



Project Proposal

Organization	HNI-TPO (Healthnet International and Transcultural Psychosocial Organization)																																		
Project Title	Providing emergency health care in prioritizing access to critical services through Nangarhar Regional Hospital and provincial hospitals of Khost and Paktya																																		
CHF Code	AFG-14/S1/H/INGO/243																																		
Primary Cluster	HEALTH	Secondary Cluster	None																																
CHF Allocation	1st Round Standard Allocation	Allocation Category Type																																	
Project Budget	866,329.81	Project Duration	12 months																																
Planned Start Date	24/04/2014	Planned End Date	23/04/2015																																
OPS Details	OPS Code	OPS Budget	0.00																																
	OPS Project Ranking	OPS Gender Marker																																	
Project Summary	<p>HealthNet TPO is the current implementer of EPHS in Nangarhar Regional Hospital, Khost and Paktya provincial hospitals. Looking at current EPHS project it only covers routine services including emergencies but there is no sufficient resources available to cope with massive casualties in these conflict prone areas. In addition specially in Khost and Paktya under current contract we can procure medicine and procurement of medical supplies is lengthy process and limited to EPHS lists. HealthNet TPO conducted extensive consultation with all relevant stakeholders at the respective provinces and even made a MCM plan for the mentioned Hospitals and shared with WHO. HealthNet TPO will strengthen the trauma care centers in three hospitals of the respective provinces of Nangarhar, Khost and Paktya by, building capacities of existing staff, provision of incentives to ensure availability of sufficient staff for round the clock service and furnish these units with needed equipment and supplies. HealthNet TPO has strong local presence and is well aware of the local context where the gaps in the services in particular emerging need for traumatic services in these hospitals are well identified and there is urgent need of having mass casualty management facilities at the respective province looking at the load of mass casualty cases which is 10409 per year (2013) and also as per NHSDM plan 1898659 population are at risk of natural hazard in eastern region and Khost province. Through this project HealthNet TPO will allocate 40 beds in Nangarhar Regional hospital and 30 beds each in Khost and Paktya provincial hospitals. Total of 120 staff which include 90 male and 30 female will be trained on ICU care, basic and advanced life support by ICU training by MOPH ICU project, First aid and war surgery by ICRC and ETAT and Trauma care. In Nangarhar province the trauma center will be linked with wider network of health facilities and hospitals existing in the region. It will be also linked with two trauma centers established by the BPHS implementer on main highway of Kabul to Torkham. Khost and Paktya trauma centers located at respective provincial hospital will be linked with BPHS health facilities run by HealthNet TPO and its sub contractor and other stakeholders such as Emergency in Paktya. A field team will be mobilized from existing staff from the three mentioned hospitals whom will be responsible to provide the first aid at the place where mass casualty occurs and then accompany them to the respective trauma care centers. Through in-depth assessment for traumatic centers and proper emergency response and referral efficient system will be established within inception phase of the project (first three months). The project will be regularly monitored/supervised both from Kabul and respective provinces to ensure the project activities are carried out in line with project logical framework and work plan. At end of each visit a comprehensive report will be developed which will include the strength, the weakness, recommendation and an action plan will be developed for those points need consideration. At subsequent visits the action plans will be followed. It will also be ensured that the visit is not only being used as monitoring but through these visits it will be ensured that required support and on the job training is also provided. HealthNet TPO will regularly share the updates with PPHD, PPHCCs of the respective provinces, MOPH and WHO. HealthNet TPO will also develop tools for monitoring, recording in consultation with WHO. HealthNet TPO is an active member of Health Cluster where the member of cluster will also be updated on regular basis. HealthNet TPO is currently a member of Emergency preparedness and response team of the respective provinces where through this project its contribution will be further strengthened. HealthNet TPO will submit the reports based on reporting calendar to WHO, MOPH and relevant stakeholder</p>																																		
Project Beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>9693</td> <td>1770</td> <td>553</td> <td>594</td> <td>12,610</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Children under 5</td> <td>0</td> <td>0</td> <td>553</td> <td>594</td> <td>1147</td> </tr> <tr> <td>Trainers, Promoters, Caretakers, committee members, etc.</td> <td>80</td> <td>40</td> <td>0</td> <td>0</td> <td>120</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	9693	1770	553	594	12,610	Total beneficiaries include the following:						Children under 5	0	0	553	594	1147	Trainers, Promoters, Caretakers, committee members, etc.	80	40	0	0	120
	Men	Women	Boys	Girls	Total																														
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Indirect Beneficiaries	<p>Initially the Nangarhar regional hospital data for one quarter while for other two hospital it was for the whole year so now we have collected the data of one year (2013) for all three hospitals. The one year data for Nangarhar regional hospital is 6521 cases (5358 male over five, 518 female over five and 268 under five boys, and 377 under five girls). One year Data for Khost provincial hospital is 2184 cases (1554 male over five, 449 female over five and 104 under five boys, and 77 under five girls). One year data for Gardez provincial hospital is 1704 cases(1107 male over five, 463 female over five and 91 under five boys, and 43 under five girls) .</p> <p>Indirect beneficiaries of trauma center located at Nangarhar Regional hospital is the total number of HHS (Base line 6521+20% expected increase *6 (HH SIZE)=46951</p> <p>Indirect beneficiaries of trauma center located at Khost provincial hospital is the total number of HHS (Base line 2184+20% expected increase *6 (HH SIZE)=15725</p> <p>Indirect beneficiaries of trauma center located at Gardez Provincial hospitals the total number of HHS (Base line 1704+20% expected increase *6 (HH SIZE)=12269</p> <p>Beneficiaries summary is the trauma cases admitted and treated in all three hospitals in 2013 plus 20% expected increase and 120 staff to be trained which include 20 Female nurses, 30 male nurses, 26 Male MD, 1 male EPR coordinator, 3 Male Trauma care unit in charge, 20 male support staff, 20 female support staff</p>	Catchment Population	<p>For Nangarhar regional hospital the population of Jalalabad which is 212900 as per CSO 1392 is considered while for Khost provincial hospital the population of Khost Matun center which is 135900 as per CSO 1392 is considered while for Gardez provincial hospital the population of Gardez 82600 as per CSO 1392 is considered</p>																																
Link with the Allocation Strategy	<p>The implementation of the emergency health care services in Nangarhar regional hospital, Khost and Paktya provincial hospitals are inline with the objective of CHF and CHAP strategy priority and allocated envelop as it is providing emergency health due to growing deterioration of the security situation in the country. In peripheral areas where access to health care is basic right of the people, with increased arm conflict the resource poor hospitals are facing challenges. According to the WHO standard for primary health care at least 35 USD per capita per year is required with in Afghanistan, hardly it is reaching 5 USD per capita. Based on the given fact in terms of the growing security concern and lack of optimum resources, in line the CHAP and CHF 2014 prioritization, emergency care services in the hospitals needs to be supported. The EPHS services only provide normal IPD and OPD services which include the emergencies but mass casualties could not be managed within available resources as it is not foreseen and mostly unpredictable. All these trauma centers proposed in three hospitals of Nangarhar,</p>																																		

Khost and Paktya are located in conflict prone areas. In addition Eastern region at the catchment area of Nangarhar regional hospital and Khost province at the catchment area of Khost provincial hospital is also prone to natural disasters and hazards including earth quake, flood, drought land slide and avalanches. These hospitals are only referral centers in the respective province by providing secondary and tertiary care.

Implementing Partners		Other funding Secured For the Same Project (to date)
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Organization primary focal point contact details	Name: Title:
	Telephone: E-mail:

Organization secondary focal point contact details	<table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Phone</th> <th>Email</th> </tr> </thead> <tbody> <tr> <td>Mohammad Naseem</td> <td>Deputy Head of Mission</td> <td>0093788891688</td> <td>naseem@healthnetpoaf.org</td> </tr> <tr> <td>Dr.Abdul Ghani</td> <td>Health Director</td> <td>0093 789 880 497</td> <td>ghani@healthnetpoaf.org</td> </tr> </tbody> </table>	Name	Title	Phone	Email	Mohammad Naseem	Deputy Head of Mission	0093788891688	naseem@healthnetpoaf.org	Dr.Abdul Ghani	Health Director	0093 789 880 497	ghani@healthnetpoaf.org
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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)

Nangarhar Regional Hospital is postgraduate hospital providing round the clock quality tertiary health care not only for the population of the four eastern provinces of the country but also emergency care for the large number of victims from traffic accidents on the main highway. The hospital is a complex institute where a mix of services are provided in order to meet different MoPH policies such as EPHS for the population of the four eastern provinces, the PGME and training of graduate and paramedical students. The services are provided not only by the EPHS contractor but also by a number of other stakeholders including MoPH, IRC, SCA and AFGA. The EPHS is run by HealthNet TPO while PGME is being managed by PGEM Directorate and PHD which sometime creates double management but HealthNet TPO had several meeting at Kabul chaired by H.E Deputy Minister where it was decided both program should be under Hospital Management. But having said that the support to Trauma care centers located in three hospitals and EPHS will be managed by HealthNet TPO. The hospital has 483 bed and is run by a small but very experienced and qualified management team of 18 national staff. The hospital has an average bed occupancy rate (BoR) above 100% where some wards including Pediatric and Gynecological/Obstetric wards are overloaded with BoRs of 131% and 292% respectively in the last year. About 83% of the in patients are from Nangarhar province, while 17% of total in patients are from neighboring provinces (Laghman, Kunar, Nuristan and Kabul). The surgical and orthopedic services are large and diverse and treat 51% of all the emergency cases treated in the hospitals. The Khost provincial hospital is 100 beds and the latest BoR was 114% while Gardez Provincial Hospital is 70 beds and BoR is 101%. Looking at BoR and the one year figures of casualties of the respective provinces show significant numbers in year 2013: 6521 cases (male under five= 266, female under five=377, Male over five=5360, and Female over five=518) of gunshots, bomb blast, road traffic accident(RTA) were submitted and treated in Nangarhar regional hospital, 2184 cases (male under five= 104, female under five=77, Male over five 1554, and Female over five=449) of gunshots, bombblast and road traffic accident were admitted and treated in provincial hospital of Khost while these figure for Paktya provincial hospital is 1704 (male under five= 91, female under five=41, Male over five 1107, and Female over five=463) in the year 2013. All these figures show that Trauma care Center at three hospital need to be strengthened where 40 existing beds will be allocated for Trauma center at Nangarhar regional hospital while 30 Beds will be allocated in each Khost and Paktya provincial hospitals. It is worth mentioned that Khost Provincial hospital compound has huge building and there is no space problem. Recently PPHD offices of Paktya located in Hospital compound was shifted outside of the compound and resulted on availability of additional space where we could easily relocate the 30 beds Trauma center from existing resources. A new building for Gardez provincial hospital is also under construction by IOM/USAID where till date 85% works is being completed but as per our past experience with Khost provincial hospital building take over process, it will take some time to be taken over by MOPH first and then handed over to HealthNet TPO. In addition as per National health sector disaster management plan (NHSDMP) there is 70246 population is at risk of natural hazards in south east, while in east 1828413 people are at risk of natural hazards. These trauma care centers will not only provide services to massive casualties from bomb blast, RTA and other injuries but will also provide service to public health problem such as Cholera outbreak. The capacity building, equipment, medicine and medical supplies and incentive for staff doing overtime will be covered from this project

2. Grant Request Justification.

HealthNet TPO is implementing EPHS services in Nangarhar, Paktya and Khost provinces. Nangarhar regional hospital serves as referral point for Kunar, Laghman and Nuristan. Complicated and war trauma and injured cases are referred and treated here. Road traffic cases along main highway from Torkham boarder to Kabul are also referred to this hospital. In year 2013, total of 6521 cases due to bomb blast, gunshots, RTA and other injuries were admitted and treated for Nangarhar regional hospital, 2184 cases due to bomb blast, gunshots, RTA and other injuries were admitted and treated Khost provincial hospital and 1704 cases due to bomb blast, gunshots, RTA and other injuries were admitted and treated in Gardez provincial hospital. This extra load is far beyond the capabilities of the hospitals within the available resources and need support. The Essential Package of Hospital services (EPHS) mainly focus on maternal, child health, communicable disease, public nutrition to an extend which also need additional support, Acute trauma and selected emergencies and some other internal medicine and pediatric, surgical and gyn/obs services. Looking at the above mentioned figures and the location of these three hospitals which are located on most conflict prone areas of the country which has seen most the security related incidents there is need of additional resources to be provided for coping the massive casualties at reasonable cost as already the infrastructure exist with required capacity of NGO. The services through these trauma centers will be complementary to the already provided services at the respective provincial and regional hospitals. The project will provide an opportunity to improve access to emergency services and first aid at the incidence place through which morbidity and mortality related to trauma will be reduced.

3. Description Of Beneficiaries

The beneficiaries of the proposed action is in line with the CHAP 2014 and CHF strategic priorities which are focused on the acute humanitarian need of emergency health services for essential life saving services for the people living or referred to Nangarhar regional hospital from within the province and outside the province and same for the Paktya and Khost provincial hospitals. The direct beneficiaries of the project are those patient who are referred from different points within and outside the these provinces, injured in armed conflict and insurgencies, road traffic accidents and referral from provinces such as Laghman, Kunar, Nuristan in the case of Nangarhar. In addition, due lack of hospitals for police and other security forces in these provinces are treated in these regional and provincial hospitals. In Nangarhar, one of the key beneficiaries are the victims of the road traffic accidents along Totkham – Jalalabad – Kabul highway.

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 whom, how and when?). List any baseline data

Existing capacities: The existing capacity of HealthNet TPO is that it is current EPHS implementer in Nangarhar, Khost and Paktya, so existing infrastructure in all three provinces is a strength. There is EPR committees existing in districts and provincial level where HealthNet TPO is an active members. HealthNet TPO has successfully managed number of natural and man made emergencies occurred in all three provinces. The key staff of all three hospitals have been trained on Mass Casualty Management planning and significant number of health workers of the three hospitals have also been trained on ETAT. HealthNet TPO has well established networks at all three target provinces which could be used for establishment of efficient referral system. HealthNet TPO is also active member of Health cluster both at Kabul and in eastern region. HealthNet TPO has also membership in key decision making forum at all these three provinces and has close coordination and collaboration with provincial authorities responsible for management of disasters. Gaps identified during assessment in all three hospitals show that significant number of cases were admitted and treated in all three hospital which were 10409 cases(495 under five girls and 461 under five boys and 1442 over five female and 8011 over five male) for the year 2013. In addition as per national health sector disaster management plan (NHSDMP) total of 1898659 population are at risk of natural hazards in the catchment area of three hospitals. These massive casualties and natural hazard affected population could not be covered from EPHS grants as it only focused on selected emergencies. There is no sufficient beds allocated for coping with emergencies with all available resources such as in PCH contract we can not procure medicine and the procurement of medical equipment take longer and limited to EPHS and even the budgeted amount for medical supplies are only sufficient for covering limited number of casualties. The need is more currently as the security situation has worsen in the three respective provinces and mentioned hospitals are located in conflict prone areas. The target population are the victims of man-made and natural hazards coming to these secondary and tertiary level of care for the respective provinces. HealthNet TPO has conducted a thorough assessment by using mass casualty disaster management checklist to identify the gaps and was reflected in MCM plan already submitted to WHO. HealthNet TPO had a wider consultation with PPHDs, hospital management teams where all of them agreed on the need of having trauma centers for management of mass casualties in the respective provinces. As per HMS figures of 2013 there were 543 emergency cases per month were admitted and treated in Nangarhar regional hospitals, while it was 142 cases for Gardez provincial hospital and 182 cases for Khost provincial hospitals which could be set as baseline.

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

HealthNet TPO approach in carrying out of the activities are based on phased approach; 1) At inception phase HealthNet TPO will do all preparatory work such as detail breakdown of planning, procurement, training and orientation of staff, conducting coordination meeting with all stakeholders both at provincial and national levels, rehabilitation of emergency room, observation room, triage areas, OTs and recovery room and submission of inception phase report, 2) implementation phase: At these phase a fixed and field team will be made available from existing staff for 24 hours handling of mass casualties at hospitals and field team will provide the first aid emergency services at the place of occurrence of the emergency and then they will accompany the victim to the respective trauma centers. An efficient referral system will be established between provincial hospitals of the eastern region and with BPHS health facilities and trauma centers located on highway of Kabul-Torkham with trauma center of Nangarhar regional hospital. The same referral system will be established in Khost and Paktya between BPHS HF and Trauma centers where HealthNet TPO is the lead BPHS implementer agency in the respective provinces of Khost and Paktya. There will be round the clock ambulatory services by using the rented well equipped ambulances of trauma centers and existing BPHS Health Facilities ambulances. Similar referral out system

It will be established with emergency hospital and other specialized hospitals in Kabul. Medicine and Medical supplies will be supplied to the trauma centers on regular basis which will include the buffer stock as well. HealthNet TPO will also conduct monitoring/supportive supervision of the project both from Kabul and Provincial levels where not only it will ensure that project activities are carried out in line with project work plan and Logical framework but also will provide on the job training based on need. HealthNet TPO will conduct mid term and end project internal evaluation of the project as well. The reports will be submitted regularly as per Reporting calendar. In addition most importantly the current EPR committees will be further strengthened and it will ensure that they meet and discuss the important issues on frequent basis. HealthNet TPO will also participate regularly in all EPR committees, health cluster and PPHCCs where the participants will be updated on the progress.

LOGICAL FRAMEWORK	
Overall project objective	Improve the uptake of emergency health care services in particular surgical and traumatic emergencies in Nangarhar Regional Hospital and provincial hospitals in Khost and Paktya.

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	Emergency related deaths, coma, injuries and illness due to the conflict in the target provinces of Khost, Paktya and Nangarhar are reduced. HealthNet TPO will allocate 40 beds in Nangarhar regional hospital for trauma care center and similarly in Khost and Gardez provincial hospitals 30 beds will also be allocated for trauma centers. They will be well equipped and specific trained staff will be allocated to these centers. These centers will be supplied with medicine as currently we can not procure medicine in Khost and Paktya provinces while we have resources for procurement of medicine and equipment within EPHS lists which are minimum and not sufficient to cope with these casualties of the respective provinces. The staff assigned for these centers will not only provide services at the mentioned fixed center but will also provide first aid at the spot of incidences and all these will ultimately result in reduction injuries, disabilities, coma and death for which they will be provided incentive for overtime
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Code	Description	Assumptions & Risks
Output 1.1	Well equipped three trauma centers are strengthened in the three hospitals in Nangarhar (regional hospital) and two provincial hospitals in Khost and Paktya by first quarter of the project	Timely disbursement of resources, agreement of MOPH for continuation, scarcity of qualified institute for provision of training on emergency

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					120					120
		Means of Verification: quarterly reports										
Indicator 1.1.2	HEALTH	Number of well equipped trauma centers established within the compound of Nangarhar regional hospital and Khost and Gardez provincial hospitals					3					3
		Means of Verification: inception report, and quarterly reports										
Indicator 1.1.3	HEALTH	number of patient affected from trauma admitted in all three trauma care centers of the three target hospitals					6245					12490
		10409 cases(495 under five girls and 461 under five boys and 1442 over five female and 8011 over five male) were admitted in all three hospitals and we have considered expected 20% increase for the year 2014-14 specially after winter the incidents increases										
		Means of Verification: Quarterly report										
Indicator 1.1.4	HEALTH	Number of trauma cases managed in the three trauma care centers located in the three target hospitals					6245					12490
		Means of Verification: Monthly and quarterly reports										

Activities

Activity 1.1.1	Recruitment of 10 management and administrative staff and provision of incentive to 10 Female nurses, 20 male nurses, 18 Male MD, 17 male support staff, 10 female support staff of three trauma centers located in Nangarhar regional hospital, Khost provincial hospital and Gardez provincial hospital respectively
Activity 1.1.2	Orientation of 120 management, clinical staff and relevant stakeholders such as BPHS implementer, EPHS hospital management staff and other PPHCC members
Activity 1.1.3	Providing training to 120 management, clinical and support staff
Activity 1.1.4	Upgrading the services in all three target hospitals by Equipping 3 traumatic center with life saving equipment's
Activity 1.1.5	Establishment of a working two way referral system between BPHS and Trauma centers located at the respective hospitals
Activity 1.1.6	Monthly supply of medicine and medical supplies
Activity 1.1.7	Monthly monitoring/supportive supervision from provincial and Central level to traumatic centers
Activity 1.1.8	Submission of monthly and quarterly reports to donor
Activity 1.1.9	Provision of 24 hour emergency services for all types of emergencies at all three trauma centers
Activity 1.1.10	Rehabilitation of Emergency room, observation room, Triage area, OT waiting area and Recovery in all three target hospitals. Based on need assessment there is need of rehabilitation of Emergency room, observation room, partition of recovery room and standardization of OTs in all three hospital specially in Nangarhar regional hospital and Gardez Regional hospital as it is located in old buildings

Output 1.2	An efficient referral system established in all three target provinces	Support o BPHS HF's, Timely disbursement of installments, community participation
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Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle	End Cycle Beneficiaries				End-Cycle

			Men	Women	Boys	Girls	Target	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Population covered by emergency PHC and referral services					6245					12490
Means of Verification:		quarterly reports										
Indicator 1.2.2	HEALTH	Establishment of ambulatory services at three target provinces					7					7
Means of Verification:		Availability of 2 ambulances for two provincial hospitals trauma centers while three for the trauma center located at Nangarhar regional hospital										

Activities

Activity 1.2.1	1. Renting 2 Ambulances per each of two provincial hospital and 3 ambulances for Regional hospital
Activity 1.2.2	Equipping ambulances
Activity 1.2.3	Signing an agreement with BPHS implementers for using their ambulances for referral from Districts to Trauma centers and reaching an agreement with Kabul level hospitals to be used for refer out

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 Recruitment of 10 management and administrative staff and provision of incentive to 10 Female nurses, 20 male nurses, 18 Male MD, 17 male support staff, 10 female support staff of three trauma centers located in Nangarhar regional hospital, Khost provincial hospital and Gardez provincial hospital respectively	X	X	X	X	X	X	X	X	X	X	X	X
	Activity 1.1.10 Rehabilitation of Emergency room, observation room, Triage area, OT waiting area and Recovery in all three target hospitals. Based on need assessment there is need of rehabilitation of Emergency room, observation room, partition of recovery room and standardization of OTs in all three hospital specially in Nangarhar regional hospital and Gardez Regional hospital as it is located in old buildings	X	X	X	X	X	X						
	Activity 1.1.2 Orientation of 120 management, clinical staff and relevant stakeholders such as BPHS implementer, EPHS hospital management staff and other PHCC members		X	X									
	Activity 1.1.3 Providing training to 120 management, clinical and support staff			X	X	X	X						
	Activity 1.1.4 Upgrading the services in all three target hospitals by Equipping 3 traumatic center with live saving equipment's		X	X									
	Activity 1.1.5 Establishment of a working two way referral system between BPHS and Trauma centers located at the respective hospitals			X	X	X	X	X	X	X	X	X	X
	Activity 1.1.6 Monthly supply of medicine and medical supplies		X	X	X	X	X	X	X	X	X	X	X
	Activity 1.1.7 Monthly monitoring/supportive supervision from provincial and Central level to traumatic centers		X	X	X	X	X	X	X	X	X	X	X
	Activity 1.1.8 Submission of monthly and quarterly reports to donor		X	X	X	X	X	X	X	X	X	X	X
	Activity 1.1.9 Provision of 24 hour emergency services for all types of emergencies at all three trauma centers		X	X	X	X	X	X	X	X	X	X	X
	Activity 1.2.1.1 1. Renting 2 Ambulances per each of two provincial hospital and 3 ambulances for Regional hospital		X	X	X	X	X	X	X	X	X	X	X
	Activity 1.2.2 Equipping ambulances		X	X									
	Activity 1.2.3 Signing an agreement with BPHS implementers for using their ambulances for referral from Districts to Trauma centers and reaching an agreement with Kabul level hospitals to be used for refer out		X	X	X								

M & E DETAILS

Implementation: Describe for each activity how you plan to implement it and who is carrying out what.	Health Net TPO proposed methodology is based on awareness of the current gaps in the all three hospitals emergency care services in the framework of EPHS. HealthNet TPO will be using the existing in place workforce, well functioning health infrastructure and functioning system in all three hospitals; A) Inception phase; HealthNet TPO will do staffing, coordination, planning, and conducting assessment in terms of gaps analysis at all level for emergency care services B) at implementation phase in all target hospitals will be strengthening emergency traumatic centers which will provide 24 hours emergency services. Phased approach will encompass human resources hiring, drug and supplies and equipment provision, staff capacity building and establishing strong M&E system at different level. Coordination with key stakeholders, BPHS implementer and other provincial hospital will be a key in the implementation of the project. HealthNet TPO will present the project and its objective at different level including PHCC, Health Facility incharge monthly meeting, Technical working group meeting and PDC. It will be explained the availability of fixed and outreach services. Close coordination will be held with emergency services provided by PU-AMI, in Kunar, AADA in Nangarhar and Emergency in Paktia. There is already a system of coordination with other provincial hospitals such as Asad abad provincial hospital and Mehterlam Provincial hospital exist through quarterly based coordination meeting held at Nangarhar regional hospital. In these coordination meetings mainly the referral system and regional collaboration is being discussed. As the figure presented earlier shows that there is huge load of cases (6521) in Nangarhar which include 5358 male over five, 518 female over five and 268 under five boys, and 377 under five girls) so there will be three ambulances rented and equipped with needed emergency equipment and will be used not only for referral but also for provision of first aid services at the site of incidence by qualified staff. Similarly there will be two ambulances in each Gardez and Khost provincial hospitals and will be used for referral and provision of first aid on the site as the load of cases in Gardez PH was 1704 which include 1107 male over five, 463 female over five and 91 under five boys, and 43 under five girls in 2013 and it was 2184 cases in Khost provincial which include 1554 male over five, 449 female over five and 104 under five boys, and 77 under five girls. MoUs/Agreement will be signed with relevant BPHS implementer and FAB (Emergency) for enhancing smooth referral to and from BPHS to Trauma centers located at the respective hospitals. These Trauma centers will be providing advance emergency service services while at BPHS level and other stakeholders are only providing first aid and referral services.
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	HealthNet TPO Monitoring and Evaluation Unit based at Kabul is responsible to do follow up and coordinate monitoring, reporting and conducting survey related to the project. A very professional team is providing technical support to program staff develop or implement national tools for monitoring of program progress. HealthNet TPO will conduct an annual planning workshop together with community, PHD and other staff which will be the base for follow up meetings, workshops and monitoring. The project will be monitored at two level; A) Provincial level where project staff will monitor/supervise project sites on monthly basis while b) the quarterly basis monitoring will also take place from Kabul where at the end of each visit monitoring report which will include the strength, weakness and recommendation will be developed. Remedial action plan will also be developed and followed in subsequent visits. In addition joint monitoring will also take place from the project sites. In addition HealthNet TPO will conduct mid term and end project internal evaluation of the project and the report will be shared with all key stakeholders including MOPH relevant department and WHO. HealthNet TPO will submit the technical and financial report based on agreed reporting calendar and will also provide adhoc reports as per request of donor.

evaluate your project .

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. AADA	BPHS implementer in Nangarhar
2. Emergency and PU-AMl	Providing emergency first aid care in Kunar and Paktya while HealthNet TPO through these trauma care w ill not only provide first aid but w ill also managed causalities
3. HNI-TPO as lead and AADA and ACTD as sub contractor in Khost and Paktya respectively	BPHS implementer in Khost and Paktya province

Outline how the project supports the gender theme

Looking at the cases admitted and treated in 2013 were 10409 cases(495 under five girls and 461 under five boys and 1442 over five female and 8011 over five male) for the year 2013. HealthNet TPO w ill stationed female staff both clinical support and management w hich are crucial in provision of services specially to female in the three target trauma centers. HealthNet TPO w ill conduct screening for w omen and children specially girls at risk during triage. To provide basic skills to translate discriminatory patterns in practicals advice and coping skills. All training of female staff w ill take in to account the need to supporting the muhram to enable w omen to participate.

Select (tick) activities that supports the gender theme

- Activity 1.1.1:** Recruitment of 10 management and administrative staff and provision of incentive to 10 Female nurses,20 male nurses, 18 Male MD, 17male support staff, 10 female support staff of three trauma centers located in Nanagarhar regional hospital , Khost provincial hospital and Gardez provincial hospital respectively
- Activity 1.1.10:** Rehabilitation of Emergency room, observation room, Triage area, OT w aiting area and Recovery in all three target hospitals.
Based on need assessment there is need of rehabilitation of Emergency room , observation room, partition of recovery room and standardization of OTs in all three hospital specially in Nangarhar regional hospital and Gardez Regional hospital as it is located in old buildings
- Activity 1.1.2:** Orientation of 120 management, clinical staff and relevant stakeholders such as BPHS implementer, EPHS hospital management staff and other PPHCC members
- Activity 1.1.3:** Providing training to 120 management, clinical and support staff
- Activity 1.1.4:** Upgrading the services in all three target hospitals by Equipping 3 traumatic center with live saving equipment's
- Activity 1.1.5:** Establishment of a w orking tw o way referral system betw een BPHS and Trauma centers located at the respective hospitals
- Activity 1.1.6:** Monthly supply of medicine and medical supplies
- Activity 1.1.7:** Monthly monitoring/supportive supervision form provincial and Central level to traumatic centers
- Activity 1.1.8:** Submission of monthly and quarterly reports to donor
- Activity 1.1.9:** Provision of 24 hour emergency services for all types of emergencies at all three trauma centers
- Activity 1.2.1:** 1. Renting 2 Ambulances per each of tw o provincial hospital and 3 ambulances for Regional hospital
- Activity 1.2.2:** Equipping ambulances
- Activity 1.2.3:** Signing an agreement w ith BPHS implementers for using their ambulances for referral from Districts to Trauma centers and reaching an agreement w ith Kabul level hospitals to be used for refer out

Cross Cutting Issues

HealthNet TPO proposed project w ill focus on provision of emergency services to most needy clients w hom have been affected by conflicts and it w ill equally provide services to w omen and children. It w ill also reach to remote areas w here the people are affected by conflicts and provide first aid and take the patient to the traumatic centers and it w ill also coordinate the activities w ith relevant stakeholder such as Emergency in Paktya province. The BPHS implementer, Emergency in Paktya, and PU-AMl are mainly providing mainly first aid but these centers w ill provide treatment and management of causalities w hich play a role of synergies and complementary to each other. The key influential stakeholders w ill be involved in all steps of project implementation. Female staff w ill be available to provide critical care to the female patients. One of the important gender markers of this project w ill ensure to contribute significantly to gender equality and gender mainstreaming. Although w omen in Afghanistan share the problems of all w omen in developing countries , including poverty, lack of education, high fertility rates and little or no decision making pow er and many of them are extreme in nature and in context in w hich they live. HealthNet TPO w ill provide equal opportunity both in recruitment of staff and provision of services. HealthNet TPO is implementing the infection prevention standards w here the w aste management is key component. All three hospitals have incinerators w here w astes are disposed. The w astes are categorized in three groups and each has its ow n disposing methods such as burn, bury and transferring some of the w aste in open area identified by local municipalities.

Gender Marker of the Project

The project is designed to contribute significantly to gender equality

Environment Marker of the Project

B+: Medium environmental impact w ith mitigation(sector guidance)

Safety and Security

HealthNet TPO has a very standard safety and security policy and has separate department for ensuring the safety and security of staff. The security in charge of the organization give regular briefing to the staff on security issue and provide on time advice to the staff w hile visiting the field and remote areas. HealthNet TPO obliges itself to clarify relevant risks to volunteers, provide proper security measures and appropriate insurance conditions. The responsibility for the implementation of HealthNet TPO's security policy lies w ith the Operational Directors at Headquarters and Head of Mission Afghanistan and applies to all HealthNet TPO projects in Afghanistan The Head of Mission of HealthNet TPO and the Afghanistan Management Board (AMB) may at all times decide to diminish, suspend or terminate (intended) project activities w hen security risks are considered to high or if risk minimizing measures are considered unacceptable, decisions w hich at all times must be strictly follow ed by all HealthNet TPO staff. Providing safe and secure w orking environment and maintaining continuity of employment is of continual concern. In this regard, it is important that adequate policies and procedure be developed and adhered to in order to ensure safe, secure w orking environment and efficient operating conditions, thereby safeguarding employees and facilities. HealthNet TPO w ill not knowingly permit unsafe conditions to exists, nor w ill it permit employees to indulge in unsafe acts. Violations of HealthNet TPO's rules and regulations w ill result in disciplinary action. HealthNet TPO believes that the safety and security of employees and physical property can best be ensured by a meaningful program

Access

These trauma centers w ill improve access by providing ambulatory services and 24 hours emergency services at the three target provinces. These centers w ill be equipped and staffed and a field team w ill be assign to provide first aid at the spot of incidence happening and w ill accompany the patient after stabilization to the trauma centers. These trauma centers located inside the three hospital it self improve the access as it w ill provide management and treatment facilities for mass causalities and the patient going to specialized hospital in Kabul w ill be provided emergency care at their respective provinces.

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	Head of Mission	1	8200	3	5%	1,230.00
it is only for three months and over all providing support to all project including this one						

1.2	Deputy Head of Mission	1	4560	3	5%	684.00
	it is only for three months and over all providing support to all project including this one					
1.3	Health Director	1	3260	3	5%	489.00
	it is only for three months and over all providing support to all project including this one					
1.4	EPR Coordinator	1	1500	12	100%	18,000.00
	He will be the focal person for this project and will be responsible for over all management , reporting and coordination related to this project. He will be responsible for reporting, coordination and over all management of the project at three provinces. He will have extensive supervision from the three Trauma center located at the respective three hospitals.					
1.5	Project Deputy Finance Coordinator	1	900	12	100%	10,800.00
	He will responsible for financial management of this project at Kabul level. This position is solely dedicated for this project at Kabul level to be responsible for the reporting and keeping control on the budget of the project with coordination to the provincial admin finance who provides the monthly book keeping and supporting documents of field to Kabul office.					
1.6	Admin/logistic officer	1	500	12	100%	6,000.00
	He will be one of the key staff involved in procurement and other management issues as procurement of medicine, supplies and equipment is carried out at Kabul level so there is need of dedicated admin logistic person to timely proceed with the procurement process and other administrative issue related to the project and we do not have logistic person for this project at field					
1.7	Driver	1	250	12	100%	3,000.00
	we need for Kabul based project staff transportation to be used for official purpose so one driver is being budgeted					
1.8	Staff Benefit country office	1	3900	12	5%	2,340.00
	as per HR policy staff are entitle of certain benefits such as 13 month salary, medical allowance, Eid bonus and lunch cost					
1.9	Trauma care center incharge	3	500	11	100%	16,500.00
	one person will be hired Trauma care center for each hospital who will be responsible for managing the trauma center activities and will report to Hospital director					
1.10	Provincial Admin/Finance officer	3	600	11	100%	19,800.00
	one for each province responsible for managing admin/finance and procurement issues					
1.11	Staff Benifi provincial	1	4800	11	5%	2,640.00
	as per HR policy staff are entitle of certain benefits such as 13 month salary, medical allowance, Eid bonus and lunch cost					
1.12	Performance incentive for Doctors	18	250	12	100%	54,000.00
	Total of 6 Doctors per hospital is considered to get overtime allowance in two shift (each shift of 8 hours). These 6 doctors include surgical specialist =2 , MDs= 4). These two shift will start after official 8 working hours.					
1.13	performance incentive for Nurses	30	150	12	100%	54,000.00
	Total of 10 nuresse per hospital is considered to get overtime allowance in two shift (each shift of 8 hours). These 10 nurses include Emergency room=8 Anesthesiolog=2). These two shift will start after official 8 working hours.					
1.14	Performance incentive for support staff	27	100	12	100%	32,400.00
	Total of 9 gaurds/cleaner per hospital is considered to get overtime allowance in two shift (each shift of 8 hours).					
	Section Total					221,883.00

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	Medicine	3	6500	4	100%	78,000.00
	2167 USD is consider for medicine per trauma center per month specially under PCH where we do not have budget for medicine while in Nangarhar there is 40 beds and it will have more utilization. The medicine will be located at three trauma centers located at the compound of Nangarhar regional hospital, Khost provincial and Gardez provincial hospitals respectively and the detail list will be attached.					
2.2	medical supplies	3	3000	12	100%	108,000.00
	3000 USD per center per month as medical supplies are mostly needed in significant amount for trauma related cases.it will be will be located at three trauma centers located at the compound of Nangarhar regional hospital, Khost provincial and Gardez provincial hospitals respectively and the detail list will be attached.					
2.3	office supplies	3	150	12	100%	5,400.00
	150 USD is being consider per month for each of the three centers this include stationary, HIMIS , cleaning materials					
	Section Total					191,400.00

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	Medical equipment lumpsum for three province	1	100000	1	100%	100,000.00
	As these Trauma centers need more complicated equipment such as cardiac monitor, pulse oximeter, mobile x-ray suction machine, oxygen concentration, patients beds, bed side table and other needed equipment.it will be As currently the existing x-ray services are overloaded so we will purchase new mobile x-ray machine exclusively used for patient admitted in Trauma centers. it will be located at three trauma centers located at the compound of Nangarhar regional hospital, Khost provincial and Gardez provincial hospitals respectively and the detail list will be attached. As per recent comments in regards to the type of ventilators, we need one adjustable Neonatal, child, Adult ventilator which could be adjusted for all the three named targets per each trauma care center, therefore, one adjustable ventilator is budgeted @ 17,182 per unit which is used for all the three segments. Furthermore, there are two types of ventilators in the local market, which could work only for Neonatal and adult, but it does not have a child size.					
3.2	Non medical equipment and furniture for all three provinces	3	10000	1	100%	30,000.00
	10000 per each trauma center which will include furniture, AC split, small Generator and others. It will be located at three trauma centers located at the compound of Nangarhar regional hospital, Khost provincial and Gardez provincial hospitals respectively and the detail list will be attached.					
3.3	IT equipments	1	9500	1	100%	9,500.00
	It will include the Computer, printer, scanner and multimedia and other for Kabul and Provincial based management staff located at respective hospitals and HealthNet TPO Kabul office. As per recent comment, below is the details for 9,500. 4 Laptops (one per each of the three trauma care center & one for KBL office, unit cost of each is 1,100, so total it will be 4,400). 4 Printers					

(one per each of the three trauma care center & one for KBL office, unit cost of each is 400, so total it will be 1,600). 4 Cell Phones (one per each of the three trauma care center & one for KBL office, unit cost of each is 100, so total it will be 400). Two Multi-medias (one for Khost trauma center & one for Paktia trauma care center, unit cost for each is 550, total of which will be 1,100, since NGR regional hospital already has a multi-media, and there is no need there, we therefore haven't budgeted for them, and one photo copier machine for kabul office, unit cost is 2000.

3.4	Rehabilitation of Trauma care unit of Gardez provincial hospital	1	20000	1	100%	20,000.00
	It consist of Rehabilitation of emergency OT and Two toilet and other small rehabilitation					
3.5	Rehabilitation of Trauma care unit of Khost provincial hospital	1	20000	1	100%	20,000.00
	It consist of partition in recover room , standardization of OT, rehabilitation of triage area , and rehabilitation of waiting area					
3.6	Rehabilitation of Trauma care unit of Nangarhar regional hospital	1	30000	1	100%	30,000.00
	It consist of rehabilitation of emergency room, toilets, observation room, and female recovery					
Section Total						209,500.00

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	store and offices	3	300	11	100%	9,900.00
	standardizing of store by installing cooling system and its maintenance. The store will be used for stock of medicine, medical supplies and medical equipments					
4.2	rent vehicle	1	900	12	100%	10,800.00
	one vehicle for Kabul to be used by Kabul Based management staff. As this vehicle will be used for follow up of procurement, participating in meeting and other relevant activities. This vehicle is solely used for Kabul staff for the purpose of coordination meetings, supervision visits, report submissions and for attending other relevant meetings.					
4.3	rent ambulances for all three provinces	4	900	11	100%	39,600.00
	1 ambulance for Khost and Paktya each and 2 for Nangarhar to be used for referral and provision of on the spot first aid. We Based on our assessment well equipped ambulances are available in local Market specially in Nangarhar. If we are not able to rent the these ambulances within allocated budget then we will rent ordinary flying coach and from equipment line we will equip them as per need of ambulances. The rent for ambulance includes the salary for the driver, the fuel cost for the vehicle and the maintenance cost for the vehicle.					
Section Total						60,300.00

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	Travel, per diem for all three provinces	3	100	11	100%	3,300.00
	It will be used for project staff during field visit from Kabul and vice-versa					
Section Total						3,300.00

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	Repair and maintince of building, Generator and equipments	3	200	12	100%	7,200.00
	small amount(200 USD/per trauma center per month) is being consider for maintenance of equipment, building and generator					
7.2	Fuel for Gnerators	3	1000	12	100%	36,000.00
	as there will be round the clock services so need for 24 electricity					
7.3	Communication cost	3	50	12	100%	1,800.00
	the top up card for EPR coordinator at Kabul and Three EPR focal person					
7.4	Trainings	3	10000	1	100%	30,000.00
	HealthNetTPO will conduct First aid, basic and advanced life support training by its own trainers and causality management training will be conducted by FMC in Kabul. Total cost of these trainings is 4000 USD (\$957 food cost, \$255 Stationary, \$1800 Trainers fee, \$640 Accommodation and \$348 Transport cost) ETAT training will be provided by WHO. IP, nursing skills and radiology training will be provided by HealthNetTPO EPHS project. Detailed plan attached in the documents section.					
7.5	Patient food	3	1000	11	100%	33,000.00
	1 USD per day per bed is considered					
7.6	Winter heating	3	800	5	100%	12,000.00
	it is consider for 5 months for each of the three trauma centers					
Section Total						120,000.00

Sub Total Direct Cost		806,383.00
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)		7%
Audit Cost (For NGO, in percent)		0.405641988655909%
PSC Amount		56,446.81

Quarterly Budget Details for PSC Amount	2014	2015	Total

Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total CHF Cost

862,829.81

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Paktya -> Gardez		1107	463	91	43	1704	16
Khost -> Khost(Matun)		1554	449	104	77	2184	21
Nangarhar -> Jalalabad		5358	518	268	377	6521	63

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. OCHA Finance Comments Preliminary Submission Project AFG 243.docx
2. Abbreviations and Acronyms for CHF.docx
3. Supporting document for the proposal in separate sheet (medicine, medical supplies and office supplies).xlsx
4. Training Plan.xls