OCHA Coordination Saves Lives

Project Proposal

Organization	SC (Save the Children International)			
Project Title	Equitable, effective, and quality trauma, emergency and essential health services for conflict affected and vulnerable communities in Badakhshan			
CHF Code	AFG-14/S1/H/INGO/250			
Primary Cluster	HEALTH		Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation		Allocation Category Type	
Project Budget	578,553.67		Project Duration	12 months
Planned Start Date	01/06/2014		Planned End Date	31/05/2015
OPS Details	OPS Code		OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

SCI aims to respond to the most urgent health needs of conflict affected and vulnerable communities in Badakhshan by improving access to integrated emergency essential life-saving/primary health care and referral services. In this project SCI will target conflict affected, remote, and vulnerable communities in seven districts of Badakhshan (Kiran Wa Minjan, Warduj, Jurm, Yamgan, Wandian (Shahri Buzurg), Raghistan, Kohistan). CHAP 2014 indexing for Health Needs rated Kiran Wa Minjan, Raghistan, Darwaz and Kohistan districts at 4/5 for health needs of population. The nutrition and WASH cluster indexing also highlights high needs (4-5/5) for all of these districts. Providing first aid trauma posts (FATPs) and rapid response teams (well equipped and staffed ambulances) to facilitate stabilization and evacuation of war casualties from frontline to referral hospitals is one of key actions. This approach is meant to reduce large-scale excess mortality in conflict-affected districts. SCI will strengthen coordination with Public Health Coordination Committee (PHCC), Provincial Public Health Director (PPHD), WHO & provincial coordination structures to respond to conflict/trauma and medical emergencies in a coordinated manner. SCI will deliver emergency and essential health services in seven project districts through 2 rapid response teams, 2 FATPs and 5 Mobile Health Teams (MHTs) to access conflict affected remote, isolated communities more than 10 Km or 3 hours walk from a BPHS Health Facility (HF). SCI will target 69,344 individuals in 104 needy and remote villages in the 7 districts, at 59 service delivery points (SDPs) every month. At the front line SCI, through its rapid response teams and FATPs will provide first line access to first aid and essential trauma care. Rapid response team staff (via ambulances) will be trained on emergency triage, and referral of the patients depending on severity of injury to either the nearby FATP or in case of very severe cases (after stabilization of patient/basic shock management) directly to provincial/district hospitals. Based on communication SOPs SCI staff will alert hospital staff about referred patients and also ask for back up support from provincial ambulance systems. Using five fully staffed and equipped MHTs, SCI will deliver essential primary health care services: comprehensive RH services including ANC, birth preparedness and attendance, recognition of danger signs during pregnancy, Emergency Obstetric Care (EmONC) referral and complication management, family planning; child health activities including Integrated Management of Childhood Illness (IMCI), Infant & Young Child Feeding (IYCF), immunization and growth screening and sentinel nutrition surveillance; health education and key WASH messages & IYCF practices; communicable disease prevention and treatment; basic mental health screening and psychosocial counseling; and referrals to health facilities. The overall action is based on humanitarian principles of neutrality/impartiality, and addresses cross cutting issues such as gender mainstreaming in delivery of health care. In this project SCI will give due consideration to gender empowerment and will include females as at least 25% of staff in the MHT and FATP teams. SCI will also ensure that all medical (organic and non organic) waste is disposed of according to MoPH-policy without harm to environment. The total budget for the action is for a period of one year for service delivery is $578, 537.

Project Beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	17825	17125	17541	16853	**69,344**
Total beneficiaries include the following:					
Children under 5	0	0	7073	6796	13869
Other	7218	6935	7103	6825	28081
Pregnant and Lactating Women	0	4161	0	0	4161
Trainers, Promoters, Caretakers, committee members, etc.	159	155	0	0	314

Indirect Beneficiaries	As we are providing essential health services through MHTs, population in the catchment area (69344) is our direct beneficiary population (104 villages/59 SDPs). We are directly targeting certain population groups e.g. children under five, PLWs, women of child bearing age, and elderly. We will provide care to the 17,824 men also. Besides these we are will have health education and counseling sessions for the families at the SDPs, and work in coordination with the health posts/CHWs in the area, and provide the health education services to a wider population. As per our implementation experience, the utilization rate for MHTs is normally 1.2-1.3 consultations/person/year, and it is an indirect way of estimating the beneficiary base as well	Catchment Population	As per CHF templates and CHAP population figure, total numbers of individuals for the targeted districts are 200,800. However, we are targeting only those communities and villages in the targeted districts through Service Delivery Points, which qualify as per MoPH 2008 definitions for mobile health teams catchment i.e. primarily those villages which are at >10 Kms or 3 hours distance from the health facilities. A summary of the number of villages qualifying for the MHTs, along with the population in need is given in annexed EXCEL sheet. Our target population of 69343 is actual population of beneficiaries in those villages that qualify for service delivery by MHTs per MoPH criteria.

Link with the Allocation Strategy

Afghan Mortality Survey (AMS 2010) reports that injury-related deaths account for 21% of mortality among ages 15 and over in Afghanistan. War violence and conflict related trauma accounted for nearly half of these. War and violence related injuries and deaths are also important for boys under15 years. For this project our approach is based on humanitarian principles of humanity, neutrality and impartiality, and civilians will be provided services without discrimination. As per CHF goal, saving lives and reducing disability is at heart of our project, and those districts are prioritized and targeted where there is recent increase in violent injuries due to active conflict. The approach adopted by this project is in line with CHF strategy and objectives. As per CHF allocation strategy and identified acute humanitarian needs (CHAP2013-14) focus of this project will be on emergency health services for war wounded, and provision of services in areas where access to essential life-supporting services is limited mainly by high levels of conflict or other vulnerabilities. Provision of essential life-supporting services to vulnerable segments of communities (especially women & children) living in remote districts in Badakhshan is part of action. Due to the increased conflict in Kiran Wa Minjan, Warduj, Jurm & Yamgan districts and its consequences on population, the number of civilians injured and requiring emergency and trauma care and management in these districts has increased in recent months. SCI and its subsidiary Merlin have been delivering essential primary health care services using MHTs in these districts with support from WHO and health cluster for last 3-4 years. With the increased severity of conflict in these districts, SCI/Merlin MHTs are playing an even more vital role as they are operating services amidst conflict as well and have been appreciated by the provincial health and humanitarian authorities for this role. The current BPHS facilities and MHTs staff focus traditionally on delivery of primary/essential health care services to families and there are gaps in capacities (including materials, infrastructure, & HRH capacities) in terms of first aid, trauma management and referral of trauma cases. However it is absolutely vital that to supplement BPHS capacities to deliver to these communities, emergency trauma care and rapid referral services to the provincial/districts hospitals must be provided. SCI's project objective is to save lives by providing rapid response and treating injuries amidst the conflict, equipping ambulances to facilitate stabilization and evacuation of casualties, making clear referral SOPs and emergency triage at conflict site and at first aid trauma posts (FATPs), and coordinating with

and evacuation of casualties, making clear referral SOPs and emergency triage at conflict site and at first aid trauma posts (FATPs), and coordinating with provincial emergency response teams and referral hospitals/health centers for timely referral of patients from FATPs. In addition to conflict districts, other districts selected for the project (Raghistan, Kohistan, Kiran Wa Minjan, Wandian (Shahri Buzurg) are those with highest needs of health care, as these are underserved and are indexed high (4/5) on the health cluster & nutrition cluster CHAP needs indexing for 2014. SCI will try to reduce morbidity and mortality by providing essentia primary care and emergency health care services using MHTs. These MHTs will provide essential services at service delivery points in communities, and will move from one community to another per a schedule. These will also do DEWS, EmONC referrals and deliver immunization-campaigns/services. These MHTs will also educate communities on services designed to prevent and control communicable diseases and provide first aid trauma education for CHWs and community health shuras in order to build community resilience and to contribute to prevention of excess morbidity and mortality from diseases and injuries.

Implementing Partners

Partner	Partner Type	Budget
not applicable		0.00
		0.00

Other funding Secured For the Same Project (to date)

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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)

Badakhshan has a population of 904,700 (CSO estimates: 2012-13) in 28 districts. Rural population is 92% with many communities cut off from routine health services. Current BPHS implementation by CAF and AKDN/AKHS covers 65% of the population. The remaining 30-35% of remote population has number of barriers to accessing essential health care. Access is limited by difficult geography, extreme cold winter weather, and as per Health, Nutrition& WASH clusters CHAP indexing, population in some districts is highly vulnerable to disease outbreaks & natural hazards. Recently conflict between government forces and armed opposition groups (AOGs) in some districts resulted in in-security, internal displacement &suspension of health activities. These coupled with health system gaps (in HRH especially female staff, limited management capacity to respond to medical/conflict related emergencies) results in high mortality/morbidity, especially for vulnerable groups like women, children and adolescents. This is indicated on annual HMIS reports by poor performance of RH, MNCH and communicable disease control indicators. In this project SCI will target communities in 7 districts of Badakhshan. With increased conflict in 3 of these districts (Warduj, Jurm, Yamgan) number of injured has increased with few health care providers available, especially for trauma care/referral. The escalation of conflict has made it very difficult to deliver services there. Although there are a few BPHS health facilities, the main roads and access points to these health facilities are often closed due to conflict. Mobility of the communities and families in these areas are very restricted especially during evening and night. SCI's subsidiary Merlin is the main NGO delivering essential health services actively in these districts through MHTs, previously funded by W.H.O. The provincial health and humanitarian authorities/committees and governor office all appreciate Merlin/SCI's important role in these districts. Merlin/SCI, through funding from WHO/health cluster, and in coordination with provincial Health and WHO authorities, have in recent years supported BPHS implementers (CAF &AKDN) in responding to emergencies/epidemics such as cholera, ARI and typhoid epidemics. Merlin/SCI also implemented BPHS in BDK from2005 to 2009. To address gaps in BPHS service delivery in these districts, in addition to MHTs, SCI will provide emergency health services by health staff trained on first aid/trauma management, quick initial responses to the conflict related injuries by rapid response teams, plus emergency triage at FATPs, and referral to provincial hospitals by equipped ambulances. In addition to the conflict districts, CHAP 2014 indexing for Health Need rated Kiran Wa Minjan, Raghistan, Darwaz and Kohistan districts at 4/5for health needs of population. The nutrition and WASH cluster indexing also highlights high needs (4-5/5) for all of these districts. Many communities in these districts are cut off for 4-5 months each winter. These districts are also highly vulnerable to harsh weather, disease outbreaks, floods, landslides and food insecurity. Families are poor, have high illiteracy levels, have poor knowledge of health issues, and have economic barriers to access services and poor health seeking behaviors to access health services. The morbidity and health needs of children and PLWs are very high. The result is poor utilization of services including MNCH, RH & EmONC services and high prevalence of vaccine preventable diseases. Through this project SCI project team in Badakhshan will also work in close coordination with Provincial health authorities and BPHS implementers through forums as PHCC and Emergency Response committees, and together with these stakeholders will develop and implement clear coordination mechanisms/SOPs and referral SOPs, to ensure coordinated response and referral for injured and seriously ill patients in case of emergencies.

2. Grant Request Justification.

Current BPHS services do not cover 35% of population in BDK, and there are gaps in access to health care, including in the targeted districts. Access to BPHS health facilities in these districts has reduced markedly due to conflict, as normal movements are restricted with closure of the roads/pathways commonly used by communities. The capacity of the BPHS health facilities in these districts to deliver effective trauma care & emergency care is usually limited. This is because in addition to long distances from the community, these BPHS facilities are normally designed/equipped, and the available staff trained for routine primary health care services rather than trauma services and referrals. With the backdrop of deteriorating conflict, without emergency services through FATPs, equipped ambulances and mobile health teams (MHTs), these conflict affected and remote communities will continue to be without access to emergency/essential health care, making them highly vulnerable to conflict related trauma and death, disease outbreaks, floods, harsh weather and landslides. This will result in serious consequences to health of the families especially women and children. By addressing funding and program gaps to existing BPHS health facilities for targeted districts, especially for trauma and emergency care and referral, this project will supplement existing health services (BPHS), and provide emergency services to these communities. The project will also strengthen the coordination with BPHS implementers and provincial health authorities (i.e. PPHD, provincial health coordination committee (PHCC) and provincial emergency response committee) for response to conflict related and other medical emergencies. SCI/Merlin program manager is a member of PHCC and also participates in other important forums at provincial level. SCI project manager/officers will also update the provincial authorities monthly on the progress of project. The project management team and project officers for current project will also work closely with WHO area coordinator/officer, MoPH PPHD, BPHS implementers (CAF and AKDN) and BDK emergency response committee, and will endorse the communication and referral SOPs for responding to conflict related injuries and other emergencies. At the front line, SCI through its rapid response teams and FATPs will provide first line access to first aid and essential trauma care. The rapid response teams will be trained on emergency triage and to refer the patients depending on severity of injury to either the nearby first aid trauma posts, or in case of very severe cases (after stabilization) directly to provincial/district hospitals. Based on communication SOPs SCI, through its staff, will alert the health facility staff about referred patients and also ask for back up support from provincial ambulance systems. SCI will also target districts found to be high priority for health and nutrition clusters assessment in CHAP 2014, and due to their remoteness are not already receiving services, and whose population is vulnerable in terms of health needs. SCI will try to promote healthy behaviors,, and improve utilization of health services and surveillance for notifiable diseases, by providing essential primary care and emergency health care services using MHTs. Referral and communication systems between communities and health system will be strengthened particularly for emergency obstetric care and other serious medical conditions. Coordination systems between Merlin MHTs and ambulances services in Badakhshan will be strengthened and referral services will be made for emergency referrals especially those for women and children, to avoid preventable mortality, by timely treatments at higher level HFs. SCI will also implemnt activities to improve the capacity of local community based health workers, in first aid response and increasing knowledge and building resilience to epidemic diseases .

3. Description Of Beneficiaries

SCI will target 69,344 individuals in 7 districts. 49% are female (33,979) and 51% are males (35,365). 49.6% (34,395) are children/adolescents. Women of reproductive age are 13,388; PLWs are 4,161 & 624 pregnancies are expected to need EmONC services. 40.5% live in 3 conflict districts (Warduj, Jurm, Yamgan), with limited mobility and access to existing HFs. Total population for seven districts is 200,800 (CSO est. 2013-14.) Indirect population is 131,456: those in the district but not in SDPs catchment areas. In 2012, a detailed mapping of population's access to health service was conducted in these districts by SCI/MerIn. The findings showed that majority of population was without easy/affordable access to essential health care. Assessed communities did not qualify for the establishment of a fixed BPHS Health Facility (HF) because of a smaller population size then. In response to this gap, in 2008 the MoPH together with donors and implementing partners recommended

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

30% of BDK's population has limited access to essential health care. Although there are 80 BPHS Health facilities (HFs) in Badakhshan, there are villages located beyond catchment areas (10km/3 hours walk). Also inadequacies in service provision are directly related to poor staffing levels (particularly lack of skilled female staff) and inequitable distribution of HFs. Badakhshan province has high mortality and morbidity rates and poor health care utilization. USAID HHS 2011 survey results show CPR-24%, skilled birth attendance-27%, TT2-38%, ANC1 -48%, PNC coverage-42%, and Penta 3 immunization-42%. The HMIS data for 2013 shows even lower rates- CPR-19.3%, ANC4 -13%, skilled birth attendance-24%. The HHS 2011 report also shows that amongst the surveyed provinces, Badakhshan was one of low performing province in comfor most of the above indicators. SCI will target communities in 7 remote districts (Kiran Wa Minjan, Warduj, Jurm, Yamgan, Wandian (Shahri Buzurg), Raghistan, Kohistan). These communities are poor& have low economic resources, are geographically remote& face harsh weathers. They face food insecurity/malnutrition, conflict related insecurity and frequent natural calamities & epidemics. Health seeking behaviors of families are low , (only 25% of mothers have appropriate seeking behaviors in seeking prompt and appropriate care for sick children), and health knowledge and healthy behaviors are low (e.g. low breast feeding rates, immunization etc.). In 2012, SCI/MerIn conducted a detailed mapping of population's access to health service in these remote districts. The findings showed that majority of population was without easy/affordable access to essential health care. Assessed communities did not qualify for the establishment of a fixed Health Facility (HF). In response to this gap in 2008 the MoPH, together with donors and implementing partners, recommended

	mobile health services for these remote communities. For some of the targeted districts where SCI/Merlin MHTs are working (Keran-o-Menjan, Warduj, Jurm, Yamgan, Wandian (Shahri Buzurg) the indicators have become better over last 2 years (HMIS 2013 results; CPR of 12.2%, ANC4 of 27%, PNC of 70%, penta3 of 75%, TT2 of 67%), but still there is much need for improvement and sustainability of progress. The other two districts (Raghistan, Kohistan) are the remotest in Badakhshan with extreme weather, no access routes for 4-5 months, and with lowest health seeking/utilization indicators. In the last year, conflict between government forces and AOGs in 3 districts (Warduj, Jurm, Yamgan) resulted in insecurity & internal displacement, & suspension of health activities. The number of injured has increased with few health care providers available, especially for trauma care/referral. A review of 2013 HMIS data in these districts show that serious trauma cases including conflict wounded cases, accidents, and occupational injuries numbered at 1384 cases. In the first month of the project. The main access points to BPHS HFs are often closed due to conflict, and mobility of families in these areas is restricted. The capacity of the BPHS health facilities in these districts to deliver effective trauma care & emergency care is limited. These BPHS facilities are normally equipped and the available staff trained for routine primary health care services rather than trauma services and referrals. Distance to Baharak District Hospital for referral of such cases is also long, and is approximately three hours drive away. Even SCI/Merlin MHTs need to be supported (with FATPs and ambulances well equipped with supplies/trained human resource) for effective trauma management. Without emergency services and MHTs, these areas will be without access to emergency health care, making them highly vulnerable to conflict related trauma and death, disease outbreaks, harsh weather and natural calamities.
5. Activities. List and describe the activities that your organization is currently implementing to address these needs	Coordination with BPHS implementers (CAF, AKHS), provincial health authorities & WHO officials, to scale up healthcare surge responses to medical emergencies/epidemics and trauma care is key approach for the project. This coordination will also lead to pre-position contingency medicines for rapid deployment in case of needs. The outcome for the seriously injured cases in conflict related districts is contingent upon the delivery of immediate care to prevent death and disability. The chain of care for the conflict-wounded is based on the determination of what can realistically be accomplished, to assure the best results for the greatest number, without endangering the safety of injured or the health workers. The service delivery will focus on quick response to conflicts via rapid response teams (RRTS), and immediate triage and stabilization and efficient evacuation of the wounded to the surgical facility (FATP or referral hospital depending upon condition of patient) RRTs will be staffed by trained health care staff (in addition to drivers) with strong capacities in the basics of first-aid and transportation of injured patients. RRTs upon arrival at an emergency scene, will separate the conscious and walking, render first-aid and prepare the wounded for transport. Their main task will be to ensure basic care for patients during transport to and from the FATPs and Referral Hospital. An RRT will be equipped with suction equipment and first aid kits. Each vehicle will be equipped with appropriate communication equipment to enable regular communication with the SC office and FATP/Hospital. The FATPs will be staffed with staff trained in wound management and equipped with the necessary tools and supplies. FATPs will be operational all through the day and night. FATPs will provide trauma care at site in close proximity to the point of injury. FATPs will perform triage and prioritize cases for intervention. Their focus will be to provide life-saving activities, through safe and secure interventions; limit the effect of injury and support of vital functions and decide on which cases need transportation to the Referral Hospital. Services at the FATPs will include: • ABCDE (Airway, Breathing, Circulation, Disability (neurological status) and Environment and Exposure • Complete examination leading to stabilization measures • Additional measures to prevent hypothermia and dehydration, providing psychological support • Monitoring of the patient • Documentation for referrals and case notes detailing procedures, interventions and condition of the wounded patient. Cases that need additional clinical management will be transported by the RRT to the Referral Hospital. SC realizes that moving a patient is not without risk, both clinically and due to the on-going conflict. SC will focus on reducing these risks through dialogue with its implementation partners, monitoring of the security context as well as the monitoring of any complications that arise during transportation through triangulation of data from field and hospital notes, team performance reviews and refresher trainings when necessary. Another output for project are that five MHTs will be fully staffed and equipped to deliver essential primary health services including comprehensive RH services, EmONC referral and complication management, family planning; child health activities; health education and communicable disease prevention and treatment; basic mental health screening; and referrals to health facilities. Key Activities include: 1- Conduct community mobilization activities to inform communities regarding proposed project 2-Develop MHT schedule in consultation with communities and health authorities; and publicize schedules 3- Procure and distribute essential commodities including equipment, diagnostics and therapeutics for MHT and monitor drug consumption, 4- Provide a package of services according to MoPH guidelines mainly focusing on services outlined
LOGICAL FRAMEWORK	
Overall project objective	Over all project objective is to reduce avoidable maternal and child mortality amongst the most vulnerable under-served communities in Badakhshan province through improved access to integrated emergency and primary health care and referral services. Specific objectives of the project are: • To provide equitable access to effective, safe and quality of rapid response trauma care and emergency essential health services for people living in conflict affected districts (Warduj, Jurm and Yamgan) of Badakhshan to prevent avoidable morbidity, mortality and disability • Reduction of avoidable maternal and child morbidity and mortality amongst most vulnerable under-served communities in Badakhshan province through increased access to integrated health and referral services with particular focus on maternal and child health care services • To strengthen coordination with PHCC, PPHD, WHO and provincial coordination structures to respond in a coordinated way to emergencies to ensure a coordinated referral of trauma cases from conflict districts to provincial hospital • To Increase gender mainstreaming and enhanced emergency preparedness of communities to conflict and diseases of epidemic potentials

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	45
Objective 1. People affected by conflict and insecurity have equitable access to effective, safe, and quality essential health services	1. Providing emergency health care and prioritizing access to critical services	45
Objective 3. People have access to information and services designed to prevent and control communicable diseases that contribute most significantly to excess morbidity and mortality	4. Responding to natural disasters	10

Outcome 1	Increased access to essential emergency first aid and trauma care to conflict affected populations in three districts of Badakhshan (Warduj, Jurm, Yamgan)	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Improved local emergency response capacity and coordination at districts and provincial level to deal with conflict related injuries	1-AOGs allow SCI teams to operate in their areas at all times. 2-BPHS implementers and provincial health authorities will coordinate with the SCI teams with in-patient facilities at the district and provincial hospitals for the referred trauma cases 3-Timely disbursement and uninterrupted funding for the project froom CHF/OCHA .

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					4					4
Means of Verification:		1-Inauguration reports for 2 Rapid response teams and 2 FATPs 2-Monitoring Reports and Pictures 3- Monthly activity reports/statistics for 2 rapid response teams (ambulances) and FATPs										
Indicator 1.1.2	HEALTH	Population covered by emergency PHC and referral services					28080					28080
Means of Verification:		1-Monthly activity reports/statistics for 2 rapid response teams (ambulances) and FATPs										
Indicator 1.1.3	HEALTH	Number of trauma patients stabilised, treated and referred to in a timely manner					692					1384

Means of Verification:	Monthly Activity Reports (from ambulances and FATPs on the cases treated, conflict related emergency responded, and referrals)											
Indicator 1.1.4	HEALTH	Number of monthly coordination meetings conducted with district and provincial level stakeholders					24					48
Means of Verification:	Monthly coordination meeting minutes/reports											

Activities

Activity 1.1.1	1. Identification and renting of facilities to serve as first aid trauma posts (FATP) and ambulances 2. Procurement and ongoing supply of equipment, supplies and drugs to FATPs and ambulances 3. Hire and train staff for FATPs and Rapid Response teams
Activity 1.1.2	1. Develop standard operating procedures for rapid response teams and FATP teams including referral procedures to district and provincial hospitals; 2. Ensure FAPT and rapid resposne teams provide regular, timely life saving activies through safe and secure interventions, including through emergency triage at FATPs and transport (referral) services to district and provincial hospitals
Activity 1.1.3	1. Rapid response teams provides on site first aid treatment, undertakes triage and transports patients requiring stabilization and treatment to FATPs 2. Adequate quality care is provides to traum patients at FAPTs 3. Based on need referral to district and provincial hospitals is carried out, ensuring proper documentation is carried out including case notes detailing procedures, interventions and condition of the wounded patient
Activity 1.1.4	1. Clear coordination mechanisms/SOPs established and implemented with authorities like PPHD/district hospital officials, and BPHS/EPHS implementers, through the Emergency Preparedness and PHCC meetings/forums at provincial level

Output 1.2	Output 1.2: Rapid Response teams and FATP teams have the capacity to stabilize the injured and provide appropriate referrals when needed	MoPH and WHO provide technical support, training modules., trainers etc for trainings of the staff

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 1.2.1	HEALTH	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of war trauma					9					9
Means of Verification:	1-Training needs assessment reports for the staff 2-Trainings reports for staff on ambulances and FATPs 3-Pre and Post test results for the trainings of staff											
Indicator 1.2.2	HEALTH	Number of supportive supervision conducted and reported for FATP and Rapid response teams					12					24
Means of Verification:	1-Monthly Supervision report 2-Monitoring reports by supervisors and managers about adherence to WHO/MoPH standards											

Activities

Activity 1.2.1	1. Conducting Training needs assessment and trainings for rapid response teams (ambulances) and FATP staff on the first aid management, emergency triage, trauma patient management/stabilization and referrals, and coordination
Activity 1.2.2	1. Supervision of the staff at FATPs and rapid response teams and mentoring provided by supervisors and managers based on the findings of monitoring to address the gaps in adherence to standards.

Outcome 2	Increased access to and utilization of Essential maternal, child health and primary health care services	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Communities participate in the design and delivery of services; can access and utilsie the services	1-Community participation and involvement in health activities. Community support to establish Service Delivery Points in selected communities. 2-Health shura commitment to contribute to MHT activities and monthly meetings

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	Population covered by emergency PHC and referral services					34672					69344
Means of Verification:	1-Service delivery point schedules and plans duely attested by community representatives (health shura) 2-Monthly activity and HMIS reports 3- MHT field trip report &Monthly time sheets (Number of days of working of each MHT at community level (20 days per month per MHT) 4-Monthly complaint box reports 5-Monthly health shuras meeting minutes											

Activities

Activity 2.1.1	1. Conduct community mobilisation activities to inform communities regarding proposed project, help develop MHT schedules and seek feedback and address issues of importance to the communities 2. Arrange appropriate accommodation for MHT staff in collaboration with community leaders and health shura members.

Output 2.2	Five Mobile Health Teams are operational and functional in districts by end of first month of project	1-Timely disbursement and uninterrupted funding for the project from CHF/OCHA 2-Avaialbility of qualified staff willing to work in the conflict districts. 3-Community has an active participation and involvement in health activities.

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 2.2.1	HEALTH	Number of MHTs established					5					5
Means of Verification:		MHTs inauguration reports & HR Reports										
Indicator 2.2.2	HEALTH	% Coverage for fully vaccinated children in targeted areas.					1318					2635
Means of Verification:		Monthly HMIS Reports										
Indicator 2.2.3	HEALTH	Percentage of MHTs that are stocked all months of the year with essential drugs and supplies (target: 100% of MHTs)					100					100
Means of Verification:		Monthly Stocks and consumption reports for MHTs										

Activities

Activity 2.2.1	1. Hire and train staff for each MHT on emergency and essential primary health care services as per MoPH and WHO standards 2. Provide referral services for clients needing further care at secondary level facilities
Activity 2.2.2	1. Provision of essential child health services to children through MHTs and SDPs including immunization services, IMCI, and nutritional screening etc.
Activity 2.2.3	Procure, distribute and monitor the use of essential commodities including equipment, diagnostics and therapeutics for MHT

Output 2.3	Services offered are of high quality	1-Qualified female staff are willing to work in these remote and conflict affected districts 2-Health shura are committed to actively participate and monitor health service delivery through MHTs and SDPs 3-Community actively participate in health activities.

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 2.3.1	HEALTH	Percentage of temporary health facilities having female qualified medical staff					90					90
Means of Verification:		1-MHT & FATP Inception and inauguration reports 2-HR reports for the MHT & FATP teams										
Indicator 2.3.2	HEALTH	Percentage of clients who are satisfied with the services offered by MHT					80					80
Means of Verification:		1-Client satisfaction survey/Patient Exit interview Report for each MHT 2-Health shura meeting mintues/reports with input from community of key health problems										
Indicator 2.3.3	HEALTH	Utilization rate of at least 1 consultation/per person per year for new OPD consultations. (Target at least 1 consultation/person/year)					34672					69344
Means of Verification:		Monthly HMIS Reports										

Activities

Activity 2.3.1	1. Recruit female staff including nurses and midwives to be part of MHT, provide on the job mentoring and ensure the environment is conducive for work.
Activity 2.3.2	1. Solicit regular feedback from the communties and patients about service delivery and planning improvement in the services based on these suggestions
Activity 2.3.3	1. Provide a package of services according to MoPH guidelines, mainly focusing on services such as ANC, PNC, FP, Vaccination, IMCI, growth monitoring, psychosocial support, collecting and analysing data on a monthly basis

Outcome 3	Increased capabilities of public health system and community to prevent and respond to emerging health threats and outbreaks	
Code	**Description**	**Assumptions & Risks**
Output 3.1	Output 3.1: Health staff have the capacity and resources to detect and respond to disease outbreaks and natural disasters	1-WHO and Provincial health authorities and BPHS implementers technical support in epidemic investigation and keeping buffer stocks for the epidemic/alarm response 2-Committment from CHWs and health shuras to timely call MHT and SCI teams for support for Alarms

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	100% of the alarms are investigated within 48 hours from notification					100					100
Means of Verification:		1- Project Quarterly and annual reports 2-Epidemic/Alarm investigation and response reports										
Indicator 3.1.2	HEALTH	Case fatality rate maintained within international agreed limits					10					10
Means of Verification:		1- Monthly HMIS/reports with focus/analysis of priority and communicable diseases i.e diarrhoeal diseases/cholera, measles, and ARI 2-Epidemic/Alarm investigation and response reports and case fatality /attack rates reports in case of epidemics										
Indicator 3.1.3	HEALTH	Early warning established in 80% of newly covered conflict affected areas					80					80
Means of Verification:		1-HMIS Reports 2-Daily Disease trends check lists for MHT and FATP teams 3-Coordintion and communication SOPs between MHTs/FATPs and DEWS sentinel sites focal points and district/provincial level DEWS officers & Emergency response teams										

Activities

Activity 3.1.1	1. Conduct training needs assessment for staff for epidemic preparedness and response and train staff on outbreak preparedness, detection and response 2. Develop standard operating procedures for targeted districts on outbreak prevention and response, with the provincial health authorities 3. Maintain a 3 months buffer medicine stock as part of an epidemic preparedness plan 4. Educate communities to identify possible emergencies in their area, and raise early alarms/report these emergencies to MHT and SCI field office staff
Activity 3.1.2	1. Mentoring of staff on the management of priority diseases 2. Conduct health education sessions for communities at MHT SDP sites on improved health seeking behaviours and disseminate IEC materials 3. Undertake health education through CHWs/Health shuras at SDPs/community level on various relevant subjects including emergency preparedness & first aid management
Activity 3.1.3	1. Timely and coordinated investigations and response to any alarms/epidemics by DEWS teams, SCI teams and emergency response teams at districts/provinces

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 1. Identification and renting of facilities to serve as first aid trauma posts (FATP) and ambulances 2. Procurement and ongoing supply of equipment, supplies and drugs to FATPs and ambulances 3. Hire and train staff for FATPs and Rapid Response teams	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2 1. Develop standard operating procedures for rapid response teams and FATP teams including referral procedures to district and provincial hospitals; 2. Ensure FAPT and rapid resposne teams provide regular, timely life saving activies through safe and secure interventions, including through emergency triage at FATPs and transport (referral) services to district and provincial hospitals	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3 1. Rapid response teams provides on site first aid treatment, undertakes triage and transports patients requiring stabilization and treatment to FATPs 2. Adequate quality care is provides to traum patients at FAPTs 3. Based on need referral to district and provincial hospitals is carried out, ensuring proper documentation is carried out including case notes detailing procedures, interventions and condition of the wounded patient	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4 1. Clear coordination mechanisms/SOPs established and implemented with authorities like PPHD/district hospital officials, and BPHS/EPHS implementers, through the Emergency Preparedness and PHCC meetings/forums at provincial level	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.1 1. Conducting Training needs assessment and trainings for rapid response teams (ambulances) and FATP staff on the first aid management, emergency triage, trauma patient management/stabilization and referrals, and coordination	X	X	X	X								
Activity 1.2.2 1. Supervision of the staff at FATPs and rapid response teams and mentoring provided by supervisors and managers based on the findings of monitoring to address the gaps in adherence to standards.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.1 1. Conduct community mobilisation activities to inform communities regarding proposed project, help develop MHT schedules and seek feedback and address issues of importance to the communities 2. Arrange appropriate accommodation for MHT staff in collaboration with community leaders and health shura members.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.1 1. Hire and train staff for each MHT on emergency and essential primary health care services as per MoPH and WHO standards 2. Provide referral services for clients needing further care at secondary level facilities	X	X										
Activity 2.2.2 1. Provision of essential child health services to children through MHTs and SDPs including immunization services, IMCI, and nutritional screening etc.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.3 Procure, distribute and monitor the use of essential commodities including equipment, diagnostics and therapeutics for MHT	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3.1 1. Recruit female staff including nurses and midwives to be part of MHT, provide on the job mentoring and ensure the environment is conducive for work.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3.2 1. Solicit regular feedback from the communties and patients about service delivery and planning improvement in the services based on these suggestions	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.3.3 1. Provide a package of services according to MoPH guidelines, mainly focusing on services such as ANC, PNC, FP, Vaccination, IMCI, growth monitoring, psychosocial support, collecting and analysing data on a monthly basis	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.1.1 1. Conduct training needs assessment for staff for epidemic preparedness and response and train staff on outbreak preparedness, detection and response 2. Develop standard operating procedures for targeted districts on outbreak prevention and response, with the provincial health authorities 3. Maintain a 3 months buffer medicine stock as part of an epidemic preparedness plan 4. Educate communities to identify possible emergencies in their area, and raise early alarms/report these emergencies to MHT and SCI field office staff	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.1.2 1. Mentoring of staff on the management of priority diseases 2. Conduct health education sessions for communities at MHT SDP sites on improved health seeking behaviours and disseminate IEC materials 3. Undertake health education through CHWs/Health shuras at SDPs/community level on various relevant subjects including emergency preparedness & first aid management	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.1.3 1. Timely and coordinated investigations and response to any alarms/epidemics by DEWS teams, SCI teams and emergency response teams at districts/provinces	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.	SCI will deliver emergency and essential health services in 7 districts by 2 rapid response teams, 2 FATPs and 5 MHTs, & increase access and utilization for conflict affected remote, isolated communities more than 10 Km or 3 hours walk from a BPHS HF. SCI will target 104 villages at 59 service delivery points (SDPs). 1- In 3 conflict affected districts SCI will provide first aid and essential trauma care to (28080 people) by rapid response teams, and FATPs at sites determined by community, district admin and PPHD. • Rapid response teams (RRTs) trained on emergency triage and refer patients depending on severity of injury to either nearby FATP or for very severe cases (after stabilization) directly to Baharak District Hosp. (approx 3 hrs away). SCI staff will alert hospital staff about referred patients and also ask for back up support from provincial ambulances. • Project management team and officers work closely with district and provincial health authorities

	and stakeholders to ensure effective coordination and referral for trauma cases. SCI will sign a MoU between relevant departments. SCI will focus on strengthening the feedback mechanism for referrals especially monitoring referral outcomes. • The staff at RRT and FATP will be available 24 hrs in these facilities. On rotating bases one of the three medical professionals will be on night duty shift and the medical doctor on call, to ensure availability of emergency services during night time. Additionally, in case of emergency in a larger extend the two project supervisor (MDs) and other office technical staff will be mobilized to support the FATPs. One of two nurses in each FATPs will accompany the referred cases to Baharak hospital then return in the same day to FATPs. 2. MHTs comprised of a doctor or nurse, midwife, vaccinator and health educator/driver target remote villages, providing essential health care per BPHS guidelines. SCI/Merlin has extensive experience of program implementation in BDK including MHTs; • Mapping and Site selection based on criteria set for establishment of MHTs. • MHTs work 20 days/month (1-3 nights per site) to cover SDPs that are rotated so that all communities receive appropriate healthcare and other program activities (see sample MHT work plan) • MHTs linked to fixed BPHS HF and closely collaborate with facility staff and health committees to ensure efficient deployment and sustainable delivery of services • Current MoU with BPHS implementers will be renewed to ensure good coordination • In winter Kiran Wa Minjan, Yamgan, Jurm and Shahri Buzurg are accessible by vehicles or horses. If villages are blocked SC will provide other means like horses to transport staff. We will ensure adequate supplies (by prepositioning of stock) as part of the Emergency Preparedness and Response plan. MHTs in Khohistan and Raghistan will work only in summer and be stationed in a big/central village to provide services from Dec – April. • MHT schedule is developed in consultation with communities and health authorities; and these are publicized to communities; services don't duplicate other agencies in area • SCI will train CHWs and health shuras on basic first aid to prevent and respond to medical and trauma emergencies • With cultural constraints and status of women, building trust in communities is important to success of the project. With our past work we have trust in all targeted districts and service delivery areas. Trust will be achieved by prioritizing services for women and targeted BCC activities with support of CHWs and health shuras. Infection prevention (IP) and waste management will be ensured at all times. Staff will be trained on IP and waste management and will be monitored by supervisors at each monitoring visit, using MoPH standard checklists. Necessary IP supplies (protective gear, detergent etc.) to be supplied. If incinerators exist they will be maintained. If they don't, medical waste will be burnt & buried
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 .	On return from the field and service delivery points, teams will present compiled reports to the SCI BDK HMIS officer. S/he will finalize and submit the HMIS data base to the Provincial HMIS Department monthly. The BDK HMIS officer will collect team reports, analyze disease trends, identify areas for improvement, discuss with Provincial Management Team and MHT and attend provincial HMIS taskforce committee meetings to report outbreaks. Information collected will contain rapid response actions, area/nature of conflict, responses to conflict, number of people treated and referred and outcomes of referrals, sharing data with provincial emergency response team monthly. The Health supervisors (RH, PHC, EPI etc.) and Project Health Coordinator will conduct monthly monitoring visits to the field site and will fill MoPH standard monitoring and supervision forms. Activities to be monitored include: proper documentation, quality of services, logistics, operations and assessment of the security situation among others. Any identified gaps will be discussed during subsequent staff meetings with the MHT, FATPs and ambulance staff. The program manager and health & nutrition managers from the country office will hold sequential (preferably quarterly) review meetings with the project implementation team and supervisors, and will brief them about their monitoring findings. Project supervisors will conduct regular supervision and monitoring visits to oversee technical expertise of staff and evaluate activities. MoPH, WHO and SCI will ideally conduct regular joint monitoring visits. Following are the kinds of monitoring that will be held: • Individual level monitoring-monitoring of the clients' progress and quality of treatment charts • Tracking the individual clients through program components-Identification number, filing system for cards and referral tracking • Community level—frequency of and quality of community mobilization activities (i.e. number of and variety of community groups/key figures involved), number of trained and type of community health service providers, number of clients being referred into the program Quarterly review meetings with provincial management team and HF staff and supervisors will be conducted to discuss achievements, lessons learned, challenges and way forward. Reporting to OCHA on implementation of the project will be done monthly. Regular reports including technical and financial reports will be submitted per reporting schedule. Standard templates will be used to prepare the final financial and technical narrative reports. The project officers in each province will provide on the job training, monitoring, and supervision from the health facilities and collect monthly statistic reports from the sites. SCI will do initial review, analyse and provide feedback on the reports. OCHA and health cluster will provide technical guidance and feedback. The final report will be presented to the relevant stakeholders in 60-90 days of project end. In addition, community participation through health shuras, FHAGs, female groups and community elders will be ensured, and input will be obtained from the community on program performance. A community level complaint system using complaint boxes and qualitative interview with families and client satisfaction interviews at SDP sites by project officers and supervisors will be instituted. In meetings with communities improvements and actions taken based on community suggestion will be shared.

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. AKHS	Mobile Health Teams. See attached MoU which is current (with Merlin, now a subsidiary of SCI). This MoU will be renewed to ensure good coordination. We have regular contact and good relationships with the AKHS team in BDK and in Kabul.
2. CAF	Currently partnering with CAF on WFP project in Badakhshan. Also partners on BPHS in Kunduz and WFP project in Takhrar. We are in regular contact via email and face to face. See attached Mou with is currect (with Merlin, now a subsidiary of Save the Children). This MoU will be renewed to ensure good coordination.

Outline how the project supports the gender theme

Considering the importance of organizing culturally appropriate and sensitive services for mothers and their new borns, SCI will aim to achieve gender equity in service provision – both staffing and beneficiaries. Targeting women remains a significant challenge when those with authority and power over resources in Afghan society, including in BDK, are predominantly males. SCI will have at least 25% female staff and ensure that the needs of women are adequately and sensitively addressed. This includes service delivery by rapid response ambulances and FATPs, MHTs and CHWs. For emergency preparedness in communities a large number of female CHWs and shuras will be targeted. At service delivery point SCI will ensure separate waiting areas for women and men, appropriate privacy for women and increased access to female doctors by women. To support recommended health seeking behaviours men need an understanding of the importance of maternal and child health as this is a patriarchal society. The understanding and support of the men at home and in the community is crucial. CHWs, health shura members and opinion leaders will target males to work together to promote and support the recommended health seeking behaviours for their families. To increase effectiveness and to enable sustainability, SCI will involve local community health shuras in all project activities. Due to the deteriorating security situation that can further affect accessibility in these communities it is important to improve the capacity of local community structures in first aid response and building resilience to epidemic diseases and potential natural disasters. SCI project team will also involve female health shura and FHAG members and through them will target female opinion leaders/volunteers in the community. To do this SCI will map health posts and CHWs, health shura members and FHAGs in the catchment communities of MHTs and FATPs. SCI will then train and build the capacity of these community health actors including female health shuras and FHAGs on first aid management, triage of conflict-affected patients, and care of affected patients/communities before arrival of ambulances. These trainings will also build the capacity and knowledge sharing of communities and build resilience and response to epidemics and natural calamities. This project will work to promote equal decision making between women and men at the household and community levels via gender safe and accessible spaces created within SDP and FATPs, through FHAGs and by home based care. These spaces will enable women to build their knowledge and confidence levels regarding health and nutrition topics, equipping them with the tools to advocate for improved health and nutrition. Additionally, female CHWs in catchment of SDPs, extensively trained in leadership and sensitive health topics such as family planning in our past work, will work directly and exclusively with women in the community to build understanding around women's and child health and nutrition. Male CHWs will do the same with male counterparts. This project will strive to promote the rights of women and girls as they relate to women's and child health by creating strong models of women's leadership, ensuring health care and resources are accessible for women, and facilitating community level mobilization and sensitization on the importance of maternal and child nutrition to build family and community level support systems. The project will consider all social, political, and economic factors impacting gender equality and the right to health in this context, and as such, ethnicity will be a key consideration in our gender sensitive approach.

Select (tick) activities that supports the gender theme

- [x] **Activity 1.1.1:** 1. Identification and renting of facilities to serve as first aid trauma posts (FATP) and ambulances 2. Procurement and ongoing supply of equipment, supplies and drugs to FATPs and ambulances
3. Hire and train staff for FATPs and Rapid Response teams
- [x] **Activity 1.1.2:** 1. Develop standard operating procedures for rapid response teams and FATP teams including referral procedures to district and provincial hospitals; 2. Ensure FAPT and rapid responne teams provide regular, timely life saving activies through safe and secure interventions, including through emergency triage at FATPs and transport (referral) services to district and provincial hospitals
- [ ] **Activity 1.1.3:** 1. Rapid response teams provides on site first aid treatment, undertakes triage and transports patients requiring stabilization and treatment to FATPs 2. Adequate quality care is provides to traum patients at FAPTs
3. Based on need referral to district and provincial hospitals is carried out, ensuring proper documentation is carried out including case notes detailing procedures, interventions and condition of the wounded patient
- [ ] **Activity 1.1.4:** 1. Clear coordination mechanisms/SOPs established and implemented with authorities like PPHD/district hospital officials, and BPHS/EPHS

	implementers, through the Emergency Preparedness and PHCC meetings/forums at provincial level
☑	**Activity 1.2.1:** 1. Conducting Training needs assessment and trainings for rapid response teams (ambulances) and FATP staff on the first aid management, emergency triage, trauma patient management/stabilization and referrals, and coordination
☑	**Activity 1.2.2:** 1. Supervision of the staff at FATPs and rapid response teams and mentoring provided by supervisors and managers based on the findings of monitoring to address the gaps in adherence to standards.
☑	**Activity 2.1.1:** 1. Conduct community mobilisation activities to inform communities regarding proposed project, help develop MHT schedules and seek feedback and address issues of importance to the communities 2. Arrange appropriate accommodation for MHT staff in collaboration with community leaders and health shura members.
☑	**Activity 2.2.1:** 1. Hire and train staff for each MHT on emergency and essential primary health care services as per MoPH and WHO standards 2. Provide referral services for clients needing further care at secondary level facilities
☑	**Activity 2.2.2:** 1. Provision of essential child health services to children through MHTs and SDPs including immunization services, IMCI, and nutritional screening etc.
☐	**Activity 2.2.3:** Procure, distribute and monitor the use of essential commodities including equipment, diagnostics and therapeutics for MHT
☑	**Activity 2.3.1:** 1. Recruit female staff including nurses and midwives to be part of MHT, provide on the job mentoring and ensure the environment is conducive for work.
☑	**Activity 2.3.2:** 1. Solicit regular feedback from the communties and patients about service delivery and planning improvement in the services based on these suggestions
☑	**Activity 2.3.3:** 1. Provide a package of services according to MoPH guidelines, mainly focusing on services such as ANC, PNC, FP, Vaccination, IMCI, growth monitoring, psychosocial support, collecting and analysing data on a monthly basis
☐	**Activity 3.1.1:** 1. Conduct training needs assessment for staff for epidemic preparedness and response and train staff on outbreak preparedness, detection and response 2. Develop standard operating procedures for targeted districts on outbreak prevention and response, with the provincial health authorities 3. Maintain a 3 months buffer medicine stock as part of an epidemic preparedness plan 4. Educate communities to identify possible emergencies in their area, and raise early alarms/report these emergencies to MHT and SCI field office staff
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☐	**Activity 3.1.3:** 1. Timely and coordinated investigations and response to any alarms/epidemics by DEWS teams, SCI teams and emergency response teams at districts/provinces

Cross Cutting Issues	In view of cultural constraints and limits to women""s mobility in the target areas, building trust among communities (local leadership, men and women) is important for acceptance, utilization and long-term impact of integrated emergency health care, maternal and child health services and the Safe Motherhood approach. Targeting women is a significant challenge when those with authority and power over resources in Afghan society, including BDK, are predominantly males. SCI will have at least 25% female staff and ensure that the needs of women are adequately and sensitively addressed. Targeting males is also important to increase the utilization of essential health services. Through the health staff, CHWs and health shura members and through opinion leaders, males will be targeted to work together to promote and support the recommended health seeking behaviours for their families. SCI strives to mainstream environmental considerations into all aspects of the design and implementation stages of its health, nutrition, education, livelihoods and child protection projects. Where relevant, the project will encourage the use of leading practices and the application of environmental standards in its activities. No significant negative impacts on the surrounding natural environment or ecosystem are projected. SCI will ensure safe disposal of medical waste as per the WHO and MoPH waste disposal and infection prevention guidelines and will ensure that all waste is disposed of safely. SCI will also strengthen the existing disposal systems and adhere to existing policy guidelines and educate health staff and CHWs on these systems. The project does not include any building repairs or renovations thus no significant negative impacts resulting from these. Within current programs, SCI's health program will ensure environmental standards are followed with regards to the disposal of hazardous items through the existing BPHS structures. For this project, SCI will also reinforce national standards and guidelines for supporting environmental management to dispose of any hazardous items. In addition, key activities include: • All health staff, CHW and supervisor training will include proper management and disposal of medical and non medical waste • Health staffs and CHWs in SDP's catchment will be trained to promote and deliver key health messages including environmental, personal and home hygiene practices during household visits and community awareness sessions, as part of their disease prevention and positive health promotion activities. These activities are expected to have a positive effect on the environment • Active involvement and shared learning sessions will include best practices on how to reduce waste and our impact on the environment through collaborative partnerships between SCI, national partners, community development councils and health workers. It will include the delivery and dissemination of key messages related to environmental protection, hazards and health and environment messages • The use of local sustainable materials, skills and technologies are encouraged to improve and increase sustainability of the project and environment Mitigation measures to address environmental issues will include: CHWs will be trained to report and consult their supervisors when they or the FHAGs come across items, including environmental factors and threats, they deem harmful for the health of mothers and children (and the community) during their work. Based on the nature of the observed challenges, CHWs, supervisors and community health committees may take appropriate action or report (and request) appropriate authorities for solutions/action or cooperate and work in collaboration with other sectors for solutions.
Gender Marker of the Project	The project is designed to contribute significantly to gender equality
Environment Marker of the Project	A+: Neutral Impact on environment with mitigation or enhancement
Safety and Security	a- Save the Children maintains a robust security monitoring and response structure. This includes country-specific security protocols that contain a situation analysis and address personal safety and security, communications and vehicle movements, information and financial security, and a detailed evacuation plan. SCI receives technical assistance from an expert regional security director based in Singapore and provides security training to all field staff. At the time of writing, SCI does not anticipate any significant security problems in target districts of BDK province while implementing activities. b- Safety & Security Director, based in Kabul, supplies frequent communication to staff to update the staff on security situation and provide guidance. In addition the Provincial Manager of Badakhshan is in regular contact with other stakeholders working in the area, and with the International NGO Safety Office (INSO) and UN security focal person to monitor the local security situation. c- The targeted districts in this proposal are accessible for NGOs. While there is conflict in 3 districts SCI/Merlin is currently able to implement a variety of programs in these areas. Our security officer monitors the situation regularly. We will continue to work unless NGOs become direct targets. In addition, given that SCI/Merlin has been working in Badakhshan for a number of years we have strong acceptance among the local communities that is conducive to successful implementation.
Access	In this project SCI will target communities in 7 districts of Badakhshan (Kiran Wa Minjan, Warduj, Jurm, Yamgan, Wandian (Shahri Buzurg), Raghistan and Kohistan). Because of increased conflict in 3of these districts the number of injured has increased with few health care providers available, especially for trauma care/referral. The escalation of conflict has made these districts difficult to deliver services. Although there are a few BPHS health facilities, the main roads and access points to these health facilities are often closed due to conflict. Mobility of the communities and families in these areas is very restricted especially during evening and night. SCI's subsidiary Merlin is the main NGO delivering essential health services actively in these districts through MHTs. Many communities in these districts are cut off for 4-5 months each winter. These districts are also highly vulnerable to disease outbreaks, floods, landslides and food insecurity. Per our experience it might be difficult to access some of the SDPs during the cold season due to snow /ice road blockade; in such conditions MHTs will operate using donkeys and horses in order to access areas that are cut off. In Badakhshan, community acceptance of us and our work is such that we operate with full visibility as a means of guaranteeing the teams' safety whilst travelling and in the villages. Although since 2012 there has seen an increase in security incidents in Badakhshan , we continually seek to identify influential figures who are integral to maintaining community acceptance within the fluid context in which we are operating. By mobilising Project Supervisors who are constantly monitoring MHTs in the field, we are able to identify those figures in the community with whom to strengthen relationships which will ensure community acceptance. SCI will work closely with community leaders and Health Shuras to ensure security, safety and acceptance of MHTs by local population. Shuras exist in some villages in target districts. Where they don't exist we will work with the communities to establish them. The Project Coordinator, who has extensive experience of building up community relations and of negotiations at all levels required to ensure community

	acceptance, will manage day-to-day security. All MHTs will be appropriately equipped in the first month to ensure the safety of the teams and an acceptable standard of living in the harsh conditions in which they operate. To ensure security and safety of the staff, all vehicles will be equipped with an HF radio, satellite phone, first aid kit and fire extinguisher. All staff will be given basic all weather gear such as boots, coats and sleeping bags.
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	Director of program Implementation - Position based in Kabul	1	11498	12	2%	2,759.52
	Provides operational direction to the Project Coordinator for the implementation of the project					
1.2	Director of Program Development & Qualitiy -- Position based in Kabul	1	10086	12	2%	2,420.64
	Provide support and direction to the Project Coordinator in maintaining program quality					
1.3	Senior Health Advisor -- Position based in Kabul	1	8240	12	2%	1,977.60
	Support in providing advice on the implementation of the Project					
1.4	Finance Director -- Position based in Kabul	1	11504	12	2%	2,760.96
	Provide overall direction on financial management of the project					
1.5	Senior Finance Manager -- Position based in Kabul	1	7057	12	5%	4,234.20
	Provides support to Faizabad based finance staff as well as reviews their reports and prepares reports for submission to the donor.					
1.6	Project Coordinator - Position based in FZD office	1	2138.57	12	30%	7,698.85
	The PC has the overall responsibility for the execution of the project in line with agreed objectives and budgets. He is in charge of managing and supporting all project staff.					
1.7	Project Medical Coordinator - Position based in FZD office	1	1042.44	12	30%	3,752.78
	Manages and is reponsible to the PC for achieving the programatic aspects of the Project. This person will be a medical doctor. He/she will provide technical backup to the field medical teams and monitor the quality of the health care activities implemented in the field.					
1.8	Logistic & Procurement Manager - Position based in FZD office	1	831	12	30%	2,991.60
	Provide necessary logistics support at provincial level					
1.9	Finance & Admin officer - Position based in FZD Office	1	618.37	12	30%	2,226.13
	Manage and coordinate financial and admin tasks of the project at provincial level					
1.10	HR Officer - Position based in FZD Office	1	446.23	12	30%	1,606.43
	Is responsible to the PC for all HR related functions					
1.11	Cleaner - Posiition based in FZD Office	1	226.82	12	30%	816.55
	Provide office cleaning support					
1.12	Guard - Position based in FZD office	2	251.82	12	100%	6,043.68
	Two of the guards providing duty at the Faizabad Office are charged to this Project					
1.13	Guard - Position based in Kabul	9	270	12	10%	2,916.00
	10% allocation of some of the Kabul based guards to this Project					
1.14	Mechanic - Position based in FZD Office	1	356	12	30%	1,281.60
	Resposible for maintenance of the MHT and office vehicles					
1.15	Driver (For Office & Supervision) - Position based in FZD office	1	314.43	12	100%	3,773.16
	Provide logistics support for the implementation of the Project					
1.16	Drivers - Posiiton based in Kabul	3	380	12	10%	1,368.00
	10% allocation of some of the Kabul based drivers to this Project					
1.17	Radio Operator/Fleet Officer - Position based in FZD office	1	437.29	12	100%	5,247.48
	Provides security and logistics support					
1.18	MD, Nurse (male) - Field based position	5	627	12	100%	37,620.00
	Implement project activities/tasks. Details in the narrative section of this application. Salary is based on NSP-2011 including hardship allowance					
1.19	Community Midwife - Field based position	6	739	12	100%	53,208.00
	Implement project activities/tasks. Details in the narrative section of this application. Salary is based on NSP-2011 including hardship allowance					
1.20	Vaccinator - Field Based position	5	387	12	100%	23,220.00
	Implement project activities/tasks. Details in the narrative section of this application. Salary is based on NSP-2011 including hardship allowance					
1.21	MHT Driver - Field Based Position	4	394	12	100%	18,912.00
	Support Implement of project activities/tasks. Details in the narrative section of this application.					
1.22	Medical doctor for FATP - Field Based Position	2	627	12	100%	15,048.00
	Implement project activities/tasks. Details in the narrative section of this application. Their salaries are based on Mobile Health Service Packages and National Salary Policy 2011 .					
1.23	Medical staff(nurse) for FATP - Field Based Position	4	527	12	100%	25,296.00
	Implement project activities/task. Details in the narrative section of this application. Their salaries are based on Mobile Health Service Packages and National Salary Policy 2011 .					
1.24	Project Supervisor - Position based in FZD office	2	784	12	100%	18,816.00
	The two Project supervisors will be responsible for the implementation and close supervision of project activities (non-clinical) to ensure quality deliver through FATPs and MHTs in					

	Badakhshan province. Each supervisor will be given the responsibility of regular supervision of 3 districts and one FATP. The supervisors will spend an average of two day in each project sites on every visit. This will allow them adequate contact time for on-site supervision. In addition to supportive supervision and on on-the-job training aimed at improving the quality of service provision, these two officers will also actively participate in conducting monthly meetings with male and female Health Shuras at Service Delivery Points (SDPs) to ensure program effectiveness.					
1.25	HMIS / Reporting Pharmacy Officer - Position based in FZD Office	1	648.06	12	50%	3,888.36
	Pharmacy/HMIS officer will be responsible for preparation , entry and submission of accurate and timely monthly reports with meaningful analysis of disease trends. He will also will responsible for drug management, consumption record keeping and pharmacy warehouse etc..					
1.26	EPI Officer - Position based in FZD office	1	470.3	12	30%	1,693.08
	Support project implementation activities					
1.27	Guard/cleaner for FATPs -- Field Based Position	11	145	12	100%	19,140.00
	These staff provide security and office support					
1.28	Country Director	1	15733	12	2%	3,775.92
1.29	Senior Logistics Manager	1	7760	12	2%	1,862.40
	Section Total					276,354.95

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 and supplies for MHTs	5	780	12	100%	46,800.00
	Please see Excel sheet in the documents section titled "FATPs and MHT medicines and equipment calculation". The medicines for MHTs will be stored in the Fayzabad office warehouses and each month relevant quantities will be loaded on to each MHT vehicle for their route through the communities that they would service during the month.					
2.2	Medicine and supplies for FATPs	2	600	12	100%	14,400.00
	Please see Excel sheet in the documents section titled "FATPs and MHT medicines and equipment calculation". The medicines and equipment for the FATPs will be located in the FATPs themselves.					
2.3	Printing HMIS & MOPH forms for MHTs and FATPs	7	15	12	100%	1,260.00
	Needed for proper documentation and data analysis					
2.4	Gas for sterilization for MHTs and FATPs	7	13	12	100%	1,092.00
	These are essential for maintaining the quality of health services. Costing is based on past experience, adjusted for inflation.					
2.5	Winter heating costs for FATPs	2	5	500	100%	5,000.00
	This is needed due to the severe weather conditions in the area. Costing is based on past experience, adjusted for inflation.					
	Section Total					68,552.00

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 and surgery consumables for FATPs	2	1000	1	100%	2,000.00
	Please see Excel sheet in the documents section titled "FATPs and MHT medicines and equipment calculation".					
3.2	Medical equipment for FATP ambulances	2	1350	1	100%	2,700.00
	Please see Excel sheet in the documents section titled "FATPs and MHT medicines and equipment calculation".					
3.3	FATP establishment costs	2	700	1	100%	1,400.00
	Please see Excel sheet in the documents section titled "FATPs and MHT medicines and equipment calculation".					
3.4	First Aid kits	145	115	1	100%	16,675.00
	First aid kits will be provided to members of the Shura of the villages after completion of first aid training. Unit cost is based on Kabul market prices adjusted for inflation					
	Section Total					22,775.00

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	Vehicle rental for supervision and running two MHTs (Including Maintenance and fuel cost)	3	962	12	100%	34,632.00
	3 rented vehicle needed for supervision work and running one MHT- Considering bad road conditions in Badakhshan, increased fuel costs and based on actual expenditure in 2012 and 2013, USD 962 (incl. Driver/Maintenance/Fuel) is budgeted per month.					
4.2	Vehicle fuel- 4 MHTs	4	200	12	100%	9,600.00
	Fuel is necessary for the operation of the MHT vehicles					
4.3	Vehicle Maintenance - 4 MHTs	4	200	12	100%	9,600.00
	Needed to keep the vehicle running and in good physical condition					
4.4	Vehicle rental (one 4x4 for each center,(Including Maintenance and fuel cost)	2	962	12	100%	23,088.00
	2 rented vehicle needed for ambulance use-Considering bad road conditions in Badakhshan, increased fuel costs and based on actual expenditure in 2012 and 2013, USD 962 (incl. Driver/Maintenance/Fuel) is allocated per month.					

	Section Total	76,920.00

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	Horse/donkeys cost	5	75	12	100%	4,500.00
	These will be used by the 5 MHTs for transportation of staff and medicine/equipment to areas that are inaccessible by vehicles. Based on 2011, 2012 and 2013 expenditure, Monthly Unit cost has been estimated.					
5.2	Referral reimbursement - beneficiaries (private referral)	5	40	12	100%	2,400.00
	This is budgeted for referring pregnant women and seriously ill children to the nearest hospital by rented taxi					
5.3	Local Travel (Airfare/by road)	1	350	12	100%	4,200.00
	This budget is allocated to be utilized for travel of staff for supervision of project activities from country office to field. On average, one local airfares per month on UNHAS from Kabul to Fayzabad has been allocated enabling Kabul based international and national staff to monitor, evaluate and support the Badakhshan programme. In the event that Badakhshan based supervisors are unable to use the SC fleet to visit project sites (inaccessibility of vehicles/unavailability), this line item will be used to cover the rental of donkeys/horses and taxis.					
5.4	Visa & Work Permit Fee for Tajik Staff	3	60	12	100%	2,160.00
	This budget line item is required to cover visas and work permits of the three Tajik Female staff who are going to work on the project.					
5.5	Staff per diem for monitoring/supervision	4	46	12	100%	2,208.00
	Will be paid to staff involved in field supervision work. Perdiem of four persons per month/ 4.6 USD/overnight stay for 10 days					
5.6	MHT staff/National Staff capacity development (including transport)	12	480	1	100%	5,760.00
	This to train staff to enhance their competency in executing the project activities, particularly in the areas of managing trauma. 12 medical staff from FATPs and MHTs will be receiving 10 days training on trauma management in Kunduz or Kabul. Cost per each participants/days is calculated at 40 USD which include round trip transportation hotel cost and perdiem .					
5.7	Training of CHWs	98	50	1	100%	4,900.00
	A total of 98 CHWs will receive 3 days training on first aid in district center (cost includes female CHW Mahram travel expenses). The overage cost per CHW will be 16.66 USD per day.					
5.8	Training of Health Shura	190	35	1	100%	6,650.00
	They will be trained on first aid to support the community. In total, 190 educated health Shura members in two districts will receive 3 days training on first aid in district center (cost includes transportation expenses).					
	Section Total					32,778.00

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	Monthly Internet Fee-BDK	1	600	12	45%	3,240.00
	Calculation is based on current contract with suppler adjusted for inflation.					
7.2	Monthly Internet Fee-Kabul	1	9500	12	6%	6,840.00
	6% allocated to this Project.					
7.3	Mobile Phone top up cards -BDK	45	4.64	12	100%	2,505.60
	Mobile telephone credit cards for staff to allow them to make work related calls					
7.4	Mobile Phone top up cards -KABUL	1	2837	12	7%	2,383.08
	7% allocated to this Project.					
7.5	Electricity, Water, Gas etc -- FZD	1	300	12	40%	1,440.00
	Based on current expenditure					
7.6	Office Supplies-FZD	1	200	12	40%	960.00
	Based on current expenditure					
7.7	Office supplies-Kabul	1	3500	12	2%	840.00
	Based on current expenditure. 2% allocated to this Project.					
7.8	Generator Fuel -- FZD	1	500	12	40%	2,400.00
	Based on current expenditure					
7.9	Winter heating office (and GH) -- FZD	1	1000	5	40%	2,000.00
	Based on current expenditure					
7.10	Building & Equipment Maintenance -- FZD	1	90	12	40%	432.00
	This for minor maintenance of office equipment and office building					
7.11	FZD Office/guesthouse rent	1	2800	12	52%	17,472.00
	The Fayzabad office/guest house consist of guesthouse, offices, medical supply warehouses and mechanical workshop. The details of building is as follow ; • 2 x two-storey buildings Building A (Entrance) the first floor having 3 rooms consisting of 1 x compound entrance room, 1 x Reception area and 1 x Guards room., The second floor having 2 Large open Rooms and 1 toilet. Building B (Accommodation) the first floor having 4 rooms & 2 Bathrooms, the second floor having 5 rooms and 1 free area. • 1 x Long Meeting room • 1 x Large Kitchen • 1 x Office Block situated on the East wall consisting of 5 Offices • 1 x Storage block situated on the West wall consisting of 1 x Office and 2 x Storage rooms. • 1 x Mechanical Workshop area with Inspection Pit • 1 x outside Toilet Block.					

7.12	Office Rent Kabul	1	10870	12	6%	7,826.40
	6% allocated to this Project.					
7.13	Local stores rent for MHTs	5	40	12	100%	2,400.00
	A local store will be rented in each district center for stocking MHT supplies					
7.14	Bank charges	1	2381	12	6%	1,714.32
	This is the cost incurred by the Kabul HO for transferring cash from the country office to the various provincial offices. 6% allocated to this Project.					
7.15	House rent for FATPs	2	150	12	100%	3,600.00
	It is necessary to rent houses for establishment and set up of FATPs in Wardooj and Jurm districts. Calculation is based on current amount that SCI-Afg is paying for similar buildings in other provinces.					
7.16	Minor renovation of FATPs rented houses	2	500	1	100%	1,000.00
	Some minor renovation will be needed once these houses have been rented, in order to make them appropriate to function as FATPs including winterisation. These renovations will allow us to ensure that both the FATPs have the following: exterior and interior wall paint, repairs and securitisation of doors and window, minor roof and floor repairs and plastic sheets. SC will ensure that the equipments and medicines are fully protected within the compound.					
7.17	Satellite Top Up Cards	5	50	12	100%	3,000.00
	There will be 5 Thuraya phones (one for each MHT) which will be reserved for security/emergency calls only. Unit cost will be USD 50 (monthly subscriptions plus airtime charges).					
	Section Total					60,053.40

Sub Total Direct Cost	537,433.34
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.608638842353619%
PSC Amount	37,620.33

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	575,053.67

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Badakhshan		17824	17125	17541	16853	69343	
Badakhshan -> Kohestan		3084	2964	3036	2916	12000	14
Badakhshan -> Raghestan		2744	2636	2700	2594	10674	13
Badakhshan -> Shahr-e-Buzorg		3159	3035	3109	2987	12290	13
Badakhshan -> Jorm		3611	3470	3554	3414	14049	20
Badakhshan -> Warduj		3607	3465	3549	3410	14031	20
Badakhshan -> Koran wa Monjan		1619	1556	1594	1531	6300	20

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 250.docx
2. ACRONYMS.docx
3. MHT GCMU Letter approval to Merlin0001.pdf
4. Letter AKHS-CAF.pdf
5. Sample MHT workplan.pdf
6. Werdoj (Warduj) MHT workplan.pdf
7. Raghistan and Kohistan EPI micro PI 2014.xlsx
8. FATPs and MHT medicines and equipments calculation - Final.xls
9. Mapping Survey of Health Access in Badakhshan.xls
10. BDK CHF beneficiaries- Ocha cmnts Revised-27042014.xlsx
11. CHF Logframe-SR-27042014.xlsx