

<b>Requesting Organization :</b>	Organization for Research and Community Development			
<b>Allocation Type :</b>	2015 2nd CHF Standard Allocation / Call for Proposals			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
HEALTH		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of Health Services for conflict affected populations and displaced population of Baghlan province			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-15/3481/SA2/H/NGO/398	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	382,419.20	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/12/2015	<b>Planned End Date :</b>	30/11/2016	
<b>Actual Start Date:</b>	01/12/2015	<b>Actual End Date:</b>	30/11/2016	
<b>Project Summary :</b>	<p>The project will focus on addressing the emergency health needs of the population in Baghlan being a priority province without creating duplication. The project will ensure that a remarkable fraction of population having difficulty in access due to war has access to emergency health services. ORCD will focus on health cluster priorities aimed at reducing the mortality and morbidity particularly due to ongoing conflict by providing life-saving health trauma services in conflict effected areas.</p> <p>Under CHF funding, ORCD will establish provision of trauma care services through three stand-alone first aid trauma posts (FATPs) closely linked with a total 30 Community Health Workers (CHWs) and nearby communities covering all province especially the six districts of Baghlan comprising Nahrin, Baghlan -Jadid, Shahr -Kohna, Polikhomri, Doshi, and Khenjan districts. These FATPs will provide first aid/life support to casualties with timely referral of trauma care through strengthening referral from FATPs to secondary care facilities. In addition, the target 30 CHWs will also be trained to be able to offer first aid trauma care in the view of their job description.</p> <p>Meanwhile, ORCD will ensure Provincial Hospital of Baghlan have the required infrastructures, equipment supplies and drugs to properly address mass casualties in order to be a referral trauma center of the entire province. It will be ensured that it is able to receive large number of injured patients. The project will aim to have properly equipped male and female emergency wards, triage rooms, as well as surgical supplies. The designed interventions are crucially needed because most of the staff in Baghlan PH have not received any proper training on mass casualty management, triage and blood transfusion. This is while the existing capacity dealing mass casualties is severely lacking. The need for this activity has been reflected in the reports generated by the Baghlan Provincial Hospital and Baghlan PPHO. The need was further expressed to the ORCD assessment team during its visit from Baghlan (See the assessment report).</p> <p>In response to this perceived need, the project will focus on the expansion of the PH services in Baghlan through the construction of emergency ward, the equipment of the emergency ward and possibly operation theater considering surgical and blood bank supplies. Since the management of the PH is done through the hospital reform process, an MOU has been signed (See the attached the annex in the document section), ORCD is confident that the proposed intervention will be smoothly implemented.</p> <p>In Baghlan PH, an orthopedic surgeon will be hired and the necessary medical equipment and supplies for orthopedic surgeries will be delivered. This position has not been included in the existing EPHS requirements for a PH. ORCD has identified this need because of the important distance between Polikhomri and the nearby Regional Hospitals in Kabul and Mazar which are already overloaded. Therefore, it is an apparent need that the PH in Baghlan become referral point for all the emergency war orthopedic surgeries in the target province</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
277,169	274,595	54,701	53,130	659,595

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	29,287	29,015	5,780	5,614	69,696
Host Communities	247,882	245,580	48,921	47,516	589,899

**Indirect Beneficiaries :**

The indirect beneficiaries are the total population of the target districts which is more than 589,900 population (CSO) in six priority districts. Since this population live in conflict-prone areas, any of their family member could be victims of war and conflict. That is why they have been prioritized and will be targeted by this action.

Overall, the total population of Baglan which is estimated as 863,700 (CSO, 2013) will be benefited by this project.

Further, approximately a total 30 staff who will be involved in the implementation of this project will also be the indirect beneficiaries of the project.

**Catchment Population:**

The immediate catchment population targeted by this project is: 598,900.

**Link with allocation strategy :**

The proposed project of ORCD for Baghlan province responds to the priorities of the Common Humanitarian Fund (CHF) allocation strategy paper (September 2015) by working on the consequences of the increasing casualties linked with the ongoing conflict in this province. ORCD has had extensive presence in Baghlan and has established deep linkages with the Department of Public Health, leadership of the Provincial Hospital, existing BPHS implementing partners and target communities which could significantly contribute. This acquaintance of ORCD with the settings of Baghlan and its relationship could significantly contribute to enhancing access by ORCD to target communities and could mitigate operational risks due conflicts, and deteriorated security situation.

In the project two main victims of the conflict are identified: the trauma victims, and the displaced population, both Internally Displaced Population (IDPs) and returnees. The life-saving humanitarian assistance that, ORCD will provide to the trauma patients and the displaced population, complies with a long term vision through the improvement of existing health facilities in the province. The geographical areas of interventions are known as being areas of active fighting and/or very prone to that with a high number of civilian casualties. Aligned with the allocation strategy, the main goal of ORCD is to provide the required infrastructure in order to be able to accommodate treating the high number of war trauma patients arriving in the health facilities.

While trauma center is established at provincial hospital, the tentative locations for the planned three FATPs are Baghlan –e Jadid, Dahna e Ghor and Doshi districts which are strategic locations from which all trauma cases could be covered in the priority districts.

**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 :**

Name	Title	Email	Phone
Dr Quadratullah Nasrat	Chief Executive Officer	q.nasrat@orcd.org.af	+93729802902
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**BACKGROUND****1. Humanitarian context analysis**

Baghlan province has been experiencing unprecedented forced population movements due to conflicts in various districts of the province e.g. Dahna –e Ghorī, Baghlan –e Jadid as well as the recent escalation in Kunduz neighboring province since the spring 2015. In particular, Pul-e-Khumri has seen increasing numbers of new arrivals between 6 and 8 October (UNOCHA, 09 October 2015). Thus, the people in this province have significantly been vulnerable to war injuries. This is while, traditionally, Baghlan province together with other north-eastern province had not been affected by humanitarian crisis in terms of large-scale internal displacement. The recent deterioration of security condition has severely unnerved the population.

The start of the traditional spring fighting season caused significant population movements in the Northern and Western regions, including the target province: Baghlan. The nature of conflict has changed since 2013: the armed opposition groups are increasingly engaged in ambushes and ground offensive, with a consequent sharp increase in civilian casualties. The armed targeted killings, occupation of health and education infrastructure, intimidation and harassment have led to increased levels of displacement and civilian casualties in this province. For civilian populations, this change in tactics has engendered increased exposure to protection risks, in particular among women, children, the elderly and disabled.

The intensification and dispersion of conflict, inaccessibility in Baghlan province and record high levels of civilian casualties have severely stretched the current humanitarian ability to sufficiently cover all life-saving needs especially with regard to those related to provision of health services.

The upward trend in civilian casualties has been evident from the high number of trauma cases admitted in the health facilities of Baghlan province. During 2014-2015, a total 229 cases were admitted in Baghlan and more than 900 families have been displaced in Baghlan Province (800 of them in Baglan –e Jadid and 100 of them in Dahna e Ghorī (June 2005, Humanitarian Response). In addition to that, 2,190 other families from Kunduz have settled in Baghlan. Most of them have fled conflicts in their home areas and moved to safer areas in this province. Reportedly, taxis driving up empty from Pul-e-Khumri, Baghlan to Kunduz and bring back full passenger loads to Pul-e-Khumri (2,000 Afs per person from Kunduz to Pul-e-Khumri)

The situation in Baghlan became significantly fluid and volatile after Kunduz province fell into the hands Armed Opposition Groups (AOGs) and subsequent counter-attacks of Afghan National Security Forces (ANSF) which re-captured it after two days. The recent conflicts, war and ensuring internal displacement have terribly worsened the situation warranting additional interventions as part of humanitarian assistance to effectively minimize the negative impact of the recent developments in the target province.

## **2. Needs assessment**

As per the assessment report which is attached to the proposal in 'Documents section', there is an overall consensus about need for establishing trauma center in Baghlan Provincial Hospital as well as establishing First Aid Trauma Posts (FATP). It was quoted that “we have requested MoPH several times to establish trauma centers in Baghlan PH and vulnerable districts especially after the recent conflicts and war” but their requests have remained unheard. The PPHO stated that the need has been regularly communicated to Central MoPH through reports and official requests.

Currently there are no proper trauma centers at Baghlan PH and its district levels. The recent conflicts and war in the province strongly justifies a need for establishing first aid trauma posts and a referral trauma center. Such a system will be very much helpful in optimizing distribution of trauma care centers in the trauma system in the province and thereby provide optimal trauma care for the population of this province

It is undisputed that that trauma centers in provinces such as Baghlan is a tremendous need and they could be highly instrumental in improving the public health for the population. Presently, trauma is the one of the leading causes of death in this province. Per many studies conducted, there is usually 30% less chance of death for severely injured patients treated in a well-equipped trauma center or post. The HMIS records of trauma centers in other provinces with similar trauma centers show that more than 95% of patients treated at a trauma center survived.

The upward trend in civilian casualties has been evident from the high number of trauma cases admitted in the health facilities of Baghlan. During 2014-2015, a total 229 cases were admitted in Baghlan which majority of them had to be referred out to Mazar or Kabul due to unavailability of facilities for them. According to the UNHCR more than 900 families remain displaced in Baghlan Province (800 of them in Baglan –e Jadid and 100 of them in Dahna e Ghorī (June 2005, Humanitarian Response).

The Director of Baghlan Provincial Hospital, the Provincial Public Health Director, Deputy PHD expressed their willingness for the collaboration. They stated they have been requesting the establishment of trauma since long time but they have remained unheard. According to them, they are very pleased to have such center closely linked with multiple trauma posts established by UNOCHA through Common Humanitarian Funding (CHF). They acknowledged the “golden hour” has been the holy grail of trauma care. The concept that trauma patients have better outcomes if definitive care is initiated within 60 minutes of the time of injury has been attributed early treatment

Besides visiting and observation of all parts of Baghlan Provincial Hospital, we visited some technical staff and had individual and group meetings with them. Most of them were not trained on triage, stabilization and others related to trauma cases. They all acknowledged need for establishing a center to address trauma cases.

Grants Contract Management Unit (GCMU) was also consulted about the establishment Trauma Center in Baghlan PH as well as First Aid Trauma Posts in Baghlan province. They welcomed the idea and promised to ensure the coordination ORCD with BDN being the BPHS implementing partner.

Since the Provincial Hospital is managed through hospital reform provinces, discussions were also held with the Provincial Hospital Reform Department in MOPH Kabul. ORCD promised that the department will be extensively involved in the proposal development process so that the intervention is well-coordinated from the beginning.

## **3. Description Of Beneficiaries**

The total direct beneficiaries of the project is 68.3% of the total population (659,595 individuals). This is being described in two categories as below:

1) Direct beneficiaries: Among a total 35,000 IDPs (5%) of the target population have been targeted by the project with a breakdown of 29,278 men, 29015 women, 5,780 boys and 5,614 girls in six districts of Baghlan (Baglan –Jadid, Baglan –e Kohna, Polikhomri, Doshi, Nahrin and Khenjan. The remaining 95% are host communities. These population have been prioritized based on their vulnerability as they live in conflict zones of the province.

2) indirect beneficiaries: From this project, 89 staff will benefit from training that includes 65 men and 24 women. These are the indirect beneficiaries of the project who will be employed in the trauma center and three FATPs who will be receiving remuneration and training as part of this project. A total 25 staff will receive training on triage, first aid, stabilization and referral of war injuries.

#### **4. Grant Request Justification**

Afghanistan including the target province has badly been affected by continuous conflicts for the last decades. Since the fall of the Taliban regime in 2001, Afghanistan embarked in the process of rebuilding health system. However, it soon faced with setbacks and key challenges in financing health services. The need for the proposed intervention has been furthered acknowledged by the Provincial Public Health Director, Baghlan Provincial Hospital and their staff during the assessment from Baghlan province.

The need for the proposed intervention becomes more pressing when evidently, BPHS is accessed by less than 60% of Afghan population living within one-hour walking distance from the nearest health facilities. Poor population is badly affected because they spend more on health compared to better-off population (USD 10.00 vs. USD 8.40) as found by a pilot study documented in the Community Health Fund Report (MOPH 2009). With less than 60 % population having access to health services within one-hour walking distance, more than 40% population are left without having direct access to health services due to geographical, security, and resource scarcity. The access to health services has been further restricted due to recent conflicts and fighting in the province and the entire northern region. An important beneficiary groups of the proposed project is the vulnerable displaced population who are settled in different districts of the target province who are in desperate need of access to healthcare services especially trauma care.

The situation has been further exacerbated after the recent broke out of fighting in Kunduz which forced a significant number of the population more than 400 families moved from Kunduz to Baghlan

The existing BPHS implementing partner particularly in Baghlan is not capable of covering the basic health needs of this population nor is an eligible partner to access CHF funds.

Another key aspects of the health system is disproportionate utilization of health services of health services. This affects the quality of services in the hospital (EPHS) and leads to underutilization of BPHS HFs. Current trends and patterns of health system utilization in the country leads to the distortion of service delivery structure between BPHS and EPHS, where hospitals are used for services which can be easily provided by lower level HFs in BPHS.

In a resource poor country where there is an enormous amount of out of pocket expenditure on health, and in a situation where the health services packages of EPHS and BPHS are poorly financed, this example shows how further deterioration of health services and socio-economic status of population continues to take place especially when the situation is further deteriorated by active fighting and ensuing internal displacement.

#### **5. Complementarity**

The proposed intervention under CHF funding has not been implemented in the past nor is it a continuation. Nevertheless, it is complementary to the existing BPHS and EPHS programs in this province. While MOU has been signed with the Provincial Hospital for coordinating trauma care service delivery, a similar MOU for coordination with BPHS HFs is under discussion with GCMU, PPHD and BDN which will be finalized and signed with BDN in the witness of PPHD during the first month of the project.

##### **Complementarity with EPHS**

The EPHS policy document does not foresee provision of trauma care services in a provincial hospital. This is while there is a desperate need for these services necessitating complimentary actions aimed at filling the due gap. None of the staff in the Provincial Hospital has been trained on triage, stabilization and trauma care and the hospital is severely lacking required infrastructure, specialized personnel, necessary medical, and non-medical supplies and equipment for treating war injuries. Therefore, the proposal intervention is genuinely complementary to the existing EPHS interventions in the province.

##### **Complementarity with BPHS**

Likewise, the provision of trauma care services at the district and community level has been beyond the scope of BPHS provision which is currently offered as part of SEHAT II by the Ministry of Public Health. Therefore, the proposed intervention effectively proves to be complementary to the BPHS program in this province and is not a duplication at all. The standalone FATPs established as part of this project will be potentially complimentary with the Community-based Health Program (CBHC) of BPHS by establishing functioning links with a total 30 CHWs who will receive kits so that they have necessary tools to deal with war injuries. In addition, they will be offered on the job trainings by the staff of FATPs.

Furthermore, the management staff involved in this project will attend meetings together with BDN at provincial and community levels. This close coordination will ensure the complementarity of the proposed intervention with that of BPHS in the province.

##### **Exit Strategy**

Since the proposed project is closely linked with BPHS and BPHS, termination of CHF funding would not be an issue especially when calm and stability is restored in this province.

The fact that relevant staff of the Provincial Hospitals will be extensively involved in the provision of services through trauma center, the discontinuation of CHF funds will have no effects on it as most of the staff involved in the proposed CHF project are the permanent staff of the hospital who will be there even after the termination of CHF. Meanwhile, considering the desperate need of the hospital, the infrastructure and equipment of the trauma center which will be handed over to the hospital could be very efficiently used upgrading the capacity of hospital dealing with road accidents, and other injuries due to natural disasters in the province.

In addition, since the project will be involving CHWs who are inherent part of the community-based health care (CBHC) system of BPHS, the termination of CHF funding would have very minimal effect. The CHWs are the local volunteers who will continue with refreshed skills acquired as part of this project. Meanwhile, the equipment purchased as part of this project will be handed over to the Baghlan Department of Health which could be used in the BPHS health facilities.

LOGICAL FRAMEWORK							
Overall project objective							
To improve access to emergency health care services through 1) provision of life saving trauma care in Baghlan through upgrading the Provincial Hospital and 2) establishing/maintaining three First Aid Trauma Posts (FATPs)							
HEALTH							
Cluster objectives	Strategic Response Plan (SRP) objectives				Percentage of activities		
Objective 2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care	2. Conflict related deaths and impairment reduced				100		
<p><b>Contribution to Cluster/Sector Objectives :</b> The project is potentially effective in attaining the cluster objectives through the following ways:</p> <ul style="list-style-type: none"> <li>• The project will support the current health system by establishing trauma care services in the Provincial Hospital of Baghlan. Meanwhile, the project will aim at establish First Aid Trauma Posts (FATPs) at three strategic levels chiefly covering strategically identified 6 districts of Baghlan (Baghlan –e Jadid, Shahr –e Kohna, Polikhomri, Dahna –e Ghor, Doshi, Khenjan). These FATPs will significantly enhance access to the victims of war and conflicts. As a result, morbidity, and disability due to conflicts and war will be reduced remarkably.</li> <li>• The project will significantly assist the BPHS health facilities and CHWs in their catchment area to take active part in strengthening referrals to the nearby FATPs and trauma center. The experience has shown that BPHS has been potentially effective in reducing the delay in taking war victims to the nearby FATPs and trauma centers</li> </ul> <p>The project will be very effective in attaining the objective of this intervention by strengthening a robust referral system. Prompt referrals to higher level of health facilities have proven very useful in reducing mortality and morbidities.</p>							
Outcome 1							
War-wounded patients (men, women, girls, and boys) in Baghlan province have access to first aid, life-support and referral services.							
Output 1.1							
Description							
First aid trauma care services are provided to trauma patients through a total 3 standalone FATPs in Baghlan -e Jadid, Doshi, and Dahna e Ghor districts of Baghlan province							
Assumptions & Risks							
Security condition in the area allow medical teams work in the area. Availability of qualified staff willingness of BPHS implementing partner for cooperation Continued funding							
Activities							
Activity 1.1.1							
Identify appropriate venue, procure medical/non-medical equipment for establishing three FATPs and maintain regular supply of medicines and other consumables							
Activity 1.1.2							
Introducing quality assurance standards related to infection prevention and other relevant areas, implement Mass Casualty Management (MCM) aimed at provision of emergency trauma care services 24/7.							
Activity 1.1.3							
Regular monitoring and supervision from all FATPs. ORCD will establish joint supervision teams comprising members from PPHO and other relevant stakeholders.							
Activity 1.1.4							
Implement HMIS as well as proper recording and reporting							
Statistics from field will be collected and discussed with health staff of each FATPs during a monthly meeting/visits. Register books will be present in each facility and will be controlled on each monitoring visit. All statistics will send to HQ and analyzed at central level. In addition, narrative reports, comprehensive of pictures and stories from the trauma care service delivery will be developed and submitted to UNOCHA							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					3
<b>Means of Verification :</b> Project progress report, end of project report The target is has been calculated according to the project proposal							
Indicator 1.1.2	HEALTH	Percentage of conflict affected districts with at least one FATP or HF providing specialized conflict trauma care.					50

<b>Means of Verification</b> : PPHO records							
The target has been set based on the proposal. In 2nd standard allocation, a total 6 districts were identified (i. Baghlan -e Jadid, ii. Dahna -e Ghor, iii. Khenjan, iv. Nahrin. v. Baghlan -e Kohna, vi. Polikhomri.							
This is while through this proposal only 3 FATPs will be established so it means that 50% of the priority districts will be covered under this intervention							
Indicator 1.1.3	HEALTH	Number of war wounded patients are timely and appropriately managed, treated and stabilized				1,500	
<b>Means of Verification</b> : FATP monthly report, project progress report, end of project report							
Target is set based on total number of wounded patients that will arrive for treatment to the FATPs.							
Although apparently, the target looks low but considering the fact that the project is new and awareness about the availability of services, the target has been set conservatively. However, it is very much likely that the number of wounded patients would be very high							
Data of similar projects in other provinces has been used for setting this target . The fact that this intervention is new in this province has also been considered as a factor for this project							
Indicator 1.1.4	HEALTH	Number of referrals by FATPs to higher level of trauma care services				500	
<b>Means of Verification</b> : FATP register book							
<b>Output 1.2</b>							
<b>Description</b>							
High standard and free of charge secondary level trauma care services are provided through a specialized trauma center in Baghlan PH							
<b>Assumptions &amp; Risks</b>							
Willingness of qualified staff especially females in working in conflict area such as Baghlan Security condition allows working environment for staff Hospital leadership is willing to cooperate							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
Staffing, finalize location for infrastructure, procuring medical/non-medical equipment and maintain continues supply of medicines and other consumables for the Trauma Center in Baghlan PH							
<b>Activity 1.2.2</b>							
Procurement process for hiring construction company for the construction of building for trauma center and continually monitoring the construction work							
<b>Activity 1.2.3</b>							
Introducing quality assurance standards related to infection prevention and other relevant areas, implement Mass Casualty Management (MCM) aimed at provision of emergency trauma care services 24/7.							
<b>Activity 1.2.4</b>							
Regular monitoring and supervision from the trauma center. ORCD will also establish joint supervision teams comprising members from PPHO, ORCD provincial/HQ staff and other relevant stakeholders							
<b>Activity 1.2.5</b>							
Implement HMIS as well as proper recording and reporting							
Statistics from field will be collected and discussed with health staff of each FATPs during a monthly meeting/visits. Register books will be present in each facility and will be controlled on each monitoring visit. All statistics will send to HQ and analyzed at central level. In addition, narrative reports, comprehensive of pictures and stories from the trauma care service delivery will be developed and submitted to UNOCHA							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.2.1	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					1
<b>Means of Verification</b> : The trauma center OPD register book, the Trauma center's admission book, Operation Theater register book							
Indicator 1.2.2	HEALTH	Number of surgeries performed on war wounded and life threatening trauma patients admitted in Baghlan Provincial hospital.					360
<b>Means of Verification</b> : Baghlan Trauma Center OT book Baghlan Trauma Center Medical Statistics							
The target has been set given the current condition in Baghlan into consideration as well as similar provinces where such trauma center exist							
Indicator 1.2.3	HEALTH	Case fatality rate maintained within international agreed limits (%)					4

<b>Means of Verification</b> : Trauma centre medical statistics, death register.							
Indicator 1.2.4	HEALTH	Trauma patients are timely and appropriately managed and followed up				1,000	
<b>Means of Verification</b> : OPD registers - Baghlan Trauma care centre medical statistics							
<b>Output 1.3</b>							
<b>Description</b>							
All staff involved in trauma care service delivery in PH and FATPs are trained on relevant topics and well oriented on the related to trauma cases							
<b>Assumptions &amp; Risks</b>							
Availability of training institutions e.g. Ningarhar/Wardak, Emergency or others ready to conduct training							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
Based on a comprehensive needs assessment, organize training on IP, waste management, stabilization and management of injured people to 25 staff of trauma center, and FATPs							
<b>Activity 1.3.2</b>							
Identify a total 30 CHWs and conduct training to them on first aid trauma, stabilization, and referrals							
<b>Activity 1.3.3</b>							
Organize an exposure visits for staff to visit trauma centers in Nangarhar and Wardak and seek their help							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.3.1	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					25
<b>Means of Verification</b> : Training programme of seminars, sign-in sheets, training report, attendance sheet.							
The target has been set based on the proposal and the number of staff working in trauma care has been considered as trainees							
Indicator 1.3.2	HEALTH	Number of staff who are part of an exposure visit to Trauma Centers in Wardak and Nangarhar PH					10
<b>Means of Verification</b> : The target has been based on the number of staff who will be involved in service delivery in PH. The persons will include 1 surgeon, 1 anesthesiologist, 4 nurses and 4 other administrative and support staff							
Indicator 1.3.3	HEALTH	Number of CHWs receiving training in stabilization and management of war trauma					30
<b>Means of Verification</b> : Training records, attendance sheets							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

ORCD has robust monitoring and evaluation system to ensure the project is effectively implemented. The system allows capturing relevant data about the project based on which progress toward achieving outcomes could be assessed. The system ensures that all interventions are appropriate, relevant and well-coordinated and implemented as planned.

Standard monitoring tools that have been developed by other NGOs implementing similar CHF funded activities will be adapted and used. ORCD will develop monitoring reports and have them shared with the project office team. Written report/feedback will be shared with FATPs staff and accordingly a follow-up action plan will be developed aimed designing appropriate corrective actions. In addition, joint monitoring visits will be conducted together with the PPHD team and other stakeholders.

For the monitoring of FATPs, local health shuras and local elders will be involved so that they can share their findings, observations and recommendations on the project. Involving communities is potentially effective in promoting trust and ensuring the acceptability of the project interventions.

In addition, based on the recommendations of OCHA remote call monitoring guidelines, ORCD will obtain phone numbers of the patient/attendant, staff who use the services offered as part of this project. For verification purposes, these contact numbers will be shared with OCHA team.

ORCD will consolidate regular narrative and financial reports with inputs from stakeholders in conformity with the agreement established with the UNOCHA. Project inputs, activities and outputs will be subject to regular monitoring and evaluation procedures with close oversight by the Project Management Team (PMT) and the OCHA's assigned officer. Project team will analyze these reports will provide necessary feedback for improvement.

Reports on the use of funds as well as regular interim reports on progress will be produced by ORCD reviewed by the Project Management Committee and shared with the OCHA. ORCD will ensure fulfilling the performance indicators and benchmarks for the entire project. Using participatory evaluation strategies, ORCD will regularly assess programmatic relevance and beneficiary satisfaction.

At central level, ORCD PME Unit will be assigned to assist the provincial team to have a monitoring plan based on which monitoring visits from the project will be adjusted. The Project Manager and M & E Officers will make sure relevancy and accuracy of the progress made through checking the areas where the project interventions are taking place. They will visit the locations of where the project activities have taken place to re-confirm that the concerned target beneficiaries have been visited and that selection of the target groups for the project has been done according to the stratified guidelines.

To ensure close coordination with stakeholders, project planned activities will be shared with village elders, religious leaders and general community in order to have them oriented on the project activities so that they could be effectively mobilized for the success of this project. Meetings with community members will be arranged during monitoring visits in order to obtain their feedback about the project services which will be very useful for taking necessary corrective actions.

ORCD Project Management Team will draft and write the annual/final report in close coordination with stakeholders. The final report will introduce the project and explain its background. In addition, it will reflect the methodology and the implementation strategy process. The draft of the report will be shared with the OCHA and other stakeholders before it is sent out for dissemination and final submission.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Identify appropriate venue, procure medical/non-medical equipment for establishing three FATPs and maintain regular supply of medicines and other consumables	2015												X
	2016												
Activity 1.1.2: Introducing quality assurance standards related to infection prevention and other relevant areas, implement Mass Casualty Management (MCM) aimed at provision of emergency trauma care services 24/7.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Regular monitoring and supervision from all FATPs. ORCD will establish joint supervision teams comprising members from PPHO and other relevant stakeholders.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4: Implement HMIS as well as proper recording and reporting  Statistics from field will be collected and discussed with health staff of each FATPs during a monthly meeting/visits. Register books will be present in each facility and will be controlled on each monitoring visit. All statistics will send to HQ and analyzed at central level. In addition, narrative reports, comprehensive of pictures and stories from the trauma care service delivery will be developed and submitted to UNOCHA	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.1: Staffing, finalize location for infrastructure, procuring medical/non-medical equipment and maintain continues supply of medicines and other consumables for the Trauma Center in Baghlan PH	2015												X
	2016	X											
Activity 1.2.2: Procurement process for hiring construction company for the construction of building for trauma center and continually monitoring the construction work	2015												X
	2016	X	X	X	X	X							
Activity 1.2.3: Introducing quality assurance standards related to infection prevention and other relevant areas, implement Mass Casualty Management (MCM) aimed at provision of emergency trauma care services 24/7.	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	



ORCD will be solely responsible for the project implementation and will assign dedicated teams for the provision of trauma care in the provincial hospital and FATPs. The provincial management team will be extensively involved in the project management (planning, implementation, supervision/monitoring, supply, reporting and coordination). The project focal point at Kabul, monitoring officer and entire ORCD Kabul team will be regularly supporting the project in conducting their assigned duties based on the project plan.

In terms of reporting, the staff assigned in FATPs will report to Provincial Manager stationed at provincial level who will be reporting to the Program Manager based in Kabul. Provincial Manager and Program Manager will report to Chief Executive in Kabul. Aimed at avoiding duplication, the Trauma Center in Baghlan Project will be managed through the hospital leadership as an inherent part of the hospital. However, ORCD provincial team will provide necessary technical and managerial backstopping so that the trauma center runs smoothly in an integrated manner.

Reporting to UNOCHA will be chiefly done through ORCD Kabul Office. However, whenever needed, the provincial office could also directly communicate relevant issues to UNOCHA.

The Baghlan PH Trauma Center and FATP staff will be responsible for the delivery of trauma care at their respective levels, receiving patients from field, triage, stabilization and referrals to higher level of health facility. The staff will undergo at least two-week training on all components of trauma in an appropriate location in Kabul or Mazar.

Overseen by the Program Manager, provincial manager who will be de facto project supervisor for the project will be responsible for planning, implementation, supervision, reporting, coordination and monitoring of the project activities. Program Manager based in Kabul will follow the project progress with the provincial office on regular basis and will collect reports, support field teams in project implementation and ensure effective coordination with Kabul level.

Project activities will be coordinated with relevant stakeholders at provincial, district and village level. This will be done through regularly attending Provincial Public Health Coordination (PHCC) and local health shura meetings. In addition, separate meetings will be held with BDN, AKF and others that have been implementing humanitarian projects in the province. The major focus of discussions with these partners will be strengthening referrals and their inputs for further improvement.

Project supplies will be arranged from Kabul in bulk; however, in case of emergency needs procurement will be done in the field. ORCD will hire a total 24 persons (6 for trauma center and 18 for standalone FATPs) for the provision of trauma care round-the-clock. Three ambulances will provide referral services in the planned three standalone FATPs. Medicines, equipment, and supplies will be provided to the proposed facilities.

The staff appointed to the trauma center and FATPs will get trained on trauma care, Infection Prevention, and waste management. A total 15 -20 CHWs will receive training on first aid, and will be provided with first aid kits and necessary supplies required for the provision of first aid. Orientation of CHWs and the nearby HFs for timely referrals to higher level of care will be another important task of this project.

An active referral system will be established between the proposed FATPs, BPHS HFs and the Provincial Hospital at all levels.

The proposed FATPs will provide provision of trauma care as part of their routine services. Detailed emergency roster will be developed for the staff to ensure access and availability of trauma care through the facilities. The provincial team will be extensively involved in the day-to-day management and close monitoring of the project.

#### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
Provincial Public Health Office	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.
Government agencies, including district governors, security department	coordination at district level, obtain support in implementation, smooth referral of wounded patients.
Provincial Hospital	Oversight of the center, selection of site and mobilizing staff
Bakhtar Development Network	BPHS implementing partner which could be helpful in strengthening referral and access to CHWs and shuras
Department of Refugees and Repatriation	profiles the internally displaced population in the province
Department of Refugees and Repatriation	profiles the internally displaced population in the province
Health Cluster	Coordination at national and provincial level, technical guidance and backstopping

#### **Environment Marker Of The Project**

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

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

Gender equity and mainstreaming is one of the working principles of ORCD which it aims to achieve in all its programming. Aligned with the Gender Equity Policy of ORCD, the project will recruit a significant number of female staff in the proposed SCs, trauma centers and FATPs and offer trainings to them. The proposed project interventions have been designed by taking into account the gender marker aimed at improving access to emergency healthcare for IDPs' SCs including a midwife or a female nurse and the referral for patients to the hospital. Hygiene promotion interventions will be targeting male and female with a particular focus on mothers. The stabilization and referral services through the proposed trauma centers and FATPs have been designed for male and female patients. The fact that women are marginalized by their economic, social and political status in Afghanistan, they have become more vulnerable to health risks as compared to men. For example, the socio-cultural norms do not allow women to be visited by a male health service provider and vice versa. Therefore, ORCD's strategic focus on women would aim to increase the number of trained female health workers, Community Health Workers (CHWs) and develop a functioning referral system ensuring prompt referral to higher tier of HFs where a skilled female health service provider would be available. In the view of the MoPH Gender and Human Rights Strategy, all CHF funded activities aimed at the provision of BPHS in the target provinces will be implemented through the consideration of gender and rights-based approach with a specific focus on vulnerable groups e.g. women, girls and boys. ORCD understands that shortage of female staff is an issue all over the country. However, ORCD will do its best to make an active search for female staff in the SCs and FAHPs by closely working with the communities who have proven potentially effective in this regard.

The needs of women girls, boys, and men for health services in Afghan society including the target districts are distinct. While lack of trauma care services in this province indiscriminately affect all segments of the society including men, women, boys and girls, females are affected worse due to cultural and traditional barriers. Even though, men are more vulnerable to war injuries due to being outdoor, women and girls are also badly affected. Men and boys could easily access trauma care services, yet girls and women could not readily get health services as they have to go through sanctions imposed by males in families.

In Afghan society, being a patriarchal, women and girls are deprived segments of it who do not have decision making power even about their health. Girls are deprived of equal access to education, food, and other life amenities as compared to boys. Due to lack of female health professionals, people in a conservative society like Afghanistan do not feel comfortable to take their female members of the family to access health services from male health workers. This problem will, however, be addressed by hiring at least two health professionals in each FATPs, this problem could be significantly mitigated.

### **Protection Mainstreaming**

Service provision through this project will be based on consideration the dignity and respect to patients and clients. Health being the basis 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 considering age, sex, religion, tribe, ethnicity and political background of patients and clients.

Arrangements will be made to consider local norms and cultural issues. According to the established principles of medical ethics, 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. ORCD monitoring and supervision teams will arrange exit interviews with patients using services of the project and will take necessary steps to ensure smooth implementation of the project by taking the complaints and suggestions of patients/clients into consideration.

#### **Description of Environmental Marker:**

The clinical and non-clinical wastes will be managed in accordance with the waste disposal and Infection Prevention (IP) standards within all supported health facilities. It will be ensured that all medical and non-medical wastes are managed by providing with closed, leak-proof containers in different colors for infectious and non-infectious wastes. The blood and body fluid spills will be cleaned with 0.5% chlorine solution, and then disposed in a separate container. Wastes will be segregated at the point of use and sharps will be discarded and collected in puncture-resistant containers (e.g. heavy cardboard box, hard plastic or can containers). General waste will be collected in adequate closed containers and transported to the interim storage area for garbage disposal. ORCD will instruct all its relevant project staff to properly perform waste disposal process and all the infectious wastes are incinerated in standard incinerators provided by ORCD and then the ash from incinerated material is buried in a specific pit. The body fluid and placenta will be buried in a separate pit. The incinerator and pits will be in an area that is not accessible to other staff, the community and domestic animals and is at least 100 meters away from any water source in a location area free of flood beds. General Biosafety and IP practices will be followed in all areas including the Operation Theater and all the other sections and areas of health facilities. Staff in charge of the waste collection and cleaning services will be trained on proper waste management. A schedule would be maintained to ensure the regularity of collection.

### **Country Specific Information**

#### **Safety and Security**

The project activities will be implemented in the center and insecure districts of the province. The population living in the target districts are living under stressful conditions resulting from unstable security condition, and active fighting. The stress has further deteriorated after Kunduz was captured by Armed Opposition Groups and there were active fighting/ambushes in Shahr –e Kohna, Polikhomri and Doshi districts.

Although HFs are not the primary targets by the parties involved in fighting, the recent incidents in the MSF Trauma Center in Kunduz showed that AOG could use it as refuge and it could be a direct target of the government and coalition forces. To avoid this happen, ORCD will ensure a well-coordinated mechanism with both parties involved in conflict and publically declare its impartially and strongly request them to keep away from the health facilities.

Furthermore, the FATPs will be closely linked with the communities and will ensure their trust and confidence be achieved at any cost. ORCD will involve community elders and other stakeholders in the area in the project implementation and will be oriented on the objectives and the planned activities of the project. Local stakeholders will also be made extensively in the picture of this project so that they support the project activities. ORCD will do its best to find and hire staff from the local area who are well aware of the due sensitivities, local norms and culture.

Vehicles for ambulances will be rented from community as they will have easy access to far and near community for the 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

ORCD has vast experience of implementation of several projects in the past in Baghlan province. The past experience of ORCD in Baghlan at grassroots have has made our teams understand the local context, norms, and culture of beneficiaries and way to deal with stakeholders. ORCD was originally established in Baghlan and expanded to other provinces from there. Majority of the staff of ORCD including its Chief Executive and Program Manager have worked in key positions with BDN which is currently implementing BPHS in Baghlan.

Through establishing direct linkages with communities through Community Development Councils, ORCD has established good understanding and relation, and trust with the target communities. Moreover, ORCD will give priority to hire local staff in order to further improve the trust with the target communities.

For improving access of war victims from remote areas to trauma care, ORCD 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.

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. In addition, vehicle for ambulance services will be rented from communities. ORCD will also improve coordination with government agencies to address existing problems in referral of patients from districts to PH.

Although the winter season in Baghlan especially in the districts where FATPs will be established is not that much harsh, yet ORCD has the experience of proper planning for winterization. As part of the winterization plan, ORCD will ensure that all medicines, medical and non-medical supplies and other required stuff are delivered to health facilities before the onset of winter.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Orthopedic surgeon in Baghlan Provincial Hospitals	D	1	900.00	12	100%	10,800.00
	<i>In order to improve the capacity of PH for trauma and war injuries to strengthen referral. The package should be attractive enough in order to attract surgeons in Baghlan province</i>						
1.2	CHF coordinator based in Kabul	D	1	1,200.00	12	30%	4,320.00
	<i>Overall focal point and dedicated person for supervision and management of the project and staff</i>						
1.3	Foreman/Engineer for the emergency room construction in Baghlan PH	D	1	500.00	5	100%	2,500.00
	<i>Supervision of the construction of the emergency ward in both provinces. Salary based on the availability of market of foremen. ORCD will mobilize junior newly graduates for this position</i>						
1.4	Provincial Coordinator based in Baghlan	D	1	700.00	12	100%	8,400.00
	<i>Per the structure of ORCD, this position is needed for providing the overall oversight, as well as technical and managerial support to the project at the provincial level. The role/job description of Provincial Coordinator vs. Trauma In-Charge is uploaded in the documents section.</i>						
1.5	Admin/Finance Assistant in Baghlan	S	1	350.00	12	100%	4,200.00
	<i>help in verification of vouchers, data entry in accountancy software, payment, salary, staff contract, financial reports</i>						
1.6	Support staff (driver, cleaner, cook)	D	3	200.00	12	100%	7,200.00
	<i>Participation of the office cost, for meetings with MOPH/OCHA/WHO/Cluster/PHD, and transportation of the staff involved in the project Three support staffs have been planned on CHF budget for provincial office: the cleaner in order to maintain the office clean, a guard in order to secure the office and finally a third guard to act as driver to be in the transportation of the involved in the project to the meetings, to staff go to the market to do the purchases</i>						
1.7	FATPs cleaners	D	6	120.00	12	100%	8,640.00
	<i>These cleaners will be working in the FATPs of Baghlan province (two in each FATP) in the selected areas</i>						
1.8	FATPs Health service providers	D	3	950.00	12	100%	34,200.00
	<i>This line includes the gross salary for: 1 doctor/Head Nurse if MD is unavailable, 4 nurses and 2 female health assistant for each FATP in Baghlan. The BoQ has been uploaded in the 'Document' Section</i>						
1.9	Baghlan PH anesthesia	D	1	500.00	12	100%	6,000.00
	<i>There is need for anesthesia as the trauma center in the PH will be working functionally without putting a burden on other wards</i>						
1.10	CEO	S	1	4,000.00	12	10%	4,800.00

	<i>For guidance, technical support and ensuring the organization procedures application and follow up. 10% of his contracted salary will be charged to</i>						
1.11	Hospital's Trauma Center in-charge (Trauma Care)	D	1	500.00	12	100%	6,000.00
	<i>They will be the direct supervisors of the Trauma centers in Baghlan based in the hospital with supervision from FATPs. The role of trauma in-charge vs. provincial coordinator is uploaded in the document section</i>						
1.12	Incentives for hospital staff involved in trauma care center	D	1	250.00	12	100%	3,000.00
	<i>This amount has been allocated as incentives for staff who will be involved in the trauma center to take care of the trauma patients in trauma center</i>						
1.13	Non-medical staff in Baghlan PH	S	8	170.00	12	100%	16,320.00
	<i>This line includes the gross salary for 4 people working in the laundry department and 4 people working as kitchen staff. Their salary is included b average of 140 USD and USD 200. Average is 170. In the laundry department, the positions are laundry workers and in the kitchen, they include cook, cleaners. They are very much needed because as per the hospital director the current staff are already overloaded. The trauma patients will exhaust their capacity unless there is additional positions</i>						
1.14	Admin/Finance Officer	D	1	500.00	10	100%	5,000.00
	<i>This will be overall responsible for providing administrative and financial issues of the project which will be dedicated for this project</i>						
1.15	Nurses for the Trauma Center in Baghlan Trauma Center	D	3	120.00	12	100%	4,320.00
	<i>These will be dedicated staff for the trauma center of Baghlan</i>						
1.16	Logistics Assistant in Baghlan	D	1	350.00	12	100%	4,200.00
	<i>This person will hep in managing procurement, transportation and supplies of materials at provincial level</i>						
	<b>Section Total</b>						<b>129,900.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Medicines and medical supplies and resupplies for FATPs	D	3	747.66	12	100%	26,915.76
	<i>This line includes the supply of drugs and consumables delivered on a monthly basis to FATPs. The cost has been estimated according to past consumption. A detailed list of drugs and consumables. See the attached BoQ</i>						
2.2	Medicines and medical supplies for surgical trauma centres in Baghlan PH for one year	D	1	14,344.00	1	100%	14,344.00
	<i>This line includes the supply of drugs and consumables bought on a monthly basis by Baghlan Surgical trauma centre. The cost has been estimated a list of drugs and consumables is attached in the documents section. The BoQ has been uploaded in the document section</i>						
2.3	HMIS tools for FATPs	D	3	50.00	12	100%	1,800.00
	<i>Printing of HMIS template for FATPs. The cost has been calculated based on the current experience of ORCD</i>						
2.4	Stationary Trauma Centers	D	1	50.00	12	100%	600.00
	<i>Stationary of 1 trauma centers of Baghlan PH</i>						
2.5	CHW Kits	D	30	60.00	1	100%	1,800.00
	<i>There will be a total 3 FATPs. For each FATP, 10 CHWs will be identified and linked with. The BoQ of the CHW kits has been uploaded in the 'Document Section'.</i>						
2.6	Food for patients	D	1	300.00	12	100%	3,600.00
	<i>Food for patients is intended to cover the diet of the patients, according to their particular and specific health condition. The cost has been estimated based on the market price. If the FATP have 30 patients per month so USD 10 has been foreseen as three times meals including fruits have been forecast for them which becomes USD 300 per month in total</i>						
2.7	Supplies and necessary items for Ambulances	D	3	45.00	4	100%	540.00
	<i>The items is as per the kit. The BoQ of ambulance kit is uploaded in the document section</i>						
2.8	Training of the staff of Trauma Center and FATPs	D	1	5,500.00	1	100%	5,500.00
	<i>The total 25 persons are health professionals who will be working in FATPs and Trauma Center in Baghlan PH who have not received relevant training on triage, stabilization, first aid, referral, etc. This training will focus on trauma management and infection prevention. it will be for two weeks in Kabul or any other appropriate venue. This will include transportation, peridium, training materials, stationery, and training fee for a period of two weeks. The BoQ is attached</i>						
2.9	Training of CHWs on first aid and referral	D	1	2,700.00	1	100%	2,700.00

	<i>A total 30 CHWs will be identified and trained. 10 around each FATP. the cost will include transportation (USD), stationary (5), training fee, and food. The BoQ is uploaded in the 'Document section'</i>						
	<b>Section Total</b>						<b>57,799.76</b>
<b>Equipment</b>							
3.1	Non-medical equipment for FATPs and Trauma Center	D	4	4,976.00	1	100%	19,904.00
	<i>This line includes the purchase of 1 generator, 1 autoclave, 1 solar panel, 6 chairs, 2 benches, 2 cupboards and basic equipment necessary to perform the FATPs activities.</i>						
3.2	Medical equipment for FATPs	D	3	1,175.00	1	100%	3,525.00
	<i>Every FATP will be provided with spinal boards and 2 oxygen balloons for a total purchase of 8 spinal boards and 8 oxygen balloons. Taking into consideration the distance between each FATP and PH and the number of referrals</i>						
3.3	Medical Equipment for Baghlan PH Trauma Center	D	1	15,772.00	1	100%	15,772.00
	<i>the cost has been calculated based on a standard list for a trauma center and market price. The details are attached to this proposal</i>						
3.4	Computers	D	4	600.00	1	100%	2,400.00
	<i>Computers for CHF coordinator, one for Provincial Coordinator and one for Trauma Center Incharge and one, computer for admin/health managers in Baghlan and two printers</i>						
3.5	Printers	D	2	100.00	1	100%	200.00
	<i>Printers are required for the above mentioned PCs</i>						
	<b>Section Total</b>						<b>41,801.00</b>
<b>Contractual Services</b>							
4.1	Ambulance rent for FATPs	D	3	900.00	11	100%	29,700.00
	<i>vehicles will be rented from local owners. Each FATP will include one ambulance. This will include rent of vehicle, one driver, maintenance and fuel costs</i>						
4.2	Emergency room and waiting area construction in Baghlan PHs	D	1	57,048.00	1	100%	57,048.00
	<i>This estimation has been made based on the construction of similar wards in other provinces where trauma centers are constructed under CHF funding. A detailed BoQ for Baghlan will be provided once the project started and the selection of the site is finalized.</i>						
4.3	Vehicle for Supervision at provincial and Kabul level	D	1	1,000.00	12	30%	3,600.00
	<i>This include rent, fuel, maintenance, driver and other associated costs. these vehicles will also be used for shipment and supply of items to FATPs</i>						
4.4	Vehicle for supervision and coordination at Kabul	D	1	1,000.00	12	30%	3,600.00
	<i>This will be in Kabul used by Kabul staff for attending coordination meetings in Kabul, procurement at Kabul and sometimes field visits. Only 30% has been charged</i>						
	<b>Section Total</b>						<b>93,948.00</b>
<b>Travel</b>							
5.1	Flight ticket for management staff	D	4	140.00	1	100%	560.00
	<i>A total 4 flights have been considered for trips to Baglan during the whole year. the cost has been calculated based on the price list provide by UNHAS. ORCD is charged USD 140 per trip by UNHAS</i>						
	<b>Section Total</b>						<b>560.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Utilities (Electricity, Gass, Fuel) Kabul office	S	1	50.00	12	100%	600.00
	<i>Kabul office utilities cost which will be used for Water bill, electricity, Gas, Fuel, drinking water) mainly be used as contribution looking at this project volume</i>						
7.2	Winter heating Kabul office and Provincial Offices	S	2	80.00	4	100%	640.00
	<i>Winter heating cost Kabul office Office and Baglan office only 4 months of winter</i>						
7.3	Repair and Maintenance (equipments and generators)	S	11	30.00	12	100%	3,960.00
	<i>Repair and maintenance of equipment/furniture of 1 trauma centers, 3 FATPs, 2 offices for the whole project</i>						

7.4	Winter heating cost Trauma Center and FATPs	D	4	150.00	4	100%	2,400.00
	<i>Winter heating cost 1 trauma center and 3 FATPs in Baglan</i>						
7.5	Communication Cost Kabul office	S	1	100.00	12	100%	1,200.00
	<i>Communication (phone and internet) staff of Kabul office for technical support</i>						
7.6	Stationary Kabul Office	S	1	30.00	12	100%	360.00
	<i>Stationary cost for Kabul office and Baghlan</i>						
7.7	Communication Cost Project Staff	D	20	15.00	12	100%	3,600.00
	<i>Communication cost of Project staff/offices (16 clinical/management staff with an average 20 USD/month). this line will also cover internet as well.</i>						
7.8	House rent for Kabul Office	S	1	1,700.00	12	10%	2,040.00
	<i>This will be a contribution to the rent of ORCD Kabul office</i>						
7.9	House rent for Provincial Office Baghlan	S	1	350.00	12	100%	4,200.00
	<i>This will be used as Provincial Office and the cost has been estimated based on the past experience of ORCD and the market price</i>						
7.10	Rent for First Aid Trauma Posts	D	3	150.00	12	100%	5,400.00
	<i>This amount will be used for the renting of a building in an appropriate location.</i>						
7.11	Shipment of medicines, equipment and other supplies from Kabul to Provincial Office	D	1	400.00	4	100%	1,600.00
	<i>This will take place once in a quarter and will be used for shipping medicines, equipment supplies and other items purchased in Kabul and then to be transferred to province</i>						
7.12	Renovation of venue for FATPs	D	3	1,000.00	1	100%	3,000.00
	<i>These costs will include the renovation and minor construction work to make sure that rented building for FATP is ready for accommodating services offered by FATPs</i>						
7.13	Stationaries and Cleaning supplies of Baghlan office	D	1	50.00	12	100%	600.00
	<i>Stationary for offices and HF include pen, paper, photocopies, stapler, ink for printing etc... cleaning supplies will be as much as possible friendly environment products</i>						
7.14	Cleaning materials for FATPs and Trauma Center	D	4	200.00	12	100%	9,600.00
	<i>the BoQ is attached</i>						
7.15	Exposure visits to Wardak and Nangarhar Trauma Centers	D	10	100.00	1	100%	1,000.00
	<i>This will include four day exposure visit to Nangarhar and Wardak. the costs will include meals, transportation, and facilitator costs. USD 25 three times meal plus USD 50 two-way transportation for ten persons = 750. Plus 250 facilitator's costs</i>						
	<b>Section Total</b>						<b>40,200.00</b>
	<b>SubTotal</b>		166.00				<b>364,208.76</b>
	Direct						325,888.76
	Support						38,320.00
	<b>PSC Cost</b>						
	PSC Cost Percent						5%
	PSC Amount						18,210.44
	<b>Total Cost</b>						<b>382,419.20</b>
	<b>Grand Total CHF Cost</b>						<b>382,419.20</b>

## Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Baghlan -> Pul-e- khumri	30	85,555	84,760	16,885	16,400	203,600	
Baghlan -> Baghlan-e-Jadid	25	70,259	69,607	13,866	13,468	167,200	
Baghlan -> Dahana-e-Ghori	12	24,078	23,854	4,752	4,616	57,300	
Baghlan -> Doshi	13	27,314	27,060	5,391	5,236	65,001	
Baghlan -> Nahrin	10	28,238	27,976	5,573	5,413	67,200	
Baghlan -> Khenjan	10	12,438	12,323	2,455	2,384	29,600	

## Documents

Category Name	Document Description
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	MOU between ORCD and hospital reform-signed.pdf
Project Supporting Documents	Budget 4.2. BoQ constructin of trauma ward.xlsx
Project Supporting Documents	Budget line 2.2. Medical Supplies for Baghlan PH trauma center.xls
Project Supporting Documents	Baghlan Needs Assessment Report-Revised.docx
Project Supporting Documents	Budgetline 3.3. Medical Equipment for Trauma Center -costed by Noori.xls
Project Supporting Documents	Budget line 1.4. Trauma Center vs. Provincial Coordinator.docx
Project Supporting Documents	Budgetline 1.8. FATP staff list.xlsx
Project Supporting Documents	Budgetline 3.1. Non-medical equipment for trauma center and FATP.xlsx
Project Supporting Documents	Budget line 2.7. Ambulance Kit (1).xlsx
Project Supporting Documents	Budgetline 2.1. Medicines and Medical Supplies.resupplies for FATPs.xlsx
Project Supporting Documents	Budgetline 2.5. BoQ (CHW kit).xlsx
Project Supporting Documents	Budget 7.14. Cleaning materials for FATP.xlsx
Project Supporting Documents	Budgetline 3.2. Medical Equipment for FATP.xlsx
Project Supporting Documents	Budget 7.12. BoQ of Renovation of FATPs.xlsx
Project Supporting Documents	Budget Line 2.8-- 2.9 -Training of Staff.xlsx
Project Supporting Documents	Breakdown of beneficiaries (direct and indirect).xlsx
Budget Documents	Budget 7.14. Cleaning materials for FATP (Revised).xlsx