

## Project Proposal

Organization	EMERGENCY (EMERGENCY Life Support for Civilian War Victims)					
Project Title	Life saving health and referral services for trauma affected population in Parwan, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces.					
Fund Code	AFG-15/O580/SA1/H/INGO/328					
Cluster	Primary cluster			Sub cluster		
	HEALTH			None		
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type				
Project budget in US\$	1,501,707.58	Planned project duration	12 months			
Planned Start Date	15/06/2015	Planned End Date	14/06/2016			
OPS Details	OPS Code	OPS Budget	0.00			
	OPS Project Ranking	OPS Gender Marker				
Project Summary	<p>With this project proposal, EMERGENCY aims at improving access to essential health services for conflict affected populations, providing life support services to people living in insecure areas.</p> <p>The project's strategy is based on the strengthening of the First Aid Trauma Posts (FATPs) network, supported and reinforced in the framework of projects funded by ERF-OCHA in 2012, 2013 and 2014 and CHF-OCHA in 2014, and active in Kabul, Ghazni, Logar, Parwan, Paktia and Maidan Wardak and Kapisa Provinces, with the opening of three new facilities within the Central region and foster the capacity of Kabul hospital in treating war related patients. The FATPs system ensures patients' stabilization/treatment and when necessary, the referral of the war casualties cases to EMERGENCY's trauma centre or for civilian trauma to other specialized hospitals. Bringing these essential services closer to the communities affected by conflict, or at very high risk to be affected, is a life-saving intervention for communities where there is no other alternative.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	16104	3846	13928	4672	38,550
	<b>Total beneficiaries include the following:</b>					
	Other	117	33	0	0	150
Indirect Beneficiaries	Indirect beneficiaries of the project are 228,000 people, family members of the patients treated in the FATPs and if in need of surgical treatment referred to specialised surgical centres in Kabul.	Catchment Population	Over 4,000,000 people, living in targeted districts (Surkh-e- Parsa, Ghazni, Andar, Kabul, Mirbachakot, Tagab, Barakibarak, Ghorband, Shekali, Alasay, Pul I Alam, Chark, Gardez, Saidabad, Shiwari, Maidan Shar) will improve their access to emergency trauma and referral services and instances of emergency related deaths injuries and illness due to the conflict reduced. Thanks to the opening of new health facilities and the consequent training for health services providers, the national health system will be relieved.			
Link with the Allocation Strategy	<p>With the present proposal EMERGENCY aims at strengthening the network of FATPs in Central and Eastern areas and the capacity to refer trauma patients to EMERGENCY trauma centre in Kabul, thus responding to one of the priorities of the CHF allocation for the health sector: to reduce mortality and disability due to conflict through timely access to effective trauma care focusing on conflict areas.</p> <p>In fact, the FATPs network will be expanded in order to provide prompt and proper medical stabilization and evacuation in high risk districts, allowing the reduction of war related mortality rate in locations where active armed conflict incidents are frequent.</p> <p>Additionally the well equipped and appropriately staffed specialized trauma centre in Kabul will continue to reinforce the management of war related patients and its referral capacity.</p> <p>Thus, the intervention responds to the most acute need identified in the SRP 2015, based on supporting the provision of life-saving health care services in contested and under-served areas.</p>					
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)				
Organization focal point contact details	Name	Title	Phone	Email		
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<b>BACKGROUND INFORMATION</b>						
<b>1. Humanitarian context analysis.</b> Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>Afghanistan continues to have some of the poorest global humanitarian indicators: according to the UNDP Human Development Index Report 2014, it is ranked 169 out of 187 countries; the decades of fighting have caused a high number of civilian victims, refugees and disabled persons. Victims of war are not only thousands of civilians killed directly from insurgent and foreign and national military actions, but also citizens indirectly affected by the war and suffering of its consequences such as displacement, food insecurity, diseases, lack of medical treatment and criminality. The expansion and changing nature of the conflict led to an increasing number of civilians killed and injured in 2014. The transfer of military power from international to national control left state security forces with the challenging task of ensuring a degree of central government control in remote districts and provinces. Civilian casualties increased as the nature of attacks changed and more were caught in the crossfire of large scale offensives. From 1st January to 30th September 2014, there was a 14 per cent increase in the number of civilian killed or injured owing to the conflict. There were 7,965 civilian casualties in the first nine months of 2014, 22 per cent of whom were children (HNO 2015).</p> <p>The Central and Eastern provinces are still a stronghold of Armed Opposition Group (AOG). Many Central areas are witnessing daily fighting, as the number of patients treated in FATPs EMERGENCY is running demonstrates: in fact, according to EMERGENCY medical data, 15,000 is the total number of war related patients treated in the FATPs (Kabul and Lashkargah) within the period January - December 2014, which represents an increase of the 35% compared with the statistics of the same period of 2013.</p> <p>The ongoing conflict renders the health system extremely vulnerable: many health facilities have been damaged as a result of the fighting or have been closed due to the insecurity. Poor performance and/or coverage of the health services are reported particularly in active conflict areas, where humanitarian access represents a key concern.</p>					
<b>2. Needs assessment.</b> Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	<p>Afghanistan is going through a period of transition, politically, militarily and economically. With the election of a new president and withdrawal of a significant number of international troops, the country is moving forward on a number of key issues; however, providing basic services and protection to the population continues to be a challenge, due to the intensified level of violence and the consequent economic burden. The increasing intensity of the conflict has resulted in the increase of war related victims, thus highlighting the inadequate functioning of public health facilities and referral system: while healthcare has improved in urban areas, rural population remains vulnerable and healthcare facilities difficulty manage the flow of patients. Qualified health personnel (especially female) is not willing to work in remote insecure areas due to intimidation and threats, and population and health staff movements are significantly affected by checkpoints, military actions and lack of transport (HNO 2015). Lack of security is also the cause of the absence of a referral system (ambulances) between the conflict affected districts and the provinces capitals. Moreover, the private sector offers services of un-regulated quality and not affordable for most of the population.</p> <p>EMERGENCY action plan is focused on responding to this dramatic situation providing life-saving and emergency trauma care services in those areas, most of them of active fighting with a high number of civilian casualties, where no or little access to health facilities continues to be a major challenge for local communities; this is also the reason that pushes Emergency to open three new FATPs in Chark (Logar), Baraki Barak (Logar) and Ghurband (Parwan), 3 places where active fighting is very heavy. The three locations were chosen, in addition to a specific request made by local communities, also to guarantee the respect of Emergency guidelines regarding the referral service: the distance between the FATP and the referral hospital should be covered by ambulances in 4 hours maximum, to safeguard a high percentage of recovery for patients.</p>					

	As per the existing FATPs, EMERGENCY is exploring the possibility to move Pul I Alam and Maydan Shar. This could be done after a proper assessment and a discussion that will involve all the different stakeholders of the area: BPHS implementer, Health Directors, local shura and elders. The analysis of internal statistics concerning the number of OPD patients and referrals will be fundamental to have a clear picture of the activities of the two facilities and indirectly of the needs of Logar and Maydan Wardak provinces.
<b>3. Description Of Beneficiaries</b>	In line with the HNO 2015, the project will focus on conflict affected people. All people living in targeted and nearby districts will have improved access to emergency trauma and referral services. Indirect beneficiaries of this project are all people living in central Provinces of Kabul, Maidan Wardak, Ghazni, Kapisa, Logar, Paktia, Parwan. Trauma patients and war wounded people are the main target with special attention to vulnerable groups such as children and women. Direct beneficiaries that will be reached by the proposed intervention are the following: - 27.300 trauma victims treated in the FATPs - 2.250 severely injured patients referred to EMERGENCY trauma centre in Kabul for war victims and to other hospitals for civilian trauma. - 150 health service providers will increase their skills on trauma management. - 7.000 OPD patients treated in Kabul Surgical Centre; - 1.850 patients not referred from EMERGENCY FATPs and admitted in Kabul Surgical Centre
<b>4. Grant Request Justification.</b>	EMERGENCY action plan is focused on responding to the dramatic situation underlined in the HNO 2015 analysis providing life-saving and emergency trauma care services in those areas where no or little access to health facilities continues to be a major challenge for local communities. The proposed project aims to respond to the growing needs of Afghan population living in conflict-affected areas by strengthening the FATPs network. EMERGENCY is running in the Central and Eastern regions of Afghanistan. This network, supported and reinforced in the framework of projects funded by ERF-OCHA in 2012, 2013 and 2014 and CHF-OCHA in 2014, guarantees access to essential life-saving health services to people in need by functioning 24/7, with personnel trained to stabilize and treat trauma patients (especially war wounded) and having referral capacity. Ambulances allow access to Kabul trauma surgical centre for all patients requiring surgical treatment and coming from the health centres located in areas where accessibility continues to be the major challenge for local communities. Moreover, Emergency plans to expand the FATPs network with 3 new units in the high risk areas of Charkh, Barakibarak (Logar Province) and Ghorband (Parwan Province) districts, in order to guarantee the trauma patients' life-saving stabilization and referral service, to health facilities which will provide high quality surgical treatment. The three locations have been chosen according to EMERGENCY assessments in the areas, data on geographical origins of war victim patients referred to Kabul Surgical Centre and INSO reports. Namely: - Barakibarak (Logar Province): INSO Afghanistan (Quarterly Data Report Q.4 2014) reported more than 208 security incidents for 2014, for an average of 2-4 security incidents per week. According to EMERGENCY statistics, 12% of trauma patients treated in Pull I Alam FATP comes from Barakibarak. Reports from the local population and from our assessments confirm difficult access from districts to Pul I Alam city due to high security measures; check points are delaying transportation with huge consequences on patients treatment. It is also reported from patients and relatives that those security measures are often obliging them to choose alternative roads, mostly through Wardak province, further delaying transportation and treatments. - Ghorband: although Parwan is not scaled as high risk province, in Ghorband district 53 security incidents were reported in 2014. The location of the new FATP will serve Shinwari, Shekhi Ali, Surkhi Parsa and Ghorband districts. From those districts, INSO reported 110 security accidents during 2014. EMERGENCY received a request from the population, which was also discussed with PHD. He underlined a poor access to the facility and difficult recruitment for health care staff due to security constraints; the active health facilities are working understaffed with absent or discontinuous referral system due to the volatile security situation. - Charkh: in 2014 EMERGENCY received 1.352 trauma patients in the BHC. Out of those 1.352, around 80 patients were moved from Charkh BHC to Pull I Alam FATP for more specialized trauma treatments. In 2014 more than 32 security incidents were reported in this area; due to the increasing level of violence, EMERGENCY is planning to upgrade the BHC to a FATP. In addition to all assessments done, EMERGENCY medical data and the specific requests made by local communities, the location is chosen also to guarantee the respect of Emergency guidelines regarding the referral service: the distance between the FATP and the referral hospital should be covered by ambulance in 4 hours maximum, to safeguard a high percentage of recovery for patients. Together with the strengthening of FATPs network, EMERGENCY aims also at reinforcing the functioning of its trauma surgical centre in Kabul, through the provision of essential trauma care medical equipment and medicines.
<b>5. Complementarity.</b> Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	The proposed project aims to respond to the growing needs of Afghan population living in conflict-affected areas by strengthening the FATPs network. EMERGENCY is running in the Central and Eastern regions of Afghanistan. This network guarantees access to essential life-supporting health services to people in need by functioning 24/7, with personnel trained to stabilize and treat surgical emergencies (especially war wounded) and having referral capacity. Thanks to the network established and supported in the framework of four projects "Enhanced access to life saving health and referral services for war affected population in Helmand, Paktia, Logar, Ghazni and Maidan-Wardak Provinces" funded by ERF-OCHA in 2012, 2013 and 2014, and the ongoing project "Life saving health and referral services for trauma affected population in Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces" funded by CHF-OCHA in 2014, the number of patients treated on the spot has grown significantly as well as the numbers of referrals: in fact, according to EMERGENCY medical data, the total number of trauma patients treated in the FATPs of Kabul area within the period January - December 2014 was 19,090, which represents an increase of 170% compared with the statistics of the same period in 2012; the total number of referrals to EMERGENCY trauma centre in 2014 was 908, 424 in 2013 and 170 in 2012, an increase of 434% compared to 2012. Statistics of the first two months of 2015 show an increase of 98% compared to the same period of 2014.

**LOGICAL FRAMEWORK**

<b>Overall project objective</b>	In 2015 the increasing intensity of the conflict continues to impact the civilian population. The intensified level of violence in the Central and Eastern areas has resulted in the increase of war related victims, thus highlighting the inadequate functioning of public health facilities and referral system. As a consequence the populations living in Kabul, Parwan, Ghazni, Logar, Paktia, Kapisa and Wardak Provinces have been and will be deprived of access to essential health services and the public health referral system will deteriorate. Due to these reasons over the past 3 years, EMERGENCY has expanded its FATPs territorial coverage in high risk districts and quintupled the number of referred patients. Therefore, this proposal aims at expanding the FATPs network with 3 new units in the high risk areas of Charkh, Barakibarak (Logar Province) and Ghorband (Parwan Province) districts, in order to guarantee the trauma patients' life-saving stabilization and referral service, to health facilities which will provide high quality surgical treatment. Minor injuries will be treated in FATPs and patients requiring surgical procedure will be transferred with equipped ambulances and health staff on board towards EMERGENCY's Kabul surgical center if war related or to other specialized hospitals in case of civilian trauma.
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**Logical Framework details for HEALTH**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care	2. Conflict related deaths and impairment reduced	50
Objective 2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care	1. Excess morbidity and mortality reduced	50

<b>Outcome 1</b>	Increase access to life-saving health care services for conflict-affected population in war torn provinces and districts of Afghanistan (Kabul, Paktia, Logar, Ghazni, Kapisa, Maidan Wardak and Parwan)	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 1.1</b>	Provision of trauma patients stabilisation, treatment and referral services in 11 FATPs in : Ghazni (Ghazni and Andar districts), Wardak (Maidanshar and Saidabad districts), Paktia (Gardez district), Logar (Pul I Alam, Charkh and Barakibarak districts), Kabul (Mirbachakot district), Kapisa (Tagab district) and Parwan (Ghorband district) provinces.	Risk 1: movements of the frontline and changes in war intensity; mitigation strategy: relocation of FATPs in other provinces where the level of conflict has remained high. Risk 2: shortage in drugs or medical supplies due to procurement difficulties; mitigation strategy: ensuring a sufficient stock to each FATPs and anticipating purchasing of new items.

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Number of FATPs or HF's supported to provide trauma stabilization, treatment and referral services					11
	<b>Means of Verification:</b>	Monitoring of activities from statistical data on monthly basis, field monitoring with monthly visit and continuous phone communication between office and FATPs. Communication and constant collaboration between office and population.					
Indicator 1.1.2	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					85
	<b>Means of Verification:</b>	Training programme of seminars, didactic materials, attendance sheet.					
Indicator 1.1.3	HEALTH	Trauma patients are timely and appropriately managed, treated and stabilized.					27300



discussed with responsible of each FATPs during a monthly meeting. Register books are present in each facility and are controlled on each field visit by Field officer. All statistics are send to HQ and analysed by Medical Division.	2016	X	X	X	X	X	X											
Activity 1.1.5 3 months training programme for Health Professional for the 3 new FATPs in EMR Surgical Centre in Kabul on management, stabilisation and referral of trauma related patients.	2015							X	X	X	X							
	2016																	
Activity 1.2.1 Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul	2015							X	X	X	X	X	X	X	X	X		
	2016	X	X	X	X	X	X											
Activity 1.2.2 Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre.	2015							X	X	X	X	X	X	X	X	X		
	2016	X	X	X	X	X	X											
Activity 1.2.3 Collect, compile, analyze and monitor, on regular basis the health statistics in correlation to the medical outputs, to monitor and maintain high standards of medical care and the mortality rate on the agreed standards. This process is done on monthly basis by each department. Mortality is evaluated and data are reported in a death register. All statistics are monthly send to HQ were Medical Division is evaluating them. Daily all new fresh cases and complications are discussed in a morning report among doctors.	2015							X	X	X	X	X	X	X	X	X		
	2016	X	X	X	X	X	X											
Activity 1.2.4 Training programme for health professionals working in EMR Surgical Center in Kabul focusing on stabilisation and trauma management. A specific training programme will be held for each department according to the different skills.	2015							X	X	X	X	X	X	X	X	X		
	2016	X	X	X	X	X	X											
Activity 1.1.6 Specific training sessions for staff working in already existing FATPs on trauma patients management.	2015																	X
	2016	X	X	X														
Activity 1.1.7 Narrative reports comprehensive of pictures and stories from the FATPs	2015														X			
	2016				X			X										
Activity 1.2.5 Narrative reports comprehensive of pictures and stories	2015													X				
	2016				X			X										

**M & R DETAILS**

**Monitoring & Reporting Plan:**

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

The project will be directly supervised by the Afghanistan Programme Coordinator and EMERGENCY teams in Central Region. Statistics on clinical activities will be collected on daily basis, compiled and analyzed on a monthly basis; trends will be identified and EMERGENCY management staff will take adjustment measures if needed. Regular site visits and telephone contacts will be ensured between FATPs staff and management staff; during the visits, made by national field officers because of security reasons, data collected by FATPs' health workers will be carefully monitored and dedicated check lists filled in. Each patient referred to the surgical centres will be deeply evaluated by senior medical staff and international staff in order to verify if medical procedures were correctly applied during the stabilization process. Expenditures made in the country will be monitored by the Headquarter and verified on a monthly basis. Updates on activities will be provided to Headquarter on a monthly basis. In accordance with CHF Remote Call Campaigns, EMERGENCY will provide the list of the project's beneficiaries - including patients and trained staff - for an adequate verification of reported results.

**OTHER INFORMATION**

**Accountability to Affected Populations**

Local communities are involved in all the phases of the project: particularly in the assessment phase, EMERGENCY is used to involve community leaders to better understand the needs of the target area to plan how to better respond to these needs. During the preparatory and implementing phase, the involvement of local shura, mullahs and elders is essential to ensure that the population accepts and is well aware of the availability of FATPs health services. The support of local community is in fact fundamental to guarantee a smooth implementation of medical activities and represents one of key strategies to deal with security and access related issues, together with the employment of health workers living in those areas. Moreover, community awareness activities will be organized and promoted by radio announcements broadcast in every province where FATPs are located. Feedback and complaints will be pointed out by FATPs supervisors to management staff (international Field Officer, Programme Coordinator, Medical Coordinator); specific monthly meeting will be organized to discuss the issues, adjustments and improvements will be decided accordingly.

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

EMERGENCY will be directly responsible for the development of the whole project: international staff and senior national staff will guarantee the smooth implementation of medical activities, at central and field level, thanks to the appliance of EMERGENCY medical protocols. A particular attention will be given to the initial training of the newly employed medical personnel: they will participate in an intensive training module performed at EMERGENCY trauma surgical centre. EMERGENCY will directly dialogue with all the stakeholders active in the areas where the project is implemented in order to guarantee its smooth implementation, and allowing a constant access to the sites. To amplify the results, EMERGENCY will actively participate in the coordination mechanisms, such as Cluster meetings, and will interact actively with as much health actors as possible (e.g. ACTD, MRCA, PU-AMI, SC) providing technical expertise and training whenever needed. EMERGENCY will monitor the origin of patients received by FATPs, in order to strengthen its presence on the territory where and when needed and the collaboration with other health services providers (ONG, BPHS). The trauma surgical centre in Kabul, in fact, will receive patients not only from FATPs but also from Provincial Hospitals; in particular, it has to be underlined that the trauma surgical centre in Kabul is recognized as referral centre for all the country and for the Central Region in particular. Basically, BPHS will refer patients to Provincial Hospitals, which in turn will refer to FATPs (if present in the province) or directly to the trauma surgical centre in Kabul.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
1. WHO	EMERGENCY collaborates with WHO especially organizing training courses addressed to medical personnel working for the Afghan Health system
2. MoPH	EMERGENCY collaborates with MoPH providing training for local health workers. All the activities implemented by EMERGENCY are previous discussed with and approved by MoPH, which donated most of the structures transformed in FATPs by EMERGENCY
3. BPHS implementers	BPHS refers patients to FATPs or directly to trauma surgical centre in Kabul. Moreover, EMERGENCY provides training for people working in these facilities.

**Environmental Marker Code**

B+: Medium environmental impact with mitigation(sector guidance)

**Gender Marker Code**

1-The project is designed to contribute in some limited way to gender equality

**Justify Chosen Gender Marker Code**

In its Surgical Centre, EMERGENCY respects and encourages diversity and is impartial and non discriminatory in all activities and internal structure: indeed, EMERGENCY has policies that promote gender equity and balance, impartiality and non - discrimination. In regards to its employment policy, 36 employees in EMERGENCY Kabul Surgical Centres are females. This number can be considered as a good gender marker, considering the social and cultural context of Afghanistan and the admissions of female patients (around 15%). The presence of female staff is even more difficult in the rural and remote areas, where usually FATPs are located. These areas are more conservative and local community is more respectful of local traditions which do not facilitate female employment. In this regards, the presence of female staff in the FATPs will be encouraged trying to involve as female health assistants those women who already have a relative working in the same centre.

ENVIRONMENTAL IMPACT

	Emergency has installed, in Kabul Trauma Surgical Centre, an advanced waste management system (a waste grinder machine - Shredder) that drastically reduces the environmental impact of the centre. Basically, waste is treated by the grinder machine and collected in sacks, which are sterilised through an autoclave and later delivered to municipality for their disposal. Mitigation actions taken against the environmental impact are represented also by the specific waste management system implemented in the Surgical Centre for the waste of medical materials and items.
Protection Mainstreaming	EMERGENCY guarantees the access to free medical care respecting the principle of non discrimination: priority access to health assistance is only based on medical criteria and the dignity of patients is considered as a priority by all international and national staff employed in Kabul Surgical Centre. In regards to the employment policy, there is no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation. All the facilities EMERGENCY has opened or intends to open are located in areas that have been assigned high or very high scores by the Health Cluster needs analysis, where active fighting is heavy and security situation is volatile. Security, considered in all its aspects, and protection of health workers and beneficiaries is a priority for EMERGENCY. For this reason, EMERGENCY facilities are clearly recognizable (painted in white with red logo on the walls), as its ambulances, which are provided with EMERGENCY logo and flag and always cover the same roads. EMERGENCY neutrality is periodically reaffirmed to every part in conflict, FATPs treat everyone in need. To guarantee the access to persons with reduced mobility, most of FATPs facilities are equipped with ramps or other infrastructures, so that safety and dignity of beneficiaries is safeguarded. Confidentiality and privacy are respected, staff is trained to promote hygienic and awareness campaigns among beneficiaries.
Safety and Security	EMERGENCY's independence and neutrality are recognized and esteemed by the majority of the Afghan population and represent the key strategy to deal with security and access related issues: this ensures in fact successful negotiation with all parties involved in conflict for EMERGENCY's intervention. EMERGENCY's neutrality is clearly reaffirmed on regular basis to all parts in conflict; promotion of proactive participation of local communities and stakeholders in FATPs opening represents an important element to ensure acceptance and staff security and to guarantee a smooth running of FATPs future activities. Moreover, EMERGENCY adopts a high profile approach regarding security issues: EMERGENCY logo is clearly visible and known everywhere, also on its ambulances, which use always the same itineraries. All the facilities EMERGENCY has opened or intends to open are located in areas that have been assigned high or very high scores by the Health Cluster needs analysis. Therefore security issue is of a great importance; for this reason EMERGENCY constantly monitors security situation, to avoid to put staff employed in war-torn areas in danger: telephone contacts are regularly ensured between FATPs supervisors and management staff (international Field Officer, Programme Coordinator, Kabul Medical Coordinator) and monitoring trips of local field officer are organized periodically. In case of movements of the front line or changes of war intensity EMERGENCY is ready to relocate FATPs in other areas.
Access	EMERGENCY's independence and neutrality, together with the quality of health services provided, built in 16 years of presence in Afghanistan, is recognized and esteemed by the majority of the Afghan population and represents the key strategy to deal with security and access related issues: this ensures in fact successful negotiation with all parties involved in conflict for the intervention of EMERGENCY in local areas. The opening of all FATPs EMERGENCY is running or intends to run has been requested by local communities and other health stakeholders to address the increasing need of emergency health services; to understand the situation and the needs of local population feasibility studies have been conducted and local authorities and elders have been met and questioned: local awareness and acceptance are essential to guarantee full support to the intervention.

**BUDGET**

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	FATPs cleaners This line includes the gross salary for 2 cleaner for the following FATPs: Ghazni, Andar, Maidanshar, Sheikabad, Gardez, Pul I Alam, Mirbachakot, Tagab. Their job is directly related to guarantee high hygienic standards 24/7.	S	16	122	12	100.00%	23,424.00
1.2	FATPs Health service providers This line includes the gross salary for: 1 doctor 6 nurses and 1 female health assistant for Andar FATP; 6 nurses and 1 female health assistant for Gardez FATP; 1 doctor, 1 supervisor, 1 female health assistant and 6 nurses for Ghazni FATP, 1 supervisor, 1 female health assistant and 5 nurses for Maidanshar FATP; 1 supervisor, 1 female health assistant and 6 nurses for Mirbachakot FATP, 1 supervisor, 1 female health assistant and 6 nurses for Pul I Alam FATP, 1 supervisor, 1 female health assistant and 6 nurses for Sheikabad FATP, 1 supervisor, 1 female health assistant and 6 nurses for Tagab FATP, 1 national field officer. The health assistants and nurses provide standardized high quality health care and referral for war and civilian trauma patients. Health assistants are employed in places where nurses are not available and both the professional figures receive, according to their knowledge, a proper training in trauma management in Kabul Surgical Centre. Supervisors are in charge for the good functioning of the FATP; in particular, they are responsible for the relations between the population, local authorities and Emergency, the communication with Emergency field officer regarding security issues and patients' management and the supply/consumption of medical materials. In distant locations, doctors are employed to guarantee a proper follow up and high standard quality cares to victims. In order to provide 24/7 service and 2 health service providers always present, the minimum number of staff required is 6 health assistants/nurses. The health services provided by FATPs are supervised and monitored by one national field officer, responsible for the Central Region.	D	64	170	12	100.00%	130,560.00
1.3	New FATPs cleaners This line includes the gross salary: 2 cleaners for 12 months for Chark FATP, 2 cleaners for 11 months for Gurband FATP, 2 cleaners for 10 months for Barakibarak FATP. Their job is directly related to guarantee high hygienic standards 24/7.	S	6	115	11	100.00%	7,590.00
1.4	New FATPs health service providers This line includes the gross salary for: 6 health assistants and 1 female health assistant for Gurband and Barakibarak FATPs, and 6 health assistants, 1 supervisor and 1 female health assistant for Chark FATP. The health assistants and nurses provide standardized high quality health care and referral for war and civilian trauma patients. Health assistants are employed in places where nurses are not available and both the professional figures receive, according to their knowledge, a proper training in trauma management in Kabul Trauma Center. In order to provide 24/7 service and 2 health service providers always present, the minimum number of staff required is 6 health assistants/nurses.	D	22	150	12	100.00%	39,600.00
1.5	Kabul hospital - Anesthesia This line includes the gross salary for anesthesia staff.	D	10	370	12	100.00%	44,400.00
1.6	Kabul hospital - Surgeons This line includes the gross salary for national surgeons.	D	5	820	12	100.00%	49,200.00
1.7	Kabul hospital - Nurses This line includes the gross salary for national nurses.	D	50	215	12	100.00%	129,000.00
1.8	Kabul hospital - Cleaners This line includes the gross salary of cleaners.	S	20	170	12	100.00%	40,800.00
1.9	Kabul hospital - Non medical staff This line includes the gross salary for 6 people working in the laundry department and 11 people working as kitchen staff. Their salary is included between 140 USD and 200 USD, for an average of 170 USD.	S	17	170	12	100.00%	34,680.00
1.10	Kabul hospital - International medical staff This line includes 1 international surgeon and 2 international nurses. The international surgeon is the supervisor and trainer of the national surgeons, in charge for the application of international medical standards. The international nurses guarantee that high quality care and standardized protocols are followed and maintained by national staff during all health care process.	D	3	3850	12	100.00%	138,600.00
<b>Section Total</b>							637,854.00

**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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Medicines for existing FATPs This line includes the supply of drugs and consumables delivered on a monthly basis to FATPs. The cost has been estimated according to past consumption. A detailed list of drugs and	D	8	400	12	100.00%	38,400.00

	consumables is attached in the documents section.						
2.2	Medicines for new FATPs	D	3	400	11	100.00%	13,200.00
	This line includes the supply of drugs and consumables delivered on a monthly basis to the 3 new FATPs. Specifically, it includes 12 month supply for Chark FATP, 11 month supply for Gurband FATP, 10 month supply for Barakibarak FATP. The cost has been estimated according to the consumption of new FATPs opened in the past. A detailed list of drugs and consumables is attached in the documents section.						
2.3	Medicines for surgical trauma centre	D	1	25000	12	100.00%	300,000.00
	This line includes the supply of drugs and consumables bought on a monthly basis by Kabul surgical trauma centre. The cost has been estimated according to past consumption. A detailed list of drugs and consumables is attached in the documents section.						
2.4	Renovation works and refurbishing 2 new FATPs	D	2	7500	1	100.00%	15,000.00
	This line includes all the renovation works and small repairs to be done in Ghorband and Barakibarak to adapt the existing buildings to Emergency health and hygiene standards. It includes also the purchase of the furniture necessary to implement medical activities. For the construction costs the estimation has been done on the basis of a standard rehabilitation of an First Aid Trauma Post and evaluation surveys performed on the selected areas. A detailed BoQ is attached in the documents section.						
2.5	Small Renovation and refurbishing for Chark FATP	D	1	3000	1	100.00%	3,000.00
	This line includes small repairs to be done in Chark to adapt the existing PHC building to a FATP. It includes also the purchase of the furniture necessary to implement medical activities.						
2.6	Food for patients	D	1	3220	12	100.00%	38,640.00
	Food for patients is intended to cover the diet of the patients, according to their particular and specific health condition. The cost has been estimated according to past consumption, the list is attached in the documents section.						
	<b>Section Total</b>						408,240.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Equipment for new FATPs	D	3	500	1	100.00%	1,500.00
	This line includes the purchase of 3 generators and 3 autoclaves for: Chark, Ghorband and Barakibarak FATPs, basic equipment necessary to perform the FATPs activities.						
3.2	Medical equipment for new and existing FATPs	D	11	300	1	100.00%	3,300.00
	Every FATP will be provided with spinal boards and 2 oxygen balloons for a total purchase of 15 spinal boards and 25 oxygen balloons. Taking into consideration the distance between the FATP and Kabul Trauma Surgical Centre and the number of referrals, some FATPs will be provided with 2 spinal boards (Ghazni, Andar, Tagab and Gardez FATP). 3 oxygen balloons will be kept in Kabul Trauma Surgical Centre as replacement for the empty ones.						
3.3	Medical Equipment for Kabul Trauma Surgical Centre	D	1	50000	1	100.00%	50,000.00
	This line includes the purchase of medical equipment, essential for the functioning of the surgical centre and the patients treatment. Specifically, medical equipment is composed by syringe pumps, infusion pumps, OPD stretchers, 4 fluid warmers and other surgical instruments. A detailed list is attached in the documents section.						
	<b>Section Total</b>						54,800.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Ambulance rent for existing FATPs	D	8	600	12	100.00%	57,600.00
	This line includes ambulance rents for the following FATPs: Ghazni, Andar, Maidanshar, Sheikabad, Gardez, Pul I Alam, Mirbachakot, Tagab. The maintenance of the vehicles and the drivers salary are included in the rent cost, while fuel expenditure will be paid according to number of referred patients. The ambulances will be parked 24/7 in the FATPs compound and the referral service provided at any time. Ambulances are rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local areas.						
4.2	Ambulance rent for new FATPs	D	3	600	11	100.00%	19,800.00
	This line includes a 12 month rent for Chark FATP, 11 month rent for Gurband FATP, 10 month rent for Barakibarak FATP. The maintenance of the vehicles and the drivers salary are included in the rent cost, while fuel expenditure will be paid according to number of referred patients. The ambulances will be parked 24/7 in the FATPs compound and the referral service provided at any time. Ambulances are rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local area.						
4.3	Staff bus	S	5	1040	12	100.00%	62,400.00
	This line is included the rent of 5 bus for the transportation of national staff working in Kabul Surgical Trauma Centre.						
	<b>Section Total</b>						139,800.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Flight ticket for International Staff	S	3	1000	1	100.00%	3,000.00
	3 flights are foreseen for international staff in missions.						
5.2	Flight ticket for monitoring missions from Humanitarian Office	D	2	1000	1	100.00%	2,000.00
	2 flights are foreseen for monitoring mission from EMERGENCY Humanitarian Office (HQ)						
	<b>Section Total</b>						5,000.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	<b>Section Total</b>						0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Fuel for ambulances of existing FATPs	S	8	250	12	100.00%	24,000.00
	Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to the surgical trauma centres it will be provided with a certain amount of liters of fuel. distance between the FATPs and the referral trauma surgical centre. The estimation has been done according to the distance between the FATPs and the referral trauma surgical centre, the vehicle rented and the conditions of the road. (Unit quantity is the # of old FATPs, Unit Cost is average costs for fuel (in liters) per months)						
7.2	Fuel for ambulances of new FATPs	S	3	200	11	100.00%	6,600.00
	Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to one of the surgical trauma centre it will be provided with a certain amount of litres of fuel. defined in the contract, according to the distance between the FATPs and the referral trauma surgical centre. The estimation has been done according to the distance between the						

	FATPs and the referral trauma surgical centre, the vehicle rented and the conditions of the road. This line includes a 12 month supply for for Chark FATP, 11 month for Ghorband FATP, 10 month for Barakibarak FATP (Unit quantity is the # of new FATPs, Unit Cost is average costs for fuel (in liters) per months, considering shorter distances and newly establishment)								
7.3	FATPs running costs	S	11	250	12		100.00%		33,000.00
	This line includes monthly supply of fuel for generators, stationary and maintenance costs and una tantum uniforms. The estimation has been done according to previous experience. (Unit quantity is the # of all FATPs, Unit Cost is average costs for fuel (in liters) per months)								
7.4	Community awareness radio announcement	D	11	100	3		100.00%		3,300.00
	Radio announcements will be broadcast in every province involved in the project, to ensure the population is well aware of the availability of FATPs health services. The estimation has been done according to previous experience.								
7.5	Fuel for generator and heating system in Kabul Surgical Centre	S	1	2500	12		100.00%		30,000.00
	Fuel for generator and heating system is intended to cover the energy costs of the EMERGENCY Kabul Surgical Centre. The hospital is provided with 3 generators: 1 Olympian Caterpillar 48 kw, 1 Marapco 176 kw, 1 Perkins 220 kw. The first one is directly connected to the x ray department, the other 2 are used to provide electricity to the entire hospital in case of absence of city power. The consumption of the surgical centre, calculated in liters, varies according to the season and the availability of city power: generally, fuel consumption is very high during the winter season (5,000 lt of diesel, 1500 lt of petrol just for the heating system is the average consumption), while it decreases during the summer (400 lt is the average consumption of generators during summer time). The expenditure has been estimated according to the past average consumption per month.								
7.6	Kabul Surgical Centre maintenance purchasing and works	S	1	4800	12		100.00%		57,600.00
	This lines includes 12 months of general costs of maintenance both in terms of purchasing and works, aim at guaranteeing the general maintenance of the EMERGENCY Kabul Surgical Centre. A list is attached in the documents section.								
	<b>Section Total</b>								154,500.00

<b>Sub Total Direct Cost</b>	1,400,194.00
<b>Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)</b>	7%
<b>Audit Cost (For NGO, in percent)</b>	0.233612487796918%
<b>PSC Amount</b>	98,013.58

Quarterly Budget Details for PSC Amount	<b>2015</b>			<b>2016</b>		<b>Total</b>
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	0.00

<b>Total Fund Project Cost</b>	1,498,207.58
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**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Kabul -> Kabul	75	3685	878	3210	1077	8850	
Kabul -> Mirbachakot	2	2098	500	1828	613	5039	
Kapisa -> Tagab	2	1848	441	1610	540	4439	
Parwan -> Ghorband	3	558	133	487	163	1341	
Wardak -> Maydanshahr	2	595	142	519	174	1430	
Wardak -> Saydabad	2	699	167	609	204	1679	
Logar -> Pul-e- Alam	2	779	186	678	228	1871	
Logar -> Barakibarak	3	604	144	526	176	1450	
Logar -> Charkh	3	699	167	609	204	1679	
Ghazni -> Ghazni	2	2440	582	2126	713	5861	
Ghazni -> Andar	2	1316	314	1146	385	3161	
Paktya -> Gardez	2	666	159	580	195	1600	

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

**DOCUMENTS**

Document Description
1. FINAL.pdf
2. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
3. CHF Afghanistan - Visibility and Communication Guidance.pdf
4. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
5. Beneficiary breakdown CHF proposal code 328.xlsx
6. to be deleted
7. Line 2 Pharmacy.xls
8. 2.4 Renovation works.xls
9. 2.6 Food for patients.xls
10. 3.3 Medical equipment.xls
11. 7.6 Technical purchasing and works.xls

