

Requesting Organization :	Save the Children Fund	
Allocation Type :	2015 2nd CHF Standard Allocation / Call for Proposals	
Primary Cluster	Sub Cluster	Percentage
HEALTH		100.00
		100
Project Title :	Provision of trauma care to conflict affected population.	
Allocation Type Category :		

OPS Details			
Project Code :		Fund Project Code :	AFG-15/3481/SA2/H/INGO/402
Cluster :		Project Budget in US\$:	366,480.01
Planned project duration :	12 months	Priority:	
Planned Start Date :	01/11/2015	Planned End Date :	31/10/2016
Actual Start Date:	01/11/2015	Actual End Date:	31/10/2016

Project Summary :	<p>Save the Children aims to provide trauma care to conflict affected population including first aid, triage, stabilization, management and referral in six districts of Kunduz province.</p> <p>The intervention consists of two key components. The first component is upgrading of six Basic Package of Health Services (BPHS) facilities in Chardara, Archi, Imamsahib, Khanabad, Aliabad and Qala-e-zal districts (one in each district) to serve as First Aid Trauma Posts (FATPs). In the same facilities six Rapid Response Teams (RRTs) will be established to facilitate stabilization and evacuation of conflict affected casualties from frontline to FATPs and other referral facilities. FATPs and RRTs will provide 24/7 trauma care to conflict affected population. Second component is training of FATPs and RRTs staff in stabilization, management and referral of trauma and injury cases.</p> <p>To prevent any overlap of the services offered by Save the Children and HNTPO, both organizations agreed that HNTPO will provide primary health care and psycho-social services to IDPs in Kunduz city and Madrasa area of Aliabad district through mobile health and psychosocial teams and Save the Children will focus on establishment of FATPs and Rapid Response Teams including Aliabad for provision of trauma care. For improved coordination in the implementation phase, it was also agreed that in the provincial level HNTPO and Save the Children will meet on the monthly basis and in the Kabul level once a quarter.</p> <p>Save the Children will rent six ambulances one for each RRTs. We have considered three BHCs, two CHCs and one CHC + for FATPs. In the BPHS structure, we don't have ambulance for BHCs and we have only one ambulance for CHCs that will continue with the routine BPHS services, that is why, we suggest renting of one ambulance for each RRT.</p> <p>The total number of direct beneficiaries is 29,912. Considering the current security situation, in consultation with UNOCHA, Health Cluster and Provincial Public Health Directorate, Save the Children recognize flexibility on locations and targets. The time line for the action is from 1 November 2015 – 31 October 2016. Save the Children will continue to implement this project in coordination with all relevant actors in the national, provincial and community levels to ensure effective and timely management of trauma cases.</p>
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Direct beneficiaries :				
Men	Women	Boys	Girls	Total
13,166	10,768	3,288	2,690	29,912

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	13,154	10,762	3,288	2,690	29,894
Other	12	6	0	0	18
Other	0	0	0	0	0
Other	0	0	0	0	0

Indirect Beneficiaries :	
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Total catchment area population of the six health facilities upgraded for FATPs is 99,648. Out of this, 29,912 will serve as direct beneficiaries and the remaining 69,736 will serve as indirect beneficiaries.

Catchment Population:

Total catchment area population of the six health facilities selected for FATPs is 99,648. However, the affected population of all six districts can benefit from the neighboring FATPs and RRTs.

Link with allocation strategy :

Afghan Mortality Survey (AMS) 2010 reports that injury-related deaths account for 21% of mortality among ages 15 and over in Afghanistan. War violence and conflict related trauma accounted for nearly half of these. War and violence related injuries and deaths are also important for boys under the age of 15 years.

For this project, our approach is based on humanitarian principles of humanity, neutrality and impartiality and civilians will be provided services without discrimination. As per Common Humanitarian Fund (CHF) goal, saving lives and reducing disability is at heart of our project, and those districts are prioritized where recently we had increased injuries due to active conflict.

The approach adopted by this project is in line with the health cluster strategic priorities with the focus on “provision of trauma care including first aid, triage, stabilization, referral and full management of conflict related trauma cases”. Provision of trauma care services to conflict affected population particularly women and children living in conflict prone areas of Kunduz is part of this project.

Due to the increased conflict in almost all districts of Kunduz, the number of civilians’ casualties requiring emergency trauma care and management has increased in the recent months. The current BPHS facilities staff focus traditionally on the delivery of essential health services to families and there are gaps in capacities in terms of first aid, stabilization, management and referral of trauma cases. However, it is absolutely vital to supplement BPHS capacities in the delivery of emergency trauma care and rapid referral services to the provincial/districts hospitals. Save the Children will reduce disability and mortality through provision of trauma care services using FATPs and RRTs.

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
Ana Maria Locsin	Country Director	Ana.Locsin@savethechildren.org	+93 729 904 500
Ahmad Sohail Azami	Associate Director of Awards Management	Sohail.Azami@savethechildren.org	+93 (0) 799 417 695

BACKGROUND

1. Humanitarian context analysis

Kunduz has a population of 990,937, 75% of which are rural population (Data source: CSO 2014-2015), and is currently remains one of the most fragile environments in Afghanistan.

Hostilities reportedly continue sporadically inside Kunduz city, with control of some areas remaining contested and the situation continuing to change on a regular basis. The humanitarian situation inside the city continues to deteriorate, with lack of electricity, water, and access to food for those who remain. While the airport is reportedly useable, the fluid security situation continues to prevent entry to the city by humanitarian partners. This includes continuing concerns of contested control, IEDs, and the potential for ambushes on the roads leading to the city. Numerous civilian casualties have been reported, with the lack of access and conditions within the city making verification difficult. The reported non-burial of dead bodies has the potential to pose public health risks .

Recent security situation and occupation of health and education infrastructure, intimidation and harassment, have led to high levels of displacement, civilian casualties and the interruption of basic services or inability of people to access services. There is a significant gap in the provision of health services to conflict affected and IDPs. The lack of such services immediately translates into increased mortality and morbidity rates with the vulnerable population including children.

The displaced people are in transit situation which changes day by day. The people who are displaced from the districts where the situation gets well are going back to their villages and even some families has been found that they are many times backed to their homes but returned back to the center of districts because of re-starting or continues conflict.

Due to the recent security situation, offices of the most organizations remain close, however, prior to that different governmental and non-governmental organizations and UN agencies such as UNHCR, WFP, NRC, SCI and ACTED were working as a committee in the province to provide support to the displaced people affected by conflict.

Analysis of conflict trends and hotspots , in Kunduz province, intense displacement may occur periodically due to antigovernment elements activities countered by military operations in throughout the province and around the urban center. Military operation of sustained scale already experienced in May will recur, with continuous cycles of offensive and counteroffensives by parties in conflict, generating waves of displacement largely to the urban and semi-urban area, but also within the surrounding districts and where humanitarian access is generally not available.

2. Needs assessment

Provision of trauma care to conflict affected population through establishment of FATPs to provide timely trauma stabilization, management and referral has been identified a priority program area in CHF second allocation. Based on the CHF priority mapping exercise all seven districts of Kunduz have been identified as priority districts.

Strategic Review Committee (SRC) of concept notes recommended to Save the Children for integration of FATPs into existing BPHS facilities of high priority conflict prone districts.

These health facilities have been selected in consultation with Save the Children provincial team. Trend of trauma cases, physical space of the health facilities to accommodate FATPs and access of the beneficiaries have been considered in the selection of these facilities. The selected health facilities include Chardara CHC, Kalbat CHC [Imam Sahib District], Archi CHC, Dr. Said Masoom BHC [Qalazal District], Payenda Mohammad BHC [Khan Abad District] and Mir Shekh BHC [Aliabad District].

On 28 September, Taliban successfully launched an offensive against security force outposts on the north-west, west and south of Kunduz city. Access of humanitarian organizations to Kunduz city and other areas at this stage is very risky due to the ongoing armed conflict between parties of conflict, particularly in Kunduz city. All NGO had physical presence in Kunduz province and had offices in Kunduz city have been closed and most of NGOs staff have fled Kunduz city to Kunduz districts and neighboring provinces. Save the Children office has been also closed that limited our ability to conduct a comprehensive needs assessment following the recommendation of SRC for integration of FATPs into existing BPHS facilities of high priority conflict prone districts.

3. Description Of Beneficiaries

Save the Children will provide trauma care including first aid, triage, stabilization, management and referrals to conflict related trauma cases in six districts of Kunduz province through FATPs and RRTs (ambulances) trained in stabilization, management and referral of trauma and injury cases.

In consultation with Save the Children provincial team, Chardara CHC, Kalbat CHC [Imam Sahib District], Archi CHC, Dr. Said Masoom BHC [Qalazal District], Payenda Mohammad BHC [Khan Abad District] and Mir Shekh BHC [Aliabad District] have been selected as FATPs. Physical space of the health facilities to accommodate FATPs and access of the beneficiaries have been considered in the selection of these facilities.

The target beneficiaries are host communities prone to the conflicts in these districts. Afghan Mortality Survey 2010 indicates 49% female and 51% male. The number of male in trauma care will be slightly higher due to their exposure, as a result, we have considered male beneficiaries 55% and female 45%.

Considering 30% of the population in the catchment area of mentioned facilities are prone to the conflict that will serve as direct beneficiaries of the project. Total catchment area population of the six mentioned facilities are 99,648 that make the number of direct beneficiaries 29,894. However, the affected population of entire district can benefit from the neighboring FATPs and RRTs.

Beneficiaries will be informed about the appropriateness, locations, timing and specific services to be delivered. This will be continued through discussions with community elders, community Shuras and engagement with local authorities. They will also be engaged in monitoring to ensure benefit reaches to the focused/target beneficiaries effectively.

4. Grant Request Justification

To improve access of conflict affected population particularly children and women to trauma care, Save the Children proposes to: 1. Upgrade six existing BPHS facilities including Chardara CHC, Kalbat CHC [Imam Sahib District], Archi CHC, Dr. Said Masoom BHC [Qalazal District], Payenda Mohammad BHC [Khan Abad District] and Mir Shekh BHC [Aliabad District] to serve as FATPs; 2. Establish Rapid Response Teams (ambulance) in the mentioned health facilities; and 3. Train staff of FATPs and Rapid Response Teams in stabilization, management and referral of trauma and injury cases.

The action will build on the existing response and capacity of Save the Children BPHS program to ensure a comprehensive approach in addressing trauma care that will lead to reduced disability and mortality due to conflict affected trauma and injury cases.

At the front line, Save the Children through its FATPs will provide first line access to first aid and essential trauma care to conflict affected/war wounded population. Rapid Response Teams will provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital.

Save the Children in close partnership with Provincial health authorities and other stakeholders will develop and implement clear coordination mechanisms to ensure coordinated response and referral for injured and seriously ill patients in case of emergencies.

Through implementation of BPHS program, Save the Children has already developed a strong relationship with communities and local authorities in Kunduz province. This project will built upon the gains made and the lessons learned from the implementation of BPHS program.

We therefore believe that we are very well positioned to implement this project that will lead to reduced morbidity and mortality among conflict affected population.

5. Complementarity

Save the Children is implementing BPHS in Kunduz province in partnership with national NGO called Care of Afghan Families (CAF). In June 2014, Save the Children's health sector has been significantly reinforced through the adjoining with Merlin, a specialized health NGO. Since 2002, Merlin has implemented health and nutrition programs in North-eastern provinces. In addition, Save the Children has been implementing numerous projects from various donors with a range of health interventions, from responding to acute health humanitarian needs to provision of community midwifery and nursing training, community based maternal and newborn operational research, running of mobile health teams, supporting health facilities under public private partnership approach, training of community health workers and working with religious leaders to promote maternal and child health.

Through implementation of BPHS program, Save the Children has already developed a strong relationship with communities and local authorities in Kunduz province. This project will built upon the gains made and the lessons learned from the implementation of BPHS program.

Save the children will coordinate with GCMU on the consideration of FATPs and RRTs additional staff in the next round of SEHAT proposal to ensure sustainability of the program. Next round of SEHAT grant is expected to start on 1 January 2017. Also, subject to the funding availability in the current BPHS grant, Save the Children will communicate with GCMU for the continuation of FATPs and RRTs.

Furthermore, Save the Children has considered training of existing nurses/doctors of three CHCs selected for FATPs in trauma stabilization, management and referral. They will continue trauma care beyond this project.

For the sustainability of the intervention, Save the Children will also strive to establish community based transportation mechanism to complement ambulance (RRTs) services after the project has ended. Communities under the coverage of project will be mobilized to assign one vehicle per village. The detailed contact information of the driver will be provided to the villagers by the community health Shura. The community will fund the driver according to their own tradition (there might be voluntary mechanisms as well). In case of emergency they will refer cases to the FATP, District and Regional Hospital.

LOGICAL FRAMEWORK

Overall project objective

To reduce morbidity and mortality among conflict affected population through provision of trauma care in six districts of Kunduz province.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2. Reduce mortality and disability due to conflict through provision of timely access to effective trauma care	2. Conflict related deaths and impairment reduced	100

Contribution to Cluster/Sector Objectives : Afghan Mortality Survey (AMS) 2010 reports that injury-related deaths account for 21% of mortality among ages 15 and over in Afghanistan. War violence and conflict related trauma accounted for nearly half of these. War and violence related injuries and deaths are also important for boys under the age of 15 years.

For this project, our approach is based on humanitarian principles of humanity, neutrality and impartiality and civilians will be provided services without discrimination. As per Common Humanitarian Fund (CHF) goal, saving lives and reducing disability is at heart of our project, and those districts are prioritized where recently we had increased injuries due to active conflict.

The approach adopted by this project is in line with the health cluster strategic priorities with the focus on "provision of trauma care including first aid, triage, stabilization, referral and full management of conflict related trauma cases". Provision of trauma care services to conflict affected population particularly women and children living in conflict prone areas of Kunduz is part of this project.

Due to the increased conflict in almost all districts of Kunduz, the number of civilians' casualties requiring emergency trauma care and management has increased in the recent months. The current BPHS facilities staff focus traditionally on the delivery of essential health services to families and there are gaps in capacities in terms of first aid, stabilization, management and referral of trauma cases. However, it is absolutely vital to supplement BPHS capacities in the delivery of emergency trauma care and rapid referral services to the provincial/districts hospitals. Save the Children will reduce disability and mortality through provision of trauma care services using FATPs and RRTs.

Outcome 1

Improved access of conflict affected population with emergency traumas and/or injuries to stabilization, treatment and referral services.

Output 1.1

Description

Six BPHS facilities supported to provide stabilization, treatment and referral to conflict related trauma cases.

Assumptions & Risks

- Access remains possible in operational districts.
- No significant deterioration of the security situation in Kunduz preventing access to beneficiaries without risking the life of staff.
- All levels of government (local authority and executive units) and local authorities and partners remain supportive and collaborative to interventions and understand the necessity of impartiality.
- Natural and man-made disasters do not adversely affect project implementation.
- No external intervention (political or military) disrupts the perception/image of NGOs.

Activities

Activity 1.1.1

Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services

Activity 1.1.2

Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital

Activity 1.1.3

Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases

Activity 1.1.4

Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral

Activity 1.1.5

Conduct monthly coordination meetings with provincial and local authorities/stakeholders for effective and timely management of trauma cases

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					6
<p>Means of Verification : FATPs or health facilities profile, field observation and photos</p> <p>Target: 6 (One RRT in six selected districts of Kunduz)</p>							
Indicator 1.1.2	HEALTH	Number of Rapid Response Teams (ambulance) established to provide trauma stabilization and referral services					6
<p>Means of Verification : Rapid Response Teams profile, field observation and photos</p> <p>6 (One RRT in six selected districts of Kunduz)</p>							
Indicator 1.1.3	HEALTH	Number of conflict affected traumas/injuries treated by FATPs					1,386
<p>Means of Verification : OPD dressing register, HMIS/MIAR</p> <p>1,386 (Considering the trend of conflict affected trauma cases, we assume in average each FATP will treat 21 trauma cases in a month. In total, we expect, 1,386 conflict affected trauma cases to be treated [21 treated cases/month x 6 FATPs x 11 months = 1,386]) Note: Standard indicator on the treatment of trauma cases is not available, thus, we have selected custom indicator.</p>							
Indicator 1.1.4	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma.					18
<p>Means of Verification : Training reports</p> <p>18 (from each FATPs/RRTs three nurses/doctors will receive the training) Note: Training will be conducted by Kabul Emergency Hospital.</p>							
Indicator 1.1.5	HEALTH	Number of conflict affected traumas/injuries cases referred by FATPs and Rapid Response Teams					594
<p>Means of Verification : OPD dressing register, HMIS/MIAR, referral tools</p> <p>594 (Considering the trend of conflict affected trauma cases, we assume in average each FATPs/RRTs will refer 9 trauma cases per facility a month. In total, we expect, 594 conflict affected trauma cases will be referred [9 trauma cases/month x 6 FATPs x 11 months = 594])</p>							
Indicator 1.1.6	HEALTH	Number of monthly coordination meetings conducted/documentated with provincial and local authorities/stakeholders					24
<p>Means of Verification : Meeting Minutes</p> <p>24 (12 meetings with HNTPO provincial team and 12 meetings with PPHD. One meeting a month will be conducted with each HNTPO and PPHD)</p>							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

SCI Afghanistan has introduced Monitoring, Evaluation, Accountability and Learning (MEAL) system for promoting result oriented planning, monitoring, evaluation and accountability for ensuring overall program quality, fulfilling reporting requirements and documenting lessons learned. SCI has dual program departments for ensuring the delivery of quality programs. The Program Implementation (PI) department oversees day to day implementation and the operational side of the project and the Program Development, Quality and Advocacy (PDQA) department oversees the quality of the program delivery. The MEAL (M&E) team stands independent from the program implementation (under PDQA department) follows up and monitor the quality of program, data quality assurance, periodic reviews and evaluation and will provide timely feedback to the program implementation team for any areas of improvements.

To ensure accountability, besides direct monitoring of the project, SCI will pave the way for remote monitoring mechanism of the donor based on remote call monitoring guideline of UNOCHA. We will consider remote monitoring as a part of the project monitoring plan. SCI will provide a list of project staff, stakeholders and project beneficiaries with detailed contact information to the UNOCHA remote call center. The list will include information on beneficiaries (name, age, telephone number, village, district and province) and the type of the services used by beneficiaries. The beneficiaries will be registered in the special format (calling list dataset of UNOCHA), they will be informed about the possibility of remote calls from UNOCHA remote call center "if they were sampled for interview" about the quality of services, progress of project work and satisfaction of beneficiaries with the project performance.

SCI will submit narrative and financial reports as per the UNOCHA reporting schedule and standard formats. SCI will also provide the updates to UNOCHA and Health Cluster as requested.

Communication and Visibility

Based on the SCI branding and visibility policy, logos are not used on vehicles for safety reasons. On other visibility material logos can be used based on where we work. In some parts of the country where it is considered safe logos are used on other communication products such as sign boards, display panels, banners and plaques. However, in places where visibility can harm the implementation of the project and is considered unsafe it is advised that SCI stays low profile.

Case studies: SCI's Advocacy, Communication and Media Unit will prepare case studies from the field on how humanitarian response contributed in the reduced morbidity and mortality of conflict affected population with special focus on the women and children. The case studies will follow UNOCHA's guideline "The opening paragraph should answer the basic six questions: who, what, where, when, why, and how." The body of the case studies should focus on either the success or learning achieved.

Pictures from the field: Considering the privacy, respect and dignity of the person (s) being photographed, SCI will illustrate the progress of CHF funded activities by a series of pictures. There will be a small narration under the photos as well that what are the actions carried out and who are involved in. As per OCHA's guideline, source and credit details, including name of photographer, name of copyright holder, picture biography, including location, date, activity and names of implementing partners' should be there, and consent of those being photographed should be taken before photography, printing and dissemination.

SCI will comply with the UNOCHA's requirement regarding the branding and visibility "There is no need to display panels or commemorative plaques on buildings, wells, food parcels or other CHF funded items and infrastructure as UNOCHA and the CHF do not require or encourage the production of branded promotional items." SCI will seek prior approval of UNO

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services	2015												X
	2016			X			X			X			
Activity 1.1.2: Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital	2015												X
	2016			X			X			X			
Activity 1.1.3: Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases	2015												X
	2016	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.4: Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral	2015												
	2016	X		X									
Activity 1.1.5: Conduct monthly coordination meetings with provincial and local authorities/stakeholders for effective and timely management of trauma cases	2015											X	X
	2016	X	X	X	X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

Save the Children's Monitoring, Evaluation, Accountability and Learning (MEAL) approach to accountability ensures beneficiaries complaint and feedback mechanism is established, feedback is received and responded to accordingly. This approach ensures that Save the Children and its partners are both accountable to the beneficiaries who are made aware on their right to complain, provide feedback and get timely response on their complaints. Complaint and feedback mechanism helps to promote transparency among service providers and recipients, promote accountability towards community and beneficiaries and also ensure the best utilization of funds. Beneficiaries will be made aware on the objectives of the project and will be encouraged to make complaints and provide feedback to Save the Children using toll free number or help desks. All action plans generated from monitoring of complaints and feedback mechanism will be tracked using an Online Program Management Information System (OPMIS). Data and information collected by Save the Children will be entered in the OPMIS from the field. The OPMIS will update Save the Children program managers in Kabul on which action plans have been developed and implemented and which need to be followed up on.

Implementation Plan

SCI will deliver trauma care in the six districts of Kunduz province by upgrading of six BPHS facilities to serve as FATPs. In the same facilities, Rapid Response Teams (RRTs) will be established to facilitate stabilization and evacuation of conflict affected casualties from frontline to FATPs and other referral facilities. FATPs and RRTs will provide 24/7 trauma care to conflict affected population. With technical support of Kabul Emergency Hospital, project will also train FATPs and RRTs staff in stabilization, management and referral of trauma and injury cases.

These health facilities have been selected in consultation with SCI provincial team. Physical space of the health facilities to accommodate FATPs and access of the beneficiaries have been considered in the selection of these facilities. The selected health facilities include Chardara CHC, Kalbat CHC [Imam Sahib District], Archi CHC, Dr. Said Masoom BHC [Qalazal District], Payenda Mohammad BHC [Khan Abad District] and Mir Shekh BHC [Aliabad District). Considering the current security situation, in consultation with UNOCHA, Health Cluster and Provincial Public Health Directorate, SCI requests flexibility on locations and targets.

Six FATPs and six rapid response teams (ambulances) will operate in these districts. In BHCs, we will recruit three additional nurses, two will remain in FATPs and one will serve in RRTs to assure 24/7 service delivery. In CHCs, we suggest recruitment of one additional nurse and utilization of two existing nurses recruited under BPHS grant. Like BHCs, in CHCs two nurses will remain in FATPs and one will serve in RRTs to assure 24/7 service delivery.

Additionally, one Senior Project Officer and one MEAL Officer will be recruited. Senior Project Officer will be responsible to lead implementation of the project activities in the field with the guidance from Senior Provincial Manager. MEAL Officer with support from the provincial HMIS Officer and Kabul based MEAL Coordinator will monitor project activities in the field. He will also be responsible for the collection and entry of data collection forms. Existing management staff of BPHS grant will also extend their support in the management, implementation and monitoring of FATPs and RRTs.

RRTs will routinely visit conflict affected areas and can be called upon via mobile phones in case of an incident that requires immediate medical assistance. The RRTs will not provide trauma surgery but only first aid services and stabilization. The RRTs and FATPs will have a close coordination with the Imam Sahib DH and Kunduz Regional Hospital providing surgery services. RRT staff will refer the patients depending on severity of injury to either the nearby FATP or in case of very severe cases (after stabilization of patient/basic shock management) directly to Imam Sahib DH and Kunduz Regional Hospital. In BHCs, on rotating bases one of the three nurses will be on night duty shift. RRTs will be staffed by trained nurse (in addition to drivers) with strong capacity in the basics of first-aid and transportation of injured patients. A RRT will be equipped with suction equipment and first aid kits. Each RRT will be equipped with appropriate communication equipment to enable regular communication with the implementing partner office and FATP/hospital.

In total, SCI will rent six ambulances one for each RRTs. We have considered three BHCs, two CHCs and one CHC + for FATPs. In the BPHS structure, we don't have ambulance for BHCs and we have only one ambulance for CHCs that will continue with the routine BPHS services, that is why, we suggest renting of one ambulance for all RRTs.

FATPs will provide trauma care at site in close proximity to the point of injury. FATPs will perform triage and prioritize cases for intervention. Their focus will be to provide life-saving activities, through safe and secure interventions, limit the effect of injury and support of vital functions and decide on which cases need tra

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
HNTPO	<p>For CHF 2nd allocation, concept note of both HNTPO and Save the Children have been accepted for Kunduz. In the proposal development stage, Save the Children coordinated with HNTPO and agreed on the below: 1. HNTPO will provide primary health care and psycho social services to the IDPs settled in the center of Kunduz and Madrasa area of Aliabad district while Save the Children will focus on trauma care through establishment of FATPs and RRTs by upgrading six existing BPHS facilities (one in each district except Kunduz center). 2. HNTPO will provide primary health care and psycho-social services to the IDPs settled in Madrasa area of Ali Abad district where Save the Children will have one FATP in Mir Shikh BHC of the district. 3. HNTPO will provide technical support to Save the Children on the orientation of FATPs and Rapid Response Teams staff in psychosocial counseling. 4. For improved coordination in the implementation phase, in the provincial level HNTPO and Save the Children will meet on the monthly basis and in the Kabul level on the quarterly basis. Save the Children is coordinating both at national as well as at provincial level with the various humanitarian actors. In case of an emergency or developing humanitarian crisis, Save the Children will be guided by the humanitarian architecture and the expectation is that UNOCHA will play a leading role in this. However, in order to ensure quick on the ground coordination, Save the Children has monthly consultation and coordination meetings with the aforementioned actors in the ground. In case of an emergency this can be on a weekly or even daily basis depending on the needs. Save the Children contributes to the 4 W's matrix and is an active participant in the various cluster meetings both at national and provincial levels. In case of a new influx of IDP's, Save the Children will protectively engage with the key partners on the ground to coordinate the best possible response. Save the Children is also a member of Humanitarian Response Team (HRT), ACBAR and engages with INSO for security information. Save the Children has close contact and collaboration with the MoPH, MoE, MoLSAM, MRRD, Directorate of Economy and Afghanistan National Disaster Management Authority (ANDMA) for all of its projects. In addition, it works closely with the various provincial departments as well as the administrative authorities. Save the Children participates in government led coordination meetings and provides updates and information to the relevant authorities on a frequent basis. For the health component, Save the Children is working closely with the central and provincial MoPH and other stakeholders working in health. SC has a dual mandate and as such is implementing both longer term development projects as well as humanitarian aid projects. Through this Save the Children has a good connection with the various development mechanisms and forums and where possible is linking relief and development. Save the Children is using the results from its humanitarian programs to lobby for the appropriate development agenda and is also using its geographical presence through longer term projects to respond to emergencies.</p>

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

Given the ADAPT and ACT-C Framework for gender equality, Save the Children considered gender marker in the development of project activities and outcomes. Save the Children designed the services to meet the need of women, men, girls and boys equally by ensuring the availability of both male and female health workers. Both male and female health workers will have equal opportunity for any capacity building activities. Save the Children will ensure that the needs of women are adequately and sensitively addressed. This includes service delivery by FATPs and Rapid Response Teams. For emergency preparedness, a large number of female community health workers (CHWs) and Shuras will be targeted in communities. The understanding and support of the men at home and in the community is crucial. Due to the deteriorating security situation that can further affect accessibility in these communities, it is important to improve the capacity of local community structures in first aid response and building resilience to epidemic diseases and potential natural disasters. Save the Children project team will also involve female health Shura and family health action group members and through them will target female opinion leaders/volunteers in the community. To do this, Save the Children will map health posts and CHWs, health Shura members and family health action groups in the catchment area of FATPs.

Protection Mainstreaming

Through coordination mechanisms (including Protection Cluster and Child Protection Action Network), Save the Children ensures that its current proposed activities fill gaps in addressing strategic priorities to certain extent.

To ensure accountability, a feedback and complaints mechanism will be established for beneficiaries to register any complaints and provide feedback on the services offered and on Save the Children and partner project staff. All efforts will be made to employ beneficiary and local stakeholders' participation in design and implementation of the project. All contractors and employees will be held responsible under Save the Children's child safeguarding policy and code of conduct.

To ensure safe access of female beneficiaries for utilization of project services, Save the Children will provide facilities to accompanying person with female beneficiaries "Mahram" in RRTs to carry them together to the FATP. We will consider recruitment of female nurses in FATPs to ensure confidentiality in services delivery and safe access of female beneficiaries. Moreover, Save the Children will provide separate areas/rooms for female and male beneficiaries in the FATPs for service delivery

Country Specific Information

Safety and Security

Significant fighting has been ongoing in Kunduz province since late April, with insurgents launching a series of coordinated attacks on security force checkpoints in various districts. Since then, the Taliban has made significant territorial gains in Archi, Chardara, Aliabad, Imam Sahib, Qala-e-zal and Khanabad districts. On 28 September, Taliban successfully launched an offensive against security force outposts on the north-west, west and south of Kunduz city. The reports indicate that Taliban reportedly have support among significant portions of the local ethnic-Pashtun population in Kunduz, many of whom feel sidelined by local ethnic-Tajik and Uzbek powerbrokers. The security forces have regained control of most of Kunduz city that was overrun by insurgents on 28 September. However, as at 6 and 7 October, sporadic fighting is taking place between the security forces and militants to the north and south-west of the city center, and air strikes are continuing intermittently. The security forces have maintained control of Kunduz Airport, around five miles south-east of the city center which is open to military aircraft only. Access routes to the airport and from the city to the neighboring provinces of Baghlan and Takhar have been cleared of insurgents.

At the time of writing this assessment, situation remains extremely volatile in Kunduz province and intense bouts of fighting around Kunduz city and other key districts in the province are not expected to cease in the coming days. The situation in the provincial capital is further complicated by separate armed groups formed by local residents who are fighting both for and against the government. In addition, Taliban has been able to overrun – though not hold – several district canters nationwide this year, though Kunduz city was the first major city it managed to capture.

Security situation or constraints during winter

The security situation in Kunduz has been assessed to remain challenging in near future, despite of the fact that the Afghan security forces re- take control of Kunduz city. Taliban will still remain capable to continue attacking and targeting security forces in Kunduz province. It is also assessed that the other fact that would be affecting on the access of humanitarian organization capacity to reach to vulnerable population would be the bad weather, snow avalanche or road closures during the winter season.

Plans to mitigate these risks to ensure access

SCI has comprehensive security risk mitigations in placed which includes but not limited to following:

In order to mitigate the risks to Save the Children programs and staff, Save the Children is continuing to work on a complex approach of acceptance by engagement with all parties and stakeholders, clear and strict security protocols and procedures as well as to continue to extend its partner's engagement and capacity. This in combination with continued analysis and low profile approach. Save the Children will also negotiate and guarantee security of its staff and project assets with community leaders and Shuras. This will also be useful in resolving potential local conflicts. Save the Children has dedicated trained security staff regularly visiting Save the Children impact areas in order to provide support to field staff to enable them safely deliver project activities. In addition, Save the Children's Kunduz provincial office has a full time security manager, who oversees Kunduz office activities.

Security management plan

Save the Children Afghanistan country office has very comprehensive security management plan which addresses all aspects of security management such as context analysis, risk assessment, SOPs, security risk level and contingency plans. On top of this, Save the Children has approved crisis management plan to help Save the Children deal with any unforeseen situation/crises.

Access

On 28 September, Taliban successfully launched an offensive against security force outposts on the north-west, west and south of Kunduz city. Access of humanitarian organizations to Kunduz city and other areas at this stage is very risky due to the ongoing armed conflict between parties of conflict, particularly in Kunduz city. All NGO had physical presence in Kunduz province and had offices in Kunduz city have been closed and most of NGOs staff have fled Kunduz city to Kunduz districts and neighboring provinces. However, at the current situation, SCI is still able to have access to all seven districts. In addition, SCI has still able to maintain its operational footprint functional in 60 out of 64 health facilities, and this operational footprint has been possible due to its strong community support, natural and impartial relation with influential stakeholders throughout Kunduz province.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nurse	D	12	490.00	11	100%	64,680.00
	<i>12 nurses with the monthly salary of USD 465 and LOE of 100% for 11 months. One nurse for each Chardara CHC, Kalbat CHC [Imam Sahib District] and Archi CHC+; three nurses for each Dr. Said Masoom BHC [Qalazal District], Payenda Mohammad BHC [Khan Abad District] and Mir Shekh BHC [Aliabad District]. Nurses will have the responsibility to provide 24/7 life-saving assistance to conflict affected population including stabilization, triage, management and referral of trauma and injury cases.</i>						
1.2	Senior Project Officer	D	1	992.00	11	100%	10,912.00
	<i>One Senior Project Officer with the monthly salary of USD 992 and LOE of 100% for 11 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. Senior Project Officer will be responsible to lead implementation of the project activities in the field.</i>						
1.3	MEAL/HMIS Officer	D	1	744.00	11	100%	8,184.00

	<i>One MEAL Officer with the monthly salary of USD 744 and LOE of 100% for 11 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. MEAL Officer will monitor project activities in the field. He will also be responsible for the collection and entry of HMIS forms.</i>							
1.4	Health Associate Director	D	1	4,235.00	12	10%	5,082.00	
	<i>Health Associate Director with the monthly salary of USD 4,235 and LOE of 10% for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. Health Associate Director will provide technical support in the implementation of the project.</i>							
1.5	MIS Coordinator	D	1	1,210.00	12	10%	1,452.00	
	<i>MIS Coordinator with the monthly salary of USD 1,210 and LOE of 10% for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. MIS Coordinator will analyze and report the project data.</i>							
1.6	North and North East Associate Director	D	1	3,993.00	12	5%	2,395.80	
	<i>North and North East Associate Director with the monthly salary of USD 3,993 and LOE of 5% for 12 months will provide implementation support to the provincial team. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance.</i>							
1.7	Emergency and Humanitarian Associate Director	D	1	3,993.00	12	5%	2,395.80	
	<i>Emergency and Humanitarian Associate Director with the monthly salary of USD 3,993 and LOE of 5% for 12 months will provide humanitarian oversight to the project. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance.</i>							
1.8	Pharmacy Manager	D	1	1,815.00	12	5%	1,089.00	
	<i>Pharmacy Manager with the monthly salary of USD 1,815 and LOE of 5% for 12 months will provide pharmaceutical support to the project. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance.</i>							
1.9	SC UK Technical Senior Advisor	D	1	500.00	6	100%	3,000.00	
	<i>SC UK Technical Senior Advisor with the daily salary of USD 500 for six days and LOE of 100. SC UK based Technical Advisor will provide technical oversight to the project.</i>							
1.10	Communication and Media staff	D	2	2,420.00	12	5%	2,904.00	
	<i>2 Communication and Media staff with the monthly salary of USD 2,420 and LOE of 5% for 12 months will support communication and media activities of the project. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance.</i>							
1.11	Program Development, Quality and Advocacy Director Int	D	1	11,000.00	12	4%	5,280.00	
	<i>PDQA Director with the monthly salary of USD 11,000 and LOE of 4% for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance. PDQA Director will provide technical oversight to the project.</i>							
1.12	Program Implementation Director Int	D	1	11,000.00	12	4%	5,280.00	
	<i>Program Implementation Director with the monthly salary of USD 11,000 and LOE of 4% for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance. Program Implementation Director will provide implementation oversight to the project.</i>							
1.13	Senior MEAL Manager Int	D	1	9,000.00	12	4%	4,320.00	
	<i>Senior MEAL Manager with the monthly salary of USD 9,000 and LOE of 4% for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance. Senior MEAL Manager will provide technical support in the development and implementation of project MEAL activities.</i>							
1.14	Country Director Int	S	1	15,000.00	12	3%	5,400.00	
	<i>Country Director is the team leader and has ultimate responsibility for the operations of Save the Children in Afghanistan. It is expected that Country Director will be working for 3% of her time at a monthly salary of \$15,000 for this project. The position is budgeted for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance.</i>							
1.15	Finance Director Int	s	1	11,000.00	12	3%	3,960.00	
	<i>Finance Director at an average monthly salary of \$11,000 will provide 3% fair allocation of his time for this project and is budgeted for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance. This staff will manage the overall finances and will ensure that the team adheres to the financial agreement guidelines. Also responsible for preparing the financial reports for the project, this staff will check compliance and will supervise the cash transfer mechanism by overseeing effective supervision of cash transfers. This staff is also responsible for day-to-day accounting, finance coordination, financial reporting, budgeting and the review of actual financial progress.</i>							

1.16	Logistic Sr Manager Int	s	1	9,000.00	12	3%	3,240.00
	<i>Logistic Senior Manager at a monthly salary of \$9,000 will provide 3% fair allocation of his time for this project and is budgeted for 12 months. It includes 100% of fringe benefits of the budgeted salary. The breakdown of the fringe benefits are: 17% salary tax, 52% other allowances, 22% housing and 9% R&R allowance. This staff will manage the overall logistical and procurement functions of the project. The staff will also provide vital oversight and guidance for necessary compliance to purchasing the project materials and tools</i>						
1.17	Admin and Logistic Assistant KDZ	s	1	537.00	12	90%	5,799.60
	<i>Admin and Logistic assistan at a monthly salary of \$537 will provide 90% fair allocation of their time in the project, budgeted for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. He/She will be responsible for assisting , fleet management, facilities management, managing and day-to-day running of the office and doing all the procurement work withing the province.</i>						
1.18	Admin and HR Staff KBL	s	2	1,198.00	12	15%	4,312.80
	<i>Admin and HR Staff (Kabul) 1x2: at a monthly average salary of \$1,198 will provide 15% fair allocation of their time for this project, budgeted for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. They are responsible for maintaining the HR system, ensuring that suitable staffs are recruited, performance is measured against objectives and necessary compliance is ensured against the policies, Administration will make sure all the daily office activities smoothly running.</i>						
1.19	Finance, AMU and Logistic Staff KBL	s	3	1,271.00	12	18%	8,236.08
	<i>Finance, AMU and Logistic at a monthly average salary of \$1,271 will provide 18% fair allocation of their time for this project, budgeted for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. The logistics and procurement staff are responsible for implementing effective logistics systems, which will provide proper planning, timely delivery of goods, and compliance to donor requirements. The logistics staff will supervise field locations on Save the Children International logistics policies and procedures through field visits, trainings, and managing responsibilities.</i>						
1.20	Security, IT Staff and CD's Executive Assistant KBL	s	3	1,936.00	12	10%	6,969.60
	<i>Security IT and CDs Executive assistant at a monthly salary of \$1,936 will provide 10% of fair allocation of their time for this project, budgeted for 12 months. It includes 21% fringe benefits of the budgeted salary. The breakdown of the benefits are: 4% insurance, 1% lunch allowance, 8.33% severance and 7.67% transportation and medical allowance. Security staff are responsible for ensuring the safety and security of all staff and property and to ensure compliance with security procedures. They liaise with security counterparts in order to obtain and assess incoming information about safety and security across country wide.</i>						
	Section Total						154,892.68
Supplies, Commodities, Materials							
2.1	Essential drug supplies	D	6	700.00	11	100%	46,200.00
	<i>Procurement of medicines for six FATPs/RRTs (ambulances) @ USD 700 per month for 11 months.</i>						
2.2	Medical & none medical supplies	D	6	1,500.00	1	100%	9,000.00
	<i>Procurement of medical and non-medical supplies for six FATS and RRTs (ambulances) @ USD 1,500 one time.</i>						
2.3	Transportation of supplies/goods (from Kabul to Kunduz)	D	1	500.00	2	100%	1,000.00
	<i>Transpiration of drugs, medical and non-medical supplies @ USD 500 two times.</i>						
2.4	Orientation on psychosocial counseling	D	12	4.00	45	100%	2,160.00
	<i>Orientation of 12 nurses working in six FATPs on psychosocial counseling with technical support of HNTPO. 12 nurses will be oriented for 5 days. USD 45/day will be the cost of transportation, accommodation, stationery, lunch and refreshment.</i>						
2.5	Basic life saving support training	D	18	123.00	8	100%	17,712.00
	<i>Training of 18 nurses/doctors working in six FATPs in Basic Life Saving Support Training conducted by Emergency Hospital in Kabul . 18 nurses/doctors will be trained for 8 days. USD 123/day will be the cost of accommodation, per diem, transportation and facilitation fee (Accommodation: 18 people x \$ 55/day x 9 days = \$ 8,910; Per diem: 18 people x \$ 12/day x 10 days = \$ 2,160; Transportation: 18 people x 1 time for round trip x \$ 69 = \$ 1,242; Facilitation fee: 18 people x \$ 300/person = \$ 5,400; Total: \$ 17,712/ 18 people/8 days = \$ 123/day).</i>						
2.6	Community consultation and orientation	D	6	300.00	3	100%	5,400.00
	<i>For six FATPs the amount USD 300/facility has been considered for three times/year.</i>						
2.7	Fuel for generator	D	3	120.00	11	100%	3,960.00
	<i>Fuel for 3 generators (one in each BHC offering trauma services) @ USD 120/month for 11 months.</i>						
	Section Total						85,432.00

Equipment							
3.1	Laptop	D	2	1,300.00	1	100%	2,600.00
2 laptops (One for Senior Project Officer and one for MEAL Officer) @ USD 1,300 one time. Laptops will be used by project staff who is directly involved in the project implementation and they are based in the field. As per Save the Children's budget development guideline, as they are directly contributing to the project implementation, it is budgeted under direct cost.							
3.2	Camera	D	1	300.00	1	100%	300.00
One photo camera @ USD 300 to be used in the documentation of the project activities.							
3.3	Generator	D	3	3,000.00	1	100%	9,000.00
3 Honda 5 KW generators (one for each BHC offering trauma services) @ USD 3,000 per generator one time. Out of six proposed FATPs, up-gradation of 3 BHCs are suggested. In these 3 health facilities we don't have functional generators. Procurement of generators for these facilities will assure availability of trauma cares services during the night time.							
Section Total							11,900.00
Travel							
5.1	Air travel from Kabul to/and Kunduz for supervision and monitoring	D	3	500.00	3	100%	4,500.00
Kabul staff travel to the field: 3 staff members x 3 times per year @ USD 500 per visit.							
5.2	Per diem for project staff during supervision /monitoring	D	2	12.00	22	100%	528.00
Per diem for field staff to monitor the project activities: 2 staff members x USD 12/day for 22 days.							
5.3	Vehicle/ambulance rental for FATP/RRTs (including drivers' salary)	D	6	1,000.00	11	100%	66,000.00
6 vehicles (One for each FATP/RRTs) will be rented @ USD 1000 per month for 11 months. Three will be rented for those FATPs/RRTs located in BHCs as under BPHS structure we don't have any vehicles. In all FATPs, Rapid Response Teams (ambulances) will be established to facilitate stabilization and evacuation of conflict affected casualties from frontline to FATPs and other referral facilities. Six ambulances will be rent, one for each Rapid Response Team. Three BHCs, two CHCs and one CHC + have been considered for FATPs. In the BPHS structure, we don't have ambulance for BHCs and we have only one ambulance for CHCs that will continue with the routine BPHS services, that is why, we suggest renting of one ambulance for each Rapid Response Team.							
Section Total							71,028.00
General Operating and Other Direct Costs							
7.1	Office Rent	s	1	2,000.00	12	3%	720.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.2	Utilities	s	1	1,500.00	12	3%	540.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.3	Equipment Maintainance	s	1	150.00	12	3%	54.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.4	Office Repairs and Maintenance	s	1	400.00	12	3%	144.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.5	Fuel & other Fleet cost	s	1	1,400.00	12	3%	504.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.6	Printing and Stationary	s	1	300.00	12	3%	108.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.7	Communications (Internet Telephone etc)	s	1	2,200.00	12	3%	792.00
Operational cost allocated to support implementation of the project in Kunduz province.							
7.8	Security Supplies	s	1	4,000.00	4	10%	1,600.00
Operational cost allocated to support implementation of the project in Kunduz province.							

7.9	Bank charges	s	1	200.00	12	3%	72.00
<i>Operational cost allocated to support implementation of the project in Kunduz province.</i>							
7.10	Office Rent	s	1	11,000.00	12	3%	3,960.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.11	Utilities	s	1	4,000.00	12	3%	1,440.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.12	Equipment Maintainance	s	1	250.00	12	3%	90.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.13	Office Repairs and Maintenance	s	1	1,200.00	12	3%	432.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.14	Fuel and other Fleet cost	s	1	8,000.00	12	3%	2,880.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.15	Printing and Stationary	s	1	1,900.00	12	3%	684.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.16	Communications (Internet Telephone etc)	s	1	8,000.00	12	3%	2,880.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.17	Security Supplies	s	1	10,000.00	4	3%	1,200.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
7.18	Bank charges	s	1	3,200.00	12	3%	1,152.00
<i>Operational cost allocated to support implementation of the project in Kabul Province.</i>							
Section Total							19,252.00
SubTotal			124.00				342,504.68
Direct							285,334.60
Support							57,170.08
PSC Cost							
PSC Cost Percent							7%
PSC Amount							23,975.33
Total Cost							366,480.01
Grand Total CHF Cost							366,480.01

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kunduz -> Emamsaheb	15	2,207	1,805	551	451	5,014	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral
Kunduz -> Qala-e-Zal	19	1,887	1,544	471	386	4,288	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral
Kunduz -> Chardarah	15	3,550	2,904	887	726	8,067	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral
Kunduz -> Aliabad	18	1,296	1,060	324	264	2,944	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral

Kunduz -> Khanabad	18	1,483	1,213	371	303	3,370	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral
Kunduz -> Dasht-e-Archi	15	2,743	2,242	684	560	6,229	Activity 1.1.1 : Provide essential drugs, medical and non-medical supplies to FATPs to provide trauma stabilization, treatment and referral services Activity 1.1.2 : Provide essential drugs, medical and non-medical supplies to Rapid Response Teams to provide on-site first aid treatment, undertake triage and transport/refer patients requiring stabilization and treatment to FATPs or District/Regional Hospital Activity 1.1.3 : Provide 24/7 trauma care to conflict affected population including stabilization, triage, management and referral of trauma and injury cases Activity 1.1.4 : Train FATPs, health facility and RRTs staff in trauma stabilization, management and referral

Documents	
Category Name	Document Description
Project Supporting Documents	CHF Concept Note for Kunduz 13 Sep 15.docx
Budget Documents	CHF Health Kunduz 14 Sep 2015 with budget narative.xls
Budget Documents	CHF Health Kunduz 14 Sep 2015 with budget narative.xls
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	July 2015.pdf
Project Supporting Documents	Services Delivered by RRTs & List of Equipment for RRTs.docx
Project Supporting Documents	CHF Annual Work Plan.docx
Project Supporting Documents	CHF Health.xlsx
Project Supporting Documents	BOQ for 2.6_CHF Health.xlsx
Project Supporting Documents	Bil of quantity for Pharmaceutical and medical supplies - 2.1.xlsx
Project Supporting Documents	CHF Health Final.xlsx