

Requesting Organization :	Organization for Research and Community Development		
Allocation Type :	2017 2nd Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		60.00	
NUTRITION		15.00	
PROTECTION	Gender Based Violence	25.00	
		100	
Project Title :	Provision of emergency trauma care to affected population (men and women, boys and girls) and addressing their nutrition and protection needs in Zabul and Ghazni Provinces		
Allocation Type Category :	Field activities		
OPS Details			
Project Code :		Fund Project Code :	AFG-17/3481/SA2/H-N-APC/NGO/6764
Cluster :		Project Budget in US\$:	701,422.40
Planned project duration :	12 months	Priority:	
Planned Start Date :	21/10/2017	Planned End Date :	20/10/2018
Actual Start Date:	21/10/2017	Actual End Date:	20/10/2018

Project Summary :

The proposed project will be solely implemented by ORCD as it is the BPHS implementing partner in both target provinces. The project has been designed based on a needs assessment conducted by a team comprised of male and female experts.

While addressing nutrition and protection needs, the project will also ensure access to equitable emergency trauma care to war victims in both provinces to 21,764 (including 3,085 men, 3,347 women) in the target provinces which has been based on the existing data source. This will be done through: 1) the provision of trauma care services by upgrading ShahJoy DH (hiring 1 Orthopedic Surgeon, 1 male and 1 female nurse and 4 support staff, construction of 8 rooms) and establishing 3 integrated FATPs in both provinces: (1 integrated FATP attached to a BHC in Daychopan of Zabul and two integrated FATPs attached to Waghaz and Wali Mohammad Shaheed CHCs in Ghazni Province). Apart from construction of 3 rooms for Waghaz CHC, the support to these health facilities will also involve supply of medical/non-medical equipment, staffing and medical and non-medical equipment and supplies to cover extra needs linked to conflicts; 3) Capacity building of staff involved.

Why the proposed interventions are important and how they will be implemented?
The insecurity of these the target districts have left their population in desperate need for emergency trauma care, nutrition and protection (addressing immediate needs of GBV survivors).

Health:
Shahjoy DH upgrading: Although WHO has recently provided enough equipment to this hospital, yet there is continuing need because it is located on the main war zone where skirmishes usually take place by AOGs. The burden due to war has constrained the ability of the target HFs in having sufficient medical and non-medical equipment and supplies. In addition, the existing infrastructure gaps in Waghaz and Shahjoy has seriously restricted quality service delivery.

A total 25 staff (at least 10 of them female) will be trained on various topics. The training will involve triage, trauma care, and basic lifesaving interventions. In addition, infection prevention and waste management trainings will also constitute topics of the trainings.

Nutrition:
To promote awareness on nutrition , ORCD will deploy 8 community mobilizer, 4 male and 4 female; each couple will be working in the coverage area of related health facility. In addition, aimed at easing access to services a mobile team will be functionalized. The community mobilizers will tackle demand side factors, they will focus on strengthening the community-based nutrition interventions i.e. referrals, and improving Infant Young Child Feeding (IYCF) practices. To improve supply side factors. ORCD will hire 4 additional nutrition nurses preferably females at HF level who will be involved in the treatment of acute malnutrition and screening and growth monitoring of all under five children.

Protection/GBV
To respond the protection needs, ORCD will mobilize 8 community mobilizers (4 male and 4 female) to work with the community elders, policy department, etc. to enhance awareness about GBV in order to respond to, prevent and refer GBV survivors/victims. ORCD will upgrade the capacity of the target HFs in terms of hiring psychosocial counselors and nurses (1 per each HF) to enable them to provide psychosocial counseling support to GBV survivors, undertake clinical management and provide advanced and specialized services.

Considering our experience in Ghazni, the construction work will start early in March in Zabul and will be completed before end of the project.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
3,085	3,347	7,766	7,566	21,764

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	2,247	2,517	7,600	7,400	19,764
Internally Displaced People	838	830	166	166	2,000

Indirect Beneficiaries :

Indirect beneficiaries of the project will be 29,984 family members of the patients treated, 15,000 men and women who received awareness on WASH as well as a total 30 staff employed by this project.

The beneficiaries have been determined based on the assessment in coordination with the relevant DoRR and governmental authorities

Catchment Population:

179011

Link with allocation strategy :

ORCD will primarily aim to ensure access to equitable emergency trauma care to war victims in Zabul and Ghazni Provinces where ORCD has been implementing BPHS. This will be done through: 1) the provision of complementary trauma care services by building on the upgrading efforts of 1 DH (Shah Joy) made by WHO recently and 3 integrated FATPs (1 BHC in Daychopan of Zabul and 2 CHCs in Waghaz and Wali Mohammad CHCs in Ghazni). The support to these health facilities will involve supply of medical/non-medical equipment, and medicines to cover extra needs linked to conflicts; 3) Capacity building of staff involved.

The project will also address nutrition and protection needs in the target areas. The project will focus on improving access to water, and support the creation of protection mechanisms for the most vulnerable IDPs and host communities. In this regard, ORCD will integrate protection tools and appropriate approaches into all of its activities.

Health:

Shahjoy DH upgrading: Although WHO has recently provided enough equipment to this hospital, yet there is continuing need because it is located on the main war zones where skirmishes usually take place by AOGs. Through this project, support will be provided in terms of additional staffing (one Orthopedic Surgeon, 2 nurses and 4 support staff), construction of 8 rooms and provision of additional supplies and medicines.

Establishing three integrated FATPs: ORCD will establish 1 integrated FATP attached to a BHC in Daychopan of Zabul and two integrated FATPs attached to Waghaz and Wali Mohammad Shaheed CHCs in Ghazni Province. These HF's will be assisted in terms of strengthening referral system, staffing and provision of additional medical and non-medical supplies and equipment.

The staff of the target HF's will be trained on various topics in the view of the needs assessment to be conducted during the first two months of the project. The training will involve triage, trauma care, and basic lifesaving interventions. In addition, infection prevention and waste management trainings will also be conducted to them.

Nutrition:

ORCD will deploy 8 community mobilizer, 4 male and 4 female, each couple will be working in the coverage area of related health facility. The main responsibilities of these community mobilizers will be to tackle demand side factors, they will focus on strengthening the community-based nutrition interventions i.e. strengthening referrals, and improving Infant Young Child Feeding (IYCF) practices. For white area a mobile team will be functionalized in each province to cover white area. Apart from hiring additional staff, ORCD will temporarily mobilize staff from the nearby HF's when needs are higher. Proper action plan aligned with mobile team guideline drafted by PND will be developed for mobile team to cover all white area on biweekly bases. Mobile health services will be delivered to marginalized community in integrated manner including nutrition services, Psychosocial counseling and immunization services.

Protection/GBV

ORCD will mobilize community mobilizers (1 per district) to work with the community elders, policy department, etc. to enhance awareness about GBV in order to respond to, prevent and refer GBV survivors/victims. ORCD will upgrade the capacity of the target HF's in terms of hiring psychosocial counselors and nurses (1 per each HF) to enable them to provide psychosocial counseling support to GBV survivors, undertake clinical management and provide advanced and specialized services.

For Logistics and transportation support, ORCD has already identified Smart Afghan Solutions Logistics Services. The company has promised to provide transportation and logistics/shipment services interruptedly as requested by ORCD. In addition, for the construction work, AMCC has been identified as per its demonstrated capacity of the co

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Sidiqullah Sadaqat	Managing Director	info@orcd.org.af	0729802902
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BACKGROUND

1. Humanitarian context analysis

The target provinces are those that are identified as underserved and hard to reach but are areas where intense armed clashes usually take place due to the active presence of Armed Opposition Groups (AOGs). The ShahJoy district is more vulnerable because it is located on the main highway being the witness of skirmishes, mortar attacks and, sometimes, illegal checkpoints. According to HMIS, large number of trauma cases received treatment in the health facilities of both provinces. The number of war trauma cases during 2016 was 18600 in Zabul (7641 Male, 10959 female) and Approximately 38300 (21065 Male and 17235 female) in Ghazni Province. This is while it was 13020 in Zabul, and 23633 in Ghazni respectively in the same two quarters of 2016 which indicates that war trauma related casualties has remained a persistent problem in both provinces chiefly due to the ongoing armed conflicts.

According to the HRP 2017, many factors such as access constraints and IDP movements into consideration, Zabul is one of the provinces which is among the 18 priority provinces for food security and nutrition. In addition, as cited by HRP 2017, recent failures to supply food commodities to IDPs located in Ghazni, Zabul (targeted under this action) and Kandahar has been highlighted a province where provision of swift humanitarian is dependent upon regular and consistent access. This is while ORCD being the sole BPHS partner in the target provinces have penetrating access through its HFs and sprawling CHW network which will help in meeting these unmet needs.

In both target provinces, the security situation prevents the transfer of the majority of patients from its health facilities to the nearby referral hospitals. Therefore, in both provinces, all of the health facilities particularly those targeted by this project are usually the only referral structures for treating adequately the war wounded patients brought to them. The target provinces are top ranked in terms of conflict related injuries highlighting the need for supporting their health facilities so that they are able to provide effective trauma care services.

As reported by INSO (14 August 2017) just recently there have been several armed clashes opposing AOG members and ANSF in Zabul Province, Qalat District Majnum Area, Highway 1. On the next day, AOG members attacked an ANP patrol with RPGs and Small Armed Fire (SAF) and as a result of firefight several policemen and civilians got injured. Such incidents have been a routine in this provinces leaving its population in desperate need of primary healthcare services too. Unfortunately, there is no hope the security situation will get improved in near future.

2. Needs assessment

The target provinces are affected by armed conflicts which has badly increased demand for the emergency trauma care services. Apart from that, the affected population have been deprived of much desperately needed nutrition and protection services. For assessing the needs, ORCD used a tool by a team comprised of 1 male and female chiefly focusing on identifying the needs of various segments of the population. A more thorough needs assessment involving all stakeholders will also take place during the first month of the project.

Both provinces are highlighted as priority for this allocation where the situation remained persistently worse receiving no humanitarian assistance during the recent years. According the HRP (2017), there has been a total 4,000 and 6,000 IDPs (including men and women) in both provinces respectively who are displaced to hard to reach areas and they are in urgent humanitarian needs including nutrition and protection which will be tackled by this project.

The situation has inflicted significant burden on the already fragile health system of the province. Lack of CHF interventions in the past has rendered very bad impact on affected population. The HMIS records show a sharp increase in the number war injuries which itself highlight need for the CHF intervention. As per the existing HMIS data in both provinces, a total 18,600 war trauma cases in Zabul (7641 Male, 10959 female) and approximately 38300 (21065 Male and 17235 female) in Ghazni Province put a huge burden on the existing BPHS program putting the population stranded with unmet health, protection and nutrition needs.

On nutrition aspect, there is high need for nutrition service in all four districts Waghaz and Wali Mohammad Sheehd districts of Ghazni and Shajoy and Daichopan districts of Zabul, TSFP is currently running in Shajoy and we need to establish the full IMAM. Likewise, although exact is currently unavailable, population in these areas especially women and girls are subject to GBV who are in dire need of awareness about their rights and clinical management.

Need for the proposed intervention in both provinces has been acknowledged the Provincial Health Directors of both provinces. In addition, all three concerned clusters (Health, Protection and Nutrition have further endorsed the need and proposed the interventions. (See the attached Annex in the document section).

On the other hand, Zabul and Ghazni are among the provinces where the coverage of partners is not commensurate with severity of its needs (HRP, 2017). In both provinces, the humanitarian community has traditionally been dependent on the Red Crescent and Red Cross Societies in providing humanitarian assistance which has been insufficient.

In both provinces, ORCD has identified lack of appropriate structures and lifesaving services at all levels to deal with mass casualties. This is while the existing capacity are barely insufficient. The number of trauma cases and war injuries which could be better served by these HFs on timely manner are either directly referred to Kandahar (from Zabul) or the Provincial Hospital (Ghazni) due to lack of the capacity. Likewise, ways between the target HFs and referral hospitals are sometimes blocked because of active fighting. Availability of trauma care services integrated with nutrition and protection services in the target areas could save tens of lives.

The Provincial Public Health Directors of the target provinces have expressed their willingness for the collaboration. They stated that, considering need for such additional support, they welcome the idea that the capacity of the target HFs is further upgraded and be linked with other BPHS HFs.

Besides many of the health workers working in the target DH and other target BPHS HFs are in dire need of refresher trainings as well as the Lifesaving training.

3. Description Of Beneficiaries

The main type of conflict victims which will be addressed by the proposed project are: war wounded patients as well as IDPs. Indirect beneficiaries will be the entire population of all two provinces (Zabul and Ghazni) as the referral system and the mass casualty response can reach the entire population in most of these provinces.

More specifically the direct beneficiaries would include a total around 6918 war wounded and trauma patients (2898 men, 2872 women, 574 boys and 574 girls) treated in two HFs in Zabul (1 DH, 1 integrated FATP) and two HFs in Ghazni (2 CHC integrated FATPs).

On protection aspect, a total 10,558 (1,372 men, 3,484 women, 2,217 boys, and 3,485 girls) will receive psychosocial counseling and clinical treatment through fixed and mobile facilities

Likewise a total 5,833 (789 Pregnant and Lactating women, 2738 boys, and 2306 girls) will receive nutrition services through fixed and mobile activities under this project. More specifically, the project will address 1,498 SAM, 1,779 MAM and 512 PLW cases

4. Grant Request Justification

The proposed interventions have been designed based on its present experience of BPHS implementation in both provinces, consultation with stakeholders including PPHO and community, and review of the HMIS. The fact that PPHDs of both provinces have confirmed the need for proposed interventions and the capability of ORCD in undertaking this project could justify the proposed interventions. In addition, several monitoring visits from the target health facilities in Zabul and Ghazni provinces indicated that the proposed allocation could be very useful in alleviating the suffering of war victims in both provinces.

In coordination with the PPHO, ORCD collected and analyzed the medical data and highlighted health, protection and nutrition needs and gaps in the target provinces. The data was cross checked and validated with the PPHOs and the leadership of the target health facilities (HFs) as well as the national HMIS. Through this, ORCD was able to design its interventions in a way to ensure that the planned project activities do not overlap but rather complement the existing interventions.

According to Royal London Hospital (n.d.), it has been known that 7% of the National Health Service funding is consumed by injury alone. This is while war injuries have not been foreseen in the scope of the ongoing BPHS and EPH systems which are already financially constrained. Therefore, the proposed interventions under CHF are clearly justified for the treatment of trauma and war wounded patients as lifesaving activities. As routinely acknowledged by GCMU, the provision of these services are simply beyond the capacity of the already implemented interventions.

The possible increase of casualties in the target HFs of the target provinces has not been sufficiently considered under the ongoing BPHS programs in the target districts. This leaves a flagrant need for additional interventions under the CHF program. Enhancing the capacity of the 1 DH and establishing 3 integrated FATPs (1 in Zabul and 2 in Ghazni) are crucial interventions in order to ensure a full coverage to addressing the health needs of patients and the referral system in the target provinces.

The proposed intervention in both provinces is justified because they are located far away from the referral hospitals. For this reason, it is not only sufficient to provide first aid and stabilization services but also specialized trauma care services are needed to be provided with the support of other staff of these HFs.

In Shahjoy DH, there are serious infrastructure constraints, the current OT is of old type, small and sub-standard. Although it has a building, yet the infrastructure is insufficient to take care of war injuries and mass casualties. This is while the DH is located on the main highway. Therefore, the hospital desperately needs upgrading its OT infrastructure (OT, toilet, pre-operative, and recovery section. The distance between this DH to the nearby referral hospitals becomes an issue of concern when the roads are blocked due to active fighting and the hospital becomes the only referral point for immediate specialized trauma care.

In the view of all these factors, the proposed intervention is a justified endeavour which will be potentially effective in meeting the emergency health, protection and nutrition needs of the target population.

5. Complementarity

The BPHS policy document does not sufficiently foresee provision of trauma care services and additional burden of nutrition and protection services in HFs. This is while there is a desperate need for these services necessitating complimentary actions aimed at filling the due gap. Majority of the staff in the target have not been trained on triage, stabilization and trauma care, they need continued refresher Basic Life Support training (in integrated FATPs). In DH, it should be done under the mentorship of an Orthopedic Surgeon which will be hired under this project. Although WHO has provided equipment to Shahjoy DH, most of the proposed HFs are severely lacking required infrastructure, specialized personnel, necessary medical, and non-medical supplies and equipment for treating war injuries. In the view of this, the proposal intervention is genuinely complementary to the existing EPHS interventions in in the target provinces.

The provision of trauma care integrated with nutrition and protection services at the district and community level has been beyond the scope of BPHS provision implemented under SEHAT III by ORCD. Therefore, the proposed intervention is truly complementary to the BPHS program in both provinces and is not a duplication at all.

The fact that ORCD is the major BPHS implementing partner in both provinces, it is considered a value added factor for optimized complementarity with the BPHS in both provinces.

Exit Strategy:

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

The fact that relevant staff of the target HFs will be extensively involved in the provision of services through trauma care unit and there is a high degree of commitment from the implementers for the continuity, the discontinuation of CHF funds will have no effects on it as most of the staff involved in the proposed CHF project will be permanent staff of the target HFs who will be there even after the termination of CHF. Meanwhile, considering the desperate need of the HFs, the infrastructure and equipment of the trauma care which will be handed over to the target HFs could be very efficiently used by the proposed HFs dealing with road accidents, and other injuries due to natural disasters in the provinces.

LOGICAL FRAMEWORK

Overall project objective

Addressing the immediate needs of war victims (returnees, IDPs, and GBV survivors) and vulnerable women, girls, and boys through life saving multi-sector services (trauma care, nutrition, and protection) in ShahJoy, DayChopan (Zabul Province) and Waghaz, Wali Mohammad Shaheed districts of Ghazni Province

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	100

Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives : 1. The project will support the current health system by upgrading 1 DH in Shahjoy and establishing three FATPs at three strategic levels chiefly covering strategically identified three districts of Zabul (Daychopan), Ghazni (Waghaz, and Wali Mohammad Shaheed). The upgraded DH and FATPs will significantly enhance access to the victims of war and conflicts and strengthen referral system. As a result, morbidity, and disability due to conflicts and war would be reduced remarkably.

Outcome 1

Reduction of mortality for trauma cases in Zabul and Ghazni Provinces

Output 1.1

Description

First aid trauma care services are provided to trauma patients through 3 FATPs (1 BHC-integrated FATP in Zabul and 2 CHC-integrated FATP in Ghazni)

Assumptions & Risks

In order to be able to implement the activities linked with this outcome, it is important to assume that:

1. The staff is able to maintain their access to the health facilities despite the security context.
2. The turnover of already trained staff on MCM will be low.
3. The HFs are properly staffed

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA2- Number of individuals receiving trauma care services	1,932	1,915	393	383	4,623

Means of Verification : monthly project progress report, HFs register book

Indicator 1.1.2	HEALTH	SA2- Number of high risk conflict-affected districts with at least one first aid trauma post	3				3
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Means of Verification : HF Records

Activities

Activity 1.1.1

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

Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces

Activity 1.1.2

Standard Activity : Not Selected

Train HF staff on mass casualty management, and infection prevention

Activity 1.1.3

Standard Activity : Not Selected

Conduct renovation activities in the target integrated FATPs

Activity 1.1.4

Standard Activity : Not Selected

Provide ambulance services to the BHC integrated FATP

Activity 1.1.5

Standard Activity : Not Selected

All PHCC and EPR meetings are attended and the CHF activities are presented

Activity 1.1.6

Standard Activity : Not Selected

Regular monitoring and supervision is provided from the FATP activities

Output 1.2

Description

Specialized trauma care services are provided through 1 DH in Shahjoy

Assumptions & Risks

In order to be able to implement the activities linked with this outcome, it is important to assume that:

1. The staff is able to maintain their access to the health facilities despite the security context.
2. The turnover of already trained staff on MCM will be low.
3. The HFs are properly staffed

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	SA2- Number of individuals receiving trauma care services	966	957	196	186	2,305

Means of Verification : HF records, HMIS

Activities

Activity 1.2.1

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

Upgrade infrastructure of the hospital by establishing 8 rooms

Activity 1.2.2

Standard Activity : Not Selected

Maintain regular supply of medicines and medical supplies throughout the project period

Activity 1.2.3

Standard Activity : Not Selected

Deploy a surgeon specialist to train other MDs and staff on required specialized orthopedic services

Activity 1.2.4

Standard Activity : Not Selected

Provide ambulance services by deploying an additional ambulance vehicle

Activity 1.2.5

Standard Activity : Not Selected

Install a solar panel system for Shahjoy DH

Activity 1.2.6

Standard Activity : Not Selected

All PPHCC and EPR committees are attended and the activities of CHF are presented

Additional Targets :

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	100

Contribution to Cluster/Sector Objectives : Contribution to Cluster/Sector Objectives: The proposed interventions align and directly contribute to the Nutrition cluster objectives and supports the critical nutritional needs of malnourished ,girls, boys and pregnant and lactating women in targeted area. we will work in both section prevention of malnutrition and treatment of malnutrition.in preventive aspect, Community awareness session will be conduct on related community which will cause community sensitization, in result understanding of community will be increased between community and mothers will be able to easily identify Malnourished child, so malnutrition will be prevented once community is sensitized so referral will be increased in the result. Meanwhile infant and young child feeding will be improved through conducting regular health education session and counseling For treatment of malnutrition, nutrition nurse in health facilities will be trained on how to treat malnutrition cases and their capacity will be built on malnutrition treatment.

Outcome 1

Knowledge of the targeted communities in Shajoy, Daichopan and Waghiz district will be increased on malnutrition through conducting regular community mobilization event as well as treatment of the malnutrition cases

Output 1.1

Description

All malnourished children and women are treated at HF level as well as through Mobile health Services, One Mobile team will be functionalized for each province, mobile team will visit each already scheduled area on biweekly bases, few sites will be selected in each district and theses sites will be visited on biweekly bases, in order to integrated the activities the team will consist of nutrition nurse, community mobilizer and Psychosocial councilor, the schedule of mobile team will be shared with selected community in advance so everyone will be known that when the team is coming. Once the team is arrived, the community mobilizer will start case finding in community and refer the malnourished child to the nearest site while nutrition nurse will have OPD there.

Assumptions & Risks

- Security situation in the province does not further deteriorate
- Significant political changes do not occur in the province(s)
- Qualified staff are locally available to be hired
- Low awareness of community regarding malnutrition but community mobilization will let the community to know more about the subject.
- There is extreme insecurity within proposed provinces, but effective security monitoring and management will keep risks to our premises, vehicles and staff at minimum

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	SA2- Number and proportion of severely acutely malnourished boys and girls 6-59 months admitted for treatment			1,880	1,667	3,547

Means of Verification : HF records:

The target is set based on caseload shared by Nutrition cluster in respected district, keeping in mind all security and geographical and cultural barriers we set 60% of the case load as target for the project. The current coverage is 40% and we set our new coverage 60%

Indicator 1.1.2	NUTRITION	SA2- Number of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programmes			1,410	1,250	2,660
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Means of Verification : HF records, history

The target is set based on sphere standard, I set the cure rate at least 75% of total admission.

Activities

Activity 1.1.1

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

Provide necessary supplies and staff for the provision of IMAM

Activity 1.1.2

Standard Activity : Conduct staff training on nutrition in emergencies

A total 20 staff including 4 nutrition nurse, 8 community mobilizers, 4 doctors and 4 midwives are trained on management of acute malnutrition.

Activity 1.1.3

Standard Activity : Not Selected

Hire 4 nutrition nurses (1 in ShahJoy DH, 1 in Daychopan BHC, 1 in Waghaz and 1 in Wali Mohammad Shaheed

Activity 1.1.4

Standard Activity : Conduct staff training on nutrition in emergencies

All staff involved in the community mobilization and community awareness receive necessary training

Activity 1.1.5

Standard Activity : Not Selected

Regular monitoring and supervision is provided from the nutrition activities under this project

Output 1.2

Description

Community is sensitized about nutrition issues and receive necessary awareness accordingly

Assumptions & Risks

Security is permissive
qualified staff are available and there is no turnover

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	SA2- Number of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority districts			1,847	1,753	3,600

Means of Verification : HF records, community mobilizers registers

Indicator 1.2.2	NUTRITION	SA2- Number of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority districts			1,847	1,753	3,600
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Means of Verification :

Indicator 1.2.3	NUTRITION	Conduct community level awareness						7,282
Means of Verification : Community mobilization sessions								
Activities								
Activity 1.2.1								
Standard Activity : Conduct staff training on nutrition in emergencies								
4 nutrition nurses,8 community mobilizer, 4 midwives, and 4 medical doctors (20) are trained on nutrition in emergencies								
Activity 1.2.2								
Standard Activity : Not Selected								
Recruit 8 community mobilizers (4 male and 4 female) part of the mobile team - i couple per targeted HF. They will conduct awareness and strengthen referral as well as provision of SAM and IMAM treatment								
Activity 1.2.3								
Standard Activity : Not Selected								
Conduct at least one community mobilization session every week or in two weeks								
Additional Targets :								
PROTECTION								
Cluster objectives			Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 2: Evolving protection concerns, needs and violations are monitored, analysed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations			SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law			100		
Contribution to Cluster/Sector Objectives : The proposed interventions align and directly contribute to the protection cluster objectives 1, 2 and 3 (immediate humanitarian needs of shock affected population are met, lives are saved by ensuring protective services and compliance with IHL and the impact of shock induced vulnerability is mitigated) and support the critical protection needs of displaced men, women, girls and boys.								
Outcome 1								
Improved availability of GBV-related care and support services for conflict-affected women, men, girls and boys								
Output 1.1								
Description								
GBV violence survivors receives psycho-social counselling and awareness about their rights								
Assumptions & Risks								
<ul style="list-style-type: none"> • Security situation in the province does not further deteriorate • Significant political changes do not occur in the province(s) • Returnees and IDPs are settled in different locations in a scattered manner, which will require additional staffing • Qualified staff are locally available to be hired • GBV is a sensitive issue, but communities in the target province are open to the program • Specialized services related to GBV cases are easily available and accessible • Returnees/IDPs do not relocate/return or further disperse • Number of Returnees and IDPs does not significantly increase or decrease • There is extreme insecurity within proposed provinces, but effective security monitoring and management will keep risks to our staff and beneficiaries at minimum 								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.1.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	234	594	378	594	1,800	
Means of Verification : Hf Records								
Indicator 1.1.2	PROTECTION	Conduct community level awareness on GBV related issues					7,282	
Means of Verification :								
Activities								
Activity 1.1.1								
Standard Activity : Provision of protection services (including health, psychosocial, legal and safety) to GBV survivors and children abused or exploited by armed groups and armed forces;								
GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts								
Activity 1.1.2								
Standard Activity : Not Selected								
Referral mechanisms for GBV related advanced services established through nearby CHWs, networking among advanced & specialized service providers (i.e. health clinics, GBV SC, police, legal department and etc.) undertaken								
Activity 1.1.3								

Standard Activity : Not Selected
Coordination with key sectorial departments and actors and other stakeholders strengthened
Activity 1.1.4
Standard Activity : Not Selected
DoWA, AIHRC, DoRR and PPHD are actively involved in GBV response, prevention and referral services
Activity 1.1.5
Standard Activity : Not Selected
Hire psychosocial counselors in the target HFs and have them trained on certain topics related to PSS, followed up and mentored
Activity 1.1.6
Standard Activity : Not Selected
Train around 60 CHWs on identifying and referral of GBV cases as well as psychosocial first aid and psychosocial support services (PSS)
Activity 1.1.7
Standard Activity : Not Selected
Provision of dignity kits to women and girls of reproductive age among GBV survivors
Activity 1.1.8
Standard Activity : Not Selected
Regular monitoring and supervision is provided from the GBV mobile and fixed activities
Additional Targets :

M & R

Monitoring & Reporting plan

The fact that ORCD is having active presence in both provinces implementing BPHS, it has established robust monitoring and evaluation system to ensure the project is effectively implemented. ORCD's active presence enable its staff to access the intervention areas. In addition, the system allows capturing relevant data to determine the baseline of the project based on which progress toward achieving outcomes could be assessed. It will be ensured that the baseline is sex, age and vulnerability based disaggregated with female staff

Accordingly, the system will ensure that all interventions are appropriate, relevant and well-coordinated and implemented as planned.

Standard monitoring tools and techniques that have been developed in similar CHF funded activities will be adapted and used to ensure that data is collected on the indicators specified to monitor the progress towards the results achieved. It will be ensured that the tools allow measuring progress for the improvement of women, girls, disabled women and men and boys and men who are at risk.

ORCD will develop monitoring reports on monthly basis written report/feedback will be shared with the HF staff accordingly. In addition, follow-up action plan will be developed aimed at designing appropriate corrective actions.

In addition, joint monitoring visits will be conducted together with the PPHD team and other stakeholders ensuring the women are also part of the team. ORCD will ensure both male and female members know how to deal with population who are in trauma and at risk. For the monitoring of the project activities, local health shuras and local elders where women and people with disability will also have a voice will be involved so that they can share their findings, observations and recommendations on the project. Involving communities is potentially effective in promoting trust and ensuring the acceptability of the project interventions.

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

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

ORCD Project Management Team comprised of comparable number of male and female staff will draft and write the annual/final report in close coordination with stakeholders. The final report will introduce the project and explain its background. In addition, it will reflect the methodology and the implementation strategy process.

Workplan														
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1.1: GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts	2017										X	X	X	
	2018	X	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: Provide necessary supplies and staff for the provision of IMAM	2017										X	X	X	
	2018	X	X	X	X	X	X	X	X	X				
Activity 1.1.1: Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces	2017										X			
	2018	X			X			X						

Activity 1.2.3: Conduct at least one community mobilization session every week or in two weeks	2017												X	X	X
	2018	X	X	X	X	X	X	X	X	X	X	X			
Activity 1.2.3: Deploy a surgeon specialist to train other MDs and staff on required specialized orthopedic services	2017													X	X
	2018	X	X	X	X	X	X	X	X	X	X	X			
Activity 1.2.4: Provide ambulance services by deploying an additional ambulance vehicle	2017												X	X	X
	2018	X	X	X	X	X	X	X	X	X	X	X			
Activity 1.2.5: Install a solar panel system for Shahjoy DH	2017													X	X
	2018														
Activity 1.2.6: All PPHCC and EPR committees are attended and the activities of CHF are presented	2017												X	X	X
	2018	X	X	X	X	X	X	X	X	X	X	X			

OTHER INFO

Accountability to Affected Populations

Adhering to the code of ethics, ORCD will remain accountable to the affected population by providing them safety and ensure there are segregated spaces where women, girls, people with disability feel comfortable. To ensure accountability to the affected population, ORCD will involve PPHO and communities representing the affected population including women women groups right from the beginning during design, implementation, monitoring and evaluation. Through this, it will be ensured that the project is smoothly implemented and the acceptance level of the project is also increased. ORCD will ensure that both men and women are equally part of the community behavior change meetings with women friendly space type of activities.

ORCD will have time with the communities with a focus on women to explain the project and its work to be achieved and ask them to get involved in the decision-making process.

To execute this project, ORCD will go through the following steps:

1. Orientation: Prior to starting the project, ORCD staff will meet with the provincial and district authorities and offer them explanation about ORCD activities highlighting its achievements in different provinces.
2. Involving communities including women and people with disability in the design and planning.
3. Establish a system of constant feedback from beneficiaries, affected population and communities by establishing a direct link facilitating accountability to affected population. It will be ensured that women staff directly gather feedback from women beneficiaries, men and boys. ORCD believes this is of great importance because women are largely illiterate having no access to mobile communication. So a direct link with them will be very helpful.
4. Involve communities in the implementation of the project and seek their support in providing security and safety for the staff and disseminating awareness about the availability of the services
5. Involve communities including female health action groups in the monitoring and evaluation of the project

ORCD will coordinate with the respective health shuras to represent the target beneficiaries and will remain fully accountable to them by ensuring close coordination and holding regular meetings with them in coordination with the head of health facilities. Effectively involving them in the project implementation and monitoring it will be an effective effort for accountability to beneficiaries.

The communities and beneficiaries will be empowered by getting them constantly involved in the interventions as well as giving them information about the project. They will also be oriented on their rights from health service providers and other higher authorities. In general, they will be empowered by giving them a good confidence on their capability as the owner of the program.

The staff of target HFs will have regular contacts i.e. meetings with the representatives of community to share the performance of the facilities, problems they encounter and discuss solutions for overcoming problems and further improvement. Through this, the target HFs will request community representatives their feedback and suggestions for further improvement. ORCD will ensure complaint boxes are installed in all HFs and the keys will be maintained by provincial office staff. ORCD will further explore more feasible complaints handling mechanisms are in place and all staff know the protection standards related to rights of children, rights of women, and rights of staff.

Implementation Plan

ORCD will be solely responsible for the project implementation. It will assign dedicated teams for the provision of trauma care, nutrition services and protection activities in the target district hospitals, and other health facilities. The teams will include women social mobilizers and monitors to allow capturing activities tailored for women and girls in a distinct manner.

ORCD is the BPHS service provider in the target areas/HFs, it has extended access and convenience during the implementation. Since construction cannot be carried out by an NGO as per law, a construction company has already been identified to prevail challenges related to time constraints. As per the market assessment, the company has agreed to perform the work in a reasonable price. For logistics, ORCD has already identified a logistics company which has agreed to offer competitive rates for the needed rental vehicles and shipment. ORCD, as an NGO, in any case will sub-contract such activities with another company. All these sub-consultants have been identified solely for saving time and the smooth implementation of the work.

Each provincial teams will be extensively involved in the project management (planning, implementation, supervision/monitoring, supply, reporting and coordination). The project focal point at Kabul, monitoring officer and entire ORCD Kabul team will be regularly supporting the project in conducting their assigned duties based on the project plan.

In terms of reporting, the staff assigned in health facilities will report to the head of health facility of the BPHS Projects. The assigned medical supervisor of CHF stationed at provincial level who will be liaising with provincial stakeholders as well as Program Manager of ORCD based in Kabul. Provincial Manager and Program Manager will report to Chief Executive in Kabul.

Aimed at avoiding duplication, the Trauma care integrated with nutrition and protection services facility in each target health facilities will be managed through the health facility leadership and service provided by existing health services considering it as an inherent part of each HF while providing managerial and technical support.

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

Overseen by the Project Manager, field supervisor in each province will be responsible for planning, implementation, supervision, reporting, coordination and monitoring of the project activities. Other technical staff based in Kabul will follow the project progress with the provincial office on regular basis and will collect reports, support field teams in project implementation and ensure effective coordination with Kabul level.

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

Project supplies will be arranged from Kabul in bulk; however, in case of emergency needs procurement will be done in the field. ORCD will hire a total sufficient number of staff for the provision of planned trauma care, nutrition and protection services. Additional ambulances will provide referral services in the planned target health facilities. Medicines, equipment, and supplies will also be provided to the proposed facilities.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Coordination at national and provincial level, technical guidance and backstopping related to health issues
Nutrition Cluster	Coordination at national and provincial level, technical guidance and backstopping related to nutrition issues
UN Agencies (WHO, UNICEF, UNHCR)	Through its participation in the Clusters, ORCD will collaborate with the different stakeholders to not face overlapping of activities in the provinces
Other line ministries	Collaboration and coordination with multi-sector
Provincial Public Health Office	PHD as line department representing MoPH at the provincial level, will help in site selection, develop coordination with all stakeholders including the EPHS implementing partners, governor offices, security departments and agencies working in Health
Protection Cluster (OCHA, UNFPA, CPIE MRM)	Coordination at national and provincial level, technical guidance and backstopping related to GBV issues

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ORCD will aim to achieve gender equity in all aspects of the proposed project interventions. Aimed at ensuring this, ORCD already included one female in the need assessment team and made consultations with many female informants. In addition, the needs assessment data also show gender disaggregated data. This has effectively identified the needs of women, men, girls and boys and the program interventions have been designed accordingly.

Apart from that, the project will recruit comparable number of female staff in the proposed facilities and will focus on upgrading the capacity of female health service providers. This will ensure that cultural restrictions are prevailed and mothers and girls are more conveniently benefited by services. Having comparable number of female staff will allow the supported HFs target male and female with a particular focus on mothers. ORCD will also do its best to include females in the community shura meetings or at least their voice is heard.

In the monitoring and supervision of target health facilities, ORCD plans to include at least one female as member of the joint monitoring and evaluation team. This will allow that the outcomes are evaluated and monitored from the view of a female assessor too. In the rooms which will be constructed for the proposed DH in Zabul, enough provisions have been considered for females. For example, there is a separate room for female staff, separate space for female OPD and separate waiting area for females.

ORCD's Gender Equity Policy focuses on increasing the numbers of trained female health workers and strengthening referral system ensuring prompt referral to health facilities where a skilled female health service provider would be available. In conformity with the MoPH National Gender Strategy 2012-2016 all planned activities will be implemented through the consideration of gender and rights-based approach with a specific focus on vulnerable groups such as women, girls and boys.

ORCD strictly takes into account the gender mainstreaming in the design of the project with the improvement of access to first aid and specialized trauma care to victims of war in the targeted catchment area.

The stabilization and referral services through the proposed facilities have been designed for male and female patients. The fact that women are marginalized by their economic, social and political status in Afghanistan, they have become more vulnerable to health risks as compared to men. For example, the socio-cultural norms do not allow women to be visited by a male health service provider and vice versa. In the view of this, ORCD's strategic focus on women would aim to increase the number of trained female workers, and develop a functioning referral system ensuring prompt referral for higher tier of HFs where skilled female health service provider would be available.

Description of Environmental Marker:

The clinical and non-clinical wastes will be managed in accordance with the waste disposal and Infection Prevention (IP) standards within all supported health facilities. It will be ensured that all medical and non-medical wastes are managed by providing with closed, leak-proof containers in different colors for infectious and non-infectious wastes. ORCD has considered necessary trainings on infection prevention and waste management through this project.

The blood and body fluid spills will be cleaned with 0.5% chlorine solution, and then disposed in a separate container. Wastes will be segregated at the point of use and sharps will be discarded and collected in puncture-resistant containers (e.g. heavy cardboard box, hard plastic or can containers). General waste will be collected in adequate closed containers and transported to the interim storage area for garbage disposal. ORCD will instruct all its relevant project staff to properly perform waste disposal process and all the infectious wastes are incinerated.

Protection Mainstreaming

Service provision through this project will be based on consideration of impartiality, dignity, respect to patients/clients, GBV victims/survivors and their informed consent. Health, protection and nutrition being the basic rights of every individual, the staff working in the project will deliver services considering professional ethics. ORCD will strictly consider confidentiality and privacy while treating patients and their personal information will not be disclosed against their consent. During the assessment, female informants who were interviewed did not feel uncomfortable and faced no risk for expressing their opinion.

The project will work for all sector of population without considering age, sex, religion, tribe, ethnicity and political background of patients and clients. Arrangements will be made to consider local norms and cultural issues. According to the established principles of medical ethics, health professional will share information with patients and their relatives related to the diseases and will take consent of the patients for planned medical procedures.

Respecting No-harm policy, ORCD through its staff will ensure that no one whether it is client or inhabitant in the catchment area is harmed. We will also ensure that patients are not the victim of the surgical or medical interventions as part of this project.

To ensure this, it will be ensured that the human resources of the project be recruited based on their experiences and skills in health care, protection and nutrition service delivery who will not request any payment in lieu of the intended services to be provided to them as part of this project. Female staff will be dealing with female patients and children ensuring the respect of the local culture. It will also be ensured that the staff has enough capacity to refer patients requiring further psycho social support. The cultural awareness and adaptation is key for inclusion of women as patients in this project. Elders were also extensively involved in the needs assessment too.

The principle of equality will be followed for the staff recruitment and the patients' treatment. People with specific needs (PSNs), persons with disability, elderly men and women, will be transferred to the main hospital through ambulances. In the target HFs, ORCD will continue to treat all the patients, regardless of their ethnicity and their side of the conflict. Dignity and respect of the beneficiaries with a particular focus on elderly men, women and people with disabilities will be ensured and monitored by ORCD project teams.

ORCD will design its reporting format in a manner that it could capture information about age-dis aggregate highlighting situation of elderly. And to ease access of elderly to health facility, ambulance crew as well as mobile team staff will be instructed to pay special attention to the pick of elderly person. Community elders will be extensively involved in all consultations including shura meetings and other public events.

ORCD will ensure that beneficiaries with disability have easier access to all services and those requiring critical care will be given due consideration. In the needs assessment, ORCD ensured that patients with disability were heard so their needs could be identified from the view point of a person with disability. The persons with disabilities will always be included in community meetings. In addition, special preference on to people with disability in the recruitment.

ORCD will instruct its ambulance that during war and conflicts, they pay more attention to a disability victims of war due to its limitation in mobility. In the renovation and construction of additional rooms, the access of people with disabilities will be ensured through constructing ramps for wheelchairs.

Country Specific Information

Safety and Security

The project activities will be implemented in the center and insecure districts of the province. The population living in the target districts are living under stressful conditions resulting from unstable security condition, and active fighting.

Although HF's are not the primary targets by the parties involved in fighting, the recent incidents in the country show that AOGs could use it as refuge and it could be a direct target of the government and coalition forces. In addition, there has sometimes been controversy between the government and AOGs about the provision of services. To avoid it happen, ORCD will ensure a well-coordinated mechanism with both parties involved in conflict and publicly declare its impartially and strongly request them to keep away from the health facilities.

Furthermore, the planned interventions will be closely linked with the communities and will ensure their trust and confidence be achieved at any cost.

ORCD will involve community elders and other stakeholders in the area in the project implementation and will be oriented on the objectives and the planned activities of the project. Local stakeholders will also be made extensively in the picture of this project so that they support the project activities. ORCD will do its best to find and hire staff from the local area who are well aware of the due sensitivities, local norms and culture.

Village level shuras will be involved in project activities, shura members and religious leaders will be involved and oriented on project activities in order to obtain their trust and support in smooth implementation, avoid being targeted and conflicts.

To address GBV related security risks, ORCD will not only work with community shuras by providing them awareness but will also work with the law enforcement authorities to be sensitive to GBV. In addition, close coordination will be maintained with other NGOs working for the protection of women victim of GBV

Access

ORCD is the sole BPHS implementing NGO in both Zabul and Ghazni Provinces. This experience of ORCD in both provinces at grassroots have has made our teams understand the local context, norms, and culture of beneficiaries and way to deal with stakeholders. In addition, ORCD has required enough credibility by all stakeholders for its effectiveness and transparency in its operations.

ORCD has already been emerged as a non-political and non-governmental organization and will further promote its neutrality and impartiality in implementing its humanitarian actions. In health service delivery, ORCD will ensure that political views of patients is not a barrier to receiving health services offered through the health facilities supported by UNOCHA. Keeping its neutrality and impartiality, it will provide health services accordingly.

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

To ensure access for the war victims with disability, special attention will be paid. ORCD will work with the communities to assist them in accessing health facility. The renovation and construction work in health facilities will involve providing facility inside the building so that the people with disability can reach with convenience.

For improving access of war victims from remote areas to trauma care, ORCD will further improve coordination with all stakeholders. The project will be launched in close coordination and developing understanding with all stakeholders including community elders and shuras.

In order to further improve access and minimize risk to staff and ensure smooth access of people from remote area, vehicle for ambulance services will be rented from communities. ORCD will also improve coordination with government agencies to address existing problems in referral of patients from districts to referral hospitals.

To ensure access to project sites and health facilities during harsh winter, ORCD will ensure uninterrupted supplies through developing and executing extensive winterization plans. It will not be difficult for ORCD as it has already got the experience of proper planning for winterization. As part of the winterization plan, ORCD will ensure that all medicines, medical and non-medical supplies and other required stuff are delivered to health facilities before the onset of winter.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	CHF Project Manager	D	1	1,500.00	12	100.00	18,000.00
	<i>Responsible for overall management of the project including supervision, monitoring, reporting and coordination and technical support to the staff for better performance. A salary of at least US\$ 1500 per month has been budgeted in order to find a qualified person. If we budget low, the project will not be properly implemented by an under qualified person. This person will also be responsible to liaise, communicate and coordinate with donor, MoPH and other relevant organs. This will be a dedicated person 100% assigned to the project, ORCD greatly felt the need for this position for the successful implementation of this project</i>						
1.2	CHF Provincial Supervisor	D	2	1,000.00	12	100.00	24,000.00
	<i>Responsible for overall management of the project including supervision, monitoring, reporting and coordination and technical support to the staff for better performance at provincial level. He or she is also responsible to liaise, communicate and coordinate with communities, MoPH and other relevant organs. He will also supervise the activities of the project. This will be a dedicated person 100% assigned to each province, ORCD greatly felt the need for this position for the successful implementation of this project at Provincial Level.</i>						
1.3	Trauma Care Trainer (Orthopedic Surgeon)	D	1	1,200.00	12	100.00	14,400.00

	<i>This position is crucially needed for upgrading of Trauma Care Unit in Shajoy DH Zabul Province as this is not included in the EPHS Standard policy and will be needed for the project Trauma Activities in Zabul Province.</i>						
1.4	Chief Executive/Director	S	1	5,000.00	12	10.00	6,000.00
	<i>For guidance, technical support and ensuring the organization procedures application and follow up. 10% of his contracted salary will be charged to</i>						
1.5	Senior Admin/Finance Officer	S	1	750.00	12	100.00	9,000.00
	<i>This will be overall responsible for providing administrative and financial issues of the project & project related activities which will be dedicated for this project at Kabul Level and frequently travelling to provinces</i>						
	<i>This position will be dedicated for this project. This has been the practice since last project. Considering the diligent financial reporting, it is very much mandatory that we keep this position dedicated. The project financial management could face setbacks if this position is not dedicated.</i>						
1.6	Admin/HR Manager	S	1	1,200.00	12	20.00	2,880.00
	<i>This will be overall responsible for providing Administrative/HR issues of the project related activities which will be dedicated for this project at Kabul</i>						
1.7	Logistics/Procurement Assistant	S	2	300.00	12	100.00	7,200.00
	<i>These two persons will be based at provincial level, this will be overall responsible for providing Procurement and Logistical issues of the project related activities which will be dedicated for this project at Provincial Level in Ghazni and Zabul Province.</i>						
1.8	Admin/Finance Assistant	S	3	400.00	12	100.00	14,400.00
	<i>This will be overall responsible for providing Administrative and Financial issues of the project related activities which will be dedicated for this project at Provincial Level in Ghazni and Zabul Provinces while from head office kabul one assistant is needed to control financial issues.</i>						
1.9	Pharmacy Technical Manager	S	1	1,300.00	12	20.00	3,120.00
	<i>Based on the experience of ORCD in Baghlan and Laghman Projects, this is a very important position to ensure timely supply of medicines and medical supplies, Managing and controlling their rational use. He will be responsible for pharmaceutical management of the project, he will be responsible for processing/follow up pharmacy orders, make sure MoPH and donor requirement on procurement and regular supply services to delivery point and preparing Pharmacy reports</i>						
1.10	Finance/Operation Manager (Cost shared)	S	1	2,000.00	12	20.00	4,800.00
	<i>He will be responsible for over all management of financial related issues, preparing donor reports, attending meetings, monitoring and supervision of operation related issues</i>						
1.11	Support Staff(Guards & Cleaners) for Kabul, Zabul and Ghazni Provincial Offices	D	5	200.00	12	100.00	12,000.00
	<i>Since ORCD have other projects in Ghazni and Zabul but they are not sufficient so 2 support staff will be needed for Zabul sub office 2 for Ghazni sub office and 1 for Kabul Main office.</i>						
1.12	Nurses for Shajoy DH Upgrading Trauma Care Services	D	4	350.00	12	100.00	16,800.00
	<i>These will be dedicated staff for the Upgrading 1 Trauma Care Services in Shajoy DH in Zabul Provinces.</i>						
1.13	Nurses for 3 integrated FATPs in Ghazni and Zabul Provinces	D	3	350.00	12	100.00	12,600.00
	<i>These additional nurses (1 in each HF) will be hired as part of our efforts for establishing integrated FAPs. One FATP will be established in Waghaz CHC, Khogyani CHC in Ghazni Province and 1 Nurse in Daychopan BHC in Zabul Province. They will be arranged on duty roster basis to ensure round the clock service provision.</i>						
1.14	Non medical staff for 1 DH, 2 CHC and 1 BHC	D	6	180.00	12	100.00	12,960.00
	<i>These additional support staff are required due to high load of casualties especially after the health facilities infrastructure is upgraded/extended. The staff will be hired in Shajoy DH, 1 Waghaz CHC, 1 in Khogyani CHC and 1 Daychopan BHC in Zabul and Ghazni Provinces.</i>						
1.15	Psycho social Counselor	D	4	500.00	12	100.00	24,000.00
	<i>2 male Psycho social Counselors will be mobilized for mobile teams and 2 female will be based in HFs to provide psycho social counseling support and services to GBV survivors in all four target districts</i>						
1.16	Nurses for GBV	D	4	400.00	12	100.00	19,200.00
	<i>Apart from nutrition treatment, nurses will be performing GBV clinical management. They will be providing emergency health services to GBV survivors.</i>						
1.17	Nutrition Nurses	D	4	400.00	12	100.00	19,200.00

	<i>These nutrition nurse will be based on health facility level and will treat SAM and MAM children in health facility level, meanwhile they will be responsible for growth monitoring and screening of malnourished children in health facility level.</i>						
1.18	Community Mobilizer for GBV outreach activities	D	8	400.00	12	100.00	38,400.00
	<i>4 male and 4 female community mobilizer will be hired, one for each health facility, their main responsibilities are to take trip to related coverage area of health facilities and increased awareness of community regarding community sensitization. One couple out of four will join the mobile team as well.</i>						
1.19	Construction Engineer for the construction activities	D	1	1,200.00	10	100.00	12,000.00
	<i>This will be a civil engineering with extensive contract management experience which will be needed at least 8 months during the project so that it could cover the full period of designing, implementation, follow-up and completion of the project. This person will be responsible for overall management of the construction activity which will include preparation of bid documents, contracting, supervision, monitoring, reporting and coordination and technical support to the assigned construction company better performance. He will also supervise the activities of the project. This will be a dedicated person 100% assigned to the project, ORCD greatly felt the need for this position for the successful implementation of this project</i>						
1.20	IT Officer	S	1	1,200.00	12	20.00	2,880.00
	<i>This person will take care of the IT related activities. The person will be partly charged in percentage.</i>						
1.21	Security Officer	S	1	700.00	12	100.00	8,400.00
	<i>Since the projects are implemented in insecure areas, this person will take care of the security related issues. In addition, this person person will facilitate the access issues. The position is budgeted for 12 months during the length of the project</i>						
	Section Total						282,240.00
2. Supplies, Commodities, Materials							
2.1	Medicines and medical supplies for upgrading Shajoy DH in Zabul Province	D	1	1,233.66	12	100.00	14,803.92
	<i>This line includes the supply of drugs and consumables delivered on a monthly basis to upgraded DH in Zabul Province. The cost has been estimated according to past consumption. A detailed list of drugs and consumables. See the attached BoQ</i>						
2.2	Medicines and medical supplies for 2 integrated FATPs	D	2	1,017.40	12	100.00	24,417.60
	<i>This line includes the supply of drugs and consumables delivered on a monthly basis for the CHC integrated FATPs in Ghazni Province (Waghaz & Khogyani CHC). The cost has been estimated according to past consumption. A detailed list of drugs and consumables. See the attached BoQ</i>						
2.3	Medicines and medical supplies for 1 integrated FATP	D	1	784.54	12	100.00	9,414.48
	<i>This line includes the supply of drugs and consumables delivered on a monthly basis for the BHC integrated FATPs in Zabul Province (Daychopan BHC). The cost has been estimated according to past consumption. A detailed list of drugs and consumables. See the attached BoQ</i>						
2.4	Stationary and other Consumable supplies	D	7	48.97	12	100.00	4,113.48
	<i>Stationary and other general supplies for upgarded 2 CHCs, 1 BHC, 1 DH, 2 sub offices and 1 Head office</i>						
2.5	Supplies and necessary items for Ambulances	D	2	87.12	1	100.00	174.24
	<i>BoQ is attached. These kits will be for of upgraded DH and BHC in Ghazni Province</i>						
2.6	Training of the staff	D	1	4,450.00	1	100.00	4,450.00
	<i>As a one-off activity, the total 25 persons are health professionals who will be working in upgraded CHC+, DH, PH and MHT of Ghazni and Zabul Provicne, who have not received relevant training on triage, stabilization, first aid, referral, etc. This training will focus on trauma management and infection prevention. it will be in Kabul or any other appropriate venue. This will include transportation, perdiem, training materials, stationery, and trainer fee . The BoQ is attached</i>						
2.7	Cleaning and other General Materials	D	7	31.41	12	100.00	2,638.44
	<i>Cleaning material for 1 head office, 2 sub offices, 2 upgraded CHC, 1 upgrated BH and 1 Trauma Care in DH , the rate taken from current market.</i>						
2.8	Printing of HMIS, GBV IEC materials, SAM and MAM tools	D	4	300.00	2	100.00	2,400.00
	<i>Printing of HMIS template for upgraded CHC+, DH and PH, each quarter HMIS tools include MIAR, OPD registier, ANC, PNC, Family planning and delivery register, referrals sheets and other official MoPH reporting tools/Formats. and Printing of SAM and MAM formates, The cost has been calculated based on the current experience of ORCD</i>						
2.9	Training for CHWS	D	60	20.00	4	100.00	4,800.00
	<i>As a one-off activity, the total 60 CHWs will be trained in Ghazni and Zabul Provinces on identifying and referral of GBV cases , This will include transportation, perdiem, training materials, stationery, and trainer fee .</i>						
2.10	construction of rooms for upgrading DH and CHCs to accommodate in Zabul Province	D	1	127,652.17	1	100.00	127,652.17
	<i>BOQ is attached</i>						

2.11	Construction of Two rooms for upgrading CHC in Ghazni	D	1	25,524.30	1	100.00	25,524.30
	<i>BOQ is attached</i>						
2.12	Dignity kits	D	350	20.00	2	100.00	14,000.00
	<i>Dignity kits will be provided to women and girls of reproductive age among GBV survival, BoQ is attached.</i>						
	Section Total						234,388.63
3. Equipment							
3.1	Non-medical equipment for upgrading 1 DH in Zabul Province	D	1	2,700.00	1	100.00	2,700.00
	<i>The BoQ is uploaded in the document section</i>						
3.2	Medical equipment for upgrading 1 DH in Zabul Province	D	1	12,416.54	1	100.00	12,416.54
	<i>The cost has been calculated based on a standard list of last year consumption and market price. The details are attached to this proposal.</i>						
3.3	Non-medical equipment for integrated FATPs	D	2	2,522.39	1	100.00	5,044.78
	<i>These Equipment for upgarated CHCs in Ghazni Provicne, the BoQ is uploaded in the document section</i>						
3.4	Medical Equipment for upgrading CHCs in Ghazni Province	D	2	1,717.72	1	100.00	3,435.44
	<i>BoQ is attached</i>						
3.5	Non-medical equipment for upgrading BHC in Zabul Province	D	1	2,700.00	1	100.00	2,700.00
	<i>The BoQ is uploaded in the document section</i>						
3.6	Medical Equipment for upgrading BHC in Zabul Province	D	1	1,329.85	1	100.00	1,329.85
	<i>The BoQ is uploaded in the document section</i>						
3.7	Solar System for Shajoy DH	D	1	12,500.00	1	100.00	12,500.00
	<i>The Solar system will be required for the Shajoy DH in Zabul Province, 5KW, although there is a 2KW generator in DH but that is not enough for the whole hospital, From Current Market Price, BoQ is attached</i>						
3.8	Computers	S	4	750.00	1	100.00	3,000.00
	<i>Computers 1 for CHF Project Manager, 1 for Health supervisors, 2 computers for admin/Finance and Logistics of the project, The price is taken from current market.</i>						
3.9	Printers and Other IT equipment	S	4	150.00	1	100.00	600.00
	<i>Printers 1 for CHF Project Manager, 1 for Health supervisors, 2 for admin/Finance and Logistics of the project, or any other IT related equipment needs for the project, The price is taken from current market.</i>						
3.10	Scale for Health facilities	D	10	280.00	1	100.00	2,800.00
	<i>Digital scale and uni scale for each health facilities, 5 Digital and 5 Uni scale prices are taken as per current market status</i>						
3.11	Furniture and fixtures for GBV and Nutrition	D	1	2,564.71	1	100.00	2,564.71
	<i>These Equipment and fixtures will be purchased for GBV and Nutrition part as per current Kabul market price. BoQ is attached.</i>						
	Section Total						49,091.32
4. Contractual Services							
4.1	Ambulance rent for upgraded DH &BHC in Zabul Province	D	2	900.00	12	100.00	21,600.00
	<i>Vehicles will be rented from the partner logistics company. 1 Ambulance for upgraded in DH in Zabul, This will include rent of vehicle, one driver, maintenance and fuel costs.</i>						
4.2	Vehicle Rent for the project activities in Zabul provinces	D	1	900.00	12	100.00	10,800.00
	<i>"The vehicle will be dedicated for the project. This include rent, fuel, maintenance, driver and other associated costs. these vehicles will be used for day to day operations such as attending meetings, doing procurement. It will also be used for monitoring and supervision to targeted DH and BHCs.</i>						

4.3	Vehicle for Kabul office	S	1	900.00	12	20.00	2,160.00
	<i>This will be charged in percentage. This will be for monitoring and supervision and coordination (meetings) Purposes. This is budgeted for 12 months. This is 20% cost shared.</i>						
4.4	Vehicle for the project activities in Ghazni province	S	1	900.00	10	30.00	2,700.00
	<i>The vehicle will be dedicated for the project. This include rent, fuel, maintenance, driver and other associated costs. these vehicles will be used for day to day operations such as attending meetings, doing procurement. It will also be used for monitoring and supervision to targeted CHCs, DH.</i>						
4.5	Vehicle for Transportation of Mobile Team	D	1	900.00	12	100.00	10,800.00
	<i>One vehicle will be needed to use a mobile car in remote area</i>						
	Section Total						48,060.00
5. Travel							
5.1	Travel per diem and accommodation cost of Staff	S	1	4,020.00	1	100.00	4,020.00
	<i>Travel related cost such Air fare cost, per diem and accommodation for supervision and monitoring of the project by ORCD Head office team from provinces, 3 persons from Technical, Finance and procurement each quarter</i>						
5.2	Shipment of medicines, equipment and other supplies from Kabul to Provincial Office	S	2	200.00	4	100.00	1,600.00
	<i>This will take place once in a quarter and will be used for shipping medicines, equipment supplies and other items purchased in Kabul and then to be transferred to province and from sub offices to CHCs BHC and DH</i>						
	Section Total						5,620.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Utilities (Electricity, Gass, Fuel) and Othter General Supplies for upgraded CHC, BHC & provincial offices	S	6	100.00	12	100.00	7,200.00
	<i>The line will also cover costs of all provincial offices, upgraded CHC+, DH and PH , this line will be used for Water bill, electricity, Gas, Generator Fuel, drinking water) mainly be used as contribution looking at this project volume</i>						
7.2	Utilities (Electricity, Gass, Fuel) for Kabul office	S	1	300.00	12	20.00	720.00
	<i>The line will also cover costs of Kabul office which will be used for Water bill, electricity, Gas, Fuel, drinking water) mainly be used as contribution looking at this project volume</i>						
7.3	Winter heating for upgraded DH, CHC+, PH and Provincial Offices	S	6	100.00	4	100.00	2,400.00
	<i>The winter heating cost has been foreseen for four months to cover four rooms in each province. This has been based on the past experience</i>						
7.4	Repair and Maintenance (equipments and generators)	S	3	120.00	4	50.00	720.00
	<i>Repair and maintenance of equipment/furniture, Building of upgraded CHC+, DH, PH and 2provincial offices and 1 Kabul office for the whole project</i>						
7.5	Communication Cost for the project activities	S	1	700.00	12	100.00	8,400.00
	<i>Communication (phone and internet) staff of Kabul and Provincial office for technical support. BoQ is Attached.</i>						
7.6	House rent for Provincial Office in Zabul	S	1	650.00	12	30.00	2,340.00
	<i>Since ORCD is already having a provincial office there, it will be cost shared</i>						
7.7	House rent for Provincial office in Ghazni	S	1	1,000.00	11	50.00	5,500.00
	<i>Since ORCD is already having a provincial office there, it will be cost shared</i>						
7.8	House rent for Kabul office	S	1	1,450.00	12	20.00	3,480.00
	<i>Since we have an office, it will be cost shared</i>						

7.9	Refurbishment and renovation	S	5	1,030 .00	1	50.00	2,575.00
<i>These costs will include the Refurbishment, renovation and minor construction work to make sure that allocated space is ready for accommodating services offered by upgraded CHC+ and DH and newly rental houses as sub offices in Zabul and Ghazni Province BoQ is attached.</i>							
7.10	Bank charges	S	1	200.0 0	12	100.00	2,400.00
<i>Bank charges for staff salary transfer and other bank fee</i>							
7.11	Winter Heating Kabul office	S	1	500.0 0	4	20.00	400.00
<i>Winter heating cost 1 Kabul office</i>							
Section Total							36,135.00
SubTotal			556.00				655,534.95
Direct							546,639.95
Support							108,895.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							45,887.45
Total Cost							701,422.40

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Ghazni -> Walimuhammad-e-Shahid	25	535	523	1,213	1,189	3,460	<p>Activity 1.1.1 : Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces</p> <p>Activity 1.1.1 : Provide necessary supplies and staff for the provision of IMAM</p> <p>Activity 1.1.1 : GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts</p> <p>Activity 1.1.2 : Referral mechanisms for GBV related advanced services established through nearby CHWs, networking among advanced & specialized service providers (i.e. health clinics, GBV SC, police, legal department and etc.) undertaken</p> <p>Activity 1.1.2 : Train HF staff on mass casualty management, and infection prevention</p> <p>Activity 1.1.3 : Conduct renovation activities in the target integrated FATPs</p> <p>Activity 1.1.3 : Coordination with key sectorial departments and actors and other stakeholders strengthened</p> <p>Activity 1.1.4 : All staff involved in the community mobilization and community awareness receive necessary training</p> <p>Activity 1.1.4 : Provide ambulance services to the BHC integrated FATP</p> <p>Activity 1.1.5 : Hire psychosocial counselors in the target HFs and have them trained on certain topics related to PSS, followed up and mentored</p> <p>Activity 1.1.6 : Train around 60 CHWs on identifying and referral of GBV cases as well as psychosocial first aid and psychosocial support services (PSS)</p> <p>Activity 1.1.6 : Regular monitoring and supervision is provided from the FATP activities</p> <p>Activity 1.2.1 : 4 nutrition nurses,8 community mobilizer, 4 midwives, and 4 medical doctors (20) are trained on nutrition in emergencies</p> <p>Activity 1.2.2 : Recruit 8 community mobilizers (4 male and 4 female) part of the mobile team - i couple per targeted HF. They will conduct awareness and strengthen referral as well as provision of SAM and IMAM treatment</p> <p>Activity 1.2.2 : Maintain regular supply of medicines and medical supplies throughout the project period</p> <p>Activity 1.2.3 : Conduct at least one community mobilization session every week or in two weeks</p>

Ghazni -> Waghaz	25	951	1,024	2,264	1,190	5,429	<p>Activity 1.1.1 : Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces</p> <p>Activity 1.1.1 : Provide necessary supplies and staff for the provision of IMAM</p> <p>Activity 1.1.1 : GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts</p> <p>Activity 1.1.2 : Referral mechanisms for GBV related advanced services established through nearby CHWs, networking among advanced & specialized service providers (i.e. health clinics, GBV SC, police, legal department and etc.) undertaken</p> <p>Activity 1.1.2 : Train HF staff on mass casualty management, and infection prevention</p> <p>Activity 1.1.3 : Conduct renovation activities in the target integrated FATPs</p> <p>Activity 1.1.3 : Hire 4 nutrition nurses (1 in ShahJoy DH, 1 in Daychopan BHC, 1 in Waghaz and 1 in Wali Mohammad Shaheed</p> <p>Activity 1.1.3 : Coordination with key sectorial departments and actors and other stakeholders strengthened</p> <p>Activity 1.1.4 : All staff involved in the community mobilization and community awareness receive necessary training</p> <p>Activity 1.1.4 : Provide ambulance services to the BHC integrated FATP</p> <p>Activity 1.1.5 : All PHCC and EPR meetings are attended and the CHF activities are presented</p> <p>Activity 1.1.5 : Hire psychosocial counselors in the target HFs and have them trained on certain topics related to PSS, followed up and mentored</p> <p>Activity 1.1.6 : Train around 60 CHWs on identifying and referral of GBV cases as well as psychosocial first aid and psychosocial support services (PSS)</p> <p>Activity 1.1.6 : Regular monitoring and supervision is provided from the FATP activities</p> <p>Activity 1.2.1 : 4 nutrition nurses,8 community mobilizer, 4 midwives, and 4 medical doctors (20) are trained on nutrition in emergencies</p> <p>Activity 1.2.2 : Recruit 8 community mobilizers (4 male and 4 female) part of the mobile team - i couple per targeted HF. They will conduct awareness and strengthen referral as well as provision of SAM and IMAM treatment</p> <p>Activity 1.2.2 : Maintain regular supply of medicines and medical supplies throughout the project period</p> <p>Activity 1.2.3 : Conduct at least one community mobilization session every week or in two weeks</p> <p>Activity 1.2.4 : Provide ambulance services by deploying an additional ambulance vehicle</p>
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Zabul -> Shahjoy	25	1,109	1,213	2,729	2,647	7,698	<p>Activity 1.1.1 : Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces</p> <p>Activity 1.1.1 : Provide necessary supplies and staff for the provision of IMAM</p> <p>Activity 1.1.1 : GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts</p> <p>Activity 1.1.2 : Referral mechanisms for GBV related advanced services established through nearby CHWs, networking among advanced & specialized service providers (i.e. health clinics, GBV SC, police, legal department and etc.) undertaken</p> <p>Activity 1.1.2 : A total 20 staff including 4 nutrition nurse, 8 community mobilizers, 4 doctors and 4 midwives are trained on management of acute malnutrition.</p> <p>Activity 1.1.2 : Train HF staff on mass casualty management, and infection prevention</p> <p>Activity 1.1.3 : Conduct renovation activities in the target integrated FATPs</p> <p>Activity 1.1.3 : Hire 4 nutrition nurses (1 in ShahJoy DH, 1 in Daychopan BHC, 1 in Waghaz and 1 in Wali Mohammad Shaheed</p> <p>Activity 1.1.3 : Coordination with key sectorial departments and actors and other stakeholders strengthened</p> <p>Activity 1.1.4 : DoWA, AIHRC, DoRR and PPHD are actively involved in GBV response, prevention and referral services</p> <p>Activity 1.1.4 : All staff involved in the community mobilization and community awareness receive necessary training</p> <p>Activity 1.1.4 : Provide ambulance services to the BHC integrated FATP</p> <p>Activity 1.1.5 : Hire psychosocial counselors in the target HFs and have them trained on certain topics related to PSS, followed up and mentored</p> <p>Activity 1.1.6 : Train around 60 CHWs on identifying and referral of GBV cases as well as psychosocial first aid and psychosocial support services (PSS)</p> <p>Activity 1.1.6 : Regular monitoring and supervision is provided from the FATP activities</p> <p>Activity 1.1.7 : Provision of dignity kits to women and girls of reproductive age among GBV survivors</p> <p>Activity 1.2.1 : Upgrade infrastructure of the hospital by establishing 8 rooms</p> <p>Activity 1.2.1 : 4 nutrition nurses, 8 community mobilizer, 4 midwives, and 4 medical doctors (20) are trained on nutrition in emergencies</p> <p>Activity 1.2.2 : Recruit 8 community mobilizers (4 male and 4 female) part of the mobile team - i couple per targeted HF. They will conduct awareness and strengthen referral as well as provision of SAM and IMAM treatment</p> <p>Activity 1.2.2 : Maintain regular supply of medicines and medical supplies throughout the project period</p>
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Zabul -> Daychopan	25	746	816	1,835	1,780	5,177	<p>Activity 1.1.1 : Supply medical/non-medical equipment and staff for establishing and maintaining 3 FATPs in the target provinces</p> <p>Activity 1.1.1 : Provide necessary supplies and staff for the provision of IMAM</p> <p>Activity 1.1.1 : GBV, protection, health and psychosocial services provided to 1800 displaced population in all four target districts</p> <p>Activity 1.1.2 : Referral mechanisms for GBV related advanced services established through nearby CHWs, networking among advanced & specialized service providers (i.e. health clinics, GBV SC, police, legal department and etc.) undertaken</p> <p>Activity 1.1.2 : A total 20 staff including 4 nutrition nurse, 8 community mobilizers, 4 doctors and 4 midwives are trained on management of acute malnutrition.</p> <p>Activity 1.1.2 : Train HF staff on mass casualty management, and infection prevention</p> <p>Activity 1.1.3 : Conduct renovation activities in the target integrated FATPs</p> <p>Activity 1.1.3 : Hire 4 nutrition nurses (1 in ShahJoy DH, 1 in Daychopan BHC, 1 in Waghaz and 1 in Wali Mohammad Shaheed</p> <p>Activity 1.1.4 : All staff involved in the community mobilization and community awareness receive necessary training</p> <p>Activity 1.1.4 : Provide ambulance services to the BHC integrated FATP</p> <p>Activity 1.1.6 : Train around 60 CHWs on identifying and referral of GBV cases as well as psychosocial first aid and psychosocial support services (PSS)</p> <p>Activity 1.1.6 : Regular monitoring and supervision is provided from the FATP activities</p> <p>Activity 1.1.7 : Provision of dignity kits to women and girls of reproductive age among GBV survivors</p> <p>Activity 1.2.1 : 4 nutrition nurses,8 community mobilizer, 4 midwives, and 4 medical doctors (20) are trained on nutrition in emergencies</p> <p>Activity 1.2.2 : Recruit 8 community mobilizers (4 male and 4 female) part of the mobile team - i couple per targeted HF. They will conduct awareness and strengthen referral as well as provision of SAM and IMAM treatment</p> <p>Activity 1.2.2 : Maintain regular supply of medicines and medical supplies throughout the project period</p> <p>Activity 1.2.3 : Deploy a surgeon specialist to train other MDs and staff on required specialized orthopedic services</p> <p>Activity 1.2.3 : Conduct at least one community mobilization session every week or in two weeks</p> <p>Activity 1.2.4 : Provide ambulance services by deploying an additional ambulance vehicle</p> <p>Activity 1.2.5 : Install a solar panel system for Shahjoy DH</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Zabul PHD Supporting letter.pdf
Project Supporting Documents	Ghazni Support letter.pdf
Project Supporting Documents	MoU with MACC.pdf
Project Supporting Documents	MOU with SLSS.pdf
Project Supporting Documents	Health Cluster Endorsement.pdf
Project Supporting Documents	Protection Endorsement Letter.pdf
Project Supporting Documents	Nutrition Cluster ENDORSEMENT LETTER.pdf
Project Supporting Documents	Waize DH Trauma Unit (1).pdf
Project Supporting Documents	Health Cluster Endorsed Logframe.doc

Project Supporting Documents	Need assessment Report Ghazni 2017.docx
Project Supporting Documents	Need assessment Report Zabul 2017.docx
Budget Documents	BoQ for wayiz DH @ Ghazni .xlsx
Budget Documents	Shahjoy Cost Estimation.pdf
Budget Documents	Consolidated BoQ for Zabul and Ghazni.xlsx
Grant Agreement	ORCD - 6764 - GA - Signed by HC.pdf
Grant Agreement	ORCD - 6764 - GA - Signed by HC & IP.pdf