



Organization	EMERGENCY (EMERGENCY Life Support for Civilian War Victims)		
Project Title	Life saving health and referral services for trauma affected population in Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces.		
CHF Code	AFG-14/S1/H/INGO/225		
Primary Cluster	HEALTH	Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	Field activities
Project Budget	1,513,544.04	Project Duration	12 months
Planned Start Date	15/06/2014	Planned End Date	14/06/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary
 With this project proposal, EMERGENCY NGO aims at improving access to essential health services for conflict affected populations, providing life support services to people living in conflict areas. The project's strategy is based on the strengthening of the First Aid Trauma Posts (FATPs) network active in Helmand, Kabul, Ghazni, Logar, Paktia and Maidan Wardak and Kapisa Provinces, with the opening of three new facilities within the Central region and the increase of the capacity to manage referred patients within the two specialized trauma surgical centre in Kabul and Lashkargah. The FATPs system ensures patients' stabilisation/treatment and when necessary, the referral of the war casualties cases to the two trauma centres. Bringing these essential services closer to the communities affected by conflict, or at very high risk to be affected, is a life-saving intervention for communities where there is no other alternative.

Project Beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	21618	3081	10660	4790	40,149
	Total beneficiaries include the following:					
	Children under 5	0	0	3730	2070	5800
	Trainers, Promoters, Caretakers, committee members, etc.	138	11	0	0	149

Indirect Beneficiaries
 Indirect beneficiaries of the project are 240,000 people, family members of the patients treated in the FATPs and referred to the 2 trauma surgical centres in Kabul and Lashkargah.
 Catchment Population: Over 1,320,000 people, living in targeted and nearby districts, will improve their access to emergency trauma and referral services and instances of emergency related deaths injuries and illness due to the conflict reduced. Thanks to the opening of new health facilities and the consequent training for health services providers, the national health system will be relieved.

Link with the Allocation Strategy
 With the present proposal EMERGENCY aims at strengthening the network of FATPs in Central, Southern and Eastern areas and the referral capacity to manage trauma patients within the two specialized trauma centres in Kabul and Lashkargah, thus responding to one of the priorities of the CHF allocation for the health sector. In fact, the FATPs network will be expanded in order to provide prompt and proper medical stabilisation and evacuation in high risk districts, allowing to reduce the war related mortality rate in locations where active armed conflict incidents are frequent. Additionally, the structure of the two, well equipped and appropriately staffed, specialized trauma centres in Kabul and Lashkargah will be upgraded in order to increase their ability to manage mass casualties and referral capacity. Thus, the intervention responds to the most acute need identified in the CHAP 2014, based on emergency health services among the war wounded and the breakdown of essential life-supporting services.

Implementing Partners	Other funding Secured For the Same Project (to date)	Source	US\$
		Emergency own funds	437,260.69
			437,260.69

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BACKGROUND INFORMATION

1. Humanitarian context.
 Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)
 In 2014 the increasing intensity of the conflict continues to impact the civilian population. The intensified level of violence in the Central, Southern and Eastern areas has resulted in the increase of war related victims, thus highlighting the inadequate functioning of public health facilities and referral system. As a consequence the populations living in Helmand, Ghazni, Logar, Paktia, Kapisa and Wardak Provinces have been and will be deprived of access to essential health services and the public health referral system will deteriorate. Due to these reasons over the past 2 years, Emergency has expanded its FATPs territorial coverage in high risk districts and quintupled the number of referred patients. Therefore, this proposal aims at expanding the FATPs network with 3 new units in the high risk areas of Tagab, Shekabad and Andar, in order to guarantee the trauma patients' life-saving stabilization and referral service, to health facilities which will provide high quality surgical treatment.

2. Grant Request Justification.
 The afghan public health system, implemented through BPHS and EPHS, has been developed with limited resources for the trauma care, that includes the treatment of war related injuries. As an example the Basic Health Centre (BHC) distributed in most afghan villages are not equipped with ambulances and works just during day time creating a huge gap for the emergency cases whom require 24/7 assistance and medical evacuation. The present proposal aims at filling the gaps created by BPHS and EPHS services providing emergency care and referral system 24/7, reducing conflict related mortality, in high risk areas where Emergency is able to access thanks to its long standing presence in the country and its 15 years' sectorial experience, as witnessed by the 11 FATPs established and supported in the framework of the three projects "Enhanced access to life saving health and referral services for war affected population in Helmand, Paktia, Logar, Ghazni and Maidan-Wardak Provinces" funded by ERF-OCHA in 2012, 2013 and 2014. CHF funds will replace ERF funds, and will be added to EMERGENCY own funds allocated for Afghanistan, for a total of 8,000,000 USD.

3. Description Of Beneficiaries
 In line with the CHAP 2014 need analysis, the project will focus on conflict affected people. Over 1,320,000 people - in targeted and nearby districts - will have improved access to emergency trauma and referral services. Indirect beneficiaries of this project are all people living in Helmand Province (Musaqala, Marja, Sangin, Garmsir, Grishk areas) and in Lashkargah, as well as in the central and eastern Provinces of Maidan Wardak, Ghazni, Kapisa, Logar and Paktia. Trauma patients and war wounded people are the main target with special attention to vulnerable groups such as children and women. In specific, direct beneficiaries will be 40,000 trauma victims treated in the FATPs and 2000 severely injured patients referred to the two specialized trauma centres in Kabul and Lashkargah for life

saving surgical treatments. Moreover, 152 health service providers will increase their skills on trauma management.

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

Afghanistan continues to have some of the poorest global humanitarian indicators: according to the UNDP Human Development Index Report 2013, it is ranked 175 out to 186 countries; the decades of fighting have caused a high number of civilian victims, refugees and disabled persons. Victims of war are not only thousands of civilians killed directly from insurgent and foreign and national military actions, but also citizens indirectly affected by the war and suffering of its consequences such as displacement, food insecurity, diseases, lack of medical treatment and criminality. The Central, Southern and Eastern provinces are still a stronghold of Armed Opposition Group (AOG). Many of Southern and Central areas are witnessing daily fighting, as the number of patients treated in FATPs EMERGENCY is running demonstrates: in fact, according to EMERGENCY medical data, 16,200 is the total number of war related patients treated in the FATPs within the period January - December 2013, which represents an increase of the 56% compared with the statistics of the same period in 2012. WHO highlighted that the situation significantly affects the functioning of the Afghanistan's public health system: despite Health Cluster's statistics show the number of people in need of access to health services has increased from 3.3 to 5.4 million, healthcare facilities are closing or suspending their activities due to insecurity or lack of funding, qualified health personnel (especially female) are not willing to work in remote insecure areas due to intimidation and threats, and population and health staff movements are significantly affected by increasing insecurity and conflicts. Lack of security is also the cause of the absolute absence of a health referral system (ambulances) between the conflict affected districts and the provinces capital. Moreover, the private sector offers services of un-regulated quality and not affordable for most of the population. In spite of the increasing need for trauma emergency health services, in most of the provinces the provincial hospital capacities to deal with mass casualty is very limited. There is inadequate supply of medicines, vaccines, equipment and fuel and a critical shortage of qualified skilled health care workers at every level. All these negative impacts are further compounded by the foreseen escalation of the conflict. EMERGENCY action plan is focused on responding to this dramatic situation providing life-saving and emergency trauma care services in those areas where no or little access to health facilities continues to be a major challenge for local communities; this is also the reason that pushes Emergency to open three new FATPs in Tagab, Andar and Shekabad, 3 places ranked as very high or high risk in the Health Cluster's need analysis made for CHAP 2014. The three locations were chosen, in addition to a specific request made by local communities, also to guarantee the respect of Emergency guidelines regarding the referral service: the distance between the FATP and the referral hospital should be covered by ambulances in 4 hours maximum, to safeguard a high percentage of recovery for patients.

5. Activities. List and describe the activities that your organization is currently implementing to address these needs

The proposed project aims to respond to the growing needs of Afghan population living in conflict-affected areas by strengthening the FATPs network EMERGENCY is running in the Central, Southern and Eastern regions of Afghanistan. This network guarantees access to essential life-supporting health services to people in need by functioning 24/7, with personnel trained to stabilize and treat surgical emergencies (especially war wounded) and having referral capacity. Ambulances allow access to the 2 trauma surgical centres in Kabul and Lashkargah for all patients requiring surgical treatment and coming from the health centres located in an area where accessibility continues to be the major challenge for local communities. In particular, EMERGENCY foresees to establish 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni): they will be opened in buildings provided free of charge by the communities' leaders and local authorities, properly renovated and furnished in order to make the rooms suitable for medical activities. Every facility will be provided with 6 health service providers properly trained in trauma management and 2 cleaners, essential to keep the buildings in proper hygiene conditions. The 11 existing and 3 new health facilities will provide 24/7, high quality, free of charge medical services for the population; they will be regularly supplied with medicines and medical consumables for stabilization to enable them to deal with the patients received. Moreover, every FATP will be provided with an ambulance (2 for Sangin FATP due to the high number of referrals registered in the past year) to guarantee a proper referral service for patients severely injured in need of surgical treatment. The referral should take place no more than 30 minutes after the patient arrives in the FATP, according to Emergency guidelines. Together with the strengthening of FATPs network, EMERGENCY is also planning to reinforce the referral capacity of its 2 trauma surgical centres in Kabul and Lashkargah, providing them with a new operation theater and 24 additional beds (Kabul) and 12 additional beds (Lashkargah). All these activities are fundamental to respond to the most urgent needs of Afghan population identified by Health Cluster and CHAP 2014 needs analysis, centered on the provision of emergency health services among the war wounded and the breakdown of essential life supporting services to people living in conflict areas.

LOGICAL FRAMEWORK

Overall project objective To prevent avoidable mortality caused by war trauma in Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces

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	Description	Assumptions & Risks
Increased access to life-saving emergency health care services for conflict-affected people in war torn provinces of Afghanistan (Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa, Maidan-Wardak)		
Code	Description	Assumptions & Risks
Output 1.1	Provision of trauma stabilization, treatment and referral services in 14 FATPs located in Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa, Maidan-Wardak Provinces	Risk 1: Movement of the frontlines and changes in war intensity Mitigation strategy: Relocation of FATPs in other provinces where the level of conflict has remained high or has worsened; Risk 2: Shortage in drugs or medical supplies due to procurement difficulties Mitigation strategy: ensuring a sufficient stock to each FATP and anticipating purchasing of new items.

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	20 FATP and 48 PHC facilities in 13 high risk provinces able to stabilize, treat and refer war trauma cases					14					14
		Means of Verification:	1- FATPs registration books; 2- Statistical report with monthly data entry									
Indicator 1.1.2	HEALTH	Population covered by emergency PHC and referral services					1320000					1320000
		Means of Verification:										
Indicator 1.1.3	HEALTH	Trauma patients are timely and appropriately managed, treated and stabilized					18000					40000
		Means of Verification:	1- FATPs registration books 2- Statistical report with monthly data entry 3- Patient's file									
Indicator 1.1.4	HEALTH	Patients severely injured are timely referred					800					2000
		Means of Verification:	EMERGENCY trauma centre registration book									
Indicator 1.1.5	HEALTH	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of war trauma					100					100
		Means of Verification:	National staff training programme attendance list and evaluation by EMERGENCY experts									

Activities

Activity 1.1.1	Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities
Activity 1.1.2	Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing)
Activity 1.1.3	Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients
Activity 1.1.4	Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context

Outcome 2	Improved access to life saving specialized trauma surgical treatments for severely injured war related patients in Southern and Central Regions	
Code	Description	Assumptions & Risks
Output 2.1	Two well-equipped and appropriately staffed referral surgical trauma centres, open 24/7, effectively connected to a network of 14 FATPs in Southern and Central Regions.	The security conditions in war torn areas can put staff and patients in danger. Mitigation strategy: constant monitoring of security conditions; EMERGENCY Life Support for Civilian War Victims neutrality clearly reaffirmed to all parts in conflict on a regular basis.

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	32 provincial and district hospitals have adequate capacity treatment of civilian casualties in 13 provinces					2					2
		Means of Verification: EMERGENCY trauma centre registration books										
Indicator 2.1.2	HEALTH	Case fatality rate maintained within international agreed limits					4					4
		Means of Verification: EMERGENCY trauma centres medical statistics										
Indicator 2.1.3	HEALTH	Surgeries performed on referred patients (severely injured)					780					1970
		Means of Verification: EMERGENCY trauma centre OT list Surgical Wards Registration books										
Indicator 2.1.4	HEALTH	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of war trauma					49					49
		Means of Verification: National staff training programme attendance list and evaluation by EMERGENCY experts										

Activities

Activity 2.1.1	Expansion of two referral trauma surgical centres: 1 additional ward (12 beds) in EMERGENCY Lashkar-gah Surgical Centre; 1 additional operation theater and 2 additional wards (24 beds) in EMERGENCY Kabul Surgical Centre
Activity 2.1.2	Provision of emergency trauma services 24/7 in 2 trauma surgical centres
Activity 2.1.3	24/7 trauma surgical treatment for referred patients in 2 trauma surgical centres
Activity 2.1.4	Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standard

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
		Activity 1.1.1 Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities	X	X	X	X							
Activity 1.1.2 Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing)	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3 Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4 Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.1 Expansion of two referral trauma surgical centres: 1 additional ward (12 beds) in EMERGENCY Lashkar-gah Surgical Centre; 1 additional operation theater and 2 additional wards (24 beds) in EMERGENCY Kabul Surgical Centre	X	X	X	X	X	X	X	X	X				
Activity 2.1.2 Provision of emergency trauma services 24/7 in 2 trauma surgical centres	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.3 24/7 trauma surgical treatment for referred patients in 2 trauma surgical centres	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.4 Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standard	X	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.	EMERGENCY will be directly responsible for the development of the whole project: international staff and senior national staff will guarantee the smooth implementation of medical activities, at central and field level, thanks to the appliance of EMERGENCY medical protocols. A particular attention will be given to the initial training of the newly employed medical personnel: they will participate in an intensive training module performed at EMERGENCY trauma surgical centres. EMERGENCY will directly dialogue with all the stakeholders active in the areas where the project is implemented in order to guarantee its smooth implementation, and allowing a constant access to the sites. To amplify the results, EMERGENCY will actively participate in the coordination mechanisms, such as Cluster meetings, and will interact actively with as much health actors as possible (e.g. ACTD, MRCA, PU-AMI, SC) providing technical expertise and training whenever needed. EMERGENCY will monitor the origin of patients received by FATPs, in order to strengthen its presence on the territory where and when needed and the collaboration with other health services providers (ONG, BPHS). The trauma surgical centres in Kabul and Lashkargah, in fact, will receive patients not only from FATPs but also from Provincial Hospitals; in particular, it has to be underlined that the trauma surgical centre in Kabul is recognized as referral centre for all the country and for the Central Region in particular. Basically, BPHS will refer patients to Provincial Hospitals, which in turn will refer to FATPs (if present in the
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province) or directly to the trauma surgical centre in Kabul and Lashkargah. During the preparatory and implementing phase, to ensure that local communities are well aware of the availability of FATPs health services, local shura, mullahs and elders will be involved and community awareness activities will be organized and promoted by radio announcements broadcast in every province where FATPs are located.

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.

The project will be directly supervised by the Afghanistan Programme Coordinator and EMERGENCY teams in Southern and Central Region. Statistics on clinical activities will be collected on daily basis, compiled and analyzed on a monthly basis; trends will be identified and EMERGENCY management staff will take adjustment measures if needed. Regular site visits and telephone contacts will be ensured between FATPs staff and management staff; during the visits, made by national field officers because of security reasons, data collected by FATPs health workers will be carefully monitored and dedicated check lists filled in. Each patient referred to the surgical centres will be deeply evaluated by senior medical staff and international staff in order to verify if medical procedures were correctly applied during the stabilization process. Expenditures made in the country will be monitored by the Headquarter and verified on a monthly basis. Updates on activities will be provided to Headquarter on a monthly basis.

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. MRCA	EMERGENCY collaborates with MRCA in the field of training for local employees and provides for surgical treatment for those patients referred by the health facilities of Logar province where MRCA is operating
2. ACTD	EMERGENCY collaborates with ACTD in the field of training for local employees and provides for surgical treatment for those patients referred by the health facilities of Helmand and Paktia provinces where ACTD is operating
3. PU-AMI	EMERGENCY collaborates with PU-AMI in the field of training for local employees in Kunar province
4. WHO	EMERGENCY collaborates with WHO especially organizing training courses addressed to medical personnel working for the Afghan Health system
5. MoPH	EMERGENCY collaborates with MoPH providing training for local health workers. All the activities implemented by EMERGENCY are previous discussed with and approved by MoPH, which donated most of the structures transformed in FATPs by EMERGENCY.
6. ARCS	EMERGENCY collaborates with ARCS providing training for their local workers in Kabul province.
7. BPHS implementers	BPHS refers patients to FATPs or directly to trauma surgical centres in Kabul and Lashkargah. Moreover, EMERGENCY provides training for people working in these facilities.

Outline how the project supports the gender theme

EMERGENCY actively supports gender equality and equal opportunities in Afghanistan. In an environment that highly discourages female work, 63 employees in EMERGENCY surgical Centres in Kabul and Lashkargah are females (10% of total employees). EMERGENCY will work so that this minimum proportion is respected or enhanced over the project implementation period, in order to promote gender equality in health jobs and encourage the active participation of women in the health sector at all levels. Furthermore, EMERGENCY's facilities will offer free healthcare services to all patients, without any gender discrimination.

Select (tick) activities that supports the gender theme

<input checked="" type="checkbox"/>	Activity 1.1.1: Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities
<input checked="" type="checkbox"/>	Activity 1.1.2: Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing)
<input checked="" type="checkbox"/>	Activity 1.1.3: Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients
<input type="checkbox"/>	Activity 1.1.4: Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context
<input checked="" type="checkbox"/>	Activity 2.1.1: Expansion of two referral trauma surgical centres: 1 additional ward (12 beds) in EMERGENCY Lashkar-gah Surgical Centre; 1 additional operation theater and 2 additional wards (24 beds) in EMERGENCY Kabul Surgical Centre
<input checked="" type="checkbox"/>	Activity 2.1.2: Provision of emergency trauma services 24/7 in 2 trauma surgical centres
<input checked="" type="checkbox"/>	Activity 2.1.3: 24/7 trauma surgical treatment for referred patients in 2 trauma surgical centres
<input type="checkbox"/>	Activity 2.1.4: Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standard

Cross Cutting Issues

Promotion of equal opportunities for disabled: in EMERGENCY surgical Centres, preference is given to physically disabled over able bodied people for employment opportunities. These staff members demonstrate that people with disabilities are capable of being economically active members of society. Empowering the physically disabled and providing opportunities for them to prove that they can be part of mainstream society, further goes to strengthen civil society to promote disabled people's rights. Emergency cooperates as well with the NGO ALSO (Afghan Landmine Survivor Organization) in order to provide counseling to amputees. Promotion of gender equality and equal opportunities: 63 employees in EMERGENCY surgical Centres in Kabul and Lashkargah are females. Environmental issues: Emergency has recently installed, in the Kabul trauma surgical centre, an advanced waste management system (a waste grinder machine - Shredder) that drastically reduces the environmental impact of the centre. Basically, waste is treated by the grinder machine and collected in sacks, which are sterilised through an autoclave and later delivered to municipality for their disposal. Poverty alleviation: All treatments and complementary services (transportation, food, laundry, hygiene materials, etc.) will be offered free-of-charge, thus making healthcare services accessible also to patients from the poorest sectors of society. Furthermore, the families of the patients will be able to save money that otherwise they would have spent on medical expenses, thus easing the financial burden on people living in the provinces.

Gender Marker of the Project

Not Specified

Environment Marker of the Project

A+: Neutral Impact on environment with mitigation or enhancement

Safety and Security

EMERGENCY's independence and neutrality are recognized and esteemed by the majority of the Afghan population and represent the key strategy to deal with security and access related issues: this ensures in fact successful negotiation with all parties involved in conflict for EMERGENCY's intervention. EMERGENCY's neutrality is clearly reaffirmed on regular basis to all parts in conflict; promotion of proactive participation of local communities and stakeholders in FATPs opening represents an important element to ensure acceptance and staff security and to guarantee a smooth running of FATPs future activities. Moreover, EMERGENCY adopts a high profile approach regarding security issues: EMERGENCY logo is clearly visible and known everywhere, also on its ambulances, which use always the same itineraries. All the facilities EMERGENCY has opened or intends to open are located in areas that have been assigned high or very high scores by the Health Cluster needs analysis. Therefore security issue is of a great importance; for this reason EMERGENCY constantly monitors security situation, to avoid to put staff employed in war-torn areas in danger: telephone contacts are regularly ensured between FATPs supervisors and management staff (international Field Officer, Programme Coordinator, Kabul and Lashkargah Medical Coordinators) and monitoring trips of local field officers are organized periodically. In case of movements of the front line or changes of war intensity EMERGENCY is ready to relocate FATPs in other areas.

Access

EMERGENCY's independence and neutrality, together with the quality of health services provided, built in 15 years of presence in Afghanistan, is recognized and esteemed by the majority of the Afghan population and represents the key strategy to deal with security and access related issues: this ensures in fact successful negotiation with all parties involved in conflict for the intervention of EMERGENCY in local areas. The opening of all FATPs EMERGENCY is running or intends to run has been requested by local communities and other health stakeholders to address the increasing need of emergency health services; to understand the situation and the needs of local population feasibility studies have been conducted and local authorities and elders have been met and questioned: local awareness and acceptance are essential to guarantee full support to the intervention.

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	FATPs cleaners	30	115	12	100%	41,400.00
	This line includes the gross salary for 3 cleaners for the following FATPs: Garmsir, Grishk, Sangin, MUSAQALA, Marja, Urmuz; and 2 for the following FATPs: Mirbachakot, Maidan Shar, Gardez, Ghazni, Pul I Alam. Their job is directly related to guarantee high hygienic standards 24/7.					
1.2	FATPs Health service providers	81	160	12	100%	155,520.00
	This line includes the gross salary for: 7 health assistants for Garmsir FATP, 7 health assistants for Sangin FATP, 7 health assistant for Grishk FATP, 7 health assistant for MUSAQALA FATP, 7 health assistant for Marja FATP, 7 health assistant for Urmuz FATP, 6 nurses and 1 supervisor for Pul I Alam FATP, 5 nurses and 1 supervisor for Maidan Shar FATP, 8 nurses, 1 supervisor and 1 doctor for Ghazni FATP, 6 nurses for Gardez FATP, 7 nurses and 1 supervisor for Mirbachakot FATP, 2 field officers. The health assistants and nurses provide standardized high quality health care and referral for war and civilian trauma patients. Health assistants are employed in places where nurses are not available and both the professional figures receive, according to their knowledge, a proper training in trauma management in Kabul and Lashkargah centres. Supervisors are in charge for the good functioning of the FATP, in particular, they are responsible for the relations between the population, local authorities and Emergency, the communication with Emergency field officer regarding security issues and patients' management and the supply/consumption of medical materials. In distant locations, doctors are employed to guarantee a proper follow up and high standard quality cares to victims. In order to provide 24/7 service and 2 health service providers always present, the minimum number of staff required is 6 health assistants/nurses. Their roster is 24 hours, followed by 2 days off, or 8 hours (morning shift), followed by 16 hours (night shift) and 1 day off, depending of the location of their place. The health services provided by FATPs are supervised and monitored by 2 national field officers, one responsible for the Southern Region and one for the Central and Eastern Region.					
1.3	New FATPs cleaners	6	110	11	100%	7,260.00
	This line includes the gross salary: 2 cleaners for 12 months for Tagab FATP, 2 cleaners for 11 months for Shekabad FATP, 2 cleaners for 10 months for Andar FATP. Their job is directly related to guarantee high hygienic standards 24/7.					
1.4	New FATPs health service providers	19	150	12	100%	34,200.00
	This line includes the gross salary for: 5 health assistants and 1 nurse for Tagab FATP, 6 health assistants for Shekabad FATP, 6 health assistants and 1 doctor for Andar FATP. The health assistants and nurses provide standardized high quality health care and referral for war and civilian trauma patients. Health assistants are employed in places where nurses are not available and both the professional figures receive, according to their knowledge, a proper training in trauma management in Kabul and centre. In Andar, 1 doctor will be employed to guarantee a proper follow up and high standard quality cares to victims. In order to provide 24/7 service and 2 health service providers always present, the minimum number of staff required is 6 health assistants/nurses.					
1.5	Kabul hospital - Anesthesia	8	380	12	100%	36,480.00
	This line includes the gross salary for anesthesia staff. Lashkargah anesthesia staff is covered by another fund.					
1.6	Kabul hospital - Surgeons	6	420	12	100%	30,240.00
	This line includes the gross salary for national surgeons. Lashkargah surgeons are covered by another fund.					
1.7	Kabul hospital - Nurses	35	230	12	100%	96,600.00
	This line includes the gross salary for national nurses. Lashkargah nurses are covered by another fund.					
1.8	Kabul hospital - Cleaners	15	190	12	100%	34,200.00
	This line includes the gross salary of cleaners. Lashkargah cleaners are covered by another fund.					
1.9	Kabul hospital - Non medical staff	10	170	12	100%	20,400.00
	This line includes the gross salary for laundry and kitchen staff. Lashkargah laundry and kitchen staff is covered by another fund.					
1.10	Kabul hospital - International medical staff	3	3460	12	100%	124,560.00
	This line includes 1 international surgeon and 2 international nurses. The international surgeon is the supervisor and trainer of the national surgeons, in charge for the application of international medical standards. The international nurses guarantee that high quality care and standardized protocols are followed and maintained by national staff during all health care process.					
Section Total						580,860.00
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	Medicines for existing FATPs	11	400	12	100%	52,800.00
	This line includes the supply of drugs and consumables delivered on a monthly basis to FATPs. The cost has been estimated according to past consumption. A detailed list of drugs and consumables is attached in the documents section.					
2.2	Medicines for new FATPs	3	400	11	100%	13,200.00
	This line includes the supply of drugs and consumables delivered on a monthly basis to the 3 new FATPs. Specifically, it includes 12 month supply for Tagab FATP, 11 month supply for Shekabad FATP, 10 month supply for Andar FATP. The cost has been estimated according to the consumption of new FATPs opened in the past. A detailed list of drugs and consumables is attached in the documents section.					
2.3	Medicines for surgical trauma centres	1	22000	12	100%	264,000.00
	This line includes the supply of drugs and consumables bought on a monthly basis by the 2 surgical trauma centres. The cost has been estimated according to past consumption. A detailed list of drugs and consumables is attached in the documents section.					
2.4	Renovation works and refurbishing 3 new FATPs	3	7500	1	100%	22,500.00
	This line includes all the renovation works and small repairs to be done in Tagab, Shekabad and Andar, to adapt the existing buildings to Emergency health and hygiene standards. It includes also the purchase of the furniture necessary to implement medical activities. For the construction costs the estimation has been done on the basis of a standard rehabilitation of an First Aid Trauma Post and evaluation surveys performed on the selected areas. A detailed list of works is attached in the Documents section.					
2.5	Surgical trauma centre expansion	1	716820.8	1	39%	279,560.12
	This line includes the building of 1 additional operation theater and 2 additional wards (24 additional beds) in Kabul centre and 1 additional ward (12 additional beds) in Lashkargah centre, plus furniture. For additional information please see the maps, BoQ and list of furniture attached in the documents section. These documents refer to Kabul hospital, given that no costs are foreseen for the renewal of Lashkargah hospital. The 61% of the costs will be covered by Emergency own funds.					
Section Total						632,060.13
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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
3.1	Equipment for new FATPs	3	500	1	1,500.00
	This line includes the purchase of 3 generators and 3 autoclave,s for Tagab, Shekabad and Andar FATPs, basic equipment necessary to perform the FATPs activities.				
	Section Total				1,500.00

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
4.1	Ambulance rent for existing FATPs	11	600	12	79,200.00
	This line includes ambulance rents for the following FATPs: Garmsir, Grishk, Sangin (provided with 2 ambulances, given the huge flow of war related victims referred to Lashkargah trauma surgical centre), Musaqala, Marja, Urmuz, Mirbachakot, Gardez, Ghazny, Pull Alam, Maidan Shar FATPs ambulance is provided by Emergency. The maintenance of the vehicles and the drivers salary are included in the rent cost, while fuel expenditure will be paid according to number of referred patients. The ambulances will be parked 24/7 in the FATPs compound and the referral service provided at any time. Ambulances are rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local areas.				
4.2	Ambulance rent for new FATPs	3	600	11	19,800.00
	This line includes a 12 month rent for Tagab FATP, 11 month rent for Shekabad FATP, 10 month rent for Andar FATP. The maintenance of the vehicles and the drivers salary are included in the rent cost, while fuel expenditure will be paid according to number of referred patients. The ambulances will be parked 24/7 in the FATPs compound and the referral service provided at any time. Ambulances are rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local area.				
	Section Total				99,000.00

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	Domestic flight ticket for monitoring missions	6	256	1	1,536.00
	3 flights are foreseen for monitoring missions. Monitoring missions to the Southern regions will be performed at least on monthly basis, but we forecast to use ICRC flight (free of charge) as well. The Kam Air flight costs 7300 AFN per trip (256\$ round trip).				
	Section Total				1,536.00

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
	Section Total				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	Fuel for ambulances of existing FATPs	12	250	12	36,000.00
	Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to one of the surgical trauma centre it will be provided by a certain amount of fuel, defined in the contract according to the distance between the FATP and the referral trauma surgical centre. The estimation has been done according to previous experience.				
7.2	Fuel for ambulances of new FATPs	3	200	11	6,600.00
	Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to one of the surgical trauma centre it will be provided by a certain amount of fuel, defined in the contract, according to the distance between the FATP and the referral trauma surgical centre. The estimation has been done according to previous experience. This line includes a 12 month supply for Tagab FATP, 11 month supply for Shekabad FATP, 10 month supply for Andar FATP.				
7.3	FATPs running costs	11	300	12	39,600.00
	This line includes monthly supply of fuel for generators, stationary and maintenance costs and untantum uniforms. The estimation has been done according to previous experience.				
7.4	FATPs running costs	3	300	11	9,900.00
	This line includes 12 month supply of fuel for generators, stationary and maintenance costs and untantum uniforms for Tagab FATP, 11 month supply of fuel for generators, stationary, uniforms and maintenance costs for Shekabad FATP, 10 month supply of fuel for generators, stationary, uniforms and maintenance costs for Andar FATP. The estimation has been done according to previous experience.				
7.5	Community awareness radio announcement	14	100	3	4,200.00
	Radio announcements will be broadcast in every province involved in the project, to ensure the population is well aware of the availability of FATPs health services. The estimation has been done according to previous experience.				
	Section Total				96,300.00

Sub Total Direct Cost 1,411,256.11

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent) 0.231781319437544%

PSC Amount 98,787.93

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

Total CHF Cost 1,510,044.04

LOCATIONS

Location	Activity	Beneficiary	Women	Boy	Girl	Total	Percentage
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		Men					
Kabul -> Kabul	Activity 2.1.1 : Expansion of two referral trauma surgical centres: 1 additional ward (12 beds) in EMERGENCY Lashkar-gah Surgical Centre; 1 additional operation theater and 2 additional wards (24 beds) in EMERGENCY Kabul Surgical Centre Activity 2.1.2 : Provision of emergency trauma services 24/7 in 2 trauma surgical centres Activity 2.1.3 : 24/7 trauma surgical treatment for referred patients in 2 trauma surgical centres Activity 2.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standard	571	93	271	120	1055	15
Kabul -> Mirbachakot	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1466	208	723	325	2722	5
Ghazni -> Ghazni	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1468	208	723	325	2724	5
Ghazni -> Andar	Activity 1.1.1 : Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Paktya -> Gardez	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1464	208	723	325	2720	5
Kapisa -> Tagab	Activity 1.1.1 : Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1464	208	723	325	2720	5
Hilmand -> Lashkargah	Activity 2.1.1 : Expansion of two referral trauma surgical centres: 1 additional ward (12 beds) in EMERGENCY Lashkar-gah Surgical Centre; 1 additional operation theater and 2 additional wards (24 beds) in EMERGENCY Kabul Surgical Centre Activity 2.1.2 : Provision of emergency trauma services 24/7 in 2 trauma surgical centres Activity 2.1.3 : 24/7 trauma surgical treatment for referred patients in 2 trauma surgical centres Activity 2.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standard	537	76	267	120	1000	15
Hilmand -> Nahr-e-Saraj	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Hilmand -> Nad-e-Ali	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Hilmand -> Sangin	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Hilmand -> Musaqalah	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Hilmand -> Naw zad	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Hilmand -> Garmser	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
Wardak -> Maydانشahr	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1464	208	723	325	2720	5
Wardak -> Saydabad	Activity 1.1.1 : Establishing 3 new FATPs in Tagab (Kapisa), Shekabad (Wardak) and Andar (Ghazni) in buildings provided free of charge by the communities' leaders and local authorities Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1464	208	723	325	2720	5

Logar -> Pule- Alam	Activity 1.1.2 : Provision of emergency trauma services 24/7 in 14 FATPs (3 new and 11 existing) Activity 1.1.3 : Referral mechanism implemented between the 14 FATPs and 2 referral trauma surgical centres run by Emergency for severely injured patients Activity 1.1.4 : Collect, compile, analyze and monitor, on regular basis, the health statistics in correlation to security situation developments to ensure the relevance of intervention and adapt to the rapidly evolving context	1465	208	723	325	2721	5
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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. Pharmacy list.xls
2. BoQ.pdf
3. Furniture.pdf
4. Existing Map.pdf
5. New proposal.pdf
6. OCHA Finance Comments Preliminary Submission Project AFG 225.docx
7. BoQ.xlsx
8. Renovation works.xls
9. Third Party Request Form.pdf