

<b>Requesting Organization :</b>	EMERGENCY Life Support for Civilian War Victims	
<b>Allocation Type :</b>	1st Standard Allocation	
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>
HEALTH		100.00
		<b>100</b>

<b>Project Title :</b>	Life saving trauma and referral services for conflict affected population in Parwan, Kabul, Ghazni, Kapisa, Paktia, Maidan Wardak Provinces.
<b>Allocation Type Category :</b>	

OPS Details			
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/1SA/H/INGO/5005
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	1,185,709.59
<b>Planned project duration :</b>	10 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/07/2017	<b>Planned End Date :</b>	30/04/2018
<b>Actual Start Date:</b>	01/07/2017	<b>Actual End Date:</b>	30/04/2018

**Project Summary :** Within this project proposal, EMERGENCY aims at improving access to essential health services for civilians and conflict affected population, with focus on trauma patients and war wounded and a special attention to vulnerable groups as children, women and people living in white areas providing them life support services. Type of intervention addressed: emergency trauma 24/7 within FATPS (Ghazni, Andar, Kabul, Tagab, Ghurband, Gardez, Sheikabad), OPD trauma services 24/7 and surgical treatment for war trauma patients in Kabul EMERGENCY trauma center. The relevance of the intervention is due to a several increase of the following aspects: within FATPS activities, through a comparison of the overall situation between 2015 and 2016, acquired increase are related to the tot war referrals of 15.88%, the tot non war referrals of 32.87% and the tot patients stabilized and treated of 13.20%. Within Kabul EMERGENCY trauma center, tot patients admitted in 2016 are 8.37% more than those admitted in 2015. Overall strategy is going to be focused on staff's training, patients' referral and treatment.

Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
11,112	1,928	8,495	2,475	24,010	

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Other	11,112	1,928	8,495	2,475	24,010

**Indirect Beneficiaries :**

Indirect beneficiaries of the project are almost 160,000 people, family members of the patients treated in the FATPs or in Kabul Surgical Centre.

The beneficiaries selected as Others did not find any placement in the choices made by the system as our delivered services are addressed to the whole population.

**Catchment Population:**

Over 4,000,000 people, living in targeted districts (Ghazni, Andar, Kabul, Tagab, Ghurband, Gardez, Sheikabad) will improve their access to emergency trauma and referral services to specialized surgical centers.

**Link with allocation strategy :**

With the present proposal EMERGENCY aims at supporting the network of FATPs in Central and South-Eastern areas and the capacity to refer trauma patients to EMERGENCY centre for war related casualties and to public hospitals in case of civil trauma, thus to responding to first and second priorities of the AHF allocation and the 2017 HRP strategic objectives: to address the health emergency needs of the targeted people in need (including refugees and returnees) through improving access to essential life-saving services and expanding availability of effective quality trauma care for those affected by conflict. According to priorities of the cluster, the intervention aims at directly supporting existing health facilities and strengthening trauma care services at all levels, including field triage and first aid, referral of patients and specialised trauma care services. All these services are directed to the population coming from conflict and no-conflict white areas.

**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
Dejan Panić	Programme Coordinator	pcafghanistan@emergency.it	+93 (0) 79 67 86 251
Cristina Contini	International Administrator	kabuladministration@emergency.it	+93 (0) 79 68 82 412

**BACKGROUND****1. Humanitarian context analysis**

Afghanistan's security situation has dramatically deteriorated following the drawdown of international forces. National Security Forces are stretched as they engage in combat with non-state armed groups (NSAG) on multiple fronts, fighting to secure expanding areas of contested territory. Tragically for many Afghans, 2016 saw no let-up in the conflict. Moreover, up to a million more returns are expected to arrive in Afghanistan from Pakistan and Iran in 2017.

The widespread number of provinces simultaneously affected by conflict is a distinguishing characteristic of 2015 and 2016 prompting a large-scale protection crisis affecting 6.3 million people. The 8,397 civilian casualties are the first nine months of 2016 is the highest recorded since 2009, and included a 15% increase in child casualties compared to 2015. In 2016 increasingly frequent ground engagements continued to be the main cause of civilian casualties.

The decades of fighting have caused a high number of civilian victims, refugees and disabled persons. Victims of war are not only thousands of civilians killed directly from insurgents and foreign and national military actions, but also citizens indirectly affected by the war whom suffering of its consequences such as displacement, food insecurity, diseases, lack of medical treatment and criminality.

The expansion and changing nature of the conflict led to an increasing number of civilians killed and injured in 2016 and the first months of 2017. Use of improvised explosive devices (IED) and indiscriminate tactics remains. However the intensified fighting is now characterized by more armed clashes and a substantial increase in attacks on district centers, hitting at the heart of communities and prompting widespread fear and uncertainty. With the increasing proximity of fighting to population centers, the impact on civilians has escalated. Destruction of property, violence and intimidation is common, and boys and girls have been forcibly recruited into armed opposition groups and militias.

The transfer of military power from international to national control left state security forces with the challenging task of ensuring a degree of central government control in remote districts and provinces. Civilian casualties increased as the nature of attacks changed and more persons were caught in the crossfire of large scale offensives. The Central and Eastern provinces are still a stronghold of Armed Opposition Group (AOG). Many Central areas are witnessing daily fighting, as the number of patients treated in FATPs EMERGENCY is running demonstrates.

Further, attacks against health facilities, patients, medical staff and vehicles, continue to disrupt and deprive people of life-saving treatment, making the national health system extremely vulnerable: the effects of violence against health care extend far beyond the moment of the attack and its immediate consequence: attacks on medical services not only affect the personnel directly targeted but also the entire population depending on them for receiving adequate health care. Indeed, many health facilities have been damaged as a result of the fighting or have been closed due to insecurity particularly in remote areas of the country. Lack of security is also the cause of the absolute absence of a health referral system (ambulances) between the conflict affected districts and the provinces' capitals. Moreover, the private sector offers services of not-regulated quality and not affordable for most of the population.

**2. Needs assessment**

The 2014 Human Development Report (HDR) Work for Human Development ranks Afghanistan 171 out of 188. Additionally, when the value is discounted for inequality, the HDI falls from 0.465 to 0.319, highlighting the dramatic situation Afghans are forced to live.

Yet state building process is compromised by national instability and insecurity: militia, the absence of the rule of law, chronic poverty and widespread human suffering, the violation of basic human rights. Protection to the population continues to be a challenge considered the intensified level of violence and insecurity. State building process can only come after the end of a conflict while data show an increasing intensity of the conflict and, consequently, an increase of war related victims.

In 2016, the conflict in Afghanistan continued to cause extreme harm to the civilian population, with the highest number of total civilian casualties recorded by UNAMA since 2009. A total of 3,498 civilians killed and 7,920 wounded. Armed clashes have significantly increased and moved closer to populated areas: 80 districts are now considered high affected districts. Lack of security is also the cause of the absence of a referral system (ambulances) between conflict affected districts and provincial capitals. Conflict further disrupts already inadequate access to basic health care underlining its weaknesses and the inadequate functioning of public health facilities and referral system. Total war related admissions in EMERGENCY Surgical center in Kabul in 2016 are equal to 2700, the total referral from FATPs, considered within this specific project, to Kabul in 2016 are equal to 830.

While healthcare has improved in urban areas, rural population remains vulnerable and healthcare facilities struggle in manage the flow of patients. Growing violence has also accentuated acute deficiencies in emergency health services and trauma management. Since the beginning of 2017, Kabul Trauma Center registered an increase of war victims of 13% compared with the first month of 2016. If we compared this data with the same period of 2015 the increase is of 49% and of 57% in 2014. Also in the FAPs, considered within this specific project, the increase of referrals to Kabul raised up to 10%. Additionally, Kabul Surgical Centre has registered an increase of casualties coming from other Provinces outside the Kabul belt such as Kunduz and Khost.

Quality and high standards of care are of paramount importance to determine the best outcome for EMERGENCY patients.

**3. Description Of Beneficiaries**

In line with the HNO 2017, the project will focus on conflict affected people. All people living in targeted and nearby districts will have improved access to emergency trauma and referral services. Indirect beneficiaries of this project are all people living in central Provinces of Kabul, Maidan Wardak, Ghazni, Kapisa, Paktia, Parwan. Trauma patients and war wounded people are the main target with special attention to vulnerable groups such as children and women. Direct beneficiaries that will be reached by the proposed intervention are the following:

- 14.533 trauma victims treated in the FATPs, considered in this specific project;
- 1268 severely injured patients referred to EMERGENCY trauma centre in Kabul for war victims and to other hospitals for civilian trauma.
- 141 health service providers will increase their skills on trauma management;
- 5.861 OPD patients treated in Kabul Surgical Centre;
- 2.207 patients not referred from EMERGENCY FATPs and admitted in Kabul Surgical Centre.

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

The Humanitarian situation in 2016 was defined by the increased in the geographical spread and intensity of the conflict. 33 out of 34 provinces experienced some form of fighting; women and child in particular paid a heavy price for the conflict with the latter making up one third of civilian's casualties. An increase of 24% on those reported in 2015. The intensified level of violence has resulted in the increase of war related victims and nowadays, the overall FATPs system visit around 60,000 people a year, transferring more than 2700 and covering the shortcoming of the territory concerning management of trauma and emergency situation. Within this proposal EMERGENCY intends to improve services offered by FATPs, especially those located in regions where synergy and network with other actors are still to be properly achieved. (Andar, Tagab, Gardez, Ghazni, Ghurband, Sheikabad). EMERGENCY action plan is focused on responding to the dramatic situation underlined in the Humanitarian Context Analysis providing life-saving and emergency trauma care services in those areas where no or little access to health facilities continues to be a major challenge for local communities. The proposed project aims to respond to growing needs of Afghan population living in conflict-affected areas by strengthening FATPs network that EMERGENCY is running in the central and southern - eastern regions of Afghanistan. Due to the increase of number of patients treated registered in the past years, that has resulted in maximum bed occupancy rate, EMERGENCY Kabul surgical center trauma service delivery, for both Kabul and FATPs referred patients, will be further enhance by this proposal, and will further be enhance, through building renovation and maintenance, equipment of drugs and capacities provided by international and national staff. With complementarity to the previous CHF project and at one with EMERGENCY priorities, parts of Kabul Surgical Centre will be structurally improved so that high service standards could be guaranteed and best hygienic conditions to direct and indirect beneficiaries preserved.

#### **5. Complementarity**

FATPs network, supported and reinforced in the framework of projects funded by ERF-OCHA in 2012, 2013 and 2014 and CHF-OCHA in 2014, 2015 and 2016, guarantees access to essential life-saving health services to people in need by functioning 24/7, with personnel trained to stabilize and treat trauma patients (especially war wounded) and having referral capacity thanks to ambulances that allow access to Kabul trauma surgical centre for all patients requiring surgical treatment. Thanks to the funds received within AFG-16/3481/SA1/H/INGO/485, Emergency has renovated some FATPs facility in order to enhance better management of the increased number of patients stabilized, guarantying trauma patients' life-saving, stabilization and referral service to health facilities, providing high quality surgical treatment.

Thanks to the network established and supported in the framework of projects "Enhanced access to life saving health and referral services for war affected population in Helmand, Paktia, Logar, Ghazni and Maidan- Wardak Provinces" funded by ERF-OCHA in 2012, 2013 and 2014, and the project "Life saving health and referral services for trauma affected population in Helmand, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces" funded by CHF-OCHA in 2014, the project "Life saving health and referral services for trauma affected population in Parwan, Kabul, Paktia, Logar, Ghazni, Kapisa and Maidan-Wardak Provinces" funded by CHF - OCHA in 2015 and the CHF project ongoing for 2016 allocation, the number of patients treated on the spot has grown significantly as well as the numbers of referrals. Moreover, since 2014 EMERGENCY worked in cooperation with the MOPH in projects funded by WHO focusing on the improvement of the knowledge and practical skills of health staff for stabilization and management of trauma.

The present proposal gives continuity to EMERGENCY interventions of the past years funded by OCHA and is in complete alignment with the priorities of the Humanitarian Response Plan for 2017. During the present project in order to improve the provision of health services of Kabul Surgical Center, efforts will also be focused on renovation of 7 new bathroom rooms and C ward expansion. During the same period, EMERGENCY will provide installation and maintenance of biomedical purchased within the running project funded by CHF.

The project will be implemented in coordination with the MoPH: indeed, all activities implemented by EMERGENCY are previous discussed and approved by MoPH, which donated many of the facilities rehabilitated as FATPs to EMERGENCY. EMERGENCY collaborated also with BPHS/EPHS: these health centers refer war wounded patients to FATPs or directly to the trauma surgical center in Kabul as well EMERGENCY refers non war wounded trauma to EPHS facilities on base of different injuries.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

The increasing intensity of the conflict continues to impact the civilian population. The intensified level of violence in the Central and South-Eastern areas has resulted in the increase of war related victims, thus highlighting the inadequate functioning of public health facilities and referral system. As a consequence, the population living in Kabul, Parwan, Ghazni, Paktia, Kapisa and Wardak Provinces has been and will be deprived of access to essential health services and the public health referral system will deteriorate. Due to these reasons over the past 3 years, EMERGENCY has expanded its FATPs territorial coverage in high risk districts and quintupled the number of referred patients. Therefore, this proposal aims at supporting the existing FATPs network in order to guarantee the trauma patients' life-saving stabilization and referral service to health facilities which will provide high quality surgical treatment. Minor injuries will be treated in FATPs and patients requiring surgical procedures will be transferred with equipped ambulances and health staff on board to EMERGENCY's Kabul Surgical Centre.

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	100				
<p><b>Contribution to Cluster/Sector Objectives :</b> By supporting the network of FATPs in Central and Eastern areas and the referral capacity to manage trauma patients within the specialized trauma centre in Kabul, EMERGENCY contributes to achieve the Health Cluster Sector objective N. 1, "Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people". In fact, the FATPs network will be supported in order to provide prompt and proper medical stabilization and evacuation in high risk districts, allowing to reduce the trauma related mortality rate in locations where active armed conflict incidents are frequent. Additionally, the structure of the well equipped and appropriately staffed, specialized trauma centre in Kabul will be supported in order to increase their ability to manage mass casualties and referral capacity. Thus, the intervention responds to the most acute needs identified in the HRP 2017, based on provide life saving humanitarian assistance to vulnerable population affected by conflict.</p>							
<b>Outcome 1</b>							
Increase access to life-saving health care services for conflict-affected population in war torn provinces and districts of Afghanistan (Kabul, Paktia, Ghazni, Kapisa, Maidan Wardak and Parwan)							
<b>Output 1.1</b>							
<b>Description</b>							
Provision of trauma patients stabilisation, treatment and referral services in 6 FATPs in: Ghazni (Ghazni and Andar districts), Wardak (Sheikabad), Paktia (Gardez district), Kapisa (Tagab district) and Parwan (Ghorband district) provinces.							
<b>Assumptions &amp; Risks</b>							
Risk 1: movements of the frontline and changes in war intensity; mitigation strategy: relocation of FATPs in other provinces were the level of conflict has remained high. Risk 2: shortage in drugs or medical supplies due to procurement difficulties; mitigation strategy: ensuring a sufficient stock to each FATPs and anticipation in purchasing of new items.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	SA1-Envelope One: Number of high risk conflict affected districts with at least one first aid trauma post					6
<b>Means of Verification :</b> FAPTs Facility							
Indicator 1.1.2	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					6
<b>Means of Verification :</b> FAPTs Facility							
Indicator 1.1.3	HEALTH	Health professionals receiving training in stabilization and management of war trauma					75
<b>Means of Verification :</b> FAPs Training schedule							
Indicator 1.1.4	HEALTH	Patients severely injured are timely referred					1,500
<b>Means of Verification :</b> FATPs registration book, referral chart, Hospital Admission book							
Indicator 1.1.5	HEALTH	Number of people served by FATP services.					19,000
<b>Means of Verification :</b> FAPTs Book Registers							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Not Selected</b>							
Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Not Selected</b>							
Provision of emergency trauma services 24/7 in 6 FATPs.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;</b>							
Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Not Selected</b>							
Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.							
<b>Output 1.2</b>							

<b>Description</b>							
Provision of high standard, free of charge surgical treatment, in EMERGENCY specialised trauma center in Kabul.							
<b>Assumptions &amp; Risks</b>							
Risk 1: shortage of drugs and/or medical supplies due to procurement difficulties; mitigation strategy: ensuring a sufficient stock to the hospital and anticipation in purchasing of new items.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	SA1-Envelope One: Proportion of individuals receiving trauma care services					95
<b>Means of Verification</b> : UNAMA report protection of civilians in armed conflicts, Emergency statistics							
Indicator 1.2.2	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					1
<b>Means of Verification</b> : Hospital facility							
Indicator 1.2.3	HEALTH	Health professionals receiving training in stabilization and management of war trauma					66
<b>Means of Verification</b> : Training schedule and attendance sheet							
Indicator 1.2.4	HEALTH	Number of surgeries performed on war wounded and life threatening trauma patients admitted in Emergency Kabul hospital.					5,200
<b>Means of Verification</b> : Operation theatre registration book							
Indicator 1.2.5	HEALTH	Case fatality rate maintained within international agreed limits					4
<b>Means of Verification</b> : Hospital Death register							
Indicator 1.2.6	HEALTH	Trauma patients are timely and appropriate managed and followed up					10,000
<b>Means of Verification</b> : Registration books OPD-IPD, Patients file							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Not Selected</b>							
Training programme for health professionals working in EMR Surgical Center in Kabul focusing on stabilisation and trauma management. A specific training programme will be held for each department according to the different skills.							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Not Selected</b>							
Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul							
<b>Activity 1.2.3</b>							
<b>Standard Activity : Not Selected</b>							
Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre.							
<b>Activity 1.2.4</b>							
<b>Standard Activity : Not Selected</b>							
Collect, compile, analyze and monitor on regular basis the health statistics in correlation with medical outputs, to monitor and to maintain high standards of medical care and the mortality rate on agreed standards. This process is done on monthly basis by each department. Mortality is evaluated and data are reported in a death register. All statistics are monthly sent to Main Office and Medical Division. Daily all new fresh cases and complications are discussed in the morning report among doctors.							
<b>Activity 1.2.5</b>							
<b>Standard Activity : Not Selected</b>							
Rehabilitation of surgical ward (C Ward) in EMR Surgical Center in Kabul.							
<b>Activity 1.2.6</b>							
<b>Standard Activity : Procurement and repositioning of emergency relief supplies. Justification for stock requirements and repositioning locations must be on the basis of consolidated, updated cluster stockpile data and preparedness plans;</b>							
Procurement are necessary for Hospital medical activities. Procurement procedure will be implemented following Approved Internal Procedures.							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

The project will be directly supervised by the Afghanistan Programme Coordinator and EMERGENCY teams in Kabul. Statistics on clinical activities will be collected on daily basis, compiled and analyzed on a monthly basis; trends will be identified and EMERGENCY management staff will take adjustment measures if needed. Regular site visits (twice a month) and telephone contacts will be ensured between FATPs staff and management staff; during the visits, made by field officers, data collected by FATPs' health workers will be carefully monitored and dedicated check lists filled in. Each patient referred to the surgical centers will be deeply evaluated by senior medical staff and senior medical international staff in order to verify whether medical procedures were correctly applied during the stabilization and referral process. Expenditures made in the country will be monitored by the Main Office and verified on a monthly basis. Updates on activities will be provided to Main Office on a monthly basis. In accordance with CHF Remote Call Campaigns, EMERGENCY will provide the list of the project's beneficiaries - including patients and trained staff - for an adequate verification of reported results. For technical reasons, data properly submitted to OCHA could not find correct cluster division within ReportHub system. We are currently working with IMO WHO in order to be able to provide, as soon as possible, all data acquired.

<b>Workplan</b>													
<b>Activitydescription</b>	<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Activity 1.1.1: Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Provision of emergency trauma services 24/7 in 6 FATPs.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.3: Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.4: Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.1: Training programme for health professionals working in EMR Surgical Center in Kabul focusing on stabilisation and trauma management. A specific training programme will be held for each department according to the different skills.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.2: Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.3: Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.4: Collect, compile, analyze and monitor on regular basis the health statistics in correlation with medical outputs, to monitor and to maintain high standards of medical care and the mortality rate on agreed standards. This process is done on monthly basis by each department. Mortality is evaluated and data are reported in a death register. All statistics are monthly sent to Main Office and Medical Division. Daily all new fresh cases and complications are discussed in the morning report among doctors.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.2.5: Rehabilitation of surgical ward (C Ward) in EMR Surgical Center in Kabul.	2017									X	X	X	
	2018												
Activity 1.2.6: Procurement are necessary for Hospital medical activities. Procurement procedure will be implemented following Approved Internal Procedures.	2017							X	X	X	X		
	2018												

#### **OTHER INFO**

##### **Accountability to Affected Populations**

Local communities are involved in phases of the project: particularly in the assessment phase, EMERGENCY is used to involve community leaders to better understand the needs of the target area to plan how to better respond to these needs. During the preparatory and implementing phase, the involvement of local shura, mullahs and elders is essential to ensure that the population accepts and they are well aware of the availability of FATPs health services. The support of local community is in fact fundamental to guarantee a smooth implementation of medical activities and represents one of key strategies to deal with security and access related issues, together with the employment of health workers living in those areas. Feedback and complaints will be pointed out by FATPs supervisors to management staff (International Field Officer, Programme Coordinator, Medical Coordinator); specific monthly meeting will be organized to discuss the issues, adjustments and improvements will be decided accordingly.

##### **Implementation Plan**

EMERGENCY will be directly responsible for the development of the whole project: international staff and senior national staff will guarantee the smooth implementation of medical activities, at central and field level, thanks to the appliance of EMERGENCY medical protocols. A particular attention will be given to the initial training of the newly employed medical personnel: they will participate in an intensive training module performed at EMERGENCY trauma surgical centre. EMERGENCY will directly dialogue with all the stakeholders active in the areas where the project is implemented in order to guarantee its smooth implementation, and allowing a constant access to the sites. To amplify the results, EMERGENCY will actively participate in the coordination mechanisms, such as Cluster meetings, and will interact actively with as much health actors as possible (e.g. ACTD, MRCA, PU-AMI, SC) providing technical expertise and training whenever needed. EMERGENCY will monitor the origin of patients received by FATPs, in order to strengthen its presence on the territory where and when needed and the collaboration with other health services providers (ONG, BPHS). The trauma surgical centre in Kabul, in fact, receives patients not only from FATPs but also from Provincial Hospitals; in particular, it has to be underlined that the trauma surgical center in Kabul is recognized as referral center for all the country and for the Central Region in particular. Basically, BPHS refer patients to Provincial Hospitals, which in turn refer to FATPs (if present in the province) or directly to the trauma surgical centre in Kabul.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
WHO	EMERGENCY collaborates with WHO especially organizing training courses addressed to medical personnel working for the Afghan Health system
MoPH	EMERGENCY collaborates with MoPH providing training for local health workers. All the activities implemented by EMERGENCY are previous discussed with and approved by MoPH, which donated most of the structures transformed in FATPs by EMERGENCY
EPHS	EMERGENCY Kabul trauma center, as a special hospital is the implementing partner for what concerns surgery. Furthermore, it represents the elective training center for all healthcare professionals at a national level.
BPHS	within BPHS' primarily elements, trauma response was not taken into consideration, thus areas characterized by high intensity of conflict were not covered by health trauma care assistance. After a joint analysis, EMERGENCY Ngo, is nowadays covering this gap by integrating its services into the package.

**Environment Marker Of The Project**

B: Medium environmental impact with NO mitigation

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

GENDER MARKER CODE As per foundation chart EMERGENCY is neutral, independent and impartial. EMERGENCY respects and encourages diversity, equality, inclusion and gender balance in all activities performed and in its own structure. Currently the NGO employs 36 females in various positions, medical and non-medical. Percentage of female staff in EMERGENCY facilities is in alignment with the statistics concerning female war related injured: UNAMA report of 2016 shows that around 10% of war casualties are female.

Currently n. 6 of EMERGENCY FATPs have enrolled female staff covering morning shifts. According to Emergency statistics in Kabul Hospital, admission rate male/female is 14%. Being this figure 4% more than UNAMA, statistics shows the services provided are well accepted by female patients that feel confident on seeking Emergency services. Emergency has been committed over the past 18 years to provide a safe a peaceful environment for afghan women ensuring them that the cultural traditions are well respected.

Emergency already employed the appropriate number of female staff compare to UNAMA stats and EMR staff. Especially in health care providing the incidence of female Health workers is much higher than male/female patient proportion. Indeed Faps Emergency employs 25 female nurses out of 146 nurses (17%).

The enrollment of female staff is such remote and difficult rural areas, where usually FATPs are located is challenging due to tribal/local traditions where female employment is discourage or not accepted. EMERGENCY, considering health system access to female , will therefore encouraged and prioritized women health workforce, involving existing female health assistants, staff, relatives etc. in planning, promoting and searching for female employees.

In addition, regarding the implementation of activities, EMERGENCY always guarantees the possibility of a relative to accompany the female patients in case of referral, treatment etc.

ENVIRONMENTAL MARKER CODE\_Emergency has installed, in Kabul Trauma Surgical Center, an advanced waste management system (a waste grinder machine - Shredder) that drastically reduces the environmental impact of the center. Basically, waste is treated by the grinder machine and collected in sacks, which are sterilized through an autoclave and later delivered to municipality for their disposal. Mitigation actions taken against the environmental impact are represented also by the specific waste management system implemented in the Surgical Center for the waste of medical materials and items.

**Protection Mainstreaming**

EMERGENCY guarantees the access to free medical care respecting the principle of non discrimination: priority access to health assistance is only based on medical criteria and the dignity of patients is considered as a priority by all international and national staff employed in Kabul Surgical Center. In regards to the employment policy, there is no discrimination in hiring, compensation, access to training, promotion, termination or retirement based on race, caste, national origin, religion, age, disability, gender, marital status, sexual orientation, union membership or political affiliation.

All the facilities EMERGENCY has opened or intends to open are located in areas that have been assigned high or very high scores by the Health Cluster needs analysis, where active fighting is heavy and security situation is volatile.

Security, considered in all its aspects, and protection of health workers and beneficiaries is a priority for EMERGENCY. For this reason, EMERGENCY facilities are clearly recognizable (painted in white with red logo on the walls), as its ambulances, which are provided with EMERGENCY logo and flag and always cover the same roads. EMERGENCY neutrality is periodically reaffirmed to every part in conflict, FATPs treat everyone in need. To guarantee the access to persons with reduced mobility, most of FATPs facilities are equipped with ramps or other infrastructures, so that safety and dignity of beneficiaries is safeguarded. Neutrality and EMERGENCY reputation are the assets which guarantee safety and security of staff and referred patients.

Confidentiality and privacy are respected, staff is trained to promote hygienic and awareness campaigns among beneficiaries.

### Country Specific Information

#### Safety and Security

EMERGENCY has a long experience on security management in Afghanistan. The FATP activities as well as the hospitals management are all part of a complex security frameworks coherent to the mission and the values of the organization. All the facilities EMERGENCY has opened, or intends to open, are located in areas that have been assigned high or very high scores by the Health Cluster needs analysis, because of that a comprehensive security management is a precondition to any other activities.

EMERGENCY use the commonly accepted definition of risk as the combination of the impact and the likelihood for harm, loss or damage to the system from the exposure to threats.

The key actions to ensure a relevant security strategy can be to organize according with the following categories:

- Acceptance: EMERGENCY's independence and neutrality are recognized and esteemed by the majority of the Afghan population and represent the main strategy to deal with security and access related issues. In fact, this ensures successful negotiation with all parties involved in conflict for EMERGENCY's intervention. Promotion of proactive participation of local communities and stakeholders in FATPs opening represents an important element to ensure acceptance and staff security and guarantees a smooth running of FATPs future activities.

- Protection and visibility: EMERGENCY adopts a high profile approach; EMERGENCY logo is highly visible on ambulance and facilities and it is very well known everywhere in the areas covered by the intervention. Exposure: the ambulances are using always the same itinerary, avoid unknown areas or shortcuts that could be driven the personnel to face an unexpected situation (mined road, fighting, common criminality activities...). The movements of the staff are limited to those directly related to the main activities. Protective structures: the FATP's are located in EMERGENCY exclusive use buildings surrounded by a perimetrical wall and lockable gates.

- Deterrence: the suspension of the activities due to security reasons is the main deterrent of EMERGENCY.

All the previous actions are working in symbiosis and are interdependent (for instance: an high visibility approach could be completely useless if the organization and its logo are not well recognized and accepted by the community. Additionally, deterrence can not work if the activities of the organization are not perceived as necessary by the community).

The security plan is implemented according with EMERGENCY chart:

- The National Field Office is reporting to the International Officer in charge.

- The referral of the patients, as well as any other extraordinary activity is planned in agreement with the Medical Coordinator (MC) and the Program Coordinator (PC).

- The MC and the PC are collecting information daily through EMERGENCY direct contacts and periodically through interagency channels (INSO, meeting and sharing with other NGO...).

The crisis management is responsibility of the PC in coordination with the HQ.

- The National PC Assistant and the Int. Logistician will do the first incident inquiring and analysis, while the PC will manage the inter-agency and authorities level.

- The staff support will be managed by the National and International Field officers.

- The PC will report to the HQ and to the relevant authorities, as well as to the media.

EMERGENCY NGO is taking in great consideration the people factors. Training and mentoring are including security competency and knowledge. A precise code of conduct is explained, required and monitored for the national and international staff. The competency in security is evaluated both for teams and individuals.

#### Access

EMERGENCY's independence and neutrality, together with the quality of health services provided, built in 17 years of presence in Afghanistan, is recognized and esteemed by the majority of the Afghan population and represents the key strategy to deal with security and access related issues: this ensures in fact successful negotiation with all parties involved in conflict for the intervention of EMERGENCY in local areas.

The opening of all FATPs EMERGENCY is running or intends to run has been requested by local communities and other health stakeholders to address the increasing need of emergency health services; to understand the situation and the needs of local population feasibility studies have been conducted and local authorities and elders have been met and questioned: local awareness and acceptance are essential to guarantee full support to the intervention.

#### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	FATPs cleaners	S	12	115.00	10	100.00	13,800.00
	<i>This line includes gross salaries of 2 cleaners for each of the following FAPs: Andar, Gardez, Ghazni, Ghurband, Sheikabad and Tagab. Cleaners guarantee high hygienic standards 24/7 and prevent infectious diseases as per EMERGENCY infection control protocol and MOH guidelines. Salaries are calculated based on the average cleaner salary employed in afghan public health system. No benefits are included.</i>						
1.2	FATPs Health service providers	D	47	160.00	10	100.00	75,200.00

	<p><i>This line includes gross salaries of FATPs health worker as follows:</i></p> <ul style="list-style-type: none"> <li>• 6 nurses in Andar FAP;</li> <li>• 6 nurses and 1 female nurse in Gardez FAP;</li> <li>• 1 clinic supervisor, 9 nurses and 1 female nurse in Ghazni FAP;</li> <li>• 6 nurses and 1 female nurse in Ghurband FAP;</li> <li>• 1 clinic supervisor, 6 nurses and 1 female health assistant in Sheikabad FAP;</li> <li>• 6 nurses and 1 clinic supervisor 1 female health assistant in Tagab FAP.</li> </ul> <p><i>The nurses provide standardized high quality health care services and they will be responsible for managing the referral system for war and civilian trauma patients in accordance to the EMERGENCY protocol and MOH guidelines. Nurses are appropriately trained in trauma management at EMERGENCY Kabul Surgical Center. Ghazni FATP is the only facility requiring 3 nurses per shift (for each other FAPT the number is 2) due to the workload and the high numbers of referrals (see statistical data attached). The clinic supervisor are in charge for the overall functioning of each FATP. In particular, they will be responsible for promoting and maintaining proper relations among locals, authorities and Emergency itself and monitor security, informing the EMERGENCY National Field Officer of any issues and concerns. In addition, they will responsible of the management of patients and referral, supply and consumption of medical materials, yet reporting to the EMERGENCY National Field Officer. Doctors are responsible for the overall provision of quality medical care service in FATPs located in remote areas of the country, especially for the examination, diagnose and treatment of patients, assuring the appropriate follow up. In order to provide 24/7 service, 2 health assistant per day are always on duty in all FAPTs. In order to provide the overall health care service 24/7/365 the minimum number of staff required is 6 health assistants/nurses per FAPT. EMERGENCY is promoting the overcome of gender imbalance among health workforce in Afghanistan as per indication of WHO, OCHA and MOH ( Afghanistan National Health Workforce Plan 2012-2016, Strategic Plan for the Ministry of Public Health 2011-2015, Government of the Islamic Republic of Afghanistan), therefore female staff are solicit to apply and employed in order to guarantee equality and avoid discrimination in health service access. The overall health services provided by FATPs are supervised by an International and National Field Officer in charge of monitoring their quality according to the EMERGENCY protocol and MOH guidelines; as well, they support and provide guidance in the collection of health statistics for each FAPT. Salaries are calculated based on the average salaries for health professionals in similar position in the afghan health system. Overtime fees and seniority bonus are calculated based on the average of the last few months.</i></p>						
1.3	Kabul hospital - Anesthesia	D	11	350.0 0	10	100.00	38,500.00
	<p><i>This line includes the gross salary for 11 anesthetists who will provide medical care to trauma war related and civilian patients including preoperative evaluation, consultation with the surgical team, creation of a plan for the anesthesia tailored to each individual patient; they will provide intraoperative diagnostic stabilization and proper post-operative management of patients ,as well as in-hospital and pre-hospital emergencies, intensive care units and acute pain units and chronic pain consultations. Salaries are calculated based on the average salary of staff in similar position within the afghan public health system. Overtime fees and seniority bonus are calculated based on the average of the last few months.</i></p>						
1.4	Kabul hospital - Surgeons	D	5	1,100 .00	10	100.00	55,000.00
	<p><i>This line includes the gross salary for 5 national surgeons who will provide treatment of traumatic injuries in OT and medical assistance in Emergency Room to war trauma and civilians patients. Surgeons will also be responsible for wards and OPD medical care and follow up. Salaries are calculated based on the average salary of staff in similar position within the afghan public health system. Overtime fees and seniority bonus are calculated based on the average of the last few months.</i></p>						
1.5	Kabul hospital - Nurses	D	52	270.0 0	10	100.00	140,400.00
	<p><i>This line includes the gross salary for 52 national nurses. Nurses will guarantee day to day nursing care to all the EMERGENCY Surgical Center inpatients in Kabul. Additionally, nurses will be involve in providing trauma stabilization and health care of patients in Emergency Room. As the role of nursing is paramount for patients outcome, EMERGENCY is investing and will further invest on the capacity building of this category of health personnel by organizing on the job and ad hoc-training. Nurses work in all the Hospital wards and they run most of medical activities such as dressing, patients' checking of vital signs, administration of drugs and fluids, patients' cleaning and mobilization. Normally 1 nurse with functions of team leader is responsible to organize the daily duties in each ward for each nurse as well as prepare and monitor all the nurses shifts; he/she is also in charge of supervising new employees and maintain all the relation with patients' relatives regarding his/her health status. The number of nurses per ward per day/shift vary upon the seriousness of patient injuries and level of care needed. In less intensive care units the number of nurses per shift is 2 (WARD F, E, D and B), in more intensive care the number of nurse as per shift is 3 (Emergency Room, A WARD and C WARD), in high intensive care units the number of nurses rises up to 4 per shift (sub ICU) and 5 in ICU. In the Operation Theater Department the number of nurses is determined by the ability of covering the full run of n.3 operation theaters, 24/7, therefore 5 nurses are foreseen in the morning shift and 4 in during the nights. The number of nurses enrolled at the EMERGENCY Hospital in Kabul is 125. As this project is not covering the entire costs of the hospital, we decided to charge 52 nurses (42%) which it is in alignment with the percentage of patients treated at Kabul Hospital referred from FATPs (43%). Overtime fees and seniority bonus are calculated based on the average of the last few months.</i></p>						
1.6	Kabul hospital - Cleaners	S	20	219.0 0	10	100.00	43,800.00
	<p><i>This line includes the gross salary of 20 cleaners. Cleaners are responsible to guarantee high hygiene standards and prevent infectious diseases at hospital level as per EMERGENCY protocol and MOH guidelines . Hygiene is of directly related to outcomes of patients, of paramount importance for their best. Salaries are calculated based on the average salary of staff in similar position within the afghan public health system. Overtime fees and seniority bonus are calculated based on the average of the last few months.</i></p>						
1.7	Kabul hospital - Non medical staff	S	16	255.0 0	10	100.00	40,800.00

	<p>This line includes the gross salary of the 16 members of maintenance staff EMERGENCY Surgical Center Kabul, as follows: 1 maintenance supervisor, 2 logistic assistant, 5 electricians (in rotation in order to ensure 24/7 assistance), 1 plumber, 2 welders, 2 carpenters, 2 mechanics and 1 biomedical technician. The maintenance team will assess, manage and supervised the proper functioning of the hospital equipment as well as their and the facility overall repair and maintenance. In particular, the biomedical technician is responsible for the correct installation, maintenance and assistance of all biomedical equipment of the hospital; carpenters, welders and plumber will be responsible for all the general maintenance of the hospital such as reparation of hospital beds and trolleys etc. ensuring the proper functioning of the hospital water system. Electricians and mechanics will supervised the provision of energy 24/7 ensuring that the Operating Theater, Intensive Care Unit and Sub Intensive Care Unit can properly deliver their services. Maintenance workers are supervised and coordinate by a Maintenance Supervisor, in cooperation with EMERGENCY Logistic department, who is responsible for the final overall hospital needs evaluation and following actions. The Logistic assistants, under the supervision of a International Logistic, will be in charge for the management of the overall hospital logistic, from the implementation and control of goods storage to the organisation of movements, procurement of services etc; Logistic assistance will liaise between logistic department and maintenance concerning all the maintenance activities implemented and planned. Salaries are calculated based on the average salary of staff in similar position within the afghan public health system. Overtime fees and seniority bonus are calculated based on the average of the last few months.</p>						
1.8	Kabul hospital - International Medical Experts	D	5	4,000.00	10	100.00	200,000.00
	<p>This line includes the gross salary of 5 international health workforce, 2 nurses , 1 surgeon and 1 anesthesiologist and 1 program coordinator. The nurses guarantees that high quality care are provided and EMERGENCY and MOH standardized protocols and guidelines are followed, assisting and delivering technical assistance to national staff on performing the day to day tasks, particularly the check up of patient's therapies. The international nurses is also in charge of managing mass casualties events according to the role assigned for this kind of plan. The international surgeon is responsible for the correct application and implementation o surgical EMERGENCY and MOH guidelines and protocols, training the national surgeons providing guidance and assistance, managing critical cases, elaborating lesson learnt. The international anesthesiologist will supervised and guide the national team, providing support in intraoperative diagnostic stabilization and proper post-operative management of patients ,as well as in-hospital and pre-hospital emergencies and intensive care units. The international program coordinator will be in charge of the overall implementation of EMERGENCY program in Afghanistan, in coordination with the international team. The unit costs is calculated as per average remuneration cost of nurses, surgeons, anesthesiologist and program coordinator of EMERGENCY salary scale.</p>						
	<b>Section Total</b>						<b>607,500.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Medicines for FATPs	D	6	359.28	10	100.00	21,556.80
	<p>This line includes the supply of drugs and consumables delivered on a monthly basis to FATPs. The cost has been estimated according to past consumption. Increase from 2015/2016 is justified by: exchange rate AFN-USD, increase of 16% in Faps attendancy compared to 2015. For detailed item's list and cost's breakdown, please refer to Annexe 2.1</p>						
2.2	Medicines for Kabul Surgical Trauma Centre	D	1	220,872.00	1	100.00	220,872.00
	<p>This line includes the supply of drugs and consumables bought on a monthly basis by Kabul surgical trauma centre. The cost has been estimated according to past consumption. Increase from 2015/2016 is justified by: exchange rate AFN-USD, increase of 8% surgical operations, 8,5% in total admissions. For detailed item's list and cost's breakdown, please refer to Annexe 2.2</p>						
2.3	Hospital Consumption	S	3	1,466.67	10	100.00	44,000.00
	<p>This line includes hospital expenditures for septic tank drainage, gas consumption and internet traffic costs. Costs are calculated based on past years hospital monthly consumption and local market price for equal services. Septik tank drenage is calculated according to previous month expenditure Please find calculation of expected cost in 2.3 annex (1800afn x 85 drainage x month). All drainage are registered in Emergency &amp; Hospital logbook, available at Kabul Hospital.</p>						
2.4	Cleaning material	D	1	2,120.00	10	100.00	21,200.00
	<p>This line includes cleaning material for hospitals as well as cleaning hygiene materials for patients. Costs are calculated based on past years hospital monthly consumption and market of equal items. For detailed item's list and cost's breakdown, please refer to Annexe 2.4</p>						
2.5	Hospital C Ward extention	D	1	30,361.00	1	100.00	30,361.00
	<p>This line includes the expenses related to the expansion of children and female surgical ward. Currently the ward hosts 15 beds. Due to the increasing number of female and children war related patients admitted and referral from other health facilities EMERGENCY has planned to enlarge the number with additional 8 beds. Costs have been calculated based on previous similar intervention within the country. For detailed item's list and cost's breakdown, please refer to Annexe 2.5</p>						
	<b>Section Total</b>						<b>337,989.80</b>
<b>3. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Contractual Services</b>							
4.1	Reimbursement of transport costs	D	7	815.00	10	100.00	57,050.00

<p><i>This line includes cost for referral of patients by ambulance transportation. Based on 2016 statistics, Emergency forecast from the targeted Fatps and 10 months activity, a total of 6230 referral. Estimated cost per patient referral is 9.1\$</i></p> <p><i>-rents for the following 6 FATPs: Ghurband, Ghazni, Andar, Sheikabad, Gardez, Tagab. Ghazni is provided with 2 ambulances due to the high number of casualties transferred. The ambulances will be parked 24/7 in the FATPs compound available any time for referral of patients. Ambulances are rented from local owners, in order to guarantee security of patients, staff and vehicles movement within the local areas. Ambulances will be 100% dedicated to CHF project.</i></p> <p><i>-Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to the surgical trauma centres it will be provided with a fixed amount of liters of fuel according with distance between the FATPs and the referral trauma surgical centre. The estimation has been done according to the distance between the FATPs and the referral trauma surgical centre, the vehicle rented and the conditions of the road. Unit quantity is the number of FATPs, including Ghazni which is provided with 2 ambulances due to the high number of casualties transferred.. Unit cost is average costs for fuel in liters per months.</i></p> <p><i>Services delivered thanks to the presence of each FATPS in target areas are a fundamental contribution to the whole community involved and its holistic development.</i></p> <p><i>These are the main premises of optimal working and safety conditions.</i></p> <p><i>Thanks to the population awareness, EMR built amongst people its credibility.</i></p> <p><i>Furthermore, EMR's staff is following strict security procedures, constantly updated, that guarantees safety and sustainability. A Security Officer is in charge of following security conditions to ensure safe implementation of activities.</i></p>								
<b>Section Total</b>								<b>57,050.00</b>
<b>5. Travel</b>								
5.1	Flight ticket for International Staff	S	5	1,100.00	1	100.00	5,500.00	
5 return flights (home country/Kabul) are foreseen for international staff working at EMERGENCY Surgical Center in Kabul charged on budget line 1.8								
5.2	Flight ticket for monitoring missions from Humanitarian Office	S	1	1,100.00	1	100.00	1,100.00	
1 return flight (Italy/Kabul) are foreseen for CHF project monitoring mission of staff from EMERGENCY Humanitarian Office (HQ).								
<b>Section Total</b>								<b>6,600.00</b>
<b>6. Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
NA								
<b>Section Total</b>								<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>								
7.1	FATPs running costs	D	6	400.00	10	100.00	24,000.00	
<p><i>This line includes monthly supply of fuel for generators, stationary, mobile phone scratchcard, small furniture, wood for heating system, various allowances and una tantum for uniforms. In order to guarantee a proper functioning of each FAPTs, which require constant reparations, this lines also includes 10 months general cost of FAPTs maintenance for various related supplies, works etc. The estimation has been done according to last year monthly average expenditure and market local prices for similar items/services. Increase from 2015/2016 is justified by: exchange rate AFN-USD (82 1 jan 2016, 101 jan 2017), increase of 16% in Faps attendancy compared to 2015.</i></p>								
7.2	Kabul Surgical Centre maintenance purchasing and works	S	6	583.33	10	100.00	35,000.00	
<p><i>This lines includes 10 months of general costs of maintenance both in terms of related supplies and works, expenses needed to guarantee the general maintenance of the EMERGENCY Kabul Surgical Center. The current hospital is a former kindergarten built in 1968 and turned to health facility in 1999. For this reason the structure needs constant reparations. The water system and the water tower are still the original dated 1968. The existing system and a back up has been renewed during the 1st CHF allocation 2016 to match the water needs of the hospital both in quantity and in quality but it require constant care. This line, as consequence, foreseen expenditures on general hospital maintenance and extra ordinary for water system. The running costs of maintenance will not 100% covered by CHF but co-financed through EMERGENCY own funds. For detailed item's list and cost's breakdown, please refer to Annexe 7.2</i></p>								
7.3	Fuel for Generator and Heating System in Kabul Surgical Centre	S	1	4,000.00	10	100.00	40,000.00	

<p>Fuel for generator and heating system is intended to cover the energy costs of the EMERGENCY Kabul Surgical Center. Generators are used to provide electricity/energy in case of absence of city power. City power consumption of Emergency Hospital in Kabul is paid by the MOH. The hospital is provided with 3 generators: 1 Olympian Caterpillar 48 kw, 2 Wilson Perkins 220 kw. The first is directly connected to the x ray department, the other 2 are used to provide electricity to the entire hospital in case of city power outage. The consumption of the surgical center, calculated in liters, varies according to the season and the availability of city power: generally, fuel consumption is very high during the winter season (4,000 lt of diesel, 1500 lt of oil just for the heating system is the average consumption), while it decreases during the summer (1,500 lt is the average consumption of generators during summer time). The expenditure has been estimated according to the past average consumption per month. The unit costs established represents almost the 90% of the total expenditures of heating system. The remaining costs are covered by EMERGENCY funds.</p>							
<b>Section Total</b>							<b>99,000.00</b>
<b>SubTotal</b>		206.00				<b>1,108,139.80</b>	
Direct						884,139.80	
Support						224,000.00	
<b>PSC Cost</b>							
PSC Cost Percent						7.00	
PSC Amount						77,569.79	
<b>Total Cost</b>						<b>1,185,709.59</b>	
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul -> Kabul	80	5,164	580	1,856	564	8,164	<p>Activity 1.2.1 : Training programme for health professionals working in EMR Surgical Center in Kabul focusing on stabilisation and trauma management. A specific training programme will be held for each department according to the different skills.</p> <p>Activity 1.2.2 : Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul</p> <p>Activity 1.2.3 : Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre.</p> <p>Activity 1.2.4 : Collect, compile, analyze and monitor on regular basis the health statistics in correlation with medical outputs, to monitor and to maintain high standards of medical care and the mortality rate on agreed standards. This process is done on monthly basis by each department. Mortality is evaluated and data are reported in a death register. All statistics are monthly sent to Main Office and Medical Division. Daily all new fresh cases and complications are discussed in the morning report among doctors.</p>
Kapisa -> Tagab	4	2,066	322	1,875	980	5,243	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>

Parwan -> Ghorband	3	338	44	321	74	777	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>
Wardak -> Saydabad	3	308	50	244	121	723	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>
Ghazni -> Ghazni	4	1,487	459	2,146	246	4,338	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>
Ghazni -> Andar	3	1,305	354	1,359	439	3,457	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>

Paktya -> Gardez	3	444	119	694	51	1,308	<p>Activity 1.1.1 : Specific training sessions for staff working in FATPs on trauma patients management. They are carried out at both the EMERGENCY Kabul Hospital and at each of the FATP locations. For more information please refer to Training plan_Trauma Course Faps, in attachment</p> <p>Activity 1.1.2 : Provision of emergency trauma services 24/7 in 6 FATPs.</p> <p>Activity 1.1.3 : Implementation of referral system among 6 FATPs and specialized trauma centres. War injured patients will be referred to Kabul Emergency Surgical Hospital.</p> <p>Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care.</p>
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Documents	
Category Name	Document Description
Budget Documents	2.1 Medicines for FATPs.xlsx
Budget Documents	2.2 Medicines for Kabul Trauma Surgical Centre.xlsx
Budget Documents	2.4 Cleaning Material.xls
Project Supporting Documents	CHF Supported FATPs Activity Report 2016.pdf
Budget Documents	2 5 Hospital C Ward extension renamed.xlsx
Budget Documents	1.8 Kabul_International staff_breakdown.xlsx
Project Supporting Documents	Emergency Nursing Training Programme.docx
Project Supporting Documents	Trauma Course FAPs 2017-18_final.docx
Budget Documents	Salary step_FINAL_07_10_2016.xlsx
Project Supporting Documents	Guidelines for staff management_FINAL.pdf
Budget Documents	1.2 Fatps Health service providers_breakdown_correct.xlsx
Budget Documents	1.7 Kabul_Non Medical staff_breakdown_correct.xlsx
Budget Documents	2.3 Hospital Consumption_correct.xls
Budget Documents	2.5 Hospital C Ward extension_correct.xlsx
Budget Documents	4.1 Referral transportation costs.xlsx
Project Supporting Documents	Treatment figures 2014-2016.xlsx
Budget Documents	7.1 Faps Running Costs.xls
Budget Documents	7.2 Kabul Surgical Centre maintenance purchasing.xls
Grant Agreement	EMERGENCY - Grant Agreement signed by HC.pdf