

Project Proposal

Organization	MRCA (Medical Refresher Courses for Afghans)					
Project Title	Provision of Health Services for conflict affected populations and displaced population of Farah, Logar and Paktia provinces					
Fund Code	AFG-15/O580/SA1/H/INGO/342					
Cluster	Primary cluster		Sub cluster			
	HEALTH		None			
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals		Allocation Category Type			
Project budget in US\$	453,336.34		Planned project duration		12 months	
Planned Start Date	01/06/2015		Planned End Date		31/05/2016	
OPS Details	OPS Code		OPS Budget		0.00	
	OPS Project Ranking		OPS Gender Marker			
Project Summary	<p>The project will focus on addressing the emergency health needs of the population in three afghan provinces: Farah, Logar and Paktia, complementing, without overlapping, with the already existing Basic Package of Health Services (BPHS) / Essential Package of Hospital Services (EPHS) activities. The health cluster priorities will be addressed in continuation of the work already done to reduce the mortality and morbidity with a particular focus on the ongoing conflict in the country: providing life-saving health trauma services in conflict affected areas; and covering the emergency health needs of the displaced populations. The project will focus on improving the response capacity of the health facilities in terms of life saving activities in Farah, Logar and Paktia provinces.</p> <p>For doing so, MRCA will ensure that the Provincial Hospitals (PH) of Farah and Logar have the required infrastructures, equipment, supplies and drugs to face mass casualties. MRCA will make sure that each PH is ready to be the referral trauma center of the province and therefore to receive a large number of injured patients. This means to have fully equipped male and female emergency wards, triage room, as well as surgical supplies. The staffs of the PHs have already been trained or will be trained within the year 2015 by the World Health Organization (WHO) on mass casualty management, triage and blood transfusion. The project will focus on the expansion of the provincial hospital services in Logar province through the construction of an emergency ward in the PH; the equipment of the emergency wards and operation theaters of both Logar and Farah PHs; considering surgical and blood bank supplies the two PHs. In Farah PH, an orthopedic surgeon will be hired to work on the trauma cases and the necessary medical equipment and supplies for orthopedic surgeries will be delivered. This position is not planned in the EPHS/MoPH requirements for PH. However MRCA identified this need because of the important distance between Farah city and the Regional Hospital of Herat and the insecure road condition. Therefore it seems necessary that Farah PH becomes a referral point for all the emergency war orthopedic surgeries in Farah province.</p> <p>In order to make available the best quality of treatment and to extend the coverage of health care in the white areas in 5 districts of Paktia province, MRCA will also take over 7 Sub Health Centers (SHC) from HealthNet TPO currently under WHO funding. These 7 SHCs are not part of the standard list of health facilities under the BPHS but are essential to cover the health needs in areas where the population is strongly affected by the conflict and the difficult and volatile security situation. MRCA will manage the full health facilities by paying and hiring their staffs, supplying the drugs and equipment and carrying small renovations to 4 of the 7 SHC buildings.</p> <p>Another component of this project will be to meet the health needs of the population affected by mass displacement in Farah and Paktia provinces. MRCA will establish two emergency Mobile Health Teams (MHT) for the IDP and returnee families settled in 3 townships around Gardez city and 32 townships in and around Farah city. The two MHTs will provide basic primary health care to the IDP and returnee families as well as health and basic hygiene education sessions using the standard messages delivered by the afghan Ministry of Public Health (MoPH) and distributing basic hygiene items. In parallel of the MHTs, an increased referral will be developed by insuring the good knowledge of the referral system as well as providing the transportation for delivery cases and obstetric complications to the PHs (the MHT vehicle will transport the patients to the PHs). By working in these settlements MRCA will also reach, besides the IDPs and returnees, the whole population of the slum areas located around Farah and Gardez.</p>					
Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	70583	50377	12461	12592	146,013
	Total beneficiaries include the following:					
	Internally Displaced People	12845	13370	3211	3342	32768
	Other	0	0	0	0	0
	Other	0	0	0	0	0
Indirect Beneficiaries	Catchment Population					
Link with the Allocation Strategy	<p>MRCA project for Farah, Logar and Paktia provinces, answers to the priority of the Common Humanitarian Fund (CHF) allocation strategy paper (March 2015) by working on the consequences of the increasing casualties linked with the ongoing conflict in the country. In the project, two main victims of the conflict are identified: the trauma patients and the displaced population, both Internally Displaced People (IDP) and returnees. The life saving humanitarian MRCA project for Farah, Logar and Paktia provinces, answers to the priority of the Common Humanitarian Fund (CHF) allocation strategy paper (March 2015) by working on the consequences of the increasing casualties linked with the ongoing conflict in the country. In the project, two main victims of the conflict are identified: the trauma patients and the displaced population, both Internally Displaced People (IDP) and returnees. The life saving humanitarian assistance that MRCA will provide to the trauma patients and the displaced populations complies with a long term vision through the improvement of existing health facilities in the provinces. The geographical areas of intervention are known as being areas of active fighting with a high number of civilian casualties. The main goal of MRCA is to provide the required infrastructures in order to be able to treat the high number of war trauma patients arriving in the health facilities. Since MRCA will work on improving some of the already existing facilities, the project represents a straight continuation of the work of the different stakeholders involved in the health sector and a strengthening of the previous actions. The ongoing insecurity is resulting in a displacement of the population who settles in some informal townships without any access to basic health care. The health of these vulnerable populations affected by mass displacement is not covered by the current BPHS program in the different provinces. Therefore a complementary approach is needed in order to answer to this critical situation. The establishment of Mobile Health Clinics in Farah and Paktia provinces to deliver health care to these townships and to refer the patients to adequate fixed health facilities will be the solution implemented by MRCA.</p> <p>All these activities are not funded under the System Enhancing for Health Actions in Transition (SEHAT) and will not overlap but complete the BPHS/EPHS.</p>					
Sub-Grants to Implementing Partners	Other funding Secured For the Same Project (to date)					
Organization focal point contact details	Name	Title	Phone	Email		
	Valentine Germain	Coordinator	0790587622	valentine@mrca-asso.org		
BACKGROUND INFORMATION						
1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	<p>Farah is a province with a high level of fighting activities and the presence of opposition forces inside the main cities. In 2014, 3 760 trauma patients and 449 war wounded patients received treatment in Farah PH, 1 214 patients received blood transfusion (HMIS data). People are coming from around the city to get better level of health care in the PH. There is no separate hospital for army staffs; therefore the injured army staffs are also referred to the PH increasing the number of patients. Moreover, the security situation prevents most of the patients to be transferred with an appropriate vehicle to Herat regional hospital. IDPs and returnees from Iran are based in townships and do not have access to health care despite their vulnerability. 4 057 IDPs families, 26 289 IDPs individuals (source: UNHCR February 2015) are living in 32 settlements around and in Farah city. The hygiene and health situation in the settlements is worrying. In most of the settlements, there are no proper latrines and only one water well. As seen in provinces such as Paktyka and Khost with high number of refugees, the risk is the development of a large number of communicable diseases such as diarrhea or Acute Respiratory Infections (ARI) for children. To answer to this situation a Sub Health Centre (SHC) is being transferred from Gulistan district to Sharak-e-Mahajreen but is not functional yet. No support to referral will be done through the SHC. Logar is a province with a high rate of fighting where the presence of opposition forces is important in most of the districts. In these districts the population faces difficulties to</p>					

access to health services, due to weather condition in winter but mainly because of the presence of fighting zones preventing people to travel. The PH is located on the main Kabul-Gardez road which is the theatre of numerous traffic accidents referred to the PH, moreover the province is top ranked in terms of conflict injuries which explain the need for an efficient trauma service. The PH treated 9 132 trauma cases and 883 war wounded cases in 2014, 367 patients received blood transfusion in the PH (HMIS data). The current Baraki DH does not have surgeon and the First Aid Trauma Post (FATP) in Pul-e-Alam must refer the patients to the PH. The fighting season bring more civilians and army casualties to the PH. In the past months, several blasts occurred in the main city of Pul e Alam, bringing directly an important number of casualties in the emergency room of the PH. Paktia province is facing an increasing number of casualties and insecurities especially in the districts close to the Pakistani border. However, some parts of these districts are considered as white areas, as not covered by the BPHS services and the population has no access to health care despite the great need. Seven Health Sub Centers (SHC) have been opened in complement to BPHS program in order to cover the needs of these populations very badly affected by the conflict. In 2013 HealthNet TPO conducted a Lot Quality Assurance Sampling (LQAS) survey in Paktia which included the 5 targets districts where the 7 HSCs are located. The result of the survey highlighted the fact that most of the priority health indicators (reproductive health, safe motherhood, child health) were far from being reached due to scattered population and difficult accessibility to nearby health facilities. The survey also pointed out the areas underserved which need more attention in terms of provision of service delivery. The significant conflict affecting the province induced the displacement of population. According to Paktia returnee directorate 1 022 families (6 480 individuals) are currently living in Gardez district without any access to health services. The water system is handled by international organizations inside the camps. The hygiene and sanitation conditions result in the development of number of communicable diseases within the IDP families.

2. Needs assessment. 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)

Farah, Logar and Paktia are three provinces with high level of fighting activities making difficult for the population to have access to health services. The improvement of the referral system is the key to provide necessary and timely treatment at Provincial Hospital level. In Farah city, MRCA observed a lack of appropriate structures to deal with the important mass casualties events and be able to provide lifesaving services to war victims: there are only 2 other HF than the PH, one CHC and one BHC, in a city of 110 400 inhabitants. As there is no separate hospital for the Afghan National Army and Police staffs the number of trauma cases referred to the PH is very important. In 2014, from 449 war wounded patients received in Farah PH, 234 were civilians and 215 were ANA/Police, 584 OPD consultations were provided for ANA. Mass casualties happened in 2013 with a large explosion in town. Every day war wounded patients are referred to Farah provincial hospital from Farah city and the surrounding districts (Balablok, Pusht-e road, Pushti koh and Bakwa) which are heavy fighting areas. Farah hospital is located at four hours distance from Herat regional hospital which is the referral facility for orthopedic care. A specialist orthopedic service is not part of the EPHS strategy for provincial hospital. However recruiting an orthopedic surgeon in Farah PH will be a key intervention to cover more largely the war wounded cases in the province. The current layout out of Logar PH is not appropriate for emergency and mass casualties' treatment. The current infrastructure is not adequate for the large number of patients referred in the PH from the capital city of the province when there is a bomb blast and from other districts. A new building is under construction since 4 years but not yet completed. Therefore, as no specific date for the delivery of the new building is settled, the construction of a fully equipped emergency room with a capacity of 10 beds is much needed. The main function of the ER will be to receive, triage, stabilize and provide emergency management to patients. The emergency ward will be constructed near to entrance in the ground floor with easy access to ambulance services. It will cover the following areas: ambulance entrance, reception/triage/waiting area, resuscitation area, and acute treatment area for non-ambulant patients, consultation area for ambulant patients, staff workstations, bathroom/toilets and a staff room. This construction work as well as the equipment of these rooms will participate to the good implementation of the Mass Casualty Management plan in the province. In 2014, 9 132 trauma cases and 883 war wounded patients received treatment in Logar provincial hospital (HMIS). In Farah and Paktia, IDP and returnee families (4 057 families in Farah city and 1 022 families in Paktia) have limited access to health care and vaccination services and need support to improve their hygiene and health conditions. The establishment of two MHTs will improve the health status of these families and will refer the obstetric complicated cases to Provincial hospitals. In Paktia province, Chamkani, Zazi Aryob, Dandipathan, Lajamangal, Ahmadvil are the insecure districts. Active fighting in these districts has limited the access of population to health services especially women which are not allowed to go to the health facility without a male escort. Currently 7 Health Sub Centers are active through WHO funding in order to improve the access of families to emergency health services in the province. The current 7 HSC, are all located more than 10km far from the nearest health facility. They all provide services in MoPH constructed building but are not included in the current SEHAT. The total beneficiaries of these 7 HSC are 92 500 inhabitants.

3. Description Of Beneficiaries

Beneficiaries will be mainly the whole population of the 3 provinces (534 000 inhabitants in Paktia, 373 100 inhabitants in Logar and 490 600 inhabitants in Farah) as the referral system and the mass casualties' treatment will be accessible for the whole population. More specifically:
 - Farah trauma and war wounded patients referred to the PH – 4 010 patients – including 3 760 trauma cases and 449 war wounded patients (based on 2014 HMIS reports)
 - Logar trauma and war wounded patients referred to the PH – 9 230 patients – including 9 132 trauma cases and 883 war wounded patients (based on 2014 HMIS reports).
 - Paktia population covered by the 7 Sub Health Centers in 5 districts – 92 500 people.
 - IDPs in Farah – 4 057 households (26 289 people) – including 6 046 CBA, 946 pregnant women, 5 258 under 5 children (based on UNHCR 2015 figures).
 - IDPs in Paktia - 1 022 households (6 480 people) - including 1 490 CBA, 259 pregnant women, 1 296 under 5 children (based on Paktia returnee directorate figures).

4. Grant Request Justification.

Considering the gap existing between the budget allocation under SEHAT (around 5 USD per capita according to OCHA Allocation Strategy Paper - March 2015) and the requested level to be reached (between 15 and 20 USD per capita according to the World Health Organization recommendation), the treatment for trauma and war wounded patients and lifesaving activities must be supported outside of the SEHAT. Since the launch of the BPHS and then EPHS systems, the coverage for health care has widened in most provinces of Afghanistan. However challenges remain and some areas or populations are currently under served. Farah, Logar and Paktia provinces fall into those examples where the BPHS/EPHS implementation is not able to cover all the areas of services. As EPHS implementer in Logar and Farah, previous BPHS implementer in Logar, and future BPHS implementer in Paktia, MRCA deeply analyzed the available data and needs in those provinces, crosschecked and validated with the Provincial Health Directorates (PHD) and hospitals directors. The three provinces of intervention are considered as priority areas in term of negative impact of the conflict. The EPHS structure of the Provincial Hospitals as mentioned in the SEHAT guidelines for PHs and based on CSO data does not always considered the possible increase of casualties cases as well as the different kind of trauma cases which are yet a reality in the provinces where MRCA would like to implement this project. Increasing the emergency response capacity of the PHs which are meant to be the referral hospitals in the provinces is therefore an essential component of the life-saving activities recommended by OCHA. In Logar and Farah provinces the coordination with the BPHS Implementers will be an essential step in order to enable the referral of trauma cases and war wounded patients to the emergency wards of the Provincial Hospitals. The condition of the Internally Displaced People (IDP) and returnees settled in Farah and Paktia provinces will be improved especially in term of health care coverage when not covered by the BPHS activities. The situation of the IDPs and returnees in Paktia and Farah provinces is not managed in an organized camp, which make the access of basic needs such as health complicated. Therefore, MRCA will establish a coordination and communication with the elders, to provide health services and organize a referral with transportation to the hospital would increase their capacity to have access to health care. MRCA already run a Mobile Health Team for IDPs in Kapisa province and will benefit from its past experience. For the implementation of this project MRCA will keep close contact with Provincial Public Health Director (PPHD), the Ministry of Public Health (MoPH), local communities, IDP representatives and BPHS/EPHS implementers. The coordination will be essential to ensure mass casualties treatment and referral system. The involvement of MRCA in clusters will allow the coordination with other actors and avoid duplication.

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

LOGICAL FRAMEWORK

Overall project objective

To reduce avoidable morbidity and mortality among the vulnerable population affected by mass displacement or living conflict affected areas in Farah, Logar and Paktia provinces.

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	100

Outcome 1	Reduction of mortality for mass casualties and trauma cases in Farah, Logar provinces	
Code	Description	Assumptions & Risks
Output 1.1	The MCM plan is effectively implemented in Logar and Farah Provincial hospitals	In order to be able to implement the activities linked with this outcome it is important to assume that: 1. The security will remain stable to allow the access for the implementation of the activities; 2. The turnover of already trained staff on MCM will be low; 3. The HF are staffed

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					2

	Means of Verification:	Project progress report, end of project report The target is calculated according to the project proposal				
Indicator 1.1.2	HEALTH	Number of war wounded patients effectively treated in hospitals				1332
	Means of Verification:	Hospital monthly report, Project progress report, end of project report The target is based on 2014 data received from Logar (883) and Farah (449 cases) PHs				
Indicator 1.1.3	HEALTH	Maximum % of case fatality rate from war wounded patient in Logar and Farah PH				1
	Means of Verification:	Hospital monthly report, Project progress report, end of project report The target is based on International standards				
Indicator 1.1.4	HEALTH	Number of orthopedic and trauma cases treated in patients ward of Farah PH				13525
	Means of Verification:	Hospital monthly report, Project progress report, end of project report. The target is based on 2014 HMIS data (the target includes both orthopedic and trauma cases since in HMIS there is no separate figures)				
Indicator 1.1.5	HEALTH	Number of patients treated in the emergency ward of Logar PH				3390
	Means of Verification:	Hospital monthly report, Project progress report, end of project report. The target is based on 2014 HMIS data.				

Activities

Activity 1.1.1	Preparation of the construction of the emergency ward in Logar PH At the beginning of the project, MRCA, in coordination with the local authorities and the community representatives and based on WHO/MoPH standard drawings, will design the extension map, update and finalize the BoQ for the construction and start the bidding process in order to be able to sign a contract with a construction company selected according to procurement process.
Activity 1.1.2	Construction of the emergency ward in Logar PH A 10 beds extension of the current building will be built in order to improve the access of the population to First Aid care and trauma services. The extension will follow the MoPH guidelines for the construction of an emergency department in a PH (emergency wards, waiting /triage area...)
Activity 1.1.3	Purchase and delivery of Medical equipment and non medical for the emergency ward in Logar PH Once the new emergency ward constructed, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional emergency health services in Logar province for the war wounded patients as well as other emergency cases.
Activity 1.1.4	Recruitment of an orthopedic surgeon in Farah provincial hospital MRCA will advertise the job position for the recruitment of an orthopedic surgeon based in Farah PH. According to 2014 figures, 65% of the war wounded patients of Farah PH needed orthopedic surgery.
Activity 1.1.5	Purchase and delivery of orthopedic equipment in Farah Provincial hospital After the recruitment of an orthopedic surgeon for Farah PH, MRCA will purchase and deliver specific orthopedic equipment (see list attached to the proposal) in order to enable the orthopedic surgeon to operate the patients needing orthopedic surgery with a special focus on the war wounded patients.
Activity 1.1.6	Purchase and delivery of surgical and blood bank supplies for war wounded patient in Logar and Farah provincial hospitals This project aims to make Logar and Farah PH the referral health facilities for trauma services and war wounded cases. In order to treat some extra casualties, the PH will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the EPHS standard list. Therefore MRCA will purchase and deliver these items to the PHs.
Activity 1.1.7	Communication and Visibility: MRCA will provide stories from the field in order to illustrate the work done thanks to the CHF funds. These stories will illustrate the activities and complete the usual quantitative monitoring of the project. Once validated by OCHA the stories will be shared to illustrate the value added by the cooperation between MRCA and the CHF to the delivery of humanitarian assistance in Logar, Farah and Paktia provinces of Afghanistan. Moreover the MandE teams will be asked to take pictures of the project during the monitoring visits in order to be able to illustrate and show the impact of the project with before/after pictures in the progress reports and final report shared with OCHA.

Outcome 2	Improvement of the health condition of IDPs and returnees in 32 townships (see annex) of Farah district (Farah province) and 3 townships of Gardez district (Paktia province)	
Code	Description	Assumptions & Risks
Output 2.1	The access to health care services, follow up and basic hygiene and health education is achieved for IDP and returnees	In order to be able to implement the activities linked with this outcome it is important to assume that: 1. The security will remain stable to allow the staff to have access to the communities 2. The community acceptance towards the project is good 3. The turnover of staff in the MHT is low

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	% of children < 2 vaccinated with Penta 3					80
	Means of Verification:	MHT vaccination report, end of project report The target is based on MoPH EPI policy					
Indicator 2.1.2	HEALTH	Number of consultation per year					32768
	Means of Verification:	MHT monthly report, End of project report The target is based on International standards					
Indicator 2.1.3	HEALTH	% of pregnant women who received ANC/PNC services					65
	Means of Verification:	MHT monthly report, End of project report The target is based on MoPH/EPI policy.					
Indicator 2.1.4	HEALTH	% of pregnant women received TT2+					80
	Means of Verification:	MHT monthly report, End of project report The target is based on MoPH/EPI policy.					
Indicator 2.1.5	HEALTH	Number of health sessions conducted for the IDPs and returnees in Farah and Paktia					720

	Means of Verification:	MHT monthly report, End of project report. The target is based on 20 health sessions per month for each MHT.							
Indicator 2.1.6	HEALTH	% of complicated obstetric cases referred to Paktia and Farah PHs							100
	Means of Verification:	MHT monthly report, End of project report The target is based on International standards							

Activities

Activity 2.1.1	Logistics and HR preparation of MHT. At the beginning of the project MRCA will focus on recruiting MHT staff (one vaccinator, one nurse, one MD, on health educator), renting the two vehicles and equipping them with medical and non medical equipment in order to have two fully functional Mobile Health Teams for the project.
Activity 2.1.2	Implement MHT to deliver health care services and health and basic hygiene education sessions to the IDPs During the all duration of the project the MHTs will offer to the IDPs/returnees in the targeted settlements, primary health care services such as EPI, MCH, IMCI as well as other health related services based on the needs and availability. Basic hygiene education will be also delivered by the health educator using the standard messages delivered by the afghan Ministry of Public Health (MoPH) and distributing basic hygiene items.
Activity 2.1.3	Organize referral and transportation to health facilities through the MHT team The vehicles of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to the PHs.
Activity 2.1.4	Purchase drugs and supplied to MHTs MRCA will purchase and deliver drugs and supplies to the MHT according to an analysis of the consumption and the needs (see list attached to the proposal).

Outcome 3 Expanding services delivered in 5 districts of Paktia province through the implementation of 7 Health Sub Centers in underserved area.

Code	Description	Assumptions & Risks
Output 3.1	Description 7 HSCs are providing Emergency health services to the targeted population of five districts in Paktia province	In order to be able to implement the activities linked with this outcome it is important to assume that: 1. The security will remain stable to allow the access for the implementation of the activities 2. The community acceptance towards the project is good 3. The HF are staffed

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	HEALTH	Number of HSC functional					7
	Means of Verification:	end of project report and HSCs monthly report The target is calculated according to the number of HSCs not planned in the BPHS already functioning in Paktia					
Indicator 3.1.2	HEALTH	Number of consultation per year					92500
	Means of Verification:	HSC monthly report, End of project report The target is based on International standards					
Indicator 3.1.3	HEALTH	% of pregnant women who received ANC/PNC services					65
	Means of Verification:	HSC monthly report, End of project report The target is based on HMIS data for Paktia province					
Indicator 3.1.4	HEALTH	Number of HSC staff trained on 4 BPHS topics					14
	Means of Verification:	Training reports, End of project report. The target is based on the number of staff working in the 7 HSCs.					
Indicator 3.1.5	HEALTH	Per centage of deliveries attended by SBA at facility or by CHW at community level					40
	Means of Verification:	HSC monthly report, End of project report					

Activities

Activity 3.1.1	Recruitment of necessary staff All along the project duration MRCA will ensure that the 7 SHCs are fully staffed according to MoPH standards (one nurse, one midwife and one guard) and will advertise and recruit in order to avoid gaps
Activity 3.1.2	Provision of health care services through 7 HSCs MRCA will take over the 7 HSCs not part of the BPHS in order to increase the access to health for underserved populations residing in remote areas. The HSCs will health education, immunization, antenatal care, family planning, TB case detection and referral, and follow up of TB cases in coordination with community DOTS. In addition, HSCs will be able to treat infectious diseases such as diarrhea and pneumonia.
Activity 3.1.3	Provision of medical, non medical supplies and drugs to 7 HSCs MRCA will purchase and deliver medical and non medical supplies and drugs according to BPHS standard list and analysis of the needs in order to enable the HSCs to be fully functional and to cover the health needs of the un covered population of Paktia province.
Activity 3.1.4	Train 7HSCs staff on BPHS related topics The midwives and nurses working in the 7 HSCs will received 4 trainings each during the year according to BPHS training list (HMIS, IMCI, rational use of drugs, ANC/PNC, family planning, basic EmONC, common diseases & infection prevention)
Activity 3.1.5	Referral of patient to higher level HFs. HSCs will refer severe and complicated cases to higher level facilities from the 7 SHCs (Daramuqbil HSC in Dandopatan district; Madakhil HSC and Nargasi HSC in Chamkani district; Patla HSC and Sarwani Khil HSC in Zazi Aryob district; Shawat HSC in Ahmad Khil district, Sherani HSC in Laja Managal district)

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Preparation of the construction of the emergency ward in Logar PH	2015						X	X					
At the beginning of the project, MRCA, in coordination with the local authorities and the community representatives and based on WHO/MoPH standard drawings, will design the extension map, update and finalize the BoQ for the construction and start the bidding process in order to be able to sign a contract with a construction company selected according to procurement process.	2016												
Activity 1.1.2 Construction of the emergency ward in Logar PH	2015								X	X	X	X	
A 10 beds extension of the current building will be built in order to improve the access of the population to First Aid care and trauma services. The extension will follow the MoPH guidelines for the construction of an emergency department in a PH (emergency wards, waiting /triage area...)	2016												
Activity 1.1.3 Purchase and delivery of Medical equipment and non medical for the emergency ward in Logar PH	2015								X	X	X	X	
Once the new emergency ward constructed, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional emergency health services in Logar province for the war wounded patients as well as other emergency cases.	2016												
Activity 1.1.4 Recruitment of an orthopedic surgeon in Farah provincial hospital	2015						X	X	X				
MRCA will advertise the job position for the recruitment of an orthopedic surgeon based in Farah PH. According to 2014 figures, 65% of the war wounded patients of Farah PH needed orthopedic surgery.	2016												
Activity 1.1.5 Purchase and delivery of orthopedic equipment in Farah Provincial hospital	2015						X	X					
After the recruitment of an orthopedic surgeon for Farah PH, MRCA will purchase and deliver specific orthopedic equipment (see list attached to the proposal) in order to enable the orthopedic surgeon to operate the patients needing orthopedic surgery with a special focus on the war wounded patients.	2016												
Activity 1.1.6 Purchase and delivery of surgical and blood bank supplies for war wounded patient in Logar and Farah provincial hospitals	2015						X	X	X	X	X	X	X
This project aims to make Logar and Farah PH the referral health facilities for trauma services and war wounded cases. In order to treat some extra casualties, the PH will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the EPHS standard list. Therefore MRCA will purchase and deliver these items to the PHs.	2016	X	X	X	X	X							
Activity 2.1.1 Logistics and HR preparation of MHT.	2015						X	X					
At the beginning of the project MRCA will focus on recruiting MHT staff (one vaccinator, one nurse, one MD, on health educator), renting the two vehicles and equipping them with medical and non medical equipment in order to have two fully functional Mobile Health Teams for the project.	2016												
Activity 2.1.2 Implement MHT to deliver health care services and health and basic hygiene education sessions to the IDPs	2015						X	X	X	X	X	X	X
During the all duration of the project the MHTs will offer to the IDPs/returnees in the targeted settlements, primary health care services such as EPI, MCH, IMCI as well as other health related services based on the needs and availability. Basic hygiene education will be also delivered by the health educator using the standard messages delivered by the afghan Ministry of Public Health (MoPH) and distributing basic hygiene items.	2016	X	X	X	X	X							
Activity 2.1.3 Organize referral and transportation to health facilities through the MHT team	2015						X	X	X	X	X	X	X
The vehicles of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to the PHs.	2016	X	X	X	X	X							
Activity 2.1.4 Purchase drugs and supplied to MHTs	2015						X	X	X	X	X	X	X
MRCA will purchase and deliver drugs and supplies to the MHT according to an analysis of the consumption and the needs (see list attached to the proposal).	2016	X	X	X	X	X							
Activity 3.1.1 Recruitment of necessary staff	2015						X	X					
All along the project duration MRCA will ensure that the 7 SHCs are fully staffed according to MoPH standards (one nurse, one midwife and one guard) and will advertise and recruit in order to avoid gaps	2016					X							
Activity 3.1.2 Provision of health care services through 7 HSCs	2015						X	X	X	X	X	X	X
MRCA will take over the 7 HSCs not part of the BPHS in order to increase the access to health for underserved populations residing in remote areas. The HSCs will health education, immunization, antenatal care, family planning, TB case detection and referral, and follow up of TB cases in coordination with community DOTS. In addition, HSCs will be able to treat infectious diseases such as diarrhea and pneumonia.	2016	X	X	X	X	X							
Activity 3.1.3 Provision of medical, non medical supplies and drugs to 7 HSCs	2015						X	X	X	X	X	X	X
MRCA will purchase and deliver medical and non medical supplies and drugs according to BPHS standard list and analysis of the needs in order to enable the HSCs to be fully functional and to cover the health needs of the un covered population of Paktia province.	2016	X	X	X	X	X							
Activity 3.1.4 Train 7HSCs staff on BPHS related topics	2015						X	X	X	X	X	X	X
The midwives and nurses working in the 7 HSCs will received 4 trainings each during the year according to BPHS training list (HMIS, IMCI, rational use of drugs, ANC/PNC, family planning, basic EmONC, common diseases & infection prevention)	2016	X	X	X	X	X							

Activity 3.1.5 Referral of patient to higher level HFs. HSCs will refer severe and complicated cases to higher level facilities from the 7 SHCs (Daramuqbil HSC in Dandopatan district; Madakhil HSC and Nargasi HSC in Chamkani district; Patla HSC and Sarwani Khil HSC in Zazi Aryob district; Shawat HSC in Ahmad Khil district, Sherani HSC in Laja Managal district)	2015							X	X	X	X	X	X	X
	2016	X	X	X	X	X								
Activity 1.1.7 Communication and Visibility: MRCA will provide stories from the field in order to illustrate the work done thanks to the CHF funds. These stories will illustrate the activities and complete the usual quantitative monitoring of the project. Once validated by OCHA the stories will be shared to illustrate the value added by the cooperation between MRCA and the CHF to the delivery of humanitarian assistance in Logar, Farah and Paktia provinces of Afghanistan. Moreover the MandE teams will be asked to take pictures of the project during the monitoring visits in order to be able to illustrate and show the impact of the project with before/after pictures in the progress reports and final report shared with OCHA.	2015										X			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 .

With its long experience of work on health projects, MRCA has built a strong monitoring and evaluation team with a set of tools for the regular monitoring of its activities. As BPHS and EPHS implementer, MRCA medical team consisting of technical and monitoring officers, has developed an expertise in data collection and analysis at both central and field level. MRCA data collection system is linked with the Health Management Information System (HMIS) of the Afghan Ministry of Public Health and based on the number and type of consultations provided (vaccination, ANC/PNC, etc). Regular and specific monitoring missions are organized to bring to the field the central level verification on a set of targets and indicators. These exchanges of information from the field and lessons learnt from the technical teams, allow a constant follow up of project implementation and adaptation to match with the evolution of the situation. Technical and organizational trainings are also regularly provided to the monitoring teams to enable a constant improvement of their skills and capacities. The regular update of the monitoring tools, in coordination with other actors, and in particular with the MoPH is also essential. At Kabul level, MRCA will recruit a CHF Coordinator who will have the overall responsibility of implementing and monitor the project in Logar, Paktia and Farah provinces. MRCA Kabul medical team will have periodic monitoring visits of the activities of the project and on time feedback will be provided with a view of improving the services in all three provinces. In Paktia province, the health focal point will be responsible for the supervision and monitoring of the 7 HSCs as well as the MHT team and activities. In Logar and Farah provinces, the MRCA Provincial Hospitals directors will be involved in the monitoring of the project implementation at PH level. Monthly activity reports of MHT and HSC activities will be used as a tool for project progress review and monitoring. MoPH standard monitoring checklist will also be used for monitoring of the MHT and HSC activities. The community elders of target communities will also monitor MHT and HSC activities. Their feedbacks will be considered for the improvement of MHT and HSC services in the field. PPHD team monitoring and feedbacks will be shared with MRCA office and MRCA will consider them for the improvement of the project.

Finally MRCA will work with the HFU in order to implement the Remote Call Monitoring for this project. MRCA will provide a list of contacts representing the different category of stakeholders of this project (community elders, health workers, IDPs representative...) in order to enable OCHA to call them and ask the questions to monitor the impact and evolution of the project.

OTHER INFORMATION

Accountability to Affected Populations

Accountability is part of the Sphere Charter and Sphere standards and MRCA works to adhere to these principles. MRCA based its activities and its integration in the community on the accountability towards the beneficiaries in order to increase the effectiveness of the projects. MRCA spends time on explaining the work to be achieved to the elders or representatives of local communities and involves them in decision making process as much as possible, as well as in the monitoring of the activities.

MRCA for all its projects, work on 5 key points :

Information: Before starting a project, MRCA staff meets with the provincial/districts authorities, but mainly spends time in providing explanation about MRCA global projects in Afghanistan, presenting the work achieved in different provinces, the country of origin and the values of the organization to the community's elders/shuras.

The second step of the information is to inform about the design of the projects, the time frame and the necessary participation of the beneficiaries for facilitating the implementation, provide access and security, and re direct the project if the needs are not met. Listening to communities' approach and needs enables MRCA team to facilitate the implementation of the projects.

The third step is to define with the communities the coordination and to formalize the feedback from the elders, to get information about the project from both MRCA staff and beneficiaries sides. Feedback is also provided from MRCA to the communities about the trend of the project.

Representation - By including communities' elders, MRCA tends to include representatives of the most vulnerable groups, and work with health shura with the presence of female. Disabled people are included in the process in order to assess their specific needs. In some areas, the coordination with existing projects and other NGOs facilitate the work for vulnerable groups. As an example the presence of Community Health Workers could be a bridge with the vulnerable people of a community, especially for disabled children.

Decision making - The involvement of beneficiaries in the decision process for prioritization of the targets and transportation of the equipment in insecure areas give a sense of ownership and facilitate the implementation of the process. MRCA implemented these activities in most of the insecure districts of Logar and Kapisa with a great success of achievement.

Feedback - By organizing regular meetings, the feedback and complain process must be achieved. The monitoring team includes staff from main office, trained to receive feedback from the beneficiaries.

Monitoring: In MRCA past and current projects, and especially for construction and renovation purpose, communities has been fully part of the daily monitoring of the activities. Elders and shura selected their representatives to be present as foreman for the verification of the construction of the health facilities or their extension. MRCA engineer would train this selected person on the map and BoQ, and the community could both rely on MRCA monitoring on site and their own monitoring. This solution, implemented in Kapisa insecure areas, provide very satisfactory outcomes as the communities were fully involved in the project and the timing. MRCA will reproduce this in Logar and Paktia for the construction and renovation of the buildings.

Regarding this specific project, MRCA will work on the 5 keys points mentioned above and will work with the Hospital Management Board, representatives of the communities, elders and communities in the place where the HFs are settled, and will communicate with the IDPs and returnees, thought their representatives. In HFs and PHs, graphs and explications will be presented on a Board to show the achievement of the projects.

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

MRCA permanently links his actions and projects with the MoPH and PHD, participating to the Provincial Health Coordination Committee (PHCC) meetings in the provinces and coordinating with other health implementers. MRCA takes active part in the Health and Nutrition Clusters of OCHA in order to discuss about the priorities raise its concern about the areas needed for improvement (blood bank and mass casualties) and avoid duplication.

For this project, MRCA will hire one CHF coordinator based in Kabul who will have the responsibility of the overall management of the project activities. In Paktia sub office a health focal point and an admin/finance officer for the management and supervision of the MHT and the 7 HSCs. Within this project two MHTs will be established (one based in Farah city and one based in Gardez city of Paktia), they will provide five days /week health services and will spend the Thursday preparing the following week visits in the settlements according to MoPH mobile health package. One MD/Nurse, one midwife, one vaccinator and one registrar will be hired for each MHT. The MD/Nurse will deliver OPD consultations for the target population; the midwife will provide ANC/PNC and Family Planning services and will refer the delivery and obstetric complicated case to the nearest HFs (in the present cases it will be Paktia PH and Farah PH). The vaccinator will provide vaccine services to children under 2 years and will perform Tetanus (TT) vaccination for pregnant and non-pregnant women. The MHT teams will be also in charge of raising awareness in the communities through very clear messages on basic hygiene good practices and diseases prevention. For doing so they will use MoPH standard IEC messages on posters and will focus particularly on women care (delivery advices, breastfeeding for infants...).

During this project, 7 HSCs will be active in 5 insecure districts of Paktia province to provide primary health care services to the underserved population. In each HSC, one nurse, one midwife and two guards must be hired. MRCA will apply the HR recruitment rules in advertising the positions for the HSCs and selecting the best applicants. Priority will be given to the existing staffs if they fulfill the rules and requirements of MRCA HR Policy. The health sub centers will provide services to the target population base on MoPH BPHS policy. The nurse will provide OPD consultations and health education sessions, the midwife will provide ANC/PNC and Family planning services, will perform delivery services and will refer the complicated cases to closest higher level HF. Training of the HSC staff based on the BPHS training policy will be provided during the year.

For Logar provincial hospital emergency ward construction, MRCA will keep close relationship with Logar PPHD and community elders. The construction contract will be signed with a construction company base on Afghan government/UN procurement law. Medical and non-medical equipment will be purchase and supplied to emergency ward of Logar provincial hospital.

In Farah provincial hospital, one orthopedic surgeon will be hired. He will work in the hospital six days/week and will be on call at night in order to provide emergency orthopedic services to the war wounded patients. Surgical and blood bank supplies will be provided to Logar and Farah provincial hospitals on quarterly basis and based on the analysis of the monthly consumption reports of pharmacy and lab section. In all three provinces, MRCA will keep close relationship with community elders as this relation was the key success for the smooth implementation of past projects.

Participation of the salary of the current Monitoring and evaluation team, medical coordinator and finance team in Kabul will be included for a follow up of the project.

Coordination with other Organizations

Name of the organization	Areas/activities of collaboration and rationale
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in project area	1. Care of Afghan Families (CAF)/ SHDP	BPHS Implementer in Logar. Collaboration in the implementation of the referral system and the improvement of the health services in the province.
	2. CHA (Coordination of Humanitarian Assistance)	BPHS Implementer in Farah. Collaboration in the implementation of the referral system and the improvement of the health services in the province.
	3. Healthnet TPO	EPHS Implementer in Paktia. Collaboration in the implementation of the referral system and the improvement of the health services in the province.
	4. UN agencies (WHO/UNICEF/UNHCR...)	Through its participation in the Clusters, MRCA will collaborate with the different stakeholders to not face overlapping of activities in the provinces
	5. MoPH	Meetings with PHD, GCMU, PHCC meetings to implement the project according to MoPH guidelines and standards.
	6. Provincial returnees directorate	Coordination of the IDP/returnee part of the project.

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

Gender Marker Code 2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code MRCA strive to achieve gender equity in all its programming. The project will take into account the increase of training for female staff, as well as their recruitment in the Mobile Health team. In Afghanistan, women are marginalized by their economic, social, and political status. These inequities make women more vulnerable to health risks than men. Socio-cultural norms prevent women from being seen by a male healthcare provider; therefore MRCA's strategy on gender would be to increase the numbers of trained female health workers and CHWs and develop the referral system ensuring prompt referral to HFs where a skilled female attendant would be available. In light of MoPH Gender Directorate National Gender and Human Rights strategy all the BPHS activities planned in Paktia province will be implemented through the consideration of gender and rights based approach with a specific focus on vulnerable groups such as women, girls and boys. Gender is highly taken into account in the design of the project with the improvement of access to health care for IDPs through Mobile Health team including a midwife or a female nurse, and the referral for patients to the hospital. Hygiene promotion will be addressed to both male and female. War wounded patients; stabilization and referral are design for male and female patients.
In order to be able to recruit the necessary number of female staff workers in the health facilities of this project (2 MHTs and 7 SHCs) MRCA will work on getting the support of the community shores to provide facilities to the female staff.

Justify Chosen Environment Marker: MRCA will manage the clinical and non-clinical wastes according to the waste disposal and IP standards within all wards. The waste management starts from each Hospital room by providing closed, leak-proof containers in different colors for infectious and non-infectious wastes. The blood and body fluid spills are cleaned with 0.5% chlorine solution, and then disposed in a separate container. The segregation of waste will be implemented at the point of use and sharps are discarded and collected in puncture-resistant containers (e.g., heavy cardboard box, hard plastic or can containers). General waste is collected in adequate closed containers and transported to the interim storage area for garbage disposal.
The waste disposal process will be performed properly and all the infectious waste will be incinerated in standard incinerators initiated by MRCA and the ash from incinerated material is buried in a specific pit. The body fluid and placenta will be buried in a separate pit. The incinerator and pits will be in an area that is not accessible to other staff, the community and domestic animals and is at least 50 meters away from any water source, and it is located in an area free of floods.
General Biosafety and IP practices are followed in the laboratory, delivery room, midwifery room, dressing room, Operation Theater and all the other wards of the PH.
Staff in charge of the waste collection and cleaning services will be trained on proper waste management. A schedule would be maintained to ensure the regularity of collection.
Mobile Health Unit will follow the same protocol and the waste will be brought back to the PH for proper management and incineration

Protection Mainstreaming Because of the health content of the project, the principle of Do No Harm will be ensure and MRCA is committed to sustainable achievement in order to avoid the rupture of health services for the patients. Therefore, MRCA emphasis on the construction of a proper emergency room for Logar PH, the implementation of a MHT for IDPs in Farah while waiting for the functioning of the fixed center planned in the BPHS, the equipment and ability of the staff to work on trauma cases and the referral. The treatment of men, women and children will be done through appropriate trained staff and the presence of drugs will ensure the efficiency of the treatment.
MRCA will make sure to get the active participation of the elders and the community representatives to ensure a feedback and understanding on the project.

The staffing of the project will be recruited based on their experience and skills in Health care and MRCA will make sure they will not request any cash for assistance. Female staff will be dealing with female patients ensuring the appropriate cultural behavior. The risk of harm will then be minimized.

The principle of equality will be followed for the staff recruitment and the patients' treatment. People with specific needs, will be transferred to the main hospital through the MHT. In the PH, MRCA will continue to treat all the patients, regardless of their ethnicity and their side of the conflict. The principles of dignity and respect will be applied and crosschecked by the monitoring team

Safety and Security The safety of our staff is a priority for MRCA, and the acceptance is a clear strategy to avoid incidents. MRCA, as non-governmental and non-political organization, is committed to provide services to all the population of the districts where its services are implemented. In this regard, involvement of the community in management of HFs through local health Shuras is important. It will help the development of community awareness on the role of NGOs and the mission of MRCA in the three provinces. This will play a vital role in provision of a safe working environment for health care workers. The necessary time will be allocated for the coordination with the elders.

National and International forces will not be associated to actions conducted by MRCA staff in order to avoid confusion and to ensure the security of the MRCA workers.

Yet security in Logar, Farah and Paktia is a volatile and challenging. The security situation in these provinces is also the reason why the intervention of MRCA in term of trauma care and life saving activities is important. The insecure access of some of the districts of Paktia provinces is one of the key reasons why there remains a shortage of good quality health care with qualified staff. Therefore, in order to not jeopardize the safety of the staff members, MRCA developed a security tool allowing the management to determine the risk and vulnerability of the organization, and the way to overcome the challenges.
The security analysis is led by the Head of Mission with the assistance of the Key staff in the province. Coordination meetings are regularly done for assessing the situation and the changes and take appropriate measures.
The districts with open conflict are obviously difficult to manage in term of staff safety as passing at the wrong place at the wrong moment is difficult to prevent. However, MRCA will assure that the staff and vehicles used are known for the job they are doing and will ensure that the behavior of the staff is according to the policies of independency, transparency and to the right to every individual to receive an appropriate treatment.
One of the current developing factors in the increase of the criminality in major cities. However for Logar and Farah PH we assessed regularly the situation and did not face any issues.

Access MRCA is currently working in Farah and Logar for the implementation of the EPHS.
From 2006, MRCA started its work in Logar province and implemented the BPHS activities for several years in all the districts. Several other projects have been implemented in communities to provide hygiene and education directly through Family Action Groups, shuras and elders. Other projects for supplementary feeding, establishment of MHT and MCH clinics enable MRCA to be known and respected.
From January 2013, MRCA started to work in Farah as EPHS implementer. An important work has been done in informing the population and upgrading the quality of the health services provided in the PH. The trend of OPD and IPD is in increase showing a trust with the provision of health care. Delivery rooms and MCH sections have been renovated, and the work is still ongoing in the PH. MRCA's name and activities are known and we are able to have access to the suburbs of Farah city.
MRCA did not work in Paktia in the past however; some of our key staffs are from the province and well known within the communities. MRCA will take over the BPHS in Paktia and will work on the improvement of the health services to gain a good access to the remote areas. MRCA will, recruit staff for the HSCs as per MRCA HR policy with advertisement and interviews, and will give the priority to the existing staff as long as they fulfill the recruitment requirement. MRCA will keep in mind the level of satisfaction of the existing services within the communities in order to ensure a safe access to the staff. MRCA will recruit for the position of BPHS project manager in SEHAT, one doctor currently working in Paktia and who previously work for years with MRCA in Logar province. Our first step after the signature of the contract will be the implementation of coordination meeting with the authorities and the elders to introduce officially MRCA.
Already, we are receiving calls from different tribes and communities welcoming us to the takeover, and appreciating the work done in Logar and Kapisa.

MRCA, as mentioned in the paragraph of accountability, will work specifically on the information, coordination, feedback and involvement of the communities for the success of the project

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	Nurses for HSCs in Paktia	D	7	296	12	100.00%	24,864.00

	As per BPHS staff list for HSC and based on current HNTPO Payroll + 5% increase as per Moph NSP						
1.2	Midwives for HSCs in Paktia	D	7	533	12	100.00%	44,772.00
	As per BPHS staff list for HSC and based on current HNTPO Payroll + 5% increase as per Moph NSP						
1.3	Guards / Cleaners for HSCs in Paktia	D	14	115	12	100.00%	19,320.00
	As per current staff list of HNTPO + 5% increase as per Moph NSP						
1.4	MD for MHT in Paktia and Farah	D	2	300	12	100.00%	7,200.00
	As per BPHS staff list. Because of the difficulty of recruitment the salary of the MHT Team is a bit higher than NSP.						
1.5	Midwife for MHT in Paktia and Farah	D	2	280	12	100.00%	6,720.00
	As per BPHS staff list. Because of the difficulty of recruitment the salary of the MHT Team is a bit higher than NSP.						
1.6	Vaccinator for MHT in Paktia and Farah	D	2	150	12	100.00%	3,600.00
	As per BPHS staff list. Because of the difficulty of recruitment the salary of the MHT Team is a bit higher than NSP.						
1.7	Health and Hygiene Educator for MHT in Paktia and Farah	D	2	150	12	100.00%	3,600.00
	As per needs for IDPS to improve the hygiene status using IEC presentation						
1.8	Orthopedic surgeon in Farah PH	D	1	1200	12	100.00%	14,400.00
	In order to improve the capacity of PH for trauma and war injuries as referral to Herat is complicated due to security. Salary in order to attract surgeons to come to Farah						
1.9	CHF coordinator based in Kabul	D	1	1000	12	100.00%	12,000.00
	Supervision and management of the project and staff						
1.10	Admin / Finance for HSC based in Gardez	D	1	430	12	100.00%	5,160.00
	As per current staff list of HNTPO + 5% increase						
1.11	Health Focal Point for HSC based in Gardez	D	1	560	12	100.00%	6,720.00
	As per current staff list of HNTPO + 5% increase						
1.12	Foreman for Logar emergency ward construction	D	1	400	5	100.00%	2,000.00
	Supervision of the construction of the emergency ward in Logar. Salary based on previous construction done in Logar and Kapisa						
1.13	Monitoring and Evaluation Officer based in Kabul	S	1	1293	12	30.00%	4,654.80
	Need of monitoring and onjob training from Kabul team						
1.14	Logistic officer based in Kabul	S	1	1230	12	40.00%	5,904.00
	For provision of drugs, equipment, supplies and bidding process for construction						
1.15	Medical coordinator based in Kabul	S	1	2195	12	15.00%	3,951.00
	Over all monitoring of health activities and relationship with Moph/OCH/WHO/PHD/BPHS implementers						
1.16	Pharmacist based in Kabul	S	1	600	12	30.00%	2,160.00
	Drugs purchase and verification, stock balance						
1.17	Accountant, finance and HR officer based in Kabul	S	1	2980	12	20.00%	7,152.00
	Verification of vouchers, data entry in accountancy software, payment, salary, staff contract, financial reports						
1.18	IT Officer based in Kabul	S	1	530	12	20.00%	1,272.00
	Communication, computer maintenance						
1.19	Support staff Kabul Office (driver, cleaner, cook)	S	1	809	12	20.00%	1,941.60
	Participation of the office cost, for meetings with MOPH/OCHA/WHO/Cluster/PHD, and transportation of the staff involved in the project Three support staffs have been planned on CHF budget for Kabul Office: the cleaner in order to maintain the office clean, a guard in order to secure the office and finally a driver to transport the staff involved in the project to the meetings, to go to the market to do the purchases... 20% of their costs have been allocated on CHF budget. please see BoQ attached						
1.20	Kabul Office Expatriate Staff 10 % (HoM, Deputy HoM, Finance coordinator, Log coordinator)	S	1	10800	12	10.00%	12,960.00
	Global management of the office, finance, HF, coordination, report writing, etc... Three expatriates are currently working in MRCA Kabul Office in order to manage and coordinate the team on the field. 10% of the total cost of each expatriate has been allocated on CHF budget to coordinate the activities, write the technical and financial reports, attend the cluster meetings...please see BoQ attached						
	Section Total						190,351.40

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	Items related to health promotion for MHT in Paktia and Farah	D	5079	1.9	1	100.00%	9,650.10
	For Hygiene promotion and sensitization, for hygiene training, provision of soaps, tooth paste and tooth paste, plastic jars for hand washing						
2.2	Drugs for MHT in Paktia and Farah	D	2	445.14	12	100.00%	10,683.36
	List provided						
2.3	Drugs for 7 HSCs in Paktia	D	7	495.25	12	100.00%	41,601.00
	List provided						
2.4	Surgical and Blood bank supplies for Farah and Logar PH	D	2	618.94	12	100.00%	14,854.56
	List provided						
2.5	Transportation of drugs for 7 HSCs in Paktia	D	1	180	4	100.00%	720.00
	Purchase done on quarterly basis in Kabul for GMP certificate suppliers, transportation cost from Kabul to Gardez, plus to the HSC in Paktia						
2.6	HMIS tools for HSCs and MHTs in Paktia and Farah	D	9	10	12	100.00%	1,080.00
	Printing of HMIS template for HSC and MHT - Please find attached the detailed budget for this line.						
2.7	Stationaries and Cleaning supplies of Kabul, Paktia, Farah, Logar offices	S	1	180	12	20.00%	432.00

Stationaries for offices and HF include pen, paper, photocopies, stapler, ink for printing etc... cleaning supplies will be as much as possible friendly environment products.

Section Total 79,021.02

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	Medical equipment for MHT in Paktia and Farah List provided	D	2	1263.99	1	100.00%	2,527.98
3.2	Non medical equipment for MHT in Paktia and Farah List provided	D	2	278.07	1	100.00%	556.14
3.3	Medical equipment for Logar PH emergency ward List provided	D	1	16579.42	1	100.00%	16,579.42
3.4	Orthopedic equipment and supplies for Farah PH List provided	D	1	12572.12	1	100.00%	12,572.12
3.5	Medical equipment for 7 HSCs in Paktia HNTPO equipped all 7 HSCs but we consider some cost for medical equipment in case of damage	D	7	250	1	100.00%	1,750.00
3.6	Non medical equipment for 7 HSCs in Paktia HNTPO equipped all 7 HSCs but we consider some cost for non medical equipment in case of damage	D	7	150	1	100.00%	1,050.00
3.7	IT equipment for Kabul and Paktia offices Computers for CHF coordinator, one computer for monitoring team, computer for admin/health manager in Paktia, one printer	S	1	1500	1	100.00%	1,500.00
Section Total							36,535.66

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	Rehabilitation of 4 HSCs (painting and small renovation work) in Paktia Based on HNTPO information, 3 HSCs (Petla HSC, Khairani HSC, Sarwani kheil HSC) will need some small renovations and painting of the walls. Shawat HSC will need some small renovations (windows damages for example). The cost of renovation for the 4 HFs is based on information received from the current BPHS Implementer. Khairani HSC, Petla HSC and Sarwani HSC will need small renovation and painting for an estimated cost of 1 000 USD/HSC. Shawat HSC will need small renovations for a total of 400 USD.	D	4	850	1	100.00%	3,400.00
4.2	Emergency room and waiting area construction in Logar PH Estimation based on Moph guidelines. See BoQ attached	D	1	44481	1	100.00%	44,481.00
4.3	Rent vehicle for MHT in Paktia and Farah MHT in per definition mobile and a vehicle is needed. As per field assessment in Paktia and as per rents cost already crosschecked in Farah, the amount of 1000 per month will allow us to provide a vehicle with space and good working condition	D	2	1000	12	100.00%	24,000.00
4.4	Rent vehicle for 7 HSCs for Supervision in Paktia One vehicle to be rented for the health coordinator, the admin and the monitoring team to visit the HSC of paktia, participate to coordination meetings in the province	D	1	800	12	100.00%	9,600.00
Section Total							81,481.00

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	Monitoring flights to Farah Access from Kabul for the monitoring team will be done by air in order to provide security conditions for people living outside of Farah province	S	1	450	2	100.00%	900.00
5.2	Transportation Monitoring to Logar, Paktia one rented vehicle One car will be rented in order to enable the monitoring visits of Kabul M&E team in Logar and Paktia by road	S	1	800	12	100.00%	9,600.00
5.3	Per diem for M&E missions in Logar, Paktia, Farah As per MRCA policy	S	3	30	6	100.00%	540.00
Section Total							11,040.00

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
6.1	BPHS training for HSC staff in Paktia List provided	D	1	13098.71	1	100.00%	13,098.71
Section Total							13,098.71

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	Running Costs of Kabul, Paktia, Farah, Logar offices Part of the running cost of Kabul office, host place for the staff involved in the project	S	1	300	12	20.00%	720.00
7.2	Communication costs for MHT staff in Paktia and Farah Mobile phone top up, internet flash when necessary and internet connection	D	2	40	12	100.00%	960.00
7.3	Communication costs for HSC staff in Paktia Mobile phone top up, internet flash when necessary	D	7	20	12	100.00%	1,680.00
7.4	Communication costs of Kabul, Paktia, Farah, Logar offices	S	1	300	12	20.00%	720.00

	Mobile phone top up, internet flash when necessary							
7.5	Fuel for generator for the 7 SHCs in Paktia	D	7	40	12	100.00%	3,360.00	
7.6	Rent of Office/Guesthouse Kabul and provinces Part of the office cost, for the staff working on the project in Kabul and in Paktia.	S	1	800	12	15.00%	1,440.00	
Section Total							8,880.00	
Sub Total Direct Cost							420,407.79	
Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)							7%	
Audit Cost (For NGO, in percent)							0.778060749827371%	
PSC Amount							29,428.55	
Quarterly Budget Details for PSC Amount	2015			2016		Total		
	Q2	Q3	Q4	Q1	Q2			
	0.00	0.00	0.00	0.00	0.00	0.00		
Total Fund Project Cost							449,836.34	
Project Locations								
Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity	
Logar	21					0		
Paktya	56					0		
Farah -> Farah	23					0		
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. To be removed.xlsx								
2. To be removed								
3. Number of conflict induced IDPs in Farah until end of FEB 2015.xlsx								
4. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx								
5. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf								
6. CHF Afghanistan - Visibility and Communication Guidance.pdf								
7. NGO MRCA Sample Beneficiary breakdown CHF proposal AFG-15O580SA1HINGO342.xlsx								
8. justifications budget V2.xlsx								
9. MRCA BoQ BI 1.19 BI 1.20 BI 2.6.xlsx								

