OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	PREMIERE-URGENCE-AIDE-MEDICALE-INTERNATIONALE
Allocation Type :	1st Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Emergency Medical assistance to underserved populations in Afghanistan		
Allocation Type Category :			
OPS Details			
Project Code :		**Fund Project Code :**	AFG-17/3481/1SA/H/INGO/5022
Cluster :		**Project Budget in US$:**	480,000.00
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/06/2017	**Planned End Date :**	31/05/2018
Actual Start Date:	01/06/2017	**Actual End Date:**	31/05/2018
Project Summary :	The intervention proposed by PU-AMI intends to provide a tailored localized response to the specific health needs of undeserved population in Afghanistan, specifically in Nangarhar Province. In the Eastern Region conflict and population movements (either displacements or returns from Pakistan) are depriving thousands of people, particularly women and children, of essential primary healthcare services in their villages. In Nangarhar, conflict affected populations and returnees overlap in catchment areas of health facilities located in Jalalabad and surrounding stable districts, creating a burden on the delivery of services. PU-AMI monitoring of the health systems in the Eastern Region coupled with ongoing programmes, and regular discussions with communities and health stakeholders show that the health system is failing to provide adequate services to the resident and returned/displaced population, requiring a number of targeted and tailored interventions. PU-AMI, which has extensive capacity in the Eastern Region, intends to capitalize on its experience and provide the following support: Continuation of 4 mobile health teams (MHT) in Nangarhar province (Batikot, Kama, Rodat, Chaparhar, Surkhrod, Behsud) in settlement areas for 67,200 IDPs returnees and host population, allowing easy access to quality primary healthcare - Support to Maternity and neonatology wards of Fatime-Tul-Zohra university Hospital in Jalalabad to increase the capacity and quality of services delivered, reducing the burden on Nangarhar Regional Hospital and increasing access for 22540 women beneficiaries of the growing urban population. The planned interventions intend to provide immediate relief and assistance to population in need, while at the same time being inscribed in a vision of integration and consolidation in the larger health system, for the proper sustainability and continuation of services after the end of the project.		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
18,159	41,362	14,784	15,456	89,761

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	9,080	20,680	7,394	7,726	44,880
Internally Displaced People	4,539	10,341	3,695	3,864	22,439
Other	4,539	10,341	3,695	3,864	22,439

Indirect Beneficiaries :

Health services have an extensive impact to improve the health status of the entire population living in the catchment area of the health facilities. In addition, health facilities can welcome and treat people from outside of their catchment area. This remains challenging to quantify however.

Catchment Population:

Nangarhar Province(Jalalabad, Batikot, Kama, Rodat, Chaparhar, Surkhrod, Behsud)

Link with allocation strategy :

PU-AMI's proposed intervention is in line both with the Humanitarian Response Plan 2017 (HRP) and the 1st Allocation Paper 2017 Health cluster' strategies, specifically In the 2017 Humanitarian Response Plan, the Strategic Objective N.2 plans for saving lives by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law. The humanitarian context of the Eastern Region, where the proposed health intervention is implemented is one of acute needs due to population movements (both IDPs and returnees from Pakistan), requiring emergency access to primary healthcare. This links directly with the Health Objective #2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements. This sector specific objective is reflected in the Health Cluster priorities for the first envelop of 2017 CHF which include the "provision of life-saving health services including maternal and child care and trauma care for IDPs, returnees; especially focusing the areas over-burdened due to population movement".

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
Andrea Trevisan	Head of Mission	afg.hom@pu-ami.org	0093791900781
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BACKGROUND

1. Humanitarian context analysis

Afghanistan remains a country affected by a complex, severe humanitarian crisis. During winter fighting has only partially reduced in Eastern border provinces and insurgent groups maintain a hold on large portion of territories in provinces like Kunar and Nangarhar. Specifically, the intensification of ANSF/IMF military operations in Nangarhar is pushing elements of local and foreign AOGs into the more remote and hard-to-reach areas of Kunar province, creating an element of instability for the civilian population. As violence continues, displacements remained a crisis factor, particularly in Nangarhar, with a constant flow of people moving to safer areas around main highways and urban centers like Jalalabad, Behsud, Rodat, Surhkrod districts. OCHA estimates that since January 4,802 new IDPs have been displaced in the Eastern Region, representing 22% of the country total. The displaced population comes to overlap in areas already filled with returnees from Pakistan that had been settling in same or contiguous areas, putting a strain on delivery of social services like health. The unprecedented wave of arrival, more than 570,000 both documented and undocumented crossed the border in direction of Afghanistan in the last 6 months of 2016 is overwhelming social infrastructure, as clinics are overwhelmed and the national system has very limited resources to respond. This wave of return doesn't tend to decrease as UNHCR and IOM have provided high level returnee estimates for 2017, with a lower case scenario of over 864,000 people and higher case scenario of over 1.5 million people. More than 25,000 undocumented Afghans have spontaneously returned or been deported from Pakistan since January 2017.

2. Needs assessment

In Nangarhar health agencies have carried out several assessments since the beginning of the "returnees surge" last year.
•PU-AMI and MIRA assessments of September, October 2016 and February 2017:
-increase in users for clinics in return areas from 10% to 40%.
•Rapid assessment from PU-AMI, requested by WHO, at Fateme-tul-Zuhra Hospital in Jalalabad (known as "University Hospital") shown :
-Increase of 30 to 40% in number of admissions in the maternity ward and deliveries after October 2016 (annex 2).
-Child mortality increase
-Increase of neonatal deaths
-Alarming hygienic conditions
-Overcrowding of patients in Jalalabad Regional Hospital
-Need of enhancing capacities of the teaching hospital
-The lack of a proper referral system deprives patients of an access to appropriate services and let them dependent of the "ad hoc" services

Similar situation had been encountered at district level (Behsud, Kama, Surkhrod, Rodat, Shinwar) where PU-AMI mobile health clinics have been active since before the peak of the returnee crisis.
• The MIRA in October 2016 showed:
- Increases in patients in some areas up to 40%, later during the year the increase has been estimated by WHO and health stakeholders at around 10%/15%.
• PU-AMI monitoring of its CHF-funded mobile health clinics shows:
- an average of 2,100 OPDs/months/clinic during the winter months (higher than the average of 2015 on a similar previous intervention)
- High number of regular illnesses due to poor water quality (monthly average of 409 diarrhea cases for CU5 per MHT) and lack of adequate shelter (monthly average of 1,890 ARI cases of CU5 per MHT with a pic over 2,400 cases in January, the coldest month).
- Primary healthcare services had been essential particularly for women: MHTs midwives deliver more than 200 ANC consultations/month to women that otherwise would have missed this essential service.

As proper reintegration activities for such populations are planned to start in the spring of 2017, and there are estimations for 864 000 to 1 500 000 more returnees to cross the border as of April 1st and up to the end of 2017, it is essential that the services provided by MHTs continue, to ensure a proper coverage of the displaced population and ease their reintegration into the Nangarhar social system.

3. Description Of Beneficiaries

Beneficiaries are detailed in Annex 1.

Beneficiaries for Outcome#1 are calculated based on PU-AMI collected data and baseline.
Direct beneficiaries for mobile clinics are estimated at 67'200 persons in total, resulting from an average of 1'400 persons assisted on a monthly basis par MHT, over a period of 12 months (1'400*4*12=67'200), detailed as follows:
Male + 18: 18,144
Female + 18: 18,816
Male -18 :14,784
Female -18: 15,456

As done for the current intervention (Annex 3 – Nangarhar MHT monthly plan), districts for MHTs intervention will be selected in coordination with PPHD and health stakeholders, based on needs of IDPs and returnees. In the current implementation districts where PU-AMI mobile clinics operate are the following: Behsud, Kama, Chaparhar, Rodat, Batikot, Surkhrod and peri-urban areas of Jalalabad.

Direct beneficiaries for the support of Fatema-tul-Zahura Hospital are estimated based on average of previous 12 months, collected by PU-AMI during the quick assessment (Annex 2). In the past PU-AMI experienced large discrepancies between effective frequentation of health facilities and effective registration system (HMIS) in MOPH-run health facilities; anyway there are no other sources to verify the effective visiting figures of the hospital. In this specific regard PU-AMI intends to perform among its first capacity building activities a specific training on HMIS (Health Management Information System) for hospital staff to ensure that data is properly collected and transmitted and allows to monitor the activity in the health facility.
Based on the Rapid Assessment conducted at the end of February, PU-AMI intends to assist and 22540 women, in the maternity ward and neonatology care.
Additionally, staff of neonatology departments will receive trainings: 15 male staff + 6 female nurses (to be hired).

Overall the project intend then to assist 89761 persons, detailed as follows:
Male + 18:18,159
Female + 18: 41,362
Male -18 : 14,784
Female -18: 15,456

4. Grant Request Justification

Advantages of PU-AMI standard MHT:
-Insure access to quality health care to remote communities. According to the regional Protection Cluster assessment, 66 villages of Behsud, Rodat and Batikot districts reported a no access to health care for women. Many of these villages are covered by PU-AMI mobile teams. With over 2,100 OPD, 390 ANC visits on average per MHT/month during last winter, the impact of the mobile health services to the general health situation in the province cannot be denied
- BPHS emergency allocation is not reactive enough, while mobile health clinics are more efficient and adapted to such a changing context

In 2017 with the regain tensions between Pakistan and Afghanistan:
- Forced returns of Afghans are expected to resume by the end of March
- An estimated 700.000 Afghans could be expelled by Pakistan by December 31st 2017
- need to maintain at least the same level of health mobile services is crucial

In addition, PU-AMI experience running mobile health services for almost one year (first 2 mobile clinics started in April 2016) shows that:
- Highly vulnerable displaced patients need a close proximity and easy to access high quality health services.

PU-AMI's other interventions in Nangarhar:
- Since 2015, implementation of an ECHO Emergency projects, to respond to the needs of displaced populations regarding access to healthcare. Since 2016, activation of 2 MHTs assisting IDPs in settlements in safe districts of Nangarhar later joined by 4 more teams under CHF funds
Thanks to this, PU-AMI has:
- An extensive knowledge of the work with IDPs and returnees
- Good coordination mechanisms with provincial actors (PPHD and Health Cluster, BPHS implementer) and access host communities
- Access to a number of settlements all across the central and northern districts of Nangarhar province

The rapid assessment conducted by PU-AMI in the maternity and neonatology wards of Fatime-Tul-Zuhra hospital shows that serious gaps are faced, as this university hospital has received almost no support and is therefore unable to face the increased needs of patients (annex 2). The project will improve the overall management and care delivery of the maternity and neonatology wards through equipment and drug supply, rehabilitation and staff capacity building.
PU-AMI will reinforce and strengthen the referral system between the MHTs and the health facilities of BPHS/EPHS in the province as well as with Fatime-Tul-Zuhra hospital for maternity and neonatology care in order to insure access to appropriate services for all patients.

PU-AMI' added value:
- Already supported hospital structure during its long history in Afghanistan
- Running Assadabad hospital (EPHS), that have been upgraded to provincial level

5. Complementarity

PU-AMI is BPHS and EPHS Implementer since many years in Kunar province and knows very well the mechanism and the limits of the provision of public services in Afghanistan and in the Eastern region particularly. The proposed intervention in Nangarhar intends to complement the decades-long effort in the strengthening of the health system, while providing an immediate response in the short term to the needs of IDPs and returnees.

In the light of the protracted emergency in Nangarhar, PU-AMI already coordinated with AADA, BPHS implementer, WHO, ARCS and PPHD, to provide an adequate response to the large influx of displaced populations in Nangarhar. PU-AMI mobile health teams, previously activated under ECHO funded project and expanded with current CHF funding, proved its effectiveness and usefulness regarding the needs of beneficiaries. Coordination mechanisms with BPHS implementer especially allowed for an efficient use of resources and to avoid duplication of intervention, while responding to very specific needs of scattered settlements of displaced or returnees. Examples are the quick actions in response to the shelling from Pakistan, where PU-AMI swiftly responded to the small-scale displacement, or the support to large EPI campaigns.

The advantage of Mobile Services, coupled with community mobilization, will allow the beneficiary population not only to receive an immediate response, but also to receive awareness about existing health services, and optimize more robust intervention by health actors at health facility level. It will then allow beneficiaries to have an immediate response, and a mid-term guidance following the establishment of new clinics as demanded by the BPHS Implementer.

The proposed support to the teaching hospital in Jalalabad intends to complement consecutive projects supported by CHF at the Nangarhar Regional Hospital, run by H-NET TPO to expand its capacity and coverage. With capacity of NRH saturated, and in coordination with WHO, PPHD and MOPH, the intervention proposed by PU-AMI aims in optimizing the efficiency of both hospitals by removing the heavy load on the latter in the most heavily affected departments of maternity and neonatology wards. PU-AMI coordinated its response with UNFPA as they are planning support to the maternity ward in reproductive health. Thanks to good partnership with the PPHD, PU-AMI could secure full support and involvement of the PPHD team as they are in charge jointly with Ministry of Higher Education, of the management of this hospital.

LOGICAL FRAMEWORK

Overall project objective

The project objective is to increase and to create access to quality and standard essential health services for undeserved population, especially for returnees from Pakistan and IDPs, in Nangarhar Province.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	100

Contribution to Cluster/Sector Objectives : This sector specific objective is reflected in the Health Cluster priorities for the first envelop of 2017 CHF which include the “provision of life-saving health services including maternal and child care and trauma care for IDPs, returnees; especially focusing the areas over-burdened due to population movement”.

Outcome 1

Returnees and conflict-affected IDPs have access to comprehensive mobile healthcare services.

Output 1.1

Description

Essential package of primary health care services including mother and child health and immunization and trauma care, are available for 67,200 returnees and conflict-affected IDPs in Nangarhar province.

Assumptions & Risks

Assumptions & Risks:
- The security situation is permissive and humanitarian access is maintained in the areas of intervention
- All Needed Qualified staff are recruited, including female staff
- Funding commitment is secured by donor
- Coordination with local health authorities and partners is effective
- Vaccine are provided by provincial health authorities
- Immunization services are accepted by returnees and IDPs

Mitigation strategies:
- Ensure both the National and Provincial Safety & Security Plans are up-to-date and relevant.
- Ensure planning reviews are completed on time.
- Ensure all staffs are briefed on the security situation, standard operating procedures, and all safety and security measures.
- Ensure a proper and efficient communication about immunization services to the beneficiaries.
- Discussion with influential leaders and Elders/ Shuras is sustained.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of conflict affected people in affected locations served by emergency PHC/mobile services disaggregated by age and gender					67,200

Means of Verification : HMIS reports

Indicator 1.1.2	HEALTH	SA1-Envelope One: Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits					50
Means of Verification : HMIS reports							
Indicator 1.1.3	HEALTH	Percentage of pregnant women receiving TT vaccination					30
Means of Verification : HMIS reports; Health facility Patient Registers							
Indicator 1.1.4	HEALTH	% of children < 2 vaccinated with Penta 3					90
Means of Verification : HMIS reports; Health facility Patient Registers							

Activities

Activity 1.1.1

Standard Activity : Not Selected

Continuation of activities of four Mobile Health Teams:

PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas
The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are:
- 1 MHT of ARCS
- 1 MHT of AADA
- 1 MHT of CHWS
- 2 MHTs of ECHO funded project of PU-AMI as previously mentioned.

Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients.

Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through trainings on HMIS, infection prevention, EPI and disease early warning system. Waste management will also be part of the refresher training plan to ensure the MHT intervention will have no negative impact on environment. Cooperation with BPHS health facilities is already in place and medical waste is being brought to the closest health facility for adequate waste management

Activity 1.1.2

Standard Activity : Not Selected

Delivery of primary health care, including mother and child health and immunization services:

Healthcare services will be implemented by qualified medical staff, in conformity with MoPH standard guidelines.

Amongst the delivery of the primary healthcare package through the MHTs, a specific attention will be given to the most vulnerable beneficiaries. In that regard, huge needs have been confirmed for pregnant and lactating women by PU-AMI assessment conducted in 2016; PU-AMI Midwives in MHTs reported that a dedicated service is very much appreciated, also for cultural reasons: without much community networks or protection, women tends to avoid going to health facilities; once PU-AMI "mobile" midwives share their phone numbers, they regularly receive calls for guidance and orientation. As such, MNCH services provision will be ensured by one midwife per MHT. This allows needed IDPs/returnees women to benefit from ANC, PNC, and FP services. Midwives will also ensure the timely referral of full-term pregnant women to deliver in closest HFs or hospital or, if not possible, try to ensure assisted home delivery, as this happened on exceptional cases before. To that purpose, midwives will provide consultation and orientation taking into account the availability of services in the HFs and hospitals. They will also detect high-risk pregnancies and refer them to Fatime-Tul-Zuhra hospital or to the nearest HF.

Activity 1.1.3

Standard Activity : Not Selected

Continuation of vaccination sites in Service Delivery Points (SDP) of MHTs:

Outreach immunization for returnees and IDPs in each Service Delivery Point of MHT will be ensured by 1 nurse/vaccinator in each MHT. The SDPs will be selected in close coordination with the provincial stakeholders. All routine immunization including OPV and Tetanus Toxoid vaccinations will be provided to children under one year old and pregnant women.

PU-AMI will receive the standard vaccines from the provincial cold chain which is managed by the Provincial EPI Management Team. This Provincial EPI Management Team is represented by an EPI Officer of the Directorate of Public Health. They will deliver the vaccines requested by PU-AMI to the supported health facilities ensuring that the cold chain is respected and the vaccines maintained in the appropriate conditions during their transportation. PU-AMI will ensure immunization activities according to standard protocols in the nearest settlements.

In addition, the MHTs will raise awareness of returnees and conflict-induced IDPs on benefit of vaccine, risk of vaccine preventable diseases, awareness on polio virus and its prevention by polio drops. Awareness messages will increase sensitization of communities regarding vaccine preventable disease.

Output 1.2

Description

Quality of care and services is improved in maternity and neonatology wards of Fatime-Tul-Zohra hospital in Jalalabad city of Nangarhar province to support the health system in coping with overburden services due to influx of returnees from Pakistan and conflict-induced IDPs.

Assumptions & Risks

Assumptions & Risks:
- The security situation is permissive and humanitarian access is maintained in the areas of intervention
- All Needed Qualified staff is recruited, including female staff
- Funding commitment is secured by donor
- Involvement and participation from PPHD is secured and constant.

Mitigation strategies:
- Ensure both the National and Provincial Safety & Security Plans are up-to-date and relevant.
- Ensure planning reviews are completed on time.
- Ensure all staffs are briefed on the security situation, standard operating procedures, and all safety and security measures.
- Ensure a proper and efficient communication about immunization services to the beneficiaries.
- Discussion with provincial authorities is maintained.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of male and female staff trained and gaining additional technical skills according to training plan					79
Means of Verification : Training attendance sheets, pre and post tests, training reports.							
Indicator 1.2.2	HEALTH	SA1-Envelope One: Number of health facilities in priority districts scaled up with standard Basic Emergency Obstetric and Newborn care (BEmONC) services					1
Means of Verification :							
Indicator 1.2.3	HEALTH	Increase of institutional deliveries (%)					10
Means of Verification : HMIS reports							
Indicator 1.2.4	HEALTH	Increase of cesarean section rate (%)					5
Means of Verification : HMIS reports							

Activities

Activity 1.2.1

Standard Activity : Not Selected

Supply of essential lab material and medical equipment to Fatime-Tul-Zohra Hospital:

PU-AMI conducted a rapid assessment on 28 Feb and 1 March in the hospital based on discussions with the WHO and the Health Cluster on the need to support this hospital (see Annex 2 and 2 bis for main assessment findings). PU-AMI assessment highlighted a dire situation of the Maternity ward and Neonatology unit where lack of equipment does not allow medical staff to perform their duty adequately and to provide needed care to the patients.
Based on this assessment results and in coordination with UNFPA who will supply reproductive kits, PU-AMI will supply standard equipment, consumables and material to make sure the hospital is able to deal with the influx of patients caused by recent population movements. PU-AMI will be responsible for procurement, delivery and installation of the equipment. All delivered equipment will be received by the hospital director and managed by the hospital according to MoPH standards. PU-AMI will supervise the use of equipment to ensure it is well managed. On the job support will also be provided to the hospital staff to ensure they receive technical training on how to use the provided equipment and material.

Activity 1.2.2

Standard Activity : Not Selected

Rehabilitation of the maternity ward and Neonatology unit

During PU-AMI assessment, a construction engineer participated to visit to evaluate the needs for rehabilitation to ensure standard and clean care environment. While there is no large construction required and planned in this project, it is necessary to rehabilitate water and sanitation infrastructures to ensure adequate infection prevention and hygiene. All rehabilitation work are available in detailed BOQs with budget.
Upon the start of the project, a specific meeting will be conducted gathering hospital management team, PPHD and director of the Higher Education Directorate to make the final decisions on the rehabilitation needs. PU-AMI will be responsible for contracting out the rehabilitation work which will be implemented under the supervision of PU-AMI construction engineer. He will be in charge of ensuring quality and safety standards are respected during the rehabilitation activities.
At the end of the work, the renovated wards will be handed over to the hospital management by PU-AMI.

Activity 1.2.3

Standard Activity : Not Selected

Training and capacity building of neonatology medical staff:

PU-AMI assessment highlighted the lack of technical skills and knowledge of the hospital staff. Focusing on the staff of the maternity wards, PU-AMI will implement a strong training plan including essential technical MoPH standard trainings like HMIS, infection prevention, nutrition, etc . Additionally non technical management related trainings will target administrative and management staff to support the improvement of the overall management and organization of the hospital. Thanks to a strong health expertise and medical manager team, PU-AMI will conduct directly much of the planned trainings while some more technically specific trainings like EPI, basic and advanced newborn care will be conducted by external trainers.
See Annex 5 – Fatime Zuhra Hospital Training Plan.

Activity 1.2.4

Standard Activity : Scale up priority facilities with Emergency Obstetric and Newborn care (EmONC) services;

PU-AMI will strengthen Emergency Obstetric and NewBorn Care services in Fatema-tul-zuhra Hospital by providing Basic EmOC trainings, Neonatal trainings, some needy equipments and supervision. Some medical supplies that should complement RMNCH kit of UNFPA will also be provided to RMNCH unit of Fatimat-ul-zuhra hospital.

Additional Targets :

M & R

Monitoring & Reporting plan

PU-AMI's proposed intervention can draw on its current implemented actions in the country. PU-AMI has developed an effective department for the monitoring of its own project implementation. Experienced PU-AMI Field Supervision staff is responsible for daily MHTs activities in Nangarhar, assessing HMIS data.
In Jalalabad, a weekly review is organized with MHT staff for qualitative discussion on the implementation and to define future implementation. Emergency project staff has a weekly overall review of the ongoing implementation, with the PM and Emergency Coordinator in charge of providing guidance and orientation.
Kabul medical team and expatriate medical coordinator will ensure regular supervision of the activities, insuring the respect of high quality standards throughout the project's duration.
For the monitoring of the intervention proposed at Fatema-tul-zuhra PU-AMI intends to exploit its tools and expertise in hospital management drawn from EPHS experience. PU-AMI is one of the organizations with expatriate staff based permanently in Jalalabad, with trips to Nangarhar. The proximity with project staff and beneficiaries allows PU-AMI to have a constant vision of project's progress, enabling swift action when required.

Project data are collected according to the standard MoPH/HMIS reports, and are later compiled into a larger database. After approval of Field Supervisor data are entered into a larger database run by a dedicated information Officer who is in charge of maintaining the database and providing timely reports and guidance on trends, achievements and gaps.

Reports and assessments will be submitted timely to the Health cluster, OCHA and on Report Hub.
On the other hand, PU-AMI has developed an internal project monitoring tool (PMT) to follow closely project's achievements, This tool is filled up every month and reviewed by Kabul Management team in order to identify eventual challenges and propose timely actions when needed.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Continuation of activities of four Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through trainings on HMIS, infection prevention, EPI and disease early warning system. Waste management will also be part of the refresher training plan to ensure the MHT intervention will have no negative impact on environment. Cooperation with BPHS health facilities is already in place and medical waste is being brought to the closest health facility for adequate waste management	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Delivery of primary health care, including mother and child health and immunization services: Healthcare services will be implemented by qualified medical staff, in conformity with MoPH standard guidelines. Amongst the delivery of the primary healthcare package through the MHTs, a specific attention will be given to the most vulnerable beneficiaries. In that regard, huge needs have been confirmed for pregnant and lactating women by PU-AMI assessment conducted in 2016; PU-AMI Midwives in MHTs reported that a dedicated service is very much appreciated, also for cultural reasons: without much community networks or protection, women tends to avoid going to health facilities; once PU-AMI “mobile” midwives share their phone numbers, they regularly receive calls for guidance and orientation. As such, MNCH services provision will be ensured by one midwife per MHT. This allows needed IDPs/returnees women to benefit from ANC, PNC, and FP services. Midwives will also ensure the timely referral of full-term pregnant women to deliver in closest HFs or hospital or, if not possible, try to ensure assisted home delivery, as this happened on exceptional cases before. To that purpose, midwives will provide consultation and orientation taking into account the availability of services in the HFs and hospitals. They will also detect high-risk pregnancies and refer them to Fatime-Tul-Zuhra hospital or to the nearest HF.	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.3: Continuation of vaccination sites in Service Delivery Points (SDP) of MHTs: Outreach immunization for returnees and IDPs in each Service Delivery Point of MHT will be ensured by 1 nurse/vaccinator in each MHT. The SDPs will be selected in close coordination with the provincial stakeholders. All routine immunization including OPV and Tetanus Toxoid vaccinations will be provided to children under one year old and pregnant women. PU-AMI will receive the standard vaccines from the provincial cold chain which is managed by the Provincial EPI Management Team. This Provincial EPI Management Team is represented by an EPI Officer of the Directorate of Public Health. They will deliver the vaccines requested by PU-AMI to the supported health facilities ensuring that the cold chain is respected and the vaccines maintained in the appropriate conditions during their transportation. PU-AMI will ensure immunization activities according to standard protocols in the nearest settlements. In addition, the MHTs will raise awareness of returnees and conflict-induced IDPs on benefit of vaccine, risk of vaccine preventable diseases, awareness on polio virus and its prevention by polio drops. Awareness messages will increase sensitization of communities regarding vaccine preventable disease.	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								

Activity 1.2.1: Supply of essential lab material and medical equipment to Fatime-Tul-Zohra Hospital: PU-AMI conducted a rapid assessment on 28 Feb and 1 March in the hospital based on discussions with the WHO and the Health Cluster on the need to support this hospital (see Annex 2 and 2 bis for main assessment findings). PU-AMI assessment highlighted a dire situation of the Maternity ward and Neonatology unit where lack of equipment does not allow medical staff to perform their duty adequately and to provide needed care to the patients. Based on this assessment results and in coordination with UNFPA who will supply reproductive kits, PU-AMI will supply standard equipment, consumables and material to make sure the hospital is able to deal with the influx of patients caused by recent population movements. PU-AMI will be responsible for procurement, delivery and installation of the equipment. All delivered equipment will be received by the hospital director and managed by the hospital according to MoPH standards. PU-AMI will supervise the use of equipment to ensure it is well managed. On the job support will also be provided to the hospital staff to ensure they receive technical training on how to use the provided equipment and material.	2017						X	X				
	2018												
Activity 1.2.2: Rehabilitation of the maternity ward and Neonatology unit During PU-AMI assessment, a construction engineer participated to visit to evaluate the needs for rehabilitation to ensure standard and clean care environment. While there is no large construction required and planned in this project, it is necessary to rehabilitate water and sanitation infrastructures to ensure adequate infection prevention and hygiene. All rehabilitation work are available in detailed BOQs with budget. Upon the start of the project, a specific meeting will be conducted gathering hospital management team, PPHD and director of the Higher Education Directorate to make the final decisions on the rehabilitation needs. PU-AMI will be responsible for contracting out the rehabilitation work which will be implemented under the supervision of PU-AMI construction engineer. He will be in charge of ensuring quality and safety standards are respected during the rehabilitation activities. At the end of the work, the renovated wards will be handed over to the hospital management by PU-AMI.	2017							X					
	2018												
Activity 1.2.3: Training and capacity building of neonatology medical staff: PU-AMI assessment highlighted the lack of technical skills and knowledge of the hospital staff. Focusing on the staff of the maternity wards, PU-AMI will implement a strong training plan including essential technical MoPH standard trainings like HMIS, infection prevention, nutrition, etc . Additionally non technical management related trainings will target administrative and management staff to support the improvement of the overall management and organization of the hospital. Thanks to a strong health expertise and medical manager team, PU-AMI will conduct directly much of the planned trainings while some more technically specific trainings like EPI, basic and advanced newborn care will be conducted by external trainers. See Annex 5 – Fatime Zuhra Hospital Training Plan.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.4: PU-AMI will strengthen Emergency Obstetric and NewBorn Care services in Fatema-tul-zuhra Hospital by providing Basic EmOC trainings, Neonatal trainings, some needy equipments and supervision. Some medical supplies that should complement RMNCH kit of UNFPA will also be provided to RMNCH unit of Fatimat-ul-zuhra hospital.	2017												
	2018												

OTHER INFO

Accountability to Affected Populations

As an active actor of the health sector in the Eastern Region, PU-AMI has established accountability mechanisms at several levels. Current interventions are constantly monitored with visits on project sites where beneficiaries are directly assisted and have space for remarks or requests. Additionally, regular exchanges with health shuras and local leaders are allowing PU-AMI to have a constant feedback on the relief delivered and on fresh needs or gaps.

Considering the large volume of people in need of assistance, and the importance to ensure smooth integration with host communities and the existing services delivered, PU-AMI adopted specific focus on community mobilization and awareness.

In Nangarhar, in its current intervention PU-AMI made large use of community mobilizers, to put in place mechanisms for community awareness and participation particularly in MHT activities. A number of fruitful links with Maliks and local leaders had been established that had allowed PU-AMI MHTs to spread in several scattered areas, largely covering the targeted locations. The proposed intervention will benefit of the links and dynamic in place to maintain effective community involvement and participation in MHTs activities; supervision staff will additionally supervise MHT activities and gather from communities concerns, requests and suggestions to ensure that MHTs properly fill their needs. For the proposed activities at Fatema Hospital regular meetings with Board members, in addition to joint supervision with PPHD, will ensure that PU-AMI will be able to receive comments and inputs from the different users group and representatives.

In Nangarhar PU-AMI has established a positive image across several communities with its efficiency and relevance of programmes. Thanks to this positive link established project and supervision staff regularly receives phone calls from public and community members that would like to share concerns or express requests or satisfaction.

Health committees will serve as mean of transferring the feedback of community to health facility and project staff during their monthly meeting where the project key staff, the health facility in-charge and committee members will participate. The project staff will share update and the committee members will provide feedback of the community on the service and on the behavior of staff with the clients. Staff and committee members will follow then meeting minutes with decisions taken.

Implementation Plan

PU-AMI is active in the Eastern Region since several years, its Jalalabad office has been implementing a range of health and emergency projects with WHO, CHF and ECHO and supervising the BPHS/EPHS in Kunar. All activities of the proposed intervention will benefit from PU-AMI's expertise in similar current and past projects which allow a quick scaling-up and a timely implementation of the project.

The project will be directly supervised and coordinated by the Emergency Coordinator. He/she will be supported by the Medical Coordinator who will provide technical assistance on the several medical components of the project, capitalizing on PU-AMI's experience.

The field implementation will be directly planned and executed by:

- 1 Project Manager (Jalalabad): bi-weekly planning of field intervention, based on the update of flow of displaced people and needs; will liaise with other departments (log/fin/pharmacy) to insure supplies and admin procedures are cleared; will supervise all field activities

- 4 MHTs composed of: Doctor, nurse/Vaccinator, midwife and a driver. Insure the provision of basic healthcare services to the targeted beneficiaries
- 1 M/E Officer (Eastern Region): consolidation and analysis of data from HMIS reports and visit reports, distribution lists. He/she is directly supervised by the Emergency Coordinator, and will maintain the overall database, provide analysis on trends, updates on achievements of indicators and produce quick information reports.
- 1 data entry (Eastern Region): manual reception of data and insertion in the database.

- 1 Pharmacy Officer (50%) managing Jalalabad office's pharmacy, receiving supplies and dispatching to field locations
- 1 construction Engineer (25%) supporting rehabilitation works in Fatema-Zuhra hospital, to ensure safety and security of patients during the rehabilitation and the best quality in respect of quality standards.

- Full-time support staff: 1 logistic manager, 1 logistic procurement officer,1 finance manager, 1 HR assistant, 1 cashier, 1 cook, 2 cleaners, 8 guards.

- 1 HMIS Manager (50%): supervision of the data collection, quality, analysis and integration the HMIS database.
- 1 Pharmacy Manager (50%): supervision of the overall drug management processes, ensuring the respect of PU-AMI procedures

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Unicef previously supported Fatema- Zuhra Hospital (neonatology section) with specific medical equipment. Additionally it provides support to EPI activities of MHTs through REMT
UNHCR	Thematic and general coordination, regular participation in the Protection Cluster
OCHA	Conflict-induced IDPs/ undocumented returnees. Coordination in targeting beneficiaries
Solidarités International (SI)	The collaboration between PUI and SI will enable a larger and more comprehensive coverage of needs of the Nangarhar vulnerable population. In December 2016, PUI facilitated SI exploratory mission in Nangarhar Province by providing the logistic, the security information and sharing transparently PUI needs' assessments and databases. PUI will assist SI in scaling-up its operation and will introduce SI to humanitarian community and coordination bodies. During the project implementation, PUI and SI will share respective contextual and thematic information on security/access, needs and vulnerabilities follow up. The two organizations are willing to partner in the near future and implement a joint integrated project.
WHO	Lead of Health Cluster / Coordination through HC.

ARCS, AADA	Both organizations have 1 MHT actually active in Nangarhar; PU-AMI participates in the coordination on localization based on needs with PPHD and all other organizations.
UNFPA	UNFPA proposed a parallel intervention in Fatema-Zuhra hospital which is complementary to PU-AMI proposed intervention. UNFPA will provide reproductive kits to the hospital and PU-AMI will provide consumables, and equipment as well as basic rehabilitations.
PPHD Nangarhar	Public Health Directorate is in charge of coordinating health interventions in the provinces. Nangarhar PPHD will ensure liaison and coordination for MHTs and intervention at Fatema-Zuhra, which is under GOA responsibility.
Terre des Hommes (TDH)	TDH is running a “door-to-door” community midwives project in Nangarhar province. PU-AMI will collaborate with this TDH’s project to reinforce the referral system and receive referred patients to Fatema-Zuhra hospital.

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

Gender Marker Of The Project

1-The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

Eastern Afghanistan, and Afghanistan more globally, is very sensitive in terms of gender issues. Afghanistan’s dominant traditions and customary practices have caused the community and women to perceive unequal family and societal relationships as a natural and immutable condition. Women have rarely been a part of political, social and economic decision-making processes.
In the construction of this project, as always, PU-AMI has paid particular attention to adopt a gender-sensitive approach, to improve women’s capacities and involvement in decision-making processes, while being realistic regarding cultural barriers.
Women’s IDPs and returnees are considered as one of the most vulnerable groups. Amongst them PLW request a particular attention. As mentioned in the grant justification section, the great majority of returnee women mentioned lack of access to health services before the start of MHT activities. Available MHT OPD figures indicate that female patients (children and adults combined) make up to 62,5% of the total OPD patients. MHTs are therefore having a very important impact of the health care access for women and girls
In each MHT and fixed clinic, women receive health education on key practices and behaviors to improve theirs and their family health. This is even more important that the messages disseminated will be mainly about hygiene promotion, immunization and mother and child health, domains traditionally seen as women’s responsibilities. Men will also receive the messages in order to increase the involvement of fathers in child health and hygiene promotion activities and to ensure a better understanding about maternal healthcare to ease the access for women.
In all activities, capacity building and skill strengthening of female staff are included. This will promote female empowerment through work. Trainings are conducted with a gender specific approach considering the requirement of mahram for some female staff, the need for separate rooms for breaks and the arrangements of the training room. Trainers pay specific attention to female participation to ensure everyone is getting the most out of the trainings.
On the other hand, the proposed intervention in Fatema-Zuhra hospital specifically targets pregnant women by the provision of high quality and safe services in maternity, neonatology wards. This intervention, combined with the MHTs who ensure the referral of pregnant women to the hospital, and with the collaboration of TDH’s community midwives project, will significantly improve access to high quality services for women, increase the number of institutional deliveries and insure a close follow-up of the pregnancies, of women’s and newborn’s health. Thanks to this intervention, women of the province will have access to proper services which will reduce maternal and child mortality.

Protection Mainstreaming

With the ongoing emergency intervention PU-AMI has increased its best practices in Protection of beneficiaries. The strictest confidentiality on caseloads and beneficiaries lists will be ensured. Additionally the use of protection check-list from PC, adapted to the intervention in Nangarhar, will ensure the respect of the four key elements of Protection Mainstreaming.
The extended access that PU-AMI enjoys in Nangarhar will benefit people in hard-to-reach areas to be assisted with life-saving aid, creating a sphere of confidence that proved to be successful for reaching victims of gender-based violence or persons with disabilities (including mental health problems). Within the Protection Cluster PU-AMI is participating to the development of an effective referral network for the different categories of vulnerabilities with partners already active.

Country Specific Information

Safety and Security

Being operating in Nangarhar since years, PU-AMI is well aware of the security situation in the province. This long experience allowed PU-AMI to define specific “low-profile” protocols for intervention, to ensure the safety of its teams at field level.
The Area Coordinator is the person in charge of monitoring the security situation, with the Help of the security Focal Points (one par province). Field Teams and INSO, with whom PU-AMI built a solid relationship since years, are the primary sources of information in relation to the development of the security context. Weekly analysis are done at Jalalabad Office level and shared with Kabul office, which can provide additional support. Additionally, a good network of community focal points (in health facilities, health shuras) allows PU-AMI to receive prompt information about degradation of the security context or in the event of specific threats.

Experiences with the current emergency response will ease PU-AMI intervention. In fact, areas where returnees and IDPs orient their settlement are considered safe and offer reduced risks. So far PU-AMI has not experienced any serious threats or incident during the implementation of such activities despite a remarkable scale-up in volume of activities.

Access

PU-AMI project is designed based on its successful track record of implementation in Nangarhar province where no incidents occurred to the NGO despite a large operation in the past months. Thanks to its good acceptance policies, based on low profile and positive relation with communities, PU-AMI has been able to implement large and sensible operations (comprised of same MHTs, distribution of in-kind hygiene and NFI kits) in the same targeted districts without any incident or resentment from local communities. The only static facility assisted is Fatema-Zhurat hospital which is located in Jalalabad city. PU-AMI has extensive knowledge of the city environment and adopts specific procedures movements in town minimizing exposure to threats and collateral damages. In Jalalabad PU-AMI adopts a strict "low-profile" approach, with no external visibility and information on its operation is shared with attention and care. Additionally, PU-AMI movements protocols are set to avoid potential targets: every transit in town is done on streets where no police or AOG installations are present, and sufficient distance is taken from vehicles of potential targets. PU-AMI staff is also originally from Jalalabad and surroundings contributing greatly to the acceptance in town and in the community. In case of high insecurity, having staff in Jalalabad, PU-AMI can ensure a minimum service of supply and monitoring to the Hospital.
The intervention of MHTs is based on the previous experience on a close intervention. Following coordination with PPHD/Health Cluster for the decision on area to target based on needs where population is far away or ("white areas" or health facilities are overwhelmed PU-AMI establish relations with elders of the area/traditional authorities/representatives of the displaced population to ensure good information about activities and positive acceptance and access. Normally the displaced population is settled in areas that are normally "safe haven" and present limited risks due to the presence of AOGs. Additionally, the settlements are sufficiently distanced from any potential targets (ANA check points or installations, police posts), ensuring a safe working area when PU-AMI teams are on site. In a number of settlements the intervention is carried out in large, close compounds made available by the host community. In this way, not only beneficiaries can have a more dignified place where to receive health care but also external exposure is reduced. It is then role of the displaced community to share the information about the availability of services in the neighborhoods.
Anyway, considering the fluidity of the context and the opportunity of incidents in those area, PU-AMI maintains a high level of attention and monitoring of the situation through regular communication with INSO and particularly community representatives which report on incidents in the surroundings the night/day before movement. Similarly, every morning before every movement, the staff verify with people on the site the security situation while the radio room performs a parallel check with INSO and other security sources, to ensure the maximum verification of the situation before movement.
In the event of protracted insecurity in the area where displaced populations are settled, it is very likely that PU-AMI beneficiaries will further displace and can be reached by PU-AMI MHTs in their new safe areas. In the past we assisted population that did consecutive, small scale displacement in Chaparhar district for example, and the good link established with them allowed for a quick response.

All PU-AMI movements in Nangarhar (including Jalalabad) are tracked via a radio-room, allowing an immediate reaction in the event of a complex attack or IED in nearby areas. In the past, occasionally PU-AMI had to stand-by movements on Torkham highway due to attacks to punctual attacks on ANA checkpoints.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Expatriate Support staff	S	5	5,322.24	12	16.67	53,233.04
	Coordination team in Kabul is composed by Head Of Mission, Finance Coordinator,logistic coordinator and Grants Officer. Support team in Jalalabad is composed by Field Coordinator. They are working on the coordination and over management of PU-AMI projects. Salary, international transportation costs and perdiem are included.						
1.2	Expatriate Program Staff	D	2	3,151.00	12	25.00	18,906.00
	Program team in Kabul is composed by Medical Coordinator and in Jalalabad is composed by Emergency Program Coordinator. They are working on the well implementation of the program on the field. Salary, international transportation costs and perdiem are included.						
1.3	National Support Coordination Staff	S	40	433.09	12	16.67	34,654.13
	Financial, HR, Logistic and Security teams in Kabul. They are working on the good follow up of global support activites as Finance and internal audit (3person), HR (2) and Logistic (3); ensuring the security of goods, persons and buildings (guards 16, driver 6, national security manager 1 and radio operators 5); and cleaning and cooking (4) office and guesthouse. Only salary is included.						
1.4	National Support Field staff	S	18	372.33	12	25.00	20,105.82
	Financial, HR, Logistic and Security teams in Jalalabad. They are working on the daily follow up of direct support activites in the field as well as the well-keeping of goods, staff and bases.The team consists on: 2 Finance and HR, 3 Logistic, 1 Radio operator, 7 Guards and 5 housekeeping staff. Only salary is included.						
1.5	National Program Coordination staff	D	3	1,669.33	12	16.67	10,017.98
	National Program team in Kabul is composed by Deputy Head of Mission, National M&E et HMIS Manager and National pharmacy manager.They are managing, supervising, and monitoring the technical activities, ensure representation to clusters. Only salary is included.						
1.6	Technical Program Field staff	D	25	334.17	12	100.00	100,251.00

	The technical program team Jalalabad is composed by: *- 1 project manager in charge of ensuring the implementation of activities according to work plan and the respect of the best qualitative standards* *- 1 field medical supervisor responsible for the supervision/on the job training of MHTs activities, the visit of new settlements and orientation of MHTs activities, and supervision of the activities in the hospital* *- 1 pharmacy officer that will monitor the stock, follow drug consumption of MHT and HF, ensure timely delivery of drugs and consumables to avoid shortage, reporting* *- 1 M&E Officer which will collect and consolidate the data from HMIS reports and visit reports, distribution lists. He/she will also maintain the overall database, provide analysis on trends, updates on achievements of indicators and produce quick information reports* *- 4 mobile health teams, each with following composition: 1 Doctor, 1 nurse/Vaccinator, 1 midwife, 1 community facilitator in charge of patient triage, crowd control and overall organisation of the MHT. The team is tasked with the provision of the primary healthcare services to the targeted beneficiaries*						
1.7	Other costs national staff	S	1	1,531.29	12	16.67	3,063.19
	Includes the insurance and medical costs of the national staff, the daily meal costs, the training provided to build their capacities and any other additionnal HR costs incurred during the project implementation						
	Section Total						**240,231.16**
2. Supplies, Commodities, Materials							
2.1	MHT Drugs & consummables	D	4	489.00	12	100.00	23,472.00
	Provision of medicine and drugs for four MHT for 12-month period. The MHTs will be replenished according to their consumption by the pharmacy officer. Detailed BOQ attached.						
2.2	MHT Vehicles	D	4	526.00	12	100.00	25,248.00
	The vehicle is dedicated to the transport of the medical staff (detailed further) on the field to ensure the delivery of health services to the beneficiaries.As such, four vehicles, one per MHT will be rented for 12 months. Those costs include: rent + running cost + driver.						
2.3	MHT Equipment	D	4	1,010.00	1	100.00	4,040.00
	Each MHT will be supplied by needed medical and non medical equipment, according to BPHS protocol standards (BOQ attached). The stock of medical equipment will be replenished regularly based on their consumption including replacing broken small medical equipment.						
2.4	MHT sensitization materials	D	1	3,542.89	1	100.00	3,542.89
	"Sensitization materials needed by Community mobilizers & PU-AMI medical staff (MHT), including: *- Breastfeeding posters* *- Complementary feeding brochure* *- First 1000 days Nutrition brochures* *- Balanced food brouchers* *- Vaccination poster* *- Personal hygien poster* *- MCH posters and brouchers* *This cost has been sized based on average costs and availability of PU-AMI previous project.* *"*						
2.5	MHT HMIS Tools	D	4	236.00	1	100.00	944.00
	"1 set of data collection MOPH standard tools for all the services to monitor activities will be distributed based on needs and consumption. Detailed unit costs are available inBOQ. *"*						
2.6	MHT Medical training	D	12	8.00	4	100.00	384.00
	"PU-AMI will ensure health training refreshment to its 12 MHT medical staff, one time during the project duration. Unit cost for 1 day training is $8,as per as detailed in BOQ training. The training is needed to ensure the refreshment of the knowledge and practical skills of the medical staff and therefore ensure qualitative provision of health care to the beneficiaries. *"*						
2.7	Nangarhar PH Drugs &Consummables	D	1	6,040.00	10	100.00	60,400.00
	Provision of medicine and drugs and lab consumables for the neonatology ward of the PH for a 10-month period. The MHTs will be replenished according to their consumption by the pharmacy officer. Detailed BOQ attached.						
2.8	Nangarhar PH equipment	D	1	17,567.00	1	100.00	17,567.00
	Provision of standard equipment for the neonatology wars of the PH as lumpsum. Detailed BOQ is attached.						

2.9	Nangarhar PH rehabilitation	D	1	10,291.00	1	100.00	10,291.00
	PU-AMI will support rehabilitation of some parts related to the neonatology ward. Rehabilitation includes sanitation facilities, hand washing facilities, to improve the overall hygiene environment of the targeted ward.						
2.10	Nangarhar PH Training	D	1	1,124.00	6	100.00	6,744.00
	PU-AMI will provide internally and facilitate externally several trainings to improve the overall management of the neonatology ward as well as technical capacity and skills and of staff. Costs are detailed in BOQ training. Training plan is attached in annex 6.						
	Section Total						**152,632.89**
3. Equipment							
3.1	Laptop	S	2	590.00	1	100.00	1,180.00
	2 new computers are needed to provide to new recruited staff						
3.2	Printer and scanner	S	1	347.00	1	100.00	347.00
	1 scanner for finance team for digitalization of files						
3.3	Camera	S	1	131.00	1	100.00	131.00
	1 camera for program team in Jalalabad						
	Section Total						**1,658.00**
4. Contractual Services							
4.1	Daily workers Kabul and Jalalabad	S	8	5.70	12	20.83	113.98
	Daily workers are sometimes required for non technical tasks in support activities. Daily wage in Kabul is 400 AFN and in Jalalabad 370 AFN.						
4.2	Vehicle costs program	D	1	478.00	12	100.00	5,736.00
	1 vehicles is used in Jalalabad by the program team for the implementation and supervision of the activities						
4.3	Vehicles costs support	S	3	489.00	12	25.00	4,401.00
	3 vehicles are used for management and support team in Jalalabad and 1 stays in stand-by for security purposes						
	Section Total						**10,250.98**
5. Travel							
5.1	Domestic Flights	S	3	280.00	12	25.00	2,520.00
	3 round trip tickets are budgeted during 3 months for field team to come to Kabul for coordination and stakeholders meetings, and for coordination team to visit the field to supervise the activities and provide support. Due to seucrity reasons expatraites are not alllowed to travel by road.						
5.2	Field visit allowance	D	10	18.00	12	16.67	360.07
	Perdiem allowance provided to national staff to cover the expenses when travelling to the field to supervise activities. 500AFN for food and 700AFN for accomodation per night out of duty station						
5.3	International flights	S	1	1,657.00	1	100.00	1,657.00
	1 visits from HQ team is forecasted for the follow up and supervision of proper implementation of the project. The costs related to the trip (flight ticket, visa and perdiem) are requested to be cover by CHF.						
	Section Total						**4,537.07**
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	Office, GH and stock rent, RC and maintenance coordination	S	2	3,454.06	12	16.67	13,819.00

	2 months of the cost of coordination office in Kabul will be affected to this project. In coordination we currently have 1 office and 1 guesthouse. The allocated amount will cover a part of the global cost for monthly rent, taxes, charges, costs of rehabilitation and maintenance.						
7.2	Office rent, RC and maintenance field	S	1	2,540.00	12	25.00	7,620.00
	3 months costs of the base of Jalalabad will be affected to this project. The field bases combines office, guesthouse and stock. The allocated amount will cover a part of the global cost for monthly rent, taxes, charges, costs of rehabilitation and maintenance.						
7.3	Furniture, equipment and stationaries coordination	S	2	504.90	12	16.67	2,020.00
	The office supplies costs are determined by estimating both the program staff needs during the implementation of the project and the historical average office supplies. It includes stationeries and also small materials, furniture and equipment for the coordination office.						
7.4	Furniture, equipment and stationaries field	S	1	511.00	12	25.00	1,533.00
	The office supplies costs are determined by estimating both the program staff needs during the implementation of the project and the historical average office supplies. It includes stationeries and also small materials, furniture and equipment for Jalalabad.						
7.5	Generator cost coordination	S	2	364.93	12	16.67	1,460.01
	Cost of generators maintenance must be taken into account in order to enable the proper coverage of the equipment functioning. Generators must be used during energy blackouts, in order to assure that the team will be able to continue working and handling the different activities to assure the implementation of the project. This includes 2 generators in coordination: office and guesthouse						
7.6	Generator cost field	S	1	511.00	12	25.00	1,533.00
	Cost of generator maintenance must be taken into account in order to enable the proper coverage of the equipment functioning. Generator must be used during energy blackouts to assure that the team will be able to continue working and handling the different activities to assure the implementation of the project.						
7.7	Communication costs coordination	S	1	1,405.72	12	16.67	2,812.00
	This line covers all the costs related to mobile and satellite phone, as well as internet of coordination office and warehouse. A full coverage of the phone costs of the team directly working on the project is requested. The coverage of the rest of the communication expenses will be shared among different projects.						
7.8	Communication costs field	D	1	837.00	12	25.00	2,511.00
	This line covers all the costs related to mobile and satellite phone, as well as internet of Jalalabad. A full coverage of the phone costs of the team directly working on the project is requested. The coverage of the rest of the communication expenses will be shared among different projects.						
7.9	Vehicle costs support	S	5	361.93	12	16.67	3,620.02
	3 vehicles are monthly needed in Kabul to ensure movement of international and national staff, 1 vehicle is used by logistics for purchase and transportation of goods and 1 vehicles are keep in stand by for security.						
7.10	Freight	D	3	412.00	1	100.00	1,236.00
	In order to deliver the drugs and equipment from Kabul to Jalalabad, trucks will be rented. This also includes the freight from HQ to Kabul office for equipment and drugs bought at HQ level.						
7.11	Security costs	S	1	438.00	1	100.00	438.00
	In order to guarantee an adequate security enviromment in PU-AMI premises, rehabilitation, maintenance and improvement are done according to the needs.						
7.12	Bank Expense	S	1	342.93	12	16.67	686.00
	This includes bank fees incurred when receiving or transferring funds, when paying suppliers and salaries, and other bank charges.						

	Section Total			**39,288.03**
SubTotal		178.00		**448,598.13**
Direct				291,650.94
Support				156,947.19
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				31,401.87
Total Cost				**480,000.00**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location	Activity Name

		Men	Women	Boys	Girls	Total	
Nangarhar -> Jalalabad	40	15	22,546			22,561	Activity 1.2.1 : Supply of essential lab material and medical equipment to Fatime-Tul-Zohra Hospital: PU-AMI conducted a rapid assessment on 28 Feb and 1 March in the hospital based on discussions with the WHO and the Health Cluster on the need to support this hospital (see Annex 2 and 2 bis for main assessment findings). PU-AMI assessment highlighted a dire situation of the Maternity ward and Neonatology unit where lack of equipment does not allow medical staff to perform their duty adequately and to provide needed care to the patients. Based on this assessment results and in coordination with UNFPA who will supply reproductive kits, PU-AMI will supply standard equipment, consumables and material to make sure the hospital is able to deal with the influx of patients caused by recent population movements. PU-AMI will be responsible for procurement, delivery and installation of the equipment. All delivered equipment will be received by the hospital director and managed by the hospital according to MoPH standards. PU-AMI will supervise the use of equipment to ensure it is well managed. On the job support will also be provided to the hospital staff to ensure they receive technical training on how to use the provided equipment and material. Activity 1.2.2 : Rehabilitation of the maternity ward and Neonatology unit During PU-AMI assessment, a construction engineer participated to visit to evaluate the needs for rehabilitation to ensure standard and clean care environment. While there is no large construction required and planned in this project, it is necessary to rehabilitate water and sanitation infrastructures to ensure adequate infection prevention and hygiene. All rehabilitation work are available in detailed BOQs with budget. Upon the start of the project, a specific meeting will be conducted gathering hospital management team, PPHD and director of the Higher Education Directorate to make the final decisions on the rehabilitation needs. PU-AMI will be responsible for contracting out the rehabilitation work which will be implemented under the supervision of PU-AMI construction engineer. He will be in charge of ensuring quality and safety standards are respected during the rehabilitation activities. At the end of the work, the renovated wards will be handed over to the hospital management by PU-AMI. Activity 1.2.3 : Training and capacity building of neonatology medical staff: PU-AMI assessment highlighted the lack of technical skills and knowledge of the hospital staff. Focusing on the staff of the maternity wards, PU-AMI will implement a strong training plan including essential technical MoPH standard trainings like HMIS, infection prevention, nutrition, etc . Additionally non technical management related trainings will target administrative and management staff to support the improvement of the overall management and organization of the hospital. Thanks to a strong health expertise and medical manager team, PU-AMI will conduct directly much of the planned trainings while some more technically specific trainings like EPI, basic and advanced newborn care will be conducted by external trainers. See Annex 5 – Fatime Zuhra Hospital Training Plan.

Nangarhar -> Behsud	10	3,024	3,136	2,464	2,576	11,200	Activity 1.1.1 : Continuation of activities of four Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through trainings on HMIS, infection prevention, EPI and disease early warning system. Waste management will also be part of the refresher training plan to ensure the MHT intervention will have no negative impact on environment. Cooperation with BPHS health facilities is already in place and medical waste is being brought to the closest health facility for adequate waste management Activity 1.1.2 : Delivery of primary health care, including mother and child health and immunization services: Healthcare services will be implemented by qualified medical staff, in conformity with MoPH standard guidelines. Amongst the delivery of the primary healthcare package through the MHTs, a specific attention will be given to the most vulnerable beneficiaries. In that regard, huge needs have been confirmed for pregnant and lactating women by PU-AMI assessment conducted in 2016; PU-AMI Midwives in MHTs reported that a dedicated service is very much appreciated, also for cultural reasons: without much community networks or protection, women tends to avoid going to health facilities; once PU-AMI “mobile” midwives share their phone numbers, they regularly receive calls for guidance and orientation. As such, MNCH services provision will be ensured by one midwife per MHT. This allows needed IDPs/returnees women to benefit from ANC, PNC, and FP services. Midwives will also ensure the timely referral of full-term pregnant women to deliver in closest HFs or hospital or, if not possible, try to ensure assisted home delivery, as this happened on exceptional

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Nangarhar -> Surkhrod	10	3,024	3,136	2,464	2,576	11,200	Activity 1.1.1 : Continuation of activities of four Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to

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Nangarhar -> Chaparhar	10	3,024	3,136	2,464	2,576	11,20	Activity 1.1.1 : Continuation of activities of four

						0	Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through trainings on HMIS, infection prevention, EPI and disease early warning system. Waste management will also be part of the refresher training plan to ensure the MHT intervention will have no negative impact on environment. Cooperation with BPHS health facilities is already in place and medical waste is being brought to the closest health facility for adequate waste management Activity 1.1.2 : Delivery of primary health care, including mother and child health and immunization services: Healthcare services will be implemented by qualified medical staff, in conformity with MoPH standard guidelines. Amongst the delivery of the primary healthcare package through the MHTs, a specific attention will be given to the most vulnerable beneficiaries. In that regard, huge needs have been confirmed for pregnant and lactating women by PU-AMI assessment conducted in 2016; PU-AMI Midwives in MHTs reported that a dedicated service is very much appreciated, also for cultural reasons: without much community networks or protection, women tends to avoid going to health facilities; once PU-AMI “mobile” midwives share their phone numbers, they regularly receive calls for guidance and orientation. As such, MNCH services provision will be ensured by one midwife per MHT. This allows needed IDPs/returnees women to benefit from ANC, PNC, and FP services. Midwives will also ensure the timely referral of full-term pregnant women to deliver in closest HFs or hospital or, if not possible, try to ensure assisted home delivery, as this happened on exceptional cases before. To that purpose, midwives will

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Nangarhar -> Rodat	10	3,024	3,136	2,464	2,576	11,200	Activity 1.1.1 : Continuation of activities of four Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity

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Nangarhar -> Kama	10	3,024	3,136	2,464	2,576	11,200	Activity 1.1.1 : Continuation of activities of four Mobile Health Teams:

PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas
The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are:
- 1 MHT of ARCS
- 1 MHT of AADA
- 1 MHT of CHWS
- 2 MHTs of ECHO funded project of PU-AMI as previously mentioned.

Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients.

Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through trainings on HMIS, infection prevention, EPI and disease early warning system. Waste management will also be part of the refresher training plan to ensure the MHT intervention will have no negative impact on environment. Cooperation with BPHS health facilities is already in place and medical waste is being brought to the closest health facility for adequate waste management

Activity 1.1.2 : Delivery of primary health care, including mother and child health and immunization services:

Healthcare services will be implemented by qualified medical staff, in conformity with MoPH standard guidelines.

Amongst the delivery of the primary healthcare package through the MHTs, a specific attention will be given to the most vulnerable beneficiaries. In that regard, huge needs have been confirmed for pregnant and lactating women by PU-AMI assessment conducted in 2016; PU-AMI Midwives in MHTs reported that a dedicated service is very much appreciated, also for cultural reasons: without much community networks or protection, women tends to avoid going to health facilities; once PU-AMI “mobile” midwives share their phone numbers, they regularly receive calls for guidance and orientation. As such, MNCH services provision will be ensured by one midwife per MHT. This allows needed IDPs/returnees women to benefit from ANC, PNC, and FP services. Midwives will also ensure the timely referral of full-term pregnant women to deliver in closest HFs or hospital or, if not possible, try to ensure assisted home delivery, as this happened on exceptional cases before. To that purpose, midwives will provide consultation and orientation taking into

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Nangarhar -> Batikot	10	3,024	3,136	2,464	2,576	11,200	Activity 1.1.1 : Continuation of activities of four Mobile Health Teams: PU-AMI established four MHTs in October 2016 in order to answer to the health needs of returnees and IDPs. PU-AMI is also running 2 MHTs under ECHO funds in Nangarhar province, which are delivering healthcare and PFA services. Considering the high number of returnees from Pakistan as well as IDP fleeing conflict affected areas The service delivery points for all MHT are selected on a monthly basis, in close coordination with the PPHD and provincial health stakeholders who are active in Nangarhar province to avoid duplication of services. Currently, the other MHTs active in the provinces are: - 1 MHT of ARCS - 1 MHT of AADA - 1 MHT of CHWS - 2 MHTs of ECHO funded project of PU-AMI as previously mentioned. Each MHT will be staffed by 1 Medical Doctor (MD), 1 nurse/vaccinator, 1 midwife and 1 community organizer. The last position comes from past months experience where crowd control and patient triage has been a challenge for the MHT team as doctor and nurse were obliged to go back and forth from the examination and treatment area to the waiting area to manage patient flow. Decision was taken by project management team to add one staff in each MHT to organize management of patients and patient flow. This will improve efficiency of work of medical staff who can then entirely dedicate themselves to service provision for patients. Finally, in order to ensure the quality of the delivered health services by the MHTs and to consider possible turnover of staff, the capacity of the recruited staff will be reinforced through

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Documents

Category Name	Document Description
Project Supporting Documents	Annex 5 - White areas calculation Kunar.xlsx
Project Supporting Documents	Annex 8_Needs assessment .pdf
Project Supporting Documents	Annex 10 - Health Cluster support letter.pdf
Project Supporting Documents	Annex 11 - IOM&HCR returnees Nangarhar.pdf
Project Supporting Documents	Annex 12 - Endorsement Nut Cluster.pdf
Project Supporting Documents	1- RESUBMITION_Annex 1_Beneficiaries Calculation Table.xlsx
Project Supporting Documents	2- RESUBMITION_Annex 2 - Rapid Assessment Fatema-Zuhra-data.pdf
Project Supporting Documents	2bis- RESUBMITION_Annex 2bis - Rapid Assessment Fatema Zuhra - Rehabilitation.pdf
Project Supporting Documents	3- RESUBMITION_Annex 3 - Nangarhar MHT-data.pdf
Project Supporting Documents	4- RESUBMITION_Annex 4_Needs assessment.pdf
Project Supporting Documents	5- RESUBMITION_ - Fatime-Zuhra Hospital Training Plan.xlsx
Project Supporting Documents	6- RESUBMITION_Annex 6 - Nangarhar PPHD Support letter.pdf
Project Supporting Documents	7- RESUBMITION_Annex 7 - Health Cluster support letter.pdf
Project Supporting Documents	8- RESUBMITION_Annex 8 - IOM&HCR returnees Nangarhar.pdf
Budget Documents	RESUBMISSION#2_Annex 9_ BoQ for activities.xlsx
Budget Documents	170519 Annex 13_ BoQ for staff.xlsx
Budget Documents	170519 Annex 14_ BoQ for support.xlsx
Project Supporting Documents	1- RESUBMISSION#2_Annex 1_Beneficiaries Calculation Table.xlsx
Project Supporting Documents	RESUBMISSION#2_Annex 5 - Fatime-Zuhra Hospital Training Plan.xlsx
Grant Agreement	PUAMI - Grant Agreement signed by HC.pdf
Grant Agreement	PUAMI - Grant Agreement signed by HC & IP.pdf