OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Health Organization
Allocation Type :	1st Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100

Project Title :	Support emergency live saving interventions in high risk provinces for conflicts and limited accessibility through improved trauma care, primary health care and stockpiling activities with better coordination at all levels.
Allocation Type Category :	Core activities

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/1SA/H/UN/5183
Cluster :		**Project Budget in US$:**	2,293,570.04
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	15/07/2017	**Planned End Date :**	14/07/2018
Actual Start Date:	15/07/2017	**Actual End Date:**	14/07/2018

Project Summary :

This project aims to support lifesaving interventions that are proved to be effective in the past in reducing morbidity and mortality among the high risk population from conflict related trauma, displacement and limited access to health care services. The following interventions and related activities are planned as per the assessments made and the lessons learned in the past.
1. Support trauma care services in high risk provinces not fully covered by routine EPHS and BPHS services. The activity will include upgrading trauma care services through organization of space for trauma case management, provision of necessary training, equipment and supplies to priority hospitals in Imam Sahib DH of Kunduz, Shah joy DH of Zabul and Keshim DH in Badakshan provinces that are under high risk of conflict. This activity also will include establishment of four new FATPs in Kandahar (Maiwand and Shawalikot) Urzghan (Gizab), Kapisa (Alasay) through YHDO and AHDS (NGOs). Additional activity for upgrading trauma care includes establishment of FATPs in high priority districts of Logar Province including integrated FATPs at Charkh CHC, Barikibarak DH and MohammadAgha (Zarghoonshar) CHC.
2. Two mobile health teams in Maywand and Khakrez districts of Kandahar (by AHDS) will be supported under the project to provide PHC services for internally displaced and conflict affected population that have limited access to essential health services. This activity will include operating two mobile health teams in under-served areas providing OPD services, Antenatal Care (ANC), vaccination and assisted deliveries by skilled birth attendance (SBA) and health education sessions.
3. Another complimentary activity is the training aimed to improving the capacity of surgeons on trauma care, nurses on triage, CHC staff on Basic Life Support (BLS) and community health workers (CHWs) on first aid will ensure that there is continued support for trauma care and stabilization starting at both community and facilities levels. The training will be conducted in collaboration with EMEGENCY NGO and MoPH.
4. Procure and preposition supplies to the high risk provinces as per the contingency plans. This would include procurement of 12 Trauma Kits, 100 BHK, 10 Supplementary Kits by WHO which will be prepositioned at the national and regional centers for response to conflicts and population movements. The kits would serve over 236,000 populations out of which over 141,000 are women and children <5 yrs. These kits will be internationally procured and pre-positioned in WHO regional warehouses except for the MCM sets, these will be pre-positioned with the Provincial health directorate or the provincial hospital to complement the MCM plans developed in 2016/17
5. In addition to the interventions continuing the Health Emergency Risk assessment in 302 districts that are not assessed yet would improve the evidence based humanitarian response through an all hazard approach and improve efficient emergency response through better planning at provincial, regional and national levels.
6. Capacity building of health workers, with focus on female HWs that includes 21 days training of 68 female health workers (MD doctors and midwives) on Emergency Obstetric and Neonatal Care (EmONC) and 3 days training for 36 female health workers (MD doctors and midwives) on diagnosis and treatment of Sexually Transmitted Infections (STI).

Direct beneficiaries :

Men	Women	Boys	Girls	Total
121,402	126,355	148,379	154,435	550,571

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	4,410	4,590	5,390	5,610	20,000
Host Communities	56,133	58,424	68,606	71,407	254,570

Indirect Beneficiaries :

The indirect beneficiaries would be 1,921,990

Catchment Population:

The catchment population will be 2,700,000

Link with allocation strategy :

The allocation strategy for the current CHF (2017/18) developed to achieve the four objectives of HRP 2017
1. Immediate humanitarian needs of shock affected populations are met
2. Lives are saved by ensuring access to emergency health and protective services and respect for International Humanitarian Law
3. The impact of shock induced acute vulnerability is mitigated in the medium term
4. Humanitarian conditions in hard-to-access areas of Afghanistan are improved.
The project will mainly address the strategic objective 2 and 4 and some of the activities will contribute to objective 1 and 3 as well.
While the proposed project activities will be in line with only two of the health cluster objectives of
1. Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people.
2. Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movement

The activities of capacity building for trauma care in terms of training, infrastructure development and supplies and establishing integrated FATPs would be linked to the strategic priority 2 and the health cluster objective for ensuring effective trauma care services for those affected by conflict and natural disasters. The activities will not overlap with the same locations or health facilities or same staff who are receiving training under current projects (CHF 1 and 2 of 2016)

The activities related to primary health care services to the IDPs from different conflict affected province (This project will cover Maywand and Khakrez districts in Kandahar province only), ensuring adequate supplies for the emergencies created by the conflicts and displacement due to natural events will address the strategic priority 2 & 4 and the cluster objective 2. The activity will also not overlap with ongoing activities under CHF 1 and 2 of 2016.

Activities related to capacity building for medical doctors and midwives on EmONC and Sexually Transmitted Infections (STI) will be complimentary to other activities of RMNCH proposed by UNFPA and PU-AMI as they will address the strategic priorities 2&4 and the cluster objective 2. These activities will not overlap any activities under CHC 1 and 2 of 2016.

In addition, conducting health emergency risk assessment and developing assessment tools will address the strategic priority 3. And all health cluster objectives through providing necessary evidence based information and will help to improve M&E and coordination as well. this activity will also cover the 302 districts that are not covered under CHF1 2016.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
YHDO	National NGO	151,710.00
AHDS	National NGO	142,260.00
		293,970.00

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

Other Funding Source	Other Funding Amount
USAID,ECHO	3,700,000.00
	3,700,000.00

Organization focal point :

Name	Title	Email	Phone
Dr Altaf Daud	Acting team leader	altafd@who.int	0782200342
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BACKGROUND

1. Humanitarian context analysis

2016 was marked with escalating conflicts including geographical expansion and intensity of war related incidents ranging from ground engagements to suicide and complex attacks, explosion of IEDs and explosive remnants and aerial attacks in wider geographical areas of the country. The highest incidents reported in South, Central, Eastern and Northeast regions. Between 1 January and 31 December, UNAMA documented 11,418 civilian casualties (3,498 deaths and 7,920 injured); marking a two per cent decrease in civilian deaths and six per cent increase in civilians injured. The conflict severely impacted Afghan children in 2016. UNAMA recorded 3,512 child casualties (923 deaths and 2,589 injured), a 24 per cent increase from 2015, and the highest number of child casualties recorded by UNAMA in a single year. While number of all (OPD and IPD) weapon wounded cases reported through HMIS, EMERGENCY hospitals and FATPs in 2016 was 92110 and is 40340 (56.2%) higher than the number of weapon wounded cases in 2015 (51770). This might be attributed to the increasing number of conflict/war related injuries and their notification from the FATPs. Between January and April 2017, over 11,167 weapon trauma cases have been reported as stabilized, referred and being treated at referral hospitals, including major and minor surgeries.

More than 653,000 individuals have been reported to be cumulatively internally displaced due to conflict by December 2016(HRP report 2016). After years of continuously ascending trends, the year 2016 marks a new record-high figure. Hence 31 out of 34 Provinces are producing IDPs, while all Provinces of Afghanistan are hosting displaced populations. Following similar trends as in 2015, the North-East and Southern regions are at the forefront of the humanitarian crisis, accounting for more than 67.5% of new conflict-induced IDPs. Conflict induced displacement continue to inflate the number of internally displaced persons (Ministry of Refugee and Repatriation). Beside this more than 600,000 documented and undocumented returnees returned to Afghanistan in 2016 stretched the already overburdened health system in returnee concentrated provinces such as Nangarhar, Kabul, Kunduz, Laghman, Herat and Mazar. It is in a time that the new wave of documented and undocumented returnees is reported as IOM has reported return of over 155,000 undocumented Afghans from Pakistan due to diverse push factors, including deteriorating protection space.
As per available MoPH reports, BPHS is covering around 65% of the population, while the remaining 35% are living mainly in insecure areas or areas with difficult terrain with more than 2 hours distance from nearest health facility. While continued conflict with resulted casualties, displacement, violence against health service providers and closure of available health facilities, has further diminished the capacity of health care services to cope with increasing needs for health services with ever increasing need for emergency humanitarian interventions.
The Health Emergency Risk assessment done in 94 districts from 32 provinces revealed a different pattern of all hazard risk at district level. However completion of assessment in balance 302 districts from all 34 provinces might guide the humanitarian community to make precise planning for all hazard related response plans.

2. Needs assessment

The needs assessment for the project was done using the regular data sources like DEWS/NDSR, HMIS, UNAMA report, OCHA reports, UNHCR and other UN agencies reports for 2016 and the Health Emergency Risk assessments done by WHO and MoPH, Health facility case load and capacity assessment in Nangarhar, Assessment of MCM capacity in hospitals located in high risk provinces, Environmental health assessment in hospitals and community in south, East and Northeast regions. Further the data collected through humanitarian health project reporting hub and emergency information tracking and management system of WHO and historical evidence of conflict affected districts also used to assess the needs.
A health facility assessment conducted by health cluster in Nangrahar in 2016, indicates an overall 10% increase in both OPD and IPD visits where there has been a 20% increase in antenatal care (ANC) visits in 20 health facilities assessed in the province. Similarly, the assessment found that 8% of all OPD and 10% IPD visits in health facilities were reported for returnees which draws the attention to increased need for humanitarian interventions in order to address the increased need for health care services as the study found from the administrators of health services that they could only have the ability to cope for a month with a 10% increase in the patient caseload.
According to the same need assessment by health cluster in Nangrahar, the occupancy rate for maternal wards at Nangrahar Regional Hospital is over 145% while acceptable occupancy rate is 80-85%.
In a health project analysis undertaken by health cluster it was found that 179 health service delivery points under humanitarian been closed by end of December 2016 due to lack of funding which deprived over 856,000 people from accessing essential health care services.
The health cluster assessment major hospitals in Kabul and provincial/district hospitals it was found that in many of those hospitals the essential vital equipment including surgical tools were urgently required for critical life-saving interventions.

3. Description Of Beneficiaries

Total of 313,571 people will receive direct emergency PHC services and trauma care service through this project as another 236,000 people will benefit from provision of emergency kits and medical supply. In total, 550,571 people will directly be benefitted from service delivery and procurement of supply.

1. The activities on trauma care will target
200 community health workers and supervisors from 20 provinces trained on first aid,
100 medical officers from the CHCs from 10 provinces trained on BLS
30 Nurses from 6 national and district hospitals trained on Triage,
30 surgeons from the 6 national hospitals, four provincial and 4 district hospitals are trained on war trauma surgery
Beside this supply of trauma kits will target 1000 severely injured cases that need major surgeries and 200000 people will benefit from emergency kits.
Support trauma care services in Kunduz, Zabul and Badakshan provinces would benefit an estimated 1500 injured people receive surgical care and another 10000 people receive trauma care services including first aid, stabilization minor surgical procedures.
FATPs in Kandahar, Uruzghan and kapisa will provide first aid, stabilize and refer at least 6000 trauma cases

2. Since there is an obvious increase in the IDPs and returnees in the country; the existing health facilities are unable to cater the load. Hence at least 4 mobile teams and 2 sub-health centers would be needed to cover the load in Badghis, Baghlan, Farah, Faryab and Kandahar, provinces. The temporary health facilities would serve the IDPs, Returnees and host communities until they are settled and permanent solutions are reached. The project will cover only two mobile health teams in Maywand and Khakrez districts of Kandahar province. The other provinces will be supported by USAID. The AHDS NGO with access to the locations will be subcontracted and the services will be provided for the 20,000 men, women and children with a rate of at least one consultation per person over the project period.

3. Continuation of Health Emergency Risk Assessment in the balance 302 districts will be conducted under the project wouldn't have any direct beneficiaries but will improve a meticulous emergency preparedness and response in future.

4. Grant Request Justification

1. Number of casualties due to war trauma continues to be on the rise. Latest risk assessments made by health cluster in 2016 identified 95 districts from 28 provinces are exposed to high risk of conflict related trauma incidents. Currently there is no allocation for specialized trauma care services by the MoPH through BPHS/EPHS packages. Hence the gap has been filled by the humanitarian funds in the past and 23 provinces have been provided with emergency trauma care facilities at health facility level since 2014.
The reduction in the deaths by 2% despite of 6% increasing injuries could be attributed to the improved trauma care facilities in high risk provinces. Strengthening trauma care facilities at conflict affected priority district hospitals in the three selected provinces (Badakshan, Zabul and Kunduz) would further improve the trauma care services in the provinces and complement the FATPs established with the humanitarian funds in the past and under the CHF 1, 2017.
2. Under the project, capacity would be improved at community level, at basic and comprehensive health centers and district and provincial hospitals. This would be done through necessary capacity building of CHWs, Staff of the health facilities including surgeons and nurses. Support for establishment of emergency trauma care facilities to the hospitals and providing necessary supplies for mass casualty management would improve the standard trauma care facilities in the hospitals that are situated in the high risk districts and provinces.
3. Since there is an obvious increase in the IDPs by more than 200,000 and > 600,000 returnees in the country in 2016; the existing health facilities are unable to cater the load (there was an overall 10% increased load in almost all the hospitals in Nangarhar region). This was clearly evidenced in the increased caseloads of patients in the assessed health facilities of Nangrahar showing 8% of OPD and 10% of IPD reported as returnees. Hence at least five mobile teams and five sub-health centers would be needed to cover the load in Badakshan, Badghis, Baghlan, Farah, Faryab, Helmand, Kandahar, Kunar, Kunduz, Nangarhar, and Uruzghan provinces. The temporary health facilities would serve the IDPs, Returnees and host communities until they are settled and permanent solutions are reached. The project will address the need in Kandahar province while the other locations will be covered by USAID and ECHO funds. The exact locations will be finalized based on the updated trend of population movement and gaps.
4. While WHO has a leading role in setting the strategic direction for RMNCH services in the country, the implementation of capacity building, including the tr5. While WHO has a leading role in setting the strategic direction for RMNCH services in the country, the implementation of capacity building, including the training of over 110 medical personnel on EmONC and Sexually Transmitted Infections (STI) is a critical component
5. Finally continuation of HERA in 302 districts and assessment of environmental risk factors in urban settings would provide an evidence base for the future projects. Hence implementation of the activities would reduce the avoidable morbidity and mortality among the conflict and disaster affected population.

5. Complementarity

The proposed project will address the gaps among the existing high risk provinces, in line with the strategic objectives of HRP 2017 and the strategic priorities of the health cluster for 2017 and the cost will be shared by USAID and ECHO. While the need for trauma care and emergency PHC services with required emergency kits and medical supplies is huge, a significant proportion of each proposed services and supplies procurement are going to be covered under pledged funding from USAID and ECHO. Further the project activities would be linked to the Afghan national emergency response plan for health, emergency response initiatives in the past five years. However, the activities will not overlap with any of the current project activities or the locations/ Health facilities. The project will also support transition of humanitarian emergency response to the government from the health cluster through building the capacity of MoPH and the national NGOs where the MoPH has also considered some contingency funding for emergency preparedness, though small, it will be complimented by CHF 1 allocation particularly trauma care services in high risk priority areas as a missing component in the BPHS/EPHS package except for the tertiary hospitals

LOGICAL FRAMEWORK

Overall project objective

Ensure access to trauma care services, PHC services and emergency medical supplies for 274570 people in the high risk areas facing limited access, conflicts and disasters

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	70
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	20
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	10

Contribution to Cluster/Sector Objectives : Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movement

Outcome 1

Improve access to effective trauma care and mass casualty management to conflict affected people

Output 1.1

Description

Improve access to trauma care services for 110,000 people including direct trauma and their family members in Imam Sahib (Kunduz), Shah Joy (Zabul), Keshim (Badakshan), Maiwand and Shawalikot (Kandahar), Gizab (Urzghan), Alasay (Kapisa), and Charkh, Barikibarik, MohammadAgha (Logar)

Assumptions & Risks

Security situation doesn't deteriorate further that could also impact access to affected community.
that capacity on the ground (partners) doesn't diminish

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	SA1-Envelope One: Proportion of individuals receiving trauma care services					100
Means of Verification : HMIS report and Health Facility Registry. Denominator is the number of individual attending the health facility. The numerator is the percentage of people who will receive trauma care							
Indicator 1.1.2	HEALTH	SA1-Envelope One: Number of provincial hospitals with effective trauma care services					3
Means of Verification : Monthly project progress report, HFs register book, HF monthly report from Imam Sahib (Kunduz) and Shah Joy (Kabul) and Keshim (Basakshan) District Hospitals.							
Indicator 1.1.3	HEALTH	SA1-Envelope Four: Number of provincial hospitals with mass casualty management plan and minimum response capacity					3
Means of Verification : monthly project progress report, HFs register book, HF monthly report in 10 priorities provinces in underserved areas as designated by Health Cluster. The 10 priorities provinces are Kandahar, Uruzgan, Badakhshan, Farah, Helmand, Kunar, Logar, Kunduz, Faryab, Nangarhar.							
Indicator 1.1.4	HEALTH	Total number of Medical kits supplied and utilized					80
Means of Verification : Procurement records, HMIS - break down of various kits utilized including trauma kit, BHK, Supplementary kits,							
Indicator 1.1.5	HEALTH	Number of individual trained in BLS					200
Means of Verification : education registry, monitoring visit for training session.							
Indicator 1.1.6	HEALTH	Number of trauma cases treated in FATP's					8,000
Means of Verification : Patient Registry, HMIS							

Activities

Activity 1.1.1

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

Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content

Activity 1.1.2

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

Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content

Activity 1.1.3

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

Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content

Activity 1.1.4

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces

Activity 1.1.5

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces

Activity 1.1.6

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

Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY

Activity 1.1.7

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

Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country.

Activity 1.1.8

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Support the establishment three Trauma care service facilities in Kesham DH (Badakshan), Imam Sahib DH (Kunduz) and Shah Joy DH (Zabul) (within existing health facilities see attached BOQ)

Activity 1.1.9

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Establish and operate 6 FATPs (Alasay in Kapisa (1), Maiwand and Shawalikoot of Kandahar (2) by YHDO and Gizab of Uruzghan (1) by AHDS). Also establishment integrated FATPs in CHarkh, Baraki Barak and Mohammadagha of Logar province.

Outcome 2

Improved access to PHC services targeting displaced pop, refugees and people residing in white conflict areas and provide medical supplies for people affected by flood, drought and winter

Output 2.1

Description

Improve access of 55600 pop to basic health services out of which more than 42% are women and children under 5 years in Maywand and Khakrez (kandahar)

Assumptions & Risks

Security situation doesn't deteriorate and partner's capacity on the ground doesn't diminish.

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					30
Means of Verification : Project reports, HMIS data and health cluster humanitarian project reporting system in Maywand and Khakrez (Kandahar). 20000 individual served over population of the districts served.							
Indicator 2.1.2	HEALTH	SA1-Envelope One: Number of health facilities in priority districts scaled up with standard Basic Emergency Obstetric and Newborn care (BEmONC) services					10
Means of Verification : monthly project progress report, HFs register book, HF monthly report Training sites							
Indicator 2.1.3	HEALTH	Number of staff trained including 50% women					200
Means of Verification : Education record, monitoring visit, including looking at number of women trained.							
Indicator 2.1.4	HEALTH	Number of overall consultations seen at MHT					20,000
Means of Verification : HMIS, records.							

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;

Sub-contract AHDS providing PHC services for population (55,600) affected by conflicts and internally displaced in Kandahar province

Activity 2.1.2

Standard Activity : Scale up priority facilities with Emergency Obstetric and Newborn care (EmONC) services;

Training of 68 female healthcare workers on EmOC

Activity 2.1.3

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;

Train 36 healthcare workers in STI

Activity 2.1.4

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;

Set up and operate 2 mobile Health team in Maywand and Khakrez

Outcome 3

302 districts are assessed for all hazard health risk assessment and environmental health risk assessment conducted in Kabul and Nangarhar provinces

Output 3.1

Description

302 districts of Afghanistan are assessed for all hazard health risk assessment (Please see supporting document for full list)

Assumptions & Risks

Security situation in all the selected districts are stable and not deteriorated

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 3.1.1	HEALTH	Number of districts for the all hazard health risk assessment and environmental health risk assessment conducted in Kabul and Nangarhar provinces.					302
Means of Verification : Hazard health risk assessment report and environmental health risk assessment report							

Indicator 3.1.2	HEALTH	SA1-Envelope Four: Number of provincial hospitals with mass casualty management plan and minimum response capacity					0

Means of Verification : (The standard indicator is not suitable for the activities)

Activities

Activity 3.1.1

Standard Activity : Not Selected

Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Activity 3.1.2

Standard Activity : Not Selected

Submission of preliminary assessment data for the development of the 2017 HNO beginning in September 2017

Additional Targets :

Outcome 3 might fall under envelop 4, hence the indicator is not completely matching with the objective of the activity The Health Emergency Risk Assessment is an all hazard risk assessment process that measure the risk from the data on hazards, capacity and vulnerability at district level. The activity is not matching with the standard activities and indicators. Hence a proxy standard indicator is used for completion of the log-frame.

M & R

Monitoring & Reporting plan

The WHO project activities (trauma care services in Iman Shahib in Kunduz, Shah Joy DH in Zabul and Keshim DH in Badakshan, as well as FATPs in Barakibarak, Charkh, Mohammadagha of Logar province) will be monitored by the WHO national and regional EHA focal points and technical officers through a variety of methods. Project will be monitored by standard WHO monitoring and reporting methodology on a monthly basis, which is consistent with Health Cluster and OCHA monitoring and reporting mechanism. Regular direct visits from regional focal points will be conducted to verify project activities on a quarterly basis to support reporting periods. During supervision, WHO focal point will assess performance of health workers, discuss about their needs, and provide on-the-job training. The project team will use checklists and prepare a brief report after supervision and monitoring visits. Within each facility, the culture of supportive supervision will also be promoted. In addition, national EHA technical officers will conduct periodic visits as necessary. Follow up with project managers and regional focal points will be done remotely on a regular basis. Midterm and final reporting will be done by WHO. Standard assessment tools and the existing formats will be used for data collection analysis and compilation of the project progress report.
The procurement section of this proposal will be monitoring through standardized methodology by WHO. Procurement and tracking will be done on a quarterly basis. This will include, but not limited to, quarterly stock list and logistics monitoring of stock pile. This will include both national level as well as regional level. Additional monitoring and reporting will be done if the situation changes. In addition, supply distribution will be reported against output and outcome in the priority districts. Report will be done at midterm and final project period. Furthermore, YHDO and AHDS will be requested to conducting their own monitoring and reporting at the midterm and final project period. (For M&R plan for YHDO and AHDS, please see supportive documents. YHDO and AHDS has detailed M&R plan in their supportive documents. Unable to provide here due to space). WHO will verify and support YHDO and AHDS M&R reports if necessary.

Partner monitoring and reporting is consistent with Health Cluster and OCHA standards. This will include but not limited monthly reports to each partner's headquarter. Each partner will also has regular supervisory visit to the activity. However, the activities will also be monitored monthly through WHO staff at provincial and district levels and also through the MoPH staff. The subcontracted projects will be tracked using standard indicators and humanitarian reporting system as agreed upon in the logistic framework.
Because of the scope of all the projects there will be a project management officer dedicated to conducting assessment, planning, implementation and monitoring of all mass casualty related interventions and PHC interventions. Data will be collected on monthly basis for PHC services and trauma care services, training will be monitored and reported at the end of the activity.
Lastly, training session will be documented to confirm attendance. Detailed learning activities will also be reported to follow progress. Training session will be reported against pre-determined target and reported at the end of the activity.
All project data are collected according to the standard MoPH/HMIS reports, which is also in accordance with Health Cluster. Data will be collected for individual activities as well as compiled into a larger database providing timely reports and guidance on trends, achievements and gaps.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content	2017							X	X	X	X	X	
	2018												
Activity 1.1.2: Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content	2017							X	X	X	X	X	
	2018												
Activity 1.1.3: Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content	2017							X	X	X	X	X	
	2018												

Activity 1.1.4: Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces	2017							X	X	X	X		
	2018												
Activity 1.1.5: Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces	2017							X	X	X	X		
	2018												
Activity 1.1.6: Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY	2017							X	X	X	X	X	X
	2018												
Activity 1.1.7: Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country.	2017							X	X	X	X	X	X
	2018	X	X										
Activity 1.1.8: Support the establishment three Trauma care service facilities in Kesham DH (Badakshan), Imam Sahib DH (Kunduz) and Shah Joy DH (Zabul) (within existing health facilities see attached BOQ)	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.9: Establish and operate 6 FATPs (Alasay in Kapisa (1), Maiwand and Shawalikoot of Kandahar (2) by YHDO and Gizab of Uruzghan (1) by AHDS). Also establishment integrated FATPs in CHarkh, Baraki Barak and Mohammadagha of Logar province.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 2.1.1: Sub-contract AHDS providing PHC services for population (55,600) affected by conflicts and internally displaced in Kandahar province	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 2.1.2: Training of 68 female healthcare workers on EmOC	2017							X	X				
	2018												
Activity 2.1.3: Train 36 healthcare workers in STI	2017							X	X				
	2018												
Activity 2.1.4: Set up and operate 2 mobile Health team in Maywand and Khakrez	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 3.1.1: Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.	2017							X	X	X	X	X	X
	2018												
Activity 3.1.2: Submission of preliminary assessment data for the development of the 2017 HNO beginning in September 2017	2017									X			
	2018												

OTHER INFO

Accountability to Affected Populations

WHO will focus on a systematic approach for identification of the prioritized needs of community; thus making the best efforts to reflect such intention while planning our activities in line with community's needs. The implementation parts of this objective can be achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions. The most in need and vulnerable groups will be encouraged to participate in the process.
The priority districts were selected in consultation with the MoPH and the PHC services will be provided in consultation with MoPH and the BPHS NGO.
Representatives from the community shuras, district governor's office and the provincial governor's office will be involved during the Health Emergency Risk Assessment using qualitative and quantitative tools.
In addition, implementing partner ADHS will increase accountability of the project to the community levels by arranging quarterly meeting with concerned communities; project activities will be reviewed and feedback from the communities will be received; their recommendation will be strictly followed up. Feedback of the affected communities and the beneficiaries will be collected through the implementing partners as training and health education or awareness feedback reports and lesson learned and challenges reporting through the quarterly narrative reports. YHDO will include representatives of the most vulnerable groups, and work with health shuras with the presence of female.
Disabled people are included in the process in order to assess their specific needs. In some areas, the coordination with existing projects and other NGOs facilitate the work for vulnerable groups. As an example, the presence of Community Health Workers could be a bridge with the vulnerable people of a community, especially for disabled children and elders. The involvement of beneficiaries in the decision process for prioritization of the targets and transportation of the equipment in unsecure areas give a sense of ownership and facilitate the implementation of the process.
Awareness campaigns, health education sessions and simulation exercises and consultation contact time would be utilized to communicate the necessary awareness creation among the beneficiaries
All the activities will be implemented through the professional teams that are aware of "Do No Harm" principle and even in emergency situations; standard protocols will be followed through proper capacity building, supervision and evaluation.

Implementation Plan

This proposal will support trauma care services in high risk provinces not fully covered by routine EPHS and BPHS services. The activities will include organizing the available space to manage the trauma cases, provide necessary training, equipment and supplies to improve the trauma care services in the hospitals in Imam Shahib DH of Kunduz, Shah Joy DH of Zabul and Keshim DH in Badakshan provinces that are under high risk of conflict as per the 2016 assessments.
This project will also include the establishment of FATPs in Kandahar (Maiwand and Shawalikot), Urzghan (Gizab), and Kapisa (Alazay) through YHDO and AADA (NGOs) and FATPs in Logar (Barakibarak, Charhk, and Mohammadagha by WHO.
The FATP centers will be established in existing health centers and rehabilitation will be done in the inception phase of the project, to allow better capacity to take in charge patients wounded or in critical condition due to obstetrical complications. Special attention will be paid to segregation of male and female patients through improvement of emergency wards (partitions when needed). WHO and its implementing partners will coordinate all actions with local BPHS implementers as well as provincial health directorate who has been involved in project design since its conceptual phase in all provinces targeted. Supplies in drugs, medical and non-medical supplies will be done on regular basis. The community health worker will attend a 2 days training focusing on stabilization of injured patients and will be provided basic material for further care of community members suffering from traumatic injuries.
2 MHT will be implemented by AHDS in Malang Karez MHT in Maywand; with 27km distance from the nearest health facility, covering 10,605 people and Charband MHT in Khakrez; with 35km distance from the nearest health facility, covering 3,742 people. Staff will be trained an supervised on antenatal and postnatal care for the mothers, basic emergency obstetric and new-born care (EmONC) services, vaccination for the children and child bearing age women, family planning methods on request, treatment of children sickness especially ARI, pneumonia and diarrheal diseases, outpatient consultation and treatment of common diseases.
Supervision of subcontracted activities will be directly done by the WHO technical officers from Kabul through field visits and the regional EHA focal points and the National Health Coordinators will regularly monitor the activities in the regions
Procurement of kits will be directly implemented by the WHO international procurement procedures. BoQ for the kits are listed in the supportive documents. Delivery and transportation will be carried out by WHO with coordination with partners and other agencies.
Procurement and preposition of supplies, health risk assessments will be done by the WHO/EHA technical teams according to its standardized procedure. Allocation of the kits will be evaluated on an individual basis depending on the needs at the time. This is standard procedure for kit distribution.
Capacity building of female health workers in the health facilities of 14 prioritized districts. Capacity building component of the project will be implemented by WHO and MoPH. This component will be supervised and technically supported by WHO.
All the activities will be notified to the provincial health directorates and relevant directorates of the MoPH and their supervision report and certification will be requested before final payments
The activities will be shared with the health cluster and the health cluster will share the details of activities with other clusters to avoid duplication. Relevant regional OCHA coordinators and the country office of the OCHA will be updated through interim and final reports.
the provincial health directorates and relevant directorates of the MoPH and their supervision report and certification will be requested before final payments
The activities will be shared with the health c

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
EMERGENCY NGO	Trauma care, Triage and BLS training
AHDS	Operate two MHTs in Maywand and Khakrez districts of Kandahar and one FATP in Gizab CHC in Uruzghan province
YHDO	Operate three FATPs in Kapisa (1) and Kandahar (2) provinces
Health Cluster	Coordination at national and provincial level, technical guidance and backstopping
BPHS/EPHS Implementing Agencies	Collaboration in the implementation of the referral system and the improvement of the health services in the province.
MoPH and Provincial Health Directorates	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
OCHA	Conflict-induced IDPs/ undocumented returnees. Coordination in targeting beneficiaries.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will address the needs of population affected by physical trauma and deprived of effective emergency trauma care facilities due to conflicts and inadequate capacity.
In the recent past children and women are become more vulnerable for trauma among the conflict affected population. Particularly children are affeceted by ERWs, pregnant and lactating women would face imminent threats due to their poor living conditions in the displaced location. This project will address the special needs of women and children in terms of emergency trauma care including first aid, stabilization and refferral.
The needs assessment was done to identify the high risk areas for conflicts and the information gathered include the breakdown by age and sex distribution of war trauma cases and displaced population. Hence the interventions have been planned according to the need of males, females and children. For example, majority of the trauma cases are (63%) male adults; and around 37% are children (24% increase in 2016) and women thus the activities under trauma care will include the supplies that are specially needed for females and children particularly the items under mass casualty management kits are specially includes clothes, equipment and supplies for females and children. Other standard kits also include necessary supplies for women and children. Trainings for female mental health staff would be much emphasized during the selection and all available female carder in the selected provinces will be included in the training
All the PHC activities are mainly targeting the pregnant and lactating women and the children, although the outbreak response are based on the type of outbreaks rarely spread among the different sexes; the children are more vulnerable for vaccine preventable diaereses and women are affected by CCHF hence special awareness campaigns targeting women on environmental health are conducetd under the project.
All the training are planned to include maximum female staff and community members.
The description of the outcome 2.1 indicates 42% of the beneficiaries are women and children under 5 because outcome 2 is PHC services which is heavily focused on reproductive health with direct beneficiaries being women.
Training will be given to female staff including training of nurses, and community workers. CHW will have at least 40% women.
The training will have a strong women component. Training for BeOMC will be for female staff. Planning will include women working in the field as well as in the community.

Protection Mainstreaming

As mentioned above; the majority of conflict affected injuries/casualties will be male adults (>60%) hence the activity would support > 60% of male adults while the almost 37% of the cases will be children and women and the trauma kits are designed to treat both children and women as well. In addition to this the mass casualty management kits have special items to care the women and children including clothes.
Around 75% of the beneficiaries of the IEHK kits will be women, children and elderly who receive emergency trauma care for minor to moderate injuries and conflict induced diseases.
The trauma care centers will improve the equitable access to the trauma care and the supply mechanisms will ensure the equitable access to the health care services including access to the elderly and disabled.
Adequate emphasis will be paid on special and culturally accepted care for the women and disabled
Although distribution of female health staffs are limited particularly in the conflict affected areas; maximum effort will be taken to accommodate more female staffs in the PFA trainings (At least 30%)
All the health care services provided under the project will ensure availability of adequate female staffs and special care for elderly and disabled.

Country Specific Information

Safety and Security

Safety and security will be the priority for all trauma care related services including establishment of TCS. Further the emergency response for the conflict affected population will be conducted in consultation and contribution of the community to provide maximum safety for the affected people and the staffs. The locations will be ensured with accessibility, safety of the staffs and the public attending the services and the facilities will address the basic needs to address the dignity of the public and the staff.
Generally weekly EPR reporting system of health cluster will monitor the security threats to the health care services under the project and the EPR committee will take necessary action to reduce the risk and smooth operation of the project activities.
The health care service providers cannot ensure the security of the patients or staffs but the trauma care centers will provide immediate and effective treatment to the injured cases. The Health risk assessment would be a challenging process to be conducted in 302 districts, still involvement of community shuras might make it possible to conduct the assessment.

Access

WHO has its presence at each district, provincial and regional level through polio officers, EPR committees and National Health coordinators and EHA focal points including within the white (under-served) areas. In all districts including the white areas In addition, YHDO and AHDS are already present in the areas they proposed o work in, WHO already have activities and offices in the provinces targeted by the project. During assessment and project design, WHO already negotiated access and complementarity with local authorities and BPHS implementer as well. During the assessment visits, WHO staff as well as YHDO and ADHS had meeting in different provinces with a wide range of actors such as: police chiefs, HMIS officers, NGO workers, PPDH's, community elders, members of CDC's, Red Crescent representatives, etc. WHO is fully aware of the security context prevailing in all locations selected and have local network in all these particular locations. Team selection will pay specific attention to hiring of locals having full access to specific locations of activity implementation. In areas that are not under full control of Government of Afghanistan, WHO will proceed through its informal and formal network to have support and acceptance from local authorities. WHO through its other projects is already implementing activities in some areas that are not fully controlled by the GoA and therefore, have existing relations with influent community leaders. Through its humanitarian principle based approach, WHO will build further acceptance in the communities targeted by the project. The quality of the services delivered will also ensure trust building within the localities concerned by the project. WHO is perceived as a neutral organization that treats equally all patients and the organization will continue to explain its humanitarian approach to all stakeholders in order to maintain trust and build confidence, which ensure a certain level of safety. The local context will be constantly monitored by field staff based in project locations. Coordination team will have regular contact with field based teams to make sure to react in case of security threat for the beneficiaries and or staff.
WHO also collaborate with all the BPHS, EPHS NGOS and the MoPH at national and provincial levels, further the EHA WHO staffs have access to many of the provinces where the project needs direct M&E activities. Hence all the projects could be easily implemented and supervised without much constraint. Because WHO is working very closely with MoPH and regional health directorates, and MoPH has good access to underserved area, WHO is able to deliver supply whittle support of MoPH and regional health directorates.
Because WHO has its presence at each district, provincial and regional level through polio officers, EPR committees and National Health coordinators and EHA focal points including within the white (under-served) areas, conducting the Health Emergency Risk Assessment would rely on the contact already made. Historically, the polio team is able to gain access in the most restricted areas. In additional, WHO has already confirmed support from MoPH and regional health directorates for the support on the HERA. For this reason, "hard-to-access" areas are included in the district for assessment.

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	International emergency coordinator P5	D	1	25,500.00	12	25.00	76,500.00
	He/She will have the overall responsibility of project implementation, adherence to standards in all guidelines, SOP and messages generated. This officer will also monitor the quality of trainings undertaken in the field, will be responsible for reporting and ensuring complementarity with other ongoing projects implemented by WHO such as ECHO and USAID grants. He/she will ensure coordination with different partners and MoPH senior level engagement						
1.2	One National emergency officer NPO	D	1	6,600.00	12	50.00	39,600.00
	National NOC public health officer (Using UN salary scale) that works closely with MoPH and the field, balance will be paid from other funding sources						
1.3	One national MCM project management officer	D	1	3,000.00	12	50.00	18,000.00
	National NOA level APW officer (Using UN salary scale) that works closely with MoPH and the field, balance will be paid from other funding sources						
1.4	One national project assistant	S	1	3,000.00	12	30.00	10,800.00
	Support all the admin and finance activities of the project at the level of NOB 6 months salary and allowances will be paid, balance will be paid from the other funding sources						
1.5	One national phamacist	D	1	2,700.00	12	30.00	9,720.00
	Support all the procurement and distribution activities of the project at the level of G6, 6 months salary and allowances will be paid, balance will be paid from the other funding sources						
1.6	One international Public Health officer P4	D	1	22,500.00	12	25.00	67,500.00
	International officer at P4 level as per UN salary scale , to provide technical support for all WHO activities to be implemented in Kabul and in the field. this includes public health related activities, Capacity building of national staffs on project related activities. Balance will be paid from other funding sources						
1.7	Program monitoring and reporting at HQ/RO p3 and G6	S	2	15,000.00	12	20.00	72,000.00
	One finance assistant 20% of his time and one technical officer 20% of his/her time						
1.8	One national information management officer G6	S	1	2,000.00	12	25.00	6,000.00
	Support the project via collecting data related to the project activities (risk register, and trauma casualty surveilance and EPR reports) WHO SSA salary scale used						
	Section Total						**300,120.00**

2. Supplies, Commodities, Materials							
2.1	Procure Emergency Trauma kits A+B	D	24	22,841.00	1	50.00	274,092.00
	These are standard WHO kits (composition is annexed)will be purchased through WHO procurement system .(WHO standard catalogue prices). Each kit will cater for 100 surgical interventions during mass casualty and are distributed in areas with ongoing conflicts or upon request of partners if new emergencies arise *BoQ "BL 2.1 to 2.3 WHO Kits content and the catelogue prices" is attached*						
2.2	Procure Inter agency emergency health kits (Basic)	D	200	621.00	1	50.00	62,100.00
	These are standard WHO kits (composition is annexed)will be purchased through WHO procurement system .(WHO standard catalogue prices) each kit should cater for 1000 pop for three months. these kits will be used at BHC or mobile health team to provide emergency basic services especially for NGOs who are working in white areas affected by emergencies , conflict or displacement *BoQ "BL 2.1 to 2.3 WHO Kits content and the catelogue prices" is attached*						
2.3	Procure Inter agency supplementary emergency health kit	D	20	7,116.00	1	50.00	71,160.00
	These are standard WHO kits (composition is annexed)will be purchased through WHO procurement system .(WHO standard catalogue prices). One supplementary unit – for use by physicians and senior health-care workers *A supplementary unit contains medicines and medical devices (renewables and equipment)* *for a population of 10 000 people for three months this will ensure availability of supplies to be used at CHC and DH and PH level* *BoQ "BL 2.1 to 2.3 WHO Kits content and the catelogue prices" is attached*						
2.4	Training of surgeon on trauma care to be conducted by EMERGENCY	D	30	1,600.00	1	100.00	48,000.00
	This is a 16 days training, the cost of training one person is 100 USD per day this (Including venue, transportation, meals printing material materials) , cost of facilitators (national + international + translators) three doctors from each province (10 provinces) for location please see location sheet attached						
2.5	Training on Basic Life Support for staff working at CHC level to be conducted by EMERGENCY	D	100	1,000.00	1	100.00	100,000.00
	This is an 10 days training , that includes triage, stabilisation and referral of casualties;the cost of training one person is 100 USD per day this (Including venue, transportation, meals printing material materials) , cost of facilitators (national + international + translators) targeting CHCs and BHCs one person per facility and two facility per district for location please see location sheet attached. Women will be encourage to participate and it is expected 50% will be women. Special funding consideration for female staff.						
2.6	Train nurses on Triage to be conducted by EMERGENCY	D	30	700.00	1	100.00	21,000.00
	The cost of training one person is 100 USD per day this (Including venue, transportation, meals printing material materials) , cost of facilitators (national + international + translators) the target will be the 12 hospitals for location please see location sheet attached. Training will be implemented by Emergency or other expert. Special funding consideration for female nurses including chaperone.						
2.7	Train Community Health Worker CHW on First aid	D	200	500.00	1	50.00	50,000.00
	Train CHW on first aid in high risk provinces. This is a five days training and the cost will inlcude venue, transportation, meals printing material materials - 18 person per province will be trained (3 CHC and 15 CHW) for location please see location sheet attached. 50% will be women.						
2.8	Health Emergency Risk assessment in 302 districts	D	302	1,000.00	1	100.00	302,000.00
	Is a continuation of the last year project to assess the all hazard health risk assessment of Afghanistan at district level. The findings would give a clear picture of health risk of the country *Per diem for assessment for 5 days = $500* *Training for assessor $250 per district* *Monitoring $200 per district* *Other include transport and stationary $50*						
	Section Total						**928,352.00**
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
4. Contractual Services							
4.1	Establish Trauma centers in high risk areas	D	6	40,000.00	1	100.00	240,000.00

	Support to improve the trauma care services in the identified secondary hospitals to improve the referral services in the high risk districts of Badakshan, Kunduz and Zabul provinces the activity will be contracted through the MoPH and BPHS NGO managing the hospital *BoQ uploaded.*						
4.2	Traing of 68 female healthcare workers on EmOC for 21 days	D	68	2,277.00	1	100.00	154,836.00
	Competency based training for female MD doctors GP and OB/GYN and midwives, female nurses. Target districts in 11 high risk targeted provinces targeting 23 districts in 11 provinces. Work plan is attached as supporting document. *For BoQ, please see Supporting Document "4.2 to 4.4" under Budget*						
4.3	Training of 36 female healthcare workers on STI for 3 days	D	36	602.00	1	100.00	21,672.00
	For doctors, nurses and midwives working in health facilities to vulnerable population. Target districts in 11 high risk targered provinces targeting 23 districts in 11 provinces. Work plan is attached as supporting document. *For BoQ, please see Supporting Document "4.2 to 4.4" under Budget*						
4.4	Monitoring and Supervison visits for RMNCH training activities	D	1	1,284.00	5	100.00	6,420.00
	Conducted RMNCH coordinator to monitor quality and impact of training during the implementation *For BoQ, please see Supporting Document "4.2 to 4.4" under Budget*						
	Section Total						**422,928.00**
5. Travel							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						**0.00**
6. Transfers and Grants to Counterparts							
6.1	Transfer grants to AHDS for operate 2 MHTs and 1 FATP in Kandahar and Uruzghan	D	1	130,244.00	1	100.00	130,244.00
	AHDS the national NGO actively operational in Kandahar and Uruzghan province will be contracted out to operate two mobile clinics in Maywand and Khakrez districts of Kandahar and establish one integrated FATP in Gizab CHC of Uruzghan province. Proposal provided by AHDS annexed						
6.2	Transfer grants to YHDO for establish and support three FATPs in Kapisa and Kandahar provinces	D	1	132,954.00	1	100.00	132,954.00
	YHDO the national NGO actively operational in Kandahar and Kapisa province will be contracted out to operate establish and support one integrated FATP in Alazay district of Kapisa and Maywand and Shawlikot districts of Kandahar province. The budget breakdown provided by YHDO annexed						
	Section Total						**263,198.00**
7. General Operating and Other Direct Costs							
7.1	Transportation cost for drugs and supplies for kits and supplies procured under this project	S	1	457,094.00	1	10.00	45,709.40
	The local transportation of the supplies during emergencies would cost 10% of the cost of the items in Afghanistan due to distance and insecurity related costs						
7.2	WHO field operational cost	S	1	2,290,200.00	1	8.00	183,216.00
	The field offices of WHO in the regions are the key hubs coordinating implementing and monitoring the activities only 8% of the operational cost of the offices will be charged on this project						
	Section Total						**228,925.40**
SubTotal			1,030.00				**2,143,523.40**
Direct							1,825,798.00
Support							317,725.40
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							150,046.64
Total Cost							**2,293,570.04**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul -> Kabul	6	8,453	8,234	6,345	7,545	30,577	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Kapisa -> Alasay	5	6,734	6,753	6,123	6,434	26,044	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.9 : Establish and operate 6 FATPs (Alasay in Kapisa (1), Maiwand and Shawalikoot of Kandahar (2) by YHDO and Gizab of Uruzghan (1) by AHDS). Also establishment integrated FATPs in CHarkh, Baraki Barak and Mohammadagha of Logar province. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Wardak -> Jaghatu	2	2,454	2,356	2,353	2,342	9,505	Activity 2.1.3 : Train 36 healthcare workers in STI Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Logar -> Mohammadagha	2	4,745	4,856	4,434	4,642	18,677	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.9 : Establish and operate 6 FATPs (Alasay in Kapisa (1), Maiwand and Shawalikoot of Kandahar (2) by YHDO and Gizab of Uruzghan (1) by AHDS). Also establishment integrated FATPs in CHarkh, Baraki Barak and Mohammadagha of Logar province.
Logar -> Barakibarak	3	5,456	5,324	5,443	5,373	21,596	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.9 : Establish and operate 6 FATPs (Alasay in Kapisa (1), Maiwand and Shawalikoot of Kandahar (2) by YHDO and Gizab of Uruzghan (1) by AHDS). Also establishment integrated FATPs in CHarkh, Baraki Barak and Mohammadagha of Logar province.
Logar -> Charkh	3	5,434	5,564	5,645	5,342	21,985	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.8 : Support the establishment three Trauma care service facilities in Kesham DH (Badakshan), Imam Sahib DH (Kunduz) and Shah Joy DH (Zabul) (within existing health facilities see attached BOQ)

Nangarhar -> Pachieragam	6	8,119	8,742	8,282	8,119	33,262	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 2.1.2 : Training of 68 female healthcare workers on EmOC Activity 2.1.3 : Train 36 healthcare workers in STI Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Laghman -> Qarghayi	2	3,223	3,213	3,421	3,232	13,089	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Panjsher	2	3,373	3,318	3,427	3,373	13,491	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Baghlan	3	4,059	4,977	4,142	4,059	17,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Ghazni	3	2,059	1,977	2,142	2,059	8,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Paktya	2	3,533	5,342	3,334	4,542	16,751	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Kunar	2	5,373	5,318	5,427	5,373	21,491	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Nuristan	2	3,373	3,318	3,427	3,373	13,491	Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Badakhshan -> Keshem		8,434	8,334	8,324	8,342	33,434	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.8 : Support the establishment three Trauma care service facilities in Kesham DH (Badakshan), Imam Sahib DH (Kunduz) and Shah Joy DH (Zabul) (within existing health facilities see attached BOQ) Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Takhar	3	4,059	3,977	4,142	4,059	16,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Kunduz -> Kunduz	6	7,645	7,324	6,535	7,123	28,627	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Balkh	2	1,373	1,318	1,427	1,373	5,491	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Samangan	2	1,373	1,318	1,427	1,373	5,491	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Sar-e-Pul	2	3,473	3,534	3,634	3,642	14,283	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Ghor	3	2,059	1,977	2,142	2,059	8,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Uruzgan -> Shahid-e-Hassas	6	7,452	7,231	7,128	6,212	28,023	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 2.1.4 : Set up and operate 2 mobile Health team in Maywand and Khakrez Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Zabul -> Shahjoy	6	4,119	3,954	4,282	4,119	16,474	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 1.1.8 : Support the establishment three Trauma care service facilities in Kesham DH (Badakshan), Imam Sahib DH (Kunduz) and Shah Joy DH (Zabul) (within existing health facilities see attached BOQ) Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Paktika	2	3,864	3,987	3,786	3,764	15,401	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Khost	2	1,373	1,318	1,427	1,373	5,491	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Jawzjan	2	3,373	3,418	3,872	3,531	14,194	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Faryab	2	1,373	1,318	1,427	1,373	5,491	Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Badghis	3	2,059	1,977	2,142	2,059	8,237	Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Hirat	3	4,059	4,277	3,942	3,959	16,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Farah	3	2,059	1,977	2,142	2,059	8,237	Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 1.1.7 : Train 200 Community Health Worker CHW on First Aid in remote high risk conflict affected villages that have not access to health facilities. 50% of the trainees will be women. This 200 plus the 700 being trained from last year is a small fraction of 30,000 CHWs needed to be trained on field triage, First Aid on trauma and referral. As cluster target only 5% CHW in the country. Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Hilmand	4	4,746	4,636	4,855	4,746	18,983	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.
Kandahar -> Maywand	6	9,633	9,738	8,713	8,486	36,570	Activity 1.1.1 : Procure and preposition WHO standard Emergency Trauma Kits in the high risk provinces. These kits will be pre-positioned in WHO regional warehouses targeting areas of conflict to support trauma care and mass casualty management see attached document for content Activity 1.1.2 : Procure and preposition Inter agency emergency health kits (Basic) each for 1,000 pop for 3 months see attached document for content Activity 1.1.3 : Procure and preposition Inter agency supplementary emergency health kit each for 10,000 pop see attached document for content Activity 1.1.4 : Training of surgeon on trauma care to be conducted by EMERGENCY 3 per province from 10 high risk provinces Activity 1.1.5 : Train nurses on Triage to be conducted by EMERGENCY 3 per province from 10 provinces Activity 1.1.6 : Training on Basic Life Support for 100 staff working at CHCs and DHs to be conducted by EMERGENCY Activity 2.1.4 : Set up and operate 2 mobile Health team in Maywand and Khakrez Activity 3.1.1 : Conduct Health emergency Risk assessment in 302 districts (96 district was already covered under HERA assessment as the Risk Assessment Report is recommending expansion of the district to be covered in 2017 in order to have understanding of risk analysis including hazards and vulnerabilities and existing capacity a the community and institution level.) See supporting documents.

Documents

Category Name	Document Description
Budget Documents	BL6.1 and 2 Running Cost of SHC and MHT in one month.xlsx
Project Supporting Documents	Annex 1 Beneficiaries details CHF2.xlsx
Project Supporting Documents	Annex 1 Beneficiaries details CHF1 17 18
Project Supporting Documents	Socio-economic vulnerability status from 94 districts of 34 provinces.pdf
Project Supporting Documents	WHO CHF letter for first allocation.pdf
Project Supporting Documents	Annex 1 Beneficiaries details CHF1 17_18.xlsx
Project Supporting Documents	Annex 1 Beneficiaries details CHF1 17_18 final.xlsx
Project Supporting Documents	AHDS Proposal to WHO 23 Apr 2017.docx

Budget Documents	BL62 Cost Breakdown format for FATPs.xlsx
Project Supporting Documents	Needs assessment-CHF 2017 YHDO.docx
Project Supporting Documents	HERA -302 Districts.xlsx
Project Supporting Documents	YHDO ProjectProposal including MR plan.doc
Project Supporting Documents	20170509-093008_District-Report_1_8 Jan 2017.xlsx
Project Supporting Documents	20170509-093157_HERA_Annexes_8 Jan 2017.doc
Project Supporting Documents	20170509-093237_HERA_Info_Panel_April_2017.pdf
Project Supporting Documents	20170509-093312_HERA_Report_District Level_8 Jan 2017.doc
Budget Documents	BL 4.2 to 4.4 RH Training.xlsx
Budget Documents	AHDS budget and all BoQ.xlsx
Project Supporting Documents	Monitoring and Reporting Plan for AHDS sub.docx
Budget Documents	BL 2.1 to 2.3 WHO Kits content and the catelogue prices.xls
Budget Documents	4.1 BoQ Trauma Centre.xlsx
Budget Documents	YHDO Budget in GMC format.xls
Budget Documents	BL 2 1 to 2 3 WHO Kits content and the catelogue prices - reconciliated.xls
Budget Documents	BL 7 2 opearational cost for sub offices.xlsx
Budget Documents	BL2.4 to 2.7 Locations.xlsx
Grant Agreement	WHO_AL_5183 signed by HC.pdf