



Organization	IMC-UK (International Medical Corps UK)		
Project Title	Live Saving Emergency Services to the Conflict-affected People in Noristan and Paktika Provinces		
CHF Code	AFG-14/S1/H/INGO/235		
Primary Cluster	HEALTH	Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	
Project Budget	754,865.13	Project Duration	12 months
Planned Start Date	01/06/2014	Planned End Date	30/05/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

**Project Summary**  
International Medical Corps intends to increase access, for conflict-affected populations in the districts of Nuristan and Paktika provinces, to basic lifesaving emergency health services through: • Provision of basic health services at the health facilities; • Capacity building of the health facility staff, CHWs and Shura members in order to improve their ability to respond to mass casualty and disease outbreaks; • Provision of medical supplies and equipment for management of mass casualties to the health facilities; • Development of an operational plan to mitigate/respond to mass casualty, including the establishment of a surveillance system and the development of a timely reporting system; and • Strengthening of the two way referral system for emergency services.

<b>Project Beneficiaries</b>		<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
	Beneficiary Summary	8555	8146	2005	2005	20,711	
	<b>Total beneficiaries include the following:</b>						
	Children under 5	0	0	2005	2005	4010	
	Pregnant and Lactating Women	0	1604	0	0	1604	
	Trainers, Promoters, Caretakers, committee members, etc.	535	126	0	0	661	

<b>Indirect Beneficiaries</b>	Catchment Population	200500
-------------------------------	----------------------	--------

**Link with the Allocation Strategy**  
The project aims to save lives by building the capacity of the health facility staff to respond to mass casualties and disease outbreaks and ensure effective and efficient utilization of available resources.

<b>Implementing Partners</b>	Other funding Secured For the Same Project (to date)
------------------------------	--

**Organization primary focal point contact details**  
**Name:** Dr Shamail Azimi **Title:** Medical Director  
**Telephone:** 0093-798809020 **E-mail:** sazimi@internationalmedicalcorps.org

<b>Organization secondary focal point contact details</b>	<b>Name</b>	<b>Title</b>	<b>Phone</b>	<b>Email</b>
	Dr Solomon Kebede Goshu	Acting Country Director	0093-0799737954	skebede@InternationalMedicalCorps.org

## BACKGROUND INFORMATION

**1. Humanitarian context.**  
Humanitarian context: Give a specific description of the humanitarian situation in the target region based on new est data available (indicate source) (Maximum of 1500 characters)

Nuristan is one of the most isolated provinces of Afghanistan, and has difficult geographical terrain. The province borders Pakistan to the east, which makes it vulnerable to the infiltrations of government opposition groups from across the border. The presence and activities of these groups have made the province one of the most unstable provinces in Afghanistan. The government's military forces' clashes with the opposition groups have affected most of the population of the province, especially those who are living in Kamdih. The insecurity is spreading to other areas, including the central and western parts of the province, especially in Waigal and Mandol districts. The on and off conflict in the province has injured or killed not only people associated with both sides of the conflict but also the civilian residents of Nuristan province, including women and children. The mountainous geographical terrain of the province has made it vulnerable to natural disasters like avalanches and floods. Natural disasters, similar to conflict in the area, affect the entire population, men, women, and children, and cause traumas and injuries. Based on past experience with the population in the catchment area of Kordar of Wama districts, watery diarrhea outbreaks, Kamdih and Bargimatal population are prone to measles outbreaks, Mandol district population are prone to avalanches. In addition there is on and off cross border shelling from Pakistan in Kamdih and Bargimatal and Government/IMF and Anti-government elements fighting in the area. All these man-made and natural disasters make the population more vulnerable to mass casualty events, which cannot be adequately managed through existing BPHS because under BPHS, emergency services are not provided for mass casualties. Paktika is also one of the most isolated provinces of Afghanistan with a wide variety in its terrain. The province shares a long and uncontrolled border with one of the most insecure parts of Pakistan (North Waziristan), which makes it vulnerable to the infiltrations of government opposition groups across the border. The presence and activities of these groups have made the province one of the most unstable provinces in Afghanistan. The government's military forces' clashes with the opposition groups have affected most of the population of the province, especially those who are living in Barmal and Wazakhw a district. The geographical terrain and open long border with most insecure part of Pakistan has made it vulnerable to frequent conflicts. Similarly, natural disasters also affect the population and cause traumas and injuries. Based on International Medical Corps past experience in the province, the population in the catchment area of Barmal and Wazakhw a is often affected by disease outbreaks such as watery diarrhea and measles. Due to widespread insecurity, Barmal CHC was burnt down by an unknown insurgent group in 2010, but was reopened on January 12, 2014. All these man-made and natural disasters make the population more vulnerable to injuries. The mass casualties and disease outbreaks, threatening people's lives, cannot be managed successfully through existing Basic Package of Health Services (BPHS) health facilities because this package offers only basic services, which does not cover all the necessary skills and medical supplies to handle mass casualties.

**2. Grant Request Justification.**  
International Medical Corps has been active in Noristan province since 2007 and has been providing BPHS through the SEHAT project through 3 DHs, 9 BHCs, 9 HSC and 2 CHCs in the province, and is thus well aware of the context for the proposed project. Given the long lasting conflict and the recurring natural disasters in the province, emergency services are needed in the conflict or natural disaster prone areas of the province. There is a lack of capacity at the hospital, CHCs, BHCs and community level to respond, plan and manage mass casualties. Health staff has not been trained on casualty management, triage, physical injuries treatment, first aid, Psychological First Aid. Referral systems in Noristan province are very weak and there is no referral mechanism and linkage to the nearest provinces due to unavailability of a well-equipped ambulance and trained staff at the health facilities. In addition, the community itself is unaware of the referral and identification of emergencies. There is limited stock of emergency medical supplies/medical equipment in health facilities. The gaps mentioned above, based largely on observations of the current capacity, cannot be filled under the current BPHS/SEHAT project alone. International Medical Corps has been active in Paktika province since 2004 and provides BPHS/EPHS service under PCH contract through one PH, 2DHs, one CHC+, 5CHCs, 18 BHCs and 8 HSC. The current BPHS services provided in Barmal and Wazakhw a health facilities are not sufficient for mass casualty due to many factors, including but not limited to low access of community to health facilities; low capacity of health facilities staff regarding mass casualties triage, treatment and referral; unavailability of needed medical equipment, both at health facilities and at community level; and low level of community awareness on how to handle mass casualty cases. Given the long lasting conflict and the natural disasters in the province, emergency services are needed for the target population, with the aim of reducing excess mortality due to injuries. Referral systems in

Paktika province are not sufficient and there is no referral mechanism to the nearest provinces due to unavailability of well equipped ambulance, trained staff at the health facilities and low level of community awareness on referral and identification of emergencies. Emergency medical supplies/medical equipment are not available at the health facilities to a sufficient amount. Overall, the above mentioned gaps cannot be filled under the current BPHS/EPHS project alone. International Medical Corps will not use the CHF funds for BPHS funded activities but, rather, use CHF funds to fill the aforementioned gaps, which are not covered under current BPHS funds. Mainly, the CHF funds will be used to upgrade MCM capacity and support its implementation at hospital and pre-hospital levels. International Medical Corps is uniquely positioned to implement the proposed health project and to complement the proposed nutrition projects proposed for the same target areas.

**3. Description Of Beneficiaries**  
Nuristan and Paktika both border Pakistan, which makes the area extremely vulnerable to conflicts. Frequent natural disasters and diseases outbreaks with high mortality and morbidity fits the targeted beneficiaries with criteria set by health cluster IMC has been the lead BPHS/EPHS implementer in both provinces since 2004 and 2007 and as per our physical existence, respectively having regular data collection through HMS tools, it is evident that most casualty cases were not managed in the BPHS funded health facilities due to lack of capacity of staff, unavailability of emergency medicines/supplies. Most of the time the people have to take their patients to the nearest provinces, and in some cases even out of the country. International Medical Corps will train all doctors, nurses, midwives, nurses, male and female CHWs and community shura to properly refer and manage the emergency cases through trained health staff and availability of regular supplies. Since Paktika and Nuri

**4. Needs assessment.** Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted with, how and when?). List any baseline data  
International Medical Corps has been implementing Basic Package of Health Services (BPHS) in Nuristan since 2007 and currently runs 25 health facilities and 155 health posts under BPHS/SEHAT. International Medical Corps has also been implementing BPHS in Paktika since 2004 and currently runs 35 HFs and 224 HPs. International Medical Corps has maintained regular monitoring and supervision of the health facilities and health posts. It has been widely recognized, and is supported by the needs assessment including staff training needs assessments of the hospitals and health facilities, that the CHCs, BHCs and sub centers under the BPHS package do not support the provision of mass casualty trauma services during mass casualties. Furthermore, assessments indicate that the DHs lack skills, essential resources and proper facilities to provide mass casualty trauma services during mass casualty events. The proposed project and activities are therefore designed to complement the BPHS services being provided at CHCs, BHCs and sub centers and DHs and to fill a major gap between the development-oriented policies of the MoPH and the emergency setting in Nuristan and Paktika. As such, the proposed action will not overlap or duplicate any other program delivered by International Medical Corps or other stakeholders operational in the target districts. While it will overlap geographically with the areas where International Medical Corps itself is currently operational, no duplication of activities or funding, whether in the form of training or material support, will occur as these proposed activities are not covered or provided by any other BPHS-related donor funding mechanisms at present. International Medical Corps has not submitted requests for funds for similar activities to any other donor for Nuristan and Paktika; therefore, there would be no duplication of funding. International Medical Corps proposed action and BPHS services will synergistically complement each other. The capacity/skills development of BPHS staff will be improved through the proposed action to enable the staff to manage both routine as well as mass casualty management cases and outbreaks in case of mass casualty. The existing infrastructure, with much needed renovation of the hospitals/BPHS health facilities, will be used for the management of the emergency during mass casualties/outbreaks.

**5. Activities.** List and describe the activities that your organization is currently implementing to address these needs  
Through this project, IMC will respond to the needs identified by IMC during the period between 2007 and 2013 with the objective to increase the capacities of the HFs to provide life-saving mass casualty management support/outbreak control to the conflict-affected population of Nuristan and Paktika. Training and Capacity Building: During BPHS project implementation, IMC found that almost all staff of the target HFs lack the capacities to respond to mass casualties and outbreaks and properly treat/control the physical injuries/outbreaks of communities after emergencies. IMC has the capacity and proposes to train approximately 671 health service providers, CHWs and shura members at the HFs/HPs/community. The trainings will be in line with MoPH approved guidelines on trauma care and Outbreak Investigation and Control/DEWS. IMC understands that the target HFs have different levels of capacities to emergencies. Therefore, it is very important to provide trainings in line with the capacities existing in the HFs. Particularly, the following trainings will be provided: • DHs: Advanced level casualty triage, wound treatment and care, development of a contingency plan for mass casualties and DEWS. • CHC/BHC/HP: triage, wound care, first aid, outbreak investigation and control/DEWS and referrals and operational plans to respond to mass casualties. Also, IMC found that local communities lack the awareness and capacities to provide first aid assistance to the physical injuries and detection and timely outbreak reporting. Therefore, IMC will train local community groups, including CHWs, health Shura members; and the HF drivers on the roads within Nuristan and Paktika, as well as on roads leading in and out of the target provinces, on providing first aid and referral to the nearest HFs. Moreover, to increase the capacities of the HFs, IMC will: • Deliver emergency supplies and equipment; • Conduct some minor renovations of the emergency wards of the hospitals and similar spaces in the CHCs/BHCs/SCs; • Strengthen the referral system between the community, lower level and higher level HFs by renting ambulances and also trainings to local drivers, community and the HFs staff; and • Establish a reporting system in the targeted HFs for conflict related casualties/outbreaks with disaggregated data, develop mass casualty contingency plans for each of the targeted HFs. To have necessary emergency supply buffer stocks at the target HFs, IMC plans to provide these HFs with required emergency supplies such as dressing sets, gauze, cotton, antibiotics, analgesics, anti-tetanus serums, ATS/TIGs syringes, plasma expanders, IV fluids, ORS, stretchers, bandages, antiseptics, body bags, plaster of Paris (POP) splints, crutches, and slings. At the HF level, a two-way referral system will be established. Communities will refer cases to CHCs/BHCs/SHCs, then to the DH or the PH of the neighboring provinces. When cases are treated, they will be referred to a lower level HF for follow-up. A referral sheet will be completed for each patient. Currently, the HFs are using MoPH HMS formats to report HF activities on monthly basis. Because these formats follow BPHS of MoPH Afghanistan, they mainly focus on maternal and child health activities and little or inadequate information is reported related to other activities taking place at the HFs, such as conflict-related emergency cases and outbreaks. There is no information about different groups of the population and causes of the traumas and injuries and outbreaks. In conjunction with the health authorities, IMC will ensure that a proper reporting format is developed to have adequate information about different conflict-related injuries /outbreaks in order to develop plans for emergency management. Also, IMC will train all the HFs identified to prepare comprehensive mass casualty plans. IMC will develop and disseminate IEC materials for proper management and referral of injured/outbreaks patients.

**LOGICAL FRAMEWORK**

**Overall project objective**  
Increased capacities of health facility staff and the community to respond to mass casualties and provide life-saving medical support to the conflict affected population in order to reduce mortality and disability.

**Logical Framework details for HEALTH**

Cluster objectives	Strategic objectives (SRP)	Percentage of activities
Objective 2. People in provinces and districts identified at high risk due to conflict have timely access to effective trauma care to prevent avoidable morbidity, mortality and disability	1. Providing emergency health care and prioritizing access to critical services	100

**Outcome 1**  
Improved capacities of health facilities staff and CHWs to provide life-saving emergency medical services in the conflict-affected districts of Nuristan and Paktika provinces.

Code	Description	Assumptions & Risks
Output 1.1	Health facilities staff and CHWs are trained in mass casualty event management, including triage, treatment of injuries, referral systems, and first aid	Availability of trainers and trainees, timely provision of funds by the donor, insecurity

**Indicators**

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of war trauma					88					126
<b>Means of Verification:</b>		training reports, attendance sheets, M&E reports										
Indicator 1.1.2	HEALTH	Number of community health workers, local Shura, trained on first aid, referral and reporting as first responders					214					535
<b>Means of Verification:</b>		training reports, attendance sheets and M&E reports										

**Activities**

Activity 1.1.1	Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.
Activity 1.1.2	Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.
Activity 1.1.3	Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.

**Outcome 2** Increased access of the conflict-affected people to life-saving medical services.

Code	Description	Assumptions & Risks
<b>Output 2.1</b>	A greater proportion of conflict affected victims in the targeted districts received emergency care.	Accessibility of the victims to health facilities, medical supplies, trained staffs, security

#### Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	Population covered by emergency PHC and referral services					10025					20050
<b>Means of Verification:</b>		Health facility records, HMIS reports, M&E reports										
Indicator 2.1.2	HEALTH	Number of health facilities equipped with the required emergency medicines / supplies / medical equipments and ambulances to response conflict affected emergency cases					10					10
<b>Means of Verification:</b>		HF records, HMIS report, pharmacy report, M&E reports										
Indicator 2.1.3	HEALTH	Number of mass casualty response plans per district prepared					5					10
<b>Means of Verification:</b>		HF reports, M&E reports										
Indicator 2.1.4	HEALTH	Number of trauma/mass casualty patients treated					5614					14035
<b>Means of Verification:</b>		HF records, HMIS data										

#### Activities

Activity 2.1.1	Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients
Activity 2.1.2	Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.
Activity 2.1.3	Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.

**Outcome 3** Improved response to disease outbreaks in targeted districts.

Code	Description	Assumptions & Risks
<b>Output 3.1</b>	Operational plans to respond to disease outbreak incidents at each International Medical Corps supported health facility are developed.	trained staff, coordination with PPHD and other stakeholders, security

#### Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	Case fatality rate maintained within international agreed limits					15					10
<b>Means of Verification:</b>		HF reports, DEWS reports, M&E reports										
Indicator 3.1.2	HEALTH	Appropriate contingency plan in place in each district					5					10
<b>Means of Verification:</b>		M&E reports, field visit report										
Indicator 3.1.3	HEALTH	% of disease outbreaks investigated					100					100
<b>Means of Verification:</b>		HMIS reports, HFs medical reports										

#### Activities

Activity 3.1.1	Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.
Activity 3.1.2	Develop contingency plans to respond to disease outbreaks.
Activity 3.1.3	Actively respond to disease outbreaks in target districts

#### WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
<b>Activity 1.1.1</b> Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.			X	X	X							
<b>Activity 1.1.2</b> Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.			X	X	X							
<b>Activity 1.1.3</b> Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.					X	X	X					
<b>Activity 2.1.1</b> Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients					X	X	X					
<b>Activity 2.1.2</b> Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.	X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity 2.1.3</b> Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.				X	X	X						
<b>Activity 3.1.1</b> Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.	X	X	X	X	X	X	X	X	X	X	X	X
<b>Activity 3.1.2</b> Develop contingency plans to respond to disease outbreaks.				X	X	X	X	X	X			
<b>Activity 3.1.3</b> Actively respond to disease outbreaks in target districts	X	X	X	X	X	X	X	X	X	X	X	X

**M & E DETAILS**

**Implementation:** Describe for each activity how you plan to implement it and who is carrying out what.

During the first 2 months, IM will recruit, orient and deploy the key project staff. IM will share the implementation and the M&E plan with the PPHD and finalize the plans. All the IEC material will be sent to MoPH for approval and will be shared with the cluster. Capacity of health staff will be assessed through TNA and training will be organized on responding to mass casualties, treatment of injuries, first aid and referral to higher level HFs. IMC will use MoPH-approved curricula for training on MCM and Triage. IMC will hire qualified trainers to conduct the trainings. Thus, IMC intends to build the capacities of the personnel at three levels 1) DH, CHC level 2) BHC level and 3) community level. Emergency medicines/medical supplies will be provided to the HFs and will be used for treatment of war trauma/mass casualty patients. To mobilize the community to actively provide first aid services, refer cases to HFs and report on such cases, CHWs and Shura members will receive necessary trainings, and will then hold regular sessions with community members. During these sessions, the community will be informed of the availability of the services and will be reported on the achievements, which in turn, will increase access. Shura members and community will be reached at every stage of the project. During monthly shura e sehi meetings, CHW meetings, and meetings with family action groups, community will be involved on planning and implementation of the project. A contingency plan will be developed to respond to disease outbreaks at the early phase of the project. For referrals, CHWs will be trained on how and when to refer cases to primary HFs and HF staff will be trained on how to refer cases to a tertiary level. In Nuristan, since there is no tertiary HF, patients are referred to Laghman or Kunar PHs. Contacts—telephonic and coordination meetings- are ensured with responsible staff in Laghman and Kunar PHs for follow ups of the patients. IMC plans to conduct bi annual coordination meetings with BPHS/EPHS implementing NGOs in Kunar and Laghman for improvement of referral system. In Paktika, the referral system is maintained between secondary and tertiary HFs. For referral purposes, IMC will equip some of the HFs with well-equipped ambulances. IMC has maintained a very positive working attitude with other stakeholders, including PPHD, WHO, UNICEF and WFP. IMC attends the monthly PHCC which is convened on a monthly basis. During this meeting, all the progresses made on health service delivery are shared with the participants and constructive feedbacks are provided. It also helps the stakeholders be informed on the projects run by other stakeholders, which in turn, helps prevent overlapping of the activities. IMC also attends the PDC meetings. During this meeting, the projects are evaluated and feedbacks are provided to fill the existing gaps. IMC also conducts regular meetings with UNICEF and WHO for coordination purposes, including sharing training material and curricula and finding solutions to identified problems. IMC, as part of its applicable policies to safeguard the environment, always takes necessary measures to safely collect and dispose the waste material, including, plastic sachets, single-use syringes, used bandages, bodily tissues, etc. In Nuristan, there are three standard incinerators constructed by IMC under BPHS project which are located in Duab and Want DHs and Nangraj BHC. There are also 15 mobile incinerators procured by IMC which are used in other HFs. In Paktika, mobile incinerators are used to dispose waste material. During implementation of this project, IMC will make adequate provision for the safe collection and disposal of medical waste from humanitarian operations, particularly from hospitals and mobile clinics. This is to be mentioned that IMC is the only NGO that delivers health services in these two insecure provinces and no any other NGO is active in this field in Nuristan and Paktika.

**Monitoring:** Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project.

IMC will develop a comprehensive monitoring plan to monitor the project activities and collect the relevant data. The Project Manager will develop an inclusive monitoring plan to ensure that monitoring of activities is frequent. The logical framework will be used as monitoring tool for indicators and objectives and all the related source of verifications like training reports, health facilities records, meeting minutes, etc. Comprehensive quality assessment checklists will be used to evaluate the quality of services and staff capabilities during monitoring visits and provide feedback to the field staff. A Project Management Tool, attached to this proposal, which is created by IMC will be used to record the findings of monitoring of project activities. Joint monitoring visits with PPHD or PNO will also be organized to monitor the project activities. During each visit, action plans will be developed and feedback will be provided to address the gaps identified. In next monitoring visit, the action plans will be evaluated to see if the gaps identified during the previous visit are addressed. Project activities will also be monitored and the data will be recorded during the Project Review Meetings, which will be conducted by IMC senior management on quarterly bases. Since IMC is the current BPHS implementer in Nuristan and Paktika, it has access to all HFs of these two provinces and is able to run monitoring activities smoothly. The monitoring reports will be included in the monthly and quarterly reports which will be submitted to CHF. The project staff includes an M&E/Technical Officer. The M&E Officer will oversee all of the monitoring activities for the project, including routine monitoring. The M&E officer will also lead the effort to develop project management plan and detailed M&E plan. Monthly reports will be submitted to CHF. Additionally, quarterly financial and narrative progress reports will be submitted to CHF with annual internal and external audits for financial management of the project. IMC will also ensure that health and nutrition programs implemented for CHF are monitored consistently to ensure accuracy in reporting.

**OTHER INFORMATION**

Coordination with other Organizations in project area

Organization	Activity
1. Provincial Health Directorate	Conducting/attending coordination and collaboration meetings for further improvement of activities
2. Health /Nutrition cluster meetings	Attending coordination meetings for information sharing, coordination, improving the activities and preventing overlapping
3. AMI and SCA	coordination meeting

Outline how the project supports the gender theme

While conducting training programs for health facilities staff and community health workers, International Medical Corps will fully observe the proportion of male trainees against female trainees and will try to encourage female staff to participate in the trainings. International Medical Corps is well aware of the cultural sensitivities against women's participations in such trainings which are both conducted and attended by men. To help solve this issue, International Medical Corps will try to recruit qualified female trainers to conduct trainings for female participants. Besides, International Medical Corps will try to ensure the privacy of the female participants by conducting separate trainings for them, where necessary.

Select (tick) activities that supports the gender theme

- Activity 1.1.1:** Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.
- Activity 1.1.2:** Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.
- Activity 1.1.3:** Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.
- Activity 2.1.1:** Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty

	<p>patients</p> <p><input type="checkbox"/> <b>Activity 2.1.2:</b> Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p><input type="checkbox"/> <b>Activity 2.1.3:</b> Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p><input checked="" type="checkbox"/> <b>Activity 3.1.1:</b> Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p><input type="checkbox"/> <b>Activity 3.1.2:</b> Develop contingency plans to respond to disease outbreaks.</p> <p><input type="checkbox"/> <b>Activity 3.1.3:</b> Actively respond to disease outbreaks in target districts</p>
Cross Cutting Issues	In general, low literacy and traditional beliefs contribute to poor health-seeking behaviors among people in Afghanistan. This is aggravated by a lack of awareness of health/ nutrition services offered and difficult access to health/ nutrition services, difficult terrain, insecurity and lack of female health workers at the target health facilities. The proposed project aims to address these issues in a sustainable manner by working to increase the level of awareness through training of female community health workers on availability of health/ nutrition services at the health facilities), and referral facilities to the nearest provinces. Emergency health programs should be implemented with all cross-cutting issues in mind, and linking the nutrition project to the health project will ensure integrated programming that addresses a variety of beneficiary needs. IMC will follow universal precautions to prevent HIV/AIDS while responding to emergencies.
Gender Marker of the Project	The project is designed to contribute in some limited way to gender equality
Environment Marker of the Project	B+: Medium environmental impact with mitigation (sector guidance)
Safety and Security	International Medical Corps has a robust and mature security infrastructure that facilitates its operations in conflict and post-conflict environments around the world. International Medical Corps has operated with expatriate and national staff successfully in over 40 countries for over 25 years, demonstrating its ability to adapt its security strategies and policies to the prevalent conditions on the ground. This success is in part due to its ability to contextualize threats, assess risks, and apply strategies that are relevant to the localized area of operations. International Medical Corps' staff takes the time to develop each program and itemize security measures to address the potential threats and risks it may meet in each location. International Medical Corps offices and facilities are carefully chosen utilizing a combination of security tools such as physical and operational security assessments and image evaluation tools. When recruiting, International Medical Corps engages local business leaders, influential local religious clerics and local-level government officials to obtain assurances of loyalty and ensure individuals are not involved in political or religious organizations that are a stumbling block to impartiality. International Medical Corps' mature protocols and policies that have been instituted to ensure the protection of staff, visitors, assets and sensitive information, and have led to a successfully balanced protection system that has not been compromised. Security risks—to program and field staff, beneficiaries and communities—remain the biggest threat to program implementation in Afghanistan. This includes the risk of kidnappings and targeted attacks using weapons and explosives. In remote areas of Afghanistan, insecurity poses the greatest risk to full implementation, particularly in terms of access and supervision. Nevertheless, International Medical Corps has a comprehensive security strategy in place and a dedicated security team to manage these risks to staff and beneficiaries, and has had considerable success in the past in achieving program objectives without placing staff and beneficiaries in danger. The proposed target districts are areas within which International Medical Corps has had a history of working, and this program will build off the existing relationships and community acceptance that International Medical Corps has worked to establish over the years. It is also recognized that in a post-conflict and fragile state such as Afghanistan, there may still be a level of mistrust of community interventions implemented by outside and Western organizations. The presence of foreign troops in Afghanistan with their own agenda is also recognized as a threat to community acceptance and subsequently the security of program staff and beneficiaries. To mitigate this risk, community mobilization is a fundamental part of the program strategy, as communities are more likely to trust and seek help from health and social workers who are part of their own community. International Medical Corps currently implements programs in some of the most insecure and unstable provinces in Afghanistan, such as Kunar, Nangarhar, Nuristan and Paktika. All the mentioned provinces are bordering Pakistan. As the United States Joint Strategy for Afghanistan–Pakistan is implemented, the security environment has further deteriorated and the number of security incidents along this border region and within International Medical Corps' areas of operation has increased in the past year. In response to the deteriorating security situation, International Medical Corps has developed and enforced a detailed protocol and Standard Operating Procedures (SOPs) for field staff working at all levels. These arrangements are reviewed regularly and are updated upon assessed changes in the security situation.
Access	International Medical Corps has been the leading BPHS implementer in Nuristan and Paktika Provinces for an extended period of time. International Medical Corps staffs are already deployed to all health facilities and health posts of these two provinces and have access to all districts.

**BUDGET**

**1 Staff and Other Personnel Costs** (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
1.1	Country Director Includes salary, hardship allowances, fringes, health and war risk insurance, housing, rest and relaxation in accordance with our HR policy and salary scale. In-charge of overall supervision, donor liaison, provides direction to the program team.	1	18578	12	10%	22,293.60
1.2	Finance & Admin Director Includes salary, hardship allowances, fringes, health and war risk insurance, housing, rest and relaxation in accordance with our HR policy and salary scale.	1	17170	12	10%	20,604.00
1.3	Security Manager Includes salary, hardship allowances, fringes, health and war risk insurance, housing, rest and relaxation in accordance with our HR policy and salary scale.	1	14666	12	10%	17,599.20
1.4	Project Coordinator includes basic salary and benefits in accordance with our HR policy and salary scale. This will be a medical doctor in charge of overall project supervision and coordination and ensuring the project objectives are met.	1	2800	12	100%	33,600.00
1.5	Site Manager includes basic salary and benefits in accordance with our HR policy and salary scale.	2	1655	12	100%	39,720.00
1.6	Trainers includes basic salary and benefits. As we have proposed two provinces which are located in two directions we have proposed to have two trainers in Paktika ( male /female ) and three trainers in Nuristan ( male /female ) . on the other hand the level of trainings are different basic and advanced which the trainers also will be different	5	1300	12	100%	78,000.00
1.7	Pharmacy assistant includes basic salary and benefits in accordance with our HR policy and salary scale.	2	662	12	100%	15,888.00
1.8	HMS/M & E Officers includes basic salary and benefits in accordance with our HR policy and salary scale.	1	866	12	50%	5,196.00
1.9	Management support staff includes basic salary and benefits of medical director, finance manager, logistics, HR and admin, and other support staff in accordance with our HR policy and salary scale. Provides technical and management support in the day to day activities.	1	12298	12	10%	14,757.60
<b>Section Total</b>						<b>247,658.40</b>

**2 Supplies, Commodities, Materials** (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
2.1	HF Emergency Medical Supplies, Equipment and Medicines Bills of quantity on List of emergency medical supplies, equipment and medicines are attached with estimated costs.	1	200000	1	100% 200,000.00
2.2	Trainings for Health Staff -Basic Life Saving Support Three days training on Basic Life saving support will be provided to 33 midwives and 43 nurses, 25 doctors will receive basic life saving trainings from the different health facilities from Nouristan and Paktika. Per diem will be paid for 5 days to include one day travel time before and after the training. Transportation costs to and from the training venue is estimated to be around \$50 on the average for each participant.	101	130	2	100% 26,260.00
2.3	First Aid Kits for CHWs first aid kit for CHWs to provide first aid in the community	359	50	1	100% 17,950.00
2.4	Training for CHWs and Shura Members 359 CHWs and 175 Shuras will be trained to provide awareness and first aid.	534	18	1	100% 9,612.00
2.5	Office /Program supplies and other consumables for office and program use	10	500	1	100% 5,000.00
2.6	Training aids, materials and equipment for training of doctors, nurses, midwives	1	20000	1	100% 20,000.00
2.7	Minor HF Upgrades/renovation renovate targeted health facilities	10	750	1	100% 7,500.00
2.8	IEC Materials (Posters, signs, radio announcements, etc.) for awareness to the community	10	500	1	100% 5,000.00
2.9	Ambulances for referral of emergency cases to next level of care. It includes costs of driver, maintenance and fuel. Based on IMC experience in Nuristan and Paktika, premium has to be paid due to insecurities in the area. This is based on current rental rate on the said provinces.	2	1200	12	100% 28,800.00
2.10	Vehicle rent for emergency supplies and kits for carrying of supplies from province center to each district	3	1200	12	100% 43,200.00
2.11	Training for Advance Life Saving Support 25 doctors will receive training for ALSS - Advance Life Saving Support for 5 days. Travel days before and after the training will be included in the calculation of per diem payment together with the transportation costs estimated at \$50 for each participant.	25	162	2	100% 8,100.00
<b>Section Total</b>					371,422.00

**3 Equipment** (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
3.1	Furniture (3 Desks, 3 Revolving Chairs, 3 Cupboards) Furniture to be used by the program staff base in the provincial and regional offices.	6	500	1	100% 3,000.00
3.2	Mobile Phones Cost of mobile phones for program staff use.	6	120	1	100% 720.00
3.3	Laptop Computers Cost of laptop computers for program staff.	6	1000	1	100% 6,000.00
3.4	Printers / Scanner For printing of training materials, reports etc.	2	500	1	100% 1,000.00
3.5	Digital camera For project staff use in monitoring and evaluation.	2	350	1	100% 700.00
<b>Section Total</b>					11,420.00

**4 Contractual Services** (please list works and services to be contracted under the project)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
<b>Section Total</b>					0.00

**5 Travel** (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
5.1	International Airfare This is the proportionate amount of international travel for annual leave of expatriate staff providing management and technical support to the project.	3	2500	1	10% 750.00
5.2	Local travel tickets Regional ticket costs of expatriates going to the regional offices overseeing the project implementation.	3	450	2	10% 270.00
5.3	Visa/Departure Taxes/ Work Permits	3	500	1	10% 150.00



	This includes all expenses related to visa, and work permit of international staff.					
5.4	National staff per diem	2	240	12	100%	5,760.00
	This provision is for per diem of national project staff who are directly involved in the project implementation, supervision and monitoring. It is projected that project staff will travel around 15 days in a month for supervision and monitoring. IMC per diem rate according to policy is \$16/day.					
	<b>Section Total</b>					6,930.00

**6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)**

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	<b>Section Total</b>				0.00

**7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)**

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
7.1	Office Rent/Maintenance/Utilities	1	6500	12	10%	7,800.00
	Proportionate amount of rent, maintenance and utilities of Kabul, Jalalabad and Paktika offices.					
7.2	Warehouse Rent/Maintenance/Utilities	2	2100	12	10%	5,040.00
	Provision for allocation of costs of warehouse rent and utilities in the provincial warehouses of Paktika and Nuristan					
7.3	Vehicle maintenance	2	150	12	100%	3,600.00
	Includes all related maintenance costs of vehicles used by the program staff in monitoring, supervision, traveling to and from the targeted areas.					
7.4	Equipment repairs and maintenance	2	800	12	10%	1,920.00
	Costs to cover for repairs and maintenance of equipment used in the project.					
7.5	Legal tax/Consultancy Fees	1	1050	12	10%	1,260.00
	Fees paid to tax and legal consultants in ensuring compliance to local laws and regulations.					
7.6	Bank Charges	2	250	12	100%	6,000.00
	Bank account maintenance fees, and cash facilitation charges for the transfer of money to the field offices.					
7.7	Generator/heating fuel	2	1800	12	10%	4,320.00
	Generator and heating fuel used in country and field offices. A proportionate amount is charged for this project.					
7.8	Communications including internet/internet upgrade and Maintenance	2	800	12	100%	19,200.00
	Includes internet charges, top up cards for mobile phones directly used in the project. The budget also includes provision for internet upgrade which will be necessary for regular reporting and monitoring of the project activities. \$450 is for internet connection (which is estimated to be 1/3 of the actual costs after upgrade). \$350 is for phone credits (top up cards) for all staff involved in this project.					
7.9	Software Licenses	1	10000	1	10%	1,000.00
	This includes license of accounting software used in recording project expenditures. Reports are also generated through this software.					
7.10	Vehicle Fuel	2	160	12	100%	3,840.00
	Includes fuel costs of vehicles used by the program staff in monitoring, supervision, traveling to and from the targeted areas.					
7.11	Vehicle Insurance	2	450	12	100%	10,800.00
	Includes insurance costs of vehicles used by the program staff in monitoring, supervision, traveling to and from the targeted areas. IMC will allocate 1 vehicle for each province. These are covered by comprehensive and third party liability insurance. Currently, Clements International is our insurer for these vehicles. The insurance costs is based on actual premiums paid.					
	<b>Section Total</b>					64,780.00

<b>Sub Total Direct Cost</b>	702,210.40
<b>Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)</b>	7%
<b>Audit Cost (For NGO, in percent)</b>	0.465818795716538%
<b>PSC Amount</b>	49,154.73

Quarterly Budget Details for PSC Amount	2014			2015		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	

<b>Total CHF Cost</b>	751,365.13
-----------------------	------------

**LOCATIONS**

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Nuristan -> Poruns	Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases. Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events. Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms. Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces. Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.	536	536	134	134	1340	7

	<p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>						
Nuristan -> Mandol	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	780	780	195	195	1950	10
Nuristan -> Duab	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	308	308	77	77	770	4
Nuristan -> Nurgeram	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	1280	1280	320	320	3200	16
Nuristan -> Wama	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	436	436	109	109	1090	5
Nuristan -> Waygal	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	776	776	194	194	1940	10
Nuristan -> Kamdesh	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p>	996	996	249	249	2490	12



	<p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>						
Nuristan -> Barg-e-Matal	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	616	616	154	154	1540	8
Paktika -> Wazakhah	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	916	916	229	229	2290	11
Paktika -> Bernel	<p>Activity 1.1.1 : Conduct trainings for DH/CHC health staff including surgeons, doctors, anesthesiologists, nurses and midwives on responses mass casualties, triage, wound care, proper referral mechanisms, and the development of a plan for response to a mass casualty cases.</p> <p>Activity 1.1.2 : Conduct trainings for BHC health staff including doctors, nurses and midwives on wound care, first aid, proper referral mechanisms and the development of plans for mass casualty events.</p> <p>Activity 1.1.3 : Conduct trainings for community health workers and Shura members on first aid, reporting as first responders, and referral mechanisms.</p> <p>Activity 2.1.1 : Provide health facilities with the required stock of emergency supplies and equipment to be used for treatment of war trauma/mass casualty patients</p> <p>Activity 2.1.2 : Strengthen the referral systems between the community, lower level and higher level health facilities and to the nearest provinces.</p> <p>Activity 2.1.3 : Prepare comprehensive mass casualty plans at target district health facilities as well as provincial hospitals.</p> <p>Activity 3.1.1 : Mobilize existing health staff and communities and coordinate with PPHD to better respond to disease outbreaks.</p> <p>Activity 3.1.2 : Develop contingency plans to respond to disease outbreaks.</p> <p>Activity 3.1.3 : Actively respond to disease outbreaks in target districts</p>	1376	1376	344	344	3440	17

**Project Locations** (first admin location where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

**DOCUMENTS**

**Document Description**

1. IMC Program Monitoring Tool 2013.xlsx
2. Annex -1 List of emergency supplies with quantities.docx
3. Budget Narrative Live Saving Emergency Services to the Conflict.docx
4. List of Acronyms.docx
5. Copy of Training Plan CHF Health.xls
6. BoQs on 2.2;2.6;7.1.xlsx
7. BoQ 2.1 - List of medicine.xlsx