Application Form B for GAVI Alliance CSO Support:

Support to Strengthen the Involvement of Civil Society Organisations in Immunisation and Related Health Services

Ministry of Public Health of the
Islamic Republic of Afghanistan

7 March 2008

Application Form B from the HSCC to GAVI Alliance Secretariat for:

GAVI Alliance CSO Support in 10 Pilot GAVI Eligible Countries

Please fill in text directly in the boxes below, which can be expanded to accommodate your text by computer. ***Abbreviations and Acronyms.*** Please ensure that all abbreviations and acronyms presented in the application and supporting documents are included at the beginning of the application form.

AADA	Agency for Assistance and Development of Afghanistan
ACTAD	Afghanistan Center for Training and Development
ACBAR	Afghan Coordinating Body for Afghan Relief
AHS	Afghanistan Household Survey
ANCB	Afghan National Coordinating Body
ANDS	Afghan National Development Strategy
ANHRA	Afghanistan National Health Resources Assessment
APHI	Afghan Public Health Institute
ARI	Acute Respiratory Infection
BDN	Bakhtar Development Network
BHC	Basic Health Center
BPHS	Basic Package of Health Services
BRAC	Building Resources Across the Community (INGO)
BSC	Balanced Scorecard (Afghanistan Health-Sector Balanced Scorecard)
CAO	Control and Audit Office (Government of Afghanistan)
CBHC	Community Based Health Care
CDC	Community Development Council
CGHN	Consultative Group on Health and Nutrition (HSCC equivalent)
CHA	Coordination of Humanitarian Assistance
CHC	Comprehensive Health Center
CHS	Community Health Worker Supervisor
CHW	Community Health Worker
CMW	Community Midwife
CME	Community Midwifery Education
cMYP	Comprehensive Multi-Year Plan for National EPI
CSO	Civil Society Organization
DH	District Hospital
DHO	District Health Officer
DPT3	Diphtheria Pertussis and Tetanus third dose
EC	European Commission
EMRO	Eastern Mediterranean Regional Office of WHO
EPHS	Essential Package of Hospital Services
EPI	Expanded Program on Immunization
FMA	Financial Management Agency
FSP	Financial Sustainability Plan
GAVI	The GAVI Alliance (formally known as the Global Alliance for Vaccines and Immunizations)
GCMU	Grants and Contracts Management Unit
GDPP	General Director of Policy and Planning
GOA	Government of Afghanistan
HADAAF	Humanitarian Assistance and Development Association for Afghanistan
HMIS	Health Management Information Systems
HNI-TPO	Health Net-International Transcultural and Psychosocial Organization

HSCC	Health Sector Coordination Committee
HSSCU	Health System Strengthening Coordination Unit
ICC	Interagency Immunization Coordination Committee
INGO	International Non-Governmental Organization
ICRC	International Committee of the Red Cross and Red Crescent
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illness
JHU	Johns Hopkins University
JHPIEGO	INGO associated with JHU
JICA	Japan International Cooperation Agency
JRF	Joint Reporting Format for EPI coverage
MCH	Maternal and Child Health
MDGs	Millennium Development Goals
MOF	Ministry of Finance
MOPH	Ministry of Public Health
MRRD	Ministry of Rural Rehabilitation and Development
MSH	Management Sciences for Health
MYPoA	Multi-year plan of action of EPI
NGO	Non-Governmental Organization
NIP	National Immunization Program (also NEPI)
NMEAB	National Midwifery Education and Accreditation Board
NNT	Neonatal tetanus
NNGO	National Non-Governmental Organization
NTCC	National Technical Coordination Committee
PEMT/REMT	Provincial EPI Management Team/ Regional...(of NIP)
PHCC	Provincial Health Coordination Committee
PHD	Provincial Health Director
PPHO	Provincial Public Health Office
RH	Reproductive Health
SC/ US	Save the Children/ US (INGO)
SC	Steering Committee
TNA	Training Needs Assessment
TOR	Terms of Reference
TWG	Technical Working Group
UN	United Nations
UNICEF	United Nations Children's Fund
USAID	United States Assistance for International Development
WB	World Bank
WHO	World Health Organization

Executive Summary (two pages)

Please provide an executive summary of the proposal. Please include details of any Technical Working Groups that have been created to support the process, review proposals etc.

Application Development Process: A series of orientation and consultation meetings were organized for Civil Society Organizations (CSO) by the HSS Coordinator under the General Directorate of Policy and Planning (GDPP), in collaboration with the Consultative Group on Health and Nutrition (CGHN) and with technical support of GAVI-CSO Task Team from the GAVI-Secretariat and WHO-EMRO. After agreeing on the proposed interventions and locations, applications were invited from interested CSOs on GAVI CSO Application Form-C. CGHN-HSS-Steering Committee selected a panel of experts from MoPH, UNICEF, WHO, National Midwives Association, and Ministry of Finance, who screened and selected the best applications using previously agreed evaluation criteria. Application Form B was completed by the selected CSOs and MoPH GDPP with support of WHO and UNICEF. The final draft of Form B was circulated and presented to the CGHN for comments, contribution and endorsement.

Overview of GAVI Alliance CSO support: current role, justification, activities proposed and CSOs selected: The key service delivery strategies of the MoPH are the Basic Package of Health Services (BPHS) which is pro-rural primary health care package and the Essential Package of Hospital Services (EPHS). Using donor funds, health services provision in 31 of the 34 provinces is contracted out to implementing agencies, mainly CSOs **This proposal is developed by the CGHN to enhance partnership with CSOs to address critical service delivery bottlenecks in the country, mainly, the shortage of female service providers and the lack of access to communities due to insecurity and the resultant inequity.**

Although female health workers are key to utilization of health services by female population, especially RH and EPI; the percentage of health facilities having at least one female health worker in 2002 was only 35%. After building the BPHS strategy, and establishing CME in 20 out of the 34 provinces, the average percentage increased to 75%. However, in the four provinces selected, Faryab, Ghazni, Zabul and Nimroz, there is no CME and the rate of health facilities with at least one female staff is only about 56%.

Studies have shown that private health service providers play a significant role in healthcare delivery in Afghanistan while more than 40 government-contracted health facilities have been closed last year in the southern provinces due to insecurity. Partnering with private sector has a potential to overcome the limitation of access to communities due to insecurity. Thus, both these components directly contribute to health system strengthening and also to the objectives articulated in the GAVI HSS proposal and cMYP.

- The first component of the CSO proposal is Community Midwifery Education (CME). This will be implemented by four CSOs (or consortiums) as below:
  1. IbnSina for training of 20 Community Midwives (CMWs) and deploying them in Zabul province.
  2. Save the Children (SC/US)/Agency for Assistance and Development of Afghanistan (AADA) consortium for training of 20 CMWs and deploying them in Faryab Province.
  3. Bakhtar Development Network for training of 25 CMWs and deploying them in Ghazni province.
  4. BRAC Afghanistan proposal for training of 18 CMWs and deploying them in Nimroz province.
- The second component, establishment of a replicable model of partnership with private service providers to provide access to immunization and basic reproductive health (RH) services, will be implemented by one CSO and one consortium:
  1. Coordination of Humanitarian Assistance (CHA) for establishment of network of private health service providers for about 120,000 pop. living in three insecure districts of Farah province.
  2. HealthNet TPO and Humanitarian Assistance and Development Association for Afghanistan (HADAAF) for establishment of a network of private health service providers for about 330,000 population living in insecure and under-served areas of Uruzgan Province.

Sustainability: CME graduates will be deployed to fill the existing service provider gaps in BPHS and would thus be supported by the BPHS-implementing NGO. Partnering with private health service providers will increase access to services and contribute to sustainability as the private sector actors who work with business interests are likely to continue a practice once it is established.

Program implementation plan including objectives, results and activities: The specific objectives of the project are, by December 2009, 1) to train and deploy 88 new community midwives in four under-served provinces; and 2) to establish a model of partnership with private sector health service providers to provide EPI and basic RH services to about 450,000 population living in two insecure and under-served provinces.

The expected results are 1) 88 new community midwives trained and deployed in underserved areas; and 2) private sector network established with about 50 health service outlets in insecure and under-served areas. These results are selected to maintain focus on access and utilization - the two critical bottlenecks of the health system identified in Afghanistan's GAVI HSS proposal.

The CSOs implementing CME will enroll female students and conduct the 18 months' skills-based training, with continuous assessment and accreditation of the program using the existing MoPH CME curriculum and approach under the overall technical guidance of National Midwifery Education and Accreditation Board (NMEAB). The graduating students will have pre-defined roles in the local health facilities run by NGO BPHS implementers.

Partnership with private sector will be established by the provincial network of the CSO through mapping and capacity development of the private sector, service delivery through private sector and enhanced public-private partnership. The CSO implementing this component will have flexibility to make adjustment of operational plan as may be required according to changing security and environmental situation and in consultation with CGHN HSS Steering Committee.

Monitoring and Evaluation: The Monitoring and Evaluation Department of MoPH will be responsible for monitoring progress of all six projects. A defined set of performance indicators will be used to track progress, such as number of women enrolled in the four new CME programmes and number deployed, number of private health service providers trained, number of outlets for EPI and RH services, and improvement of DPT3 coverage in project areas. Progress review will be done at national level on a quarterly basis, as well as a major mid-term review and end-of-project review.

Implementation Arrangements: The six different NGOs (consortiums in some cases) will be directly responsible for implementation and providing financial and technical reports to GDPP and the CGHN. Coordination and oversight of the GAVI–HSS-CSO funded projects will be with GDPP. CGHN HSS Steering Committee will provide technical support to GDPP and HSS Coordinator; review and endorse work plans and progress; and endorse funds disbursement and reports to GAVI.

The selected CSOs or consortiums will receive funds through a Financial Management Agency (FMA) assigned by MoPH and CGHN to do financial management, disbursement and accounting at a cost of about 6%. The MoPH/CGHN will conduct reviews to judge progress toward the expected results and commission an independent audit of the utilization of project funds.

Costs and Funding for GAVI Alliance CSO Support: The estimated budget for the GAVI CSO proposal is US$2,425,998. US$1,198,878 (49%) is allocated for CME programs in four provinces and US$798,247 (33%) for developing partnerships with private providers in two provinces. Total management costs of the NGOs are US$117,862 (5%) while the CSO-FMA is charging US$143,503 (6%) and the CGHN/ GDPP management costs including monitoring and supportive supervision of the projects, external audit of FMA, and an independent evaluation of the projects at the end stage are US$ 153,508 (6.3%).

Endorsement of the Application: The CGHN affirmed its commitment to engage CSOs to implement the planned project activities. Endorsed minutes of CGHN meeting are attached.

Section 1: Application Development Process (one – two pages)

The aim of this section is to describe the process for developing the application for GAVI Alliance CSO support. Please begin with a description of the Health Sector Coordinating Committee (HSCC) or equivalent, including:

- Name of HSCC (or equivalent); Date HSCC has been operational since
- Frequency of meetings; Overall role and function of the HSCC
- Name of any CSOs represented on the HSCC

Description of HSCC: The Consultative Group on Health and Nutrition (CGHN) is equivalent to HSCC in Afghanistan and has been in operation since late 2002. Its meetings are held once or twice a month and the minutes are published and disseminated to all members and partners. The Chairman of the CGHN is the Deputy Minister for Technical Issues.

The objective of the CGHN is to provide a mechanism for coordination of activities of development partners including donors, UN agencies and NGOs and to receive support and advice to promote the achievement of national health policies and strategies. The specific roles of CGHN are to advise and assist the MOPH to:

1. Coordinate inter-ministerial activities through exchange of information and work planning;
2. Develop policy and institutional benchmarks which
   - enhance the effectiveness and efficiency of the delivery of the BPHS and other health services,
   - and follow a clear health reform timetable;
3. Identify the strategic actions and programs necessary to achieve the benchmarks, including review of all projects with national policy implications;
4. Ensure the provision of technical and investment resources to implement actions and programs;
5. Review progress in achieving national health objectives.

The CGHN members are from General Directorates of the MoPH, line ministries, donor agencies, UN agencies and NGOs. Currently Swedish Committee for Afghanistan and the Interim CSO Representative, HNI-TPO, are representing CSOs in the meeting. It is worth mentioning that other partners are invited to attend, as necessary and relevant to different discussion topics.

To provide a stronger and more stable member group to oversee the GAVI HSS, the CGHN appointed key partners to participate in the CGHN HSS Steering Committee in mid-2007, made up of MoPH, WHO, UNICEF, WB, EC, USAID, CSO and MoF representatives, also chaired by Deputy Minister-Technical. This group is designated to discuss both technical and administrative issues and has direct oversight on the GAVI-HSS project and the CSO component.

Next, please describe the process your country followed to develop the application, including details of the Technical Working Group (if such a group has been established / used) covering:

- Who coordinated and provided oversight to the application development process?
- Who led the drafting of the overall application and was any technical assistance provided?
- What was the process for individual CSOs to submit their applications for support?
- What mechanism was adopted for choosing which CSOs to put forward for support?

The process was participatory and involving CGHN, HSS Steering Committee and CSO representatives. The GDPP of the MOPH led the process of drafting of the CSO proposal, consulting CSOs and key partners throughout the process.

In the summer of 2007 the idea of a CSO proposal was shared at the CGHN by the GAVI Alliance representative visiting Afghanistan. On 10 January 2008, a workshop was held to orient CSOs on the GAVI CSO proposal process with 24 CSOs participating. On 22nd and 23rd of January 2008, another workshop was held with technical support of WHO-EMRO and GAVI-CSO focal points to provide more detailed information on the CSO support window guidelines and to identify the areas where CSOs could contribute to the MoPH strategies laid out in the GAVI-HSS and c-MYP documents.

The areas proposed by the 40 CSOs participating in the workshop were shared with the CGHN and HSS Steering Committee and further refined in terms of projects and locations, and the CSOs were then invited to submit their proposals. Several CSOs applied for some of the project areas so a panel consisting of experts from UNICEF, Ministry of Finance, WHO, MOPH, and Midwives' Association was set up to screen the proposals and select the best applicants. Based on previously agreed evaluation criteria, CSOs were selected and the winners were invited to join in filling application form B.

Application form B was filled by a team of the selected CSOs, and MoPH Policy and Planning team with technical support of WHO and UNICEF. This proposal was then presented to the CGHN for comments and endorsement. The CGHN (HSCC equivalent) is the authorized forum for final approval of proposals before forwarding to the GAVI Secretariat. The CGHN made substantive contribution to the CSO proposal development through participating on the panels for refining acceptable projects and locations, evaluating CSO Form C applications, and drafting Form B application.

Please then outline the specific roles and responsibilities that key partners played in this process in the table below:

Roles and responsibilities of key partners (HSCC / TWG members and others)

Title/Post	Organization	HSCC/Steering Committee members	Roles in the development of the application for GAVI Alliance CSO support
Technical Deputy Minister	MoPH	CGHN and Steering Committee	Leadership of the application development process, through chairing CGHN/Steering Committee meetings and provision of input into the content of the application.
Director General Health Policy and Planning	MoPH	CGHN and Steering Committee	Oversight of CSOs inputs through CGHN technical contribution
Health System Strengthening Coordinator	MoPH	CGHN and Steering Committee	Key role in the CGHN and HSS Steering Committee, provided overall guidance on the development of the application with regard to current health system strategies; coordinated workshops, evaluation of CSO applications and compilation of Form B.
Focal Point for Health Sector in Ministry of Finance	Ministry of Finance	CGHN and Steering Committee	Member of evaluation panel / contributed comments on final version of CSOs Proposals and decision about FMA.
Technical Officer	WHO	CGHN and Steering Committee	Participated in the workshops, contributed in final CSOs selection, comments on strategies and editing of the Form B proposal.
Health Specialist	UNICEF	CGHN and Steering Committee	Provided input in evaluation criteria for proposal development, final selection of winner CSOs and drafting of Form B proposal for consistency of objectives.
Program Manager	USAID	CGHN	Member of the CGHN and provided comments on final version of CSOs Proposal
Lead Public Health Specialist	World Bank	CGHN	Contributed comments on CSO proposals
Advisor to GDPP	EC	CGHN	Contributed comments on CSO proposals; technical assistance in drafting Form B
Senior Advisor to National EPI Program	MoPH	Steering Committee	Technical assistance in evaluation of CSOs proposals, drafting and finalization of Application Form B for submission to GAVI Secretariat.

Interim CSOs Representative	HNI-TPO	CGHN and Steering Committee	Led the second workshop, organized CSOs participation in the application form B development.
President	Midwives' Association	(expert advising CGHN)	Key role on panel evaluating proposals for Community Midwifery Education/ Schools

Finally, please use this opportunity to include any additional comments or recommendations that the HSCC (or TWG) would like to make on the application to the GAVI Alliance Secretariat and the Independent Review Committee at the end of this section.

Besides enhancing partnership, the CSO proposal gave opportunity to CSOs to provide innovative strategies and solid input to strengthen the health system and contribute to the achievement of Afghanistan National Development Strategy targets and the targets articulated by the MoPH in the GAVI-HSS project and the cMYP.

Section 2: Overview of GAVI Alliance CSO Support (one – two pages)

The purpose of this section is to describe the current and the intended future role of CSOs in the delivery or strengthening of health services, in particular immunisation, child health care and health system strengthening.

Please begin by outlining the current role of CSOs in the delivery or strengthening of immunization, child health care services and the health system. Then please state the overall objectives of this application for GAVI Alliance CSO Support. Please ensure the chosen objectives are SMART (specific, measurable, achievable, realistic and time-bound).

Please then list the CSOs that have been chosen as potential recipients of the GAVI Alliance CSO support. In the table below, please summarize the major activities that will be undertaken by each CSO during the course of the GAVI Alliance CSO support, and the expected outcomes per year.

Current role of CSOs: The MoPH has primarily a stewardship role in the development, support and oversight of the health system in Afghanistan. Its responsibilities include leadership, governance and strategic planning for both the public and private sectors but not the provision of services. Health service delivery is contracted out to NGOs/ CSOs in 31 out of 34 provinces and contracted in through MoPH Strengthening Mechanism in 3 provinces.

The key service delivery strategies of the MoPH are the Basic Package of Health Services (BPHS) which is pro-rural primary health care package and the Essential Package of Hospital Services (EPHS). The components for the BPHS include Maternal and Newborn Health, Child Health and Immunization, Communicable Disease Control, Essential Medicines, Nutrition, Mental Health and Disability. The NGO-BPHS implementer is contracted to deliver these key components to the entire population of the district or province. In the GAVI-HSS proposal implementation, NGOs/CSOs are also fully involved. NGO-BPHS implementers will be contracted for the health sub-centers and mobile teams, other NGOs will implement the community IMCI project, training of BPHS implementers, and piloting demand side financing and CHW incentives. A CSO academic institution will be implementing the demographic sample registration system.

The role for CSOs as implementing partners of MoPH is endorsed in the Afghanistan National Development Strategy (ANDS, 2008). The CGHN and the MoPH are keen to continue working with CSOs and also to develop their capacity. **This proposal is developed by the CGHN to enhance partnership with CSOs to address critical service delivery bottlenecks in the country, mainly, the shortage of female service providers and the lack of access to communities due to insecurity with resultant inequity.**

Rationale and Objectives of Proposal: Although female health workers are key to utilization of health services by female population, especially RH and EPI; the percentage of health facilities having at least one female health worker in 2002 was only 35% (ANHRA). After establishing CME in 20 out of the 34 provinces, the average percentage increased to 75% (HMIS, 2007). However, in the four provinces selected for intervention – Faryab, Ghazni, Zabul and Nimroz Provinces – there is no CME and the rate of health facilities with at least one female health worker is only about 56%.

The CME training will be a course for 18 months, using the existing MoPH CME curriculum and approach under the overall guidance of National Midwifery Education and Accreditation Board (NMEAB). Major donors have supported CME in other provinces but the funds are insufficient and four provinces with urgent needs were selected for the CSO proposal.

More than 40 government (contracted) health facilities have been closed last year in the southern provinces due to insecurity. In Uruzgan, three employees were killed and three others kidnapped from the NGO-BPHS implementer. In Farah, in the past year there have been outbreaks of polio, measles, and pertussis due to lack of outreach immunization and ineffective campaigns due to insecurity. Studies have shown that private health service providers play a significant role in healthcare delivery in Afghanistan (AREU 2006). Partnering with private sector has a potential to overcome the limitation of access to communities due to insecurity, and Uruzgan and Farah were selected as locations for this pilot project.

The specific objectives of the GAVI-CSO proposed project are 1) to train and deploy 88 new community midwives in four under-served provinces by December 2009; and 2) to establish a model of partnership with private sector service providers to provide immunization and basic health services to about 450,000 population living in two insecure and under-served provinces by December 2009.

Thus, the proposal has two components: The first component is for Community Midwifery Education (CME) in the underserved provinces of Ghazni, Faryab, Nimroz and Zabul, to be implemented by four different CSOs or consortiums of CSOs. The second component, the establishment of a replicable model of partnership with private service providers to provide access to immunization and basic reproductive health (RH) services is proposed for the two insecure and underserved provinces of Farah and Uruzgan. This will be implemented by one local CSO and one consortium.

Major activities and outcomes for each CSO over the duration of the GAVI support

Name of each CSO, type of organization and their activities to be supported	**Expected outcomes (output)**		
	2008	**2009**	**2010**
IbnSina is a national NGO (NNGO) implementing BPHS in Zabul Province, who plans to train 20 Community Midwives (CMWs) following standard MoPH procedures and deploy them to BPHS facilities in Zabul.	- CME programme assessed and accredited by the NMEAB. - 20 qualified females from un-served areas of Zabul province enrolled in CME program.	- 20 CMWs graduate from CME program. - 20 CMWs deployed in the BPHS facilities not having community midwives.	-Training facility available for further CME programs. -20 CME graduates continue providing midwifery and other RH services.
Save the Children (SC/US) /Agency for Assistance and Development of Afghanistan (AADA). SC/US is an International NGO (INGO) implementing BPHS in Faryab Province with AADA, an NNGO. They plan to train 25 CM1 D[fheywi[Cnn)6(g stan)6(daM)7(oPH)]TJ-0.0001 Tc -0.0023 Tw TD[pro)5(c)-3(ed)5(ures a)5(nd depl)7(oy them to)]TJ in the BPHS facilities not having community midwives.	Training facility available for further CME programs. continue providing midwifery and other RH services.		

development. They plan to train 18 CMWs following standard MoPH procedures and deploy them to BPHS facilities in Nimroz.	in CME program.	midwives.	RH services.
Coordination of Humanitarian Assistance (CHA) is an NNGO implementing BPHS in Farah Province, who plans to establish a replicable model of partnership with private service providers to provide access to EPI and basic RH services to about 121,000 population living in three insecure and underserved districts of Farah: Bakwa, Gulistan and Purchaman.	- Formal partnership agreements developed with selected Private Service Providers in Farah province. - About 25 selected private service providers trained to provide EPI and basic RH services - About 25 private sector health service provision outlets of Farah province upgraded.	- Selected private sector service providers of un-reached areas of Farah province provide EPI and basic RH services. - DPT-3 coverage in the targeted areas increased to >80%	- Lessons learned on private sectors contribution to strengthening health systems documented and used in future planning - Continued partnerships between private and public service providers
HealtNet TPO, an INGO, and **Humanitarian Assistance and Development Association for Afghanistan (HADAAF),** an NNGO, are both implementing BPHS. They plan to establish a replicable model of partnership with private service providers to provide access to EPI and basic RH services to about 450,000 population living in insecure and under-served areas of Uruzgan Province.	- Formal partnership agreements developed with selected Private Service Providers in Uruzgan province. - Over 30 selected private service providers trained to provide EPI and basic RH services - Over 30 private sector health service provision outlets of Uruzgan province upgraded.	- Selected private sector service providers of un-reached areas of Uruzgan province provide EPI and basic RH services. - DPT-3 coverage in the targeted areas increased to >80%	-Ongoing availability of private healthcare outlets providing EPI and basic RH services - Ongoing availability of quality medicines in Uruzgan province - Association of private service providers continues functioning.

Finally, please indicate how you intend to sustain the program, both technically and financially when GAVI resources terminate (if relevant), stating the source and amount of potential funding.

Sustainability: The two components of the CSO proposal, Community Midwifery Education (CME) and improving service delivery through private sector are in line with the MoPH's policies and strategies. CME will fill some critical gaps of female service providers. Partnership with private sector to provide service in under-served areas has a potential to overcome the barriers to services due to on-going insecurity in the country. Thus, both these components directly contribute to health system strengthening and also to the objectives articulated in the GAVI HSS proposal and cMYP.

The community midwives will be selected from the districts/areas where there is shortage of midwives. The selection will be done in close consultation with the community elders and the BPHS providers to ensure that the selected candidates are deployed back to the health facility serving the community from which they are recruited. This will ensure that close to 100% of the CME graduates are deployed to fill the vacant positions for female service providers; they will be supported by the NGO-BPHS implementers, thus contributing to sustainability.

Studies have shown that private service provides plays a significant role in health service delivery in Afghanistan. Private service providers are there all over the country, including in the insecure areas. Partnering with them and supporting them to provide immunization and basic RH services will increase access to preventive health services and contribute to sustainability of these services. As the private sector actors are usually working with business interests, once their practice is established they are likely to continue. This partnership is also hoped to reduce inequities of services as it focuses on delivering services to the insecure areas.

Section 3: Programme Implementation Plan (one – two pages)

Please prepare and submit an overall Programme Implementation Plan for the entire duration of the CSO

support, based on the individual Programme Implementation Plans received in the applications from CSOs. Please decide upon the most appropriate framework for your plan, and ensure that it includes the following:

- Introduction: rationale and summary of expected results, objectives and milestones
- Specific activities for implementing the project and implementation schedule
- Organization and management of the project
- Overall strategy to achieve results
- Specify how the project will support the cMYP and / or the GAVI HSS proposal
- Specify how this project will be coordinated with others, and the roles of key stakeholders

Introduction: rationale and summary of expected results, objectives and milestones: This proposal is developed by the CGHN to enhance partnership with CSOs **to address critical service delivery bottlenecks in the country, mainly, the shortage of female service providers and the lack of access to communities due to insecurity with resultant inequity.** Thus, the proposal has two components: The first component is for Community Midwifery Education (CME) in the underserved provinces of Ghazni, Faryab, Nimroz and Zabul, and the second component is the establishment of a replicable model of partnership with private health service providers to provide EPI and basic RH services in two insecure and underserved provinces of Farah and Uruzgan.

The specific objectives of the GAVI-CSO proposed project are 1) to train and deploy 88 new community midwives in four under-served provinces by December 2009; and 2) to establish a model of partnership with private sector service providers to provide immunization and basic RH services to about 450,000 population living in two insecure and under-served provinces by December 2009. The expected results are 1) 88 new community midwives trained and deployed in the underserved areas; and 2) private sector network with about 50 outlets in insecure and underserved delivering immunization and basic RH services.

Milestones within the project will include:
By end of December 2008:

- 88 women meeting CME eligibility criteria enrolled in four new CME programmes in Faryab, Nimroz, Zabul and Ghazni accredited by the NMEAB
- Partnership agreements with about 50 selected Private Service Providers in Farah and Uruzgan provinces, providers trained and outlets upgraded.

By end of December 2009:

- 88 skilled Community Midwives graduated from CME programmes in Faryab, Nimroz, Zabul and Ghazni
- About 50 selected private sector service provision outlets in Farah and Uruzgan provinces deliver immunization and basic RH service
- DPT-3 coverage in the targeted areas of Uruzgan and Farah increased to >80%.

By end of March 2010:

- 88 newly trained community Midwives deployed in the BPHS health facilities
- Models of private-public partnership in Farah and Uruzgan assessed for lessons learned

Specific activities for implementing the project and implementation schedule: The CME projects will be implemented under the technical guidance of the NMEAB. CME involves the following processes: 1) Selection of 20 women for training as Community Midwives (CMWs) in close consultation with community elders and BPHS health facilities; 2) Establishment of a standard training site with skilled trainers, an adequate facility for clinical training, student accommodation, and security risk mitigation measure; 3) Skills-based training of the student community midwives including continuous assessment of their skills and knowledge; 4) Self assessment of the CME program; 5) Independent assessment and accreditation of the CME program by the NMEAB; and 6) Deployment of CMWs to BPHS facilities.

The establishment of a replicable model of partnership with the private sector to provide EPI and basic RH services in insecure and under-served areas involves: 1) Mapping ways of working with private sector services providers in close collaboration with the Community Development Councils (CDC); 2) Training of the selected private service providers to enable them to provide preventive health services; 3) Providing necessary equipment and supplies to trained private practitioners; 4) Carrying out demand creation for services through private sector health services providers; 5) Enhancing coordination and cooperation between the public sector and private sector health services providers; 6) Project monitoring, evaluating outcomes, documenting and sharing achievements and lessons learned with stakeholders.

1 week from approval - convene meeting with successful projects and key stakeholders
1 month from approval
- TORs/ secondment/ ecruitment of oversight staff
- development of oversight and administrative procedures and protocols
- contracting of auditors
- establishment of reporting requirements
- establish supervision / M & E mechanisms
- develop project management activity plan and budget
- develop project disbursement budget

Ongoing- receiving and reviewing periodic and milestone reports
- follow-up on issues or disturbing trends
- periodic funding disbursement
- monitoring and evaluation of changes from HMIS and other sources
- coordination and planning meetings at provincial level
- monthly meetings of oversight committee to review progress

Mid term - undertake financial audits
- mid-term review of achievements and challenges

End term - financial audit
- end-term review of achievements, challenges faced and lessons

Organization, management, coordination and roles of key stakeholders: The General Directorate of Policy and Planning (GDPP) of the Ministry of Public Health (MoPH) will have overall stewardship functions. The project is broken down to six parts and each part will be implemented by one NGO (or consortium of two NGOs in some cases) for ensuring operational feasibility. These NGOs will be responsible for implementation, supervision, monitoring and providing financial and technical reports to GDPP and the CGHN. The selected NGOs either have or have planned to establish operational structures in the province concerned. These NGOs will work closely with the provincial health directors (PHD) and the BPHS implementers at the provincial level and local stakeholders, including Community Development Councils (CDCs) at district and community level. The Provincial Public Health Offices (PPHOs) of MoPH will support the implementation in their respective provinces and monitor the work of the CSOs.

Regular reviews will be done both at national and provincial levels for both program specific collaboration and for ensuring linkage with broader BPHS, cMYP and GAVI HSS proposal activities. The provincial level, strategic and operational planning and progress monitoring will be undertaken by the PPHO, CSO(s), and the Provincial Health Coordination Committee (PHCC). The community shuras will participate in identifying needs, monitoring progress, ensuring security of the implementing CSO staff and provide guidance to CSO, especially in the selection of qualified women for midwifery training program. The CGHN, which has key health sector partners representatives, will provide technical support, monitor the progress, review technical and financial reports from implementing CSO and review/endorse reports to GAVI.

The financial management will be delegated to one CSO by the CGHN but the MoPH and the CGHN partners will retain oversight functions. The MoPH and the CGHN partners will also conduct end-project review to judge progress toward the expected results, and commission an independent audit of the utilization of project funds.

Overall strategy to achieve results: CME training will use the existing MoPH CME curriculum and training approach. New CME training sites will be established by the NGOs close to the provincial hospital of the selected provinces and midwives trained in these sites under the overall guidance of NMEAB. Skills-based training, continuous assessment and accreditation are the key activities that will ensure that the CME graduates have the requisite skills.

Partnership with private sector in immunization and RH services delivery will be established by the provincial network of the CSO. This involves among others, mapping of private sector, capacity development of private sector, service delivery through private sector and enhanced public-private partnership. This is an innovation that requires operational flexibility to adjust to changing situation. The NGOs implementing this component will have flexibility to make adjustment as required in consultation with CGHN.

Project linkage with the cMYP and / or the GAVI HSS proposal: This project is expected to directly contribute to the key results articulated in Afghanistan's GAVI HSS proposal as noted in the Figure-1 below showing linkage of the Millennium Development Goals (MDG), the Afghanistan National Development Strategy (ANDS), the GAVI HSS proposal objectives and the CSO proposal objectives.

Figure-1: Linkage between MDGs, ANDS, GAVI HSS proposal and CSO Proposal Objectives

MDG-4: Reduce Child Mortality
MDG-5: Reduce Maternal Mortality

ANDS Health Sector's High Level Benchmarks

"The Basic Package of Health Services will be extended to cover at least 90% of the population, maternal mortality will be red3 Tc 0De-2(d3 b6(8)-5 8)(ed 12(d302(d3%5(l, a16(n-2(d3 fe r)-6(u)l2(t i6(1-1

Indicator	Est baseline	Data source	Baseline date	Target	Target date
Community Midwifery Education component					
No. of women meeting CME eligibility criteria enrolled in four new CME programs in Faryab, Nimroz, Zabul and Ghazni	0	CSOs self assessment report of CME	March 2008	88 (in 4 provinces)	End 2008
No. of new CME programs in Faryab, Nimroz, Zabul and Ghazni accredited by the NMEAB	0	NMEAB assessment report	March 2008	4	End 2008
No. of skilled CMWs who graduate from the four CME programs in Faryab, Nimroz, Zabul and Ghazni	0	CSOs CME completion report	March 2008	88	End 2009
No. of graduated CMWs deployed in the BPHS health facilities of Faryab, Nimroz, Zabul and Ghazni provinces	0	CSOs and BPHS joint report on deployment of newly trained CME graduates	March 2008	At least 80	March 2010
Partnerships with private sector service providers					
No. of private sector service providers from Farah and Uruzgan provinces trained	0	CSO activity report/monitoring visits report	March 2008	About 40 from both provinces	March 2009
No. of private sector service provision outlets of Farah and Uruzgan provinces upgraded	0	Baseline assessment report of the CSO/ monitoring visits report	March 2008	At least 10 from each of the two provinces	March 2009
No. of private sector service provision outlets of Farah and Uruzgan provinces delivering immunization and basic RH service	0	CSO activity report/monitoring visits report/end project assessment	March 2008	At least 10 from each of the two provinces	End 2009

If baseline data is not available indicate whether baseline data collection is planned and when.

Finally, please give details of the mechanisms that will be adopted to monitor these indicators, including the role of beneficiaries in the monitoring of the progress of the activities, if appropriate.

Different CSO applications provided different indicators, so a compilation of the key indicators are put in the table above. These indicators will be monitored through joint review process at the provincial level by a forum convened by PHD. Such forum will have implementing CSO, BPHS partners, local government, traditional decision makers and representatives of each of the target groups. The review of progress of the indicators/ milestones at national level will be done on a quarterly basis with a major mid-term review and end-of-project review which will include all key stakeholders. In addition to above indicators, the CSO routine reports and HMIS data will be used to track progress on immunization and basic RH service utilization.

Section 5: Implementation Arrangements (one – two pages)

Please describe in this section how the GAVI Alliance CSO support will be managed. Please provide the following information:

- Name of lead organisation responsible for managing implementation of the programmes
- Name of lead organisation responsible for coordination, monitoring and quality control
- Role of HSCC (or equivalent) in implementation
- Mechanism for coordinating GAVI Alliance CSO support

Management Mechanism	Description
Name of lead individual / unit responsible for managing GAVI HSS-CSO implementation and coordination.	**GDPP/ MOPH** ▪ HSS Coordinator and Focal Point ▪ Grants and Contracts Management Unit
Name of lead organization responsible for monitoring and quality control	▪ Monitoring and Evaluation Department/ MoPH ▪ Institute of Health Sciences/ Community Midwifery Board/ NMEAB
Role of CGHN in implementation of GAVI HSS-CSO and M & E	▪ On-going high-level oversight through quarterly, mid-term and end-of-project reviews evaluating milestones and indicators
Mechanisms for coordinating GAVI HSS-CSO with other system activities and programs	▪ CGHN ▪ BPHS Implementers' Meeting PPA; PPG; PGC (meet on monthly basis) ▪ Provincial Health Coordinating Committee

Please then outline the specific roles and responsibilities of key partners in implementation in the table below:

Roles and responsibilities of key partners (HSCC / TWG members and others)

Title / Post	Organisation	CGHN and GAVI-HSS steering committee member	Roles in the implementation of the application for GAVI Alliance CSO support
General Director of Policy and Planning	GDPP/ MoPH	Yes	Oversight of CSOs inputs through CGHN technical contribution
HSS Coordinator and Focal Point	GDPP/ MoPH	Yes and Secretariat to Steering Committee	Overall coordination of CGHN/MoPH monitoring and management roles, arranging external audit of FMA, and independent evaluation of the projects at the end stage.
Director	Institute of Health Sciences and Head NMEAD	Expert advisor	Monitoring technically quality of midwifery training in cooperation with Monitoring and Evaluation Department of MOPH
Midwifery Advisor and Head of Midwives Association	Jhpiego/Health Services Support project and Afghanistan Midwives Association	Expert advisor	Provision of material , provision of technical support and help monitoring the quality of schools
Program Officers	WHO, UNICEF, UNFPA	Yes	Technical Contribution
Health Advisors	World Bank, European Community and USAID	Yes	Technical Contribution Co-Funding of Related activities (principally BPHS funded activities and running of midwifery shcools).
Country Directors	NGO Implementing Partners	Yes	Implementation Technical Contribution
M&E Advisor	Academic and Consulting Institutions	Expert advisor	Technical Contribution Building Capacity of MOPH in M & E
Provincial Health Director	PPHO	No	Coordinating and monitoring at provincial level
	Community Health Shuras	No	Selection of CMWs and Community Input/ Guidance for private sector model

Please also describe the financial management arrangements for the GAVI Alliance CSO support:

- Mechanism for channelling GAVI Alliance CSO funds into the country
- Mechanism (and responsibility) for budget use and approval
- Expected duration of the budget approval and transfer process
- Mechanism for disbursement of GAVI Alliance CSO funds
- Auditing procedures (and details of auditors, if known)
- Justification of management fees (if applicable)

Mechanism for channeling fund of GAVI into country

After consultations with the partners through CGHN, it was agreed that the CSO funds should be channeled to a third party which will support the CGHN/MOPH in all aspects of financial management, disbursement and accounting. This option will facilitate channeling of funds to the CSOs more efficiently and will reduce the burden of work on MoPH in terms of channeling the small amount of funds directly to the individual six CSOs. In addition, it will enhance monitoring and when needed imposing sanctions for under-performing CSOs.

After obtaining GAVI approval for HSS-CSO support application, a contract will be signed with a Financial Management Agency (FMA) selected through a transparent process. The terms of reference (TOR) for the agency selected for Financial Management is in annex. This TOR was shared among steering committee members for GAVI-HSS support which represents the key decision makers at the CGHN including WHO, UNICEF, World Bank, USAID, European Commission, Ministry of Finance, MOPH, Civil Society Organizations' interim representative in the CGHN.

Funds provided by The GAVI Alliance will be used only for the purposes explicitly described in the funding application and signed agreement, including any subsequent amendments.

Mechanism for budget use and approval

The responsibility for management of the GAVI HSS-CSO funds will be with the MoPH and the CGHN. The GAVI HSS-CSO implementing partners will prepare their operational plans and budgets for submission to the MOPH/CGHN. These plans will be reviewed by the MOPH/CGHN and if acceptable will then be forwarded to the FMA.

The FMA will be responsible for organization and execution of budget appropriations and enforcement of the financial management requirements. The FMA will set up a responsive financial management system for the adequate capture, analysis, and reporting of financial information in an accurate and timely fashion for all the funds advanced to the Agency by Donor/ MOPH/ CGHN for which the FMA will have full responsibility. The FMA will segregate all disbursements and accounts by implementing institutions, by geographic location (province, district), by type of implementing institution, and by categories of expenditure. The FMA will report to the MOPH/CGHN and monitored by Finance section of the Grants and Contracts Management Unit.

Expected duration of the budget approval and transfer process

The Donor will be asked to channel the funds on annual basis to FMA. FMA will disburse funds based on the already approved work plans of the CSOs, reimburse the CSOs involved in the implementation of activities on quarterly basis and will report to the MOPH/CGHN.

Auditing Procedures

Each CSO has budgeted for internal audits in their applications. They will be financially monitored by FMA and MoPH GCMU. The FMA will be externally audited and auditing firm will be selected by MOPH/CGHN through competitive process.

Finally, please describe the arrangements for reporting on the progress in implementing and using GAVI Alliance CSO funds, including the responsible entity for preparing the APR.

Each CSO or consortium will prepare quarterly, mid-term and end-of-project technical and financial reports which will be compiled by HSS Coordinator and presented to CGHN HSS Steering Committee for review and comment. HSS Coordinator is responsible for preparing the APR, and CGHN is the responsible body for endorsing it.

Section 6: Costs and Funding for GAVI Alliance CSO Support (one page)

The aim of this section is to confirm the total amount of GAVI Alliance CSO funds available, and to calculate the costs of all proposed activities per year, and ensure that the costs do not exceed the funds available.

The amount of GAVI Alliance CSO funds available are indicated in Table 2 of Chapter 4 of the GAVI Alliance CSO Guidelines. Please indicate this total at the beginning of this section.

Then, please prepare a budget, based on the costs of all activities (by CSO) for the period of the GAVI Alliance support. Please add or delete rows in the table below to give the right number of activities for each CSO. Please ensure that the total costs of managing the support (from the perspective of the HSCC or TWG as well as the CSOs) is included, as well as the costs of audit.

Please convert all costs from the CSO applications into US$ (at the current exchange rate).

The total budget from GAVI Alliance funds available for CSOs in Afghanistan to help implement GAVI HSS or cMYP is US$ 2,425,998.

Cost of implementing GAVI Alliance CSO support

Support for activities (for each CSO)	Cost per year in US$			TOTAL COST
	2008	2009	2010*	
IbnSina				
Establishment of provincial CME program school and curriculum	85,855	85,855	0	171,710
Training and deployment of 20 female CMWs	50,290	50,290	0	100,580
Improved clinical capacity for practical placement during training	3,500	3,500	0	7,000
Monitoring and evaluation	2,400	2,400	0	4,800
Sub total	**142,045**	**142,045**	**0**	**284,090**
Save the Children/Agency for Assistance and Development of Afghanistan				
1. Establish provincial CME school and program	26,000	0	0	26,000
2. Community consultation and selection of participants	17,000	0	0	17,000
3. Training of CMWs	99,000	150,000	18,499	267,499
4. Deployment of CMWs, support and supervision	11,500	17,250	5,750	34,500
Sub total	**153,500**	**167,250**	**24,249**	**344,999**
Bakhtar Development Network				
1. Establish CME program in Ghazni province and select candidates for training	81,515	0	0	81,515
2. Offer quality training and accommodating trainees for a complete 18-month course	13,374	162,215	13,965	189,554
3. Deploy the trainees in health facilities where community midwives are originated	0	0	16,145	16,145
Sub total	**94,889**	**162,215**	**30,110**	**287,214**
BRAC Afghanistan/ Afghanistan Centre for Training and Development				
1. Establishment of a CME program and resource centre	50,875	0	0	50,875
2. Training and deployment of 18 female CMWs	82,500	129,810	0	212,310
3. Support and supervision of clinical practices	7,000	8,565	0	15,565

4. External evaluation and accreditation through National Midwifery Education and Accreditation Board (NMEAB)	900	2,925	0	3,825
Sub total	**141,275**	**141,300**	**0**	**282,575**
Coordination of Humanitarian Assistance				
Activity 1: Mapping up of current private health service providers in Farah	20,000	0	0	20,000
Activity 2: To train different cadres of private practitioners based on the training need assessment conducted during the mapping exercise	15,500	18,000	3,000	36,500
Activity 3: To equip and provide medical essential supplies and other supplies and provision of basic support to private practitioners.	85,000	63,000	15,000	163,000
Activity 4: To provide incentive and monitor and evaluate the private practitioners for the services provide free of charge.	42,947	68,610	21,490	133,047
Activity 5: To establish a private medical practitioners association in Farah province.	15,000	3,000	0	18,000
Sub total	**178,447**	**152,610**	**39,490**	**370,547**
HealtNet TPO (Uruzgan Province) and Humanitarian Assistance/Development Association for Afghanistan				
Activity 1: Mapping up of current private health service providers in Uruzgan	21,300	0	0	21,300
Activity 2: To train different cadres of private practitioners based on the training need assessment conducted during the mapping exercise	28,560	40,340	0	68,900
Activity 3: To equip and provide medical essential supplies and other supplies and provision of basic support to private practitioners.	90,200	78,400	10,200	178,800
Activity 4: To provide incentive and monitor the private practitioners for the services provide free of charge.	41,800	52,650	25,950	120,400
Activity 5: To establish a private medical practitioners association in Uruzgan province.	0	28,725	9,575	38,300
Sub total	**181,860**	**200,115**	**45,725**	**427,700**
Management costs of implementing CSOs	31,797	56,245	29,820	117,862
Management costs of CGHN/ GDPP	45,022	66,066	42,420	153,508
Financial Management Agency (FMA) cost	47,834	71,752	23,917	143,503
Financial auditing costs (of all CSOs)	1,500	5,500	7,000	14,000
Sub total	**126,153**	**199,563**	**103,157**	**428,873**
TOTAL COSTS	**1,018,169**	**1,165,098**	**242,731**	**2,425,998**

*Some of the CSOs budget extends to 2010 because the Afghan year ends in March 2010 and assessment of activities will be completed by then.
**CGHN/MOPH management costs include monitoring and supportive supervision of the projects, external audit of financial management agency, and an independent evaluation of the projects at the end stage.

Section 7: Endorsement of the Application

Representatives of the Health Sector Coordinating Committee (HSCC), or equivalent, should endorse the application, and the Chair of the HSCC should sign the application on their behalf. All HSCC members (or equivalent) should sign the minutes of the meeting where the GAVI CSO application was endorsed. The minutes should be submitted with the application.

Please note that the signature of HSCC members represents their agreement with the information and plans provided in this application, as well as their support for the implementation of the plans. It does not imply any financial or legal commitment on the part of the partner agency or individual.

"The Consultative Group on Health and Nutrition representing the Ministry of Public Health of the Afghanistan Government and partners commits itself to providing support to the Civil Society Organisations in this application to implement the strategy.

The CGHN further certifies that the CSOs are bona fide organisations with the expertise and management capacity to complete the work described successfully.

The CGHN requests that GAVI Alliance funding partners provide financial assistance to support CSOs that can contribute to the implementation of the GAVI HSS proposal and / or the cMYP as outlined in this application."

Chair of CGHN (HSCC equivalent): Name, Post, Organisation, Date, Signature

Dr. Faizullah Kakar, Deputy MOPH for Technical Affairs.

Date: Signature (signed)

Members of the CGHN (HSCC equivalent) endorsed this application at a meeting

on .....5 March 2008..... The signed minutes are attached.

This section should also include the name and contact details of the person for the GAVI Alliance Secretariat to contact in case of any queries. Please provide the following information:

Contact person: Name, Post, Organisation, Tel No., Fax No., Address, Email

Dr. Abdul Wali, Health System Strengthening Coordinator and Focal Point
Office of General Directorate of Policy and Planning,
Great Masoud Circle, Ministry of Public Health, Kabul, Afghanistan
drabwali@yahoo.com , 0093 (0) 799 353 178, or 0093(0) 775 577 096

ANNEX Documents Submitted in Support of the GAVI CSO Support Application Please submit the following documents with this application (in electronic copy if possible). Please number and list the documents in the table below:

Annexes and Banking Forms will be submitted in following emails on next working day.