

Requesting Organization :	EMERGENCY Life Support for Civilian War Victims				
Allocation Type :	2017 4th Reserve Allocation				
Primary Cluster	Sub Cluster	Percentage			
HEALTH		100.00			
		100			
Project Title :	Lifesaving trauma and referral services and mass casualty management for conflict affected population in Kabul, Logar, Maydan Wardak and Laghman Provinces.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	AFG-17/3481/RA4/H/INGO/7609		
Cluster :		Project Budget in US\$:	380,803.37		
Planned project duration :	6 months	Priority:			
Planned Start Date :	15/12/2017	Planned End Date :	14/06/2018		
Actual Start Date:	15/12/2017	Actual End Date:	14/06/2018		
Project Summary :	<p>Within this project proposal, EMERGENCY aims at improving the capacity of responding to the needs of the Afghan population affected by the ongoing conflict and the conditions of increased insecurity and instability of the whole country.</p> <p>In order to achieve this specific objective, capable of leading to a reduction of the war wounded mortality rate, EMERGENCY will focus on two main areas of intervention: one related to the referral system, another one to the Kabul Surgical center capacity:</p> <p>1- A greater support to the referral system through FATPs already located by EMR in Baraki Barak, Pul I Alam and Maydanshar and through an opening of a new first aid trauma post in the east of Kabul, area underserved in terms of health facilities; (an assessment in the east side of Kabul has been conducted in order to be able to serve as many civilians as possible taking in consideration the population's request of opening a new first aid post).</p> <p>2- Reinforcement of the equipment of the central Emergency, War Surgical Centre in Kabul. (as referral system is able to ensure patients' stabilization/treatment and prompt transfer to a higher level of health facility when required, the overall number of referral to EMR War Surgical Centre is proportionally increasing its workload) and strengthening of the mass casualty area within Emergency War Surgical Centre in Kabul; (mass casualties reported in Kabul and provinces around are challenging Emergency War Surgical Centre capacity to respond to the civilian needs).</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	6,221	581	2,183	751	9,736
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Other	6,221	581	2,183	751	9,736
Indirect Beneficiaries :					
Indirect beneficiaries of the project are almost 200,000 people, family members of the patients treated in FATPs and/or in Kabul Surgical Centre. Beneficiaries selected as Others did not find any placement in the choices made by the system as our delivered services are addressed to the whole population.					
Catchment Population:					
Over 1,400,000 people, living in targeted districts (Maydan Wardak, Logar, Laghman) will improve their access to emergency trauma and referral services to specialized surgical centers.					
Link with allocation strategy :					

Considering the same period of the previous year, the first half of 2017 has registered a higher number of civilian casualties together with an increasing (a constantly increasing) of armed clashes in provinces around Kabul. As stated by UNAMA, more than 5,243 civilian casualties have been recorded between January and June 2017. Statistics have highlighted an increment of child and women casualties, with an increasing of 23% of women and a 9% of child injuries. These casualties are often caused by unexploded ordnance, pressure plate IEDs and aerial operations in civilian populated areas, which has recorded an unprecedented increment of 61% during the first six months of this year. The intensification of the conflict has led a high number of war wounded injuries. Between January and June, almost 25,000 war wounded patients were reported through First Aid Posts (FATPs) and specialized trauma care centers, as EMERGENCY, across the country. Heightened casualties, combined with limited opportunities for the country and patient transfer, have increased the pressure on district level hospitals for additional stabilization and casualty management services to be provided, while simultaneously restricting their ability to deliver safe and quality primary health care to local communities.

Furthermore, the first half of the year saw an increasing number of health facilities no longer functional in Laghman, Farah and Badghis provinces, the most affected. Some facility has been directly affected by heavily fighting and in some case, occupation by part of the conflict has been reported. 32 FATPs closures has been registered by INSO (Jan to June 2017 data), which constitute a grave violation of International humanitarian law, have resulted in more than half a million people without access to essential healthcare, 250.000 of them in Laghman province alone. Overall, access to life saving and basic health service across Afghanistan remains inadequate as a consequence of a conflict which is both intensifying in nature and expanding in geographic scope. In this regard, the presence of multiple competing actors across the region, and attendant rise in conflict activity, is one of the main reasons behind the increase in civilian displacement experienced in the East so far for this year.

Current proposal is in line with the HEALTH OBJECTIVE 1, regarding ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people, relates to SO1 of HRP-2017 Afghanistan.

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 :

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BACKGROUND

1. Humanitarian context analysis

Conflict remains both a primary driver of health needs across Afghanistan while simultaneously compromising the efficacy and delivery of services to affected population.

Intense fighting in Darzab, Jawzjan Province over a few day period in June, for example, resulted in over 300 deaths and numerous trauma casualties. It left a number of health facilities physically damaged requiring urgent rehabilitation and even rendered ambulances non-operational. In the first six months of the year many doctors have fled, nurses are no longer able to continue working as a result of fighting leaving thousand without access to essential, lifesaving services. The loss of these key human resources has significant and long lasting effects on the provision of healthcare. Between January and July 2017, 24.462 weapon induced wounded have been reports through First Aid Post (FATP) and specialized trauma care centers, an increase of 28 per cent in war trauma incidence compared to the same period in 2016. The bombing in Kabul city exemplifies the ongoing need for specialized trauma care to be provided. Over 300 people critically injured in the attack, with trauma care entirely provided by humanitarian actors (93 had been received in EMERGENCY Hospital).

More frequent attacks and occupation of healthcare facilities continue to limit population's 'access to basic health services, particularly in high conflict areas. In the first half of 2017, some 42 health facilities across 8 districts have been forced to close for lengthy periods of time leaving 450,000 people without any health services and challenging those remained active. In this context, humanitarian workers have been left with no choice but to provide immediate and lifesaving health services promptly to affected people.

2. Needs assessment

During the first half of 2017, armed conflict continued to cause severe harm to civilians across Afghanistan, killing and injuring civilians at levels similar to the same period last year. Between 1st of January and 30th of June 2017, UNAMA documented 5,243 civilian casualties (1,662 deaths and 3,581 injured).

Notwithstanding the minimal overall reduction in civilian casualties, both child and women casualties rose during the first half of 2017 with a 23 percent increase in women casualties (636) and a nine percent increase in child deaths (436)

In 2017, despite 2016 records, collection data from Emergency FATPs and Kabul Hospital shows a general increase in workload indicators, as follows:

FATPs: Data collected and analysed by Emergency in the first half of 2017, in Logar and Wardak Provinces show an increased activity of stabilization and follow up of patients initially treated inside Emergency FATPs (Pul I Alam, Baraki Barak and Maydanshar) and consequently referred to Emergency Kabul Hospital.

A comparison between 2016/2017 (jan-jun) highlights that Pul I Alam visits have passed from 1212 to 1290 (+6%) and referral of serious and life-threatening cases from 67 to 86 (+28%), Baraki Barak from 951 to 1499 (+58%), while Maydanshar FATP has seen increase in activities related to referral to Emergency Kabul Hospital from 28 in 2016 to 49 in 2017 (+75%).

Laghman Province is witnessing a large scale of incidents which consequently brought several clinics to be closed across the province and with corresponding implications for local communities. This escalated activity was expression of multiple attacks targeting the more exposed district centres of the whole province. The foreseen activity workload of Laghman FATP is based on data reported from Ghazni FATP, given the similarity of conditions and health facilities coverage, Please find attached data on Fatps activity trend.

HOSPITAL: An internal Emergency data analysis (comparison of 2013-2017) shows a consecutive increase in the mass casualties managed within the hospital and the total number of injured.

If in 2013 and 2014 the number of those who were stabilized in OPD and those admitted for criticality and severity of clinical conditions was around 90, in 2015 it went to 168, in 2016 to 239 and 2017 to 390, with a number of mass casualties managed going from 7 in 2015 to 18 in 2017. Remarkable also the increase in women's involvement ranging from 12 to 42 in the last 5 years.

Please find attached comprehensive data regarding mass casualties and related injuries treated at Emergency Kabul Hospital.

3. Description Of Beneficiaries

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

- 1,290 estimated beneficiaries of Pul I Alam FATPs;
- 1499 estimated beneficiaries of Baraki Barak FATPs;
- 686 estimated beneficiaries of Maydanshar FATPs;
- 814 estimated beneficiaries of Laghman new opening FATP (estimation based on similar FATP activity for 2 months);
- 5,446 estimated beneficiaries of Emergency War Surgical Centre in Kabul.

4. Grant Request Justification

With complementarity to the first allocation CHF project and along with Cluster priorities, this proposal will be focused on: reinforce the referral system, improving the responsiveness of Kabul Surgical Centre, serving a catchment population underserved in terms of health facilities. This improvement in Kabul Surgical Centre capacity, required for the exceptional overload in admissions and OPD visits during 2016-2017, will include the strengthening of the area used for managing mass casualties, and the upgrading needed in terms of equipment and staff. The combination of these 2 actions will improve the level of lifesaving services guaranteed to the target population and it will impact the catching population during the most overloaded months since EMERGENCY Surgical Center opening.

5. Complementarity

The proposed project aims at improving the capacity of responding to the needs of the Afghan population affected by the ongoing conflict and the conditions of increased insecurity and instability of the whole country.

Along with increasing trends of referral from Emergency FAPS network and with complementarity to the project CHF 5005 "Lifesaving trauma and referral services for conflict affected population in Parwan, Kabul, Ghazni, Kapisa, Paktia, Maidan Wardak Provinces." funded by OCHA in June 2017, this specific project proposal intends to reinforce the support in those areas where Emergency FAPS are already well settled as Pul I Alam, Baraki Barak and Maydanshar as strengthen the presence in Laghman area with a new opening FATP filling the gap currently present. Moreover, considering the increase of mass casualties to be managed and in alignment with priorities of the Humanitarian Response Plan for 2017, the project will be focused on increase the response capability of mass events, both in terms of equipment and human resources.

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

LOGICAL FRAMEWORK

Overall project objective

The increasing intensity of the conflict continues to impact the civilian population. The intensified level of violence in the Central and South-Eastern areas as well as in Kabul city has resulted in the increase of war related victims, thus highlighting the inadequate functioning of public health facilities and referral system. As a consequence, the population living in Kabul, Logar, Laghman and Wardak Provinces has been and will be deprived of access to essential health services and the public health referral system (FATPs+Kabul Hospital) in order to guarantee the trauma patients life-saving stabilization and referral service to health facilities which will provide high quality surgical treatment. The overall project objective is to ensuring access to Emergency Health services, effective trauma care and mass casualty management for shock affected people.

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		2017-SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict			100		
<p>Contribution to Cluster/Sector Objectives : By supporting the network of FATPs in Central and Eastern areas and the referral capacity to manage trauma patients within the specialized trauma centre in Kabul, EMERGENCY contributes to achieve the Health Cluster Sector objective N. 1, "Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people". In fact, the FATPs network will be supported in order to provide prompt and proper medical stabilization and evacuation in high risk districts, allowing to reduce the trauma related mortality rate in locations where active armed conflict incidents are frequent. Additionally, the structure of the well-equipped and appropriately staffed, specialized trauma centre in Kabul will be supported in order to increase their ability to manage mass casualties and referral capacity. Thus, the intervention responds to the most acute needs identified in the HRP 2017, based on provide life-saving humanitarian assistance to vulnerable population affected by conflict.</p>							
Outcome 1							
Improved the EMR's capacity of responding to the need of the Afghan population affected by the ongoing conflict and the conditions of increased insecurity and instability of the whole country.							
Output 1.1							
Description							
Support to the referral system from FATPs located by EMR in Baraki Barak, Pul I Alam and Maydanshar and opening of a new FATP in the east of Kabul, area underserved in terms of health facilities.							
Assumptions & Risks							
Risk 1: movements of the frontline and changes in war intensity; mitigation strategy: relocation of FATPs in other provinces were the level of conflict has remained high. Risk 2: shortage in drugs or medical supplies due to procurement difficulties; mitigation strategy: ensuring a sufficient stock to each FATPs and anticipation in purchasing of new items.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Mortality rate of patients during transportation from FATPs to EMR Kabul Hospital.					4
Means of Verification : FATPs Death Register							
Indicator 1.1.2	HEALTH	Patients severely injured are timely referred					360
Means of Verification : FATPs registration book in both FATP and Hospital Facilities							
Indicator 1.1.3	HEALTH	Number of people served by FATP services (not referred)					3,352
Means of Verification : FATPs Book Registers							
Indicator 1.1.4	HEALTH	SA2- Number of high risk conflict-affected districts with at least one first aid trauma post	4				4
Means of Verification :							
Activities							
Activity 1.1.1							
Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers.							
Activity 1.1.2							
Implementation of referral system among 3 FATPs in Baraki Barak, Pul I Alam and Maydanshar. War injured patients will be referred to Kabul EMR Surgical Hospital.							
Activity 1.1.3							
Establishment of 1 new FATP in Laghman along with population needs and acceptance. War injured patients will be referred to Kabul EMR Surgical Hospital.							
Activity 1.1.4							
Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care							
Output 1.2							
Description							
Reinforcement of the responsiveness of Emergency War Surgical Centre in Kabul; Strengthening of the mass casualty area within Emergency War Surgical Centre in Kabul.							
Assumptions & Risks							
Risk 1: movements of the frontline and changes in war intensity; mitigation strategy: relocation of FATPs in other provinces were the level of conflict has remained high. Risk 2: shortage in drugs or medical supplies due to procurement difficulties; mitigation strategy: ensuring a sufficient stock to each FATPs and anticipation in purchasing of new items.							

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	Number of staff receiving training on the job and providing 24 hours emergency service in EMR Kabul Hospital.					54
Means of Verification : Administration Office, Emergency Kabul Hospital payroll, Attendance sheet							
Indicator 1.2.2	HEALTH	Number of surgeries procedures performed on war wounded and life threatening trauma patients admitted in Emergency Kabul hospital.					4,830
Means of Verification : Operation Theatre registration book							
Indicator 1.2.3	HEALTH	Case fatality rate of the overall number of admitted patients received from mass casualties.					4
Means of Verification : OPD and OT registration book in EMR Hospital, Kabul							
Indicator 1.2.4	HEALTH	Augmented 'extra bed' capacity in order to respond to increased in mass casualties events.					20
Means of Verification : Hospital Facility							
Indicator 1.2.5	HEALTH	RA4 - Proportion of individuals receiving trauma care services (and number)	66	6	21	7	100
Means of Verification : OT and OPD registers in Emergency Kabul Hospital							
Activities							
Activity 1.2.1							
Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul.							
Activity 1.2.2							
Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre.							
Activity 1.2.3							
Provide extra equipment to increase Hospital capacity, including temporary extra beds in case of mass casualty.							
Activity 1.2.4							
Equip the mass casualty area in EMR Surgical Centre in Kabul to be prepared for winter.							
Additional Targets :							

M & R													
Monitoring & Reporting plan													
<p>The project will be directly supervised by the Afghanistan Programme Coordinator and EMERGENCY teams in Kabul. Statistics on clinical activities will be collected on daily basis, compiled and analyzed on a monthly basis; trends will be identified and EMERGENCY management staff will take adjustment measures if needed. Regular site visits and telephone contacts will be ensured between FATPs staff and management staff; during the visits, made by national field officers because of security reasons, data collected by FATPs' health workers will be carefully monitored and dedicated check lists filled in. Each patient referred to the surgical centres will be deeply evaluated by senior medical staff and international staff in order to verify whether medical procedures were correctly applied during the stabilization process. Expenditures made in the country will be monitored by the Main Office and verified on a monthly basis. Updates on activities will be provided to Main Office on a monthly basis. In accordance with CHF Remote Call Campaigns, EMERGENCY will provide a comprehensive report of target beneficiaries reached for an adequate verification of reported results.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers.	2017												X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Implementation of referral system among 3 FATPs in Baraki Barak, Pul I Alam and Maydanshar. War injured patients will be referred to Kabul EMR Surgical Hospital.	2017												X
	2018	X	X	X	X	X	X						
Activity 1.1.3: Establishment of 1 new FATP in Laghman along with population needs and acceptance. War injured patients will be referred to Kabul EMR Surgical Hospital.	2017												
	2018			X	X	X	X						
Activity 1.1.4: Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care	2017												X
	2018	X	X	X	X	X	X						
Activity 1.2.1: Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul.	2017												X
	2018	X	X	X	X	X	X						

GENDER MARKER CODE As per foundation chart EMERGENCY is neutral, independent and impartial. EMERGENCY respects and encourages diversity, equality, inclusion and gender balance in all activities performed and in its own structure. Currently the NGO employs 237 females in various positions, medical and non-medical within the whole EMR programme in Afghanistan which means 17% of the whole staff. Percentage of female staff in EMERGENCY facilities is in alignment with the statistics concerning female war related injured: UNAMA report of 2016 shows that around 10% of war casualties are female.

100% of EMERGENCY FATPs in the present proposal have enrolled female staff covering morning shifts.

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

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

The enrollment of female staff is difficult in the rural and remote areas, where usually FATPs are located. These areas are more conservative and local community is more respectful of local traditions which do not facilitate female employment. In this regards, the presence of female staff in the FATPs will continue to be encouraged trying to involve as female health assistants those women who already have a relative working in the same center. Furthermore, EMERGENCY, considering health system access to female, will therefore encouraged and prioritized women health workforce, involving existing female health assistants, staff, relatives etc. in planning, promoting and searching for female employees.

Additionally, EMERGENCY always guarantee the possibility of a relative to accompany the female patients.

Separating curtains are placed in every room that needs them (OPD, wards, ICU, SUBICU, physiotherapy department). A whole ward is designed at their disposal with exclusively female staff.

In regard of the staff, women can freely move inside the hospital in maximum safety thanks to the widespread presence of guards. They are also given the opportunity to be accompanied by a staff bus paid by Emergency from their home to the hospital and vice versa.

Assumption: presence of female nurses will positively impact on access to health services by the community and by female and girls.

Risk: at the same time, in case of low proportion of female nurses can have a direct impact on female access to health care.

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

Protection Mainstreaming

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

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

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

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

Country Specific Information

Safety and Security

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

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

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

- Acceptance: EMERGENCY's independence and neutrality are recognized and esteemed by the majority of the Afghan population and represent the main strategy to deal with security and access related issues. In fact, this ensures successful negotiation with all parties involved in conflict for EMERGENCY's intervention. EMERGENCY's neutrality is clearly reaffirmed on regular basis to all parts in conflict; promotion of proactive participation of local communities and stakeholders in FATPs opening represents an important element to ensure acceptance and staff security and guarantees a smooth running of FATPs future activities.
- Protection and visibility: EMERGENCY adopts a high profile approach; EMERGENCY logo is highly visible on ambulance and facilities and it is very well known everywhere in the areas covered by the intervention. Exposure: the ambulances are using always the same itinerary, avoid unknown areas or shortcuts that could be driven the personnel to face an unexpected situation (mined road, fighting, common criminality activities...)
- Deterrence: the suspension of the activities due to security reasons is the main deterrent of EMERGENCY.

The security plan is implemented according with EMERGENCY chart:

- The National Field Office is reporting to the International Officer in charge.
- The referral of the patients, as well as any other extraordinary activity is planned in agreement with the Medical Coordinator (MC) and the Program Coordinator (PC).
- The MC and the PC are collecting information daily through EMERGENCY direct contacts and periodically through interagency channels (INSO, meeting and sharing with other NGO...).

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

Access

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

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

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	FATPs Support staff	S	9	120.00	6	100.00	6,480.00
	<p><i>This line includes the gross salary of 2 cleaners for Baraki Barak and Maidan Shar FATP, 2 drivers for Maidan Shar FATP and 3 cleaners for Pul I Alam FATP.</i></p> <p><i>Cleaners guarantee high hygienic standards 24/7 and prevent infectious diseases as per EMERGENCY infection control protocol and MOH guidelines. Salaries are calculated based on the average cleaner salary employed in afghan public health system.</i></p> <p><i>2 drivers employed in Maidan Shar FATP (the only FATP where EMERGENCY owns the ambulance) guarantee a smooth and continuous referral service.</i></p> <p><i>The salaries are calculated taken into consideration the seniority level reached. Food allowance is included.</i></p>						
1.2	FATPs Health service providers	D	22	156.00	6	100.00	20,592.00

	<p><i>This line includes the gross salary for FATPs health workers as follows:</i></p> <ul style="list-style-type: none"> - 6 nurses and 1 female health assistant in Baraki Barak FATP; - 1 supervisor, 5 nurses and 1 female nurse for Maidan Shar FATP; - 1 supervisor, 6 nurses and 1 female health assistant for Pul I Alam FATP. <p><i>The nurses provide standardized high quality health care services and they are responsible for managing the referral system for war and civilian trauma patients in accordance to the EMERGENCY protocols and MOH guidelines. Nurses are appropriately trained in trauma management at EMERGENCY Kabul Hospital.</i></p> <p><i>The FATP supervisors are in charge for the overall functioning of each FATP. In particular, they are responsible for promoting and maintaining proper relations among locals, authorities and Emergency itself and monitor security, informing the EMERGENCY National Field Officer of any issue and concern. In addition, they are responsible of the management of patients and referrals, supply and consumption of medical materials, reporting to the EMERGENCY National Field Officer.</i></p> <p><i>In order to provide 24/7 service, 2 health assistant per day are always on duty in all FAPT. In order to provide the overall health care service 24/7/365 the minimum number of staff required is 6 health assistants/nurses per FAPT.</i></p> <p><i>EMERGENCY is promoting the overcome of gender imbalance among health workforce in Afghanistan, therefore female staff are solicit to apply and employed in order to guarantee equality and avoid discrimination in health service access.</i></p> <p><i>The overall health services provided by FATPs are supervised by an International and National Field Officer in charge of monitoring their quality according to the EMERGENCY protocols and MOH guidelines; as well, they support and provide guidance in the collection of health statistics for each FAPT.</i></p> <p><i>Salaries are calculated according to the average salaries for health professionals in similar position in the Afghan health system. Overtime fees and seniority bonus are taken into consideration, as well as food allowance.</i></p>							
1.3	NEW FATP Support staff	S	2	106.0 0	2	100.00	424.00	
	<p><i>This line includes the gross salary of 2 clenaers for 2 months.</i></p> <p><i>Cleaners are essential to guarantee high hygienic standards 24/7. 1 month training in Kabul EMERGENCY Hospital is forecast.</i></p> <p><i>Salaries take into consideration food allowance.</i></p>							
1.4	NEW FATP Health service providers	D	7	140.0 0	3	100.00	2,940.00	
	<p><i>This line includes the gross salary of 7 nurses for the Laghman Province new FATP.</i></p> <p><i>Nurses provide standardized high quality health care and referral for war and civilian trauma patients. Health assistants are employed in places where nurses are not available and both the professional figures receive, according to their knowledge, a proper training in trauma management in Kabul EMERGENCY Hospital.</i></p> <p><i>In order to provide 24/7 service, 2 health service providers are always present in the facility.</i></p> <p><i>Salaries are calculated taking into consideration food allowance.</i></p>							
1.5	Kabul hospital support staff	S	20	160.0 0	6	100.00	19,200.00	
	<p><i>This line includes the gross salary of cleaners and guards working in Kabul EMERGENCY Hospital.</i></p> <p><i>Cleaners are responsible to guarantee high hygiene standards and prevent infectious diseases as per EMERGENCY protocols and MOH guidelines, as hygiene is directly related to outcomes of patients.</i></p> <p><i>Guards are responsible, together with the International Logistician and Programme Coordinator, of the security of the hospital: they carefully check people and supply at the gates. Moreover, guards play an important role during mass casualty events, ensuring the smooth entrance of patients and managing the huge flow of relatives.</i></p> <p><i>Overtime fees, and seniority bonus are considered in the cost, and they are calculated on the average of the last months.</i></p>							
1.6	Kabul hospital nurses	D	44	175.0 0	6	100.00	46,200.00	
	<p><i>This line includes the gross salary for 44 nurses, who provides trauma stabilization and health care of all Kabul EMERGENCY Hospital patients.</i></p> <p><i>Nurses run most of medical activities such as dressing, checking of vital signs, administration of drugs and fluids, patients' cleaning and mobilization.</i></p> <p><i>The number of nurses per ward per day/shift varies upon the seriousness of patient injuries and level of care needed. In less intensive care units the number of nurses per shift is 2, while in more intensive care the number of nurse per shift is 3 (OPD, A Ward, C ward), in high intensive care units the number of nurses rises up to 4 per shift (SUB ICU) and 5 in ICU. In the Operating Theater Department the number of nurses is determined by the ability of covering the full run of 3 operating theatres 24/7, therefore 5 nurses are foreseen in the morning shift and 4 during the nights.</i></p> <p><i>Overtime fees, and seniority bonus are considered in the cost, and they are calculated on the average of the last months.</i></p>							
1.7	Kabul hospital surgeons	D	10	460.0 0	6	100.00	27,600.00	

	<p><i>This line includes the gross salary for 10 national junior surgeons who provides treatment of traumatic injuries in OT and medical assistance in OPD to trauma patients. Surgeons are also responsible for wards medical care and follow up.</i></p> <p><i>As the role of surgeons is paramount for patients outcome, EMERGENCY is investing and will further invest on the capacity building of this category organizing on the job and ad hoc training: EMERGENCY is in fact recognized as training centre by MoPH</i></p>						
1.8	Kabul hospital anesthesia	D	4	330.00	6	100.00	7,920.00
	<p><i>This line includes the gross for 4 anesthesia staff.</i></p> <p><i>Anesthesia staff directly contributes to the OT activities and to OPD for emergency cases: it guarantees medical preoperative evaluation, consultation with the surgical team, support the International Anesthesiologist in creation of a plan for the anesthesia tailored to each individual patient; it provides intraoperative diagnostic stabilization and proper post-operative management of patients as well as in-hospital and pre-hospital emergencies, intensive care units and acute pain units and chronic pain consultations.</i></p> <p><i>Overtime fees, and seniority bonus are considered in the cost, and they are calculated on the average of the last months.</i></p>						
1.9	Kabul hospital international medical experts	D	2	3,620.00	6	100.00	43,440.00
	<p><i>This line includes the gross salary for 1 international nurse and 1 anesthesiologist.</i></p> <p><i>The international nurse guarantees that high quality care and standardized protocols are followed and maintained by national staff during the entire health care process. In particular he/she is involved in the administration of patients' therapy and he/she is responsible for the correct following of patients' therapies.</i></p> <p><i>The international nurse is also in charge of providing training to national staff and he/she is directly involved in the management of mass casualties, according with his/her role within the mass casualty plan.</i></p> <p><i>The international anesthesiologist is in charge of the Intensive Care Unit department, where most serious patients are admitted. Moreover he/she provides medical care to patients during preoperative evaluation and during OT intervention, in consultation with the surgical team. He/she determines condition of patients before, during and after sedation, creating an anesthetic plan tailored for each individual taking into consideration the patient's medical history and the type of surgical procedure needed.</i></p>						
	Section Total						174,796.00
2. Supplies, Commodities, Materials							
2.1	Medicines for existing FATPs	D	3	215.00	6	100.00	3,870.00
	<p><i>This line includes the supply of drugs and consumables delivered on a monthly basis to the FATPs.</i></p> <p><i>The cost has been estimated according to the past consumptions.</i></p>						
2.2	Medicines for NEW FATP	D	1	300.00	1	100.00	300.00
	<p><i>This line includes the first supply of drugs and consumables delivered to the new FATP.</i></p> <p><i>The cost has been estimated according to the consumption of new FATP opened in the past</i></p>						
2.3	Kabul hospital ortho consumables supply	D	1	50,000.00	1	100.00	50,000.00
	<p><i>This budget line includes the purchase of the items needed for EX-FIX procedure, a surgical treatment used to stabilize bone and soft tissues.</i></p> <p><i>Specifically, the procedure is used to:</i></p> <ul style="list-style-type: none"> - stabilize severe open fractures related to vascular injuries; - treat closed fractures with associated severe soft tissue injuries. 						
2.4	Kabul hospital surgical instruments supply	D	1	20,000.00	1	100.00	20,000.00
	<p><i>This budget line includes the purchase of surgical instruments used for OT activities.</i></p>						
2.5	Renovation works and refurbishing new FATP	D	1	8,000.00	1	100.00	8,000.00
	<p><i>This line includes all the renovation works and small repairs to be done in Laghman Province to adapt the existing building to Emergency health and hygiene standards. It includes also the purchase of the furniture and equipments necessary to implement medical activities. For the construction costs the estimation has been done on the basis of a standard rehabilitation of FATPs in the past and evaluation surveys performed on the selected areas.</i></p>						
	Section Total						82,170.00
3. Equipment							
3.1	New and existing FATPs small medical equipments	D	90	55.67	1	100.00	5,010.00

	<p><i>This budget line includes the purchase of 30 collars, 30 spiders and 30 head holders, to be distributed among the network of FATPs EMERGENCY is managing in the Central and Eastern regions.</i></p> <p><i>These items are fundamental to improve the referral system, guaranteeing a safest transport of patients with possible spinal injuries on the ambulances.</i></p>						
3.2	Kabul hospital medical equipments	D	5	9,890.00	1	100.00	49,450.00
	<p><i>This budget line includes the purchase of the following items:</i></p> <ul style="list-style-type: none"> - 1 Ultra Sound machine for OPD, for the assessment of trauma patients; - 1 anesthesia machine (GLOSTAVENT) used in OT to sedate patients; - 3 oxygen concentrators to provide oxygen to patients in need. <p><i>The budget breakdown is attached in the budget breakdown section.</i></p>						
3.3	Kabul hospital mass casualties preparedness equipment	D	166	159.46	1	100.00	26,470.00
	<p><i>This budget line includes the purchase of the following items, needed to reinforce Kabul EMERGENCY Hospital preparedness to respond to mass casualties events.</i></p> <p><i>The breakdown of the items to be purchased is attached in the budget breakdown section.</i></p>						
	Section Total						80,930.00
4. Contractual Services							
4.1	Ambulance rent for existing FATPs	D	2	515.00	6	100.00	6,180.00
	<p><i>This line includes ambulance rents for Pul I Alam and Baraki Barak FATPs. Maidan Shar FATP is provided with an ambulance owned by EMERGENCY; for this reason EMERGENCY employed 2 drivers in this facility.</i></p> <p><i>The maintenance of the vehicle and the driver salary are included in the rent cost, while fuel expenditure will be paid according to the number of referred patients.</i></p> <p><i>The ambulance will be parked 24/7 in the FATP compound and the referral service provided at any time.</i></p> <p><i>The ambulance is rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local areas.</i></p>						
4.2	Ambulance rent for new FATP	D	1	515.00	1	100.00	515.00
	<p><i>This line includes the ambulance rent for the new FATP.</i></p> <p><i>The maintenance of the vehicles and the drivers salary are included in the rent cost, while fuel expenditure will be paid according to the number of referred patients.</i></p> <p><i>The ambulances will be parked 24/7 in the FATPs compound and the referral service provided at any time.</i></p> <p><i>Ambulances are rented from local owners, in order to guarantee patients, staff and vehicles security during movements in the local areas.</i></p>						
	Section Total						6,695.00
5. Travel							
5.1	Flight ticket for International staff	D	2	1,200.00	1	100.00	2,400.00
	<p><i>2 flight are foreseen for International staff in mission.</i></p>						
	Section Total						2,400.00
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	Fuel for ambulances of existing FATPs	S	3	170.00	6	100.00	3,060.00
	<p><i>Fuel supply is intended to cover transportation costs; each time one of the ambulances refers patients to Kabul EMERGENCY Hospital or any other Provincial/District Hospital, it will be provided with a certain amount of liters of fuel, established.</i></p> <p><i>The estimation has been done according to the distance between the FATPs and the referral facility, the vehicle rented and the conditions of the road.</i></p> <p><i>The unit cost has been calculated considering the average expenditure of fuel (litres per month) of the 3 FATPs.</i></p>						

7.2	Fuel for ambulances for new FATP	S	1	140.00	1	100.00	140.00	
<p><i>Fuel supply is intended to cover transportation costs; each time the ambulance refers patients to Kabul EMERGENCY Hospital or any other Provincial/District Hospital, it will be provided with a certain amount of litres of fuel, as defined in the contract.</i></p> <p><i>The estimation has been done according to the distance between the FATP and the referral facility, the vehicle rented and the conditions of the road.</i></p>								
7.3	Existing FATPs running costs	S	3	300.00	6	100.00	5,400.00	
<p><i>This line includes the monthly supply of fuel for generators, gas for sterilization and maintenance costs.</i></p> <p><i>The estimation has been done according to previous experience.</i></p>								
7.4	New FATP running costs	S	1	300.00	1	100.00	300.00	
<p><i>This line includes the monthly supply of fuel for generators, gas for sterilization and maintenance costs.</i></p>								
Section Total							8,900.00	
SubTotal			401.00				355,891.00	
Direct							320,887.00	
Support							35,004.00	
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							24,912.37	
Total Cost							380,803.37	
Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Total	Activity Name
		Men	Women	Boys	Girls			
Kabul -> Kabul	56	3,594	327	1,144	381	5,446	Activity 1.2.1 : Provision of 24/7 OPD trauma services in EMR Surgical Center in Kabul. Activity 1.2.2 : Provision of 24/7 surgical treatment for war wounded and trauma patients admitted in EMR Surgical Centre. Activity 1.2.3 : Provide extra equipment to increase Hospital capacity, including temporary extra beds in case of mass casualty. Activity 1.2.4 : Equip the mass casualty area in EMR Surgical Centre in Kabul to be prepared for winter.	
Wardak -> Maydanshahr	7	453	41	144	48	686	Activity 1.1.1 : Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers. Activity 1.1.2 : Implementation of referral system among 3 FATPs in Baraki Barak, Pul I Alam and Maydanshar. War injured patients will be referred to Kabul EMR Surgical Hospital. Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care	
Logar -> Pul-e- Alam	13	851	77	271	91	1,290	Activity 1.1.1 : Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers. Activity 1.1.2 : Implementation of referral system among 3 FATPs in Baraki Barak, Pul I Alam and Maydanshar. War injured patients will be referred to Kabul EMR Surgical Hospital. Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care	

Logar -> Barakibarak	15	989	90	315	105	1,499	Activity 1.1.1 : Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers. Activity 1.1.2 : Implementation of referral system among 3 FATPs in Baraki Barak, Pul I Alam and Maydanshar. War injured patients will be referred to Kabul EMR Surgical Hospital. Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care
Laghman -> Qarghayi	9	333	45	311	126	815	Activity 1.1.1 : Provision of Emergency Trauma services 24/7 in 4 FATPs and specialized Trauma Centers. Activity 1.1.3 : Establishment of 1 new FATP in Laghman along with population needs and acceptance. War injured patients will be referred to Kabul EMR Surgical Hospital. Activity 1.1.4 : Collection, compilation, analysis of health statistics related to medical output for monitoring purpose and maintenance of high standard medical care

Documents	
Category Name	Document Description
Project Supporting Documents	Mass Casualties_trends.xlsx
Project Supporting Documents	stat Fap 2016vs2017.xlsx
Budget Documents	BL 1.5.xlsx
Budget Documents	BL 2.3.xlsx
Budget Documents	BL 2.4.xlsx
Budget Documents	BL 2.5.xls
Budget Documents	BL 1.5_revised.xlsx
Grant Agreement	Emergency 7609 GrantAgreement.pdf
Grant Agreement	Emergency 7609 GrantAgreement_signed.pdf