OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Afghanistan Center for Training and Development
Allocation Type :	1st Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Provision of trauma care, primary and referral services to people in conflict affected districts in Helmand province.
Allocation Type Category :	Field activities

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/1SA/H/NGO/4966
Cluster :		**Project Budget in US$:**	463,266.30
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/07/2017	**Planned End Date :**	30/06/2018
Actual Start Date:	01/07/2017	**Actual End Date:**	30/06/2018

Project Summary :

The project will cover over 308,858 population living in the catchment area of the target health facilities (HFs) where FATPs will be integrated in the 9 priority districts in Helmand province. The project will provide trauma care through 02 Trauma centers planned to be established in 02 DHs, 07 FATPs integrated in BPHS HFs and 1 MHT to cover IDPs and people living in undeserved areas.
Establishment of trauma centers is planned in 2 DHs; Hazar Joft DH in Garam Ser District and Grishk DH in Nahr-e Siraj district. The Hazarjoft DH will cover wounded patients from Nawa, Khan Nishin and Garam sir districts while Grishk DH will receive patients from Sangin, Grishk and injured people caught in cross-fire along the road joining Kandahar with Lashkargah (center of Helmand).
The project will target the population living in high priority districts considering the HRP strategic objectives and HC objectives addressing the acute needs of population living in conflict affected districts with need for trauma and primary health services. An estimated population of over 21,932 will be direct beneficiaries of the project (9252 for FATPs, 8900 MHT and 3780 for TCs in DHs).
Each of the seven planned integrated FATPs will be staffed with 3 Nurses and 2 guards and will provide 24/7 trauma care services to the population of the area. TCs in DHs will be staffed with a Surgeon, 1 anesthetist, 1 OT nurse, 1 ward nurse and 1 guard/cleaner along with an ambulance. The ambulance will provide referral services for complicated cases out to the higher level facilities. Ambulance will also be used for collecting patients from nearby locations and in case of mass casualties. MHT will be staffed with an MD/Nurse, a midwife and one vaccinator. MHT will provide PHC and basic RH services along with vaccination services in pre-identified SDPs in IDP communities and white areas. All staff will be trained on trauma care, IP and waste management.
An independent team with support of BPHS project in field and ACTD main office teams will manage project implementation in the province. The team assigned will be stationed in Lashkargah with frequent travel to the sites of activities based on the plan. The project will start on 01 July 2017 and ends on 30 June 2018.
Implementation of services will be carried out in close coordination with all stakeholders including communities and groups involved in different locations in the province.
The project will be regularly sportively supervised by the project team and ACTD main office team.
Effective reporting system will be in place and technical and financial reports to OCHA will be submitted based on agreed timelines. Only one FAPT (Aliabad) will remain from the last project. The six new FATPs will be in the new locations , new staff and new activities. Based on current war in Aliabad the FATP will remain active in the area. Clear coordination is in place with Emergency and MSF, new FAPTs site selection are in close coordination with Emergency and MSF. There are no sites of Emergency near to the selected sites, a meeting was conducted with Emergency and all relevant issues discussed.
Health Facilities details:
FATPs: Kajaki =Alibad BHC, Nadali= Loy Manda BHC, Sangeen= Malmal BHC, Washer = Sarfolad BHC, Nawa= Shorkhdozd BHC, Marjah= Qasim Bazar SHC and Lashkargah= Khoshkaba BHC
Trauma Centers (DHs): Hazar Joft DH in Garam Ser District and Grishk DH in Nahr-e Siraj district
Although ACTD will hand over the BPHS project in Helmand to a new implementer, ACTD will be present in the province for implantation of other health projects funded by UNDP and UNICEF, consisting of the TB and Malaria control program (funded by Global Fund through UNDP), and training of health workers' project funded by UNICEF.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
9,650	5,044	3,619	3,619	21,932

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Other	28	5	0	0	33

Indirect Beneficiaries :

Indirect beneficiaries of the project will be family members of 21,932 direct beneficiaries (8,900 MHTs, 3,780 Trauma Centers and 9,252 FATPs) reached by the project. Total estimated number of indirect beneficiaries is (131,592) family members of directly benefited patients and clients (with estimated average family size of 6 person/family).

Catchment Population:

Catchment population of the project is estimated 308,858 (82,768 women, 80,433 men, 74,284 girls and 71,373 boys) living in catchment area of 7 FATPs, 2 TCs and 1 MHT in 09 districts Helmand province

Link with allocation strategy :

This project will contribute in reducing morbidity, mortality and disability among the vulnerable population living in conflict affected districts of Helmand. It will directly support the HRP 2017 SO2 "Lives are saved by ensuring access to emergency health and protective services and trough advocacy for respect International humanitarian law" and to HC objective 1 and 2 through establishment of Trauma Centers, FATPs and MHT.

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
Sidqullah Shinwari	CEO	sidiqasad@yahoo.com	0093 700208274
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BACKGROUND

1. Humanitarian context analysis

This project will be implemented in conflict-affected districts of Helmand. People living in target areas 1) are at high risk of being victims of collateral damage during active fight; 2) the lives of injured persons are at risk due to unavailability of immediate trauma care services; 3) have no or poor access to preventable and curative PHC and RH services due to scattered population and insecure roads; and 4) cannot get services at times of closure of health facilities due to fight. Due to fight, usually health facilities located at the line of fire get closed with damages to the building and equipment (as HFs are located in close vicinity of district Governor and security chief offices). Our experience from last years especially 2016 shows high number of incidences inflicted on HFs (details attached). Moreover due to distant location and poverty, most of the time patients cannot afford transportation to the HFs, FATPs and referral sites in centers of the province/main districts. Access to services and the level of insurgency have been bad in 2016 and trends are even uglier for the coming months.

The province remained insecure throughout the year and currently active fights are in progress in the targeted districts. The government have full control only on 15% of the geography of the province. In remaining 85% area there is no role of the government. Main road joining Helmand with Kandahar has been repeatedly blocked for several days during last year and is still under threat of the AOGs. Active fight in parts of Lashkargah, Grishk, Nad Ali, Marja, Nawa, Garam Ser and Kajaki is now reported daily and people foresee increase in intensity and fronts of fights in near future. Similarly, Sangeen and Washer also saw severe fighting between the Government and AOGs.

These fights have also resulted in Temporary/periodic closure of 11 health facilities consisting of 1 DH, 5 CHCs, 4 BHCs and 1 SHC. Even during fight-free periods, people were unable to receive services from these facilities due to the proximity of war fronts. Over 8,000 people (Men, Women, Boys and Children) were reportedly injured during July- Dec 2016 in the province. Residents of districts have limited access to health services including emergency health services. Poverty, distance, land mines and active fights on main roads connecting these areas with district centers and cities result in late or no access to health and trauma services.

2. Needs assessment

During the last week of February 2017, the provincial team of ACTD in Helmand carried out assessment of the situation and trends of conflict and the humanitarian health needs of affected people in the province. Team had a detailed review of the HMIS data on number of injuries treated in the BPHS HFs. The team also reviewed data of CHF project 2016-17 for trend of reported injuries managed by the FATPs. Data showed an increase in number of war trauma patients attended the HFs/FATPs during 2016-17. An average of 300 visits were related to trauma care.

Our analysis of the available data from Helmand show that 15% of all patients who received emergency services are women, 17% are boys, 9% are girls and 59% are adult men.

Analysis of available data shows that the percentage remain almost the same for the different age and gender groups. The data available show main causes of injuries were mortar shelling, bomb blasts, air strikes and small arms fire.
Assessment further shows limited access to HFs. This, on one hand is due to long distance from the HFs, land mines, poverty (inability to pay transportation costs) and closure of roads due to insecurity, and on the other hand due to less number of BPHS HFs in these areas. Moreover some of the patients are not allowed by GoIRA security forces to reach to HFs, especially to PH, who are presumed of being AOGs members. The assessment has also indicated that over 76% of the HFs functioning in insecure districts are BHCs and SHCs. According to the BPHS policy, BHCs and SHCs are staffed with one nurse and one Midwife and provide service during day hours and do not have ambulance facilities. As there is always need of 24/7 availability of trauma care and ambulance services for injured patients, therefore these HFs needs support through additional staff, ambulance, training to the staff, supply of equipment and supplies for trauma and referral care as integrated FATPs.

Data from year 2016-17 has been used as baseline for the current project, as this is the only available source of more accurate data and can be used as a baseline.

3. Description Of Beneficiaries

The project will serve a catchment population of 308,858 (82,768 women, 80,433 men, 74,284 girls and 71,373 boys) through improved access to basic trauma and PHC services in targeted districts in the province.

Based on data from last year we expect that total of 21,932 beneficiaries (9,650 men, 5,044 women, 3,619 boys, 3,619 girls)) will directly receive services of the project (treatment of wounds, stabilization, OPD, vaccination, RH services and referrals.), and in addition, 33 staff will get trained during this project. Therefore the number of direct beneficiaries selected based on last year data and HMIS data analysis.
35% of Lashkargha relevant catchment area population will receive services through one MHT and one FATP link BHC. In Nahreseraj districts 32% of relevant catchment area population will receive services through MHT of Lashkargah and and trauma center located in DH. 3% of Nadali district will receive services from FATP linked BHC. 3% of Nawa district will receive services from FATP linked BHC. 4% of Sangin district will receive services from FATP linked BHC.2% of Washir district will receive services from FATP linked BHC.6% of Garamser district will receive services from trauma center in Hazarjoft DH.14% of Kajaki district will receive services from FATP linked BHC.

Out of these 21,932 patients 9,252 are expected to attend the FATPs, 8,900 get benefited from MHT and 3,780 will get benighted from Trauma Centers in DH.

Catchment population of the project is estimated 308,8588 (82,768 women, 80,433 men, 74,284 girls and 71,373 boys) living in catchment area of 7 FATPs, 2 TCs and 1 MHT in 09 districts Helmand province.

4. Grant Request Justification

In Helmand ACTD has been implementing BPHS and Trauma Care projects since 2009 and 2014 respectively. We have good knowledge of emergency health needs of the population based on geography, population and changing security situation. Moreover ACTD remained part of majority of the forums discussing needs and gaps in health services in targeted province. Similarly ACTD teams during visits from the province has been meeting the community elders during routine monitoring of the project activities to discuss about their needs and ways to improve access to health and trauma care services. Our assessment from field conducted during fourth week of February 2017 shows high need of the local communities in Helmand for trauma and PHC services. Moreover in addition to needs to primary health and immunization needs in remote conflict affected areas, there is need of strengthening of referral sites to treat wounded patients and have necessary preparation to Mass Casualties in the area. Proposed areas for establishment of FATPs and Trauma Centers in this application are in high need for trauma services due high number of security incidences in the area and limited access of people to health and trauma care in targeted areas. Land mines and active fights are other major problems noted in the areas with possible increase during upcoming months.

Helmand province has a wide geography covering around 10% of total land of the country & have scattered population. Current network of BPHS health facilities cannot cover whole population in the province. Analysis of the geographical coverage of current health facilities, with due consideration to factors of insecurity and poverty shows up to 50% of inaccessibility of local population to BPHS health facilities. This wide gap in lack of access shows that there is high need of extension of services to more remote locations affected by conflict. The low coverage issue has been widely recognized by provincial authorities, members of parliament (from Helmand province), and the MoPH. However, there are no prospects in sight in the near future to dramatically increase number of BPHS health facilities. Our data from implementation of eight standalone FATPs (July 2016- June 2017) shows high load of injured patients entertained by FATPs. Similarly large population has been shifted from their villages to Lashkargah and Nahr-e Saraj. Over 12,708 people (IDPs and white areas population) in dire need of PHC including basic RH and EPI services will also be covered by the project.

Intensified and spreading fights are expected during the coming months in the province. To address timely treatment and referral of trauma cases, ACTD will run seven FATPs in seven districts and will support and enhance capacities of two DHs in the province for proper management of the wounded patients.
Similarly one MHT will operate and provide PHC, RH, EPI and trauma care to IDPs and population living in white areas through identified SDPs and based on plan.
Although ACTD will hand over the BPHS project in Helmand to a new implementer, ACTD will be present in the province for implantation of other health projects funded by UNDP and UNICEF, consisting of the TB and Malaria control program (funded by Global Fund through UNDP), and training of health workers' project funded by UNICEF. Some other health and training projects are also in our plan during the second half of 2017 for Helmand. In order to ensure proper management of the planned CHF project, ACTD will have sufficient management arrangements at the province level such as office premises, required staff, and close coordination with the BPHS implementer to carry out joint monitoring sessions and joint supplies.

5. Complementarity

Coordination with the main stakeholders at the province level such as the PPHD, the BPHS implementer, the EMERGENCY organization and the MSF will be primarily for ensuring complementarity, defining roles and responsibilities, avoiding duplication, and strengthening referral of trauma cases. The proposed FATPs will be established inside BPHS health facilities to ensure cost-effectiveness, sustainability and access. The project will not be continuation of the current CHF project AFG-16/3481/SA1/H/NGO/506 which is going to end by end June 2017.

To ensure that the CHF project is implemented as a complementary activity to the BPHS project, areas of joint action and collaborative mechanisms will be identified at the outset of the project in coordination with the PPHD and BPHS implementer. Through an MOU with upcoming BPHS implementer and support from PHD the project will continue its operation in Helmand. In close coordination with PHD and BPHS monitors the monitoring plan of the project will be developed. Also regarding the supply joint supply plan with BPHS project will be developed. The target areas of the project are identified in coordination with PPHD and the EMERGENCY to ensure coverage of the highly insecure areas and to avoid duplication. ACTD project team will maintain regular coordination with the EMERGENCY throughout the project so that the two agencies streamline trauma care activities for complementarity and synergy. Likewise, referral arrangements to the provincial hospital run by MSF will be strengthened in view of the changing situation on the ground.

This project will boost capacities of BPHS health facilities to timely provide trauma care, referral services and PHC and RH services to people in need in the province. Monitoring system in place will be further extended and developed to improve collection and analysis of data and to plan corrective actions for improving project implementation and ensuring delivery of quality of services to the project planned beneficiaries. Although ACTD will hand over the BPHS project in Helmand to a new implementer, ACTD will be present in the province for implantation of other health projects funded by UNDP and UNICEF, consisting of the TB and Malaria control program (funded by Global Fund through UNDP), and training of health workers' project funded by UNICEF. Some other health and training projects are also in our plan during the second half of 2017 for Helmand. To ensure proper management of the planned CHF project, ACTD will have sufficient management arrangements at the province level such as office premises, required staff, and close coordination with the BPHS implementer to carry out joint monitoring sessions and joint supplies.

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity, mortality and disability among men, women and children living in war affected and white areas of targeted districts in Helmand province.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	85
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	15

Contribution to Cluster/Sector Objectives : The project will directly contribute to cluster objective 1 and 2 and SO2 through,
- an improved access of the war wounded patients to Emergency-first aid and secondary trauma care
- improved access of women, children and general population living in white areas of conflict affected areas and of IDPs to emergency PHC and RH services.

Outcome 1

War-wounded patients (men, women, girls, and boys) in 9 targeted districts of Helmand have equal access to first aid and secondary trauma and referral services.

Output 1.1

Description

Two Trauma centers in two DHs and seven FATPS providing gender sensitive and equal access of war wounded patients to life support-trauma care (first aid/stabilization and secondary trauma care) in proposed areas in Helmand province.

Assumptions & Risks

Security condition in the areas allows the health team to work. Armed opposition groups allow functioning of the health services in the areas under their control

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA1-Envelope One: Number of high risk conflict affected districts with at least one first aid trauma post					9
Means of Verification : List of conflict affected districts in the province, Number of Trauma center per affected districts in the province.							
Indicator 1.1.2	HEALTH	SA1-Envelope One: Proportion of individuals receiving trauma care services					70
Means of Verification : Monthly reports, Interim reports uploaded on GMS Numerator: will be total number of expected injured people receiving services from FATP (21,932) denominator : will be total population of the district							
Indicator 1.1.3	HEALTH	Number of DHs with mass causality plans and minimum response capacity					2

Means of Verification : Yearly Mass Casualty plan for each Hospital, detailed report on major and minor procedure conducted in DH. Reports on response given by the DH on mass casualties.							
Indicator 1.1.4	HEALTH	Patients severely injured (men, women, boys and girls) are timely referred from 7 FATP, and 2 Trauma centers to higher health facilities .					290
Means of Verification : Monthly reports from FATPs and trauma centers in DHs, reports uploaded on GMS, Log books of ambulances. All 7 FATPs and 2 Trauma centers will carry out 290 referral during project life. The 290 target is estimated in view of data from previous project (around 25 referrals from the seven FATPs to TC per month, and roughly 2 referrals from the two TCs to EMERGENCY PH per month).							
Indicator 1.1.5	HEALTH	Number of professionals trained on infection prevention and waste management					32
Means of Verification : Training reports, training attendance sheet and practical session photos. As this project provide services to war wounded patients, primary health care, RH services to target population, so this training is very important for the staff of the project to protect them selves and clients from harm and to provide quality services in their relevant health facilities.							
Indicator 1.1.6	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					29
Means of Verification : Training reports, training attendenc sheet and practical session photos. All of project staff who work in FATPs , TC and MHT will treat war wounded patients and they will do minor surgery, dressing, stabilization, injection ... so infection prevention and waste management training is required for staff to protect them selves and their clients.							
Activities							
Activity 1.1.1							
Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;							
Establish trauma centers in two target DHs (Grishk and Hazarjoft) which will provide services for war wounded patients. Furthermore, the TCs will refer patients to the EMERGENCY-operated PH through the BPHS ambulance. An MoU will be signed with the BPHS implementer to specify their role in referral of war-wounded patients as this is part of the BPHS DH responsibilities.							
Activity 1.1.2							
Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;							
Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts.							
Activity 1.1.3							
Standard Activity : Not Selected							
Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed.							
Activity 1.1.4							
Standard Activity : Not Selected							
Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed.							
Activity 1.1.5							
Standard Activity : Not Selected							
Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT)							
Activity 1.1.6							
Standard Activity : Not Selected							
Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports.							
Activity 1.1.7							
Standard Activity : Not Selected							
Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts.							
Activity 1.1.8							
Standard Activity : Not Selected							
Trauma centers in DHs are well prepared for response to mass casualty with plan, skills and supplies available.							
Activity 1.1.9							
Standard Activity : Not Selected							
Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.							
Activity 1.1.10							
Standard Activity : Not Selected							
Recruit required staff for integrated FATPs and two trauma centers according to ACTD recruitment policy.							
Activity 1.1.11							

Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;

Conduct regular exit interviews with FATP and TC service users through the monitoring visits and report findings to OCHA through as part of the technical progress reports

Activity 1.1.12

Standard Activity : Not Selected

Carry out regular coordination at provincial, regional and national levels with relevant stakeholders.
At the provincial level, coordination will be carried out with PPHD, EMERGENCY, MSF and BPHS implementer. Furthermore, support of Access Negotiators will be sought to maintain coordination with opposition groups.

Activity 1.1.13

Standard Activity : Not Selected

Carry out regular monitoring of service delivery sites and project office.
Monitoring of services will be carried out through two mechanisms as explained in the monitoring section.

Outcome 2

Women, children and general population living in war affected white areas and IDPs in two targeted districts (Nahri-Saraj and Lashkargah) have access to Emergency Primary Health care including basic RH and referral services.

Output 2.1

Description

Mobile health team provide emergency PHC, basic RH and referral services to people living in white areas and IDPs in targeted districts of Helmand.

Assumptions & Risks

Armed opposition and communities cooperate in movement of staff to the areas under control of armed opposition, roads remain open for travel of the team.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	SA1-Envelope One: Proportion of conflict affected people in 'white areas' served by emergency PHC/ mobile services					70
Means of Verification : Monthly activity report, EPI report, reports uploaded in GMS Numerator: Number of people served by mobile health team Denominator: Number of people living in the target white areas							
Indicator 2.1.2	HEALTH	SA1-Envelope One: Proportion of children 12-23 months in 95 priority 'white area' districts covered by the measles vaccination					90
Means of Verification : EPI monthly reports, reports uploaded to GMS Numerator: number of children 12-23 months receiving measles vaccination through the mobile health team. Denominator: total number of children aged 12-23 months in 95% areas of the target white areas.							
Indicator 2.1.3	HEALTH	SA1-Envelope One: Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits					40
Means of Verification : MIAR report, reports uploaded to GMS Numerator: number of pregnant women in the target white areas who receive at least two antenatal care visits through the MHT. Denominator: total number of pregnant women in the target white areas.							
Indicator 2.1.4	HEALTH	Proportion of children (0-11 months) in the target area receiving PENTA-3 vaccine through MHT.					80
Means of Verification : Monthly activity report, EPI report, reports uploaded in GMS Numerator: Number of children 0-11 months vaccinated with PENTA-3 vaccine. Denominator: Total estimated number of 0-11 months children in MHT target areas							
Indicator 2.1.5	HEALTH	Proportion of post-parturition women visited by MHT midwife during one month of labor.					40
Means of Verification : MHT registers, MIAR report, monitoring random verification reports Numerator: Number of post-partum women visited by MHT midwife Demoninator: Estimated number of deliveries (4% of total population) in the MHT target areas.							

Activities

Activity 2.1.1

Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;

Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts by MHT.

Activity 2.1.2

Standard Activity : Not Selected

provide basic reproductive and referral services to communities in white areas and IDPs
The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services.

Activity 2.1.3

Standard Activity : Not Selected

Map white area and IDPs to identify Service Delivery Points (SDPs) and plan visits of MHT to the area.
The monthly plan of MHT is annexed and available in Documents section. The MHT will provide primary essential health care to the people living in under covered (withe) area of Lashkargah and Nahrisaraj district of Helmand province. MHT monthly action plan and establishment plan of FATP is annexed.

Activity 2.1.4

Standard Activity : Not Selected

Recruit required staff for the PHC activities of the proposed mobile health team (MHT)

Activity 2.1.5

Standard Activity : Not Selected

Conduct regular exit interviews with service users of MHT through the monitoring visits and report findings to OCHA through as part of the technical progress reports

Activity 2.1.6

Standard Activity : Not Selected

social mobilization coordination with communities, motivation of mothers and providing vaccines to the children and keeping vaccines as per standed and reporting to the project office.

Activity 2.1.7

Standard Activity : Not Selected

Track IDPs flow (in and out) through data obtained from IDP elders during the MHT visits.
ACTD will devise tracking sheets whereby MHTs will collect data from IDP elders on monthly basis. In- and out-flow of IDPs will be recorded and reported through quarterly technical reports.

Additional Targets :

M & R

Monitoring & Reporting plan

Owing to the extremely volatile security situation in the province, monitoring of services will be carried out through two mechanisms. First, direct visits by project technical staff will be carried out to areas with relatively less security threats and areas readily accessible through the available transportation means. Secondly, support of the local health Shura (council) and the BPHS staff which are not directly involved in trauma care services will be sought for close oversight and indirect monitoring purposes. However, utmost efforts will be made to carry out direct visits to these areas as much as possible beside the indirect monitoring.

Where possible, joint monitoring sessions with PPHD and OCHA officials will also be carried out. To respond to the fluctuating security situation, monitoring mechanisms and plans will be updated regularly in coordination with relevant stakeholders. ACTD headquarter staff will visit project office on quarterly basis. Lessons from previous trauma care and BPHS projects will be taken into consideration in monitoring. The choice of monitoring tools will also depend on the context. Review of documents, direct observation during visits, exit interview with clients using checklist will be among the main techniques for data collection.

Monitoring reports will be developed & shared with visited HF (DHs, FATPs, MHT) & Provincial Office (PO) for development of action plan and to formulate appropriate actions to cover the identified gaps. Copies of these action plans will be available at the service provision sites & PO. Monitoring teams will cross check/quantify reported data with FATP registers for accuracy. Referral data will also be cross checked with referral sites (CHCs, DHs, PH &EMERGENCY Hospital). There are still considerable number of patients referred to hospitals established by AOG. Issue will be discussed with their elders for possible mechanism for cross checking of the numbers. Analysis of monitoring data & reported data will be used for measuring project progress against the set targets (men, women, boys and girls) reached by the project. Contact details (phone number) of project beneficiaries (trainees, patients treated referred) will be recorded (when appropriate i.e phone network available in the area) shared with OCHA team for remote monitoring from the project activities in the provinces.

Monthly reports collected from FATPs will be regularly analyzed by the project monitor and supervisor. Detailed feedback will be shared with the sites in view of the analyses. ACTD team at MO will do quarterly analysis of the project data and will share their feedback with the PO. Regular follow up of the points shared in the feedback will be done during visits to the trauma center, FATPs/MHT (by PO & MO). Teams from PO & MO visiting the sites will provide on-job orientation to staff to address technical issues faced by the field teams. The teams will also capture good pictures from the activities with consent of the clients/patients for uploading with quarterly reports. Reports will be submitted to OCHA (report hub), health cluster and the PPHD office. Any feedback from OCHA or health cluster on technical or financial reports will be promptly addressed by the project focal person.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Establish trauma centers in two target DHs (Grishk and Hazarjoft) which will provide services for war wounded patients. Furthermore, the TCs will refer patients to the EMERGENCY-operated PH through the BPHS ambulance. An MoU will be signed with the BPHS implementer to specify their role in referral of war-wounded patients as this is part of the BPHS DH responsibilities.	2017							X	X				
	2018												
Activity 1.1.10: Recruit required staff for integrated FATPs and two trauma centers according to ACTD recruitment policy.	2017							X					
	2018												

Activity 1.1.11: Conduct regular exit interviews with FATP and TC service users through the monitoring visits and report findings to OCHA through as part of the technical progress reports	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.12: Carry out regular coordination at provincial, regional and national levels with relevant stakeholders. At the provincial level, coordination will be carried out with PPHD, EMERGENCY, MSF and BPHS implementer. Furthermore, support of Access Negotiators will be sought to maintain coordination with opposition groups.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.13: Carry out regular monitoring of service delivery sites and project office. Monitoring of services will be carried out through two mechanisms as explained in the monitoring section.	2017								X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts.	2017							X	X				
	2018												
Activity 1.1.3: Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.4: Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.5: Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT)	2017								X	X	X		
	2018												
Activity 1.1.6: Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.7: Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts.	2017							X	X				
	2018												
Activity 1.1.8: Trauma centers in DHs are well prepared for response to mass casualty with plan, skills and supplies available.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.9: Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.	2017								X	X			
	2018	X											
Activity 2.1.1: Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts by MHT.	2017								X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 2.1.2: provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services.	2017								X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 2.1.3: Map white area and IDPs to identify Service Delivery Points (SDPs) and plan visits of MHT to the area. The monthly plan of MHT is annexed and available in Documents section. The MHT will provide primary essential health care to the people living in under covered (withe) area of Lashkargah and Nahrisaraj district of Helmand province. MHT monthly action plan and establishment plan of FATP is annexed.	2017							X	X				
	2018												
Activity 2.1.4: Recruit required staff for the PHC activities of the proposed mobile health team (MHT)	2017							X					
	2018												
Activity 2.1.5: Conduct regular exit interviews with service users of MHT through the monitoring visits and report findings to OCHA through as part of the technical progress reports	2017								X	X	X	X	X
	2018	X	X	X	X	X	X						
Activity 2.1.6: social mobilization coordination with communities, motivation of mothers and providing vaccines to the children and keeping vaccines as per standed and reporting to the project office.	2017								X	X	X	X	X
	2018	X	X	X	X	X	X						

Activity 2.1.7: Track IDPs flow (in and out) through data obtained from IDP elders during the MHT visits. ACTD will devise tracking sheets whereby MHTs will collect data from IDP elders on monthly basis. In- and out-flow of IDPs will be recorded and reported through quarterly technical reports.	2017									X	X	X	X
	2018	X	X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

ACTD has been working in close coordination and has maintained good working relations with the local communities, influential elders and other stakeholders in the province. Using the trust and confidence that ACTD has developed so far over the past eight years, ACTD will keep community elders involved in project assessment, project design and prioritization of location for selection for intervention. Targeted beneficiaries will be involved in project implementation phase through health Shuras active in all HFs. Health Shuras will also be established for newly proposed FATPs and SDPs for MHT. Project implementation will be carried out in close coordination with community members. FATP nurse, DH and MHT staff will conduct regular meetings with the community representatives to discuss progress of the project implementation, and seek feedback and suggestion of the community related to the project activities. Moreover project supervisors will regularly conduct end user survey (exit interviews) with beneficiaries of the project during planned visits to understand their views, recommendations and their feedback on performance of the health facilities. These information will be used for further improving quality and design of the project activities.
Health Shura members will be involved in monitoring of the project activities for keeping a continuous check on the performance of the FATPs and improve sense of ownership among the communities. This way, ACTD team in health facilities and PO will be accountable to the communities through involvement of the community representatives in planning and monitoring phase of the project implementation. There will an exit interview session which will be filled by the monitors and will be at end of each monitoring visit. The exit interview will take place in FAPTs and will target FATPs beneficiaries the data collected from exit interview will be reporting in the narrative reports of the project.
Steps for establishment of facilities and staffing plan is annexed in the document section. There will be only two months project overlapping but activities overlapping in the project life. The two months will be for staffing and recruitment and establishment process of the FATPs.
ACTD will continue the project without any interruption in the activities without running BPHS project in the province. Updated map of FATPs site is available in the documents section.

Implementation Plan

The project will be implemented by a dedicated team at project office (PO) supported by CHF team in main office (MO) and support of ACTD health, finance, pharmacy, logistic, HR and higher management at Kabul. Members of other project teams in the province will support the CHF project team in implementation of the project.
The staff assigned in the planned HFs will report to CHF project supervisor. The project supervisor will report to project focal point (FP) at MO. CHF FP will report to health director in Kabul.
The project supervisor in coordination with PM will be responsible for planning, implementation, supervision, reporting, coordination & monitoring of the project activities. MO focal point will follow the project progress with PO on regular basis, collect report, support field team in implementation of the project planned activities and coordination at Kabul level. Project FP will coordinate/follow up project activities at MO and provide timely support in cash flow, supplies, monitoring and supervision by other departments of MO. The FP will also compile project reports and will upload it to GMS.
Project activities will be coordinated with all stakeholders at provincial, districts and village levels. Meetings will be arranged with health Shura, community elders, and with actors working in provision of health services (such as MSF and EMERGENCY). Strengthening of coordination, referral system and response to mass casualties will be the main focus of these meetings.
Project supplies will be arranged from Kabul, however in case of emergency, the procurement will be done in province.
Project planned activities will be implemented between April 15, 2017 to April 14, 2018 in the target districts the province.
ACTD will hire 26 Nurses (21 for FATPs, 4 for TCs and 1 for MHT), 2 Surgeons, and 2 anesthesia technicians for the two trauma centers, along with 1 MW and 1 vaccinator for the MHT. The planned 9 sites (7 FATPs and 2 TCs) will function 24/7 and provide trauma care. Furthermore, 3 ambulances (in designated FATPs) will provide referral services. The remaining four FATPs will be supported through the proposed taxi ambulance service. Medicine, equipment and re-supplies will be provided to propose all service points. All staff will receive orientation on medical ethics and their job description. Health Shuras will be oriented on project activities and their role in encouraging referrals from communities to the planned service delivery sites. An effective referral system will be developed between FATPs, TCs, and PH and with EMERGENCY in Lashkargah.
FATP sites will be linked with the nearby health posts (HPs) active in the area for improving referral of wounded patients and for their role as bridge between FATPs and the community. Similarly one technical staff from each of 10 service outlets will regularly participate in monthly meeting held at the provincial office. Coordination at provincial level will be maintained with all stakeholders. Project supervisor will take active part in coordination mechanism and collaborating the activities. The project supervisor will maintain close coordination with Emergency, MSF, PHD and other sector related stakeholders in the province. Participation in monthly PPHCC meeting and other related meeting will be ensured by the project supervisor.
Monthly plan of MHT activity is attached as annexed.
In order to ensure recruitment of qualified staff for FATPs, the technical workers of current FATPs will be encouraged to work in the new project. Furthermore, ACTD will search for the required staff locally and other provinces through standard HR procedures. ACTD has been able to staff current FATPs 100%. Furthermore, the envisaged salary scale will be sufficiently motivational for surgeons to work in TC. ACTD has been able to recruit surgeons for DHs in BPHS project with similar salary scale.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
PHD	PHD as line department representing MoPH at the provincial level, will help in site selection, develop coordination with all stakeholders including governor office, security department and agencies working in Health.
Government agencies, including district governors, security department	coordination at district level, obtain support in implementation, smooth referral of wounded patients.
WHO	Coordination and support related to project implementation and technical guidance.

MSF	As MSF is running provincial hospital in Lashkargah, some of the trauma patients referred by ACTD FATPs are received by the hospital, and in turn, MSF provides feedback on the follow up of the referred patients. Furthmore, any issues related to referral of trauma and non-trauma cases are discussed within PHCC where MSF is also an active member.
EMERGENCY	The EMERGENCY is running the hopital for war-wounded patients in Lashkargah along with some stand-alone FATPs in district. ACTD has good coordination with the EMERGENCY regarding identification of sites for FATPs, establishment of referral mechanisms, and joint response to casualties.
ARCS	ARCS is running an MHT in Nad Ali district for PHC services. Our planned MHT will cover Nahri-Siraj and Lashkargah districts. The catchment areas of the two MHTs are clearly distinct and ACTD has close coordination with the provincial office of ARCS regarding health services distribution.
UNICEF	ACTD has coordination with UNICEF in similar way as with other provincial stakeholders through the PHCC and bi-lateral meetings. However, UNICEF does not play any role in the proposed CHF project.
Health Cluster	ACTD is active member of the Health Cluster and has been selected as the co-lead agency last year. ACTD will maintain regular coordination with the Health Cluster for information-sharing and technical support purposes. Technical reports of the project will also be shared with cluster on regular basis.
OCHA (national and regional stations)	As the funding agency, coordination with OCHA will be maintained at the national and regional levels. At the national level, ACTD will submit reports to the HUB, participate in meetings, respond to feedbacks and other queries, and will seek their support when higher level advocacy or assistance in needed. At the regional level, ACTD will enhance participation in meetings, share assessment data, share information about incidents and other issues in the project and will respond to questions or requests of the OCHA regional office.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will contribute to (1) improving equitable access of men, women, boys and girls in war affected communities to life saving trauma services and; (2) responding to the dire reproductive health and child health needs of of IDPs and people living in under-served areas in an equitable and gender sensitive way. Considering the gender-based disparity in access to health by women and girls, the project will ensure that all services are available to all strata of population (men and women) living in targeted communities. To improve access, utilization, acceptance of services, and availability of suitable space in a gender-sensitive way, the project will focus on the following arrangements.

Access based on gender and without discrimination: This project will provide equal access to every person in the community (men, women, boys and girls) to project planned services. The project will facilitate access of all strata of the population without discrimination based on age, sex, race, religion, physical and mental status, and political affiliation. The security situation in remote areas of Helmand is not favorable for female staff. Thus, efforts will be made to recruit competent male staff (preferably from the local community) who are well-aware of cultural and social norms of the target community, and who can work in extreme conditions.

Availability of space and privacy and acceptance by patients and clients: Facilities used in the project will provide equal access to men and women through considering measures needed for privacy and culturally appropriate. The staff will be oriented on medical ethics, respect to local norms and culture and making proper arrangements in the FATP and hospital buildings to ensure patient's needs and privacy.

Utilization of health and referral services: Data on the FATPs, hospitals and project activities including referral services will be collected and segregated based on age and sex. This will help project team to understand access and &utilization of services based on gender and age. Necessary steps will be taken in case data shows less access based on age and gender. M&E teams will compare data on referrals at the health facilities with referrals sites for ensuring access to referral services and if needed, the project health facility staff will carry out community mobilization through Shuras for prioritizing emergency health need of men, women, boys and girls.

Staffing and training: Based on our experience, it is difficult to find, mobilize and retain women staff in many remote areas of Helmand, ACTD will adopt mechanism to hire qualified male staff familiar with local culture and norm, and who are acceptable to the community. Priority will be given to local people for working in the hospitals, FATPs and MHTs. Hiring of local staff will be in coordination with community elders. ACTD using its experience of implementation of BPHS since 2009 in Helmand, will try to encourage staff who worked in previous emergency projects.

Community perception and recommendations: Regular meetings with health Shura and community elders in the area of implementation will be conducted to identify community perception and recommendation to further improve access, utilization, trust and acceptance of services by the community members. Focus group discussions, and exit interview will be conducted to understand the needs of the community based on gender and to adopt their recommendations.

Protection Mainstreaming

Service provision through this project will be based on due consideration to the dignity and respect to basic human rights of patients and clients. Health being the basic right of every individual, the staff working in the project will deliver services considering professional ethics. The project will work for all strata of population without discrimination in the basis of age, sex, religion, tribe and political background. Arrangements will be made to consider local norms and cultural issues. According to recommendation of medical ethics, the health professional will share information with patients and their relatives related to the health condition and will take consent of the patients for planned medical and surgical procedures. ACTD monitoring and supervisory teams will arrange exit interviews with patients and clients and will take necessary steps to ensure implementation of the project considering recommendation and complaints of the patients/clients.
Staff working in the project will be oriented on safe disposal of waste and on self-protection, they will be provided with appliances and equipment needed for their self-protection from injury and infection. This activity will also help in patient protection by avoiding cross-infection from patient to patient. Similarly health Shura in each FATP will be oriented on service available in the package of services and encourage them to raise issues related to their reservation on quality of the services during their monthly meetings and during visits of the supervisors. Moreover standard SOPs will be adopted for provision of services, infection prevention, and disposal of wastage and documentation of the patients using project services. Staff working in the centers will be screened for Hepatitis B and non-reactive cases will be vaccinated to ensure their safety against the virus (transmission from patient to health worker).
ACTD will plan a two days orientation session for the staff on basics of medical ethics, right of the patient, care of elderly and patients with disabilities. They will be sensitized on their responsibilities towards their patients and clients considering their job description. Steps will be taken to further improve access of elderly patients and patients with disabilities to services. Wheel chairs will be available and a ramp will be constructed in all planned centers for improving access of patients with physical disables. M&E team will regularly follow this issue up during conducting exit interview with patients, meeting referred patients in central hospitals and with health Shura members. M&E teams will include information regarding patient dignity, respect and medical ethics in their monitoring checklist and will inquire about such issues during their visits. Data collected will be reflected in specific section of their monitoring visits reports and will be duly shared with higher level management.

Country Specific Information

Safety and Security

The project activities will be implemented in insecure districts of Helmand province. Population living in target districts are always under stressful conditions resulting from unstable security condition and active fight. Considerable damages have been inflicted on BPHS health facilities located in areas of active fight during 2016. Few of these losses were also from directly targeting of the HFs by one or the other group involved in fighting. Fortunately, no human loss of health professional or beneficiaries has been reported. For ensuring safety of the planned activities sites, coordination with relevant government departments and access negotiators will be maintained throughout the project. The project team will maintain their impartiality and neutrality in all circumstances. Below measures will be taken to keep the communities involved in the project activities operation and seek their help and support and create a sense of ownership in them.

Thorough orientation will be provided to governmental entities at the district and provincial level, local elders and AOG access negotiators on the scope and objectives of the project. The importance of impartiality, neutrality and indiscrimination by ACTD will be emphasized and their commitment towards humanitarian principles and Genevan convention will be sought. Utmost efforts will be made to find and hire staff from the local area. However in case of unavailability of staff, staff hired will be oriented on local norms and culture. Ambulances will be rented from community, as they will have easy access to far and near communities for provision of first aid services, evacuation and referrals. CHWs working in the villages are from the community and are safe to move from place to place for provision of emergency and awareness raising activities in the communities. These CHWs will be linked with the respective service delivery sites in the area for referral and their support in safety of FATPs and staff. Village level Shuras will be involved in project activities.

ACTD will secure support of access negotiators from the local community. Access negotiators will mostly consist of respected and impartial community elders. So far, we could address issue of access of supervisors to the HFs up to considerable extent. ACTD will enhance coordination with OCHA regional office to ensure timely information sharing and to seek their support for coordination with other stakeholders at the regional level if needed. Coordination with the EMERGENCY organization at the province level has always been fruitful and ACTD will enhance joint planning, information sharing and mutual support for improving referral and staff safety. And MoU with the BPHS implementer will be signed at the outset of the project to formalize the incorporation of FATPs to the structure of existing BPHS health facilities.

Access

ACTD has long experience of implementation of BPHS in Helmand province. This working experience at gross root level made our team understand the local context, norms and culture of beneficiaries and approaches needed to coordinate with stakeholders. Through direct linkage with communities through health posts, village shuras, the organization have good understanding and relation build on trust with the targeted communities. Site selection for establishment/continuation of linked and standalone FATPs is in places where need is high and are accessible to local population.
ACTD will give priority to hire local staff in order to further improve this trust with target population and other stakeholders. For improving access of war victims from remote located areas to trauma care, the organization will further improve coordination with all stakeholders. The project will be launched in close coordination and developing understanding with all stakeholders including community elders and shuras. In order to further improve access and minimize risk to staff and for better access of people from remote areas CHWs will be linked with the FATPs for referrals of cases for trauma care and follow up visits. Vehicle for ambulance services will be rented from communities for easy access to remote location refer of patients. Further to this ACTD management will further improve coordination with government agencies to address existing problems in referral of patients from districts to DHs, EMERGENCY and PH.
All planned sites (trauma centers and FATPs) will remain open 24/7 and supplied with medicine, equipment and necessary supplies, this will also contribute in service availability, trust of community and an improved access to services.

Strategy for Continuation of Services during BPHS Facility Closure: In case the BPHS health facilities (where FATPs are located) are closed due to fight or other risk, the FATP component will be kept active as much as possible. This is because the entire staffing structure of FATPs are composed of men (male nurses and male guards) and they can keep working in the area to the extent possible and will not face same risk as the staff of BPHS health facilities. In case the security situation is no longer conducive for services, then the location of FATPs will be relocated to another health facility in coordination with the PPHD and Health Cluster.

BUDGET							
Code	**Budget Line Description**	**D / S**	**Quantity**	**Unit cost**	**Duration Recurrance**	**% charged to CHF**	**Total Cost**
1. Staff and Other Personnel Costs							
1.1	Technical coordinator MO	S	1	1,000.00	12	30.00	3,600.00
	Responsible for overall coordination, planning, reporting and follow up						
1.2	Project Supervisor (FP) MO	D	1	800.00	12	100.00	9,600.00
	Will be fully dedicated to CHF Trauma care project and will be responsible for supporting the field offices in project planning, management, coordination at MO level and in case of need at project level. S/he will lead the projects with field team, responsible for collecting and compiling reports. Budget foreseeing, follow up of budget utilization with finance and field offices. Coordination and plan procurement of medicine, equipment, resupplies and related goods and supplies from Kabul, ensure timely supply to field. Coordinate the project activities with Admin, finance and management in order to provide on time support to project. Ensure good coordination within organization with department and other projects especially BPHS implementers. Plan and conduct supportive supervisory and monitoring visits to the provinces. *Unit price is calculated based on current salary for the same project in the MO*						
1.3	Monitoring officer PO	S	1	500.00	11	100.00	5,500.00
	Responsible for monitoring of the health facilities, training and field activities. conduct monitoring visits to the health facilities, collect findings, prepare report and share it with project focal point and with visited HFs. In coordination with field office and health facility team prepare action plan for improving the gaps. and follow the progress during next monitoring visits along with detailed monitoring of the activities. Be part of the monitoring visits jointly with main office team and with PHD team. 1 person for Helmand province.						
1.4	Emergency nurses 7 FATPs	D	21	303.00	11	100.00	69,993.00
	These FATPs staff contracts. they are providing services in very insecure and remote area we are not providing them accommodation, food and local transportation. Stationed in one already functioning and 6 BCH linked FATPs in Helmand province 3 nurses , provide trauma care, referral services, follow up of treated patients, response to emergencies and participate in responses to mass casualties and take care of wounded patient during afternoon and night hours, accompany ambulance to response to emergencies, stabilize patients in community, accompany ambulance during transfer and referral of patients. *Salary is calculated based on National Salary Policy (document attached) criteria for Helmand province (8200 average basic salary for 2017-18+ 30% provincial cost on basic salary 2,460+ 125% isolated area cost 10,250=20910 AFs/68.9=303* *This salary package include all costs (Basic salary, food cost, transportation from home to FATP)*						
1.5	Project Focal point/supervisor PO	D	1	700.00	12	100.00	8,400.00
	Overall responsible for planning, coordinating, implementation and reporting at project office level. 700 USD/person in Helmand. This salary package include all costs (Basic salary & food cost)						
1.6	Guard/cleaner for FATPs and Trauma cetner	S	16	150.00	11	100.00	26,400.00
	Overall responsible for keeping the sites and trauma center and cleaning activities in the FATPs and trauma cetner						
1.7	Suergeon for Trauma center in DH	D	2	1,800.00	11	100.00	39,600.00
	Overall responsible for caring out surgery activities in the TC in the hospital and referral of those surgery or trauma cases of which the treatment is not possible in the TC. Salary scale of surgeon is in the same salary scale with BPHS salary scale for surgeon in the same area.						
1.8	Anesthetist	D	2	500.00	11	100.00	11,000.00
	Overall responsible for anesthesia activities in the TC, rehabilitation, recovery and post operative care						
1.9	MD for MHT	D	1	650.00	11	100.00	7,150.00
	Medical check up of out patient, prescription and taking part in health education on daily and routine base. Keeping record keeping and preparing the monthly activities report. Overall responsible for implementation of MHT activities in the site.						
1.10	Midwife for MHT	D	1	400.00	11	100.00	4,400.00
	A midwife is responsible for caring out all midwifery activities in the MHT. Doing ANC (Ante Natal Care) PNC (Post Natal Care) Family planning services, taking part in health education and delivery cases. Also the midwife is responsible for referral of those delivery cases which need refer and need highest level services. Preparing monthly activities report of MCH section of MHT						
1.11	Vaccinator for MHT	D	1	210.00	11	100.00	2,310.00
	Overall responsible for routine vaccine activities in the MHT and taking part in health education session in MHT. Preparing monthly activities report of vaccine section in the MHT						

1.12	Admin/Finance officer PO	D	1	550.00	11	100.00	6,050.00
	1 person Helmand *1 person in Helmand project office: Fully dedicated to CHF project, responsible for* *Project offices: processing staff hiring, maintaining staff personal files, payroll preparation, making arrangements for supply of medicine, equipment, furniture. Arranging transportation for supervisory and monitoring teams. Financial book keeping, processing of documentation for release of payments to the expenses related to the CHF project. Drafting financial report, HR report, update HR lists, inventory and monthly transport report for submission to the MO.* *A dedicated Admin/Finance staff for the CHF project is necessary based on the financial requirement outlined in the CHF financial guidelines. Facilitation of the supporting documents and managing the cash flow statement requires a dedicated person for the project to report on the financial activities of the project on continuously bases, Moreover, we have been experiencing the scope of the CHF audits and field verification. Achieving those important targets and convincing the auditors of having a good financial management in place is not possible without having a dedicated person for both the provinces. We therefore, would appreciate the CHF colleagues to bring out request to their kind consideration for better financial management of the project*						
1.13	Nurese for Traum centers	D	4	280.00	11	100.00	12,320.00
	Doing routine activities of nursing the TC as nurse of ward and nurse of Operation Theater. Preparation of surgery equipment's and equipment's for surgery interventions. Follow up and taking care of surgery patient in the ward of TC , reporting and taking part in patient care up stability and discharging phase						
1.14	Guard/cleaner for project office	S	3	180.00	12	100.00	6,480.00
	Guard of project office will taking part in guarding activities of the PO and will follow the rule and regulation of ACTD.						
	Section Total						**212,803.00**
2. Supplies, Commodities, Materials							
2.1	Medicine and medical supply for Trauma center in DH	D	2	2,200.00	11	100.00	48,400.00
	Medicine needed for treatment of patients, for two new trauma center in two DHs of Helmand province. Supply from project office will be done based on need, sufficient quantity will be available in health FATPs for provision to patients. BoQ uploaded . *(02new trauma center in DHs of Helmand province X11 month).* *Resupply includes consumable items needed for emergency and surgical cares (Antiseptic, Stitching material, gauze pieces, sticking, drains, NG tubes, catheter, adhesive bandage, sterile gauze pad, elastic bandage, triangular bandage, eye shield, anti septic solution, sticking plasters, plaster of paris etc) for surgical procedures. BoQ uploaded.* *(2new trauma center in Helmand X11 month)*						
2.2	Medicine and medical supply for MHT	D	1	1,450.00	11	100.00	15,950.00
	Medicine needed for treatment of patients, for one new MHT in Helmand province. Supply from project office will be done based on need, sufficient quantity will be available in health FATPs for provision to patients. BoQ uploaded . *(01 new MHT x 11 months in Helmand).* *Resupply includes consumable items needed for emergency and surgical cares (Antiseptic, Stitching material, gauze pieces, sticking, drains, NG tubes, catheter, adhesive bandage, sterile gauze pad, elastic bandage, triangular bandage, eye shield, anti septic solution, sticking plasters, plaster of paris etc) for surgical procedures. BoQ uploaded.* *(01new MHT in Helmand X11 month)*						
2.3	Transportation cost for medicine	D	1	963.00	2	100.00	1,926.00
	Cost for shifting medicine(loading, unloading, vehicle rent) from Main Office Kabul to Helmand project office and onward to FATPs linked BHCs. BoQ uploaded. Supply is planned 03 times during the project period. Stocked medicine at project offices will be shifted to HFs once in two months. Necessary supplies will also be done during supervisory visited where face stocked out. *See BoQ attached*						
2.4	Printing reporting tools, HMIS tools	D	1	1,400.00	1	100.00	1,400.00
	Reporting formats for weekly and monthly report, registers and tally sheets for data collection and records, Emergency registers, registers for ambulances, reporting formats for CHWs, referral sheets, charts for data dissemination at HFs and project office level. BoQ attached						
2.5	Training on Trauma Management	D	29	15.00	5	100.00	2,175.00

	Capacity building of technical staff 21FATPs Nurses,02 staff of MHT(01MD, midwife) and 6 staff of trauma center)on trauma management. Unit cost includes (Return transportation from Health Facilities to Project office/DH, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 29 Health Staff will get trained on Trauma Management for 5 days. This training will be held in DHs (where Surgeon received training by WHO) *20 USD two way transportation for 29 person in Helmand (580)=580/total participants= 20) + 7 days 4 USD perdeim + 2 USD stationery+1 USD refreshment+4 USD food) = 20+28+2+5+20=/5 days training =75/5 days= 15 USD/day/person* *Training will be conducted in DHs in the province by the Surgeon trained by WHO in EMERGENCY Kabul. WHO approved curriculum will be used for the training. The training will be theory and practical in the emergency ward of the DH where training will be conducted. curriculum uploaded*						
2.6	Training on IP and waste management	D	32	15.00	5	100.00	2,400.00
	Capacity building of technical staff (21 FATPs Nurses),(3 staff of MHT 01MD, 01Midwives,01Vaccinator), (8staff of trauma center 02 Surgeons, 6Nurses)on IP and waste management. Unit cost includes (Return transportation from Health Facilities to Project office/DH, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 32 Health Staff will get trained on Trauma Management for 5 days. This training will be held in ACTD PO by our expert trainers on the subject *20 USD two way transportation for 32 person in Helmand (640)=640/total participants= 20) + 7 days 4 USD perdeim + 2 USD stationery+1 USD refershment+4 USD food) = 20+28+2+5+20=/5 days training =75/5days= 15 USD/day/person* *Training will be conducted in DH/CHC/ACTD project office. MoPH approved curriculum will be used. Training will be conducted by ACTD Capacity building officer and CHF supervisor of the provincial office. Curriculum uploaded*						
2.7	BLS Training	D	2	63.85	14	100.00	1,787.80
	Capacity building of technical staff (02Suergeon) of trauma center on Basic Life Supporting(BLS) training. Unit cost includes (Return transportation from Helmand to Kabul, local taxi transportation cost from guest house to EMERGENCY Kabul, accommodation cost, perdiem, food during training, refreshment, stationery, printed/photo copy training material). Total 2 Health Staff will get trained on BLS for 14 days. This training will be held in EMERGENCY Shari-now Kabul. *180 USD two way air fire ticket for 02 person from Helmand to Kabul (360USD)=360/total participants= 180)+5x14local taxi transportation cost + 16 days x 4 USD perdeim + 10 USD stationery+2x14 USD refreshment+5x14 USD food+30x16USD accommodation) = 180+70+56+10+28+70+480=/14 days training =894/14days= 63.85 USD/day/person* *Training will be conducted in EMERGENCY Kabul. WHO approved curriculum will be used for the training. The training will be theory and practical in the EMERGENCY ward of the EMERGENCY hospital where training will be conducted.*						
2.8	Medicine and medical supply for FATP linked BHC	D	7	600.00	11	100.00	46,200.00
	Medicine needed for treatment of patients, for all integrated FATP. Supply from project office will be done based on need, sufficient quantity will be available in health FATPs for provision to patients. BoQ uploaded . *(01 already working x 11 months+ 06new in Helmand).* *Resupply includes consumable items needed for emergency and surgical cares (Antiseptic, Stitching material, gauze pieces, sticking, drains, NG tubes, catheter, adhesive bandage, sterile gauze pad, elastic bandage, triangular bandage, eye shield, anti septic solution, sticking plasters, plaster of paris etc) for surgical procedures. BoQ uploaded.* *(01already working x 11 months+6new in Helmand X11 month)*						
	Section Total						**120,238.80**
3. Equipment							
3.1	Medical equipment for FATPs	D	6	800.00	1	100.00	4,800.00
	Minor surgical kit, trolleys, sterilization and IP equipment and supplies, patient screens, patient examination bed, patient retaining beds, iv stands for 6 new FATPs in Helmand.						
3.2	Heating material and equipment (Heaters)	D	7	157.00	4	100.00	4,396.00
	Heating material and equipment for 07FATPs are calculated base on 1.2 (Karwar 560 Kgs/FATP 131 +26 USD heating appliances) =157 USD BoQ attached. For FATPs linked with BPHS health facilities, it has been budgeted as BHCs and SHCs only work in morning hours. As our activities will be for 24 hours, therefore additional cost is needed. BoQ for this line is uploaded in budget supportive document by the name of 3.2 heating material BD, please refer to mentioned documents.						
3.3	Kit for ambulances	D	3	150.00	1	100.00	450.00
	Kit of O2 Cylinder, regulator, mouth piece, first aid box, set of first aid medicine, supplies and equipments						
3.4	Furniture	S	9	350.00	1	100.00	3,150.00
	Cupboard, chair, bench for patient attendants bench, writing table for 6 new FATPs, MHT and two trauma centers in Helmand. Floor mat for residence of overnight staff, and other related items.						
3.5	Wheel chairs for FATPs	D	8	80.00	1	100.00	640.00
	Each FATP will be supplied with wheel chair for use for patients with disabilities. 6 wheel chair will supply to new FATPs and two others will be supply to trauma centers in two DHs.						
3.6	Medical equipment for trauma center	D	2	6,000.00	1	100.00	12,000.00

	Minor surgical kit, trolleys, sterilization and IP equipment and supplies, patient screens, patient examination bed, patient retaining beds, iv stands ETC... for 02 new trauma center in Helmand.						
3.7	Medical equipment for MHT	D	1	400.00	1	100.00	400.00
	Minor surgical kit, sterilization and IP equipment and supplies, patient screens, iv stands, forceps, clean delivery kit, stethoscope, diagnostic set or otoscope, speculla ... for MHT in Helmand.						
	Section Total						**25,836.00**
4. Contractual Services							
4.1	Minor repairs and construction of ramps	D	8	150.00	1	100.00	1,200.00
	A ramp will be constructed in all 06 new FATP linked BHCs and two trauma center for improving access to the elderly patients and patients with disabilities with other minor repairs needed.						
4.2	Bank charges	S	1	50.00	12	100.00	600.00
	The bank charges will be made upon the transfer to fund from Kabul to project office. As per rules of every bank, there is a certain percentage of bank charges for any transactions. *Furthermore, ACTD transfers the employees salary through bank. The bank charges the organization USD. 3 for each transaction incurs from the Main Account to the sub salary accounts.*						
4.3	Rent of ambulances for 3 FATPs	D	3	700.00	11	100.00	23,100.00
	Continuation of contracted for one already working ambulance in 1 BHC linked FATPs and two will be rented for new established BHC linked FATPs for project 4966 in Helmand province. Full time available ambulance at Health Facilities and assigned locations in FATPs. Monthly rent of 700 USD includes (Fuel cost, repair and maintenance cost and driver salary). These ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals. the vehicles will be available 24/7 in assigned FATPs for timely shifting of injured to the nearest appropriate level of HF. Budgeted for 11 months.						
4.4	Rental vehicles for field	D	1	700.00	11	100.00	7,700.00
	For Monitoring, supportive supervision, coordination and resupplies (in Helmand).						
4.5	Rent of vehicle for Mobile health team	D	1	800.00	11	100.00	8,800.00
	As per plan vehicle will move staff to the targeted places 7days a week. Full time available vehicle at assigned locations. Monthly rent of 800 USD includes (Fuel cost, repair and maintenance cost and driver salary). These ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals.						
4.6	Rent of vehicle MO	D	1	700.00	12	100.00	8,400.00
	1 vehicle will be rented at head office for coordination purposes, follow up of procurement and supplies planned in Kabul for the project offices.						
	Section Total						**49,800.00**
5. Travel							
5.1	Travel cost monitoring MO	S	1	250.00	4	100.00	1,000.00
	Travel cost for 1 person visiting project office each quarter from Main Officer for support and monitoring from different sections. Unit cost= 180 USD round ticket + 20 local transportation+ 10 USD perdium/day for 5 days (50 perdium) = 250						
5.2	Travel cost supervision and monitoring Project Office	S	2	38.00	11	100.00	836.00
	Per diem project office staff during travel to field activities for establishment, coordination, supplies, training, supervision and monitoring, report collection and salary payments. (2 person in Helmand every month with stay in field 4-5 days/each visit).=[(2 person @3.8 USD/person x5 days)= (38)						
5.3	Traval cost for FATPs incharge in Helmand province	D	9	20.00	12	100.00	2,160.00
	This budget line is included transportation cost of FATPs in charge to visit ACTD project office (Leshkargah) for submission of monthly and quarterly reports, update the project activities, explain the problems during the project implementation, collect supplies, process their FATP related finance issues and in case of need conducting coordination meeting with emergency hospital and MSF hospital for follow up of referral patients and better implementation of project. travel cost for 1 already functioned BHC linked and 6 new established BHC linked FATPs, MHT and two trauma centers in Helmand province. 20 USD travel cost for each FATP in charge per month.						
5.4	Travel cost paid to referral patients from 4 FATPs (Taxi ambulance)	D	24	30.00	11	100.00	7,920.00
	4 new FATPs will be provided with travel cost paid for referral of trauma cases from to nearby health facilities. Expected number of cases for referral is 6 cases/month/FATP @30 USD travel cost for each referral to pay to local vehicles identified during initial phase of project implementation in collaboration with community and FATP staff.						

5.5	Rent of vehicle for Mobile health team	D	1	800.00	11	100.00	8,800.00
	As per plan vehicle will move staff to the targeted places 7days a week. Full time available vehicle at assigned locations. Monthly rent of 800 USD includes (Fuel cost, repair and maintenance cost and driver salary). These ambulances will be fully dedicated for shifting of emergency patients from communities to HFs and higher level hospitals. *Rent of this vehicle will be 800 per month because this car will be using more than other for providing services on regular base in both Lashkargah and Nahreseraj district.* *One mobile team will provide services in both Lashkargah and Nahreseraj districts because they are located in neighborhood of each other.*						
	Section Total						**20,716.00**
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
7. General Operating and Other Direct Costs							
7.1	Main office/ PO General running cost	S	1	52.00	12	100.00	624.00
	This will cover the expenses of routine general running of the office (MO, PO) such as cleaning material, gas for kitchen general office utilities.						
7.2	Stationery and running cost	S	9	300.00	1	100.00	2,700.00
	Stationery cost for 07FATPs linked BHCs, 2trauma centers and one MHT (Stationery items include pen, pencils, white paper, stapler, stapler pen, calculator, erasers, marker pen, stamp pad etc) and General running cost of HF includes cleaning materials and items related in health facilities (electrify bulb, lock, socket, tea, candies etc).BoQ uploaded.						
7.3	Rent for project office	D	1	500.00	12	100.00	6,000.00
	Rent for project office Helmand. It will not share with other donor and this office will be just of CHF project.						
7.4	Communication cost	D	39	5.80	11	100.00	2,488.20
	Paid top up card cost for telephone communication @ 5 USD/ months 32 FATPs staff + and @10 USD 7 management staff. =5x32+7 x10=160+70=230/39=5.8						
	Section Total						**11,812.20**
SubTotal			269.00				**441,206.00**
Direct							390,316.00
Support							50,890.00
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							22,060.30
Total Cost							**463,266.30**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Hilmand	4	418	218	157	157	950	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Lashkargah	31	3,010	1,574	1,129	1,129	6,842	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B. Activity 2.1.1 : Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts by MHT. Activity 2.1.2 : provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services. Activity 2.1.3 : Map white area and IDPs to identify Service Delivery Points (SDPs) and plan visits of MHT to the area. The monthly plan of MHT is annexed and available in Documents section. The MHT will provide primary essential health care to the people living in under covered (withe) area of Lashkargah and Nahrisaraj district of Helmand province. MHT monthly action plan and establishment plan of FATP is annexed.

Hilmand -> Nahr-e-Saraj	32	3,071	1,605	1,152	1,152	6,980	Activity 1.1.1 : Establish trauma centers in two target DHs (Grishk and Hazarjoft) which will provide services for war wounded patients. Furthermore, the TCs will refer patients to the EMERGENCY-operated PH through the BPHS ambulance. An MoU will be signed with the BPHS implementer to specify their role in referral of war-wounded patients as this is part of the BPHS DH responsibilities. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.8 : Trauma centers in DHs are well prepared for response to mass casualty with plan, skills and supplies available. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B. Activity 2.1.1 : Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts by MHT. Activity 2.1.2 : provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services. Activity 2.1.3 : Map white area and IDPs to identify Service Delivery Points (SDPs) and plan visits of MHT to the area. The monthly plan of MHT is annexed and available in Documents section. The MHT will provide primary essential health care to the people living in under covered (withe) area of Lashkargah and Nahrisaraj district of Helmand province. MHT monthly action plan and establishment plan of FATP is annexed.

Hilmand -> Nad-e-Ali	3	316	165	119	118	718	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Nawa-e-Barakzaiy	4	363	190	136	136	825	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Sangin	4	357	187	134	134	812	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Washer	2	233	122	88	88	531	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Garmser	6	550	288	207	206	1,251	Activity 1.1.1 : Establish trauma centers in two target DHs (Grishk and Hazarjoft) which will provide services for war wounded patients. Furthermore, the TCs will refer patients to the EMERGENCY-operated PH through the BPHS ambulance. An MoU will be signed with the BPHS implementer to specify their role in referral of war-wounded patients as this is part of the BPHS DH responsibilities. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.8 : Trauma centers in DHs are well prepared for response to mass casualty with plan, skills and supplies available. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Hilmand -> Kajaki	14	1,330	695	499	499	3,023	Activity 1.1.2 : Establish and equip seven FATPs in priority districts in Helmand province. One of these FATPs in Kajiki will be from previous project and 6 new will establish based on previously conducted assessment in targeted districts. Activity 1.1.3 : Collect, compile, analyze and monitor, on regular basis the health statistics related to medical outputs, to monitor and maintain high standards of medical care. Statistics from field are collected monthly and discussed with health staff of each FATPs during a monthly meeting/visits. Register books are present in each facility and are controlled on each monitoring visit. All statistics are send to HQ and analyzed. Activity 1.1.4 : Referrals are promptly made from the target 7 FATPs to the 2 Trauma Centers, and to the EMERGENCY PH when needed. Referral and transportation will be provided to all injured cased referred by FATPs to the Trauma Centers in two DHs, and to the EMERGENCY PH when needed. Activity 1.1.5 : Provide training to project FATP and Trauma Center (TC) staff on the following topics: 1. Trauma Management - (29 persons=21 FATP nurses + 6 TC + 2 MHT) 2. IP and Waste Management - (32 persons=21 FATP nurses + 8 TC + 3 MHT) Activity 1.1.6 : Develop format for collecting information on human interest stories, orient staff on how to collect information, drafting stories and uploading along with reports. Activity 1.1.7 : Establish well equipped trauma center in 2 DHs, with trained staff and provide trauma care to wounded patients from catchment area of the DHs and referred in from neighboring districts. Activity 1.1.9 : Provide HBS vaccine to HBsAg negative staff members working for the project because they are in risk of this disease. This vaccine will protect them against hepatitis B.

Documents

Category Name	Document Description
Project Supporting Documents	Incidence HFs Helmand.xlsx
Project Supporting Documents	Initial Assessment.docx
Project Supporting Documents	HC Endorsement_Support Letter.pdf
Project Supporting Documents	MHT Monthly Plan.docx
Project Supporting Documents	assessment and data report from HMIS(1).xls
Project Supporting Documents	Facilities Establishment Steps and Staffing Plan.xlsx
Project Supporting Documents	Map CHF Helmand.docx
Project Supporting Documents	PPHD Certification Letter.pdf
Budget Documents	BoQ (2.1)Medicine and Medical supply for Trauma Center.xlsx
Budget Documents	BoQ (2.3) Transportation cost .xlsx
Budget Documents	BoQ(3.6) Medical Equipment for Trauma Center.xlsx
Project Supporting Documents	Monitoring Plan.xlsx
Budget Documents	BoQs(2.2) Medical supplies and Medicine for MHT(1).xlsx
Budget Documents	BoQ(2.4)HMIS Tools .xlsx
Budget Documents	BoQ(2.8) Medicine and medical supply for FATP(2).xlsx
Budget Documents	BoQ(3.1)Medical equipment for FATP Linked BHC.xlsx

Budget Documents	BoQ (3.2) Heating material.xlsx
Budget Documents	BoQ(3.3) Ambulance Kit.xlsx
Budget Documents	BoQ (3.4)Furniture.xlsx
Budget Documents	BoQ (7.2)Stationary and running cost.xlsx
Budget Documents	BoQ(3.7)Medical equipment for MHT.xlsx
Project Supporting Documents	Training Curriculum for Trauma Management - .pdf
Project Supporting Documents	Training Curriculum for Waste Management (IP) (1) - .pdf
Project Supporting Documents	Training Plan.xlsx
Grant Agreement	ACTD - Grant Agreement signed by HC.pdf