Project Proposal

Organization	ACTD (Afghanistan Center for Training and Development)			
Project Title	Provision of life saving trauma services in areas under conflict in Helmand and Paktya provinces.			
Fund Code	AFG-15/O580/SA1/H/NGO/320			
Cluster	**Primary cluster**: HEALTH		**Sub cluster**: None	
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals		Allocation Category Type	
Project budget in US$	550,721.54		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

Locations targeted in this proposal are highly insecure districts with high number of incidents and civilian casualties. In Helmand these districts have remained under active fight during 2014 and first few months of 2015. Similarly areas targeted in Paktia are often remaining insecure with intense fight and collateral damages. In 2014 over 9,000 civilian casualties were reported from Helmand and over 2,665 in Paktia due to fighting.

Access to trauma care in these conflict affected areas is among the priority needs of local population. To ensure availability of round the clock trauma care which are easily accessible to war wounded patients in these localities, ACTD has planned to support 15 FATPs (4 FATPs linked with BHCs and 11 standalone FATPs). Among total 15 FATPs 12 will operate in Helmand (4 Linked and 8 standalone) and 3 standalone in Paktia.

Each FATP will be staffed with 2 nurses and will operate 24/7. 4 FATPs linked with BHCs in Helmand and 3 standalone FATPs in Paktia will be provided with an ambulance for collecting and referral of patients. However standalone FATPs in Helmand will be provided with transportation cost for referral of patients.

Among 4 FATPs in Helmand, 3 are already functioning under 1st round 2014 and will continue its activities under 1st round 2015. However 1 linked FATP in Helmand and all 11 standalone FATPs (8 in Helmand and 3 in Paktia) will be established during first two months of implementation of this project.

In Paktia fewer patients were reached by trauma project in 2014, this was because that of incidents in periphery and away from HFs. Thus 03 standalone FATPs will be established in 3 districts in remote locations with underserved communities. (Details about the locations in excel sheet and Map PDF is uploaded)
FATPs linked with BHCs with additional 2 nursing staff will provide extra hour services (evening, nights and weekends), while morning hours will be covered by BPHS staff as per routine. However the ambulance will be available 24/7 in the HF for referrals of wounded patients. This way CHF funding will be used for activities not planed under BPHS. As CHCs located in conflict affected areas has been provided with equipment and training from CHF 2014, and are functioning round the clock according to the BPHS policy are not included for support from this project. Moreover WHO has planned establishment of trauma centers in CHCs throughout the country based on annual plan.
The project will reach to over 31,104 (12,720 new & 18,384 re attendances) with a monthly average of 172 cases by each FATP.
Training on first aid will be provided to 70 (49 Men, 21 women) CHWs, approved curriculum will be adopted for the training. 3 days training will be conducted in coordination with AFRCS in both provinces. Training on trauma care and refresher training (3 days) on IP and waste management will be provided to 40 (30 FATPs and 10) health staff. Surgeons working in DHs in Helmand and has been trained by WHO will facilitate trauma care training for HF staff. Implementation of 2014 project activities was in principles agreed by GCMU and appreciated by MoPH leadership including HE Minister of Public Health during visit to Helmand.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	5681	2952	2099	2098	**12,830**
Total beneficiaries include the following:					
Other	84	26	0	0	110

Indirect Beneficiaries	Indirect beneficiaries of the project will be family members (12,830) of direct beneficiaries reached by the project. Total estimated number of indirect beneficiaries is (89,810) with estimated average family size of 7 person/family.	Catchment Population	Catchment population of the project is estimated 190,660 living in catchment area of 15 FATPs in 13 districts (3 in Paktia and 10 in Helmand provinces). In Helmand the project will cover over 168,470 people living in ten districts and in Paktia 22,190 people living in 3 districts.
Link with the Allocation Strategy	This project will contribute in reducing deaths and disabilities among the wounded patients in Helmand and Paktia provinces. It will directly support the health strategic objective 2 "Provision of life-saving trauma services in areas of active fighting with high number of civilian casualties. Similarly this project fits eligible program area of establishment of FATPs and referral services at community level.		
Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization focal point contact details

Name	Title	Phone	Email
Dr. Abdul Rhaman Shahab	General Director	0799478615	actd.hq@gmail.com
Dr. Shah Maqsood Sahebzada	Health Director	0779195484	dhealth.actd@gmail.com

BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

The project will be implemented in 10 districts of Helmand and 3 districts of Paktia provinces. Targeted districts in Helmand have been under intensive fighting since June 2014. In the meantime government forces have launched military operation in Sangeen, Nahre Saraj and Nad Ali districts. This operation will possibly extend to Kajaki, Nawzad and Musa Kala districts. Data from previous year show over 9,000 civilian injuries and 249 deaths. Helmand province has wide geography with proportionately less number of HFs to cover the entire province & large number of population with less access to services. Access to health services in Helmand is one of the main challenges for the health services providers. In 2014 UN agencies conducted a comprehensive micro planning for EPI services in Helmand. Based on the data of the micro plan, population of Helmand is over 2.3 million. Current health system has been designed to cover a population of 934,558 (CSO MoPH recommended). Due to active fight, distant location of villages, land mines, restriction of movement especially problems in transferring injured male patients (stopping ambulance for investigation by government forces in doubt of being member of AOGs at check posts) and poor economy of the local population make access of the people to trauma care more difficult.
On the other hand Paktia province is among the highly insecure provinces with significant number of security incidents each year. Although security situation during the past year was less volatile compared to previous years, current trends show increasing incidents in the following months. It has been observed that fighting focus has been shifted from road side bombs and attacks on military conveys; to targeted operations by government and anti government agencies. Areas selected for establishment of FATPs in Paktia are highly insecure (Jaji and Chamkani) are districts located on border with high number of insurgents of different groups and nationalities are entering these areas during summer months where number of incidences increase. In Zurmat (Rohani Baba area) is located in uncovered areas between Arma BHC (on border to Paktika), Shahi Koat and Mamozi BHC. This area is populated area with high number of incidences and civilian causalities

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

ACTD project teams in both provinces, conducted detailed assessment for identifying health needs of the people living in areas under active fight. The assessment was conducted during first week of March 2015. The team had a review of the HMIS data received from the HFs on number injured patients received at HFs. In Helmand the data from the HFs showed an increase in number of war trauma patients attended the HFs during 2014. At an average 214 wounded patients were provided treatment by the HFs per month during last 11 months. Similarly an increase in number of patients in Paktia was also observed. Data shows an average patients treated/referred by the health facilities at an average of 100 per month. Similarly data from Zurmat district shows an average of 800 patients per month. In

explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	Zurmat security incidences are mostly concentrated in area of Rohani Baba, where an average of 110 patients are expected to visit the planned FATP. Analysis of the data further shows that 23 % of all patient received emergency services are women, 33 % are children (boys and girls) and 44% are adult men. Based on information gathered from village shuras and from CHWs, these number shown were even high, as some of the patients may not attended HFs other may directly be referred to HFs other than public HFs. Assessment further shows a gap in access to HFs in areas located far from the HFs. This on one hand is due to long distance from the HFs, land mines, poor economy and closure of roads due to insecurity. Moreover some of the patient is not allowed by GOAs to reach to HFs especially to PH in doubt of being AOGs members. The assessment also indicated that over 76% of the HFs functioning in insecure districts are BHCs and SHCs. According to the BPHS policy, BHCs and SHCs remained open for activities during morning hours. Further to this, these HFs do not have availability of ambulance as part of its service structure. As there is always need of 24/7 availability of trauma care and ambulance services for injured patients in closest possible location. Therefore these HFs needs support through additional staff, ambulance, training to the staff and supply of equipment and supplies for trauma and referral care. Assessment data shows that total of 11,665 (9,000 Helmand and 2,665 in Paktia) patients were reached by CHF 2014 project. Considering security condition in the area, ongoing operation of government forces, and upcoming risk of DAESH in the areas. Assessment team recommended considering year 2014 data a baseline for current project. Based on discussions and observations the assessment team recommended extension of emergency services offered by 2014 allocation with extension to areas with less access to HFs. Due to limited access of general population including women, girls and boys to trauma services, need of availability of emergency services at HFs and community has been shown as the prime need for the local communities living in these highly insecure districts of the provinces. In addition to provision of the emergency services, strengthening of the referral system is also needed in order to shift patients to appropriate level of HFs as per need of each patient.
3. Description Of Beneficiaries	The project will operate in 13 districts (10 districts of Helmand and 3 districts of Paktia) affected by active fighting. Total catchment population of the project is 190,660 people living in catchment areas of proposed 15 FATPs. In Helmand the project will cater to 168,470 catchment populations and in Paktia to 22,190 people. Direct beneficiaries of the project is the number of patients who will be treated by the FATPs and who will re-attend the sites for follow up visits. Thus total of 31,770 cases are expected to get benefited from the project activities. Based on data from our previous project (2014 allocation), total 12,720 patients will be new cases (11,280 wounded patients treated and 1,440 patients referred out by FATPs stabilization). Each treated patient will be re-attending the FATPs for follow up visits for different procedure including dressing, cleaning of wound, removal of stitches and some for removal of catheters etc. An estimated number of 19,050 cases (1.5 times per patient in average) are expected to come to the FATPs for re/follow up visits. Out of total beneficiaries 100 (70 CHWs and 40 health staff) will get trained by the project on 1) CHWs first aid training and 2) health staff on trauma management, IP and waste management. Calculation of the beneficiaries is done based on data from previous year patients reached by CHF 2014 project.
4. Grant Request Justification.	The project is designed to decrease morbidity, disability and mortality among war wounded patients through an improved access to trauma care at possible nearest location. Areas targeted for implementation of this project is based on vulnerability of local population to war trauma due to active fight/high possibilities of fighting in the area and unavailability of trauma services in nearby areas. ACTD in partnership with OCHA and HC has been implementing emergency care project in conflict affected districts of proposed provinces with good achievements. The project has reached to over 9,012 injured patients during first three quarters of project implementation in both provinces. To continue with the project more effectively, a slight alteration in project design is proposed under this application. Referring to project summery section, the project will adopt a two prong approach (FATPs linked with BHCs and stand-alone FATP) for implementation of the services. 8 CHCs covered under 2014 allocation has gained the capacities including capacity in trauma managements through trainings, on the job trainings and supply of equipment. This project in coordination with BPHS management in Helmand will follow progress of activities of CHCs in trauma care. In Paktia equipment, furniture and other supplies will be handed over to new BPHS NGO along with trained staff of the project for continuation of the services as part of routine services. Selection of the new area for FATPs was made based on emerging needs of the local population to trauma care and in close coordination with PHD teams. These areas cannot reach to already working health facility and cannot access emergency health services in time. Moreover there is high risk of road mine explosion in the area and most often government forces do not easily allow injured (men) patients to PH in doubt of being members of AOGs. Our experience from the past year shows that access to this area was remained a challenge and based on experience and possibility of high incidences in the area newly proposed areas has been considered for this proposal. Considering past year data and deteriorating security, average 172 injured cases (firs attendance and re attendances) are expected to reach to FATPs per month. Moreover the areas targeted for standalone FATPs are lacking CHWs, and will be only facilities providing trauma care. FATPs will have linkage with the BPHS and EPHS HFs and with trained HPs for maintaining effective referral and feedback system. In Paktia the patients from FATPs will be referred to district hospitals in the districts and to PH in Gardez. In Helmand the patients will get referred to DHs in the districts and to EMERGENCY hospital and PH in Lashkargah. At an average more than 180 patients were referred out by HFs/month during 2014, based on this data and considering specific needs of HFs ACTD suggests providing ambulances to 4 FATPs (based in BHCs) in Helmand and3 standalone FATPs in Paktia. On the other hand vehicles will be identified in communities of standalone FATPs in Helmand for use for transportation of patients to DHs and PH. These vehicles will receive payment based on number of patients transported. This strategy is adopted considering high cost of ambulance and security problem for ambulance during travel across the districts. ACTD has coordinated location of FATPs in Helmand with EMERGENCY and WHO to avoid any possible duplication. BPHS training budget was designed based on recommended BPHS training list. List of BPHS training is attached for reference. Moreover due to high turnover of the staff in the province available amount for training has been utilized on arranging training on BPHS topics more frequently. ACTD already have trained surgeons in trauma care to facilitate trauma care training for HF staff in Helmand and will use expertise of PH staff for training FATPs nurses in Paktia.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	ACTD has been implementing trauma care project under 1st allocation 2014 in both provinces, the project has been started in June 2014 and will be completed in June 2015. This project is continuation of ongoing project beyond 15 June 2015 with some changes in its implementation design based on existing capacities in health system and needs in the areas. The project activities will solely be dedicated to trauma care to war victims among the catchment population. ACTD being BPHS implementing NGO in the province during implementation of 1st allocation 2014 projects has developed good linkages between BPHS and trauma care project at HF and CBHC level will continue implementation of the two projects in good collaboration and developing synergies between these activities. A good model of referral of wounded patients from community level to BPHS health facilities and provincial level hospitals. Existing system will be maintained during this project. Collaboration with the central hospital will be further strengthened for improving documentation of the referral patients and smooth take/handover of the patients. This extension will be used as an opportunity for further strengthening cooperation and trust building with communities, government authorities and parties involved in fight for using this cooperation and trust as a tool in improving access of war wounded patients to trauma care and referral services. Monitoring system in place will be further extended and developed to better collection of information, analysis and corrective actions for improving project implementation and ensuring delivery of good quality of services to the beneficiaries.

LOGICAL FRAMEWORK

Overall project objective	To reduce mortality and disability among people living in war and conflict affected districts of Helmand and Paktya 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	1. Excess morbidity and mortality reduced	100

Outcome 1	War-wounded patients (men, women, girls, and boys) in 13 target districts of Helmand and Paktia have access to first aid, life-support and referral services.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	15 FATPS providing first aid and life support to trauma patients in proposed areas in Helmand and Paktia provinces.	Security condition in the area allow medical teams work in the area.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Trauma patients are timely and appropriately managed, treated and stabilized					11280
	Means of Verification:	Target is set based on total number of wounded patients that will arrive for treatment to the FATPs. Data for last project has been used to set the target for the new year. Data on achievements will be collected from monthly reports (Number of wounded patients treated by the project)					
Indicator 1.1.2	HEALTH	Patients severely injured are timely referred					1440
	Means of Verification:	FATPs functioning, stablize and refere patients to higher level HFs & CHWs trained on first aid, received emergency for treatment and referral of injured patients.					
Indicator 1.1.3	HEALTH	Number of professionals trained on infection prevention and waste management					40
	Means of Verification:	Target for this indicator is total number of staff (32) planned under this application and an additional of 10 medical professionals working under BPHS project in conflict affected districts in targeted provinces. Evaluation of the achievement on this indicator will be done by reviewing total number of participants have attended training on Infection Prevention and waste					

		management.					
Indicator 1.1.4	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					40
	Means of Verification:	Target for this indicator is total number of staff (32) planned under this application and an additional of 10 medical professionals working under BPHS project in conflict affected districts in targeted provinces. Evaluation of the achievement on this indicator will be done by reviewing total number of participants have attended training on stabilization and trauma management.					
Indicator 1.1.5	HEALTH	Number of CHW receiving First Aid training					70
	Means of Verification:	Evaluation of the achievement on this indicator will be done by reviewing total number of participants have attended training on First Aid.					
Indicator 1.1.6	HEALTH	% of health professionals trained in management of war trauma that score 80% or higher on post test					80
	Means of Verification:	Pre and post tests will be administered to the 42 health staff trained on stabilization and war trauma management					
Indicator 1.1.7	HEALTH	Number of trauma treated patients attend FATPs for follow up					19050
	Means of Verification:	Target is set based on total number of wounded patients who have been treated by FATPs during 2014 and were re-attending for follow up . Data for last project has been used to set the target for the new year. Data on achievements will be collected from monthly reports (Number of wounded patients treated and have visited FATPs for follow up) - total war wounded patients plus referral cases * 1.5 = 19050					

Activities

Activity 1.1.1	Establish 15 FATPs in Helmand and Paktya in existing BHC buildings (4) and in communities (11) for provision of services. Procure medicine, equipment, furniture and related supplies to FATPs.
Activity 1.1.2	Provision of emergency trauma services 24/7 in 15 FATPs (11 new, 4 existing)
Activity 1.1.3	Referral mechanism implemented between the 15 FATPs and specialized trauma centers with 7 contracted ambulances for 4 BHCs linked FATPs and 3 FAPTs in Paktya, and payment of taxi costs for referrals from 8 FATPs in Helmand. War injured patients will be referred to Lashkargah Emergency Hospital and Gardez hospital.
Activity 1.1.4	Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analysed.
Activity 1.1.5	Conduct training to 40 facility staff on stabilization and management of injured people.
Activity 1.1.6	Provide training to 70 CHWs on first aid topics according to MoPH/WHO approved curriculum
Activity 1.1.7	Provide training on IP and waste management to 40 health staff.
Activity 1.1.8	Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports.

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 Establish 15 FATPs in Helmand and Paktya in existing BHC buildings (4) and in communities (11) for provision of services. Procure medicine, equipment, furniture and related supplies to FATPs.	2015						X	X	X	X	X	X	X
	2016												
Activity 1.1.2 Provision of emergency trauma services 24/7 in 15 FATPs (11 new, 4 existing)	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	X	X						
Activity 1.1.3 Referral mechanism implemented between the 15 FATPs and specialized trauma centers with 7 contracted ambulances for 4 BHCs linked FATPs and 3 FAPTs in Paktya, and payment of taxi costs for referrals from 8 FATPs in Helmand. War injured patients will be referred to Lashkargah Emergency Hospital and Gardez hospital.	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	X	X						
Activity 1.1.4 Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analysed.	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	X	X						
Activity 1.1.5 Conduct training to 40 facility staff on stabilization and management of injured people.	2015								X	X	X	X	
	2016												
Activity 1.1.6 Provide training to 70 CHWs on first aid topics according to MoPH/WHO approved curriculum	2015							X	X	X	X	X	X
	2016	X											
Activity 1.1.7 Provide training on IP and waste management to 40 health staff.	2015								X	X	X	X	X
	2016												
Activity 1.1.8 Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports.	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	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 .

Project activities will regularly be monitored based on monitoring plan which will jointly developed with the project team in coordination with PHD. Monitoring plan will be developed during initial phase of project implementations. Suitable measures will be considered for monitoring of different HFs considering geographical location & security condition of the area. Standard monitoring tools has been developed & are in use for CHF 2014, will be used for monitoring of the project activities by project main office teams. Monitoring reports will be developed & shared with project office team after each visit for follow up with FATPs for improvement of gaps. Written feedback will be shared with FATPs staff & an action plan will be developed to design actions for correcting the gaps. Copies of these action plans will be available at the facilities & at project offices. ACTD provincial teams will support CHF project team in project monitoring follow ups. Monthly monitoring of the project planned activities will be conducted by monitoring & officer by project focal point. Similarly project will be monitored by BPHS provincial management supervisory team including EPI & CBHC supervisors. In addition to this analysis of monthly project activities will be used for measuring project progress against the set targets, reached men, women comparing with the incidences happening in the context. Joint monitoring visits will be conducted with PHD teams based on agreed time line developed jointly. Similarly joint monitoring visits will be conducted with OCHA monitoring teams visiting the field. ACTD health & support department from MO will conduct monitoring of the project on regular basis. For monitoring of health posts, health Shuras & local elders will be involved for sharing their findings, observations & recommendations with the staff of TATPs & with the project teams. Similarly, community based health care activities will be monitored by FATP staff. All services provided through this project will be free of cost; ACTD will ensure access of all community members to the health services without discrimination. For improving trust of the community on project activities & involve them in monitoring; community elders will be provided with exposure visit to the facilities in order to get them aware orient them on the project planned activities. Similarly project planned activities including HPs activities will be shared with village elders, religious leaders & general community in order to mobilize the communities & inform them on project planned activities. Meetings with community members will be arranged

	during monitoring visits in order to obtain their feedback about the project services & take necessary corrective actions. Similarly based on recommendation of OCHA remote call monitoring guidelines, ACTD will obtain phone numbers of the patient/attendant uses the services. These contact number will be used by the project office team for monitoring purposes & will also be shared with OCHA tam. Moreover lists & contact details of training participants & community elders will also be shared with OCHA. For monitoring of HPs activities in communities other alternative strategies including monitoring by community & use of telephone will be adopted. Similarly CHS from BPHS HFs & EPI teams visiting outreach & mobile will also be involved in monitoring from the HPs activities. Facilities will prepare & submit monthly activities report by end of every month. Project team will analyze these reports & will provide necessary feedback, support will take needful steps to improve gaps in project achievements reported by one or more HFs. Monthly reports will be compiled by project team will share it with ACTD main office. These reports will be re analyzed at main office for provision of necessary support to the provincial teams.
OTHER INFORMATION	
Accountability to Affected Populations	Using trust and confidence that ACTD has developed with local community of Helmand & Paktia during past over six years, involvement of the community elders in project assessment, project design and prioritization of location for selection for intervention. Targeted beneficiaries will be involved in project implementation phase through health Shuras active in all HFs. Health Shuras will also be established for newly proposed FATPs. Project implementation will be carried out in close coordination with community members. Facilities will conduct regular meetings with the community representatives to discuss progress of the project implementation, feedback and suggestion of the community related to the project activities. Moreover project supervisors will regularly conduct end user survey (exit interviews) with beneficiaries of the project on regular basis to know about their feedback on services provided. These information will be used for further improving quality and design of the project activities.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	ACTD will have sole responsibility of the project implementation in Helmand and Paktia provinces. Independent teams are assigned for the project implementation in the provinces. Assigned teams in both provinces are fully dedicated to the project management (planning, implementation, supervision/monitoring, supply, reporting and coordination). Similarly project focal point, monitoring officer and health team in main office are regularly supporting project teams in conducting their assigned duties based on project implementation plan. ACTD project team assigned for health project is supporting trauma care project team in all aspects of project implementation. In terms of line of reporting, the staff assigned in FATPs linked with BHCs and standalone FATPs HFs will report to project focal point/supervisor stationed at provincial level, the project supervisor will report to project manager and to the focal point at main office. Project manager and main office focal point will report to health director at ACTD Kabul office. Reporting to HC and OCHA will be done both through project office and main office as needed. FATP staff will be responsible for delivery of trauma care at health facility level, collecting patients from field, stabilization and referrals to high level HF. Staff stationed in BHCs linked FATPs from CHF fund will make a roster of activities with BPHS HF staff for provision of 24/7 trauma care to war wounded. BPHS HF staff will be trained on trauma care to provide services in morning hours. Additional 2 nurses from CHF fund in FATPs linked to BHCs will provide trauma care in afternoon, nights and during weekends. Project supervisor in coordination with project manager will be responsible for planning, implementation, supervision, reporting, coordination and monitoring of the project activities. Main office focal point will follow the project progress with field office on regular basis, collect report, support field team in implementation of the project planned activities and coordination at Kabul level. Project focal point at Kabul will work under supervision of health director. Project planned activities will be coordinated with all stakeholders at provincial, districts and village level. Regular meetings will be arranged with actors working in provision of health services (MSF and EMERGENCY) in Helmand and HN TPO, MRCA &EMERGENCY in Paktia. Strengthening of coordination, referral system and response to mass casualties will be main focus of the meeting. Project supplies will be arranged from Kabul, however in case of emergency needs procurement will be planned in field. ACTD can support emergency need from BPHS stock and will reimburse supply items. ACTD will hire 30 Nurses (8 for FATPs linked with BHCs and 22 for standalone FATPs), for 24/7 trauma care operation. 7 Ambulances (7 Helmand and 3 Paktia) will provide referral services. Medicine, equipment and resupplies will be provided to propose 15 sites manage trauma cases. HF staff will receive training on trauma care, IP and waste management. 70 CHWs will receive training on first aid, and will be provided with first aid kit and necessary supplied required for first aid care. Orientation of CHWs and HF staff and developing linking of referral points with higher level HFs for effective and timely referrals. An effective referral system will be developed between FATPs-BPHS-PH & EMERGENCY at all level of project implementation. All 8 CHCs supported through CHF 2014 (training of equipment) will continue provision of trauma care as part of their routine services. Detailed emergency roster will be developed for BPHS staff of the CHC in order to ensure access and availability to trauma care through the CHCs. CHF and BPHS teams will regularly monitoring the progress of the activities.
Coordination with other Organizations in project area	

Name of the organization	Areas/activities of collaboration and rationale
1. MSF	Running provincial Hospital, for referral of patients
2. UNICEF	Coordination of the project planned activities
3. ARCS	Training of CHWs on first aid
4. WHO	Coordination and support related to project implementation
5. Government agencies, including district governors, security department	coordination at district level, obtain support in implementation, smooth referral of wounded patients.
6. MRCA	BPHS implementing partner in Paktya, receive trauma cases referred to Jaji and Chamkani DHs by FATPs in Jaji and Chamkani districts.
7. HN TPO	EPHS implementing partner in Paktya, receives referral patients from Rohani Baba, Jaji and Chamkani FATPs.
8. EMERGENCY	Managing emergency hospital in Lashkargah and FAPs in Helmand and Paktya. Receives referrals from Helmand TCs and FATPs and support ACTD in conducting trauma care training .
9. Provincial Health Directorate (PHD)	PHD as line department representing MoPH at the provincial level, will help in site selection, develop coordination with all stakeholders including governor office, security department and agencies working in Health.
10. EMERGENCY	Managing emergency hospital in Lashkargah and FAPs in Helmand and Paktya. Receives referrals from FATPs in Helmand

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	The project will improve access of target population to life saving trauma services in equitable way. This project will provide opportunity to general community (men, women, boys and girls) to access life saving trauma services. The project will provide access to all strata of the population without discrimination based on age, sex, race, religion and political affiliation. ACTD will encourage staffing balanced on gender. Moreover increase number of women staff will be encouraged during training of the health personnel. Facilities used in the project will provide equal access to men and women through considering measures needed for privacy and culturally appropriate. Data on the project activities will be collected based on age and sex in order to understand access to services based on age and sex. Necessary steps will be taken in case of findings shows less access based on age and sex to the project activities. This way the project will significantly contribute in gender equality throughout implementation of the project. ACTD using its experience of implementation of BPHS since 2009 in the province and the trust that has been built in communities and local population including community elders and technical staff available in the province (graduates from local private institute) will try to mobilize female staff from areas near to the planned FATPs to work in the facilities. Similarly ACTD as practicing for BPHS will encourage qualified couples to work in FATPs as nurses. Medium environmental impact with mitigation marker has been selected for the project, as the project will have less harm to the environment, along with measures to mitigate the possible risk to the environment through the following measures. All staff involved in project implementation will be trained on Infection Prevention(IP) and waste management. The staff will get trained on proper segregation of waste produced at the FATPs from the site of production of waste. The staff will separately collect general waste, sharp items and infected waste in different plastic container (buckets) with plastic bags. All FATPs will use appropriate ways to dispose off the waste at the facility level. Safety boxes will be used for disposing off sharp waste (needles, blades etc) and then bury these items for to be degraded with passage of time. Similarly soiled cottons, dressings and stitches will be disposed off through burial after decontamination with chlorine solution. General waste will be burnt in open air. Staff from project office and main office will focus on waste disposal practices during monitoring visits to the field and will provide necessary on the job training and feedback during the visit to further improve disposal of waste in proper way.
Protection Mainstreaming	Service provision through this project will based on consideration the dignity and respect to patients and clients. Health being the basic right of every individual, the staff working in the project will deliver services considering professional ethics. The project will work for all sector of population without consideration of age, sex, religion, tribe and political background of patients and clients. Arrangements will be made to consider local norms and cultural issues. Accoriding to recommendation of medical ethics, the health professional will share information with patients and their relatives related to the diseases and will take consent of the patients for planned medical procedures. ACTD monitoring and supervisory teams will arrange an exit interview with patients used services of the project and will take necessary steps to ensure implementation of the project considering recommendation and complaints of the patients/clients.
Safety and Security	The project activities will be implemented in insecure districts in Helmand and Paktia provinces. Population living in targeted districts are living under stressful conditions resulted from unstable security condition and active fighting. Although HFs were not direct target of the parties involved in figting, however the project will run through a well coordinate mechanism with both sides involved in conflicts. Moreover BHC linked FATPs will function in already BHCs. Fortunately all health facilities stationed in the area are active, have good working relation with communities, have functioning health shura. Members of the health shura are from near and far villages of the catchment area of the HFs. ACTD will involve community elders and other stakeholders in the area in project activities, they will be oriented

	on objectives of the project and on details of the planned activities. Local stakeholders will be involved in implementation plan of the project. Try will be made to find and hire staff from the local area, however in case of unavailability of staff, staff hired will be oriented on local norms and culture. Ambulances will be rented from community, as they will have easy access to far and near communities for provision of first aid services, evacuation and referrals. CHWs working in the villages are from the community and are safe to move from place to place for provision of emergency and awareness raising activities in the communities. Village level shuras will be involved in project activities, shura members and religious leaders will be involved and oriented on project activities in order to obtain their trust and support in smooth implementation, avoid being targeted and conflicts.
Access	ACTD has vast experience of implementation of BPHS in Helmand and Paktya provinces. This working experience at gross root level made our team understand the local context, norms and culture of beneficiaries and way to deal with stakeholders. Through direct linkage with communities through health posts, village shurars, the organization have good understanding and relation build on trust with the targeted communities. Moreover ACTD will give priority to hire local staff in order to further improve this trust with target population and other stakeholders. For improving access of war victims from remote located areas to trauma care , the organization will further improve coordination with all stakeholders. The project will be launched in close coordination and developing understanding with all stakeholders including community elders and shuras. For provision of first aid services to the remote located areas. In order to further improve access and minimize risk to staff and ensure smooth access of people from remote areas CHWs will be trained on approved First Aid Training curriculum, vehicle for ambulance services will be rented from communities and in those areas. Further to this ACTD management will further improve coordination with government agencies to address existing problems in referral of patients from districts to PH.

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	Health Director MO	D	1	3400	12	20.00%	8,160.00
	Leading team, planning, coordination, reporting to donor, coordinate with finance team, cash flow.						
1.2	Project Supervisor (MO)	D	1	800	12	100.00%	9,600.00
	This person will be fully dedicated to CHF Trauma care project and will be responsible for supporting the field offices in project planning, management, coordination at main office level and in case of need at project level. S/he will lead the projects with field team, responsible for collecting and compiling reports. Budget foreseeing, follow up of budget utilization with finance and field office. Procurement of medicine, equipment, resupplies and related goods and supplies from Kabul, ensure timely supply to field. Arranging training, developing and signing MOUs with partners. Coordinate the project activities with Admin, finance and management in order to provide on time support to project. Ensure good coordination within organization with department and other projects especially BPHS teams.						
1.3	Accountant MO and project offices	S	3	500	12	100.00%	18,000.00
	Fully dedicated to CHF project, responsible for accounting of the expenses CHF projects . Will check financial documents, provide feedback for allocable and allow ability of booked expenses. prepare/collect monthly reports from field and hard copies of financial documents. Follow cash transfer, budget flow with program people. Compiling financial reports and submission to donor. Participate in finance related meetings at Kabul level. Conduct field monitoring of finance related issues. on person per project in Main office and prjece office.						
1.4	Pharmacy Assistant MO	D	1	600	12	50.00%	3,600.00
	Responsible for collecting of request from project offices, assist procurement board in documentation, record keeping, stock keeping. Supply of medicine, equipment and resupplies to project office. collect report on monthly basis from the field. compile reports and share it with project focal point. 50% salary will be charged to this project.						
1.5	Monitoring officer MO	D	1	750	12	100.00%	9,000.00
	One person stationed in Kabul, responsible for monitoring of the project offices, HFs, training and field activities of both provinces. Conduct monitoring visits to the Project (project office, health facilities, collect findings, prepare report and share it with project team and with visited HFs and field team members in communities.						
1.6	Monitoring officer PO	D	2	610	12	100.00%	14,640.00
	Responsible for monitoring of the health facilities, training and field activities. conduct monitoring visits to the health facilities, collect findings, prepare report and share it with project focal point and with visited HFs. In coordination with field office and health facility team prepare action plan for improving the gaps. and follow the progress during next monitoring visits along with detailed monitoring of the activities. Be part of the monitoring visits jointly with main office team and with PHD team. 1 person for each project is planned.						
1.7	Emergency nurses 3 BHC linked FATPs	D	6	300	12	100.00%	21,600.00
	Stationed in already functioning BHC linked FATPs (2 nurses per facility), take care of wounded patient during afternoon and night hours, accompany ambulance to response to emergencies, stabilize patients in community, accompany ambulance during transfer and referral of patients.						
1.8	Emergency Nurses 1 BHC linked FATP and 11 standalone FATPs	D	24	300	10	100.00%	72,000.00
	This line reflects staff for 1 new BHC linked and 11 new standalone FATPs. 2 Nurses will work in each FATPs (1 BHC linked new FATP and 8 standalone in Helmand and 3 in Paktya) provide trauma care, referral services, follow up of treated patients, response to emergencies and participate in responses to mass casualties. This line is budgeted for 10 months as 2 months for establishment is excluded						
1.9	Project Supervisor	D	2	750	12	100.00%	18,000.00
	Overall responsible for planning, coordinating, implementation and reporting at project office level. One position for each (Helmand and Paktia provinces)						
1.10	Guard/cleaner standalone FATPs	S	11	160	10	100.00%	17,600.00
	Guards for FATPs to take care of the facility, safe guarding, guide patients. 1 Guard for each FATP. This position is budgeted for 10 months as these stations will be established during first two months of the project implementation.						
1.11	Incentives Guards FATPs linked with BHCs	D	4	20	12	100.00%	960.00
	Incentives to guards of BHCs for working for extra hours for supporting trauma care. 20 USD in addition to their salary (BPHS Project) will be provided to them as top up cost for additional work load on them.						
1.12	Guard Paktia office	D	2	145	12	100.00%	3,480.00
	Guards for Paktia office.						
	Section Total						196,640.00

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	Medicine supply	D	15	400	12	100.00%	72,000.00
	Medicine needed for treatment of patients, for all FATPs and health posts. Supply from project office will be done based on need, sufficient quantity will be available in health FATPs for provision to patients. BoQ uploaded .						
2.2	Resupply kits	D	15	350	12	100.00%	63,000.00
	Resupply includes consumable items needed for emergency and surgical cares (Antiseptic, Stitching material, gauze pieces, sticking, drains, NG tubes, catheter, adhesive bandage, sterile gauze pad, elastic bandage, triangular bandage, eye shield, anti septic solution, sticking plasters, plaster of paris etc) for surgical procedures. BoQ uploaded						
2.3	Transportation cost for medicine	S	1	600	4	100.00%	2,400.00
	Cost for shifting medicine(loading, unloading, vehicle rent) from Main Office Kabul to Helmand and Paktia project office and onward to FATPs and Health Posts. BoQ uploaded.						
2.4	Stationery and running cost	D	16	400	1	100.00%	6,400.00
	Stationery cost for 15FATPs and 1Paktia office (Stationery items include pen, pencils, white paper, stapler, stapler pen, calculator, erasers, marker pen, stamp pad etc) and General running cost of HF includes cleaning materials and items related in health facilities (electrify bulb, lock, socket, tea, candies etc).BoQ uploaded						

2.5	Printing reporting tools, HMIS tools	D	1	1500	1	100.00%	1,500.00
	Reporting formats for weekly and monthly report, registers and tally sheets for data collection and records, Emergency registers, registers for ambulances, reporting formats for CHWs, referral sheets, charts for data dissemination at HFs and project office level. BoQ attached						
2.6	Communication cost	D	110	4	11	100.00%	4,840.00
	Paid top up card cost for telephone communication @ 4 USD/ months: 70 CHWs + 30 FATPs staff + 10 management staff						
2.7	Furniture	D	11	350	1	100.00%	3,850.00
	Cupboard, chair, bench for patient attendants bench, writing table for 10 FATPs + 1 TC. floor mat for residence of overnight staff, and other related items.						
2.8	CHW kits	D	70	70	2	100.00%	9,800.00
	Kits for CHW contain (consumable medical items and equipment) (forceps 2, scissors 1, piodine, antiseptics, first aid box, gauze bandages, triangular bandage, crepe bandage, splints. BoQ attached.						
	Section Total						163,790.00

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	Medical equipment for FATPs and ambulances	D	12	1200	1	100.00%	14,400.00
	Minor surgical kit, trolleys, sterilization and IP equipment and supplies, patient screens, patient examination bed, patient retaining beds, iv stands got 1 new TCs and 11 FATPs						
3.2	Laptop computer with prineters	S	1	1000	1	100.00%	1,000.00
	For additional staff (monitor officers at main office)						
3.3	Heating material and equipment	S	16	157	4	100.00%	10,048.00
	Heating material and equipment for 15FATPs and 1Paktia provincial office are calculated base on 1.2 (Karwar 560 Kgs/FATP 148 +33 USD heating appliances) =157 USD BoQ attached.						
	Section Total						25,448.00

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	Rent of office Paktia	S	1	300	12	100.00%	3,600.00
	Rent for Paktia office for managing 3 FATPs in Paktia (coordination, monitoring, collection of reports, support FATPs)						
4.2	Rent for FATPs	D	11	80	11	100.00%	9,680.00
	Rent for 8 FATPs in Helmand and 3 FATPs in Paktia (For emergency services for war wounded patients in both provinces)						
	Section Total						13,280.00

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	Rent of ambulances	D	3	750	12	100.00%	27,000.00
	Ambulances for already functioning BHC linked FATP in Helmand Full time available ambulance at Health Facilities and assigned locations in FATPs. Monthly rent of 750 USD includes (Fuel cost, repair and maintenance cost and driver salary). These ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals. the vehicles will be available 24/7 in assigned FATPs for timely shifting of injured to the nearest appropriate level of HF. Budgeted for 12 months						
5.2	Rental vehicle for field and MO	S	3	800	12	100.00%	28,800.00
	For Monitoring, supportive supervision, coordination and resupplies . (1 Paktia, 1 Helmand project offices). 1 vehicle will be rented at head office for coordination purposes.						
5.3	Travel cost monitoring MO	D	4	205	4	100.00%	3,280.00
	Travel cost for 2 person visiting project office each quarter from Main Officer for support and monitoring from different sections (technical, finance and Amdin/logistics Departments). Unit cost =Helmand[return ticket 200 usd + local transportation 30 USD+ 60 Per diem 6 days @ 10/day (290 USD) and Paktia= 60 USD transportation, 60 USD Perdiem (120)= (290+120)/2=205. 4 people vill visit each project once in each quarter of project implementation.						
5.4	Travel cost supervision and monitoring Project Office	D	2	15	12	100.00%	360.00
	Per diem project office staff during travel to field activities for establishment, coordination, supplies, training, supervision and monitoring, report collection and salary payments. (2 person every month with stay in field 3-4 days/each visit).=[(6 person @5 USD/personx5 days)= (15)						
5.5	Travel cost paid to referral patients from FATPs	D	48	28	11	100.00%	14,784.00
	8 standalone FATPs in Helmand will be provided with travel cost paid for referral of trauma cases from to nearby health facilities. Expected number of cases for referral is 6 cases/month/FATP @28 USD travel cost for each referral to paid to local vehicles identified during initial phase of project implementation in collaboration with community and FATP staff.						
5.6	Rent for ambulance 3 FATPs and 1 new BHC Linked FATP	D	4	720	10	100.00%	28,800.00
	Ambulances for newly planned 1 BHC linked FATP in Helmand; 3 FATPs Paktia. Full time available ambulance at Health Facilities and assigned locations in FATPs. Monthly rent of 750 USD includes (Fuel cost, repair and maintenance cost and driver salary). These ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals. the vehicles will be available 24/7 in assigned FATPs for timely shifting of injured to the nearest appropriate level of HF. Budgeted for 10 months (2month considered for establishment of center and renting of vehicle).						
	Section Total						103,024.00

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
	Section Total						0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Training on Trauma management	D	40	18	5	100.00%	3,600.00
	Capacity building of technical staff (30 FATPs Nurses,10 staff of BPHS Hfs 5MD ,5 Midwives)on trauma management. Unit cost includes (Return transportation from Health Facilities to Project office/DH, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 42 Health Staff will get trained on Trauma Management for 5 days. This training will held for Paktia in Kabul in Emergency Hospital and for Helmand in Lashkargah Hospital.(20 USD two way transportation + 7 days 5 USD perdeim + 2 USD stationery+1 USD refershment+4 USD food) = 20+35+10+5+20=90/5 days training = 18 USD/day/person						

7.2	Training on IP and waste management	D	40	22	3	100.00%	2,640.00
	Capacity building of technical staff (30 FATPs Nurses,10 staff of BPHS Hfs 5MD ,5 Midwives)on IP and waste management. Unit cost includes (Return transportation from Health Facilities to Project office/DH, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 42 Health Staff will get trained on IP and waste management for 3 days. The training will be held at project level (Project offices) in Paktia and Helmand. Unit cost is caclusted based on ((20 USD two way transportation + 5 days 5 USD perdeim+ 2 USD stationery+1 USD refershment+4 USD food)=22 USD/day/person) =20+25+6+3+12=66/3= 22						
7.3	First Aid training for CHWs	D	70	10	3	100.00%	2,100.00
	Refresher training for 70 CHWs. Unit cost = 4 USD transportation two way daily, 2 USD refreshment, 4 USD stationery=4+2+4=10.						
7.4	Trainer Fee	D	2	15	30	100.00%	900.00
	fee for external 2 trainers (15 USD/day 30 days during project life)						
	Section Total						9,240.00

Sub Total Direct Cost	511,422.00
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.639594706012486%
PSC Amount	35,799.54

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	547,221.54

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Paktya -> Zurmat	3	586	306	220	220	1332	
Paktya -> Alikhel (Jaji)	5	333	174	125	125	757	
Paktya -> Chamkani	4	396	207	149	149	901	
Hilmand -> Nahr-e-Saraj	7	459	240	172	172	1043	
Hilmand -> Nad-e-Ali	9	370	193	139	139	841	
Hilmand -> Nawa-e-Barakzaiy	14	333	174	125	125	757	
Hilmand -> Sangin	7	507	265	190	190	1152	
Hilmand -> Musaqalah	7	412	215	154	154	935	
Hilmand -> Nawzad	11	660	345	248	248	1501	
Hilmand -> Washer	8	348	128	131	131	738	
Hilmand -> Kajaki	13	539	282	202	202	1225	
Hilmand -> Baghran	6	301	157	113	113	684	
Hilmand -> Reg	6	354	185	133	133	805	

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. Copy of ACTD BoQ (one month medicine).xlsx
2. Copy of BoQ (CHW kit).xlsx
3. Recommendation letter Helmand.jpg
4. Paktia PHD recommendation.pdf
5. List of BPHS trainings.pdf
6. Detailed locations.xlsx
7. BoQ Medicine.xlsx
8. BoQ Resupply kit.xlsx
9. Medical Equipment.xlsx
10. NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
11. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
12. CHF Afghanistan - Visibility and Communication Guidance.pdf
13. Sample referral slips Bost Hospital.jpg
14. Sample referral slips Bost Hospital.jpg
15. ACTD Helmand FATPs location Map.pdf
16. ACTD Helmand FATPs location Map.pdf
17. BoQ Medicine(2.1).xlsx
18. Copy of BoQ Resupply kit(2.2).xlsx
19. Copy of BoQ-3.1.xlsx
20. Copy of CHW Kit (2.8).xlsx
21. Copy of 2.3Transportation cost BD.xlsx

22. Copy of 2.4Stationary and running costBD.xlsx
23. Copy of 2.5 HMIS Tools BD.xlsx
24. 3.3 Heating materialsBD.xlsx
25. 3.3 Heating material BD.xlsx
26. ACTD beneficiary BD.xlsx
27. BoQ Medicine(2.1).xlsx
28. Copy of 2.3Transportation cost BD.xlsx
29. Copy of 2.4Stationary and running costBD.xlsx
30. Copy of 2.5 HMIS Tools BD.xlsx
31. Copy of 2.5 HMIS Tools BD.xlsx
32. Copy of BoQ Resupply kit(2.2).xlsx
33. Copy of BoQ-3.1.xlsx
34. Copy of CHW Kit (2.8).xlsx
35. Map - for CHF Helmand.pdf