

Requesting Organization :	International Medical Corps UK		
Allocation Type :	2015 2nd CHF Standard Allocation / Call for Proposals		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		100.00	
		100	
Project Title :	Lifesaving primary and emergency health care services to conflicted affected people in three districts of Nuristan province		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	AFG-15/3481/SA2/H/INGO/387
Cluster :		Project Budget in US\$:	347,550.17
Planned project duration :	12 months	Priority:	
Planned Start Date :	01/12/2015	Planned End Date :	30/11/2016
Actual Start Date:	01/12/2015	Actual End Date:	30/11/2016
Project Summary :	<p>International Medical Corps proposes to provide life-saving primary health care and trauma care services in areas of active fighting with a high number of civilian casualties. This area is inaccessible to quality primary health care services and no other provider, except International Medical Corps, is delivering these critical services. This program will increase the access of the conflict-affected population to quality primary health care and emergency trauma care services in three districts of Nuristan (i.e., Kamdish, Waygal and Doab). International Medical Corps proposes to provide the following services:</p> <ul style="list-style-type: none"> • Establish one Health Sub Center in white area of Upper Kamdish: In order to improve access to quality health care services in the white areas of Nuristan province, International Medical Corps will establish one Health Sub Center in the upper part of the Kamdish district of Nuristan, where a large population is living in an area controlled by the governmental security forces, but does not have access to the Kamdish District Hospital (DH,) which is under the control of militants. Also, the people are not using the services of DH due to insecurity and land mines/IEDs on the way to District Hospital. • Establish one Mobile Health Team in white area in Waygal district: One mobile health team will be established for the white area in Hamshoze, Taza ,Zamio, Mandish, Augram , Atacho, Wamdabar, Auram and Acho villages of the Waygal district , which is located 15km away from the current Aranse Basic Health Center with no public transportation facility. This area has volatile security and harsh weather in winter. • Establish one FATP at the border of the Kamdish district: International Medical Corps proposes to establish a First Aid Trauma Post (FATP) in the Kamdish district close to the Barikot district, at the border area between Kunar and Nuristan provinces. There is no regular public transportation serving this area to refer severe trauma/injured patients to higher level health facility/hospitals, such as Kunar provincial hospital, for appropriate trauma treatment. The FATP will provide resuscitation / stabilization for injured / trauma patients whilst arrangements are being made for onward referral for the seriously injured. • Training of staff on psychological first Psychological First Aid (PFA): International Medical Corps will provide training on psychological first aid (PFA) to the health staff so that they are better able to identify and meet the needs of the conflict-affected trauma patients;, especially vulnerable populations that include children women and men , who may have been negatively impacted by the death or serious injury of his/her family member, friend, or others, and/or by the loss of their property, or as a result of witnessing mass casualty during the conflict. , • Training of health staff on outbreak control and management and repositioning to respond to the outbreak: To respond to any possible outbreaks of diseases, International Medical Corps will organize a three days training on outbreak control, management and repositioning of equipment, small mobile tents, portable/foldable furniture, medicines and medical supplies, in order to control the outbreak of diseases. This is not included in BPHS in Kamdish, Waygal and Want districts of Nuristan. Staff will also be trained and supported on surveillance and early warning and response systems. •Construction of triage /emergency room in Doab district hospital: As the Doab DH has no space for triage and it serves as one of the referral points not only for the Doab district, but also for the Mandol district, International Medical Corps proposes to construct a room for triage and provision of first aid trauma care services for conflict or natural disaster-induced mass casualties 		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
10,482	10,464	1,759	1,759	24,464

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	10,452	10,452	1,759	1,759	24,422
Other	30	12	0	0	42

Indirect Beneficiaries :

Approximately 8,000 Indirect beneficiaries are expected from Kunar part of Barikot Nari, Bargimatal and Mandol districts

Catchment Population:

54512

Link with allocation strategy :

The project will improve the access to basic health services and trauma care through the establishment of a health sub center, mobile health clinic, First Aid Trauma Post (FATP) and triage section at the Doab DH. In addition to providing Psychological First Aid (PFA) to the conflict-affected populations located in conflict-affected, insecure and white areas of Kamdish and Want Waigal districts, it will improve the capacity of health workers to respond to the outbreaks of diseases. The fixed health center will provide most of the BPHS services that are currently unavailable. The FATP, with its trained skilled health workers, will implement priority health activities such as triage, stabilization, and referral of emergencies with immediate need of first aid trauma care by ambulance. As the Kamdish district is conflict-prone, the number of casualties and psychosocial disorder cases are rising. The proposed health activities will provide immediate lifesaving services to patients, whom, after stabilization, will be referred to Kunar Provincial Hospital for advanced treatment. This project will support the Doab district hospital with a renovation and the establishment of a triage section, which will diagnose the injured/ wounded people to determine the level of emergencies (i.e. red, black, yellow and green cards) as well as respect the privacy of women and establish the linkages with the Operation Theater. This project will provide all needed equipment, medicines and medical supplies to the fixed mobile health clinic, FATP and triage section to serve the conflict-affected population, ensuring they receive timely care (i.e., within the first few hours at the FATP and triage section). These supplies will help prevent potential delays for any conflict-affected person seeking emergency trauma care. International Medical Corps-UK will introduce the Emergency Triage Assessment procedures in the FATP and triage section. Also, it will develop a comprehensive Mass Casualty Management (MCM) plan for the FATP in close coordination with PPHD and other stakeholders, including a BPHS project, which is also run by International Medical Corps-UK. This project, with technical support from DEWS department and PPHD, will provide three days of diseases outbreak control training to the selected project staff to develop their capacity to respond to outbreaks/emergencies. By having trained staff with adequate supplies and timely referral to the nearest health facilities/hospitals, the program will address the priority health needs of the target communities. The proposed project activities are in line with envelope # 4 CHF health strategic priorities and eligible program areas of 2015, standard allocation 2 and the HRP 2015.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

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Dr Shamail Azimi	Medical Director	sazimi@internationalmedicalcorps.org	+93- 798809020
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BACKGROUND**1. Humanitarian context analysis**

Nuristan, with an approximately 149,721 settled and 20,000 nomadic population, is one of the most isolated provinces of Afghanistan with very difficult geographical terrain, bordering the Kamdih and Bargimatal districts of the province across the Durand Line, with the Chitral district of KPK, Pakistan. The mountainous terrain of Nuristan has made it vulnerable to natural disasters, like avalanches, floods and earthquakes (as Nuristan falls in an active seismic zone). Natural disasters, similar to conflicts in the area, affect the entire population and cause traumas and injuries. Nuristan experiences infiltrations of armed opposition groups (AOGs) from across the Pakistan border. Their presence in the area and occurrence of armed clashes have made the province one of the most unstable provinces in Afghanistan. The clashes between the Afghan National Security Forces (ANSF) and the armed opposition groups have seriously affected the local population, especially those who are living in Kamdih, Want Waigal and Doab districts. The conflicts in these three districts have injured or killed not only combatants but also civilians. During the first 6 months of 2015, 484 people were injured in the Kamdih and Doab districts. Most of the areas of the target districts have been under the control of Anti-Government Elements (AGEs) for the last few years, except the district centers, which are controlled by the government. However, these district centers also endure ongoing attacks by AGEs. The Want Waigal district center was attacked by AGEs on June 28, 2015 resulting in 16 deaths and 45 injuries as well as severe damages of the Want Waigal DH and ambulances. On August 22, 2015, Doab district center was attacked by AGEs, killing 9 men. International Medical Corps-UK has been active in the Nuristan province since July 2007 and is fully aware of the provincial security context and emergency needs. International Medical Corps is currently implementing the World Bank-funded BPHS SEHAT project. International Medical Corps-UK and Nuristan PPHD have identified two underserved areas in the Hamshoze village of Want Waigal and upper part of Kamdih districts, which are remotely located with no access to basic health services, including clean and safe delivery by skilled birth attendants (SBA), family planning and immunizations. Access is difficult due to the long distances between the health facility and the community, difficult terrain, lack of roads, lack of public transportation, deteriorating security conditions, and extreme weather conditions (i.e., heavy snow in winter and flooding and road blocks by river water overflows). These conditions prevent local people, especially vulnerable populations, from travelling long distances to the healthcare facility to seek care, which is leading to a higher rate of maternal and child morbidity and mortality. Poor access to immunization services has a low coverage and any outbreak of disease could rapidly spread among the non-immunized children, due to their severe malnutrition conditions. Similarly, the absence of delivery care by skilled birth attendant (attendants (SBAs) may lead to serious maternal and newborn complications and even cause the death of the mother and child. The population in the catchment areas of Kamdih, Want Waigal and Doab districts are prone of diseases outbreak due to the lack of safe drinking water (i.e., use of river water or unprotected springs) and poor immunization coverage. Moreover, an acute shortage of qualified female staff causes the underutilization of health services by women.

2. Needs assessment

International Medical Corps-UK, as the BPHS implementer in the Nuristan province, is regularly monitoring the communities' needs and conducting assessments, including a training needs assessment (TNA) of the health facilities and health posts in order to improve the service provision for the target communities and address any gaps related to access to health services. However it has been identified, through project assessments conducted in July-August 2015 and regular M and E support visits, there are several white areas, or areas where the population does not have access to basic health care, at the district health facilities in Kamdih and Want Waigal districts. The population of 9 villages with white areas is making 31% of Want Waigal district while population of 4 villages in upper Kamdih is 23% of the entire Kamdih district. Similarly the community living in conflict-affected areas of Kamdih and Doab districts do not have access to trauma services that can handle mass casualties because there is no FATP in the Kamdih district and a lack of emergency/triage room space at the Doab district hospital. The community access to basic/primary health and emergency trauma care is complicated by the difficult geographic terrain, harsh weather and deteriorating security situation of these districts. The morbidity and mortality rate among the community, especially children and mothers living in the white areas of Kamdih and Want Waigal is very high, due to the fact that children and women can't be reached for immunization and life-saving MCH services such as emergency obstetric and newborn care. In the first 6 months of 2015 16391 ARI cases were reported and managed in Want Waigal and Kamdih district health facilities, In 2014 two Measles outbreaks occurred one in each Want Waigal and Kamdih districts with 128 measles cases (52 male and 76 female children) and 40 deaths (6 male children and 34 female children) were reported due to poor measles vaccination coverage in the given areas. In 2015 till now two outbreaks (one measles and one ARI-Pneumonia outbreaks one in each district with 67 cases (38 male children and 29 female children) and 11 death (8 male children and 3 female children) were reported. The target for deliveries conducted by SKA is 167 while only 30 deliveries are conducted during the first six months of 2015 in Kamdih district. Health facility staff, who are providing treatment and trauma care services to patients, need refresher training. Health facility staff also are not aware of the procedures related to trauma management. The proposed project and activities are designed to complement the BPHS services provided at the health facilities and districts and to address the gaps between the development-oriented policies of the MoPH and the emergency setting of Nuristan. In order to cover the under-served areas the Provincial public health directorate (PPHD) and International Medical Corps-UK as per direction of MoPH identified the white areas including the areas in Want Waigal and Kamdih districts with no access of the community to existing health services and health facilities and it was found that despite of the establishment of all health facilities proposed in SEHAT BPHS grant agreement between International Medical Corps-UK and MoPH still some areas will remain uncovered so the PHCC Nuristan led by PPHD Nuristan strongly recommended establishment of more health facilities to cover the white areas and is agreed with International Medical Corps-UK to propose one MHT in Want Waigal and one SHC in upper Kamdih as well as the establishment of FATP in Kamdih and emergency/triage center in Doab DH.

3. Description Of Beneficiaries

The target beneficiaries comprise the entire population of three districts of the Nuristan province, currently estimated at 24,464 individuals (as per CSO), including men, women, children, who reside in the current conflict-prone locations and white areas. More specifically, beneficiaries include those whom International Medical Corps will provide services to, such as patients with injuries/wounds and those in need of referral, psychological first aid and primary health care services, including reproductive health and vaccination. Other beneficiaries include 42 health staff that will be trained in FATP and PFA. The FATP and Health Sub Centers staff who will be involved in the management of conflict-affected emergencies, providing health services as community health workers, are also project beneficiaries

4. Grant Request Justification

International Medical Corps-UK has been actively implementing BPHS in the Nuristan province since July 2007 including current a SEHAT program, covering 3 District Hospitals, 1 Comprehensive Health Center +, 2 Comprehensive Health Centers, 8 Basic Health Centers, 13 Health Sub centers and 160 Health Posts in 8 districts of Nuristan. There is no EPHS facility or Provincial Hospital in Nuristan province. As a result, the entire case load of emergency and complicated medical issues become the responsibilities of the BPHS facilities. Though these health facilities are functional throughout Nuristan province, there are still certain 'white areas,' particularly in Kamdish and Waigal districts, that are inaccessible due to the long distance between community and health facilities, remoteness and rising insecurity. Within Doab District hospital, there is a notable space limitation in Doab DH for trauma care, and particularly for triage, which is a serious concern for any mass casualty management. Additionally, the provision of medical procedures and interventions for emergency surgical services are often delayed due to this space limitation. Right now, it is not possible to provide services to all trauma cases at the same time. In the Kamdish district, the referral systems are weak as patients cannot get from Kamdesh to the Provincial Hospital of Kunar; there is no ambulance service. International Medical Corps-UK is uniquely positioned in Nuristan province to implement the proposed health project for the target underserved population of Nuristan province, as our staff has built trust with the communities throughout Nuristan due to its long history of working in the area and implementing program activities in health sector. This Project will be implemented by International Medical Corps (IMC). IMC is an independent affiliate organization of International Medical Corps UK (IMC UK), with which IMC UK shares the same name and charitable objectives and mission. IMC UK and IMC work together to deliver assistance programs in an accountable and effective manner in pursuit of their commonly-held charitable objectives. IMC UK will engage IMC in the delivery and implementation of its Programme in accordance with the terms and conditions of grant under any agreement that results from this proposal. Hereinafter unless otherwise specified all references to IMC UK in this application refer to the collaborative relationship between IMC UK and IMC

5. Complementarity

With the establishment of the well-equipped SHC, MHT, FATP and emergency/Triage rooms, which have a strong supply management chain of medical supplies, will enable the BPHS Project and PPHD/MoPH to provide a sustainable primary health and trauma care services to the conflict affected community of Kamdish, Want Waigal and Doab districts. The seriously injured patients will be referred to the Provincial hospitals of Kunar and Laghman provinces by a well-equipped two-way referral mechanism. The proposed project will fill the existing gaps not addressed by the BPHS Project, by covering the white areas with the provision of basic/primary health and emergency trauma care services in Kamdish, Want Waigal and Doab districts and improve access of the target community for primary health/emergency trauma care services to reduce morbidity and mortality. The project will establish one SHC and one FATP in Kamdish district, one MHT in Want Waigal district and construct/establish one emergency/triage room in the Doab DH, as these services are not covered under BPHS IMC-UK will closely coordinate the project activities with GCMU at Kabul level and with the SEHAT-I BPHS and Nuristan PPHD at the provincial level from the beginning to integrate the project activities in SEHAT-I BPHS project to ensure the continuation of services in a sustainable manner at the end of the project. In this process, International Medical Corps will share the project plan with the stakeholders to keep them fully informed about the activities. Also, they will be updated on project implementation on quarterly basis. In terms of sustainability, this project has two components – (a) training for capacity building of health professional and community awareness raising. These activities strongly support the project sustainability. (b) SHC, FATP and MHT which will be established under this project. A review will be conducted toward the end of project about their continued needs. They will be handed over to PPHD and BPHS to incorporate into their system. International Medical Corps will make sure that these facilities are fully equipped and functional at the time of handover. A detailed exit strategy plan will be developed in consultation with stakeholders at by mid-point of the project life, which will guide the process of incorporating the project activities into the PPHD and BPHS plans. And will be share with all stakeholders in PHCC meeting. The sites will be handed over to SEHAT- I BPHS project by end of project

LOGICAL FRAMEWORK

Overall project objective

To improve primary health care and life-saving trauma care services for conflict-affected and underserved population of Kamdish, Want Waigal and Doab districts

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. Reduce incidence of maternal and child mortality and morbidity targeting 1 million	1. Excess morbidity and mortality reduced	100

Contribution to Cluster/Sector Objectives : The proposed project will save the lives of the vulnerable people the of Nuristan through the establishment of mobile and fixed health centers in white areas of two remote and unsecure districts, where women and children have no access to basic health services. Lives of those injured in armed clashes will be saved, through a newly established and well-equipped FATP with proper referrals by using fully-equipped ambulances in the border between Nuristan and Kunar. The outbreak of diseases like measles, which took the lives of many children in Kamdish district of Nuristan in the past will be reduced through the training of staff on identification and control of outbreaks and epidemic-prone diseases. The outbreak Coordination and sharing information on project will be at central of our implementation modality, in order to avoid duplication and fill the gap properly.

Outcome 1

Improved access to high quality primary health care and life-saving trauma care services

Output 1.1

Description

Establish a Sub Health Center in the upper part of the Kamdish district of Nuristan

Assumptions & Risks

Nuristan is one of the insecure provinces with frequent security incidents, which may hamper the travel and transportation of staff and supplies. As a result, International Medical Corps may not be able to provide services as planned. The harsh weather conditions such as, very cold, snow and long winter which may cause either unavailability of trained staff or a high turnover of staff. Shortage of medicines may occur due to road blocks and, unavailability of medicines with required certificates. Finding a rented house for Sub Health Center is another consideration to keep in mind. Due to the on-going conflict, the project area may receive a number of IDPs which may place a burden on proposed activities

Activities

Activity 1.1.1

International Medical Corps-UK will establish a sub health center in the upper part of the Kamdesh district of Nuristan . SHC will provide life-saving services as per BPHS guidelines, including vaccinations, reproductive health and OPD services to women, men and children six days a week as per BPHS guidelines

Activity 1.1.2

International Medical Corps-UK will fully equip SHC with medicines, medical supplies, vaccines, as per MOPH standard essential lists, on a quarterly basis. However both health facilities will be supplied for 5 months in the beginning of the project as part of winterization . As part of winterization International Medical Corps will do prepositioning medicines , medical supplies , food for patients , fuel , gas , wood , heater to the sites . With regards to IMC staff, proper winter clothing will issued by management and staffs will be provided adequate shelter and heating requirements for times when travel due to snowfall is impossible. Attached please find winterization plan developed for current BPHS HF's as an example

International Medical Corps will also encourage families to make use of these services through community level promotion, information and awareness sessions with the aim to improve vaccination coverage levels

Activity 1.1.3

International Medical Corps will organize a one day training on psychological first aid (PFA) for all health staff, both male and female, in Kamdesh so that they can better meet the needs of conflict-affected patients, children , women and men who are negatively impacted by the death or serious injury of his/her family member, friend, or others, by the loss of property, or as a result of witnessing mass casualty during the conflict

Activity 1.1.4

SHC will be monitored by the Project Manager, M&E Coordinator, Eastern Region Program Coordinator regularly. In addition, International Medical Corps will record the phone number of patients, if available, and share with CHF for remote call-monitoring every 6 months

Activity 1.1.5

Develop human interest stories, share pictures, organize special events and invite OCHA and/or other officials, etc. as part of communication and promotion activities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Percentage of People served by emergency PHC / mobile services					80

Means of Verification : HMIS report , Clinic record , progress report , field visit report

The denominator is the population cover by Sub Health Center which is 6090. At least 80 % of 6090 will be cover by emergency primary health care which included OPD , vaccination , and reproductive health

Indicator 1.1.2	HEALTH	Number of pregnant women that received TT vaccine					186
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Means of Verification : HMIS report, Clinic record, progress report, M&E report

The population covered by SHC is 6090.

4 % of population is pregnant women. Number of pregnant women received TT2 = $6090 \times 4 / 100 = 243.6$. More than 75 % of pregnant women will receive TT2

Indicator 1.1.3	HEALTH	Number of health staff trained in psychological first aid from Kamdesh district					16
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Means of Verification : Training attendance sheet , training report , copy of certificates

8 male and 8 female health professionals will receive training

Indicator 1.1.4	HEALTH	Number of patients received OPD services through SHC					8,770
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Means of Verification : HMIS report , Clinic records , progress report , M&E report

As per BPHS guideline for each person consultation rate is 1.8 / year

The total population will cover by SHC is 6090. At least 80 % of this target will achieve which the total OPD will be 8770 OPD / year. 731 OPD / month and at least 28 patients / day (the working days is 26 days / month)

Indicator 1.1.5	HEALTH	Number of children < 1 year vaccinated					243
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Means of Verification : HMIS report, Clinic records, progress report

The population covered by SHC is 6090. 4 % of population is < 1 years. $6090 \times 4 / 100 = 243.6$

During project 122 boys and 121 girls will received vaccination

Output 1.2

Description

Establish one Mobile Health Team in white area in Waygal district

Assumptions & Risks

Nuristan is one of the insecure provinces with frequent security incidents, which may hamper the travel and transportation of staff and supplies. As a result, International Medical Corps may not be able to provide services as planned. The harsh weather conditions such as , very cold, snow and long winter which may cause either unavailability of trained staff or a high turnover of staff. Shortage of medicines may occur due to road blocks and, unavailability of medicines with required certificates. . Due to the on-going conflict, the project area may receive a number of IDPs which may place a burden on proposed activities

Activities

Activity 1.2.1

International Medical Corps-UK will establish a mobile health team in Want Waigal which covers Hamshoze, Taza, Zamio, Mandish, Augram ,Atacho, Wamdabar, Auram and Acho villages of Waygal district. mobile centers will provide life- saving services as per BPHS guidelines, including vaccinations, reproductive health and OPD services to women, men and children per BPHS guidelines based on rotation in each targeted village

Activity 1.2.2

International Medical Corps-UK will fully equip MHT with medicines, medical supplies, vaccines, as per MOPH standard essential lists.

Activity 1.2.3

International Medical Corps will organize a one day training on psychological first aid (PFA) for all health staff, both male and female, in Waygal district so that they can better meet the needs of conflict-affected patients, children , women and men who are negatively impacted by the death or serious injury of his/her family member, friend, or others, by the loss of property, or as a result of witnessing mass casualty during the conflict

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Percentage of People served by emergency PHC / mobile services					80

Means of Verification : HMIS report , Clinic record , progress report , M&E report

The denominator is the population cover by MHT which is 6356. At least 80 % of 6356 will be cover by emergency primary health care and mobile services which included OPD , vaccination , and reproductive health

Indicator 1.2.2	HEALTH	Number of patients received OPD services through Mobile Health Team					9,153
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Means of Verification : HMIS report , Clinic record , progress report

As per BPHS guideline for each person consultation is 1.8 / year

The total population will cover by MHT is 6356. At least 80 % of this target will achieve which the total OPD will be 9153 OPD / year. 763 OPD / month and at least 29 patients / day

Indicator 1.2.3	HEALTH	Number of pregnant women that received TT vaccine					186
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Means of Verification : HMIS report, Clinic record, progress report, M&E report

The population covered by MHT is 6356.

4 % of population is pregnant women. Number of pregnant women received TT2 = $6356 \times 4 / 100 = 254$. More than 70 % of pregnant women will receive TT2

Indicator 1.2.4	HEALTH	Number of health staff trained in psychological first aid					8
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Means of Verification : Training attendance sheet , training report , copy of certificate

4 male and 4 female

Indicator 1.2.5	HEALTH	% of health professionals trained in management of outbreak that score 80% or higher on post test					80
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Means of Verification : post test result

Indicator 1.2.6	HEALTH	Number of children < 1 year vaccinated					254
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Means of Verification : HMIS report , Clinic record , progress report

The population covered by MHT is 6354.

4 % of population is < 1 years.

$6356 \times 4 / 100 = 254$

During project 127 boys and 127 girls will receive vaccination

Output 1.3

Description

FATP equipped to provide emergency care services and FATP staff trained

Assumptions & Risks

Security is a big challenge in Nuristan specially in Kamdesh and Doab with on going fighting , availability of rented house for FATP , availability of professional staff due to turnover , regular supply of medical supplies due to road block , harsh winter and fighting , Kunar Provincial Hospital 's cooperation and capacity

Activities

Activity 1.3.1

International Medical Corps will establish a referral system with Kunar Provincial Hospital to refer trauma cases which are in need of further support and will organize at least quarterly coordination meeting with AMU(PU) in Kunar in order to strengthen the referral mechanism from the FATP to Kunar provincial hospital

Activity 1.3.2

International Medical Corps will construct an emergency room in Doab District Hospital for triage and provision of first aid trauma care for conflict affected people

Activity 1.3.3

International Medical Corps in coordination with Emergency Hospital and Health Cluster will organize 8-day training on trauma care for all newly hired staff of FATP

Activity 1.3.4

International Medical Corps will provide trauma care services including triage , stabilization and referral to 100 % of patients

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	HEALTH	Number of FATPs or HF's supported to provide trauma stabilization, treatment and referral services					1
Means of Verification : HMIS report , M&E report , Clinic report							
Indicator 1.3.2	HEALTH	Construction of room in Doab District Hospital for triage and provision of first aid services					1
Means of Verification : M&E report , logistic documents , pictures							
Indicator 1.3.3	HEALTH	No of trauma patients including men , women and children that are managed and referred in an appropriate and timely manner					3,906

Means of Verification : HMIS report, M&E report, progress report

As per our experience 15 % of our OPD services are trauma patients in Kamdesh district. The total population of Kamdesh district is 26034. The total patients who will cover are 3906

Additional Targets : Training of 10 health staff (5 male , 5 female) on outbreak control and management Prepositioning of small mobile tents, portable/foldable furniture , medicines and medical supplies for outbreak control in Kamdesh and Waygal districts . Develop Mass Casualty Management Plan

M & R

Monitoring & Reporting plan

International Medical Corps-UK will develop a comprehensive and standardized MandE plan and will develop monitoring tools to monitor the activities of the project and collect the relevant data. The logical framework will be used for monitoring indicators and objectives. Data will be collected through tools such as training reports, post-tests, HMIS reports, quality of care checklists, procurement and inventory records, clinical data records, meeting minutes, etc. National Monitoring Checklists (MNC) will be used to evaluate the quality of services and staff capabilities during monitoring visits and for providing feedback to the field staff. A Project Management Tool (PMT), attached to this proposal, which is created by International Medical Corps-UK, will be used to record the findings of monitoring of project activities. Joint monitoring visits with PPHD will also be organized to monitor the project activities. After each monitoring visit, an action plan will be developed to address the gaps (attached please find the template), and in follow up monitoring visits, the action plans will be evaluated to see if the gaps identified during the previous visit are addressed. Project activities will also be monitored and the data will be discussed during Project Review Meetings, which will be conducted by International Medical Corps senior management on a quarterly basis. Particular attention will be paid to the quality of services being provided and the quality of referrals using project data. Since International Medical Corps is the current BPHS implementer in Nuristan, it has access to all HF areas with the support of community elders and is able to monitor activities smoothly. The project staff includes an M&E Officer who will oversee all activities of the project, including routine monitoring. The MandE Officer will also lead the effort to develop a detailed MandE plan. The procurement is monitored by a four member procurement committee, while the procurement items and supplies will be monitored by the logistic officer and proposed logistic assistant. International Medical Corps will collect the telephone numbers of beneficiaries who receive training, staff working in project, community. Communities who receive services will work with a shura member in order to facilitate the remote monitoring of the project in case of inaccessibility to project sites. International Medical Corps will provide quarterly, semiannual and final reports to CHF through the online GMS system to OCHA. The International Medical Corps' Afghanistan Country Director, who reports to the Regional Coordinator, based in Washington, DC, will oversee the overall management and implementation of all program activities including operations and logistical arrangements as well as all financial and human resource matters. The International Medical Corps head office will also monitor the country office through conference calls and field visits

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: International Medical Corps-UK will establish a sub health center in the upper part of the Kamdesh district of Nuristan . SHC will provide life- saving services as per BPHS guidelines, including vaccinations, reproductive health and OPD services to women, men and children six days a week as per BPHS guidelines	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	

Activity 1.1.2: International Medical Corps-UK will fully equip SHC with medicines, medical supplies, vaccines, as per MOPH standard essential lists, on a quarterly basis. However both health facilities will be supplied for 5 months in the beginning of the project as part of winterization . As part of winterization International Medical Corps will do prepositioning medicines , medical supplies , food for patients , fuel , gas , wood , heater to the sites . With regards to IMC staff, proper winter clothing will issued by management and staffs will be provided adequate shelter and heating requirements for times when travel due to snowfall is impossible. Attached please find winterization plan developed for current BPHS HF's as an example International Medical Corps will also encourage families to make use of these services through community level promotion, information and awareness sessions with the aim to improve vaccination coverage levels	2015													
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: International Medical Corps will organize a one day training on psychological first aid (PFA)for all health staff, both male and female, in Kamdesh so that they can better meet the needs of conflict-affected patients, children , women and men who are negatively impacted by the death or serious injury of his/her family member, friend, or others, by the loss of property, or as a result of witnessing mass casualty during the conflict	2015													
	2016			X	X									
Activity 1.1.4: SHC will be monitored by the Project Manager, M&E Coordinator, Eastern Region Program Coordinator regularly. In addition, International Medical Corps will record the phone number of patients, if available, and share with CHF for remote call-monitoring every 6 months	2015													
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.5: Develop human interest stories, share pictures, organize special events and invite OCHA and/or other officials, etc. as part of communication and promotion activities	2015													
	2016			X			X		X		X			
Activity 1.2.1: International Medical Corps-UK will establish a mobile health team in Want Waigal which covers Hamshoze, Taza, Zamio,Mandish, Augram ,Atacho,Wamdabar,Auram and Acho villages of Waygal district. mobile centers will provide life- saving services as per BPHS guidelines, including vaccinations, reproductive health and OPD services to women, men and children per BPHS guidelines based on rotation in each targeted village	2015													X
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.2: International Medical Corps-UK will fully equip MHT with medicines, medical supplies, vaccines, as per MOPH standard essential lists.	2015													
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.3: International Medical Corps will organize a one day training on psychological first aid (PFA)for all health staff, both male and female, in Waygal district so that they can better meet the needs of conflict-affected patients, children , women and men who are negatively impacted by the death or serious injury of his/her family member, friend, or others, by the loss of property, or as a result of witnessing mass casualty during the conflict	2015													
	2016			X	X									
Activity 1.3.1: International Medical Corps will establish a referral system with Kunar Provincial Hospital to refer trauma cases which are in need of further support and will organize at least quarterly coordination meeting with AMU(PU) in Kunar in order to strengthen the referral mechanism from the FATP to Kunar provincial hospital	2015													X
	2016	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.2: International Medical Corps will construct an emergency room in Doab District Hospital for triage and provision of first aid trauma care for conflict affected people	2015													
	2016			X	X	X	X	X						
Activity 1.3.3: International Medical Corps in coordination with Emergency Hospital and Health Cluster will organize 8-day training on trauma care for all newly hired staff of FATP	2015													
	2016		X	X	X									
Activity 1.3.4: International Medical Corps will provide trauma care services including triage , stabilization and referral to 100 % of patients	2015													X
	2016	X	X	X	X	X	X	X	X	X	X	X	X	

OTHER INFO

Accountability to Affected Populations

International Medical Corps-UK will share the project design and, activities with the community through the Health Shura and community health workers at the beginning of project. The community will be informed regarding new activities and advise the project on its needs. The sites for FATP establishment and mobile clinic, including schedules and locations, will be selected in consultation with community elders. International Medical Corps-UK will also meet with PPHD to provide an orientation to ensure clear communication about the goals and purposes of this project, and to answer questions and concerns. The project will also be shared with other stakeholders during monthly Provincial Public Health Coordination Committee (PPHCC), meetings and PU-AM and SCA to promote communication for, getting feedback and joint decision-making. In order to have a feedback mechanism, the staff, community, CHWs and PPHD will be consulted to get their opinions and inputs. . Focus group discussions will be conducted with community elders and CHWs about the services to cope with emergencies, gaps, solutions/recommendations and sustainability. International Medical Corps-UK will prioritize the safety and dignity of beneficiaries at each level of health care right from first aid to the advanced level health care. Safety measures will be placed during the first aid, transportation of the patient, triage, the surgical procedure, anesthesia and nursing care. 100% infection prevention measures will be put in place in order to protect the patients from further harm of getting serious infections such as Hepatitis B, C and HIV. International Medical Corps-UK will provide the services with dignity and respect to all beneficiaries without discrimination of gender, ethnicity, political affiliations or religion. Feedback will be taken from beneficiaries through a suggestions box and the Health Shura to ensure that all the targeted vulnerable groups of people have equal and impartial access to the health services. An action plan will be prepared for filling of the gaps in reaching the equal and impartial access of the services

Implementation Plan

International Medical Corps , as the current BPHS Project implementer, will easily coordinate the implementation of this project in Nuristan Province. In the first month IMC will organize a Project Opening Meeting to provide orientation to the project program and support staff on the project’s objectives, activities and indicators, as well as share an implementation plan and M&E plan. IMC-UK will recruit, orient and deploy the key project staff during the first 2 months. The project will be coordinated with the PPHD at Provincial level and Emergency Preparedness and Response Department and GCMU of MoPH at central levels. IMC will regularly attend the monthly PHCC meeting to coordinate the project activities with other stakeholders. The preparation of construction of an emergency/triage room in Doab DH will be started in the second month of the project, while the actual construction will be started in March/April 2016, since the winter months start from November with snow in Nuristan Province, and summer approaches in March/April when snow begins to melt, so that is a favorable time for the construction of the emergency/triage room. From the third and fourth month IMC will organize capacity building activities for male and female staff of FATP on trauma care, including basic live saving support and psychological first aid (PFA), using MOPH -approved training curricula on Mass Casualty Management and triage. International Medical Corps-UK will organize a three-day training on outbreak control and management for 10 doctors and nurses. Similarly, International Medical Corps-UK will conduct a one day training for 24 health workers on Psychological First Aid at their respective health facilities during the 2nd quarter of the project. IMC, in close coordination with PPHD and other stakeholders in Nuristan, will develop a MCM Plan for Barikot FATP and review and update it to align with Doab MCM plans. IMC will develop a project procurement plan during the first month of the project and will strictly follow it for the purchase of all necessary equipment, furniture, medical equipment, emergency drugs and medical supplies and supply to the relevant health facilities (SHC, MHT and FATP). These activities will be closely coordinated with pharmacy, logistics and health facility staff to strengthen the supply management chain and avoid any problems in shortage of emergency supplies for primary health and emergency trauma care. An approval will be obtained from the PHCC and PPHD Nuristan for the registration of the SHC and MHT at PHCC at HMIS department of MoPH to update the HMIS database accordingly. At least one monthly coordination meeting will be held with the SEHAT-I BPHS Project and Technical Manager and health facility (SHC, MHT, and Doab DH) and FATP to ensure their support for the project implementation. These meetings will discuss potential problems, gaps and ways to solve them. IMC has a very positive and strong coordination with all the relevant stakeholders and will further strengthen these working relation relationships in the future for better project implementation that will provide a quality primary health and emergency trauma care. All meetings organized by the Provincial Operational Coordination Team, PHCC and PDC meetings in Paroon, health cluster meetings in Jalalabad and Kabul and HRT meetings in Jalalabad and BPHS and EPHS Coordination meetings in Kabul organized by MoPH on a quarterly basis, will be attended for better coordination and project information sharing purposes. This will also help all stakeholders to be informed about the projects run by other organizations and prevents overlapping and duplication of the activities. . IMC will closely coordinate with the SEHAT-I BPHS Project Manager to integrate the project activities into SEHAT-I BPHS project for the continuity of services at the end of the project, which will ensure the sustainability of project activities

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MOPH / GCMU	Sharing Project objective , activities , share progress report
Nuristan Provincial Health Directorate	Sharing project objective, activities , sites , attend all PHCC meetings , share project progress , constraints / challenges
Health Cluster	Attend all health cluster meetings at national and regional level
Coordinate with AMI(PU) BPHS IP in Kunar	Share project, coordinate referral from FATP to Kunar provincial hospital
Coordinate with CHF	All project achievement, challenges, constraints, progress, attend all coordination meeting called by CHF at Kabul and regional level
Coordinate with Kabul Emergency Hospital	Coordinate BLS training

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

International Medical Corps, following its organizational policy, will focus on mainstreaming gender at all levels by giving equal employment opportunities to female staff, involving them in the decision-making process and the planning and implementation of the project, as well as educating the community on the importance of utilization of services equally by women, children, adolescents and men. International Medical Corps will segregate women and men in the needs assessment (context/background) process and the analysis will be reflected and logically connected in project activities and outcomes. The services proposed are for both women and men. The provision of reproductive health services is one of the main components of the activities targeting women. International Medical Corps will inform the community about the availability of female health staff and services for women through trained female and male health workers and shura members (including community and religious leaders) who serve as community gatekeepers, through monthly meetings, which will engage men as partners and improve health seeking behaviors of women. Availability of female staff is necessary in each health facility, as the lack of female health staff has been identified as a major barrier to women seeking healthcare and their spouses/ family members' unwillingness to allow them to be 'seen' by male staff. In addition, International Medical Corps will make efforts to ensure that women's needs and rights are addressed by providing gender sensitive services through increased female staffing levels. International Medical Corps will also advocate for appropriate incentives for hardship postings and female-friendly recruitment procedures within its program. While conducting training programs for health staff and community health workers, International Medical Corps will make efforts to maintain a proportionate balance between male and female trainees. International Medical Corps is well aware of the local cultural sensitivities and barriers for women's participation in such trainings, if they are conducted and attended by men. To help solve this issue, International Medical Corps will recruit qualified female trainers for trainings with female participants. It will orient the religious and community leaders through health shura and community health workers on the importance and benefits to healthy women, for the health of a woman herself, her household and community. International Medical Corps will also focus on rights based approach for women and children, including improving access to health services for women and young girls. The proposed project will target conflict-affected populations of Nuristan province,

Health facilities waste is an environmental concern and a critical part of infection control, as most medical waste is classified as infectious or bio-hazardous and could potentially lead to the spread of disease. International Medical Corps will put a system in place which would prevent the wastage of drugs, supplies and resources. International Medical Corps-UK, as part of its policies to safeguard the environment, always takes necessary measures for safe management of the health care waste as per MoPH standards. This includes safe waste disposal for human waste and medical supplies including plastic or paper sachets, single-use syringes, used bandages, bodily tissues, etc. International Medical Corps-UK project will develop a comprehensive environmental hazard mitigation plan which will be implemented throughout the project duration followed by its integration in the SEHAT-I BPHS Project after. After the project is over, however, its activities will be continued in a sustainable manner having a positive impact on the environment. International Medical Corps will organize regular awareness raising sessions/events at the health facility and community level about safe disposal

Protection Mainstreaming

International Medical Corps will prioritize the safety and dignity of beneficiaries, while providing health care services from first aid to advance level health care. Safety measures will be placed during the first aid, transportation of patient, triage, during the surgical procedure, anesthesia and nursing care, 100% infection prevention measures will be put in place in order to protect the patients from having further harm of getting serious infection such as Hepatitis B, C and HIV. International Medical Corps' senior staff with technical expertise will closely monitor and supervise the quality of care provided to patients at the SHC , FATP and Mobile services as well as those who need tertiary level care. These patients will be referred to high level hospital immediately after stabilization in order to expedite the treatment without delay. International Medical Corps will be cultural sensitive and provide the services with dignity and respect to all beneficiaries without discrimination based on gender, ethnicity, political affiliations and religion. Through the support of CHF, International Medical Corps will fill the gaps in the provision of quality services to trauma victims in Kamdesh and white areas of Waygal, Kamdesh and Doab districts of Nuristan province. While providing services, impartiality will be maintained and the priority will be given to those who need immediate care. International Medical Corps will ensure that all patients receive the care in a timely manner. People with special needs, such as people with disabilities, women and children will be provided equal and impartial access to the health care. Feedback will be encouraged from beneficiaries through an anonymous suggestion box, as well as conversations with community health shura members and community health workers. This received feedback will be given considerations to improve the project implementation and management

Country Specific Information

Safety and Security

Nuristan has a long border with Pakistan particularly the restive Chitral district of Khyber Pukhtoonkwa (KPK) Province of Pakistan. This area is like all areas in the Eastern Region: heavily influenced by the Taliban and their activities. In the recent months, there was an increase in AOG activities in the said province which contributed to an increase in security incidences. Recent reports indicate that AOG has conducted many attacks against ANSF in the form of rockets, small arms fire, IEDs and coordinated attacks on isolated ANSF posts in the area. In Kamdesh, Duab and Want Waigal, the virtual absence of ANSF personnel has resulted to the Taliban dominance in the far flung areas. These militants conduct raids and ambushes on their opponents who venture too far from their base. The absence of high quality roads in the province also contributes to the instability of the area because travelers have to deal with multiple checkpoints set up by the insurgents in these districts. The remoteness of these districts from Paroon makes it very hard for the local government agencies to reach out to the people. This create a feeling of neglect among the locals, and thus, they often sympathize with the AOG. In recent months, reports of intrusions of AOGs in NGO-run health facilities and abductions of medical staff were reported. This usually occurred after sporadic armed clashes with ANSF forces and wounded militants seeking medical attention. Detention of NGO staff on suspicion of being government staff or spying on ANSF forces has also been reported in these areas. The absence of the law enforcement authorities contributes to criminality in the area, which is often in the form of armed robbery and sometimes the theft of commodity from warehouses. Duab is located in a route that is often used by the militants for their movement from the east into their northern area of operation. Kamdesh and Want Waigal are also areas along the border that occasionally suffer from cross-border shelling, airstrikes and drone attacks intended against the militants. However, there are reports that ANSF and civilians are also prone to become victims of these attacks

Access

International Medical Corps has been implementing CHF projects in this area since 2014. The credibility of International Medical Corps in being transparent in its activities has always been the reason why it has the trust of the local population. It is surprising also to know that the militants are aware of International Medical Corps' operations in the area and there were instances that International Medical Corps staff were detained and subsequently released by these insurgents upon knowing they work for International Medical Corps. This reality indicates that access in the area of Duab, Kamdesh and Waigal will not be an issue. International Medical Corps is currently operating health clinics and offices in these areas, employing local staffs and enjoys the support of the local Shura and the community. In spite of the insecurity of these areas, International Medical Corps' security department is still implementing an effective coverage of providing adequate support to local staff and assets. Strict security measures and protocols are implemented in such a way that does not hamper the delivery of services to the people. Using local resources, International Medical Corps provides adequate housing, office space and storage facility to these field sites. With the help of the local community, the security of these facilities is provided and safekeeping of goods and commodities is assured. International Medical Corps' security SOPs, SRAs and Contingency plans are in place just in case there is an outbreak in hostilities. In this part of the province, low profile vehicles are utilized in order to avoid being targeted. Close coordination with the local community leaders and the MOPH also provides adequate protection in which medical staff and supplies are delivered without any problem. Based on our previous experience and current operations in Nuristan, operating in this area will be based on the lessons learned during the previous year

Being as BPHS implementer since 2007 and have knowledge of areas International Medical Corps as part of its strategy will develop winterization plan. As part of winterization International Medical Corps will do prepositioning medicines , medical supplies , food for patients , fuel , gas , wood , heater to the sites . With regards to IMC staff, proper winter clothing will issued by management and staffs will be provided adequate shelter and heating requirements for times when travel due to snowfall is impossible. Attached please find winterization plan developed for current BPHS HFs.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Country Director	S	1	19,120.65	12	7%	16,061.35
	<p><i>The Country Director will have overall control and management of the program. He is based on Kabul office. He will be involved in the coordination and provide guidance in program policy issues; He will be the primary liaison between in country Donors, Government officials and other NGOs. He will oversee the program implementation as per the proposal; He will be reviewing all reports before submission to the donors. It is estimated that 7% of his time will be devoted to this project.</i></p> <p><i>The salaries are included 35% hardship, 28% fringe Benefit, 25% tax which is payable to Govt of Afghanistan and per diem per day \$30. All the benefit are paid based on International Medical Corps policy and procedures.</i></p>						
1.2	Finance and Admin Director	S	1	15,402.75	12	7%	12,938.31
	<p><i>He will be primarily responsible for the donor and HQ Financial and administrative reporting. The FAD is based in Kabul office. He will be formulating new budgets and ensuring adequate cash is available in the field sites. He will also ensure all the donor requirements and IMC internal regulations are met and adhered to in all the field sites. He will also be the administration focal point ensuring all the local laws of Afghanistan are adhered to. It is estimated that 7% of his time will be devoted to this project.</i></p> <p><i>The salaries are included 35% hardship, 28% fringe Benefit, 25% tax which is payable to Govt of Afghanistan and per diem per day \$30. All the benefit are paid based on International Medical Corps policy and procedures.</i></p>						
1.3	Operation advisor	S	1	13,791.66	12	7%	11,584.99
	<p><i>The Operation Advisor is based in Kabul office and is responsible for managing over all operation safety and security issues in the country and advising the Country Director on all security related issues. He will review, update and implement security protocols and ensure adherence to the security plans, provide program and site security assessments and ensure risk mitigation strategies are in place to sustain quality programming. Security training will be provided to staff to enable them to responsibly and safely implement IMC programs in tenuous operational environments. IMC routinely includes costs for expatriate and national staff security training in the budgets for programs in insecure environments. Estimated time devoted for this project is at 7%.</i></p> <p><i>The salaries are included 35% hardship, 28% fringe Benefit, 25% tax which is payable to Govt of Afghanistan and per diem per day \$30. All the benefit are paid based on International Medical Corps policy and procedures.</i></p>						
1.4	Nurses	D	2	350.00	12	100%	8,400.00
	<p><i>Male nurse will be team leader of HFs and will provide OPD service to both male and female clients. The two Nurses will be based in Hamshoze Village of Waygal District and upper part of Kamdish District. The Will do health education, will arrange meeting with local community, will provide month activity report and will work closely project manager to make sure the quality service delivery centers.</i></p> <p><i>The Salaries also included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>						
1.5	Midwives	D	2	651.00	12	100%	15,624.00
	<p><i>The Midwives will be based in the fields and will provide MCH service to female client and will do health education regarding safe delivery, ANC, PNC and TT vaccine. 100% of their salaries will be charged to this project.</i></p> <p><i>The Salaries also included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance. At FATP center we will have 6 nurses. Each two nurses will work for eight hours (total three shifts one shift from</i></p>						

1.6	Vaccinators	D	2	160.00	12	100%	3,840.00
<p><i>Vaccinator will be based in the field and will provide EPI service to undeserved areas targeted population. Vaccinator will provide regular health education regarding vaccination benefits. Vaccinator will provide EPI monthly report to health facility in charges. 100% of their time will be charged to this project.</i></p> <p><i>The Salaries included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance. At FATP center we will have 6 nurses. Each two nurses will work for eight hours (total three shifts one shift from</i></p>							
1.7	Guard/Cleaners	D	2	130.00	12	100%	3,120.00
<p><i>The Guard/Cleaners will be based in the field and will provide support direct to program. They Provide 100% support to this project, therefore, 100% of their time is changed to this project.</i></p> <p><i>The Salaries included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.8	Nurses FATP	D	6	350.00	12	100%	25,200.00
<p><i>FATP have six nurses in the structure. Six will provide service to manmade and nature district affected casualty in the FATP center in three ship. Two nurse will provide service for eight hours. FATP nurses are responding trauma patient, stabilize and refer to Kunar provincial Hospital. 100% of their time will be charged to this project.</i></p> <p><i>The Salaries included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance. At FATP center we will have 6 nurses. Each two nurses will work for eight hours (total three shifts per 24 hours</i></p>							
1.9	Guard/Cleaners	D	4	130.00	12	100%	6,240.00
<p><i>The Guard/Cleaners will be based in the health facilities and will provide 100% support to this project, therefore, their 100% time is charged to this grant.</i></p> <p><i>The Salaries included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.10	Program Coordinator (Eastern Region-)	D	1	3,200.00	12	7%	2,688.00
<p><i>Program Coordinator: is located in Jalalabad office. He is responsible to improve coordination with WHO, UNOCHA and other stakeholder at regional level. He will make sure about the proper implementation of project. 7% of his time will be charged to this project.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.11	Project Manager	D	1	1,615.00	12	100%	19,380.00
<p><i>The project manager is based in the field and will be responsible for overall implementation, leading, controlling of the Project. She/he should assure that appropriate monitoring and supervision is taking place at the project sites and the province, will manage project required training as well as the overall project activities, including preparing work plan and implementing the work plan in the field. 100% time of program manager will be charged to this project.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.12	Pharmacy Assistant	D	1	501.10	12	100%	6,013.20
<p><i>Pharmacy assistant: is responsible for pharmaceutical management of project. Will conducted supervision from one mobile health team, fixed health center and FATP. 100% time of pharmacy assistant will be charged to this project</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.13	HMIS/MandE Coordinator	D	1	1,964.98	12	10%	2,357.98
<p><i>HMIS/ Monitoring and Evaluation Coordinator: this position based will be in Kabul office and will conduct monitoring visit from project site on quarterly bases. 10% of his LOE charged to this grant.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.14	Finance Manager	S	1	2,785.83	12	7%	2,340.10
<p><i>Finance Manager: is based in Kabul office, Finance Manager will be responsible for the field accounting. Responsible to enter all the financial transactions are entered in to accounting software Cost point. Review field finance transactions, regularly visit to the field locations and provide on job training to the finance staff. He is also responsible to make sure all the finance documents are scanned and provided to HQ on time. 7% of his time will be charged to this project.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.15	Logistics Officer	S	1	987.45	12	7%	829.46
<p><i>Logistic Officer: is based in Kabul office. He is responsible to process all the procurement related documents. Prepare bit analysis, filling the documents, follow up with the field on timely process of all field procurement. He is responsible to regularly visit to field sites and provide the on job training to the procurement staff on IMC procurement policy and procedure. 7% of the time will be charged to this project.</i></p> <p><i>The Salaries also included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							

1.16	Medical Director	S	1	3,243.70	12	7%	2,724.71
<p><i>Medical Director: is based in Kabul office. Medical Director will be responsible for managing all the aspects of the program, liaising with the MOPH and other agencies involved in medical programs, and ensuring that activities are carried out according to the approved program goal and objectives and implementation timeframe. She will devote at least 7% of her time to ensure quality control as well as compliance with donor and MoPH guidelines.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.17	HR /Admin Manager	S	1	2,635.78	12	7%	2,214.06
<p><i>HR/ Adman Manager: is located in Kabul and responsible to track staff records and calculate monthly payroll, hiring of new personnel. Staff contract extension, dealing with the legal matter.7% of her time will be charged to this project.</i></p> <p><i>TThe Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.18	Cleaner/Guards	S	2	446.00	12	7%	749.28
<p><i>Guards/Cleaners– are located in Kabul office. The Guards, Cleaners will provide the support to Kabul office and as well as to the field offices. 7% their time will be charged to this project</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.19	Drivers	S	3	445.00	12	7%	1,121.40
<p><i>Drivers are located in Kabul office and will provide support to this grant. 7% of their time also will be charged to this grant.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.20	Finance Officer Nuristan	S	1	1,000.00	12	10%	1,200.00
<p><i>Finance officer: is based in Nuristan. The filed finance officer is responsible for daily finance activities and will process project staff salary. his 10% salary will be charge from CHF health project.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.21	Logistic Assistant Nuristan	S	1	800.00	12	10%	960.00
<p><i>Logistic Assistant based in Nuristan and will be responsible to provide support to this grant 10% of his time will be charged this grant.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
1.22	Porject Assistant	D	1	700.00	12	100%	8,400.00
<p><i>Project assistant will provide the support to the Program Manager for proper implementation of the project activities. 100% of his/her salary will be charged to this grant.</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>							
Section Total							153,986.84
Supplies, Commodities, Materials							
2.1	Trainings for Health Staff -BLSS	D	8	770.87	1	100%	6,166.96
<p><i>Training for Health Staff –BLSS: During project period, eight health worker will receive BLSS competency based training in Kabul Emergency hospital or IMC regional office</i></p> <p><i>Please find attached the Training BOQ in Document Tab.</i></p>							
2.2	Trainings for Health Staff - Psychological First Aid	D	24	15.87	1	100%	380.88
<p><i>Training's for Health worker on Psychological First Aid: during project period, International Medical Corps will provide one day psychological Firs Aid training to 24 health workers in their respective health facilities.</i></p> <p><i>Please find attached the Training BOQ in Document Tab.</i></p>							
2.3	Outbreak control and management three days training	D	10	164.92	1	100%	1,649.20
<p><i>Outbreak control and management three days training: during project period, International Medical Corps will provide three day out break control and management training to 10 doctor and Nurse.</i></p> <p><i>Please find attached the Training BOQ in Document Tab.</i></p>							
2.4	Program supplies (Consumables/ Blankets etc.)	D	3	150.00	12	100%	5,400.00
<p><i>Program supplies and other consumables: three planned health facilities (FATP, mobile health team and fixed health center) will receive program supply and other consumable on monthly basis base on their consumption report.</i></p>							
2.5	Training aids, materials and equipment/ refreshment	D	3	200.00	1	100%	600.00
<p><i>Training aids, materials and equipment/ refreshment: will provide required training aid material and supply for three different trainings</i></p>							

2.6	Establishment functional Triage/Nursing Room	D	1	35,000.00	1	100%	35,000.00
	<i>Establishment functional Triage/Nursing Room: as Duab is prone to man mad and natural disaster and from other hand limitation of space for trauma response and management. Therefore, International Medical Corps will establish triage and emergency room in the vicinity of Duab DH infrastructure.</i>						
2.7	HMIS Tools/IEC Materials (Posters, signs, radio announcements, etc.)	D	3	30.00	12	100%	1,080.00
	<i>HMIS Tools/IEC Materials: International Medical Corps will provide required HMIS tools to planned three health centers on monthly basis based on their consumption report.</i>						
2.8	Foods for Patients in FATP	D	1	120.00	12	100%	1,440.00
	<i>International Medical Corps will provide foods for Trauma patients in FATP center. \$2 per per patient 2 patient per day and 60 patient per month total unit cost is budget 120 USD.</i>						
2.9	HFs and FATP required medicine, medical and non medical equipment and medical supply	D	3	1,400.00	11	100%	46,200.00
	<i>HFs and FATP required medicines, medical and non-medical equipment, medical supply and Furniture and transportations supplies: International Medical Corps will provide required pharmaceutical and non-pharmaceutical supply to three planned HFs.</i>						
2.10	Rental house for fixed health center and FATP	D	2	150.00	12	100%	3,600.00
	<i>Rental house for fixed health center and FATP: International Medical Corps will rent two house for each one for fixed health center and FATP.</i>						
	Section Total						101,517.04
Equipment							
3.1	Furniture's	D	1	500.00	1	100%	500.00
	<i>This line will cover of office furniture in the field. The furniture's include, Chair, table, file cabin etc.</i>						
3.2	Generators	D	2	500.00	1	100%	1,000.00
	<i>2 Generator will be purchased for the health facilities. The generator will be used in FATP and two health facilities based on need. generator 4KW China made.</i>						
	Section Total						1,500.00
Contractual Services							
4.1	Ambulances for FATP	D	1	1,000.00	12	100%	12,000.00
	<i>Ambulances for FATP: International Medical Corps will rent one ambulances for FATP center in for patient referral. Rental ambulance will be stand by in FATP center for 24 hours.</i>						
4.2	Rental vehicle for mobile health team	D	1	1,000.00	12	100%	12,000.00
	<i>Vehicle Rental for mobile health team: International Medical Corps will rent vehicle for mobile health team. vehicle will refer pick up mobile health team staff to their plan villages and back to their location and same time will refer sever patient to nearest high level health facilities.</i>						
	Section Total						24,000.00
Travel							
5.1	International Airfare	S	3	2,500.00	1	7%	525.00
	<i>The travel cost will cover the FAD, CD and OPA annual leave air tickets. 7% of the total travel will be charged to this project.</i>						
5.2	Local travel tickets/Taxi fare	D	4	12.50	12	100%	600.00
	<i>This cost will cover for local transport cost for program staff</i>						
5.3	Visa/Departure Taxes/ Work Permits	S	3	500.00	2	7%	210.00
	<i>Visa/ Departure Taxes/Work Permits: This will cover the cost of obtaining work permits and visas for the international staffs working for the project.7% cost will be covered from this project.</i>						
5.4	National staff per diem	D	4	64.29	12	100%	3,085.92

	<p><i>National Staff per Diems: Local/In-country per diems have been budgeted to cover the in country boarding and lodging costs incurred by the staff during their official travels between Kabul and project sites for support and supervision.</i></p> <p><i>1000AFN is per diem and 350 for accommodation. the per diem and Accommodation is budgeted for 3days. (1000+350*3)/63 (63 exchange rate against 1 USD)</i></p>						
	Section Total						4,420.92
General Operating and Other Direct Costs							
7.1	Office Rent/Maintenance/Utilities-CO	S	1	12,000.00	12	7%	10,080.00
	<p><i>Office Rent/ Maintenance and Utilities for Kabul: This covers monthly payments are based on average rent for office space in sites, electricity bills, water supply, garbage disposal and other infrastructure charges for the site offices. 7% cost will be charged to this project.</i></p> <p><i>The total rent of the office is \$8000 and 4000 is added as utilities and Guest house supplies. Same office is also used for Guest house as well.</i></p>						
7.2	Vehicle fuel, Insurance-R/M-CO	S	1	800.00	12	5%	480.00
	<p><i>IMC Vehicle Maintenance, Fuel and insurance costs: Fuel, repair and maintenance of vehicles and vehicles insurance costs are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 5% of cost will will be charged to this project.</i></p>						
7.3	Vehicle fuel, Insurance-R/M-FO	S	1	800.00	12	7%	672.00
	<p><i>IMC Vehicle Maintenance, Fuel and insurance costs: Fuel, repair and maintenance of vehicles and vehicles insurance costs are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 7% of cost will will be charged to this project.</i></p>						
7.4	Equipment repairs and maintenance-CO/SO/PH	S	1	500.00	12	7%	420.00
	<p><i>Maintenance and Repair of Equipment: This line item will be used for maintaining and repairing of the project equipment's like computers, printers, etc.7% is charged to this grant</i></p>						
7.5	Office supplies	S	1	1,500.00	12	7%	1,260.00
	<p><i>Office Supplies: This line item is budgeted to cover costs of basic supplies for everyday work in the office and as well as for the field offices. 7% of Kabul supplies will be charged to this grant.</i></p>						
7.6	Legal fee	S	2	900.00	12	7%	1,512.00
	<p><i>Legal / Tax Consultancy fees: To retain a tax consultant and have his services in order to abide by the local laws and have his advises on the current taxation and legal issues. 7% will be charged to this grant.</i></p>						
7.7	Bank Charges	S	1	164.17	12	100%	1,970.04
	<p><i>Bank Charges: Bank charges are to cover the costs incurred on wire transfers between the field and Headquarters, as well as for local Hawallah money transfers fees from Kabul office to field office.</i></p>						
7.8	Generator/heating fuel - CO/SO	S	1	2,500.00	12	7%	2,100.00
	<p><i>Generators Fuel & Heating Fuel: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 7% of the fuel cost will be charged to this project.</i></p>						
7.9	Generator/heating fuel-Health facilities and FATP	D	3	300.00	12	100%	10,800.00
	<p><i>The three generators, heating and fuel will be covered from this line.</i></p>						
7.10	Communications (Top up cards, internet/internet upgrade and Maintenance)	S	1	2,804.00	12	30%	10,094.40

<p><i>Communications including internet/internet upgrade and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in the field and sub office. 30% of the total cost will be charged to this project.</i></p> <p><i>The cost is included \$2500 for Internet for Kabul office and Guest house and \$304 for communication allowances. (Top up cards)</i></p>							
Section Total						39,388.44	
SubTotal					127.00	324,813.24	
Direct						242,766.14	
Support						82,047.10	
PSC Cost							
PSC Cost Percent						7%	
PSC Amount						22,736.93	
Total Cost						347,550.17	
Grand Total CHF Cost						347,550.17	
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nuristan -> Duab	20	1,309	1,309	123	123	2,864	
Nuristan -> Waygal	30	2,542	2,542	636	636	6,356	
Nuristan -> Kamdesh	50	6,601	6,601	1,000	1,000	15,202	
Documents							
Category Name		Document Description					
Project Supporting Documents		Triage room BoQ Sept 13.xlsx					
Project Supporting Documents		List of all Supplies.xlsx					
Project Supporting Documents		CHF Afghanistan - Visibility and Communication Guidance.pdf					
Project Supporting Documents		NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx					
Project Supporting Documents		Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf					
Project Supporting Documents		Call Centre - Contact List Template.xlsx					
Project Supporting Documents		beneficiary list.xlsx					
Project Supporting Documents		Doaba Emergency Room BOQs Oct 7.xlsx					
Project Supporting Documents		Drawing.pdf					
Project Supporting Documents		Emergency Room Layout.pdf					
Budget Documents		2.4 BOQ-Program Supply and other consumables.xls					
Budget Documents		2.5 BOQ-Training aid material and equipments.xlsx					
Budget Documents		2.1-2.2- 2.3 BOQ.xlsx					
Project Supporting Documents		Revised beneficiary list Oct 15.xlsx					
Project Supporting Documents		Revised Need Assessment Oct 15.docx					
Project Supporting Documents		Nuristan Winterization Plan 2015.xlsx					