

Requesting Organization :	Relief International		
Allocation Type :	2023 1st Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Provision of integrated primary healthcare support for winter preparedness		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	CBPF-AFG-23-S-INGO-26343
Cluster :		Project Budget in US\$:	698,831.51
Planned project duration :	6 Months	Priority:	
Planned Start Date :	03/10/2023	Planned End Date :	31/03/2024
Actual Start Date:	15/11/2023	Actual End Date:	14/05/2024
Project Summary :	<p>RI proposes a six-month Health project that aims to reduce barriers to accessing healthcare services and expand access to gender-responsive immediate and lifesaving primary health assistance by supporting 14 health facilities (HFs) in Panjsher, Kapisa, and Wardak provinces. In Panjsher province, there will be three (3) HFs in the Anawa, Khinj, and Paryan districts; In Kapisa, RI will support five (5) HFs in Alasay, Nijrab, and Tagab districts; while in Wardak province, RI will support six (6) HFs in Chak-e-Wardak, Daymirdad, Hesa-e-Awal-e-Behsud, Jaghatu, Nerkh, and Saydabad districts. All three proposed provinces and targeted districts were selected in collaboration with the Health Cluster and based on the Health Cluster and Afghanistan Humanitarian Fund (AHF) standard allocation list of prioritized areas for intervention. The specific HFs were identified by the selected provinces' Provincial Public Health Directorates (PPHDs) and health and Nutrition partners, ensuring there is no overlap with existing service providers in the province.</p> <p>Services will be aligned with the Basic Package for Health Services (BPHS) and will include integrated primary health and nutrition services to the targeted population, particularly to children under five, pregnant and lactating women (PLW), as well as reproductive health (RH), Psychosocial Support Services (PSS) in line with Health Cluster priorities and OCHA Standard Allocation guidelines. In addition, RI will support the referral of severe or complicated cases to higher-level facilities for specialized treatments. Taking into consideration the high prevalence of gender-based violence (GBV) in Afghanistan and the need to protect survivors, GBV response will be mainstreamed into RI's health programming through the capacity building of healthcare workers on protection principles, GBV, and survivor-centered approaches, with a focus on confidentiality and the do-no-harm principle. RI will also train female staff in PSS in order to provide psychological support to women at risk and survivors of GBV.</p> <p>Additionally, the most reported barriers to accessing healthcare facilities are the unavailability of nearby functional health facilities in 50% of most cases with most people having to walk >1 hour to an HF, lack of medicines is rated at 47%, and lack of treatment or services needed by the population at 37% (OCHA 2023). RI plans to address these challenges by setting up and establishing HFs in rural underserved areas (White areas) in the 4 proposed provinces and ensuring the regular supply of medicines and medical supplies to these HFs while delivering comprehensive and Integrated BPHS services.</p>		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,329	29,956	19,536	19,536	72,357

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	3,329	29,956	19,536	19,536	72,357
	0	0	0	0	0

Indirect Beneficiaries :

241,189 people can be reached overall in all planned HF's for a year as this is the total catchment population targeted for HF's. This is calculated to be 120,594 for six months (during life of the project).

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

The proposed action falls within the 2023 Humanitarian Response Plan (HRP) strategic objective 1 and the 2023 1st standard allocation for health cluster strategy. RI will address priority needs identified by these clusters through the following activities:
For health, RI will Expand primary healthcare services in underserved/hard-to-reach areas, and support referral services through the activation of 14 static HF's including 12 BHCs and 2 SHCs; Provision of medicines and medical supplies including kits used for the management of respiratory tract infections, clean delivery and newborn kits; Health education and health promotion on prevention, and mitigation measures for respiratory infections and other winter-related risks in these HF's; Training of health care workers in case detection and management of severe cases of ARI and hypothermia for 86 HF staff. .

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**

Health sector has the largest gap in service availability, with the number of people in need estimated at 17.6M. An alarming 42.6% of deaths are caused by communicable, maternal, prenatal, and nutrition-related factors. Rate of infant mortality has risen to 46%. Winter months are expected to bring elevated risks of acute respiratory infections (ARIs), hypothermia, cardiovascular diseases, and seasonal influenza. Levels of malnutrition continue to rise. People in need of nutrition assistance for 2023 is estimated at 7.2M. Risk of malnutrition is expected to rise during Afghanistan's winter months, which coincide with the country's lean season.

Panjsher, Kapisa and Wardak, are all on IPC 4 classification (severe). Panjsher and Kapisa have seen an increase in the number of people in need by 115%, and 8% respectively from previous years. The basic vaccination coverage for children 12-23 months are all below the national coverage of 36.6% (MICS 2023), while severe wasting of 2.0%, 1.9%, and 1.7% (respectively) in the provinces were higher than the national average of 1.2%.

RI's multi-sector needs assessment (March '22, Annex 3), covering 745 households focusing from hard-to-reach areas in Kapisa and two other provinces revealed Health is the most pressing need among the population (65.7%) after food (85.6%). Access to medicines, RH and routine health services were the most requested services. Barriers included distances to HFs, costs of accessing medicines and services.

3. Description Of Beneficiaries**4. Grant Request Justification**

RI will support 14 static HFs (both Basic health Centres - BHCs and Sub Health Centres - SHCs) in the three proposed provinces. This will expand the delivery of comprehensive, integrated health services in Panjsher, Kapisa, and Wardak, while nutrition services will be in both Panjshir and Wardak provinces targeting the underserved (White area) areas in these provinces. In the proposed districts, RI will provide a series of integrated primary health services, including screening of SAM and MAM cases, referrals of SAM cases with medical complications, Mother, Infant and Young Child Feeding (MIYCF), maternal and child health, RH and PSS. In order to support the capacity strengthening of the BPHS programme, RI will train project health staff on: (i) health management information system (HMIS), (ii)

refresher training on Psychosocial Support Services (PSS), (iii) integrated management of acute malnutrition (IMAM), (iv) Expanded Programme for Immunization (EPI), (v) adjusted Infection Prevention and Control (IPC), and (vi) safe motherhood/RH. The project staff will include female nurses to ensure female patients have uninterrupted service access. In order to reduce transportation barriers and to help ensure that patients with complicated cases receive access to life-saving primary health services, RI will support referral of patients with medical complications to higher-level facilities by facilitating the referrals.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

<p>To provide life-saving assistance through increased access to integrated primary healthcare services</p>

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
2023 HRP Health CO1: Maintain and increase access to life-saving and life-sustaining coordinated health services and information for those most vulnerable and in need	SO1: Mortality and morbidity of crisis-affected people of all gender and diversities are reduced through timely, multi-sectoral, lifesaving, equitable and safe assistance.	100

Contribution to Cluster/Sector Objectives :

Contribution to Cluster/Sector Objectives: In line with Health Cluster priorities and the Standard Allocation strategy, RI will cover Panjsher, Kapisa, and Wardak provinces by increasing access to life-saving primary healthcare services, that includes Outpatient Department (OPD) services, Expanded Programme on Immunization (EPI) services, RH, (Antenatal Care (ANC), Postnatal Care (PNC), Family planning and safe delivery), and PSS, in underserved and/or at-risk areas. It will support the following static HFs: 14 HFS (12 BHCs and 2 SHCs). Together, these HFs will improve and increase the access of target communities to primary health care and RH/PSS services, including psychosocial first aid and counseling. To ensure the quality of health services, RI will strengthen the capacity of staff working in the HFs by conducting essential workshops and training on topics that include Infection Prevention and Control (IPC), and safe motherhood/RH

Outcome 1

Increased access to primary health, reproductive health, basic psychosocial support and nutrition services for underserved populations

Output 1.1

Description

Essential integrated healthcare and PSS services are provided in underserved areas

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Output: Number of primary health care consultations	3,329	29,956	19,536	19,536	72,357

Means of Verification : <p>Registration book and HMIS support documents</p>

Indicator 1.1.2	HEALTH	Output: Number of pregnant women attended first antenatal care visit		2,412		0	2,412
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Means of Verification : Registration book and HMIS support documents

Indicator 1.1.3	HEALTH	Output: Number of MHPSS consultations	1,025	9,226	0	0	10,251
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Means of Verification : <p>Registration books and HMIS report documents
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Indicator 1.1.4	HEALTH	Output: Number of health care workers trained	41	41				82
Means of Verification : Training attendance sheets and reports								
Indicator 1.1.5	HEALTH							60
Means of Verification : <p>Complaint response and feedback mechanism (CRFM). exit interview, on-site monitoring satisfaction survey project may target 60% of all exit interviews to be aware of feedback and complaint mechanism </p>								
Indicator 1.1.6	HEALTH							2,412
Means of Verification : <p>Registration books and HMIS report document </p>								
Indicator 1.1.7	HEALTH	<p># of childbearing age women who received TT2+ vaccine</p>	0	7,236	0	0		7,236
Means of Verification : <p class="MsoNormal">Registration books and HMIS report documents</p><p>								
Indicator 1.1.8	HEALTH	<p># of under-one children who received Penta 3 vaccine</p>	0	0	1,930	1,929		3,859
Means of Verification :								
Indicator 1.1.9	HEALTH	# of under-five children who receive treatment for ARI/Pneumonia	0	0	9,648	9,648		19,296
Means of Verification :								
Activities								
Activity 1.1.1								
Standard Activity : Not Selected								
<p>Coordination and approval of Memorandum of Understanding (MoU) with MoPH</p> <p>At the start of the project, RI will coordinate with the relevant government ministries and provincial departments to receive permission to implement the proposed project. This will include: registering the project with the Ministry of the Economy, introducing it to the MoPH, further introducing it to the PPHDs, and signing a MoU with the MoPH. RI will do its utmost to ensure that the MoU is signed as soon as possible during the grant period. However, if RI is faced with delays outside its control, such as delays on the MoPH side in approving the MoU, RI will continue to follow up while seeking approval to start activities while negotiations for the MoU are ongoing. Please also note that this process is contingent on government requirements: should these current requirements change, the steps that RI needs to take may also change</p>								
Activity 1.1.2								
Standard Activity : Support delivery of primary health care services including reproductive health, MHPSS and non-communicable diseases								

RI will support a total of 14 static HFs - 3 HFs in Panjsher province, 5 HFs in Kapisa Province, and 6 HFs in Wardak province. A full breakdown of these planned HFs is included in Annex 4. As part of the support to the HFs, RI will recruit a team of qualified health professionals across all the key service delivery area for each facility. RI will provide medicines, medical and non-medical equipment, supplies and medical consumables for smoothly operating the clinics.

The health services provided through each static HF will be aligned with BPHS requirements and include maternal health (ANC, PNC, institutional delivery, family planning), child health (integrated management of childhood diseases and vaccination services) and immunization services, nutrition services, communicable disease control, diagnosis and treatment of malaria, psychosocial counseling, disability counseling, etc., TT2+ immunization of all child-bearing age women (CBA) and referral services for severe/complicated cases for further management in higher-level hospitals. To complement this activity, RI will distribute dignity kits to all pregnant women who receive the TT2+ vaccine or attend the first ANC visit and/or have an institutional delivery through midwives. Additionally, midwives will provide RH services (mother and child health (MCH) services) regularly as per the service package for all targeted pregnant women.

RI will complement essential primary and reproductive health activities with PSS services. Psychosocial support counselors will focus on the identification of and support to PSS patients.

Activity 1.1.3

Standard Activity : Not Selected

Train health care workers on PSEA identification and reporting and support inclusion of PWD

The training programme is mandatory for all health workers is intended to strengthen the standards of conduct, as well as the expectations of accountability and individual responsibility in matters of conduct and discipline, with a special focus on sexual exploitation and abuse. The training programme covers the RI Standards of Conduct concerning sexual exploitation and abuse, including what qualifies as prohibited behavior and the consequences and impact of sexual misconduct at workplace and within the community. Health workers will also be trained on identification and referral of GBV cases.

As part of the training package delivered to HF staff, RI will include dedicated information sessions on the identification of persons with disabilities (PWDs) and access to the health facilities for the availability of services to strengthen the referral opportunities for specific needs. RI will also conduct early identification of children with disabilities and refer them to higher-level rehabilitation centers as needed. Additionally, RI will provide disability awareness, information, education and communication (IEC) materials, and case identification. RI will provide disability-related counselling and referrals for cases that need physical rehabilitation to the nearest HF with secondary-level health services. During the course of the project, RI's Technical Officers will maintain regular coordination with health and service providers in the area to ensure that information about service providers is kept up-to-date and shared with health staff and with local communities during consultation sessions

Activity 1.1.4

Standard Activity : Not Selected

RI will provide training to 86HWs based on their needs

RI will collaborate with the MoPH/PPHD and provide training to 86 HF staff and community personnel. HF staff will be trained on Early Warning, Alert and Response System (EWARS); Integrated Management of Childhood Illness (IMCI); ANC/PNC/Family Planning; Universal Precautions, EPI and PSS training. This refresher training will provide the clinicians with the knowledge and skills needed to offer quality care to beneficiaries. All training will follow national, WHO, UNFPA and UNICEF protocols and guidelines to ensure no deviation from national training policies.

Activity 1.1.5

Standard Activity : Not Selected

Onsite monitoring for quality assurance of services provided at the HFs.

RI Monitoring, Evaluation, Accountability and Learning (MEAL) team will conduct on-site monitoring through field visits to supported HFs with observation checklist, conduct interviews with HF staff and patients to gather their feedback and complaints. On site-monitoring will also include the administration of patient exit surveys or beneficiary satisfaction surveys with patients accessing the HFs for nutrition services

Activity 1.1.6**Standard Activity : Not Selected**

Referral for advanced level of care

In line with BPHS standards systems, RI will refer nutrition/health cases in need of advanced treatment to higher-level HFs. In order to ensure a smooth coordination and functional referral systems, RI Technical Officers will maintain close coordination with the implementing partners and HF staff working in surrounding HFs to ensure that referrals are received in a timely manner and that staff can reach patients. All HF staff will be trained on referral pathways to higher-level facilities. RI staff will follow up with those beneficiaries to monitor their access to specialized services and if they safely reached health centers and will include beneficiaries in post-distribution monitoring (PDM) as part of the MEAL plan of this project. The number of cases is estimated at 3 per month per static HF based on RI's previous experience in similar projects in Afghanistan.

Output 1.2**Description**

Increased access to nutrition services for underserved populations

Assumptions & Risks**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION		0	6,290	6,369	6,369	19,028

Means of Verification :

Screening register for Children under the age of 5 and MIYCN for PLW

Indicator 1.2.2	NUTRITION	Number of severe OPD SAM cases referred to IPD SAM	0	0	51	50	101
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Means of Verification :

Indicator 1.2.3	NUTRITION	Output: Number of girls and boys aged 6-59 months with SAM who are admitted for treatment in OPD			339	339	678
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Means of Verification :

Registration book and HMIS support documents, acute malnutrition register and SAM monthly statistical report

Indicator 1.2.4	NUTRITION	Output: Number of girls and boys aged 6-59 months with MAM who are admitted for treatment			958	958	1,916
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Means of Verification :

Registration book and HMIS support documents, acute malnutrition register and MAM monthly statistical report

Indicator 1.2.5	NUTRITION	Output: Number of Pregnant and lactating women with AM who are admitted for treatment		581			581
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Means of Verification :

Registration book and HMIS support documents

Indicator 1.2.6	NUTRITION	Output: Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition counseling		4,278			4,278
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Means of Verification :

MIYCN Register

Activities**Activity 1.2.1****Standard Activity : Customized Activity**

mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black">Standard Activity:
Arial;mso-bidi-font-family:"Times New Roman";color:black">SAM treatment of children 6-59 months in OPD

RI will provide nutrition services to the target population, including screening, case identification, diagnosis, treatment of cases as outpatients and referral of complicated SAM cases

RI will provide nutrition services to the target population, including screening, case identification, diagnosis, treatment of cases as outpatients and referral of complicated SAM cases to the therapeutic feeding unit (TFU) of the nearest district or provincial hospital (DH/PH). In accordance with Afghanistan's IMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening for SAM, i.e., through systematic case finding. At the community level, children will be identified based on MUAC results (less than 11.5cm) and edema screening and will receive biweekly supplies (e.g., of Ready to Use Therapeutic Food - RUTF), while at the HF level, children will be identified based on both Mid-Upper Arm Circumference (MUAC) and weight/height and edema screening. Cases will be monitored on at least a biweekly (preferably weekly) basis by Nutrition Nurses, who will define the need to continue or conclude the assistance. Nutrition Nurses will be responsible for following up on a regular basis with mothers of SAM children to ensure that guidance is followed and that follow-up visits are held in a timely manner

Activity 1.2.2**Standard Activity : Customized Activity**

mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black">Standard Activity: MAM treatment of children 6-59 months in OPD

RI will provide nutrition services to all diagnosed MAM children between 6 and 59 months

RI will provide nutrition services to all diagnosed MAM children between 6 and 59 months based on MOPH/UNICEF/WHO guidance for outpatients. In accordance with Afghanistan's IMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening for MAM, i.e., through systematic case finding. At the community level, children will be identified based on MUAC results (between 11.5 and 12.5cm) and edema screening and will receive biweekly supplies (e.g., of RUTF), while at the HF level, children will be identified based on both MUAC and weight/height and edema screening. Identified cases will receive biweekly supplies (e.g., of Ready to Use Supplementary Food - RUSF); cases will be monitored on at least a biweekly (preferably weekly) basis by nutrition nurses, who will define the need to continue or conclude the assistance. Nutrition nurses will be responsible for following up on a regular basis with mothers of MAM children to ensure that guidance is followed and that follow-up visits are held in a timely manner.

Activity 1.2.3**Standard Activity : Customized Activity**

**mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black">Standard Activity:
Arial;mso-bidi-font-family:"Times New Roman";color:black">AM treatment of PLW
in OPD**

RI will provide nutrition services to all diagnosed PLWs with Acute Malnutrition (AM) based on MOPH/UNICEF/WHO guidance for outpatients.

In accordance with Afghanistan's IIMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening PLWs for AM. Cases will be monitored on at least a monthly basis by Nutrition Nurses, who will define the need to continue or conclude the assistance. Nutrition Nurses will be responsible for following up on a regular basis to ensure that guidance is followed and that follow-up visits are held in a timely manner

Activity 1.2.4

Standard Activity : Customized Activity

PLW will receive MYINC messages and counseling regularly through midwives in the HFs. Also all PLW and under5 year children will screen for nutrition status to timely detect malnutrition cases.

Additional Targets :

M & R

Monitoring & Reporting plan

RI prioritizes MEAL in all interventions and this project will be monitored by RI's Senior MEAL Officer based in Kabul, who will conduct monitoring visits to all 14 HFs. RI will ensure high-quality, gender-responsive data collection and monitoring which will include sex and age-disaggregated. RI's program teams will collect data from the HF, and the MEAL officer will lead data validation and identification of areas where implementation is not on track, while ensuring that RI's program management staff and donors are made aware of any issues identified. The monitoring tools will include administrative records (attendance sheets, HMIS tools, HF records, case studies, pre-and post-tests, and follow-up records) and public perception appraisals. Finally, RI will submit regular reports to AHF through GMS and ReportHub, in accordance with the reporting requirements in the project's grant agreement.

Due to space limitations, further details provided in comments.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>HEALTH: Activity 1.1.1:</p> <p>Coordination and approval of Memorandum of Understanding (MoU) with MoPH At the start of the project, RI will coordinate with the relevant government ministries and provincial departments to receive permission to implement the proposed project. This will include: registering the project with the Ministry of the Economy, introducing it to the MoPH, further introducing it to the PPHDs, and signing a MoU with the MoPH. RI will do its utmost to ensure that the MoU is signed as soon as possible during the grant period. However, if RI is faced with delays outside its control, such as delays on the MoPH side in approving the MoU, RI will continue to follow up while seeking approval to start activities while negotiations for the MoU are ongoing. Please also note that this process is contingent on government requirements: should these current requirements change, the steps that RI needs to take may also change</p>	1												
<p>HEALTH: Activity 1.1.2:</p> <p>RI will support a total of 14 static HF - 3 HFs in Panjsher province, 5 HFs in Kapisa Province, and 6 HFs in Wardak province. A full breakdown of these planned HFs is included in Annex 4. As part of the support to the HFs, RI will recruit a team of qualified health professionals across all the key service delivery area for each facility. RI will provide medicines, medical and non-medical equipment, supplies and medical consumables for smoothly operating the clinics.</p> <p>The health services provided through each static HF will be aligned with BPHS requirements and include maternal health (ANC, PNC, institutional delivery, family planning), child health (integrated management of childhood diseases and vaccination services) and immunization services, nutrition services, communicable disease control, diagnosis and treatment of malaria, psychosocial counseling, disability counseling, etc., TT2+ immunization of all child-bearing age women (CBA) and referral services for severe/complicated cases for further management in higher-level hospitals. To complement this activity, RI will distribute dignity kits to all pregnant women who receive the TT2+ vaccine or attend the first ANC visit and/or have an institutional delivery through midwives. Additionally, midwives will provide RH services (mother and child health (MCH) services) regularly as per the service package for all targeted pregnant women.</p> <p>RI will complement essential primary and reproductive health activities with PSS services. Psychosocial support counselors will focus on the identification of and support to PSS patients.</p>	1												

<p>HEALTH: Activity 1.1.3:</p> <p>Train health care workers on PSEA identification and reporting and support inclusion of PWD</p> <p>The training programme for all health workers is intended to strengthen the standards of conduct, as well as the expectations of accountability and individual responsibility in matters of conduct and discipline, with a special focus on sexual exploitation and abuse. The training programme covers the RI Standards of Conduct concerning sexual exploitation and abuse, including what qualifies as prohibited behavior and the consequences and impact of sexual misconduct at workplace and within the community. Health workers will also be trained on identification and referral of GBV cases.</p> <p>As part of the training package delivered to HF staff, RI will include dedicated information sessions on the identification of persons with disabilities (PWDs) and access to the health facilities for the availability of services to strengthen the referral opportunities for specific needs. RI will also conduct early identification of children with disabilities and refer them to higher-level rehabilitation centers as needed. Additionally, RI will provide disability awareness, information, education and communication (IEC) materials, and case identification. RI will provide disability-related counselling and referrals for cases that need physical rehabilitation to the nearest HF with secondary-level health services. During the course of the project, RI's Technical Officers will maintain regular coordination with health and service providers in the area to ensure that information about service providers is kept up-to-date and shared with health staff and with local communities during consultation sessions</p>	1												
<p>HEALTH: Activity 1.1.4:</p> <p>RI will provide training to 86HWs based on their needs</p> <p>RI will collaborate with the MoPH/PPHD and provide training to 86 HF staff and community personnel. HF staff will be trained on Early Warning, Alert and Response System (EWARS); Integrated Management of Childhood Illness (IMCI); ANC/PNC/Family Planning; Universal Precautions, EPI and PSS training. This refresher training will provide the clinicians with the knowledge and skills needed to offer quality care to beneficiaries. All training will follow national, WHO, UNFPA and UNICEF protocols and guidelines to ensure no deviation from national training policies.</p>	1												
<p>HEALTH: Activity 1.1.5:</p> <p>Onsite monitoring for quality assurance of services provided at the HFs.</p> <p>RI Monitoring, Evaluation, Accountability and Learning (MEAL) team will conduct on-site monitoring through field visits to supported HFs with observation checklist, conduct interviews with HF staff and patients to gather their feedback and complaints. On site-monitoring will also include the administration of patient exit surveys or beneficiary satisfaction surveys with patients accessing the HFs for nutrition services</p>	1												

<p>HEALTH: Activity 1.1.6:</p> <p>Referral for advanced level of care In line with BPHS standards systems, RI will refer nutrition/health cases in need of advanced treatment to higher-level HFs. In order to ensure a smooth coordination and functional referral systems, RI Technical Officers will maintain close coordination with the implementing partners and HF staff working in surrounding HFs to ensure that referrals are received in a timely manner and that staff can reach patients. All HF staff will be trained on referral pathways to higher-level facilities. RI staff will follow up with those beneficiaries to monitor their access to specialized services and if they safely reached health centers and will include beneficiaries in post-distribution monitoring (PDM) as part of the MEAL plan of this project. The number of cases is estimated at 3 per month per static HF based on RI's previous experience in similar projects in Afghanistan.</p>	1											
<p>HEALTH: Activity 1.2.1:</p> <p>mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black">Standard Activity: Standard Activity: SAM treatment of children 6-59 months in OPD</p> <p>RI will provide nutrition services to the target population, including screening, case identification, diagnosis, treatment of cases as outpatients and referral of complicated SAM cases</p> <p>RI will provide nutrition services to the target population, including screening, case identification, diagnosis, treatment of cases as outpatients and referral of complicated SAM cases to the therapeutic feeding unit (TFU) of the nearest district or provincial hospital (DH/PH). In accordance with Afghanistan's IMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening for SAM, i.e., through systematic case finding. At the community level, children will be identified based on MUAC results (less than 11.5cm) and edema screening and will receive biweekly supplies (e.g., of Ready to Use Therapeutic Food - RUTF), while at the HF level, children will be identified based on both Mid-Upper Arm Circumference (MUAC) and weight/height and edema screening. Cases will be monitored on at least a biweekly (preferably weekly) basis by Nutrition Nurses, who will define the need to continue or conclude the assistance. Nutrition Nurses will be responsible for following up on a regular basis with mothers of SAM children to ensure that guidance is followed and that follow-up visits are held in a timely manner</p>	1											
<p>HEALTH: Activity 1.2.2:</p> <p>mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman"; color:black">Standard Activity: Standard Activity: MAM treatment of children 6-59 months in OPD</p> <p>RI will provide nutrition services to all diagnosed MAM children between 6 and 59 months</p> <p>RI will provide nutrition services to all diagnosed MAM children between 6 and 59 months based on MOPH/UNICEF/WHO guidance for outpatients. In accordance with Afghanistan's IMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening for MAM, i.e., through systematic case finding. At the community level, children will be identified based on MUAC results (between 11.5 and 12.5cm) and edema screening and will receive biweekly supplies (e.g., of RUTF), while at the HF level, children will be identified based on both MUAC and weight/height and edema screening. Identified cases will receive biweekly supplies (e.g., of Ready to Use Supplementary Food - RUSF); cases will be monitored on at least a biweekly (preferably weekly) basis by nutrition nurses, who will define the need to continue or conclude the assistance. Nutrition nurses will be responsible for following up on a regular basis with mothers of MAM children to ensure that guidance is followed and that follow-up visits are held in a timely manner.</p>	1											

<p>HEALTH: Activity 1.2.3:</p> <p>mso-fareast-font-family:Arial;mso-bidi-font-family:"Times New Roman";color:black">Standard Activity: Arial;mso-bidi-font-family:"Times New Roman";color:black">AM treatment of PLW in OPD</p> <p>RI will provide nutrition services to all diagnosed PLWs with Acute Malnutrition (AM) based on MOPH/UNICEF/WHO guidance for outpatients.</p> <p>In accordance with Afghanistan's IIMAM National Guidelines, all points of contact with the health system will be used as opportunities for screening PLWs for AM. Cases will be monitored on at least a monthly basis by Nutrition Nurses, who will define the need to continue or conclude the assistance. Nutrition Nurses will be responsible for following up on a regular basis to ensure that guidance is followed and that follow-up visits are held in a timely manner</p>	1											
<p>HEALTH: Activity 1.2.4: PLW will receive MYINC messages and counseling</p> <p>regularly through midwives in the HFs. Also all PLW and under 5 year children will screen for nutrition status to timely detect malnutrition cases.</p>	1											

OTHER INFO

Accountability to Affected Populations

To ensure that relevant stakeholders also are able to share input/feedback on program quality, RI will carry out Field Process Monitoring & Surveys. The RI MEAL Officer will perform spot checks and monitor the activity outputs and quality at the static HFs and conduct quantitative data collection activities every month in respective HFs in addition to qualitative data collection through the facilitation of FGDs with community members. RI undertakes a number of key steps, based on internal procedures and the Humanitarian core standards (HCS), with a focus on HCS 4 and HCS 5. As well as this, RI monitors feedback to incorporate lessons learned into future planning and ensure that systems and approaches are context specific and relevant to communities and project participants. Community members will be consulted to identify appropriate collection mechanisms. Information about the use of FCRM will be shared with community members during orientation sessions and continuous basis.

Implementation Plan

RI has a multi-specialty team of both national and international staff that leads the country programme and would be responsible to ensuring the successful implementation and delivery of the project. RI will recruit additional staff at the Health facility level who will be directly involved in the service delivery of the project. Through RI field offices in Panjshir, Kapisa and Wardak, mobilization of the needed resources to commence project activities by leveraging on the established goodwill with the authorities and communities and the utilization of office space and vehicles to implement the project. As stated in the work plan, engagement with the MOPH and PPHD has commenced, and RI will submit an MOU request for approval once the project is awarded to RI. Recruitment and procurement of medicines, medical consumables and supplies will commence immediately and training will be done as the staff are recruited.

Coordination with other Organizations in project area

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

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Protection Mainstreaming

RI will facilitate training workshops for all staff with the main objective of enhancing the quality and relevance of the assistance. A large focus of these workshops will be on gender and age responsive service delivery and protection mainstreaming. Contents will include concepts related to differentiated needs, gender equality and protection, GBV, patient-centred approach (linked with survivor-centred approach) and the paramount principle of confidentiality. RI will continuously liaise with the Protection Cluster to provide staff with updated lists of service providers in each area and corresponding referral pathways. Information on existing services in each area will be available in HFs. To address psychological distress of women, men, boys and girls, all staff will be trained in Psychological First Aid (PFA). See Annex6 for Protection Cluster endorsement.

Country Specific Information

Safety and Security

Access

RI has an existing presence in all targeted provinces of Panjsher, Kapisa and Wardak with sub-office in Kapisa and Panjsher province. RI supports 113 HFs across nine (9) provinces in Afghanistan with funding from WHO, WFP, OCHA and UNICEF. RI will be able to build on the existing operational presence in the targeted provinces and can swiftly deploy resources to launch activities under this project, as well as to build and leverage on established relationships with local health actors and communities. RI is currently the service provider for the UNICEF-funded HER project in both Nimroz and Panjsher, providing both BPHS and Essential Package for Hospital Services (EPHS) services and will leverage on this to strengthen service delivery across the proposed provinces. Due to space limitations, details on access challenges (on local acceptance) and modality to overcome challenges (engagement modality and trouble-shooting) are provided in comments.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director-expat_Kabul	D	1	11,000.00	6	18.00	11,880.00
	<i>"The Country Director (based in Kabul) will oversee the project and ensure it is compliant with RI and donor policies and regulations. The Country Director is ultimately responsible for all program implementation and security in the country. The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. Level 6, step 9 including benefits. The LOE for this project is 18%."</i>						
1.2	Deputy Country Director_Kabul	D	1	9,500.00	6	18.00	10,260.00
	<i>"The Deputy Country Director (based in Kabul) will support overseeing the project and ensuring it is compliant with RI and donor policies and regulations. The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. Level 5, step 9 including benefits. The LOE for this project is 18%."</i>						
1.3	Program Director-expat_Kabul	D	1	8,500.00	6	18.00	9,180.00
	<i>"The Program Director (based in Kabul) will oversee the PM and project implementation and ensure the overall project is implemented smoothly. The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. Level 5, step 7 including benefits. The LOE for this project is 18%."</i>						
1.4	Grants Manager-expat_Kabul	D	1	7,000.00	6	18.00	7,560.00
	<i>Grant Manager is based in Kabul and is responsible for all reporting, M&E, monthly project reviews, and donor communications. The cost includes salary + and benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all ex-pat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. Level 4, step 6 including benefits. The LOE for this project is 18%.</i>						
1.5	Technical Health Manager-expat_Kabul	D	1	8,500.00	6	18.00	9,180.00

	"The Technical Health Manager (based in Kabul) will oversee all Health components of the project, in coordination with the PM and external bodies, for example the Health Cluster Group . The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. Level 4, step 10 including benefits. The LOE for this project is 18%. "							
1.6	Program Safety & Access Manager-expat_Kabul	D	1	6,000.00	6	18.00	6,480.00	
	"The Programs Safety & Access Manager is based in Kabul and is responsible for all safety and access issues in the country, and for managing the district and provincial security. leading on SRAs and managing any access and security incidents. He ensures, project MOUs and all permits required for the implementation of project are in place. He negotiates for project acceptance and develops all SOPs that ensure project beneficiaries, staff and assets are safe. The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. These benefits are offered to all expatriate personnel and are currently 20% of total salary. Level 4, step 5 including benefits. The LOE for this project is 18%.							
1.7	Operational Manager-expat_Kabul	D	1	6,500.00	6	18.00	7,020.00	
	The Operational Manager is based in Kabul and is responsible for all supply chain and operations in the country. The position will contribute to project ensuring all procurement policies are adhered to and ensuring warehousing and pharmacy warehousing protocols are in place. He ensures Procurements plans are put in place and inventory of project materials are well updated and reported to the donor. The cost includes salary + benefits. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. These benefits are offered to all expatriate personnel and are currently 20% of total salary. Level 4, step 6 including benefits. The LOE for this project is 18%.							
1.8	Liaison Coordinator_Kabul	D	1	1,300.00	6	18.00	1,404.00	
	A.8 The Liaison coordinator facilitates the relationships with local actors, such as governmental agencies, ministries, regional and provincial governmental counterparts. He/She is in charge of the Visa process and other project-related certifications, authorizations and MoUs. The cost includes salary + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance (Level 5 & Step 3 of the salary scale)-including benefits. The LOE for the project is 18%							
1.9	Technical Health Specialist _Kabul	D	1	2,500.00	6	18.00	2,700.00	
	The Technical Health Specialist (based in Kabul with travel to the field) is the main implementation lead for this project including being the liaison person with the field offices. He/she will be responsible for ensuring the timely implementation of the program, submission of timely reports to donor and interagency systems, represent RI at key cluster meetings and provide technical oversight/quality monitoring of the project. The cost includes salary + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% A.9 for food allowance and 3% for transport allowance (Level 7 & Step 3 of the salary scale)-including benefits. The LOE for the project is 18%.							
1.10	M&E Manager_Kabul	D	1	2,500.00	6	18.00	2,700.00	
	A.10 The M&E Manager (based in Kabul with travel to the field) will lead the monitoring and accountability system for the project, design the project's Performance Monitoring Plan (PMP), and will oversee all M&E activities, including monthly monitoring of progress against targets, data validation, PDMS and on-site monitoring visits. The cost includes salary + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance (Level 7 & Step 3 of the salary scale). The LOE for the project is 18%.							
1.11	Grants Officer_Kabul	D	1	800.00	6	25.00	1,200.00	
	The grants officer supports the grants manager in the daily reporting, M&E, monthly project reviews, and donor communications. The cost includes all salaries + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance A.11 and 3% for transport allowance (Level 4 & Step 1 of the salary scale)-including benefits . The LOE for the project is 25%.							
1.12	Finance Support_Kabul	D	7	1,385.71	6	18.00	10,475.97	
	The Country Finance Support team (1 F. Manager Level 7, Step 3 (including benefits), 1 F. Coordinator Level 5, Step 6 (including benefits), 2 Sr. F. Officers Level 4, Step 8 (including benefits), 2 Assistants in Kabul. Level 2, Step 8 (including benefits)) will be responsible for financial reporting and compliance of the project. The cost includes all salaries + national staff A.12 benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance . The LOE for the project is 18%.							
1.13	Operation & Security_Kabul	D	6	1,233.33	6	18.00	7,991.98	

	A.13The Country Operations & Security Support Team (1. SSC Coordinator in Kabul Level 5, Step 8 (including benefits), 2 Ops Officers in Kabul Level 4, Step 6 (including benefits), 1 Ops Assistant Level 2, Step 5 (including benefits), 1 Security Manager Level 7, Step 1 (including benefits), 1 Security Officer Level 4, Step 1 (including benefits)) will be responsible for procurement and security updates and monitoring in the implementation locations. The cost includes all salaries + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance. The LOE for the project is 18%.						
1.14	HR Support_Kabul	D	4	1,375.00	6	18.00	5,940.00
	A.14 The Country HR Support Team (1 HR Manager Level 7, Step 1 (including benefits), 2 HR Officers Level 4, Step 7 (including benefits), and 1 HR Assistant in Kabul Level 2, Step 7 (including benefits)) is responsible for the day-to-day working process of the HR department for all projects, which includes recruitment, capacity building, payroll, and pensions. The cost includes all salaries + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance. The LOE for the project is 18%.						
1.15	IT Support_Kabul	D	1	750.00	6	18.00	810.00
	A.15 One IT Assistant (based in Kabul) is responsible for day-to-day IT-related tasks for all projects. The cost includes salary + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance. Level 4, Step 1 (including benefits). The LOE for the project is 18%.						
1.16	Driver, Guard & Cleaner-Kabul	D	18	487.50	6	20.00	10,530.00
	A.16 These roles support the functioning of RI's offices and operations. These positions are required to ensure that spaces, safety and the daily running of the office is in functional order and safe to do so. Their daily activities directly link to the capacity of the project staff to conduct their tasks without hindrance or external interference. Finally, RI's security protocols and living arrangements require that such positions are active and assigned to all grants RI undertakes, as without their participation, the office cannot function at full capacity in safety and hygiene. It includes 12 guards Level 1, Step 8 (including benefits), 3 drivers Level 2, Step 6 (including benefits) & 3 cleaners Level 1, Step 8 (including benefits) in Kabul. The cost includes all salaries + national staff benefits which includes 8.33% for pension, 8.33% for severance, 7% for health insurance, 2% for food allowance and 3% for transport allowance. The LOE for the project is 20%.						
1.17	Project Manager_Wardak & Kapisa	D	1	1,248.00	5	100.00	6,240.00
	A.17 The Project Manager (based in Kapisa Office) will be responsible for the day-to-day running of the program including all operational, logistical and financial decisions. He/she will monitor quality and compliance, troubleshoot major issues, and deliver staff training. Level 6, Step 1. The LOE for the project is 100%.						
1.18	Pharmacy Assistant_Wardak & Kapisa	D	2	350.00	5	100.00	3,500.00
	A.18 The Pharmacy Assistant (based in Kapisa Office) is responsible for the procurement of medicine in close coordination with the Ops department. He/She is also responsible for raising procurement requests (PRs), and ensuring the GMP and COPP and quality of medicine. He/she also supplies the medicine to the HFs and monitors the pharmacy stock at HFs. The cost includes salary charged @ USD 600 in line with national MoPH policies. Level 2, Step 1. The LOE for the project is 100%.						
1.19	Medical Supervisor/ EPI Officer_Wardak & Kapisa	D	2	528.00	5	100.00	5,280.00
	A.19 The Medical supervisor (based in Kapisa Office) is responsible for the supervision and monitoring of each HF, conducting on job training to improve the quality of health services, and giving feedback to the HF staff. The cost is for salary charged @ USD 750 in line with national MoPH policies. Level 3, Step 1. The LOE for the project is 100%.						
1.20	Reproductive Health Officer_Kabul	D	1	642.00	5	100.00	3,210.00
	A.20 The RH Officer is responsible to manage and oversee all the Reproductive Health components of the project. The cost is for salary charged @ USD 750 in line with national MoPH policies. Level 3, Step 5. The LOE for the project is 100%.						
1.21	MEAL Senior Officer_Kabul	D	1	759.00	5	100.00	3,795.00
	The M & E senior officer supports the M & E manager with monitoring and accountability system A.21 for the project, all M&E activities, including monthly monitoring of progress against targets, data validation, PDMs and on-site monitoring visits. Level 4, Step 3. The LOE for the project is 100%.						
1.22	Pharmacy Officer_Kabul	D	1	528.00	6	30.00	950.40
	A.22 The Pharmacy officer will have overall responsibility for the management of all the Project Pharmaceuticals. He will ensure that the right quality medicines, medical equipment, consumables, and supplies are procured and delivered to the Hfs. He will support the Pharmacy assistants to ensure good storage and inventory managee,mnt practices and ensure timely reporting to the donor. Level 3, Step 1. The LOE for the project is 30%.						
1.23	Nutrition Coordinator_Kabul	D	1	759.00	6	30.00	1,366.20

	<i>A.23 The Nutrition Coordinator will support and coordinate all nutrition-related activities from the HF to the provinces. He will provide technical supervision to the Nutrition counselors and also ensure quality nutrition services are delivered at the HF. He will be responsible for reporting on all nutrition activities to the donor. Level 4, Step 3. The LOE for the project is 30%.</i>						
1.24	Admin/ Finance Officer_Wardak & Kapisa	D	2	612.00	5	100.00	6,120.00
	<i>A.24 2 Admin/ Finance Officers (1 in Kapisa and 1 in Wardak) are responsible for handling the finance and administrative activities of the project at the provincial level. Level 3, Step 4. The LoE would be 100%</i>						
1.25	Security & Operation Officer_Wardak & Kapisa	D	2	612.00	5	100.00	6,120.00
	<i>A.25 2 Admin/ Finance Officers (1 in Kapisa and 1 in Wardak) are responsible for handling the operations and security activities of the project at the provincial level. Level 3, Step 4. The LoE would be 100%</i>						
1.26	Guard/ Cleaner (Kapisa 6, Wadak 4)	D	10	305.00	5	100.00	15,250.00
	<i>A.26 Guards (6 Kapisa and 10 Wardak) supporting the operations at provincial offices. Level 1, Step 5. The LoE would be 100%</i>						
1.27	BHC Staff-Doctor/ Physician - Wardak, Kapisa & Panjsher	D	12	528.00	5	100.00	31,680.00
	<i>A.27 Doctors/Physicians will be charged @ USD 528 in line with national MoPH policies @100% LOE. The doctor of each BHC is responsible for daily examination of the patients, diagnosis, prescription of medicines , treatment of the cases and referring the complicated cases to higher level health facilities for further management. Level 3, Step 1.</i>						
1.28	BHC Staff-Midwife - Wardak, Kapisa & Panjsher	D	12	426.00	5	100.00	25,560.00
	<i>A.28 Midwives will be charged @ USD 426 in line with national MoPH policies @100% LOE. The midwives of BHCs are responsible for conducting maternal and child health services including antenatal care, post-natal care, family planing and institutional deliveries. Level 2, Step 5</i>						
1.29	BHC Staff-Vaccinator - Wardak, Kapisa & Panjsher	D	24	350.00	5	100.00	42,000.00
	<i>A.29. Vaccinators will be charged @ USD 350 in line with national MoPH policies @100% LOE. The vaccinators of BHCs are responsible for conducting immunization services through applying all antigens to the children under five and applying TT vaccine for child bearing aged girls and women as per the MOPH-NEPI guidelines and strategies. Level 2, Step 1</i>						
1.30	BHC Staff-Nutrition Nurse - Wardak, Kapisa & Panjsher	D	12	405.00	5	100.00	24,300.00
	<i>A.30 Nutrition Nurse will be charged @ USD 405 in line with national MoPH policies @100% LOE. The Nutrition Counsellors of BHCs are responsible for the nutrition counseling and screening, case detection and referring the cases to the doctor as needed. Level 2, Step 4</i>						
1.31	BHC MHPSS Counsellor - Wardak, Kapisa & Panjsher	D	12	405.00	5	100.00	24,300.00
	<i>A.31. The BHC MHPSS Counsellor provides counseling, and screening services to mental health patients and in case of need refer the patients to the MD for treatment. He/She will be charged 405 USD, in line with the MoPH policies @ 100% LOE. Level 2, Step 4</i>						
1.32	BHC Staff-Guard/ Cleaner - Wardak, Kapisa & Panjsher	D	24	251.00	5	100.00	30,120.00
	<i>A.33 Guards will be supporting the operations at BHCs. Level 1, Step 1. The LoE would be 100%.</i>						
1.33	SHC Staff-Doctor/ Physician - Wardak, Kapisa & Panjsher	D	2	528.00	5	100.00	5,280.00
	<i>A.33 Doctors/Physicians will be charged @ USD 528 in line with national MoPH policies @100% LOE. The doctor of each SHC is responsible for daily examination of the patients, diagnosis, prescription of medicines , treatment of the cases and referring the complicated cases to higher level health facilities for further management. Level 3, Step 1</i>						
1.34	SHC Staff-Midwife - Wardak, Kapisa & Panjsher	D	2	426.00	5	100.00	4,260.00
	<i>A.34. Midwives will be charged @ USD 426 in line with national MoPH policies @100% LOE. The midwives of SHCs are responsible for conducting maternal and child health services including antenatal care, post-natal care, family planing and institutional deliveries. Level 2, Step 5</i>						
1.35	SHC Staff-Vaccinator - Wardak, Kapisa & Panjsher	D	2	350.00	5	100.00	3,500.00
	<i>A.35 Vaccinators will be charged @ USD 350 in line with national MoPH policies @100% LOE. The vaccinators of SHCs are responsible for conducting immunization services through applying all antigens to the children under five and applying TT vaccine for child bearing aged girls and women as per the MOPH-NEPI guidelines and strategies. Level 2, Step 1</i>						
1.36	SHC Staff-Nutrition Counsellor - Wardak, Kapisa & Panjsher	D	2	405.00	5	100.00	4,050.00
	<i>A.36. Nutrition Counselor will be charged @ USD 405 in line with national MoPH policies @100% LOE. The Nutrition Counsellors of SHCs are responsible for nutrition counseling and screening, case detection and referring the cases to the doctor as needed. Level 2, Step 4</i>						

1.37	SHC MHPSS Counsellor - Wardak, Kapisa & Panjsher	D	2	405.00	5	100.00	4,050.00
	<i>A.37. The SHC MHPSS Counsellor provides counseling, and screening services to mental health patients and in case of need refer the patients to the MD for treatment. He/She will be charged 405 USD, in line with the MoPH policies @ 100% LOE. Level 2, Step 4</i>						
1.38	SHC Staff-Guard/ Cleaner - Wardak, Kapisa & Panjsher	D	4	251.00	5	100.00	5,020.00
	<i>A.39 Guards will be supporting the operations at SHCs. The LoE would be 100%. Level 1, Step 1</i>						
	Section Total						361,263.55
2. Supplies, Commodities, Materials							
2.1	Medical Equipment	D	14	1,930.78	1	100.00	27,030.92
	<i>B.1 The cost covers medical equipments needed by the 14 HFs to perform its activities. Please see BoQ for estimated list of items.</i>						
2.2	Non-Medical Equipment	D	14	1,373.26	1	100.00	19,225.64
	<i>B.2 The cost covers non-medical equipments needed by the 14 HFs to perform its activities. Please see BoQ for estimated list of items.</i>						
2.3	Solar Panel (BHCs & SHCs)	D	14	500.00	1	100.00	7,000.00
	<i>B.3 The solar panel are needed for all 14 HFs to ensure continual running of equipment and services.</i>						
2.4	Medicine for HFs	D	14	1,727.01	5	100.00	120,890.70
	<i>B.4 The cost covers drugs/supplies needed by the 14 HFs to perform its activities. Medicine will be purchased according to MoPH guidelines related to SHCs package of services. Please see BoQ for estimated list of items.</i>						
2.5	Medical Supplies and Consumables	D	14	137.39	5	100.00	9,617.30
	<i>B.5 The cost covers medical supplies needed by the 14 HFs to perform its activities. Medicine will be purchased according to MoPH guidelines related to SHCs package of services. Please see BoQ for estimated list of items.</i>						
2.6	SHC health staff training costs	D	1	8,376.00	1	100.00	8,376.00
	<i>B.6 This covers trainings for Health Facility staff including the following in line with MOPH standards: HMIS, Nutrition IMAM, EPI and IP. Further details are in the BoQ.</i>						
2.7	Supplies, Linen & utilities (14 HFs)	D	14	200.00	5	100.00	14,000.00
	<i>B.7 This includes costs of supplies and utilities needed for the effective running of all 14 HFs . Cost per HF per month would be \$ 200</i>						
2.8	Winterization (HFs)	D	14	400.00	1	100.00	5,600.00
	<i>B.8 This includes the heating costs of all 14 HFs during the winter season. The cost per HF for winter season would be \$400</i>						
2.9	Minor Rehabilitation (BHCs & SHCs)	D	14	250.00	1	100.00	3,500.00
	<i>B.9 This covers minor rehabilitation works for 14 HFs in order to ensure the infrastructure is suitable for service delivery and is accessible to clients. Minor rehabilitation per HF would cost \$250</i>						
2.10	MEAL Activity Costs	D	1	3,620.00	1	100.00	3,620.00
	<i>B.10 This includes cost for the delivery of MEAL activities including complaint and feedback mechanisms set up (feedback boxes), refreshments during FGDs, stationary, software license etc. For further detail please refer to the BoQ</i>						
	Section Total						218,860.56
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
4. Contractual Services								
4.1	Health Facility Rent	D	14	100.0 0	5	100.00		7,000.00
	<i>D.1 It covers the rent of 12 BHCs and 2 SHCs in Wardak, Kapisa and Panjsher provinces. The rent per month per HF is \$ 100.</i>							
4.2	Vehicles rental for M&E and Supervision	D	2	800.0 0	5	100.00		8,000.00
	<i>D.2 This covers the use of 2 vehicles for the M & E and supervision of the project HFs in Panjsher, Kapisa and Wardak provinces. Vehicles will be dedicated to this grant only. It includes fuel and drivers.</i>							
	Section Total							15,000.00
5. Travel								
5.1	Local transportation	D	1	528.3 8	5	100.00		2,641.90
	<i>E1. This includes the transportation costs for Kabul (3 people per month) and project staff (1 person per HF per month) traveling to the field as well as the transport costs of field staff to attend the monthly coordination meetings in Kapisa and Wardak provinces. The cost per round trip has been estimated at \$ 31</i>							
5.2	Per Diem	D	1	96.00	5	100.00		480.00
	<i>E2. This includes the per diem costs for Kabul and project staff traveling to the field as well as the per diems for field staff to attend the monthly coordination meetings in in Kapisa, Wardak and Panjsher provinces..</i>							
	Section Total							3,121.90
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0		0.00
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Provincial office rent - Kapisa and Wardak	D	2	700.0 0	6	100.00		8,400.00
	<i>G.1 To cover the rent in the provincial offices that will accommodate program staff.</i>							
7.2	Kabul office/Guesthouse rent	D	1	3,500 .00	6	20.00		4,200.00
	<i>G.2 To cover a proportion of the rent in the Country Office & Guest House, which will accommodate program staff and expatriate staff</i>							
7.3	Kabul & provincial office utilities (Kabul, Kapisa & Wardak)	D	3	1,300 .00	6	20.00		4,680.00
	<i>G.4 To cover heating/generator/water, winterization and electricity costs (Kabul, Kapisa & Wardak).</i>							
7.4	Kabul & provincial office supplies (Kabul, Kapisa & Wardak)	D	3	900.0 0	6	20.00		3,240.00
	<i>G.5 To cover office supplies including stationary, PPE, sanitizer costs & etc.</i>							
7.5	Communication: cell phones and internet (Kabul, Kapisa & Wardak)	D	3	900.0 0	6	20.00		3,240.00
	<i>G.6 To cover top up fees and internet for the communication between district monitors/ project coordinator/M&E officer and other RI staff.</i>							
7.6	Vehicle fuel & maintenance - (Kabul, Kapisa & Wardak)	D	1	650.0 0	6	20.00		780.00
	<i>G.7 To cover fuel and maintenance of vehicles used by support staff</i>							

7.7	Equipment and Office building maintenance - (Kabul, Kapisa & Wardak)	D	3	300.00	6	20.00	1,080.00
<i>G.8 To cover fuel and maintenance of office & and guest house buildings</i>							
7.8	MSP Service fee	D	1	565,539.00	1	4.60	26,014.79
<i>G.8 To cover the financial service fees for depositing fund into RI account. This amount is 4.6% of the total direct costs which are going to be transferred from RI HQ account to Afghanistan through the FSP. For further details, please refer to the Framework agreement. Total direct costs minus the Expat staff salaries (Lines; 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7 & 7.9) is the amount which is going to be received through MSP.</i>							
7.9	Security upgrade and training (Kabul, Kapisa & Wardak)	D	1	2,500.00	1	20.00	500.00
<i>G.10 To cover security upgrade & training for Kabul and provincial offices.</i>							
7.10	Bank Service charges	D	1	455.46	6	100.00	2,732.76
<i>To cover the bank service charges due to project staff salary transfers.</i>							
Section Total							54,867.55
SubTotal			331.00				653,113.56
Direct							653,113.56
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							45,717.95
Total Cost							698,831.51

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 > Kapisa > Nejrab	14.30000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Kapisa > Tagab	14.30000	0	0	0	0		H: Activity 1.1.1:
Afghanistan > Kapisa > Alasay	7.14000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Wardak > Nerkh	7.14000	0	0	0	0		H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:

Afghanistan > Wardak > Hesa-e-Awal-e- Behsud	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Wardak > Daymirdad	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Wardak > Chak	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Wardak > Saydabad	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Wardak > Jaghatu	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Panjsher > Khenj (Hes-e- Awal)	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Panjsher > Onaba (Anawa)	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:
Afghanistan > Panjsher > Paryan	7.14000	0	0	0	0	0	H: Activity 1.1.1: H: Activity 1.1.3: Train health care workers on PSEA ... H: Activity 1.1.4:

Documents

Category Name	Document Description
Project Supporting Documents	Annex 1 - RI Fraud Bribery and Corruption Policy FINAL APPROVED.pdf
Project Supporting Documents	Annex 2 - RI Money Laundering Policy FINAL APPROVED.pdf

Project Supporting Documents	Non requirement of nutrition cluster endorsement_14 September 2023.pdf
Project Supporting Documents	Endorsement from Health Cluster_14 September 2023.pdf
Project Supporting Documents	Annex 4 List of 14 HFs and targets for winterization AHF-SA 2023 (Wardak Kapisa and Panjshir).xlsx
Project Supporting Documents	Annex 8 Panjshir assessment tools 18 August 2022 (1).docx
Project Supporting Documents	Annex 11 Response to comments on Implementation and Coordination section.pdf
Budget Documents	RI_AHF 2023 Budget_12.10.2023.xls
Budget Documents	July 2020 INTL salary scale.pdf
Budget Documents	RI_AHF 2023 Budget_18.10.2023.xls
Budget Documents	RI_AHF 2023 Budget_18.10.2023_Revised.xls
Budget Documents	RI_AHF 2023 Budget_18.10.2023_Revised 2.xls
Budget Documents	RI_AHF 2023 Budget_23.10.23.xls
Budget Documents	RI_AHF 2023 Budget_08.11.23.xls
Grant Agreement	GrantAgreement_CBPF-AFG-23-S-INGO-26343_RI_Signed.pdf
Budget Documents	RI_AHF 2023 Budget_17.10.2023.xls
Budget Documents	RI_AHF 2023 Budget_10.10.2023.xls
Project Supporting Documents	Health cluster update on review of RI application.pdf
Project Supporting Documents	PSEA working group request for endorsement.pdf
Project Supporting Documents	GiHA PSEA Working group request for endorsement.pdf
Project Supporting Documents	Annex 10 Endorsement PPHD.jpg
Project Supporting Documents	Annex 9 Endorsement PPHD & HER Partner.jpg
Budget Documents	Year 2023 RI Afghanistan Salary Scales base on BG servery report.pdf
Grant Agreement	Grant Agreement_CBPF-AFG- 23-S-INGO-26343-Signed_compressed (1) (1).pdf
Budget Documents	RI_AHF 2023 Budget_25.10.23.xls
Budget Documents	Fully Signed TM4 FWA..pdf
Project Supporting Documents	CBPF-AFG-23-S-INGO-26343 .Rev. 23.10.23.pdf
Project Supporting Documents	Nutrition cluster update on review of RI application.pdf
Budget Documents	RI_AHF 2023 Budget_24 Sep 2023.xls
Project Supporting Documents	Annex 7_request for HAG endorsement_14 September 2023.pdf
Project Supporting Documents	Annex 6_Protection cluster endorsement_13 September 2023.pdf
Project Supporting Documents	Annex 5_ AAP Working Group endorsement_14 September 2023.pdf
Project Supporting Documents	Annex 4_List of Health Facilities.xlsx
Project Supporting Documents	Annex 3 - RI AFG AHF MultiSectorNeedsAssessment Feb22.pdf
Budget Documents	RI_AHF 2023 Budget_29.10.23.xls