include ensuring appropriate Infection Prevention and Control (IPC) protocols and measures, including early detection and prevention measures of communicable diseases including COVID-19 prevention, staff training, provision of personal protective equipment (PPE) for staff. IMC will ensure that health facilities are regularly supplied with essential medicines and medical supplies as per the standard lists of the Ministry of Public Health (MoPH). All emergency cases that require advanced/dedicated services will be referred to the nearest higher-level health facilities or provincial hospitals as appropriate. Under this project, IMC will directly reach 72,526 beneficiaries (22,483 men, 26,835 women, 10,879 boys, and 12,329 girls). All the services provided under project are closely related to the cluster priorities, including increasing access to curative and preventive health services during harsh winter and training health workers in case detection and management of severe cases of acute respiratory infections.</p>		

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
22,483	26,835	10,879	12,329	72,526

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	22,483	26,835	10,879	12,329	72,526
	0	0	0	0	0

**Indirect Beneficiaries :**

MC has identified the district population of all the 8 target districts in Paktika as indirect beneficiaries of the project. They will benefit from the health and nutrition messages and education that IMC will disseminate across their communities. These messages and education will raise the awareness and knowledge of the indirect beneficiaries on how to prevent and treat common health problems, such as acute respiratory infections (ARI) and other infectious diseases. Moreover, by providing quality health services to the direct beneficiaries, IMC will reduce the transmission of these diseases from the direct catchment population to other people within the same district. This will contribute to the overall protection of both direct and indirect beneficiaries from health risks and complications.

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

The funding requested through this application will be used to address multiple needs of the targeted population, all of which are aligned with the humanitarian context of the allocation strategy. This allocation aims to mitigate humanitarian needs expected to arise from harsh winter conditions in Afghanistan. IMC's intervention to support static health facilities (health sub-centers) in underserved and hard-to-reach areas and raise awareness of the prevention and mitigation measures for respiratory infections and other winter-related risks will directly contribute to the allocation strategy's goal and has been considered in the allocation strategy. IMC will target those districts (Nika, Omna, Sarawaza, Urgan, Ziruk and Gayian which are predefined in allocation strategy with additional one district Gomal are added based on our rapid need assessment and meeting with Paktika PPHD and local stakeholders, and the addition is already communicated with the Regional and National health cluster teams.

IMC's provision of emergency health care and community health education which will focus on common communicable diseases (including ARI and measles) and outbreaks will reduce mortality and morbidity caused by mentioned diseases.

IMC's intervention will directly respond to these needs of the communities targeted by the allocation strategy by taking preventive and curative measures in the most vulnerable and isolated areas.

**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**

Based on IMC assessment and information from the existing health projects in the province, the need for primary healthcare has increased in Paktika. Inhabitants of Gayan, Nika, Omna, Sar Rawzah, Urgun, Ziruk, and Gomal districts have limited access to primary health care services and maternal and child health services due to distance to HFs. From December 2022 to July 2023, IMC supported 10 health subcenters (HSCs) in the target districts of Paktika province, where vulnerable communities have very limited or no access to health services due to seasonal and geographical obstacles, absence of public transportation, scattered population, and cultural barriers, especially for women and girls. Through these HSCs, IMC reached 70,628 individuals with primary health consultations, 1,366 women with reproductive health services, over 14,000 children with nutrition services, and 5,812 individuals with MHPSS services. While these figures illustrate the immense need for such services, closure of these health facilities has put these people at risk of health-related mortalities and morbidities during the upcoming winter. Paktika province has a mountainous topography with harsh winter that poses significant threats to the population's health and wellbeing. According to the winter prioritization plan 2023, this province is among the high-priority provinces. According to WHO HeRAMS database, there are over 208,000 underserved populations in 830 white settlements in Paktika province.

## **3. Description Of Beneficiaries**

## **4. Grant Request Justification**

The winter conditions in Paktika province are harsh and severe, that can cause hypothermia, frostbite, pneumonia, and other complications. Without access to health services during this critical time, many people may suffer from preventable or treatable health problems. Therefore, it is imperative to continue supporting health facilities. Through our ten (10) health sub-centers, the large number of patients who received health care shows the severity of people's challenges in accessing basic PHC services. However, due to the closure of these health facilities after the end of the project period in July 2023, these people are at risk of losing access to essential health services during the upcoming winter.

The inclusion of integrated nutrition services is one critical component of any health intervention in the context of Afghanistan. Paktika province is in phase 4 (critical) of IPC Acute Malnutrition Phase Classification and the severity of acute malnutrition is alarming. GAM prevalence in children under 5 is 23.4%, SAM prevalence is 6.1%, and MAM prevalence is 17.2% in this province, and the provision of public nutrition services will save many lives.

Having an active presence in the targeted districts to provide multi-sector services, IMC has a very good understanding of the humanitarian situation and the existing needs of people residing in these districts and has established a robust social presence among communities.

#### 5. Complementarity

### LOGICAL FRAMEWORK

#### Overall project objective

To provide emergency lifesaving primary health care to the vulnerable local communities through operationalizing and supporting Health Sub-Centers in Paktika province.

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>            The health cluster anticipates 18.1 million people of Afghanistan to need emergency health services in 2022. IMCs activities under this fund will contribute to sustaining and expanding basic quality health services in the community. More specifically, it will contribute to the cluster objective (1): Improve information and access to humanitarian lifesaving and life-sustaining equitable health services at all levels of care to people in need and most vulnerable; cluster objective (3): Ensure access to safe, equitable and inclusive health and reproductive health care services; and objective (4): Strengthen provision of integrated rehabilitative care to improve the resilience of vulnerable people. Addressing critical problems related to physical and mental wellbeing, IMCs intervention is aligned with the overall HRP strategic objective (1): Timely, multi-sectoral, lifesaving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity.</p> <p>Activities planned in this project are aimed to fill the existing gap in the health sector in Paktika province. Particularly, they are focused on providing primary, emergency health care services across Gayan, Nika, Omna, Sar Rawzah, Urgan, Ziruk, and Gomal districts of Paktika province where the targeted villages are white areas, BPHS partners have no presence and people are in dire need of health services during the winter. The services provided by IMC will help reduce morbidity and mortality across the targeted districts and thus in the province, which will then contribute to the overall national efforts.</p>							
<b>Outcome 1</b>							
Improved health and wellbeing of the most vulnerable of the Paktika population during the winter season.							
<b>Output 1.1</b>							
<b>Description</b>							
Lifesaving emergency primary healthcare services including SRH are provided for the underserved communities in the targeted districts of Paktika.							
<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	HEALTH	Output: Number of primary health care consultations	17,987	21,468	8,703	9,864	58,022
<b>Means of Verification :</b> <span style="font-family: Arial, sans-serif; color: black;">Routine monitoring, HMIS report </span></p></td>							
Indicator 1.1.2	HEALTH						180
<b>Means of Verification :</b> <span style="font-family: Arial, sans-serif; color: black;">HMIS report (Register, Tally Sheets) </span></p></td>							
Indicator 1.1.3	HEALTH	Output: Number of persons reached with RCCE messages for communicable diseases	4,497	5,367	2,176	2,466	14,506
<b>Means of Verification :</b> <span style="font-family: Arial, sans-serif; color: black;">Routine Monitoring, Health Promotion Session Attendance Sheets</span></p></td>							
Indicator 1.1.4	HEALTH	Output: Number of children less than 12 months of age who received measles vaccines			327	341	668
<b>Means of Verification :</b> <p><span style="font-family: Arial, sans-serif; color: black;">Health Facilities record, HMIS reports (registers, Tally sheets) </span></p></td>							

Indicator 1.1.5	HEALTH	Output: Number of MHPSS consultations	1,197	1,414	508	508	3,627
<p><b>Means of Verification :</b> &lt;p&gt;&lt;br&gt;&lt;span style="font-family: "arial, sans-serif", sans-serif; color: black;"&gt;Health facilities records, Clients files, HMIS&lt;br&gt;reports, Session attendance sheet, project progress report &lt;/span&gt;&lt;br&gt;&lt;/p&gt;</p>							
Indicator 1.1.6	HEALTH	<p> <span style="font-family: "arial, sans-serif", sans-serif; color: black;">% of complaints/feedback received through AWAAZ or IMC internal Community based Feedback and Response Mechanism(CBFRM) channels that are resolved and responded within 30 days of receipt in a safe, accessible</span> </p>	0	0	0	0	90
<p><b>Means of Verification :</b> &lt;span style="font-family: Arial, sans-serif; color: black;"&gt; Complaint tracking table and database. Email communication, CBFRM log form&lt;/span&gt;</p>							
Indicator 1.1.7	HEALTH	<span class="cf01">Percentage of affected people who state that the assistance, services and/or protection provided correspond to their needs.</span>	0	0	0	0	85
<p><b>Means of Verification :</b> &lt;span class="cf01"&gt;complaint response and feedback mechanism records, Exite interview, and or post distribution monitoring- FGD's&lt;/span&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;&lt;br&gt;&lt;br&gt;&lt;/span&gt;</p>							
Indicator 1.1.8	HEALTH	Number of ARI pneumonia cases treated	450	537	218	246	1,451
<p><b>Means of Verification :</b></p> <p><b>Activities</b></p> <p><b>Activity 1.1.1</b></p> <p><b>Standard Activity : Not Selected</b></p>							

**Project Inception:**

inception activities in the first 15 days of the

project. IMC will recruit project staff from the existing roster and will

establish ten proposed HSCs in targeted areas and orient them on the project

scope. IMC will conduct coordination meetings with the Provincial Public Health Directorates (PPHDs), and will introduce the project to community members and other relevant stakeholders to explain the objectives and

activities of the new project to them. IMC will also sign an MoU with the MoPH

to implement the project in a coordinated and smooth manner.

**Project**

Implementation: Chronological details of the associated activities are provided as a work plan for this project. IMC regularly coordinates with stakeholders throughout the project to seek their cooperation and engagement for quality services. IMC will organize at least monthly-wise community health Shura, and quarterly

coordination meetings with the community elders, the BPHS implementer, and Community Health Workers (CHWs) to inform the community on services and location and strengthen the referral mechanism to a higher level of health care services. IMC will try to include all social groups, including men, women, PWDs, and marginalized groups in the meetings, consultations, and decisions. IMC

will consider risk communication and community engagement (RCCE) as an essential component of this intervention and transfer key messages related to communicable diseases to the targeted communities and beneficiaries during health promotion and awareness sessions of HSCs to prevent and control the spread of the communicable diseases. Through these messages, IMC will address critical risks and counter misinformation about communicable diseases

**Activity 1.1.2**

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

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

IMC will establish 10 Health Sub Centers (HSCs)

in the following districts of Paktika province: Gayan (1 HSC in Gali village), Nika (1 HSC in Naraki village), Omna (1 HSC in Ata Khona village), Sar Rawzah (2 HSCs in Sarokot and Alizai villages), Urgun (2 HSCs in Sor Qamar and Dara Semi villages), Ziruk (2 HSCs in Kihom and Urzhana villiges), and Gomal (1 HSC in Menzai village). Through these HSCs, IMC will offer the following services:

(1)

Reproductive health: IMC will provide reproductive health services as per the BPHS guidelines, which will also cover antenatal care (ANC), postnatal care

(PNC), deliveries by skilled birth attendants and referral, newborn care,

treatment of Sexuality Transmitted Infection (STIs), provision of family

planning, counseling, and referral system support for survivors of sexual

violence. (2) Child health and immunization: IMC will provide IMCI and

immunization services for children based on MoPH guidelines within HSCs. (3) Communicable

diseases: services to prevent communicable diseases and provide treatment

through 10 HSCs. (4) Non-communicable diseases: This will include consultations

for non-communicable diseases (NCDs) and providing essential medicines for NCDs

following the national MoPH clinical guidelines. (5) Mental Health: IMC will

provide MHPSS services aligned with BPHS. (6) public nutrition: IMC will

provide nutrition services aligned with BPHS, including OPD SAM treatment for

children under five and IYCF services. (7) disability services: based on BPHS

guidelines, the 10 HSCs will provide disability services. (8) supply of

essential medicines, IMC will supply all 10 HSCs based on the BPHS-2010

essential medicines list to facilitate the provision of medicines and medical

supplies for the targeted patients and beneficiaries

**Activity 1.1.3**

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

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

Through the 10 HSCs, IMC will provide essential SRH services to women of childbearing age as per the BPHS guidelines. IMC will ensure quality ANC and PNC services through on-the-job training, supportive supervision of healthcare providers, and management support to the vaccine and supply chains. The healthcare providers will provide community sensitization on the importance of antenatal care, and this is to ensure that the community is well-informed on the key messages and services of antenatal care. Female health staff will provide information, education, and communication (IEC) during ANC and PNC visits to their clients. IMC will ensure the promotion of exclusive breastfeeding and early initiation of breastfeeding through prenatal and postnatal care. During ante-natal consultations, the Midwives will provide information on the importance of proper breastfeeding. All mothers will be supported to initiate breastfeeding within the first hour after delivery. Moreover, mothers will receive practical support to initiate and establish breastfeeding and manage common breastfeeding difficulties. Respectful Maternity Care (RMC) will be ensured by health facilities (HFs) managers by regularly reminding staff of the importance of good behavior with pregnant women and ensuring it through exit interviews and suggestion boxes at the HFs. IMC will mainly focus on the privacy of pregnant women and provide dedicated facilities for them in the waiting area, delivery rooms, and post-partum care. IMC will increase awareness through proper IEC materials and SBC or health promotion sessions on maternal and child health for patients and patient caretakers coming to the health facilities. IMC will also emphasize the recognition of the danger signs of pregnancy. Patients requiring basic emergency obstetric and newborn care (BEmONC) and or Comprehensive Obstetrics and Newborn Care (CEmONC) will be referred to the hospitals. The midwives of health facilities will provide Family planning counseling and modern family planning methods/contraceptives for childbearing-age women.

**Activity 1.1.4**

**Standard Activity : Not Selected**

**Child health and Immunization:**

IMC will provide IMCI services based on BPHS guidelines and recruit vaccinators in each health facility to provide routine immunization services. IMC will receive vaccines from relevant PMT/PPHD, and IMC has already established a cold chain system for these targeted health facilities, which will be maintained throughout this project.

**Activity 1.1.5**

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

### **Provision of Mental Health and psychosocial**

**support:** Through 10 HSCs, IMC will ensure the provision of psychosocial support to those exposed to adversity and experiencing psychosocial distress. The proposed project will have a total of 10 MHPSS Counselors - one MHPSS Counselor in each HSC and will train the midwives on Basics of MHPSS, Case Identification and referral for enhancing the access of females to MHPSS services in each center, who will be technically supported by the MHPSS Counselors. To ensure the quality of services the MHPSS Manager will provide technical support and supervision to MHPSS counselors. The MHPSS Counselors will organize psychosocial support activities such as mental health awareness and psychoeducation sessions on emotional stress, anxiety, depression, loss and grief, unexplained somatic complaints, and promotion of positive coping mechanisms. IMC MHPSS counselors and midwives will provide individual psychosocial support, including PFA, brief counseling, mental health case management, and case referral services through established functional referral mechanisms for those beneficiaries suffering from Mental, Neurological, and Substance Use (MNS) Disorders including epilepsy and self-harm.

Disability services: IMC will provide disability services through 10 HSCs based on BPHS, including awareness, education, case detection, and referral of disabled

clients/patients to a higher level of services.

### **Activity 1.1.6**

**Standard Activity : Strengthen infectious diseases outbreak preparedness and response (e.g. Coordination, surveillance, case management, IPC, RCCE, diagnostic and treatment kits, etc.)**

#### **Control of communicable diseases (CDCs):**

IMC

will address CDCs aligned with BPHS and will focus on services to prevent communicable diseases, including the following key activities: (i) provision of curative consultations for communicable diseases; (ii) community health and hygiene education focusing on top diseases including ARI and personal/domestic hygiene (including malaria, respiratory infections, diarrhea, and malnutrition, and COVID-19); (iii) conducting facility and outreach-based vaccination services, clinical diagnosis and referral of Tuberculosis (TB) to the nearest District Hospitals (DHs) or Comprehensive Health Center (CHC); and (iv) providing awareness and prevention messaging for COVID-19 and referral, (v) procuring PPE to the project staff and ensuring IPC measures and supplies are in place, and (vi) surveillance of notifiable communicable diseases to inform MoPH and WHO about any outbreak.

Non-communicable diseases: IMC will ensure the quality of care through support supervision and adherence to disease treatment protocols and avoid treatment disruptions through buffer stock. IMC will provide essential trauma care services, including first aid and stabilization, to the cases that require

### **Activity 1.1.7**

**Standard Activity : Not Selected**

**Supply of medicines, supplies, and equipment:**

The required medicines, medical equipment, and medical supplies will be procured for health facilities according to the project's MoPH and WHO standard guidelines. Procurement of the equipment, materials, and supplies will be completed based on the IMC's standard procurement policy and manual. All pharmaceuticals, medical supplies, and medical equipment will be procured locally from IMC's pre-qualified vendors. The supplies (and PPEs) will be stored in the local small provincial warehouses, and based on need and consumption reports, HSCs will be supplied regularly. The IMC National pharmacy team and provincial-level pharmacy officer will manage and monitor medical commodities. Medical commodities will be stored in the IMC small warehouse in Paktika provinces

**Output 1.2**

**Description**

Public nutrition services are provided for the underserved communities in the targeted districts of Paktika.

**Assumptions & Risks**

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Output: Number of health care workers trained	5	5			10

**Means of Verification :** <p>

<p><span style="font-family: Arial, sans-serif; color: black;">Training report, attendance sheet, M&E report</span></p><p><span style="font-family: Arial, sans-serif; color: black;">comment:<br>According to HMIS 20% of the population is considered under five children</span></p></p>

Indicator 1.2.2	HEALTH	<span style="font-family: Arial, sans-serif; color: black;"># Number of girls and boys aged 6-<a name="_Int_L7YaS9Ez">59 months</a>with</span><span style="font-family: "Times New Roman", serif;"> </span><span style="font-family: Arial, sans-serif; color: black;">SAM who are admitted for treatment</span>	0	0	508	508	1,016
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**Means of Verification :**

<span style="font-family: Arial, sans-serif; color: black;">HMIS report (Register , Tally Sheets) </span>

Indicator 1.2.3	HEALTH	<p>&lt;p&gt; &lt;p&gt;&lt;span style="font-family: "arial, sans-serif", sans-serif; color: black;"&gt;Number of PLWs screened and refer for treatment of Acute Malnutrition&lt;/span&gt;&lt;span style="font-family: Arial, sans-serif; color: black;"&gt;&lt;br&gt;&lt;br&gt;&lt;/span&gt;&lt;br&gt;&lt;/p&gt;</p>	0	2,901	0	0	2,901
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**Means of Verification :** <p><span style="font-family: Arial, sans-serif; color: black;">Routine monitoring, HMIS report </span></p><p><span style="font-family: Arial, sans-serif; color: black;"><br>According to HMIS 4% of the population is considered pregnant and lactating women <br></span></p></p>

**Activities**

**Activity 1.2.1**

**Standard Activity : Not Selected**

**Provision of nutrition curative/treatment services:**

The key treatment activities will include the assessment of malnutrition for all children 6-59 months using MUAC, weight, length/height measurements, and treatment of those identified with severe acute malnutrition (OPD-SAM) as per the national IMAM guidelines. Children with severe acute malnutrition with medical complications and those with moderate

**Activity 1.2.2**

**Standard Activity : Not Selected**

**Provision of preventive nutrition services:**

The key preventive activities will include support and promotion of optimal maternal, infant, and young child feeding practices, including individual counseling sessions, awareness sessions, growth monitoring, and micronutrient supplementation (Vitamin A supplementation for children 6-59 months and iron/folic acid supplementation for pregnant, lactating women). Similarly, surveillance and referral systems will be strengthened across the target facilities to ensure that children with developmental delay are referred to physiotherapy services and those screened and identified with acute malnutrition or with clinical signs of micronutrient deficiency disease are referred for treatment.

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

IMC will develop a M&E plan at the beginning of the project and monitoring tools. A Project Management Tool (PMT) will be used to record project achievement to measure progress. IMC will use the MEAL/HMIS tools from the MoPH for monitoring, data collection, and data sharing purposes. The MEAL Coordinator will conduct site visits to assess the quality of data. IMC Medical Coordinator will also conduct monitoring visits on a quarterly basis and will provide written feedback and action plans to field staff for review. IMC will report to the Health Cluster through Report Hub. IMC will also submit quarterly, or semi-annual progress reports to OCHA. To ensure data security, IMC will follow the data sharing procedures which is currently in place and will also follow the instruction of MoPH HMIS guideline. A designated MEAL/HMIS officer will be responsible for collecting data from health facilities using standard reporting formats of HMIS and enter into the DHIS2 database on a monthly basis.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1:</p> <p><b><u>Project Inception:</u></b></p> <p>inception activities in the first 15 days of the</p> <p>project. IMC will recruit project staff from the existing roster and will</p> <p>establish ten proposed HSCs in targeted areas and orient them on the project</p> <p>scope. IMC will conduct coordination meetings with the Provincial Public Health Directorates (PPHDs), and will introduce the project to community members and other relevant stakeholders to explain the objectives and</p> <p>activities of the new project to them. IMC will also sign an MoU with the MoPH to implement the project in a coordinated and smooth manner.</p> <p>. Project Implementation: Chronological details of the associated activities are provided as a work plan for this project. IMC regularly coordinates with stakeholders throughout the project to seek their cooperation and engagement for quality services. IMC will organize at least monthly-wise community health Shura, and quarterly coordination meetings with the community elders, the BPHS implementer, and Community Health Workers (CHWs) to inform the community on services and location and strengthen the referral mechanism to a higher level of health care services. IMC will try to include all social groups, including men, women, PWDs, and marginalized groups in the meetings, consultations, and decisions. IMC will consider risk communication and community engagement (RCCE) as an essential component of this intervention and transfer key messages related to communicable diseases to the targeted communities and beneficiaries during health promotion and awareness sessions of HSCs to prevent and control the spread of the communicable diseases. Through these messages, IMC will address critical risks and counter misinformation about communicable diseases</p>	1												

Activity 1.1.2:

1

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

IMC will establish 10 Health Sub Centers (HSCs)

in the following districts of Paktika province: Gayan (1 HSC in Gali village), Nika (1 HSC in Naraki village), Omna (1 HSC in Ata Khona village), Sar Rawzah (2 HSCs in Sarokot and Alizai villages), Urgun (2 HSCs in Sor Qamar and Dara Semi villages), Ziruk (2 HSCs in Kihom and Urzhana villages), and Gomal (1 HSC in Menzai village). Through these HSCs, IMC will offer the following services:

(1)

Reproductive health: IMC will provide reproductive health services as per the BPHS guidelines, which will also cover antenatal care (ANC), postnatal care (PNC), deliveries by skilled birth attendants and referral, newborn care, treatment of Sexuality Transmitted Infection (STIs), provision of family planning, counseling, and referral system support for survivors of sexual violence. (2) Child health and immunization: IMC will provide IMCI and immunization services for children based on MoPH guidelines within HSCs. (3) Communicable diseases: services to prevent communicable diseases and provide treatment through 10 HSCs. (4) Non-communicable diseases: This will include consultations for non-communicable diseases (NCDs) and providing essential medicines for NCDs following the national MoPH clinical guidelines. (5) Mental Health: IMC will provide MHPSS services aligned with BPHS. (6) public nutrition: IMC will provide nutrition services aligned with BPHS, including OPD SAM treatment for children under five and IYCF services. (7) disability services: based on BPHS guidelines, the 10 HSCs will provide disability services. (8) supply of essential medicines, IMC will supply all 10 HSCs based on the BPHS-2010 essential medicines list to facilitate the provision of medicines and medical supplies for the targeted patients and beneficiaries

<p>Activity 1.1.3:</p> <p><b><u>Support delivery of primary health care services including reproductive health, MHPSS, and non-communicable diseases:</u></b></p> <p>Through the 10 HSCs, IMC will provide essential SRH services to women of childbearing age as per the BPHS guidelines. IMC will ensure quality ANC and PNC services through on-the-job training, supportive supervision of healthcare providers, and management support to the vaccine and supply chains. The healthcare providers will provide community sensitization on the importance of antenatal care, and this is to ensure that the community is well-informed on the key messages and services of antenatal care. Female health staff will provide information, education, and communication (IEC) during ANC and PNC visits to their clients. IMC will ensure the promotion of exclusive breastfeeding and early initiation of breastfeeding through prenatal and postnatal care. During ante-natal consultations, the Midwives will provide information on the importance of proper breastfeeding. All mothers will be supported to initiate breastfeeding within the first hour after delivery. Moreover, mothers will receive practical support to initiate and establish breastfeeding and manage common breastfeeding difficulties. Respectful Maternity Care (RMC) will be ensured by health facilities (HFs) managers by regularly reminding staff of the importance of good behavior with pregnant women and ensuring it through exit interviews and suggestion boxes at the HFs. IMC will mainly focus on the privacy of pregnant women and provide dedicated facilities for them in the waiting area, delivery rooms, and post-partum care. IMC will increase awareness through proper IEC materials and SBC or health promotion sessions on maternal and child health for patients and patient caretakers coming to the health facilities. IMC will also emphasize the recognition of the danger signs of pregnancy. Patients requiring basic emergency obstetric and newborn care (BEmONC) and or Comprehensive Emergency Obstetrics and Newborn Care (CEmONC) will be referred to the hospitals. The midwives of health facilities will provide Family planning counseling and modern family planning methods/contraceptives for childbearing-age women.</p>	1												
<p>Activity 1.1.4:</p> <p><b><u>Child health and Immunization:</u></b></p> <p>IMC will provide IMCI services based on BPHS guidelines and recruit vaccinators in each health facility to provide routine immunization services. IMC will receive vaccines from relevant PMT/PPHD, and IMC has already established a cold chain system for these targeted health facilities, which will be maintained throughout this project.</p>	1												

<p>Activity 1.1.5:</p> <p><b><u>Provision of Mental Health and psychosocial</u></b></p> <p><b><u>support:</u></b> Through 10 HSCs, IMC will ensure the provision of psychosocial support to those exposed to adversity and experiencing psychosocial distress. The proposed project will have a total of 10 MHPSS Counselors - one MHPSS Counselor in each HSC and will train the midwives on Basics of MHPSS, Case Identification and referral for enhancing the access of females to MHPSS services in each center, who will be technically supported by the MHPSS Counselors. To ensure the quality of services the MHPSS Manager will provide technical support and supervision to MHPSS counselors. The MHPSS Counselors will organize psychosocial support activities such as mental health awareness and psychoeducation sessions on emotional stress, anxiety, depression, loss and grief, unexplained somatic complaints, and promotion of positive coping mechanisms. IMC MHPSS counselors and midwives will provide individual psychosocial support, including PFA, brief counseling, mental health case management, and case referral services through established functional referral mechanisms for those beneficiaries suffering from Mental, Neurological, and Substance Use (MNS) Disorders including epilepsy and self-harm.</p> <p>Disability services: IMC will provide disability services through 10 HSCs based on BPHS, including awareness, education, case detection, and referral of disabled clients/patients to a higher level of services.</p>	1												
<p>Activity 1.1.6:</p> <p><b><u>Control of communicable diseases (CDCs):</u></b></p> <p>IMC will address CDCs aligned with BPHS and will focus on services to prevent communicable diseases, including the following key activities: (i) provision of curative consultations for communicable diseases; (ii) community health and hygiene education focusing on top diseases including ARI and personal/domestic hygiene (including malaria, respiratory infections, diarrhea, and malnutrition, and COVID-19); (iii) conducting facility and outreach-based vaccination services, clinical diagnosis and referral of Tuberculosis (TB) to the nearest District Hospitals (DHs) or Comprehensive Health Center (CHC); and (iv) providing awareness and prevention messaging for COVID-19 and referral, (v) procuring PPE to the project staff and ensuring IPC measures and supplies are in place, and (vi) surveillance of notifiable communicable diseases to inform MoPH and WHO about any outbreak. Non-communicable diseases: IMC will ensure the quality of care through support supervision and adherence to disease treatment protocols and avoid treatment disruptions through buffer stock. IMC will provide essential trauma care services, including first aid and stabilization, to the cases that require</p>	1												

<p>Activity 1.1.7:</p> <p><b><u>Supply of medicines, supplies, and equipment:</u></b></p> <p>The required medicines, medical equipment, and medical supplies will be procured for health facilities according to the project's MoPH and WHO standard guidelines. Procurement of the equipment, materials, and supplies will be completed based on the IMC's standard procurement policy and manual. All pharmaceuticals, medical supplies, and medical equipment will be procured locally from IMC's pre-qualified vendors. The supplies (and PPEs) will be stored in the local small provincial warehouses, and based on need and consumption reports, HSCs will be supplied regularly. The IMC National pharmacy team and provincial-level pharmacy officer will manage and monitor medical commodities. Medical commodities will be stored in the IMC small warehouse in Paktika provinces</p>	1												
<p>Activity 1.2.1:</p> <p><b><u>Provision of nutrition curative/treatment services:</u></b></p> <p>The key treatment activities will include the assessment of malnutrition for all children 6-59 months using MUAC, weight, length/height measurements, and treatment of those identified with severe acute malnutrition (OPD-SAM) as per the national IMAM guidelines. Children with severe acute malnutrition with medical complications and those with moderate</p>	1												

<p>Activity 1.2.2:</p> <p><b><u>Provision of preventive nutrition services:</u></b></p> <p>The key preventive activities will include support and promotion of optimal maternal, infant, and young child feeding practices, including individual counseling sessions, awareness sessions, growth monitoring, and micronutrient supplementation (Vitamin A supplementation for children 6-59 months and iron/folic acid supplementation for pregnant, lactating women). Similarly, surveillance and referral systems will be strengthened across the target facilities to ensure that children with developmental delay are referred to physiotherapy services and those screened and identified with acute malnutrition or with clinical signs of micronutrient deficiency disease are referred for treatment.</p>	1												
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**OTHER INFO**

**Accountability to Affected Populations**

IMC Afghanistan is committed to providing timely and accurate information to communities, sharing information on IMC’s mission, its commitment to ‘do no harm,’ their rights and entitlements, the behavior communities can expect from IMC representatives, as well the scope of the program activities (what we intend to deliver) and any potential changes. IMC will involve beneficiaries from the beginning stage of the project. They will all be informed about the project activities. Participants in community-level inception meetings will be project beneficiaries and vulnerable persons. They will be invited by MEAL and the Program team to one of the accessible locations for them and will receive an orientation from both male and female project employees. IMC will maintain community outreach efforts throughout the project's implementation and, if possible, include the community in all interventions by holding community consultation events during routine monitoring and field visits.

**Implementation Plan**

Through the years of program implementation, IMC has established robust teams to deliver programs through various modalities, including on site projects management and implementation through partner organizations. For this project, IMC will use on site project management approach to deliver the services. We have a roster list of experienced and qualified health professionals, including doctors, nurses, midwives, and other clinical staff who can be rapidly onboarded and initiate service delivery in Paktika province within a month. Our provincial office is active in Paktika, and all support staff are already working. We have established procurement, transport and delivery arrangements to ensure we can deliver the planned assistance on time. We have a reliable transport company that can deliver the goods to the project sites in a timely and safe manner. We have a logistics officer who monitors the delivery process and ensures the quality and quantity of the goods.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
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<b>Environment Marker Of The Project</b>
<b>Gender Marker Of The Project</b>
4- Likely to contribute to gender equality, including across age groups
<b>Justify Chosen Gender Marker Code</b>
<b>Protection Mainstreaming</b>
<p>IMC will ensure that the target population of this project is protected by applying the 'Do No Harm' policy and procedures. All contractors and employees are oriented and held strictly to IMC's Code of Conduct. IMC will provide services to the targeted districts/province based on assessed needs. All people who are in need will have safe, unimpeded, and non-discriminatory access to services. The healthcare services, including MHPSS will be adequate in terms of quality and quantity, be according to their needs, accessible, safe reach, and can be physically accessed by everyone, including persons with specific needs. Reproductive health services will also be made more accessible for women and adolescent girls by delivering services closer to them. Physical and medical safety risks for the patients and the staff will be regularly monitored in the health facilities to identify potential risks and develop mitigation measures. Private spaces with curtains will be used for examination rooms to support patient privacy and confidentiality, particularly for females. IMC will inform the local community of the availability of female health staff at their concerned HFs through the health Shura. IMC will train the staff on patient safeguarding, psychosocial support and Psychological First Aid. Recruitment of female staff will be prioritized to promote safe access to services for women and girls, and staff will be trained on the provision of confidential services.</p>
<b>Country Specific Information</b>
<b>Safety and Security</b>
<b>Access</b>
<p>Due to poor road conditions, especially during the winter season, which may hamper access and transportation of supplies, IMC will have prepositioned supplies, using 4-wheel drive vehicles, and prioritize recruitments from local people. IMC is active participant of the humanitarian coordination platforms at both the national and sub-national levels, contribute to the meetings of the clusters, AWG, OCT, ACBAR, and OCHA, and coordinate with BPHS partners and NGOs. IMC has had a strong presence in Paktika province since 2001, a strong network with communities, in-depth knowledge of social and cultural requirements, and expertise in implementing emergency programs. IMC will liaise with local authorities including PPHD and DHD and ministries (MoPH and MoEc) to register the project, sign an MoU and coordinate the implementation. All access issues will be handled through communicating with local authorities and communities through our dedicated Access Officer working at our country office.</p>

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Country Director Country Office Intl	D	1	21,420.47	6	5.00	6,426.14
	<p><i>The Country Director is based in the Country Office this is an International position and will have overall control and management of the program. He will be involved in the coordination and provide guidance on program policy issues. Along with the DCD (Deputy Country Director) , the CD County Director monitors compliance with local laws and IMC policies and procedures and ensures internal control. He also reviews the proposal, donor reports, and monthly pipelines and ensures the program stays financially on track. He will be the primary liaison between in-country donors, government officials, and other NGOs. He will oversee the program implementation as per the proposal. He will be reviewing all reports before submission to the donors. It is estimated that 5% of his time will be devoted to this project. His salary includes all other benefits like a hardship differential of 35%, Danger pays 35% fringe benefits 28% monthly allowance, and Expat income tax.</i></p>						
1.2	Operations Advisor - Country Office Intl	D	1	15,828.00	6	5.00	4,748.40

	<i>He is responsible for managing all operations' safety and security issues in the country it is an international position and advising the Country Director on all security-related issues. He will review, update, and implement security protocols and ensure adherence to the security plans, provide program and site security assessments, and ensure risk mitigation strategies are in place to sustain quality programming. Security training will be provided to staff to enable them to implement IMC programs responsibly and safely in tenuous operational environments. IMC routinely includes costs for expatriate and national staff security training in the budgets for programs in insecure environments. Operation Advisor is estimated to work at around 5% of his/her time on this project for the entire project duration. His salary includes all other benefits like hardship differential of 35%, Danger pay of 35% fringe benefits of 28%, and monthly allowance and Expat income tax.</i>							
1.3	Finance Director - Country Office National	D	1	4,617 .30	6	5.00	1,385.19	
	<i>The Finance Director is based in the Country Office this is a national position and will supervise, control, and manage the financial aspects of the program and contribute to program operation as well. He will coordinate and provide guidance from the beginning of the program formulation stage throughout the implementation. The Finance Director ensures that Field Office policies are following local law and non-compliance reports to the Regional Finance Coordinator. He will be responsible for the donor and headquarters financial and administrative reporting. He will also be the administration focal point ensuring all the local laws are adhered to in all IMC operating sites. He ensures efficient and effective use of the field office's funds. He will represent the organization with the relevant stakeholders and coordinate and ensure the quality of audit, donor reporting, and other management aspects along with relevant team members. It is estimated that 5% of his time will be devoted to this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</i>							
1.4	Finance Manager, Sr. Finance Officer & Finance Officer - Country Office National	D	3	2,267 .38	6	5.00	2,040.64	
	<i>The Finance Manager is based in the country Office these are national position. He will be responsible for reviewing field finance transactions, visiting the field locations, and providing on-the-job training for the finance staff. He is also responsible for making sure all the finance documents are scanned, provided to HQs on time, uploading the budget in GMS, and providing the donor report. 5% of his time will be charged to this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. The Sr Finance Officer is based in the country Office and will be responsible for banking, payroll processing, tax calculations and related processes. He will be expected to visit the field sites and provide support for cash distribution. Based on the estimated time allocation, he will spend approximately 5% of his time on this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. Finance Officer is based in the country Office and will be responsible for preparing and adjusting GJs, entering data in Costpoint accounting software, closing monthly reports and other finance-related tasks. He will assist the team during the cash distribution and registration of the beneficiaries for cash assistance. Based on the estimated time allocation, he will spend approximately 5% of his time on this project. The salary includes 8.33% staff pension,</i>							
1.5	Compliance Officer, Safeguarding Officer, Humanitarian Access Officer - Country Office National	D	3	1,235 .37	6	5.00	1,111.83	
	<i>"Compliance Officer is based in Country Office and will be responsible for review and check all financial and technical aspects/documents and make sure that everything is in accordance with donor and International Medical Corps rules and regulations and all local laws of Afghanistan. Based on the need, 5% of his salary will be charged under this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. Safeguarding Officer will ensure the IMC safeguarding policy implementation in the project site, conduct safeguarding training for the project staff, conduct visits from the provinces, and monitor the safeguarding procedure implementation. 5% of his salary will be charged under this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. Humanitarian Access Officer is based in Country Office. He will work under the supervision of the Country Director and work closely with the program and security staff in Kabul and the provinces to 1) advise IMC Afghanistan on site selection for project activities in or near areas of conflict; 2) Represent IMC Afghanistan in Humanitarian Access Group meetings and follow-up; 3) Represent IMC Afghanistan in discussions about access with other NGOs in Afghanistan; 4) Advise and/or represent IMC Afghanistan on access issues with the Government and/or armed groups; and 5) Train IMC Afghanistan staff, as necessary, on access issues such as the UNO</i>							
1.6	1 Sr. HR/Admin Manager - Country Office National	D	1	4,468 .20	6	5.00	1,340.46	
	<i>Sr. HR/Admin Manager is based in Kabul and responsible for tracking staff records and calculating monthly payroll, hiring of new personnel, staff contract extension, and dealing with legal matters. He is responsible for arranging the international staff visa, work permit, travel arrangement, renewal of all the lease arrangements for all field locations. He is also responsible for processing recruitments, facilitating mandatory training courses, performance appraisals, maintaining the HR database, etc. 5% of his time will be charged to this project, The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</i>							
1.7	Logistics Coordinator, Logistics Officer Country Office National	D	2	1,988 .85	6	5.00	1,193.31	
	<i>"The Logistics Coordinator is based in the Country Office and responsible for overall logistic operations between the country office and field offices. He is responsible for making sure all the procurements are done on a timely basis; staff is fully trained in procurement policies and procedures. He provides the updated procurement plan to the Country and HQ headquarters management. 5% of his time will be charged to this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food costs. The Logistics Officer is responsible for processing the PRs and POs, doing the procurement as per the needs of the projects, and ensuring purchasing of goods/items for all the regions. Based on the estimated time allocation, he will spend around 5% of his time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food"</i>							
1.8	Security Manager / IT Officer Country Office National	D	2	1,662 .54	6	5.00	997.52	

	<i>"Sr. Security Manager is based on Country Office who will be responsible for project site assessment, monitoring the security situation, organizing security trainings for staff, providing orientation to new staff for both expat/national staff, sharing any necessary security incidents, messages to staff, etc. Based on the estimated time allocation, he will spend around 5% of his time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance. IT Officer will be responsible for all IT issues and liaison affairs, such as: ensuring the internet is provided to our office as agreed bandwidth with internet provider company; maintain/fix staff computers, scanners, printers, and other office machinery related to IT. He makes sure all computers are updated with the new version of the programs, software, antivirus, etc. Based on the estimated time allocation, he will spend around 5% of his time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance."</i>							
1.9	Mechanic/Maintenance and Technician & Transport and Inventory Officer - Country Office National	D	2	1,302.16	6	5.00	781.30	
	<i>"Mechanic/Maintenance and Technician, who is based in Country Office but related to supporting this project. It is estimated that 5% of his time will be spent for the entire period of the project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance. Transport and Inventory Officer will be managing and coordinating ground transportation, including management of rental and official vehicles. Besides, he will take care of all assets and inventories in accordance with IMC and donor procedures. Based on the estimated time allocation, he will spend around 5% of his time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance."</i>							
1.10	Sr.HR Officer, HR Officer & HR Assistant - Country Office National	D	3	968.85	6	5.00	871.97	
	<i>Sr. HR Officer based in the Country Office will be supporting this project in updating the HR database, coordinating the recruitment process, keeping track of staff attendance sheets, preparing staff contracts/changes of status, etc. Based on the estimated time allocation, she will spend around 5% of her time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. 2 HR Officer is based in the country office, and she will be responsible for reviewing payroll and recruitment, editing all official letters, and assisting the HR department with contracts and other documents. She will spend around 5% of her time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. HR Assistant based in the Country office will support the HR officer and update the daily timesheet and provide the attendance sheet for the staff, and his salary will be charged 5% under this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance. "</i>							
1.11	Guards, Drivers & Cleaners/Cook - Country Office National	D	11	738.25	6	5.00	2,436.23	
	<i>"5 Guards will be based in Country Office and will perform day/night duty shifts based on local laws and IMC policy. They will be responsible for registering the visitors, making regular security check with national and international staff, and looking after all the security matters of the office premises. They are budgeted at 5% of their time on this project throughout the life of the project based on estimated time allocation to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance. 3 Drivers will be based in Country Office to pick/drop off staff from and to the meetings and will perform other daily work driving responsibilities. Based on the estimated time allocation, they will spend around 5% of their time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance. 3 Cleaners/Cook are based in Country Office who clean the office, office premises, expats dormitories and do the necessary preparation for any training, meeting, or workshop events, cooking food for staff (Lunch &amp; other events) etc. Based on the estimated time allocation, they will spend around 5% of their time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance."</i>							
1.12	Deputy Country Director Country Office National	D	1	5,088.19	6	5.00	1,526.46	
	<i>Deputy Country Director is based in Country Office. She will be responsible for managing all the aspects of the program, liaising with the AHF and other agencies involved in programs, and ensuring that activities are carried out according to the approved program goal and objectives and implementation time frame. She will devote at least 5% of her time to ensure quality control as well as compliance with donor guidelines, The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance.</i>							
1.13	Grants Manager & National RMNCH Manager National	D	2	1,950.08	6	3.50	819.03	
	<i>"Grants Manager is based in Country Office, will represent IMC at donor meetings, coordinate and communicate with donor health and nutrition clusters, and produce clean project reports. He will work with the project management team to keep track of the project's progress. He will provide updates in response to requests from the AHF/Health cluster and the Ministry of Public Health. For this project, he will charge 5% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance. 2- The RMNCH Manager will be responsible and accountable for the management of RMNCH activities within the BHA Project and will be reportable to the Senior Medical Coordinator. She will be responsible for the development and implementation of a strategy to improve the provision and utilization of reproductive, maternal, neonatal, and child health services in health facilities. She will be overseeing and providing technical support for RMNCH and activities at the provincial level and will provide technical support to RMNCH Assistants, follow-up of their needs at the national level, track RMNCH Assistant work progress, and regular supervisory visits from the provincial office and HFs, including midwives and female medical doctors. She will report to the senior medical coordinator."</i>							
1.14	M&E/HMIS Coordinator, HMIS Manager & MHPSS Manager - Country Office National	D	3	2,344.41	6	5.00	2,109.97	

	<p>"M&amp;E / HMIS Coordinator is based in Country Office and is responsible for developing M&amp;E plan; monitoring the project activities; collecting monthly data; compiling, analyzing, and reporting data to senior management and the health Cluster. He provides feedback to the field sites on a monthly and quarterly basis and follows up on actions. He conducts regular monitoring visits to the field sites and provides feedback to the team for improvement. He will plan the assessments, train the data collectors, and monitor the assessments. He will provide on-the-job training to the project officers on monitoring tools and is also responsible for collecting/implementing, and reporting the Community Based Feedback Mechanism (CBFM) at the field level and report to the Country Management. He will charge 5% of his time under this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>MEAL manager: This Manager is responsible for collecting, synthesizing, and interpreting performance data and presenting it for review to the MEAL Coordinator. The role will assist in the overall MEAL functions of the program.</p> <p>The HMIS Manager will be in charge of the HMIS reporting system, data collection, data accuracy, data verification, and data processing within IMC/MoPH standard databases, feedback, and reporting. Training of health facility staff Monitoring and supervisory visits from health facilities Provision of HMIS Tools, starting from order up</p>							
1.15	Sr. Medical Coordinator - Country Office National	D	1	3,560.55	6	20.00	4,272.66	
	<p>"1- Sr. Medical Coordinator is based in the Country Office. He will be responsible for the health sector's overall lead and technical support. The Senior Medical Coordinator will oversee and track the progress of the health sector and will coordinate all health sector activities with the Health Cluster and other relevant stakeholders. He will provide technical support to the project management team at the provincial level, particularly the Senior Health Project Officer. He will guide and lead pharmaceutical supply chain management with the National Pharmacy Manager, and he will show the National RMNCH (Reproductive, Maternal, Newborn, and Child Health) Manager in RMNCH activities. He will support the project coordinator (budget holder) in health sector reports and communication of technical guidance. He is expected to spend approximately 20% of his time to support this project. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p>							
1.16	Health Manager & Nutrition Manager Country Office & Pharmacy Manager National	D	3	1,959.40	6	4.00	1,410.77	
	<p>"1- He/she will be responsible for technical inputs to the health sector. The health manager will oversee and lead the direct provincial health management team. He/she will have regular supervisory visits from the provincial health management team along with HSCs. He will follow and track health-related activities of provincial senior health officers. He will be responsible for the capacitating of the provincial management team. He or she will be accountable to the Senior Medical Coordinator. For this project, he/she will charge 5% of his/her salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>2- The National Nutrition Manager will be responsible for managing all nutrition activities at the national level with the collaboration of the Nutrition Coordinator, other IMC senior management team members, the nutrition cluster, and (PND) of MoPH. He/she will provide on-the-job training to the nutrition technical focal point/officers on nutrition and malnutrition, report writing, analysis of the monthly data and trends, the anticipation of the program needs, and follow-up of consumption. He/she will participate in all nutrition-related meetings with stakeholders, including the nutrition cluster. He/she will be directly reportable to the Nutrition Coordinator. For this project, he will charge 5% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>3- The National Level Pha</p>							
1.17	Field Site Manager National Paktika	D	1	1,950.08	6	100.00	11,700.48	
	<p>"1- The Site Managers will be responsible for the implementation of all planned activities under this Paktika province and will be involved in regular travel to project sites to supervise, review and document progress in the field. The Site Managers will also be responsible for providing technical support and capacity building to Project staff and maintaining a close relationship with other stakeholders such as the community, district, and provincial authorities, UN agencies and Clusters, INGOs, and NGOs. Develop biweekly, monthly, and quarterly reports and manage sector-based staff at the field level. For this project, he will charge 100% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance.</p>							
1.18	Nutrition Officer & Pharmacy Assistant & Medical Warehouse Assistant Paktika Office	D	3	659.49	6	100.00	11,870.82	
	<p>1 Nutrition Officer will conduct regular monitoring and supervision of the nutrition activity in the province and will provide on-the-job training to health facility staff to improve the quality of services. The project data will be shared with the line supervisor. For this project, he will charge 100% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>2- Pharmacy Assista is based in Paktika and travels to the district and will be responsible and accountable for the management of the pharmaceutical supply change management, including quantifications and rationalizations. He will request medicines, medical supplies, medical equipment, receiving, stock management, stock cards, balance checking, and reporting of pharmaceutical supplies. He/She will visit HFs for drug management, rational use of medicines, reporting system, usage of antibiotics, FIFO/FEFO, short expiry, and avoiding misuse of medicines at HFs and provincial level, and will report to the Senior Medical Coordinator. For this project, he will charge 100% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>3- Warehouse Assistant will be based in Paktika office, an will keep track of stock in/out, time-to-time maintenance, and make sure equipment/supplies are in good condition, on-time supplies, and distribution to the project based on the project schedule and need, etc. This person will fully be</p>							
1.19	RH Officer & HMIS/M&E Officer Field office National	D	2	975.04	6	100.00	11,700.48	

	<p>"1- (Reproductive Health) RH officers are based in the field office and will be responsible for the field-level implementation of Reproductive, Maternal, Newborn, and Child Health Reproductive, Maternal, Newborn and Child Health (RMNCH) activities and will ensure quality RMNCH service delivery through integrated mobile health and nutrition team. For this project, he will charge 100% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>2-HMIS/M&amp;E Officer is based in the field office. The M &amp; E Officer will be in charge of the provincial-level HMIS reporting system, data collection, data accuracy, data verification, and data processing within IMC/MoPH standard databases, feedback, and reporting. Training of health facility staff Monitoring and supervisory visits from health facilities Provision of HMIS Tools, starting from order up to end-users. Joint monitoring visits with other stakeholders. We will have one HMIS/M &amp; E officer in each province for the abovementioned activities, and he/she will report to the senior project health officer. For this project, he will charge 100% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance."</p>						
1.20	Finance Officer& HR assistant &Logistic Officer Field Office National	D	3	866.96	6	20.00	3,121.06
	<p>"1- Finance Officer will be based in the Paktika office, and will prepare and process bank payments, process national staff salaries, prepare monthly field reports, daily coordinate with different departments, prepare vouchers, and perform banking based on project needs. For this project, he will charge 20% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>2- Logistic Officer will be based in the Paktika office, and will be responsible for all logistical support required for this project, such as: holding bid opening sessions, announcing new procurement/quotations, preparing vendor contracts, etc. For this project, he will charge 20% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>3- HR Assistant will be based in Paktika office, and will be responsible for updating staff personal files, recruitment, and preparing the candidate evaluation sheet needed for this project. Based on the estimated time allocation. For this project, he will charge 20% of his salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance."</p>						
1.21	Doctor National Paktika HSC	D	11	796.36	6	100.00	52,559.76
	<p>Doctors for 10 HSCs (health sub-center) will be responsible for providing services as well as technical support at the designated health facilities and within the community and ensuring the capacity building of staff under his/her supervision. They will be the overall responsible person in charge of the health facility and will report to the health supervisor. One additional backup doctor has been considered to cover the absence/leave of other doctors. They will charge 100% of his/her salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p>						
1.22	Nutrition nurse National Paktika HSC	D	10	765.60	6	100.00	45,936.00
	<p>The holder of the position of Nutrition nurse will be responsible for the screening of children for acute malnutrition using MUAC or weight scale for children in the absence of a Nutrition counselor. Register and report all activities including the supplies distributed, the number of beneficiaries, the SAM and MAM (Severe Acute Malnutrition and moderate Acute Malnutrition. ) cases, and the date and location of services, and report those on a monthly basis. For this project, He/She will charge 100% of his/her salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p>						
1.23	Vaccinator for 10 HSC &Midwife for 10 HSC National	D	21	802.20	6	100.00	101,077.20
	<p>"1-10 Vaccinators will be responsible for the planning, implementation, and management of all EPI (Expanded Programme on Immunization) and vaccine section-related activities and training of the EPI attendants based at the 10 health facilities. He/ she will develop his/her monthly plan, ensure the temperature of the refrigerator, provide a monthly report, and report to the in charge of the health facility. For this project, He/She will charge 100% of his/her salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p> <p>2- A Midwife will be situated in each HSC and will be recruited in order to provide antenatal and postnatal consultation services in the context of MCH provision of delivery, family planning, and other RMNCH services to the female clients of HSCs and will report to the in-charge of the health facility. One additional midwife has been considered to cover the absences/leave of midwives in the clinics in rotation. For this project, midwives will charge 100% of their salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance."</p>						
1.24	MHPSS Counselor 10 National	D	10	765.60	6	100.00	45,936.00
	<p>(Mental health and psychosocial support) 10 MHPSS Counselors will be hired for 6 months and will be charged 100% in this project. The MHPSS counselor will provide psycho-education, and mental health awareness and refer severe mental health patients to higher-level health facilities for advance support. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for food allowance.</p>						
1.25	Security guard and Cleaner/cooks for 10 HSC National	D	20	354.99	6	100.00	42,598.80
	<p>20 Guards and cleaners for 10 HSC are based in Paktika province and HSCs, and will provide support to this project for HSCs in order to control the crowd in the field and provide safety services for the staff. They will provide cleaning services and other routine activities, e.g., assisting in packing, lifting, and other labor-related activities at the HFCs and mobile team. For this project, he will charge 100% of their salary. The salary includes 8.33% staff pension, 8.33% for employee assistance, and 2% for foods allowance.</p>						
	<b>Section Total</b>						<b>359,972.48</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Medicines	D	10	1,500.00	6	100.00	90,000.00

	<i>This budget line is related to activity 1.1.7 and is intended for the purchase of pharmaceuticals to be used in IMC IMC-run health sub-centers from the UNOCHA-funded project throughout the duration of the project. The timing of the purchase will be as required. The pharmaceuticals will be sourced in compliance with the donor's and IMC's procurement procedures and restrictions related to pharmaceuticals.</i>						
2.2	Medical Equipment	D	10	2,000.00	1	100.00	20,000.00
	<i>This budget line is related to activity 1.1.7 and is used to procure medical equipment for the HSCs. This line will also cover the cost of all non-drug medical equipment such as Autoclave, Adult scale, Ambu bag, Baby scale, Delivery Set, Delivery Table, Diagnostic set, sterilization materials, etc. This line will be utilized for this Project's health sub-centers.</i>						
2.3	Non medical Equipment	D	10	1,295.00	1	100.00	12,950.00
	<i>This line is related to activities 1.1.2 and 1.1.7 and will be used to procure and preposition essential and emergency medicines for health sub-centers in all provinces for the provision of quality services. This line will cover the non-medical equipment necessary for the Project HFs. It includes fixed furniture, chairs, desks, waste management tools, baskets, etc.</i>						
2.4	Medical supplies	D	10	268.00	6	100.00	16,080.00
	<i>The line is related to activity 1.1.7 and will be used for the provision of medical supplies to health sub-centers as per MoPH approved list.</i>						
2.5	Non-Medical supplies	D	10	100.00	6	100.00	6,000.00
	<i>This line is related to activity 1.1.2 and is budgeted to cover non-medical supply costs of health sub-centers.</i>						
2.6	HMIS/IEC tools	D	1	2,000.00	1	100.00	2,000.00
	<i>The line is related to activities 1.1.1 and 1.1.2 and will be used for the procurement of MoPH-approved reporting tools and IEC (information education and communication) material for use in health sub-centers to meet MoPH requirements.</i>						
2.7	Visibility	D	1	1,500.00	1	100.00	1,500.00
	<i>This line is related to line 1.1.2 and will be used to develop visibility materials such as banners, signboards, and printing for health sub-centers materials for the Project.</i>						
2.8	Transportation cost for EPI and other supplies	D	10	50.00	6	100.00	3,000.00
	<i>This budget line is related to activities 1.1.3 and 1.1.7 and will be used for the transportation cost for EPI (Expanded Programme on Immunization ) supply and Medicine and Medical supply from the field office to health sub-centers</i>						
2.9	IMAM Training for OPD-SAM Nurses and IYCF for Midwife	D	1	2,860.00	1	100.00	2,860.00
	<i>This line is related to activity 1.2.1 and is a 3-day refresher training for OPD-SAM nurses on IMAM and a 5-day training for midwives on IYCF.</i>						
2.10	MHPSS Training (For Counselors and Midwives)	D	1	1,775.00	1	100.00	1,775.00
	<i>This line is related to activity 1.1.5 and IMC will conduct training for the (Mental health and psychosocial support)MHPSS staff.</i>						
2.11	ARI Training	D	1	2,497.00	1	100.00	2,497.00
	<i>This line is related to activity 1.1.3 and IMC will conduct three days of (Acute respiratory infections)ARI training for the mobile health team doctors, midwives, and nurses.</i>						
2.12	HMIS Training	D	1	1,085.00	1	100.00	1,085.00
	<i>IMC will conduct some days of HMIS training for the MHNTs, doctors, nurses, and midwives. IMC will use MoPH-approved guidelines and tools. The health management team will conduct a post-training follow-up.</i>						
2.13	Safeguarding training	D	1	1,975.00	1	100.00	1,975.00
	<i>This line is related to activity 1.1.1 and IMC will conduct MHPSS/safeguarding training for the main office and field staff.</i>						
2.14	HCC Meeting	D	10	50.00	6	100.00	3,000.00
	<i>Health Community HCC Meeting(health center committee) Meeting with Health Shura: This line is related to activity 1.1.1 and will be used for conducting meetings with community leaders on a monthly basis. IMC will establish a Health Shura for each HSC to engage the community in day-to-day project implantation improve coordination with community and meet MoPH standards.</i>						

2.15	Nutrition supply	D	1	7,060.00	1	100.00	7,060.00
	<i>This line is related to activity 1.2.1 and 1.2.2. This line is intended for the purchase of nutrition medicines, nutrition medical and non-medical supplies and equipment, anthropometric supplies, nutrition forms, items for food demonstrations, and micronutrients for PLWs.</i>						
2.16	Shipment supplies and medicine	D	4	100.00	6	100.00	2,400.00
	<i>This line is related to activity 1.1.7. This budget line will used for transportation cost for the shipment of supplies and medicine from Kabul to field office and Health facilities</i>						
2.17	IPC training	D	1	1,085.00	1	100.00	1,085.00
	<i>This line is related to activity 1.1.2 to cover the costs of IPC training for health facilities' staff.</i>						
	<b>Section Total</b>						<b>175,267.00</b>
<b>3. Equipment</b>							
3.1	Solar and battery for HFs	D	10	250.00	1	100.00	2,500.00
	<i>This line is budgeted to purchase the Solar and battery for the 10 HF for lighting.</i>						
	<b>Section Total</b>						<b>2,500.00</b>
<b>4. Contractual Services</b>							
4.1	Rental vehicle for supervision	D	2	850.00	6	100.00	10,200.00
	<i>This line will be spent on renting two cars to carry staff from the office to the field and back for field routine activities, supportive supervision, and monitoring purposes of HSCs, as well as for routine other ad hoc meetings. Based on the number of HSCs, geographical locations, and frequency of visits, we planned two vehicles for timely support, monitoring, and report collection.</i>						
	<b>Section Total</b>						<b>10,200.00</b>
<b>5. Travel</b>							
5.1	International Travel	D	2	2,500.00	2	5.00	500.00
	<i>The home leave and associated travel costs for the Country Director and operation Advisor will be charged under this project @5%.</i>						
5.2	Visa/Departure Tax/Work Permits/Airport Transit	D	2	450.00	2	5.00	90.00
	<i>This will cover the cost of obtaining work permits and visas for the country Director and operation Advisor will be charged under this project @5%.</i>						
5.3	In country (local flight and car rent)	D	2	200.00	6	100.00	2,400.00
	<i>This line (\$2,400) is budgeted for the relevant staff( Sr. Medical coordinator, Finance manager, health manager, RMNCH Manager, Meal coordinator, and managers) who will travel to the field for supervision, monitoring, and providing support to field staff and meetings. This cost will be charged 100% to the project.</i>						
5.4	Per diem for Travelers (National Staff)	D	8	50.00	6	100.00	2,400.00
	<i>This line (\$2400) is budgeted for following the local standard per diem rate as per IMC policy and realistic accommodation rate and has been budgeted here to ensure proper monitoring and implementation of the project. This cost 100% for this project. ( Sr. Medical coordinator, Finance manager, health manager, RMNCH Manager, Meal coordinator, and managers)</i>						
	<b>Section Total</b>						<b>5,390.00</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	Office/GH/Warehouse Rent / utilities country office	D	1	4,800.00	6	5.00	1,440.00

	<p><i>This line (\$1440) is budgeted to cover the Kabul office building /guesthouse and wirehouse rent and utilities for 6 months. As per our estimation, 5% of the cost will be charged for this project.</i></p> <p><i>Country office We have two building which is used for the Office, expat house, and warehouse rent and these two building rent charge are based on monthly allocation on active grants.</i></p>						
7.2	Maintenance / Repair of Equipment CO	D	1	200.00	6	5.00	60.00
	<p><i>This line (\$60) is budgeted and will cover the cost of Kabul office Maintenance/Repair of equipment. As per our estimation, 5% of the cost will be charged for this project.</i></p>						
7.3	Office Supplies country office	D	1	1,700.00	6	5.00	510.00
	<p><i>This line (\$510) is budgeted to procure needed office supplies and stationery for the Kabul office. As per our estimation, 5% of the cost will be charged for this project.</i></p>						
7.4	Communications Country office	D	1	1,500.00	6	5.00	450.00
	<p><i>This line (\$450) is budgeted for communication costs (Top-up and internet cost) of the Kabul office. As per our estimation, 5% of the cost will be charged for this project.</i></p> <p><i>we paid</i></p> <p><i>1250 USD we pay for the internet each month and the remaining 250 USD for the monthly top up card for the staffs who work for this projects and the cost will be charge base on monthly allocation</i></p>						
7.5	Postage/Courier Country office	D	1	200.00	6	5.00	60.00
	<p><i>This item is for sending documents to our HQ or field office, as per our actual expense and estimation.As per our estimation, 5% of the cost will be charged for this project and it is direct the country office relevant expense,</i></p>						
7.6	Fuel For Generators/Electricity Country office	D	1	2,000.00	6	5.00	600.00
	<p><i>This item is to keep the power generator running during the normal power shutdowns period, this amount has been budgeted, keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 5% of the fuel cost will be charged to this project.</i></p>						
7.7	Bank / hawala charges Country office	D	1	15,000.00	6	5.00	4,500.00
	<p><i>This line (\$4,500) is budgeted to cover the cost of transfer charges, bank account maintenance fees, staff or vendor payment transfer charges through the bank, and Hawala charges.5% of the Bank charges/Hawala cost will be charged to this project</i></p>						
7.8	Software upgrade and maintenance	D	1	606,671.51	1	0.50	3,033.36
	<p><i>"This line item represents the cost necessary to perform periodical software upgrades and/or maintenance of computerized systems used by the Afghanistan office. These systems include but are not limited to, the Costpoint and Time Expense module. Annual maintenance cost for Deltek T&amp;E includes licenses for software users as all IMC Field offices use CP and T&amp;E to record project costs, revenue, and labor. "</i></p> <p><i>A total budget amount of 606.671 0.5% will be charged under this project and only this project cost will be charged here it is not a shared cost.</i></p>						
7.9	General insurance Country office	D	1	302,838.00	1	2.25	6,813.86
	<p><i>"General insurance: This line includes allocation of corporate liability and property insurance premiums as well as in-country insurance coverage. International Medical Corps provides a broad range of insurance coverage to mitigate loss and exposures to both IMC and IMC donors. Such policies cover property, goods in transit, employee and employer liabilities and coverage specific to the type of work we perform. The allocated under this project is 100%</i></p> <p><i>General insurance unit cost 302,838 total salaries without other benefits will charge 2.25% of total salaries in the first time It was not correctly calculated therefore the Unit cost increased and there is not any HQ associated cost charging under this budget line."</i></p>						
7.10	IMC Vehicle Fuel Country office	D	5	180.00	6	5.00	270.00
	<p><i>"IMC Vehicle fuel are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 5% of cost will be charged to this project.</i></p> <p><i>"</i></p>						
7.11	IMC Vehicle Maintenance , Insurance and Registration Country office	D	5	150.00	6	5.00	225.00
	<p><i>"Vehicle maintenance/insurance for Kabul office : The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan 5% of cost will will be charged to this project.</i></p> <p><i>"</i></p>						
7.12	Safety and Security Improvements Country office	D	1	6,540.50	1	5.00	327.03

	<p>"Due to the harsh security situation in Afghanistan, IMC requires these funds to upgrade and standardize additional and existing physical security infrastructure at its offices, health facilities, and other field sites as well as revise operational security protocols regarding daily movements of staff and assets. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high-threat areas. As per IMC procedures, Afghanistan has been defined level 4 country where we need to keep allocation for security staff and upgrading @5% of the total to ensure proper safety, and security due to ensuring necessary up-gradation. Based on the above, we determined the total amount and divided it by 6 months to get the unit cost this budget line is for Kabul offices.</p>						
7.13	IT Equipment/Supplies Country office	D	1	1,000.00	6	5.00	300.00
	<p>This budget line will be used for the small IT equipment like mouse, keyboard or etc. 5% of the cost will be charged for this project.</p>						
7.14	Office rent and utilities for Paktika	D	1	450.00	6	20.00	540.00
	<p>"Field Office rent Paktika: This monthly payments are based on average rent for office space, water supply, garbage disposal and other infrastructure charges for the site offices. 100% cost will be charged to this project. utilities.</p>						
7.15	Rental house for Health facilities Paktika	D	10	120.00	6	100.00	7,200.00
	<p>"Maintenance / Repair of Equipment for HSCs : The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 100% of cost will be charged to this project. "</p>						
7.16	Maintenance / Repair / Renovation of Paktika office	D	1	100.14	6	20.00	120.17
	<p>This line (\$120.17) is budgeted and will cover the cost of health facility maintenance, renovation, and repair Paktika office. As per our estimation, 100% of the cost will be charged for this project.</p>						
7.17	Office Supplies and utility Paktika	D	11	115.00	6	20.00	1,518.00
	<p>This line is budgeted to cover the cost of office supplies, stationary and utilities of project activities for the program staffs in Field Office HSCs. 100% of the cost will be charged for this project.</p>						
7.18	Communications for Paktika office	D	1	250.00	6	20.00	300.00
	<p>This line is budgeted to cover the cost of staff top-up phone cards and monthly internet fee for official communication of project activities for the program staff in the Paktika Office 20% of the cost will be charged for this project. for the internet fee, we pay 150 USD and 100 for the support staff total of 250 USD and 20% we will charge under this project.</p>						
7.19	Winterization Supplies and equipment Health facilities	D	10	750.00	1	100.00	7,500.00
	<p>for the Winterization supply, we will purchase the wood and wooden heater to keep the Health sub-center warm you can see the detail in the uploaded BOQ this budget line will charge 100% under this project</p>						
7.20	Bank / hawala Charges Paktika office and Health facilities	D	1	1,850.00	6	100.00	11,100.00
	<p>This line is budgeted to cover the cost of transfer charges, bank account maintenance fee, staff or vendor payment transfer charges through the bank, and Hawala charges for field. 100% of the Bank charges/Hawala cost will be charged to this project.</p>						
7.21	enance / Repair / Renovation of Health Facilities	D	10	85.65	6	100.00	5,139.00
	<p>This line (\$5,139) is budgeted and will cover the cost of health facility maintenance, renovation, repair, and WASH in Health Facilities. As per our estimation, 100% of the cost will be charged for this project.</p>						
7.22	Communications for Health facilities	D	10	80.00	6	100.00	4,800.00
	<p>This line is budgeted to cover the cost of staff top-up phone cards and monthly internet fee for official communication of project activities for the program staff in the Health Facilities 100% of the cost will be charged for this project. Doctor ( Physician ) 20\$, Nutrition nurse \$10, Midwife \$10, Vaccinator \$10, MHPSS Counselor \$10, Guards \$10, and \$10 Cleaner total is \$80 for 10 HF for six months.</p>						
	<b>Section Total</b>						<b>56,806.42</b>
<b>SubTotal</b>			306.00				<b>610,135.90</b>
Direct							610,135.90
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							42,709.51
<b>Total Cost</b>							<b>652,845.41</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 > Paktika > Sarrawzah (Sarhawzah)	15.00000	0	0	0	0	0	H: Activity 1.1.1:  <u>H: Activity 1.1.2:</u>  H: Activity 1.1.5:  <u>H: Activity 1.1.7:</u>  H: Activity 1.2.2:
Afghanistan > Paktika > Omna	10.00000	0	0	0	0	0	H: Activity 1.1.1:  <u>H: Activity 1.1.2:</u>  H: Activity 1.1.5:  <u>H: Activity 1.1.7:</u>  H: Activity 1.2.2:

Afghanistan > Paktika > Gomal	10.00000	0	0	0	0	0	<p>H: Activity 1.1.1:</p> <p><u>H: Activity 1.1.2:</u></p> <p><u>H: Activity 1.1.5:</u></p> <p><u>H: Activity 1.1.7:</u></p> <p><u>H: Activity 1.2.2:</u></p>
Afghanistan > Paktika > Urgan	20.00000	0	0	0	0	0	<p>H: Activity 1.1.1:</p> <p><u>H: Activity 1.1.2:</u></p> <p><u>H: Activity 1.1.5:</u></p> <p><u>H: Activity 1.1.7:</u></p> <p><u>H: Activity 1.2.2:</u></p>

Afghanistan > Paktika > Naka	10.00000	0	0	0	0	0	<p>H: Activity 1.1.1:</p> <p><u>H: Activity 1.1.2:</u></p> <p><u>H: Activity 1.1.5:</u></p> <p><u>H: Activity 1.1.7:</u></p> <p><u>H: Activity 1.2.2:</u></p>
Afghanistan > Paktika > Gyan	15.00000	0	0	0	0	0	<p>H: Activity 1.1.1:</p> <p><u>H: Activity 1.1.2:</u></p> <p><u>H: Activity 1.1.5:</u></p> <p><u>H: Activity 1.1.7:</u></p> <p><u>H: Activity 1.2.2:</u></p>

Afghanistan > Paktika > Ziruk	20.00000	0	0	0	0	0	<p>H: Activity 1.1.1:</p> <p><u>H: Activity 1.1.2:</u></p> <p><u>H: Activity 1.1.5:</u></p> <p><u>H: Activity 1.1.7:</u></p> <p><u>H: Activity 1.2.2:</u></p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Access Working Group Endorsement.pdf
Project Supporting Documents	IMC Approach to Humanitarian Access.docx
Project Supporting Documents	Paktika PPHD endorsement and support letter to IMC for this allocation.pdf
Project Supporting Documents	Paktika PPHD endorsement letter for AHF-1st SA 2023.pdf
Project Supporting Documents	Protection Cluster Endorsement.pdf
Project Supporting Documents	PSEA Net Work Endorsement.pdf
Project Supporting Documents	RCCE WG Endorsement.pdf
Revision related Documents	AAP WG Endorsement.pdf
Revision related Documents	Regional Health Cluster Endorsement.pdf
Budget Documents	BOQ for Budget Category 7.xlsx
Budget Documents	BoQs for Program Costs.xlsx
Project Supporting Documents	Disability Working Group Endorsement.pdf
Project Supporting Documents	Mapping Matrix -Health Paktika Project with new white area.xlsx
Project Supporting Documents	Pak-AHF indicators Calcul-sheet.xlsx
Project Supporting Documents	Health Cluster Endorsement of Gomal District Inclusion.pdf
Budget Documents	1. Afghanistan Salary Structure - 2021 - Recommended (1) (2).xlsx
Budget Documents	8.Kabul Office monthly allocation.xlsx
Budget Documents	BOQ for Budget Category 7.xlsx
Budget Documents	E- BOQ CBPF-AFG-23-S-INGO-26363.xlsx
Budget Documents	BoQs for Program Costs.xlsx
Budget Documents	Kabul Main Office lease Agreements from Jan-Dec-2023 SIGNED.pdf
Project Supporting Documents	Revised -Pak-AHF indicators Calcul-sheet.xlsx

Budget Documents	BOQ for Budget Category G.xlsx
Budget Documents	BOQ for E.xlsx
Budget Documents	BOQ for Budget Category G.xlsx
Budget Documents	BOQ for Budget Category G 7-8-9-20.xlsx
Budget Documents	Revised BOQ for Budget Category G 7-8-9-20.xlsx
Grant Agreement	GrantAgreement_CBPF-AFG-23-S-INGO-26363_Health_IMC UK_Signed.pdf