OCHA Coordination Saves Lives

Project Proposal

Organization	ACTD (Afghanistan Center for Training and Development)			
Project Title	Improve access to equitable emergency health services in conflict affected districts of Helmand and Paktia Provinces.			
CHF Code	AFG-14/S1/H/NGO/254			
Primary Cluster	HEALTH		Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation		Allocation Category Type	
Project Budget	818,342.45		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

The project will be implemented in 11 high priority districts of Helmand and Paktia provinces. War wounded patients (women, children and general population), will be provided access to equitable emergency services through 1) Availability of emergency health services in all health facilities and at communities. 2) Provide on time first aid services to men, women, young girls and boys through CHWs trained on approved first aid curriculum at community level; 3) Ensure timely availability of ambulances for shifting of war trauma patients to appropriate level of health facility (BPHS, EPHS/specialized Hospital) from the health facilities and communities; 4) Improve capacity of staff assigned for emergency services on triage, first and on trauma management; 5) Supply sufficient quantity of equipment, medicine and resupplies to health facilities, first aid kits to CHWs and emergency kits to ambulances. 6)Develop liaison with other stakeholder working int he context including Emergency organization working in Helmand and Paktia provinces; 7) To liaison project planned activities with nutrition projects under CHF funding in both provinces; 8) involve community elders to ensure smooth implementation of project planned activities during the active fights and obtain their support to have access of ambulances to remote and our of reach areas; 9) Train female CHWs, higher female medical staff and coordinate with community elders for their cooperation to emergency services to women and young children within communities. The project will operate in 21 HFs located in highly insecure districts of Helmand and Paktia provinces. All of proposed health facilities are under direct management of ACTD as implementing health agency.For improving access of people living in remote villages in high priority districts, men and women CHWs will be trained on first aid using nationally approved first aid curriculum and will be provided with necessary equipment and medicine to provide on time emergency first aid services. 15 vehicles will be rented from local communities to be placed in HFs (BHCs) and at communities, available at the nearest possible place in the central villages of the cluster of identified villages. These ambulances on one hand will be linked with the HPs in community and on the other hands with the HFs to be called for shifting of patients. Mobile phone will be used for calling ambulance for shifting of patients from communities to the appropriate level of health facilities. Each ambulance will be staffed with one qualified and trained nurse to provide emergency health care to injured patients, stabilize fractures, maintain IV line and accompany the patients during shifting him/her to the health facility. All ambulances will be equipped with necessary equipment, stretcher and Oxygen cylinder. The project will be regularly monitored by project focal points, BPHS health team and CBHC team in order to ensure effective utilization of the resources for benefits of the affected population of the areas. Monitoring of the project will be done based on the developed work plan, standard checklist will be developed to monitor project implementation status with the planned activities. Joint monitoring with PHD team will be conducted from the project implementation and corrective actions will be taken based on feedback of monitors from ACTD monitors from MO and project office and by PHD teams. Regular supply to the health facilities will be done from ACTD office in Helmand, supply of medicine will be based on need of the project and utilization of the health facilities and health posts by patients. The project office will provide medicine supply based on HMIS data, local security condition and condition of roads to the HFs and HPs. Activities reports will be regularly collected by project focal points and compiled report on project progress will be shared with the health cluster through ACTD Main Office.

Project Beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	12265	6285	998	998	**20,546**
Total beneficiaries include the following:					
Trainers, Promoters, Caretakers, committee members, etc.	293	253	0	0	546

Indirect Beneficiaries	Indirect beneficiaries of the project will be 139,678 family members of the patients get treated.	Catchment Population	Catchment population of the project will be 252,600 people living in catchment area of targeted health facilities in Helmand and Paktia provinces.

Link with the Allocation Strategy

Proposed project "Improve access to equitable emergency health services in conflict affected districts of Helmand and Paktia Provinces." is planned for addressing

the emerging emergency health needs of People in Helmand and Paktia living in highly insecure districts. Increasing deterioration in law in order situation in the area resulted in increasing incidences among general population. Health facilities working in 11 districts will provide emergency health services. These health services will remain opened 24/7 for improving access to life saving emergency services. The project will ensure timely availability of life saving emergency services in HFs and at remote and difficult to reach communities. Using approved CHW training curriculum 500 CHWs will be trained in remote villages in catchment areas of targeted health facilities. Health services through this project will be provided keeping into consideration the gender sensitive approach, where both men and women, girls and boys will have equal access to health services being provided by the project. For improving access to the health services of women and girls to the health services women CHW will be trained, female staff will be employed in HFs along with making service design considering local culture and norms. Staff working in health facilities will be trained on management of trauma, proper triage and enable them decide on time about referral of patients to appropriate level of health facilities through well-equipped ambulances available at the health facility and community for referral purposes. Health facility staff, nurses assigned and CHWs will provide emergency care at community and HF level. ACTD have good working relation with management of Emergency and MSF organization running specialized hospitals (Emergency hospital and Bost hospital) in Helmand, and with Provincial Hospital in Paktia. A coordination mechanism is in place at Kabul level, where coordination meetings were held based on need between management of the organizations. At provincial level the teams meet on regular basis. HFs from the districts are referring patients need high level care to provincial level hospitals, where they get admitted and treated. In Helmand all patients with trauma are referred to Emergency hospital and are well accepted by hospital and treated. In Paktia however patients manageable in Provincial hospital are referred to provincia hospital and patients with trauma need specialized treatment are referred to emergency hospital in Kbul through FATPs of Emergency organization stationed in Gardez. For further improving coordination and understanding objectives of CHF funding project, ACTD provincial team will coordinate the project activities with management of both hospitals.

Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization primary focal point contact details

Name: Title:

Telephone: E-mail:

Organization secondary focal point contact details

Name	Title	Phone	Email
Dr. Shah Maqsood Sahebzada	Health Director	0779195484	dhealth.actd@gmail.com

BACKGROUND INFORMATION

1. Humanitarian context.. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on new est data available (indicate source) (Maximum of 1500 characters)	Targeted district in Helmand and Paktia provinces remained the battle field betw een government and antigovernment forces for years. Recent situation in the provinces show s increase incidences of active fighting in most of the priority districts. Insurgency usually challenge the rid of the government forces, implant road side mines, target killing of the government and local elders. Unfortunately clashes betw een the forces usually takes place in residential areas, therefore collateral damages to men, w omen and children is very high. Large portion of the population are unable to reach to the health services in the area, this access is more difficult for w omen, girls and boys. Insecurity, poverty and cultural barriers are the main factors of lack of access of the vulnerable population to basis health services. Health facilities functioning in target districts cannot cope the increasing need of the local community for emergency health services, as data from the health facilities collected for last 11 months show s high number of injured patients reached to health facilities for seeking emergency services. These patients are brought to the health facilities during day and night for treatment. Around 214 patients at an average reached to health facilities on monthly basis for the last 11 months. The health facilities operating in the province reporting high burden of w ar w ounded patients coming for treatment to the Hospitals and health facilities. There is need of support to emergency services provided by health facilities as current resources are lacking to meet the high need, similarly the health facilities are not capable to provide round the clock emergency services w ith the available staff structure. Moreover emergency services at communities is lacking. Unavailability of ambulance services from community to HF and from HF to higher level of centers is among the major reason of delays shifting patients to appropriate place for treatment. People in the area including CHWs are not aw are of the places w here patients can be shifted for treatment. As a result of this low access to services, including EPI services (routine and NIDs) there are evidences of confirmed AFP and measles cases in the area. ACTD w ill use funding received through CHF grant purely for implementation of emergency services in the health facilities and at community level. All health facilities and HP w ill receive their routine inputs as per routine required for carrying out of BPHS services from allocated budget in BPHS project, how ever CHF funding w ill be used to fill the gaps in supply, rent of ambulances, provision of round the clock emergency health services. Similarly staff from BPHS project w ill have their full contribution in management and implementation of emergency services but w ill not have salary charged to emergency project. Similarly gaps in trauma management of staff w orking in health facilities w ill be charged to emergency funding.
2. Grant Request Justification.	Through funding received from this grant, ACTD w ill cover gaps in current health services implementation to provide 24/7 access of w ar affected patients to quality accessible emergency health services. This project w ill specifically focus on bridging gaps detailed below w ith proposed solution through CHF funding. Below set of interventions are proposed for covering the gaps. A. Health Facility level: 1) To ensure availability of round the clock service delivery in BHCs through provision of additional staff in BHCs; 2) Provision of medicine and equipment to all HFs bridging gaps existed in BPHS funding (needed equipment, medicine, resupplies and related logistics supplies needed for response to mass causality by targeted HFs. 3) Capacity building of staff of the health facilities to make them capable for response to emergencies of small scale and mass causality; 4) Improve referral from Health facilities through ensuring availability of ambulances in all HFs w here BPHS do not support these activities. B. Community Level: 1) Provision of equipped ambulances w ith nurse available to provide on time response (first aid and stabilization services) to victims of w ar including mass casualty, evacuation and referral of the patients. Each ambulance w ill be stationed in the health facility close to the communities located in insecure areas or in a central village at HP or in masque at the central point of cluster of villages. These ambulances w ill rush to the community in case of any causality reported; 2) Selection of CHWs from the villages including w omen CHWs and TBAs w here female CHWs are not available for training and provision of first aid kit to them w hich include basic trauma kit, medicine and necessary resupplies. These CHWs w ill be linked w ith the ambulance available in their nearby vicinity and w ith community shura/elders and nearby health facilities, in order to provide response to emergencies in coordinated manner. ACTD is implementing BPHS project through SEHAT grant in Helmand. Based on assessment of ACTD project team conducted during second w eek of March 2014, follow ing w ere identified gaps in service delivery to meet emerging emergency needs in HFs. 1) Availability of staff to provide 24 hour emergency services through BHCs in targeted districts; 2) Provision of referral services to injured patient to appropriate level of service delivery point (HF, First Aid Point) inside or outside of the district; 3) Availability of additional supply at all level of health facilities to cover mass causalities due to incidences (active fighting, road side bombs, bomb blasts, collateral damages in targeted air strikes and other collateral damages); 4) Capacity building of CHWs and health facility staff on first aid and trauma management; 5) Provision of first aid kits to CHWs and volunteers w orking at community level to provide initial lifesaving support according to their skills.
3. Description Of Beneficiaries	Emergency health services through this proposed project w ill be available to 252,600 people living in catchment area of 21 targeted health facilities. Total number of expected beneficiary w ho w ill get treatment from the health facilities 19,954 (men, w omen, girls, boys and children). Calculation of direct beneficiaries for the project is estimated based on data received from the health facilities for the last 11 months w ho have been treated and referred by the health facilities and HPs w ith injuries. Total indirect beneficiaries family members of patients w ho w ill get benefited by this project. Average family size estimated is 7 individuals/HH.
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 w as conducted (w ho consulted w hom, how and w hen?). List any baseline data	ACTD project teams in both provinces, planned a need assessment of the local situation resulted from the insecurity and its impact on health status of the local population during second w eek of March this year. The team had a review of the HMIS data received from the health facilities on number injured patients received at health facilities. The data from the health facilities show ed drastic change in the number of the patients reaching to the health facilities for receiving emergency care. The data show ed that at an average 214 patients w ere provided treatment by the health facilities per month during last 11 months. Similarly an increase in number of patients in Paktia w as also observed. Analysis of the data show s that 23 % of all patient received emergency services are w omen, 33 % are children, boys and girls and 43% are adult male population. Based on information gathered from village shuras and from CHWs, these number show n w ere even high, as some of the patients may not attended health facilities other may directly be refereed to health facilities other than public health facilities. Based on discussions and observations the assessment team recommended extension of emergency services to community and improvement of referral services through provision of vehicle and nursing staff both at HF and community level. Due to limited access of general population including w omen, girls and boys to emergency health services, need of availability of emergency services at health facilities and community has been observed as the prime need for the local communities living in these highly insecure districts of the province. In addition to provision of the emergency services, strengthening of the referral system is also needed in order to shift patients to appropriate level of health facilities as per need of each patient.
5. Activities. List and describe the activities that your organization is currently implementing to address these needs	Project office level: Coordination w ith stakeholders for smooth running of the project activities by the project management including BPHS project manager, emergency project focal point and project team. The project team w ill be responsible for i). Orientation of the existing health facility staff on project activities; ii) Conducting training need assessment of the staff for training on trauma care, infection prevention and w aste management; iii) Conduct training for 46 health facility staff (24 staff w orking in the health facilities and 22 new ly hired staff) on Trauma management and on infection prevention and w aste management training. Approved curriculum w ill be used for provision of the mentioned training. iv) Facilitate health facility staff arranging space in the health facilities for treating patients w ith trauma; v) In coordination w ith PHD, HF staff and health shura members decide on location to station ambulances planned referral of patients from communities to HFs; vi) Rent ambulances, equip the vehicles w ith oxygen cylinder and first aid kits; vii) orientation of the community elders, health facility staff and CHWs on referal mechanism; vii) Selection of male and female volunteers (270 Male, 240 Female CHWs and TBAs) for training and provide them first aid kit and necessary medicine; Health Facility: i) Arrangement of space in health facilities for provision of emergency services in more affective w ay; ii) coordination w ith health shura members about the project and planned activities so that communities get aw are on the availability of emergency services in the health facility; iii) Developing coordination betw een ambulances w orking in community and health facility staff for better management of trauma cases, sharing information on number and severity of the injuries that w ill be attending health facility for better preparation of the health facility staff; iv) Ensure availability of staff for provision of emergency services 24/7at all level of health facilities; v) Delivery of emergency health services 24/7 through health facilities and referral facilities for patients needed higher level care to appropriate level of health facility. Community level: i) Training of CHWs and TBAs on First Aid and provision of first aid kits; ii) Involvement of community elders in the process and orientation on availability of first aid services at their communities, availability of the ambulances and health services round the clock in health facilities; iv) Linking of trained CHWs and TBAs w ith the ambulances for allow ing patients access to emergency health services.

LOGICAL FRAMEWORK

Overall project objective	To reduce avoidable morbidity, mortality and disablity among the people living in w ar and conflict affected districts of Helmand and Paktia provinces

Logical Framework details for HEALTH

Cluster objectives	Strategic objectives(SRP)	Percentage of activities
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	100

Outcome 1	War w ounded patients (men, w omen, girls, and boys) in 11 targeted districts of Helmand and Paktia have access to life saving emergency health care and referral services.

Code	Description	Assumptions & Risks
Output 1.1	Health facilities staff are trained on trauma care and health facilities deliver 24/7 life saving emergency health services in gender sensitive manner.	Fighting sides cooperate in evacuation of injured patients for treatment

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	

			Men	Women	Boys	Girls	Target	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Health professionals (targeted districts and provinces) have improved skills in stabilisation and management of w ar trauma					46					46
Means of Verification:		Monthly activities reports										
Indicator 1.1.2	HEALTH	500 community volunteers (CHWs and TBAs) trained on first aid during first four month of the project.					500					500
Means of Verification:		Training reports, attendance sheets										
Indicator 1.1.3	HEALTH	21 health facilities have available staff, medicine, equipment and resupplies for emergency health services.					21					21
Means of Verification:		Health facility monthly activities reports										
Indicator 1.1.4	HEALTH	Trauma patients are timely and appropriately managed, treated and stabilised					10000					20000
Means of Verification:		ACTD registration books										

Activities

Activity 1.1.1	Conducting training for 46 (men and w omen) health facility staff on trauma management, infection prevention and w aste management.
Activity 1.1.2	Conduct training forCHWs (men and w omen) and TBAs (w omen) on first aid using approved training curriculum during first four months of the project
Activity 1.1.3	Provision of equipment, medicine and resupplies to all 21 health facilities based on their needs for emergency services

Output 1.2 | Injured patients have access to referral services at health facilities and community level. | Security condition of roads allow s safe movement of ambulances

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	Number of ambulances rented and provided w ith necessary equipment and first aid kits during first tw o months of the project.					15					15
Means of Verification:		issue vouchers, contracts of rental ambulances										
Indicator 1.2.2	HEALTH	Patients injured are referred.					6450					6450
Means of Verification:		Log books of ambulances										
Indicator 1.2.3	HEALTH	20 FATP and 48 PHC facilities in 13 high risk provinces able to stabilize, treat and refer w ar trauma cases					21					21
Means of Verification:		Health facilities monthly report, ambulance monthly activities report										

Activities

Activity 1.2.1	Renting vehicles for provision to health facilities and communities to serve as ambulances.
Activity 1.2.2	Provide equipment, first aid kits and resupply to ambulances
Activity 1.2.3	Linking of ambulances w ith higher level of health facilities for effective referral services.
Activity 1.2.4	Provide 24/7 emergency treatment to w ar w ounded patients (men, w omen, girls and boys) in health facilities
Activity 1.2.5	Provide first aid treatment to w ounded patients (men, w omen, girls and boys) at communities through trained CHWs

WORK PLAN

Project w orkplan for activities defined in the Logical framew ork

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Conducting training for 46 (men and w omen) health facility staff on trauma management, infection prevention and w aste management.	X	X	X	X								
Activity 1.1.2 Conduct training forCHWs (men and w omen) and TBAs (w omen) on first aid using approved training curriculum during first four months of the project	X	X	X	X	X							
Activity 1.1.3 Provision of equipment, medicine and resupplies to all 21 health facilities based on their needs for emergency services	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.1 Renting vehicles for provision to health facilities and communities to serve as ambulances.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.2 Provide equipment, first aid kits and resupply to ambulances	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.3 Linking of ambulances w ith higher level of health facilities for effective referral services.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.4 Provide 24/7 emergency treatment to w ar w ounded patients (men, w omen, girls and boys) in health facilities	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.2.5 Provide first aid treatment to w ounded patients (men, w omen, girls and boys) at communities through trained CHWs	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 w ho is carrying out w hat.

ACTD have a w ell-established project office and qualified and experienced teams in both provinces. Project planned activities w ill be managed by an independent team assigned for taking care of this project. ACTD project team assigned for health project w ill support emergency project team in all aspect of project implementation. ACTD existing team w ill support emergency project team in developing coordination w ith stakeholders, staffing, and logistical issues, arranging training and other related tasks. Project manager BPHS project w ill lead emergency team in planning, implementation, monitoring, coordination and other project

activities in the province. Project planned activities will be coordinated with all stakeholders at provincial, districts and village level. Regular meetings will be arranged with actors working in provision of health services (MSF and EMERGENCY) in Helmand and HN TPO and EMERGENCY in Paktia. Strengthening of coordination, referral system and response to mass casualties will be main focus of the meeting. Project supplies will be arranged from Kabul, however in cases of emergency needs of the project and during project start up, ACTD will support emergency services from available stock in field level which will be then recovered from supply of this project. This way the project activities will ensured to start at early stage of project implementation. ACTD will hire 22 additional Nurses (15 in HFs and 7 for ambulances), to enabling health facilities to operate 24/7 and ambulances to provide quality referral services. Provision of medicine, equipment and resupplies to the health facilities to cover shortage of medicine and equipment needed for 24/7 emergency services. Provision of training on first aid and trauma management to the health facility staff and nursing staff for ambulances. Provision of first aid training to CHWs and TBAs and provision of first aid kits. Orientation of CHWs and HF staff and developing linking of referral points with higher level health facilities for effective and timely referrals. ACTD will keep effective coordination with the stakeholder including community elders, village shuras and through them with the members of groups involved in conflict. Community elders will be oriented and provided exposure visits from the health facilities and information on project activities will be shared with them. They will also meet with nursing staff assigned with ambulances and their phone numbers will be shared with them for contact in case of need. This way the project activities will be shard with the communities through their elders in order to make them aware of the project activities and ensure their access to the services when needed. An effective referral system will be developed at level of project implementation. 15 additional full time working local ambulances will be hired and provided with a trained nurse. These vehicle will equipped with oxygen cylinder, stretcher, and basic surgical equipment needed for first aid and stabilization, first aid kit with IV fluids &necessary resupplies. These ambulances will be stationed (8 in BHCs) and 7 in suitable location in central village of a cluster of villages and available for response in case of need. Referral sheets will be used for referring patients, each sheet will be prepared in duplicate, one coy will remain in record and duplicate will go the referral site with patient. Same practice will be adopted by HFs and HPs. Weekly reports will be collected from HFs, and monthly reports will be delivered by HFs, ambulances and HPs. Project Focal point and BPHS project management staff will conduct regular supportive supervisory and monitoring visits from the HFs and from accessible HPs and collect report. HPs will low access to will share their reports through ambulances visiting the sites for referral services. Compiled report of HPs will then be collected from HFs by project supervisors for analysis, feedback and advice.

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 .

Project activities will regularly be monitored based on monitoring plan which will jointly developed the project team in coordination with BPHS team members. Monitoring plan will be developed during initial phase of project implementations, and taking into consideration the ground realities based on experience of the organization from the field. Standard monitoring tools will be developed and used for monitoring of the project activities by project team and main office team. Monitoring reports will be developed and shared with project office team with a copy shared with main office for review and comments. Written feedback will be shared with the health facilities staff and an action plan will be developed to design actions for correcting the gaps. A copy of the action plan will be available at the HF and at project office. As the project will be functioning through BPHS health facilities, ACTD provincial teams will support Emergency Project assigned team in project monitoring and implementation. Monthly monitoring of the project planned activities will be conducted by the project focal point. Similarly project will be monitored by BPHS provincial management and supervisory team including EPI and CBHC supervisors. In addition, analysis of monthly project activities will be used for measuring project progress against the set targets and comparing with the incidences happening in the context. Joint monitoring visits will be conducted with PHD teams based on agreed time line developed jointly. ACTD health and support department from MO will conduct monitoring of the project on regular basis. For monitoring of health posts, health shuras and local elders will be involved for sharing their findings, observations and recommendations with the health facility staff and project team. Similarly, community based health care activities will be monitored by emergency nurses assigned with ambulances for provision of firs aid services and accompanying referral patients in the ambulances. All services provided through this project will be free of cost, ACTD will ensure access of all community members to the health services without discrimination. For improving trust of the community on project activities, community elders will be provided with exposure visit to the health facilities in order to get them aware and oriented on the project planned activities. Similarly project planned activities will be shared with village elders, religious leaders in order to have community mobilized and informed on project planned activities. Meetings with community members will be arranged during monitoring visits in order to obtain their feedback about the project services and take necessary actions. Similarly ACTD will try to have phone number of the patient/attendant so that they can be contacted for their feedback on the services they have received. For monitoring of health posts and ambulances working in remote and difficult to reach areas, telephone will be used. Similarly CHS from BPHS health facilities and EPI teams visiting outreach and mobile will also be involved in monitoring from the health posts activities.

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. PHD	Involved them in coordination, joint monitoring, facilitate coordination at provincial and district level with government bodies.
2. EMERGENCY	Coordinating referrals, Obtain support in Trauma management training and discuss FATPs close HFs to avoid duplication/relocation of sites if needed.
3. MSF	Coordinate referrals, follow up of referral cases, practical sites for trauma management, response to mass causality
4. ARCS	Collaborate First Aid training, establish referral through ARCS volunteers in targeted districts
5. IFRC	Obtain support in access to insecure areas through developing coordination with oppositions, strengthen referral system
6. HN TPO	Coordinate regarding referrals, mass causality and practical site and expertise in trauma management training

Outline how the project supports the gender theme

Health services is the basic right of men, women, boys, girls and children based on the country's constitution. ACTD will adopt ways to further improve access to emergency health services planned to be offered through implementation of this project through culturally accepted strategy and professional way. Men and women will be involved in project implementation through provision of training to CHWs (Men and Women), deploying and training to technical staff (Men and Women) of the HFs. Provide culturally accepted environment in the health facilities, during emergency care and awareness raising sessions in community. Ambulances will be made ready to provide necessary privacy to the patients being shifted to appropriate level of HFs. Women patients will be accompanied by female medical staff in hospital during treatment, attendants will be allowed to stay with patients in emergency room and recovery and pre operation preparatory rooms during the treatment and also during shifting in ambulance for treatment. Moreover community elders and Ulamas will be sensitized to support women access to health and nutrition services. Community elders and religious leaders will be involved in project planned in order to make them aware the health need of women, girls and general population. Health staff will be oriented to provide health services without taking into consideration their age, sex and tribe. The project will be gender sensitive, taking into consideration the emergency health care of women, girls and children as they remain neglected due to less attention of the community, however ACTD through trained CHWs will focuss on their need and will take necessary steps to avoid negligence of female patients without being provided with necessary health services.

Select (tick) activities that supports the gender theme

☑	**Activity 1.1.1:** Conducting training for 46 (men and women) health facility staff on trauma management, infection prevention and waste management.
☑	**Activity 1.1.2:** Conduct training forCHWs (men and women) and TBAs (women) on first aid using approved training curriculum during first four months of the project
☐	**Activity 1.1.3:** Provision of equipment, medicine and resupplies to all 21 health facilities based on their needs for emergency services
☐	**Activity 1.2.1:** Renting vehicles for provision to health facilities and communities to serve as ambulances.
☐	**Activity 1.2.2:** Provide equipment, first aid kits and resupply to ambulances
☐	**Activity 1.2.3:** Linking of ambulances with higher level of health facilities for effective referral services.
☐	**Activity 1.2.4:** Provide 24/7 emergency treatment to war wounded patients (men, women, girls and boys) in health facilities
☐	**Activity 1.2.5:** Provide first aid treatment to wounded patients (men, women, girls and boys) at communities through trained CHWs

Cross Cutting Issues

This project is designed to provide emergency services to war wounded people in targeted communities. The project activities will be planned and implemented in gender sensitive way in order to provide access to men, women, boys and girls , and without discrimination based on sex, age and group. For further improving access of marginalized population in societies (women, children, girls, boys and elderly people) to the services, community elders and religious leaders will be taken in confidence. They will be briefed on project planned activities in order to strengthen their links with HPs and with health facilities for seeking health services during needs. For further improving access of women and girls, female CHWs and TBAs will be trained on first aid and will be provided with first aid kit for provision of services to women and children. Similarly female staff in health facilities will be trained on trauma management for provision of services and assist the male staff during treatment of female patients. The health facility staff will be oriented to take into consideration local norms and culture in provision of health services

	consideration privacy of the patients. For assessing access of the patient to the services based on age and sex, data will be collected based on age and sex. Regular data analysis will be practiced for assessing service utilization based on age and sex. This practice will be used for provision of feedback and taking necessary steps to ensure equal access of all fraction of population to the services. The project will work in way to avoid intoxication of environment and practice safe disposal of waste products. Waste at the health facilities will be segregated into general waste, infectious and noninfectious waste. Separate buckets will be available at the emergency treatment site for segregation of the waste. General waste and non-infected waste will be incinerated in the incinerators available in the HFs. Infection waste will be buried in the septic well inside the health facilities building. Safety box will be used for sharp items (needles, blades etc) in the emergency room and sharp items will be disposed off by dumping in the available place in all HFs. Similar practices will be adopted for HPs in order to dispose off the waste safely at community level. The staff members and CHWs will be trained on IP and waste management at their service point. Similarly general community will be oriented on safe disposal of household waste, avoiding pollution of water and on personal and environmental hygiene practices, its importance and its linkage with their health.
Gender Marker of the Project	The project is designed to contribute in some limited way to gender equality
Environment Marker of the Project	A+: Neutral Impact on environment with mitigation or enhancement
Safety and Security	The project activities will be implemented in insecure districts in Helmand and Paktia provinces. Population living in targeted districts are living under stressful conditions resulted from unstable security condition and active fighting. Although attacks on HFs from government and anti government has been seen during previous years, however the project will run through already existing infra-structure of BPHS health facilities and CBHC. Fortunately all health facilities stationed in the area are active, have good working relation with communities, have functioning health shura. Members of the health shura are from near and far villages of the catchment area of the HFs. ACTD will involve community elders and other stakeholders in the area in project activities, they will be oriented on objectives of the project and on details of the planned activities. Local stakeholders will be involved in implementation plan of the project. Try will be made to find and hire staff from the local area, however in case of unavailability of staff, staff hired will be oriented on local norms and culture. Ambulances will be rented from community, as they will have easy access to far and near communities for provision of first aid services, evacuation and referrals. CHWs working in the villages are from the community and are safe to move from place to place for provision of emergency and awareness raising activities in the communities. Village level shuras will be involved in project activities, shura members and religious leaders will be involved and oriented on project activities in order to obtain their trust and support in smooth implementation, avoid being targeted and conflicts.
Access	ACTD is implementing BPHS services in Paktia and Helmand since October 2009. The organization have good understanding of the local context including stakeholders. Through availability of active health posts and village shura, the organization have its presence in most of the affected villages of the targeted districts. The organization has also developed trusting relation with the local stakeholders in remote areas. For improving access of war victims from remote located areas to emergency health services, the organization will further improve coordination with all stakeholders. The project will be launched in close coordination and developing understanding with all stakeholders including community elders and shuras. For provision of first aid services to the remote located areas. In order to further improve access and minimize risk to staff and ensure smooth access of people from remote areas CHWs will be trained on approved First Aid Training curriculum, vehicle for ambulance services will be rented from communities and in those areas. For the areas where CHW are not active, ACTD will try to train local volunteers on First Aid and provided with first aid kit for provision of first aid and ensuring timely referrals.

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	Health Director Main Office (Kabul)	1	3000	12	40%	14,400.00
	Project planning, coordination, reporting and support to field					
1.2	Project focal point Main Office (Kabul)	1	900	12	100%	10,800.00
	This person will be fully dedicated to CHF health project and will be responsible for supporting the field offices in project planning, management, coordination at main office level and in case of need at project level. S/he will lead the projects with field team, responsible for collecting and compiling reports. Budget foreseeing, follow up of budget utilization with finance and field office. Procurement of medicine, equipment, resupplies and related goods and supplies from Kabul, ensure timely supply to field. Arranging training, developing and signing MOUs with partners. Coordinate the project activities with Admin, finance and management in order to provide on time support to project. Ensure good coordination within organization with department and other projects especially BPHS teams.					
1.3	Project officer/Trainer	2	800	12	100%	19,200.00
	Responsible for project management, implementation in field, coordination at field level, reporting and supervision/Monitoring activities. Hiring staff, orientation to staff, coordination with health facility staff, selection of CHWs, arranging training, renting vehicle and follow its utilization based on plan and oversee budget expenditure and ensuring timely flow of information and submission of report according to the reporting schedule. Two supervisors will be assigned in Helmand and two person in paktia					
1.4	Accountant Main office	1	800	12	50%	4,800.00
	Fully dedicated to CHF project, responsible for accounting of the expenses CHF projects (health and nutrition). 50% of the salary will be charged to CHF project health and 50% to CHF Nutrition project. This person will check financial documents, provide feedback for allocable and allow ability of booked expenses. Collect monthly reports from field and hard copies of financial documents. Follow cash transfer, budget flow with program people. Compiling financial reports and submission to donor. Participate in finance related meetings at Kabul level. Conduct field monitoring of finance related issues.					
1.5	Emergency nurses	22	400	12	100%	105,600.00
	work in HFs to help HF staff provide round the clock emergency services, work in ambulances provide services at communities and shift patietns. Nurses in communities will also support HPs staff in emergency response and awareness raising activities. they will also collect monthly activities reports from the HPs.					
1.6	Admin finance officer Project Office	2	750	12	50%	9,000.00
	Fully dedicated to CHF activities to take care of project activities in field offices (Helmand and Paktia) provinces. 50% of salary charged for health project and 50% will be charged for Nutrition project. This person will be responsible for taking care of day to day expenses, book keeping, part of procurement committee at field office level, Contract preparation for hired staff, prepare monthly attendance report, payrolls, payment of salaries. Compile report and submit it to MO. Bank and cash reconciliations, supply to health facilities.					
1.7	Pharmacy Assistant	1	600	12	100%	7,200.00
	Responsible for collecting of request from project offices, assist procurement board in documentation, record keeping, stock keeping. Supply of medicine, equipment and resupplies to project office. collect report on monthly basis from the field. compile reports and share it with project focal point.					
1.8	M&E Officer Project Office	2	800	12	50%	9,600.00
	Responsible for monitoring of the health facilities, training and field activities. conduct monitoring visits to the health facilities, collect findings, prepare report and share it with project focal point and with visited HFs. In coordination with field office and health facility team prepare action plan for improving the gaps. and follow the progress during next monitoring visits along with detailed monitoring of the activities. Be part of the monitoring visits jointly with main office team and with PHD team.					
	Section Total					180,600.00

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	Total Cost

				Recurrence		
2.1	Quarterly medicine supply	4	28045	1	100%	112,180.00
	Medicine needed for treatment of patients, for all health facilities and health posts. Supply from project office will be done based on need, sufficient quantity will be available in health facilities for provision to patients. Similarly these medicine will also be provide to health posts in case they need it for treatment of patient, as CHW kit, already have few items of medicine seems necessary for health posts.					
2.2	Resupply kits	4	11000	1	100%	44,000.00
	Resupply includes consumable items needed for emergency and surgical cares (Antiseptic, Stitching material, gauze pieces, sticking, drains, NG tubes, catheter, blood bags, sticking plasters, plaster of paris etc) for surgical and orthopedic procedures and for CHW first aid kits.					
2.3	Transportationcost medicine	4	1500	1	100%	6,000.00
	Cost for shifting medicine(loading, unloading, vehicle rent) from Main Office Kabul to Helmand and Paktia project office and onward to Health Facilities and Health Posts. Quarterly supply * Lump-sum 1500 (Kabul to Laskhargah, Kabul to Gardez) and supply to districts and villages HPs.					
2.4	Stationery and running costs	22	300	12	20%	15,840.00
	20% of stationery cost charged to this project for each Health Facility (Stationery items include pen, pencils, white pater, stapler, stapler pen, calculator, erasors, marker pen, stamp pad etc) and General running cost of HF includes cleaning materials and items related in health facilities (electrify bulb, lock, socket, tea, candies etc).					
2.5	Printing and supply of HMIS tools	2	4000	1	100%	8,000.00
	Reporting formats for weekly and monthly report, registers and tally sheets for data collection and records, Emergency registers, registers for ambulances, reporting formats for CHWs, referral sheets, charts for data dissemination at HFs and project office level. These tools will be printed sufficient for 21 HFs, 500 HPs and supplied twice in year. Unit cost is calculated as lump sum cost.					
2.6	Communication cost	600	5	11	100%	33,000.00
	Paid top up card cost for telephone communication @ 5 USD/month: 500 CHWs + 22 Nurses + 21 Health Facility Incharges, +2 project focal points and monitors, and communication cost charge in % of project office staff and main office staff (Total 700 person).					
2.7	Furniture for Health Facilitis and Project Office	22	300	1	100%	6,600.00
	Cupboard, chair, bench for patient attendants, writing table for 21 emergency rooms in Health Facilities, Office table and chair and cupboard for CHF project staff in Project office and Main Office. (21 HFs and 1 Project office cost budgeted here).					
2.8	First Aid kits	500	107	1	100%	53,500.00
	Kits for CHW contain (medicine, consumable medical items and equipment). Detail list is provided at attached document.					
2.9	Medical equipment for health facilities and ambulances	26	1000	1	100%	26,000.00
	List provided as attachment.					
2.10	Oxygen Cylinder with Regulators	52	200	1	100%	10,400.00
	24 oxygen cylinders for Health Facilities emergency rooms, 21 Cylinders for Ambulances and 7 spare sets as reserve for provision as replacement during refilling of empty cylinders.					
2.11	Laptop computer with prineters	1000	3	1	100%	3,000.00
	Will be purchased for (Project Focal Point at Main Office 1, Focal Point at project offices 1+1)					
2.12	Heating material and equipment for emergency rooms	22	200	4	100%	17,600.00
	Heating cost for keeping emergency rooms warm during winter (4 Months). Include fuel and equipments					
	Section Total					336,120.00

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
	Section Total					0.00

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	Rent of ambulances	15	1000	12	100%	180,000.00
	Full time available ambulance at Health Facilities and assigned locations in communities Detailed list attached. Monthly rent of 1000 USD include (Fuel cost, repair and maintenance cost and driver salary). these ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals. the vehicles will be available 24/7 in assigned location for timely shifting of injured to the nearest appropriate level of HF.					
4.2	Rental vehicle for supervision and supplies	2	1000	12	100%	24,000.00
	Supervision and monitoring from the activities of CBHC, ambulances and Hfs Monthly rent of 1000 USD include (Fuel cost, repair and maintenance cost and driver salary)					
	Section Total					204,000.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
5.1	Travel cost monitoring MO	4	410	2	100%	3,280.00
	Travel cost for 4 person visiting project office each quarter from Main Officer for support and monitoring from different sections (technical, finance and Amdin/logistics Departments). Two visits per year charged to CHF health project and 2 visits will be charged to CHF nutrition project. Unit cost =Helmand[return ticket 200 usd + local transportation 30 USD+ 60 Per diem 6 days @ 10/day (290 USD) and Paktia= 60 USD transportation, 60 USD Perdiem (120)					
5.2	Travel cost supervision and monitoring Project Office	6	30	12	100%	2,160.00
	Per diem project office staff during travel to field activities for establishment, coordination, supplies, training, supervision and monitoring, report collection and salary payments. (6 person every month with stay in field 3-4 days/each visit).=[(6 person @5 USD/personx6 days)= (25)					
	Section Total					5,440.00

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	Training on Trauma management for HF and ambulance nursing staff	46	35	5	100%	8,050.00
	Capacity building of technical staff of Health Facility (MD, Midwife and nursing staff on trauma management and first aid. Unit cost includes (Return transportation from Health Facilities to Project office training center, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 46 Health Staff will get trained on Trauma Management for 5 days.This training will held for Paktia in kabul in Emergency Hospital and for Helmand in Lashkargah Hospital. For Kabul 30 USD/day accommodation has been considered for 22 participants. (40 USD includes two way transportation to NGO project office/Kabul, daily food cost, refreshment, stationery, handouts and accommodation for 22 participants.					
7.2	Infection Prevention and Waste management training	46	25	5	100%	5,750.00
	Capacity building of technical staff of Health Facility (MD, Midwife and Nurse/nursing staff on Infection prevention and waste management). Unit cost includes (Two way transportation from Health Facilities to Project office training center, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 46 Health Staff will get trained on Infection Prevention and Waste Management for 5 days.					
7.3	First Aid training for CHWs	500	12	3	100%	18,000.00
	Each CHW will be trained for three days on First Aid. Cost calcuation is based on (Transportation cost paid to CHWs, Stationery, refreshment and handouts)					
7.4	Fee for facilitators	4	25	20	100%	2,000.00
	Cost paid to trainer expert hired/training from outside of the organization (For conducting those training where ACTD have no training expertise). External trainers will be hired based on their ability to travel to field and from organization have expertise in provision of budgeted training. Training in Trauma Management, Infection Prevention and First Aid Training for CHWs. The cost is caclulated based on 20USD/day per trainer for total of 27 days (Train 4 Batches, each batch for 5 days with addition of 7 days for traveling 2 days for travel to each training, for trainers who come from outside the province.					
7.5	Training of Trainers on first Aid for CHS	21	25	3	100%	1,575.00
	21 Trainers from 21 Health facilities wil be trained on first aid to replicate these training to CHWs of their health facilities at health facilities.					
	Section Total					35,375.00

Sub Total Direct Cost	761,535.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.429530886614952%
PSC Amount	53,307.45

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	814,842.45

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Paktya -> Sayedkaram	Activity 1.1.1 : Conducting training for 46 (men and women) health facility staff on trauma management, infection prevention and waste management. Activity 1.1.2 : Conduct training forCHWs (men and women) and TBAs (women) on first aid using approved training curriculum during first four months of the project Activity 1.1.3 : Provision of equipment, medicine and resupplies to all 21 health facilities based on their needs for emergency services Activity 1.2.1 : Renting vehicles for provision to health facilities and communities to serve as ambulances. Activity 1.2.2 : Provide equipment, first aid kits and resupply to ambulances Activity 1.2.3 : Linking of ambulances with higher level of health facilities for effective referral services.	1347	1347	1582	1582	5858	14
Paktya -> Lija Ahmad Khel		1228	1228	1441	1441	5338	6
Paktya -> Alikhel (Jaji)		3910	3910	4590	4590	17000	17
Paktya -> Janikhel		2001	2001	2349	2349	8700	3
Paktya -> Dand wa Patan		736	736	864	864	3200	4
Hilmand -> Nahr-e-Saraj		2139	2139	2511	2511	9300	7
Hilmand -> Nawa-e-Barakzaiy		1104	1104	1296	1296	4800	3
Hilmand -> Sangin		1725	1725	2025	2025	7500	9
Hilmand -> Nawzad		2707	2707	3178	3178	11770	10
Hilmand -> Washer		1806	1806	2119	2119	7850	7
Hilmand -> Kajaki		1679	1679	1970	1970	7298	13
Hilmand -> Baghran		738	738	867	867	3210	7

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 254.docx
2. ACTD list of Medicine, Equipment, first aid kit and resupply..xlsx
3. Details for CHF proposal Paktia and Helmand.xlsx
4. ACTD CHF Training plan.xlsx