

Project Proposal

Organization	IMC-UK (International Medical Corps UK)						
Project Title	Life Saving Emergency Trauma Care Services to the Conflict-affected People in Paktika province through Sharana Provincial Hospital (PH)						
Fund Code	AFG-15/O580/SA1/H/INGO/325						
Cluster	Primary cluster	Sub cluster					
	HEALTH	None					
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type					
Project budget in US\$	263,176.25	Planned project duration	12 months				
Planned Start Date	01/06/2015	Planned End Date	31/05/2016				
OPS Details	OPS Code	OPS Budget	0.00				
	OPS Project Ranking	OPS Gender Marker					
Project Summary	International Medical Corps intends to provide life-saving trauma care services in areas of active fighting with a high number of civilian casualties where no other provider aside from IMC is delivering these services. The programme will increase access of the conflict affected population to quality emergency trauma care services in Paktika through standard constructed emergency room, well equipped with all needed emergency medical supplies, medicines, medical equipment and well trained health professionals who will receive basic life saving support training and psychological first aid training. Additionally, training of ambulance drivers/paramedics on emergency medical services will be provided to prevent further injuries while transporting trauma /injured cases. International Medical Corps will provide emergency medical supplies including medicines, medical supplies and medical equipment to the targeted hospital.						
Direct beneficiaries		Men	Women	Boys	Girls	Total	
	Beneficiary Summary	4204	4376	1051	1094	10,725	
	Total beneficiaries include the following:						
	Other	166097	159583	39896	41524	407100	
Refugees	17362	18070	4340	4517	44289		
Indirect Beneficiaries	47900	Catchment Population	407100				
Link with the Allocation Strategy	The project will improve the capacity of the hospital to provide live saving emergency trauma care services through a well-equipped emergency room , all needed emergency medical supplies will be provided, which will support conflict affected populations to receive proper and early care within the early hours in the targeted hospital. This project will prevent delays in receiving emergency care in Paktika and develop a comprehensive MCM plan through implementation of trained health professionals who will receive training on emergency management including surgeries, identification of emergencies, triage, on time referral and proper responses to any conflict occurring in the targeted province of Paktika. IMC will introduce and implement the Emergency Triage Assessment in the hospital, with focus on training for those in the emergency section. Additionally, IMC will develop a comprehensive MCM plan for the hospital in close coordination of PPHD, and other stakeholders, including the Basic Provision of Health Services (BPHS) implementer.. This project will support hospital renovation and the construction of emergency room which will help injured and wounded people to be diagnosed properly in term of level of emergency (red, black, yellow and green cards). The emergency room will also enable privacy for women and have a proper technical link with the Operation Theater. This project will ensure the hospital to have capacity to respond to emergencies through trained staff, provision of supplies, timely referral from the community health workers, and referral to the tertiary hospitals in Kabul, if needed. International Medical Corps will coordinate the referral system to hospitals in Kabul and will develop a system to know about the progress of patients who referred. Sharana Provincial Hospital is the only PH which covers all of Paktika province, having a population of more than 400,000.						
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)				
Organization focal point contact details	Name	Title	Phone	Email			
	Dr Shamail Azimi	Medical Director	0093 -798809020	sazimi@internationalmedicalcorps.org			
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BACKGROUND INFORMATION

- 1. Humanitarian context analysis.** Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented
- Paktika province has a population of over 400,000 with most of the population living in rural areas. Similar to other provinces close to the Pakistan border, the security situation remains volatile, preventing people, especially vulnerable populations, from travelling long distances to the nearest healthcare facility to seek care. In addition, the geography of the province also presents challenges for health seeking behaviors. Half of the province is mountainous or semi-mountainous, with poor roads and lack of reliable transportation. Seasonally, many areas flood in the spring and freeze in the winter due to ice and snow, which further increases the security risk for travelling. The Armed Opposition Groups (AOG) activity and volume in Paktika as of 2014 remains consistent with the previous year and in fact decreased by 3 % from previous year (2013). However, Paktika faced two huge security incidences of suicide attacks in Urgon and Yahya Khil districts. While the attacks were not directly attacking civilians, they caused approximately 159 deaths and 156 injuries. The insecurity and attacks carry a large demand or burden on health services existing in the area of conflict, such as Sharana PH. Moreover, due to insecurity and unavailability of basic needed services, the general staff turnover is high in Paktika. Additionally, finding qualified staff, especially qualified female staff, is a challenge, causing the under-utilization of services by women as, culturally, women prefer to seek health services from other women. Most people do not have access to safe drinking water and clean sanitation facilities. Water sources (such as streams, springs and wells) have the potential to be contaminated due to close proximity to open defecation areas and overcrowding. Currently, there is no system in place to facilitate water treatment, and livestock use the same water sources as residents and refugees. According to the National Nutrition Survey 2013, proper nutrition is also a concern as Paktika province revealed a GAM prevalence of 8.9% and a SAM prevalence of 4%. According to WHO classification, a 4% SAM prevalence is ranked as high. In addition to insecurity, Paktika has high disease incidence, such as measles, pertussis, rabies, chicken pox, hemorrhagic fever and acute diarrheal diseases (outbreaks), reported in 2013-14. Sharana PH is the only referral center for all of these outbreaks as well
- 2. Needs assessment.** Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)
- The security situation in Paktika province has been deteriorating from 2008, and the future of the stability and security in this province remains uncertain. After each of the two AOGs attacks in 2014 in Paktika, all victims were brought to Sharana PH for treatment. International Medical Corps has been implementing EPHS in Sharana PH for the past 5 years, and thus is well aware of gaps and requirements. Through numerous assessments, including training needs assessments, building and renovation needs assessments, health facility and equipment assessments, as well as ongoing monitoring of the hospital and health system (both routine and targeted), International Medical Corps has a very good understanding of the needs in Paktika, as well as the health system and facilities to be supported. During the management of casualties at Sharana PH, there were identified gaps of insufficient and inadequately designated and appropriate space for sex-segregated triage and treatment. Technical capacities of health staff to provide a quality treatment and trauma care services to patients were limited and there was a lack of awareness among health staff about the procedures related to trauma management (lifesaving support, mass casualties management plan, triage management, prevention of infections, referral processes). Furthermore, well-equipped transportation and ambulance services to facilitate referrals were unavailable or nonexistent. The following problems are most likely to happen if no targeted measures are taken to fill the gaps identified: the mortality rate of trauma patients at the health facility can increase as a result of poor treatment and management of cases, the number and percentage of hospital infections can increase if no appropriate training and hygiene measures are taken into account, and there is an increased risk of disabilities and impairment among patients if trauma care not provided in time and quality.
- 3. Description Of Beneficiaries**
- The target groups and final beneficiaries will comprise of the entire population of Paktika province, currently estimated at 407,100 (as per CSO), targeting men, women, children, and youth. More specifically, the intervention will provide services to the patients with injuries / wounds and in need of Psychological first aid. Also health staff are beneficiaries of current project. Beneficiaries are chosen based on the following criteria: 1. Location in current conflict-prone province , including the areas where Pakistani refugees , conflict-affected internally displaced populations have sought medical /trauma care / secondary health services; 2. Sharana provincial Hospital is the only referral hospital for all Paktika province; 3. The PH staff is involved in management of conflict-affected emergencies, like the surgeons, surgery ward nurses, emergency room staff and the staff from other wards MD doctors, nurses and , midwives will be trained. These staff lack of capacities to respond to mass casualties and effective management of conflict-affected trauma cases
- 4. Grant Request Justification.**
- The security situation in Paktika province has been deteriorating since 2008 and the future of the stability and security in this province remains uncertain. After each

of the two AOGs attacks in 2014 in Paktika, all victims were brought to Sharana PH for treatment. International Medical Corps has been implementing EPHS in Sharana PH for the past 5 years, and thus is well aware of gaps and requirements. Through numerous assessments, including training needs assessments, building and renovation needs assessments, health facility and equipment assessments, as well as ongoing monitoring of the hospital and health system (both routine and targeted), International Medical Corps has a very good understanding of the needs in Paktika, as well as the health system and facilities to be supported. During the management at Sharana PH, there were identified gaps in provision of emergency services due to lack of proper space (surgical emergency ward), International Medical Corps has identified major gaps such as a lack of proper space for proper triage in the male and female emergency room, low capacity of staff, insufficient medical equipment and medicine, and poor overall triage system. As a result, there is a great need to further improve the provision of emergency surgical services to trauma victims and fill the existing gaps in provision of on time quality services. International Medical Corps has been active in Paktika province since 2004 and provides BPHS/EPHS service under PCH contract through one PH, 2DHS, one CHC+, 5CHCs, 18 BHCs and 8 HSC. The current EPHS services provided in Sharana Provincial Hospital is insufficient for mass casualty due to many factors, including but not limited to, low access of community to hospital services, especially required trauma services; low capacity of PH staff regarding mass casualties triage and treatment; and insufficient medical equipment, both at hospital and at community level. Additionally, per the IMC assessment, observation and being the implementer of EPHS in Paktika; those affected by the last two suicide attacks in Yahyakhil and Urgan districts of Paktika province were not managed properly due to space limitation and small rooms for emergency triage. Most staff are not trained in trauma care services, such as the MCM plan, basic and advance lifesaving support, triage management, and outbreak management. Absence of proper transportation of mass casualties, including weak referral from field to hospital, lack of well-equipped ambulances and trained staff in ambulances are among the most urgent needs. Based on the most urgent needs, International Medical Corps will propose space management and will construct emergency room for both male and female close to the existence infrastructure. Referral systems in Paktika province are not sufficient and there is no referral mechanism to the nearest provinces due to unavailability of well-equipped ambulances, trained staff at the health facilities and low level of community awareness on referral and identification of emergencies. Overall, current services, along with emergency medical supplies and medical equipment are not able to respond to massive casualties in this province. The requested funds will bolster the hospital and health facility services available to the community, while also ensuring sustainability through the training and capacity building of health care staff. Mainly, the CHF funds will be used to upgrade MCM capacity and support its implementation at hospital and pre hospital levels (community level). 12 health posts are directly served by Sharana PH. By providing them with trainings, consumables and an adequate supply of medication, International Medical Corps aims to lessen the current overloading of the hospital, while also providing expertise and assistance in the case of a mass casualty incident. Through strengthening the referral system, International Medical Corps envisions a functioning system inclusive of trauma care se

5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

Construction of emergency room with WASH facilities, a significant portion of IMC's current project in Sharana Hospital is to well-equip the hospital with medical supplies, enabling the hospital to provide sustainable trauma care services to the conflict affected communities in Sharana Hospital and also the entire Paktika province, as Sharana Hospital is the only referral hospital for the entire and staff in Sharana Hospital trained under the CHF-funded project will continue to be trained and provide quality trauma care services through the entire 3 year-period of the EPHS implementation by International Medical Corps..

LOGICAL FRAMEWORK

Overall project objective To improve access of the conflict-affected population to the life-saving trauma care services in Paktika Province

Logical Framework details for 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

Outcome 1 Increased provision of quality, life-saving trauma care services

Code	Description	Assumptions & Risks
Output 1.1	Conflict affected people received trauma care services at the hospital through well equipped emergency care services	Security, road blockages, unavailability of skilled labor, unavailability of construction materials, unavailability of trained staff due to turnover, lack of medicines / supplies or a large-scale disaster could all pose challenges to project implementation

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Number of FATPs or HF's supported to provide trauma stabilization, treatment and referral services					1
		Means of Verification: Progress report, M&E report, HMIS report					
Indicator 1.1.2	HEALTH	Trauma patients are timely and appropriate managed and followed up (%)					100
		Means of Verification: HMIS report, M&E report, progress report					
Indicator 1.1.3	HEALTH	No of monitoring visit carried out					12
		Means of Verification: M&E report					
Indicator 1.1.4	HEALTH	Case fatality rate maintained within international agreed limits (%)					4
		Means of Verification: HMIS report, M&E report					
Indicator 1.1.5	HEALTH	Number of surgeries performed on war wounded and life threatening trauma patients admitted in Sharana PH					426
		Means of Verification: HMIS report, Hospital register, Operation procedure report					

Activities

Activity 1.1.1	Provide emergency live saving trauma care services in Sharana hospital. All injured and trauma patients who comes directly to the hospital or refer from BPHS health facilities will receive quality care through qualified, trained health professionals.
Activity 1.1.2	Provide PH with the required stock (consumables and medication) of emergency supplies and equipment to be used for treatment of trauma/mass casualty patients. The Sharana provincial hospital will be supplied on quarterly basis based on consumption report with medicines, medical supplies and needed medical equipment.
Activity 1.1.3	International Medical Corps in coordination of PPHD, BPHS implementer will develop a functioning referral system with well-equipped ambulance in order to provide clear pathways from HF's to PH.
Activity 1.1.4	International Medical Corps will construct emergency room with WASH facilities with considering privacy for male and female in Sharana provincial hospital which will be equipped with medicines, medical supplies and functional ambulance.
Activity 1.1.5	Together with the hospital management, the Sharana provincial hospital will be monitored by project manager, M&E coordinator and Kabul based coordinator regularly on monthly and quarterly basis. The MOPH standard monitoring tool and exit interview will be used. Also the project will be monitored remotely through calling to the beneficiaries who received care in hospital
Activity 1.1.6	At the end of project International Medical Corps will do assessment of hospital to see if the gaps have been addressed in term of staff capacity, services provided, infrastructure rehab (accommodating male/female space, equipment, supplies, drugs for trauma services, including the quality of these items).
Activity 1.1.7	International Medical Corps will develop a Comprehensive Mass Casualty Plan adopted by Sharana Hospital
Activity 1.1.8	Develop human interest stories, share pictures, organize inaugurations with OCHA and/or other officials, etc. as part of communication activities

Outcome 2 Increased capacities of the targeted hospital staff to respond to mass casualties and provide life-saving trauma care services to the conflict-affected population

Code	Description	Assumptions & Risks					
Output 2.1	Doctors, nurses, midwives, received training on BLS and psychological first aid and ambulance staff are trained to provide first aid	Security, road blockages, unavailability of transport ,lack of training sites					
Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					14
		Means of Verification: Training report, pre test, post test, M&E report					
Indicator 2.1.2	HEALTH	Number of ambulance drivers and paramedics trained on mobile trauma emergencies, disaggregated by sex					6
		Means of Verification: Training report, pre test, post test, M&E report					
Indicator 2.1.3	HEALTH	Number of trained health professionals trained in Psychological First Aid					26
		Means of Verification: Training report, pre test, post test, M&E report					
Indicator 2.1.4	HEALTH	% of health professionals trained in management of war trauma that score 80% or higher on post test					80
		Means of Verification: Pre test and post test result					
Indicator 2.1.5	HEALTH	% of trained health staff who score 80% or higher during supervision visits					80
		Means of Verification: Quality of care checklist					
Activities							
Activity 2.1.1	In close coordination with Emergency Hospital in Kabul; 8-day training on Basic Live Saving Support for 6 doctors, 6 nurses, 2 midwives will be organized. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.						
Activity 2.1.2	3-day training for 6 ambulances drivers and paramedics on emergency medical services will be organized by International Medical Corps project manager / trainer at the field. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.						
Activity 2.1.3	1 day training for 26 health staff on Psychological First Aid (PFA) will be organized by International Medical Corps project manager / trainer at the field. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.						
Activity 2.1.4	Supervision visits undertaken by International Medical Corps to evaluate health staff practice of learned skills through quality of care checklist.						

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Provide emergency live saving trauma care services in Sharana hospital. All injured and trauma patients who comes directly to the hospital or refer from BPHS health facilities will receive quality care through qualified, trained health professionals.	2015							X	X	X	X	X	X
2016		X	X	X	X	X								
Activity 2.1.1 In close coordination with Emergency Hospital in Kabul; 8-day training on Basic Live Saving Support for 6 doctors, 6 nurses, 2 midwives will be organized. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.	2015									X	X	X	X	
	2016	X	X											
Activity 1.1.2 Provide PH with the required stock (consumables and medication) of emergency supplies and equipment to be used for treatment of trauma/mass casualty patients. The Sharana provincial hospital will be supplied on quarterly basis based on consumption report with medicines, medical supplies and needed medical equipment.	2015										X	X	X	X
	2016	X	X	X	X	X								
Activity 1.1.3 International Medical Corps in coordination of PPHD, BPHS implementer will develop a functioning referral system with well-equipped ambulance in order to provide clear pathways from HFs to PH.	2015							X	X	X	X	X	X	X
	2016	X	X	X	X	X								
Activity 1.1.4 International Medical Corps will construct emergency room with WASH facilities with considering privacy for male and female in Sharana provincial hospital which will be equipped with medicines, medical supplies and functional ambulance.	2015									X	X	X	X	
	2016													
Activity 1.1.5 Together with the hospital management, the Sharana provincial hospital will be monitored by project manager, M&E coordinator and Kabul based coordinator regularly on monthly and quarterly basis. The MOPH standard monitoring tool and exit interview will be used. Also the project will be monitored remotely through calling to the beneficiaries who received care in hospital	2015							X	X	X	X	X	X	X
	2016	X	X	X	X	X								
Activity 1.1.6 At the end of project International Medical Corps will do assessment of hospital to see if the gaps have been addressed in term of staff capacity, services provided, infrastructure rehab (accommodating male/female space, equipment, supplies, drugs for trauma services, including the quality of these items.	2015													
	2016						X	X						
Activity 2.1.2 3-day training for 6 ambulances drivers and paramedics on emergency medical services will be organized by International Medical Corps project manager / trainer at the field. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.	2015									X	X			
	2016													
Activity 2.1.3 1 day training for 26 health staff on Psychological First Aid (PFA) will be organized by International Medical Corps project manager / trainer at the field. The training will start with the pre test and conclude with the post test to know about level of improvement in staff knowledge.	2015									X	X			
	2016													
Activity 2.1.4 Supervision visits undertaken by International Medical Corps to evaluate health staff practice of learned skills through quality of care checklist.	2015										X		X	
	2016	X		X		X								

Activity 1.1.7 International Medical Corps will develop a Comprehensive Mass Casualty Plan adopted by Sharana Hospital	2015							X	X		
	2016										
Activity 1.1.8 Develop human interest stories, share pictures, organize inaugurations with OCHA and/or other officials, etc. as part of communication activities	2015									X	X
	2016		X		X						

M & R DETAILS

Monitoring & Reporting Plan:
Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

International Medical Corps believes that effective Monitoring and Evaluation (M&E) tools are vital in measuring performance and ensuring the long-term results of the proposed program. The International Medical Corps project manager and project assistants will monitor the activities according to the pre-determined indicators and targets. IMC will develop a comprehensive and standardized M&E plan including monitoring framework and the use of a programme monitoring tool to monitor the activities of the project and collect the relevant data which will ensure that monitoring of the activities occurs monthly. The PMT and logical framework DEWS, mass casualty report, pharmacy report, logistic information and report (are those which could help the project to collect the information on time for a decision in a cost effective way) will be used as a monitoring tool for indicators and objectives, and the sources of verifications, such as training reports, HMIS, hospital records, field visit report meeting minutes, etc. will be regularly recorded and reviewed. An effective M&E system will be set up based on the logical framework and work plan. Output, activity and results-based monitoring will be conducted each month by careful monitoring of the work plan. Regular visits to the targeted hospital by the national project staff including the project manager will be planned as necessary and written feedback will be provided to field staff after each visit a remedial action plan will be developed for the points that need attention. Information will be collected by site managers, supervisors and M&E coordinator through checklists and formats periodically (Monthly /Quarterly basis), M&E/HMIS coordinator will be the focal person for all data management process , using information in deferent level, follow up and reporting the information to the line manager. Furthermore, Kabul-based staff will also schedule monitoring visits to the project sites to ensure training quality, provision of emergency services, to ensure that the number of infections is not reached a limit threshold and availability of emergency supplies at least on a quarterly basis. Pre and post tests will be used in order to monitor knowledge gained by staff and patient and community satisfaction surveys, exit interviews as well as focus group discussions will be conducted in order to gather information on impacts and outcomes for the patients.. Quarterly project implementation reviews will be conducted, monitoring program operations, showing progress on the various processes, such as administration, financial and technical issues. Progress on indicators will also be constantly measured, and reported upon at the quarterly project implementation reviews. Internal technical progress will be evaluated using the quarterly progress reports and reviewed at the provincial, as well as the Kabul office levels. Feedback will be given on the key areas where the trend of the progress is not in line with the set results of the project. The International Medical Corps head office will also monitor the country office through conference calls and field visits The procurement is monitored by a four member Procurement committee while the supplies will be monitored by the logistic officer and proposed logistic assistant and programme staff including the M&E officer. The International Medical Corps head office will also monitor the country office through conference calls and field visits
International Medical Corps will collect telephone number of beneficiaries who receive training, staff working in project, community who receive services and shura member in order to do remote monitoring of project in case there is problem in access to site and also sharing with CHF
At the end of project International Medical Corps will do as assessment of hospital in order to know if the gaps have been addressed

OTHER INFORMATION

Accountability to Affected Populations

International Medical Corps will share project design, activities with the community through hospital community board shura and community health workers at the beginning of project. Community will be informed regarding new activities and its needs for the community. . International Medical Corps will also meet with all staff at the beginning of the new project and provide a written summary to ensure clear communication about the goals and purposes of this project, and to answer questions and concerns. The project will also be shared with PPHD, BPHS implementer and other stakeholders during monthly Provincial Public Health Coordination Committee (PPHCC) Meetings to promote communication , getting feedback and joint decision making . To get feedback of the program and any potential gaps, the hospital staff, community, CHWs and PPHD will be consulted to get their opinion and inputs for the way forward. Focus group discussions will be conducted with the PH staff, hospital community board members, CHWs about the available infrastructure, casualty/emergency services, staffing and staff skills, equipment, drugs and medical supplies, capacity of provincial hospital and communities to cope with emergencies, gaps, solutions/recommendations and sustainability. International Medical Corps will prioritize the safety and dignity of beneficiaries in each level of health care right from first aid to advanced level health care, safety measure will be placed during the first aid, transportation of patient, triage, during the surgical procedure, anesthesia and nursing care, 100% infection prevention measures will be put in place in order to protect the patients from further harm of getting serious infection such as Hepatitis B, C and HIV. International Medical Corps will provide the services with dignity and respect to all beneficiaries without discrimination of the gender, ethnicity, political affiliations and religion. Feedback will be taken from beneficiaries through complaints box and through hospital community board members to ensure that all the targeted vulnerable groups of people have equal and impartial access to the required health services in the Sharana hospital, based on the received feedback from the community an action plan will be made for filling of the gaps in reaching the equal and impartial access to the services
IMC staff received training on HAP (Humanitarian Accountability Frame Work)

Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.

The project will be implemented directly by IMC in Sharana PH as IMC is the EPHS implementer under SEHAT-II for another 3 years (June 2015 -2018). During the first 2 months, IMC will recruit, orient and deploy the key project staff. IMC will also hold a project management opening meeting to orient all project staff on the project objectives, activities and indicators , as well as share an implementation plan and M&E plan with the PPHD. The project will be coordinated with MOPH/GCMU . IMC will attend a meeting with PMDC to coordinate with other stakeholders and specifically with the BPHS implementer in Paktika . The emergency room construction will be starting in second month of project in coordination of PPHD . training will be organized on trauma care, including basic live saving support and psychological first aid using MOPH -approved curricula for training on MCM and triage. The Basic live saving support training will be organized at a recognized and registered hospital at Kabul level with close monitoring by IMC M&E /HMIS coordinator . IMC, in close coordination with PPHD and other stakeholders in Paktika, will develop a MCM Plan for Sharana PH. All staff will receive training on developing and implementing the MCM plan, and IMC will purchase emergency medical supplies, as per need and the MOPH essential drug list, on a quarterly basis.
IMC will plan to conduct at least quarterly coordination meeting with BPHS implementer on availability of services at the hospital, two way referral and communication / coordination during any emergency as Sharana PH is the only referral hospital for all of Paktika.
IMC has maintained a very positive working attitude with other stakeholders, including PPHD, WHO, UNICEF and WFP and will develop working relation and close coordination with new BPHS implementer in Paktika. IMC attends the monthly PHCC meeting and, during this meeting, all the progresses made on health service delivery are shared with the participants and constructive feedbacks are provided. It also helps the stakeholders be informed on the projects run by other stakeholders, which in turn, helps prevent overlapping of the activities. IMC also attends the PDC meetings. During this meeting, the projects are evaluated and feedbacks are provided to fill the existing gaps. IMC also conducts regular meetings with UNICEF and WHO for coordination purposes, including sharing training material and curricula and finding solutions to identified problems.
IMC, as part of its applicable policies to safeguard the environment, always takes necessary measures to safely collect and dispose the waste material, including, plastic sachets, single-use syringes, used bandages, bodily tissues, etc
At the end of project International Medical Corps will do as assessment of hospital in order to know if the gaps have been addressed – staff capacity, services provided, infrastructure rehab (accommodating male/female space, etc.), equipment , supplies , drugs for trauma services, including the quality of these items
International Medical Corps will collect infected and none infected waste separately and dispose separately. Currently wood stoves are used which under the EPHS International Medical Corps is planning to air-conditioned the hospital system. Also safety box is used for sharp items. International Medical Corps has planned to plant more trees in hospital which will help in cleanness of environment. Awareness on improved stoves is part of regular health education sessions as part of EPHS. Beside that trained community health workers provide awareness in community as well

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. WHO	Share progress report , attend all health cluster meetings
2. BPHS implementer	Share project activities , attend all coordination meetings
3. Community	Share the project in hospital board meeting , PDC meetings
4. PPHD	Coordinate project activities, share and involve PPHD in Mass Casualty Management Plan, attend all coordination meeting ,share progress report
5. GCMU	Coordinate project activities , attend all coordination meeting ,share progress report
6. Emergency Hospital in Kabul	Training of doctors , nurses and midwives on BLS

Environmental Marker Code

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Code

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

Justify Chosen Gender Marker Code

International Medical Corps will inform the community of the availability of female health staff and specialists at the hospital through the Community Health Board of Directors, which will also serve to increase local men's acceptance of women seeking and receiving healthcare, given that the lack of female health staff has been identified as a major impediment to women seeking healthcare and their spouses/ family allowing them to be 'seen' by male staff. Women's decision-making power, in turn, will increase as they will be taken seriously when requesting care. Separate female education sessions and group discussions at the hospital will also facilitate gender sensitive communication, guidance and support for women under EPHS. In addition, International Medical Corps will take efforts to ensure that women's needs and rights are addressed in the upgrading of services, increased staffing levels, and the re-evaluation of the hospital layout and patient flow, both at the outpatient department and in-patient department levels. International Medical Corps will work closely with the BPHS-funded community midwifery educational (CME) program, based at the provincial hospital compound, to ensure optimal integration of the midwife trainees into the hospital services, as well as support to the

BPHS provider in finding placement opportunities for the graduated midwives upon completion of their program. International Medical Corps will also advocate for hardship postings and female-friendly recruitment procedures within its program. While conducting training programs for health facilities staff and community health workers, International Medical Corps will fully observe the proportion of male trainees against female trainees and will encourage female staff to participate in the trainings. International Medical Corps is well aware of the cultural sensitivities against women's participations in such trainings, which are both conducted and attended by men. To help solve this issue, International Medical Corps will try to recruit qualified female trainers to conduct trainings for female participants. International Medical Corps plans to ensure the privacy of the female participants by conducting separate trainings for them, when necessary. The proposed project will be targeting conflict-affected populations Paktika province, therefore, it will target all the age groups and both gender in the province.

Protection Mainstreaming

International Medical Corps will prioritize the safety and dignity of beneficiaries in each level of health care right from first aid to advance level health care, safety measure will be placed during the first aid, transportation of patient, triage, during the surgical procedure, anesthesia and nursing care, 100% infection prevention measures will be put in place in order to protect the patients from further harm of getting serious infection such as Hepatitis B, C and HIV. International I Medical Corps Sharan Hospital director, Medical director, Nursing director and Head of the ward will closely monitor and supervise the quality of care which will be provided to trauma patients, all those patients who needs tertiary level care will be referred to high level hospital immediately after stabilization in order to avoid harm to patients by unnecessary delay. International Medical Corps will ensure to provide the services with dignity and respect to all beneficiaries without discrimination of the gender, ethnicity, political affiliations and religion. Through the support of CHF, International Medical Corps will fill the gaps in the provision of quality services to trauma victims in Paktika province. impartiality will be maintained and priority will be given to those who need immediate care International Medical Corps through emergency team in the hospital will ensure that right patient shall receive the right care in the right time. All those people with specific needs such as disable people, women and children will be provided equal and impartial access to the required health care. Feedback will be taken from beneficiaries through complaints box and through hospital community board members to ensure that all the targeted vulnerable groups of people have equal and impartial access to the required health services in the Sharana hospital, based on the received feedback from the community an action plan will be made for filling of the gaps in reaching the equal and impartial access to the services

Safety and Security

Paktika is one of the most insecure areas of Afghanistan; yet, despite insecurities, International Medical Corps is currently operating in the province. In Sharana City, IMC is the focal point for all activities in the area. It is where the International Medical Corps sub-office and guesthouse are located. Taking into consideration that it is the center of the province where the center of political power is located, the heavy presence of Afghan National Security Forces deter any militant action in the city proper. However, this does not provide a total guarantee that militants cannot conduct atrocities in the city. In 2014, two major IED explosions rocked the city center resulting to numerous casualties especially those who are collateral in nature. While the militants still targets ANSF elements, there are instances that people caught in between themselves becomes victim. Sharana City also has problems with crime, and poor economic conditions contribute to high crime rates. Hijacking, armed robbery and house intrusion constitute the majority of these crimes. Taking into consideration these threats, International Medical Corps maintains a strict stand in terms of security. The IMC office/guesthouse is located in a low profile neighborhood but physical barriers are installed to deter any intrusion. Likewise, locally hired guards are employed and utilized on a 24 hour basis to safeguard the office and the warehouse. Since the outskirts of Sharana is already a Taliban controlled area, movements in these places are carefully planned and documented to protect our local staff going in the field. Movements and travels are monitored from departure to arrival by the security department. A curfew and travel period time is also enforced to assure that there are no vehicles or staff moving after sunset. The IMC Security department also has specific SOPs and guidelines intended for Paktika province to ensure that security incidents are reported, recorded and analyzed. It is also made available for the staff to follow and for the security department to enforce. Trainings, briefings and security meetings are vital components of the daily lives of International Medical Corps staffs in the area. Promoting security consciousness in every International Medical Corps staff is a big mitigating factor that can contribute to the well being of the staff. We likewise maintain a good coordination with the local government and other significant groups in order to have the network. These groups are helping us by making the populace aware of International Medical Corps presence in the area, its mission and mandate. They are also a good feedback mechanism on International Medical Corps project progress and effectiveness. Maintaining these relationships with these groups ensures IMC of being known as a neutral INGO dedicated in providing quality healthcare to the people of Paktika especially in Sharana.

Access

Before International Medical Corps implements a program in any site in Afghanistan, a thorough assessment is conducted by International Medical Corps staff. Members of the assessment team are usually key personnel from program, logistics, security and other relevant departments. This team evaluates the feasibility of conducting programs of a particular area base on their views of their respective department's role in its implementation. The findings are carefully collected and evaluated as a whole by International Medical Corps management in such a way to find out the pros and cons, the effectiveness of that project if implemented especially to the beneficiaries but taking into consideration the safety and security factors of its implementing staff. It has always been the practice of International Medical Corps staff to prioritize the hiring of local staff particularly in the same area of operations to not only help the local economy but to endear the populace to International Medical Corps mission in that area. This is an empowering procedure that helps develop and improve acceptability level in any area where we operate. It also enhances the local population support in each program, making them partners as the program is being implemented. Likewise, close coordination with local government officials, local Shuras and other influential group is a must in our operation. These groups together with the beneficiaries provide an effective feedback system later on the outcome of every program that we implement. Looking from the security point of view, planning is very crucial even before the program is implemented. Our department is always keen on making sure that we support the other departments by identifying risk and dangers that we as an organization will meet while implementing the program in a particular area. After these threats are identified, we provide mitigating measures and issue SOPs and security guidelines appropriate to identified threats and make sure that these are disseminated to all staffs involved in these projects. In Afghanistan, International Medical Corps day to day operations are monitored by the security department 24/7. Travel plans, distribution plans, staff movements, field visits and other essential activities are planned by all departments and shared with the security department for monitoring purposes. This effective system enables the management to know all the activities in a daily basis and can react quickly if something goes wrong. Incident reporting involving safety and security are highly encouraged to the staffs in order to identify potential threats and dangers in the operation and to find ways to mitigate them as the security situation is evolving. International Medical Corps has also standard security SOPs and guidelines, custom fit and adaptable to a specific areas that it operates on. These documents were a product of careful data collection and analysis that the security department processed and being implemented strictly to particular areas of operations. These security SOPs and guidelines are what governs each IMC staff as they go about their day to day activities making sure that if they adhere to these policies, threats and risk are minimized, contributing to a more successful program in the end.

BUDGET

1 Staff and Other Personnel Costs (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Country Director It is estimated that 10% of the CD's time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.	S	1	18578	12	10.00%	22,293.60
1.2	Finance and Admin Director It is estimated that 10% of the FAD's time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.	S	1	17170	12	10.00%	20,604.00
1.3	Security advisor It is estimated that 10% of the Security Adviser time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.	S	1	14666	12	10.00%	17,599.20
1.4	Program Coordinator is located in Kabul office. He is responsible to oversee all the project activities and provide supervision and monitoring from Paktika with regular sites visits. 50% of his time will be charged to this project.	D	1	2648	12	50.00%	15,888.00
1.5	Project Coordinator The program coordinator is the main focal point for all project activities in Paktika and will be in charge of overall supervision and coordination of all project activities and will represent IMC in the cluster meetings.	D	1	2317	12	100.00%	27,804.00
1.6	Pharmacy Assistant Located int he field. Managing medical store, preparing stock report, distribute the medicine to the health facilities based on their consumption report.	D	1	730	12	50.00%	4,380.00
1.7	HMIS/M and E Coordinator The HMIS/M and E Coordinator is responsible for monitoring and evaluation and reporting. His 10% cost will be charged to this project	D	1	2063	12	10.00%	2,475.60
1.8	Sr. Finance Manager Snr. Finance Admin Manager: is based in Kabul office. He will be primarily responsible for the donor reporting. He will be formulating new budgets in the absence of finance and administrative director. He is the focal person for audit. He is regularly making visit to the field offices and provide training to the finance staff. He will also ensure all the donor requirements and ensure the IMC internal regulations are met and adhered to in all the field sites. 10% of his time will be devoted to this project	S	1	2799	12	8.00%	2,687.04
1.9							

	Logistics Officer	S	1	1527	12	8.00%	1,465.92
	Logistic Officer: is based in Kabul office and responsible for all logistic matters. 10% of his time will be charged to this project.						
1.10	Medical Director	S	1	3391	12	8.00%	3,255.36
	Medical Director: is based in Kabul office. She will be responsible for managing all the aspects of the program, liaising with the HPM and other agencies involved in medical programs, and ensuring that activities are carried out according to the approved program goal and objectives and implementation time frame. She will devote at least 10% of her time to ensure quality control as well as compliance with donor and MoPH guidelines						
1.11	HR Manager	S	1	2800	12	8.00%	2,688.00
	HR Manager: is located in Kabul and responsible to track staff records and calculate monthly payroll, hiring of new personnel. Staff contract extension, dealing with the legal matter.10% of her time will be charged to this project						
1.12	Cleaner/Guards	S	2	446	12	8.00%	856.32
	Cleaners/ Guards – are located in Kabul office. The Guards, Cleaners Radio Operators and drivers will provide the support to Kabul office and as well as to the field offices. 10% their time will be charged to this project						
1.13	Driver - SO	S	1	445	12	8.00%	427.20
	1 drivers required to support this project 100% their time will be charged to this project.						
1.14	Finance Officer Paktika	S	1	1000	12	8.00%	960.00
	Finance Officer: is based in Paktika office, the Finance office is responsible for the field accounting, preparing vouchers, handle petty cash. Work very closely with the field finance teams in Kabul office ensure cash flow to and from the field. 10% of his time will be charged to this project						
1.15	Logistic Assistant Paktika	S	1	800	12	8.00%	768.00
	Logistic Assistant: is based in Paktika office and responsible for all logistic matters. 10% of his time will be charged to this project						
	Section Total						124,152.24

2 Supplies, Commodities, Materials (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	HF Emergency Medical Supplies, Equipment and Medicines	D	1	40000	1	100.00%	40,000.00
	Emergency Medical supplies which important for mas causality management and response.						
2.2	Trainings for Health Staff -BLSS	D	14	94.07	8	100.00%	10,535.84
	organize 8-day training on Basic Live Saving Support for 6 doctors , 6 nurses ,and 2 midwives. The training will be provided in kabul hospital and Kabul hospital is allowed to do this training. Per diem, accommodation, travel and training fee of each participant will be covered from this line						
2.3	Trainings for Health Staff/CHWs - Psychological First Aid	D	26	20	1	100.00%	520.00
	Trainings for Health Staff/CHWs - Psychological First Aid: provide to 26 Health staff, including doctors, nurses, midwives.						
2.4	Trainings for Ambulance Drivers/Paramedics - First Aid	D	6	20	3	100.00%	360.00
	Organize 3- day first aid training for 6 ambulance drivers / paramedics .						
2.5	Program supplies and other consumables	D	10	150	1	100.00%	1,500.00
	Stationery and others office supplies will be purchased for program activities.						
2.6	Training aids, materials and equipment	D	1	500	1	100.00%	500.00
	Multimedia, banners, training supplies and stationaries						
2.7	Establishment functional Emergency Room	D	1	25000	1	100.00%	25,000.00
	emergency room construction/rehabilitation/renovation in Sharan provisional hospital.						
2.8	HMIS Tools/IEC Materials (Posters, signs, radio announcements, etc.)	D	1	500	1	100.00%	500.00
	HMIS tools and IEC material will be printed for Sharana provisional Hospital, health post and Health Shura						
	Section Total						78,915.84

3 Equipment (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Furnitures	S	1	500	1	100.00%	500.00
	Furniture for emergency room/project staff.						
	Section Total						500.00

4 Contractual Services (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Ambulances	D	1	850	10	100.00%	8,500.00
	One Ambulance will be rented for transportation of patients.						
4.2	Vehicle rent for emergency supplies and kits	D	1	1000	2	100.00%	2,000.00
	This line will be used for transportation of medical supplies, equipments and others supplies.						
	Section Total						10,500.00

5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	International Airfare	S	3	2500	1	10.00%	750.00
	This will cover CD, FAD and Security Adviser, R and R and home leave cost. 10% will be charged to this project.						
5.2	Local travel tickets/Taxi fare	D	8	300	1	100.00%	2,400.00
	Air Travel Local: budgeted to cover the cost of flights from Kabul to sites and back in case the road transport cannot be used due to insecurity.						

5.3	Visa/Departure Taxes/ Work Permits	s	3	500	1	10.00%	150.00
Visa/ Departure Taxes/Work Permits: This will cover the cost of obtaining work permits and visas for the international staffs working for the project							
5.4	National staff per diem	S	16	10	12	100.00%	1,920.00
National Staff per Diems: Local/In-country per diems have been budgeted to cover the in country boarding and lodging costs incurred by the staff during their official travels between Kabul and project sites for support and supervision. (16days x \$10 = \$160 for all staff)							
Section Total							5,220.00

6 Transfers and Grants to Counterparts (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
Section Total							0.00

7 General Operating and Other Direct Costs (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Office Rent/Maintenance/Utilities-CO	S	1	8000	12	10.00%	9,600.00
Office Rent/ Rent/ Maintenance and Utilities for Kabul . This covers monthly payments are based on average rent for office space in sites, electricity bills, water supply, garbage disposal and other infrastructure charges for the site offices.10% cost will be charged to this project (Main Office rent= \$6.600 + Field Office \$800 + Main Office Utilities = \$ 200 + Field Office Utilities = 200 + MO maintenance = \$100 + FO Maintenance = \$100)							
7.2	Vehicle maintenance-CO	S	1	150	12	10.00%	180.00
For minor repair of IMC Vehicle.							
7.3	Vehicle fuel-CO	S	1	200	12	10.00%	240.00
10% 1 vehicle fuel will be charged to this project							
7.4	Vehicle insurance- SO	S	1	450	12	10.00%	540.00
All IMC vehicle are insured. the 10% of the total cost of 1 vehicle will be charged to this grant.							
7.5	Vehicle maintenance-SO	S	1	50	12	50.00%	300.00
1 vehicle R/M for field office.							
7.6	Vehicle fuel-SO	S	1	100	12	50.00%	600.00
1 vehicle fuel cost will be charged to this project							
7.7	Vehicle insurance-SO	S	1	300	12	50.00%	1,800.00
1 vehicle insurance cost will be covered from this project. 100% will be charged to this grant							
7.8	Equipment repairs and maintenance-CO/SO/PH	S	1	500	12	10.00%	600.00
this includes, repair of computers, printers, photocopier etc. 10% will be charged to this project							
7.9	Office supplies	S	1	1200	12	10.00%	1,440.00
Stationeries and others office office supplies will be purchased for program activities. 10% cost will be covered from this project							
7.10	Bank Charges	S	1	150	12	100.00%	1,800.00
Bank Charges: Bank charges are to cover the costs incurred on wire transfers between the field and Headquarters, as well as for local Hawallah money transfers fees from Kabul office to field office, bank payment charges to staff salaries payment, suppliers payment, monthly bank account maintenance fee.							
7.11	Generator/heating fuel - CO/SO	S	1	1500	12	10.00%	1,800.00
Generators Fuel and Heating Fuel: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line							
7.12	Generator/heating fuel-Sharan PH	d	1	1500	12	15.00%	2,700.00
Generators Fuel and Heating Fuel for Sharan: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line							
7.13	Communications (Top up cards,internet/internet upgrade and Maintenance)	s	1	1500	12	10.00%	1,800.00
Communications including internet/internet upgrade and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in the field and sub office.							
Section Total							23,400.00

Sub Total Direct Cost 242,688.08

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent) 7%

Audit Cost (For NGO, in percent) 1.34783215638704%

PSC Amount 16,988.17

Quarterly Budget Details for PSC Amount	2015			2016		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	

Total Fund Project Cost 259,676.25

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Paktika -> Sharan	100	18777	19543	4694	4886	47900	

Project Locations (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description

- | |
|--|
| 1. Updated.xlsx |
| 2. Explanation on Emergency room extention.doc |
| 3. Updated Explanation on Emergency room extention April 2,2015.doc |
| 4. Paktika Population.xlsx |
| 5. Updated Explanation on Emergency room extention April 2 2015.doc |
| 6. CHF Afghanistan - Visibility and Communication Guidance.pdf |
| 7. NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx |
| 8. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf |
| 9. BOQ for Emergency Room.xlsx |
| 10. Program Supply and other consumables BOQ.xls |
| 11. Training aid material and equipments BOQ.xls |
| 12. Trainings BOQ.xlsx |
| 13. BOQ for Emergency Room.xlsx |
| 14. Updated Trainings BOQ.xlsx |
| 15. BOQ for EMERGENCY MEDICAL EQUIPMENT and Supplies and Medicines.xlsx |
| 16. International Medical Corps Beneficiary breakdown CHF proposal CODE 325.xlsx |

