Project Proposal

Organization	HNI-TPO (Healthnet International and Transcultural Psychosocial Organization)			
Project Title	Provision of Life-saving Trauma Services in Nangarhar and Paktya hospitals and emergency primary health care services through two mobile health teams and two static health facilities for the refugees of North Waziristan settled in four districts of Khost province.			
Fund Code	AFG-15/O580/SA1/H/INGO/340			
Cluster	Primary cluster: HEALTH		Sub cluster: None	
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals		Allocation Category Type	
Project budget in US$	509,192.91		Planned project duration	12 months
Planned Start Date	13/05/2015		Planned End Date	12/05/2016
OPS Details	OPS Code		OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

HealthNet TPO (HNTPO) started the provision of a primary health care services model under the name of Health Care Support Program in Nangarhar in 1996. In 2006 operations were expanded to Khost and implementation of the BPHS was initiated. Since 2009, HNTPO is implementing both the BPHS and EPHS in Khost province, under the Partnership Contract for Health Services. HNTPO was one of the first organizations to provide mobile health services to the refugees of North Waziristan settled in number of districts in Khost which shows that our experience is well-suited for the proposed project.
In line with the Common Humanitarian Fund (CHF) allocation strategy for 2015, HNTPO intervention will be;1) Continuation of the existing life-saving trauma care through the Nangarhar and Paktya hospitals, 2) continuation of emergency primary health care services to scattered refugees settled in four districts of Khost through two mobile health teams (MHT), 3) establishment of 2 static health facilities (HF) in districts where there are high number of refugee populations resides,and 4) integrating the nutrition services in two static HFs. Based on our recent assessment and consultation with refugee community key influential figures ,the location of these two static HFs were identified as Lyzha village in Tani district and 1200 family area in Matoon district where the majority of the refugees are settled and they do not have access to BPHS health facilities, however further consultation will be carried out with UNHCR, WHO, PPHD and BPHS implementer.
HNTPO has significantly improved the quality of trauma care through current CHF supported project. In 2013, only 10,409 trauma cases due to conflict were managed in the 3 target hospitals of Khost, Paktya and Nangarhar; while through the CHF project tin 2014 this number increased to 32,340 cases including 2,517 boys under five, 1,003 girls under five, (23,343 males over five, and 5,477 females over five. The death rate was below 1% among all trauma cases treated within hospitals. There were only few cases that were referred to Kabul specialized hospital.
HNTPO proposes the continuation of support to trauma care units in the Nangarhar regional hospital and in the Paktya provincial hospital, both hospitals are located in a conflict prone areas where the current life-saving results and gains can be sustained. Under CHF funding HNTPO coordinated provision of trauma care services in Paktya province with ACTD regarding proposed establishment of 3 first aid trauma posts (FATP) in Chamkani, Zurmat and Jaji Aryub districts of Paktya province . The life-saving trauma care units of Paktya provincial hospital, run by HNTPO, will function as the referral point for the aforementioned 3 FATPs. HNTPO has also further strengthened coordination of trauma emergency referral cases from BPHS HFs to the Nangarhar hospital, together with AADA.
With funding from WHO, HNTPO has provided 2 MHTs for the refugees of North Waziristan settled in Matoon, Alisher, Spira and Tani districts in Khost. However, this project will end in June of 2015. In consideration of the needs of this vulnerable population, HNTPO intends to continue these services under CHF funding from July 2015 onwards.
The most recent figures of refugees shared by the refugees directorate of Khost province in March of 2015 show that 106,051 refugees are settled in Matoon, Alisher, Tani and Spira districts/areas in Khost. The provision of primary health care services only through 2 mobile health teams is not sufficient to meet their basic health needs. Thus HNTPO will establish 2 new static health facilities in above mentioned areas where the nutrition services will be integrated,under the CHF 1st round standard allocation strategy for 2015.
The project will be regularly monitored and supervised both from provincial offices and the Kabul central office level, and we will submit timely reports to UNOCHA while keeping MoPH/Health cluster updated.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	25391	27816	12573	11658	77,438
Total beneficiaries include the following:					
Host Communities	25324	6583	1968	1053	34928
Refugees	0	21210	10605	10605	42420
Host Communities	67	23	0	0	90

Indirect Beneficiaries

The indirect beneficiaries of the project are 77,465 households containing 464,790 people. (152,508 men, 166,896 women, 75,438 boys and 69,948 girls.)

Catchment Population

The project's catchment population is the population of Nangarhar and Paktya provinces, totaling 2,102,651 people, of whom 1,075,686 are male and 1,026,965 are female, as per 2013 Central Statistical Office (CSO) data and This population includes 106,051 refugees in the 4 districts of Khost.
1) Nangarhar province has a population of 1,462,600, where 748,600 are male and 714,000 are female.
2) Paktya has a population of 534,000, where 273,000 are male and 261,000 are female.
3) The refugees of Khost are settled in 4 districts, Matoon, Tani, Alisher and Spira, containing 106,051, of whom 54,086 are male and 51,965 are female.

The details of the beneficiaries is uploaded to the system in an excel sheet as Annex1 .

Link with the Allocation Strategy

As the current implementer of provision of trauma care services in 3 hospitals (Nangarhar regional hospital, and Khost and Paktya provincial hospitals) under CHF 1st standard allocation 2014; in line with the Health cluster allocation strategy, HNTPO is making significant achievements in both infrastructure and service delivery to trauma cases admitted and managed. As per main strategic objective of this allocation, which is to maximize the impact of funds already committed by the CHF, HNTPO proposes the continuation of support to the Nangarhar and Paktya hospitals' trauma centers under the health envelope of 1st standard allocation 2015 HNTPO currently provides primary health care services through 2 MHT to the refugees of North Waziristan with funding from WHO, but which ends June of 2015.HNTPO intend to continue the primary health care services through 2 MHTs and it will be further expanded it by establishing 2 static health facilities under CHF allocation strategy 2015. The intervention of 2 MHT and 2 static health facilities is also in line with the allocation priorities as it focuses on provision of life-saving humanitarian assistance to the vulnerable population affected by conflict.

HNTPO is proposed interventions are: 1) Continuation of trauma care in Nangarhar and Paktya hospitals 2) Continuation of 2 MHT in Khost for provision of primary health care services to the refuges of North Waziristan settled in 4 districts of Matoon, Spira, Tani and Alisher, and 3) Establishment of 2 new static health facilities for the refugees of North Waziristan located in lyzha village of Tani district and 1200 families area in Matoon districts where the majority of refugees resides. However further consultation will be carried out with WHO, UNHCR, BPHS implementer and PPHD in order to improve the access of vulnerable refugees to emergency primary health care services.

Sub-Grants to Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization focal point contact details

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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	According to the 2014 Annual Report from UNHCR and UNAMA, "Protection of Civilians in Armed Conflict", in 2014 a total of 10,548 civilian causalities (3,699 deaths and 6,849 injuries) were reported in Afghanistan, which marks a 25% increase in civilian deaths, a 21% increase in injuries and an overall increase of 22% in civilian causalities compared to 2013 in Afghanistan. There has been an upward trend in civilian causalities from 2009 until 2014 all over the country. Based on the overall needs and vulnerability index (from the Afghanistan CHAP 2015) the targeted provinces for the proposed intervention are ranked very high (5) and are located in conflict prone areas. This is also evident from the high number of trauma cases admitted in the 3 hospitals supported under CHF 1st round allocation 2014. In 2013 a total of 10,409 cases were admitted in the 3 hospitals, while in 2014 the total trauma cases admitted and managed was 32,340 which shows a significant increase. According to the refugees directorate report of Khost province from March 2015, there are a total of 106051 refugees from North Waziristan who have fled to Khost and settled in the 4 target districts of, Khost (Matun), Tani, Alisher, and Speera They are fleeing due to conflict rising from the offensive of Pakistan Military. The health support was not foreseen in BPHS either under the current grant or under SEHAT phase-II. Taking all these facts into consideration, HNTPO proposes enhancing access to trauma and primary health care services through maintenance and continuation of the aforementioned services in the hospitals of Nangarhar and Paktya, and continuation of provision of primary health care services through 2 MHTs for the refugees of North Waziristan settled in four districts of Khost and establishment of 2 static health facilities for the refugees in the white areas in close coordination with WHO, UNHCR, PPHD and BPHS implementer. According to the NRVA 2011-12 analysis 36.5% of the Afghan population has a consumption pattern that is below the poverty line, and 30.1% (7.6 million people) have a calorie intake that is insufficient to sustain a healthy and active life. This is the so-called 'food insecure population'. These figures imply that food insecurity has slightly worsened compared to the NRVA 2007-08 when the food insecure population represented 28.2%. Out of the total number of food insecure people, 2.2 million (8.5%) are 'very severely food insecure' and 2.4 million (9.5%) are 'severely food insecure'. In addition, 19.4% of the population (4.9 million people) have insufficient protein consumption, a deficiency that particularly affects children under five. Parallel to food insecurity, Afghanistan faces a serious problem of malnutrition; according to the latest data from NNS 2013, Afghanistan is among the countries with the highest burden of malnutrition, where 40.1% of children under five years are stunted, 9.5% are wasted, 24.6% are underweight, and 9.2% of women in the reproductive age are undernourished. Only 22% of children aged 6-23 months receive complementary food in the minimum accepted quality and frequency, 42% of children are not exclusively breastfed and only 58% of children started breastfeeding within the first hour of life. In spite of the progress in micronutrient supplementation, still 26% of children and 24% of women are iron deficient. Currently there is no clear picture of the nutritional status of the refugee population settled in districts of Khost province, but HNTPO with technical and financial support of ACF will conduct SMART survey during first month of the proposed project which will cover both host and refugees communities in the target districts.
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)	HNTPO is already present in all targeted provinces of Nangarhar, Paktya and Khost and is implementing number of projects such as; 1) Psychosocial support /two MHTs for refugees population funded by WHO, school feeding/ Vocational skill training (SF/VST) funded by WFP, and Malaria control program in Khost province, 2) EPHS under SEHAT phase II, SF/VST in Paktya, and 3) EPHS under SEHAT phase-1, MHT services for nomad population, and Malria control program in Nangarhar province. The existing infrastructure in all 3 provinces is strength. There are trained/skilled life-saving trauma care technical and management staffs in Nangarhar and Paktya hospitals providing life-saving emergency traumatic care for the victims of conflict and war under CHF funding. The key staff of both hospitals has been trained on Mass Casualty Management and significant numbers of health workers of the hospitals have also been trained on emergency triage assessment and treatment (ETAT). There are emergency preparedness and response (EPR) committees at district and provincial levels where HNTPO is an active member. We are also an active member of Health cluster both in Kabul and in the Eastern region. HN TPO is also implementing IMAM services both in Paktya and Khost where the key management and clinical staff are trained whom will be mobilized to be part of 2 static HFs for provision of nutrition services. HNTPO has membership in key decision making forums in Nangarhar, Paktya and Khost provinces and has close coordination and collaboration with provincial authorities responsible for management of emergencies. It has also successfully managed a number of natural and manmade emergencies in all 3 provinces. HNTPO has been present in Khost for over 10 years and was one of the first organizations to provide mobile health services to the refugees of North Waziristan. In March 2015 a technical team was assigned to conduct a needs assessment in the targeted provinces. The team found that the existing support for life saving trauma care under CHF fund in both hospitals was very effective, where a total of 31,753 trauma related cases were managed effectively. The data also shows that the number of emergency cases treated and managed in 2014 is much higher than the number in 2013 (8,225 cases, where 6,521 were treated in Nangarhar regional hospital and 1,704 were treated in the Paktya provincial hospital). Nangarhar and Paktya are conflict prone provinces where continuation of support for these two life-saving trauma care units will maximize the impact of the CHF fund already committed. The needs assessment team also found that there is a total of 106,051 refugees settled in the 4 district of Khost, named Matoon, Alisher, Spira and Tani which are in urgent need for access to primary health care services. The services for them are not foreseen in BPHS and not considered in SEHAT Phase-2. HNTPO is in close coordination with the Health Cluster, PPHD of Khost and other provincial stakeholders has reached a consensus for continuation of mobile health services through 2 MHT and establishment of two new static health facilities in districts with high refugee populations. The needs assessment team has found the establishment of 1 static health facility in Matoon, where 33,857 refugees are settled and 1 static health facility in Tani district where 21,702 refugees are settled. Based on our consultation with refugee community key influential figures ,the location of these two static HFs were identified as Lyzha village in Tani district and 1200 family area in Matoon district where the majority of the refugees are settled and they do not have access to BPHS health facilities, however further consultation will be carried out with UNHCR, WHO, PPHD and BPHS implementer.
3. Description Of Beneficiaries	The total direct beneficiaries of the project are (77,465 individuals) and being described in 3 categories as below: 1)Trauma Care: 34,928 trauma related cases treated/managed in 2 hospitals of Nangarhar and Paktya in 2014 considering 10% increase for the next year (31,753 +10%=34,928) with a breakdown of 25,324 men, 6,584 women,1,968 boys and 1,052 girls. 2) Provision of primary health care including nutrition services to the refugees in 4 districts of Matoon, Alisher, Spira and Tani through 2 MHTs and 2 static health facilities: 42,420 individuals with a breakdown of 10,605 boys, 10,605 girls and 21,210 women. The total refugees as per March report of Khost refugees directorate in Matoon, Spira, Tani and Alisher districts is 106,051 individuals. Out of this population, only girls (10%), boys (10%) and women in the childbearing age (20%) are considered direct beneficiaries. Men will also receive the primary health care but the target as per BPHS policy document for primary health care are women and under five children. 3) From this project, 90 staff will benefit from training that includes 67 men and 23 women.
4. Grant Request Justification.	Continuous conflicts for the last three decades have badly affected Afghanistan in every sector. Since the fall of the Taliban regime in 2001, Afghanistan is in the process of rebuilding the health system but still faces key challenges in financing health services. Within the national budget, donor contributions represent 75% of total public expenditures on health, suggesting that health care priorities are largely donor dependent. Seventy six percent of the total health expenditure comes from public out of pocket payments (OOP). According to Afghanistan National Health Account, households spend a total of 42 USD per capita per year on health. In total, 91% of the development budget and 60% of government operational budget comes from donor contributions [Ministry of Finance 2011]. According to the WHO, the primary health package in developing countries forecasted about 38 USD per capita while the official figure according to the Ministry of Public Health is 4.96 USD as stated in the BPHS 2010 policy document that the current allocated budget for all components of the BPHS in the country is 4.96 USD per capita which is way below the official of WHO minimum recommended financing package for primary health care services. On the other hand, BPHS is accessed by 57% of population living within one hour walking distance from the nearest health facilities. Poor population spend more on health compared to wealthy population ($10.00 vs. $8.40) accessing health care (Pilot study - Community health fund report MoPH 2009). With 57% population access to health services within an hour walking distance, leaves about 47% population who have hard to reach or difficult access to health services due to geographical, security and resource scarcity. One of the beneficiary groups for this project is the vulnerable refugees settled in Khost who are in need of access to basic primary health care services. The existing BPHS services implementer is not capable of covering the basic health needs of this population and therefore continuation of 2 MHT and establishment of 2 new static health facilities will improve access to health services and will contribute to the reduction of morbidity and mortality. Another key aspects of the health system is disproportionate utilization of health services of health services. This affects the quality of services in the hospitals (EPHS) and leads to under utilization of BPHS health facilities (HFs). Current trends and patterns of health system utilization in the country leads to the distortion of service delivery structure between BPHS and EPHS, where hospitals are used for services which can be easily provided by lower level HFs in BPHS. One example, is services utilization for normal deliveries. Normal deliveries incur more resources in hospitals as compared to lower level of BPHS health facilities. A KAP survey in 2007 for Nangarhar shows that the median cost for delivery services in BHCs and CHCs was 17.5 USD while in hospital it was 31.7 USD. In a resource poor country where the is an enormous amount of out of pocket expenditure on health, and in a situation where the health services packages of EPHS and BPHS are poorly financed, this example shows how further deterioration of health services and socio-economic status of population continues to take place. Further analyzes of the data shows that in the 34 provinces of Afghanistan, 51% of all normal deliveries are conducted in EPHS, 19% in DHs, 19% in all CHC and 8% in BHCs. This means there is higher utilization of hospitals for ordinary services which leaves the hospital will low resources for serious emergencies, trauma and critical and specialized services.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	HNTPO started the model for provision of primary health care services under the name of Health Care Support Program (HCSP) in Nangarhar in 1996 and currently implements EPHS under SEHAT phase I. Now HNTPO has expanded its operation to Khost, started implementation of BPHS in 2006 and currently implements BPHS/EPHS under PCH in Khost and Paktya since November 2009. In addition HN TPO is implementing VST/SF project in Khost and Paktia funded by WFP, Malaria control program in Khost and in Nangarhar and provision of primary health care to nomadic population in Nangarhar provinces as well. HNTPO provides emergency health care while prioritizing access to critical services in Nangarhar regional hospital and Khost and Paktya provincial hospitals with funding from UNOCHA, ending May 2015. HN TPO also implements nutrition services for the underserved and conflict affected population of Paktya and Khost with funding from UNOCHA and the Targeted Supplementary Feeding Program (TSFP) funded by WFP in the same provinces until May 2015 and June 2015 respectively. HNTPO was the first organization to provide health services to refugees of the Gullan camp in June 2014 until a fixed clinic was established by MSF and then taken over by ACTD. HNTPO is also providing emergency primary health care services through 2 MHTs with funding from WHO for period of one year ending in June 2015. HNTPO is also providing psychosocial support interventions through WHO funding to the refugees of the Gullan camp; this will also end in June 2015. In addition HNTPO will integrate nutrition services thorough 1 OPD-SAM/MAM site in each of the 2 proposed static HFs for refugees settled in Matoon and Tani districts as well.
LOGICAL FRAMEWORK	

Overall project objective	To improve access to emergency health care services through 1) provision of life saving trauma care in Nangarhar and Paktya Hospitals and 2) provision of emergency primary health care through 2 MHT and 2 static health facilities for refugees of North Waziristan settled in 4 districts of Khost 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	1. Excess morbidity and mortality reduced	50
Objective 3. Timely (within 48-72hrs) identification and response initiated to emergencies and public health risks	3. Timely response to affected populations	50

Outcome 1	Mortality and impairment due to conflict incidences in the targeted provinces of Nangarhar and Paktya are reduced.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Two well-equipped life saving trauma care units in Nangarhar regional hospital and Paktya provincial hospital function.	Unpredictable increase emergency cases and incidences. In order to mitigate this risk HNTPO will have a buffer stock and more staff trained on life-saving trauma care so that all these are available in case of mass causalities.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					2
	Means of Verification:	progress activity report, monthly statistic report and monitoring reports HN TPO currently under CHF first round allocation 2014 run trauma care unit in three hospitals (Khost, Paktya and Nangarhar) while under SEHAT HN TPO will implement EPHS in Nangarhar and Paktya hospitals that is why HN TPO proposed the continuation of two trauma care units each in Nangarhar regional hospital and Paktya provincial hospital respectively					
Indicator 1.1.2	HEALTH	Number of health professionals receiving training in stabilization and management of war trauma					50
	Means of Verification:	training data and report, We have planned mass casualty training and first aid training where 50 participants will be trained. Here we targeted participant not number of staff as we have planned number of training for same staff so to make sure that staff received all training planned we have target participants not individuals Please see the training plan					
Indicator 1.1.3	HEALTH	Number of trauma cases appropriately managed, treated and stabilised					34928
	Means of Verification:	Monthly statistic report and progress activity report and interim report Nangarhar regional hospital and Paktya provincial hospital "Emergency cases covered (NGR,Pak) under current CHF first round allocation 2014 with 10% expected increase due to security concern which is deteriorated recently so for next year the target will be 31753 +10%=34928. This include the War Truam, RTA and other trauma cases Category: Others (Victim of emergencies)"					
Indicator 1.1.4	HEALTH	Patients severely injured are timely referred					325
	Means of Verification:	Monthly HMIS report , progress activity reports Since mostly the patients are being treat and manged in our trauma care units and there will be very few patient referred out and but mostly there will be referred in as the patients will be taken from the bomb blast site by ambulances (means referred in) ,so 12% of war trauma cases are brought by Hospital ambulance and the rest are self referral using the public transport and the referred out to Kabul is below 1%, so in total we expect to have 13% referred in and out of the war trauma cases					
Indicator 1.1.5	HEALTH	Number of war wounded patients appropriately managed, treated and stabilised					2499
	Means of Verification:	Monthly report , progress activity report War related trauma cases covered (Nangarhar and,Paktya) under CHF first round allocation 2015 looking at the security situation we expect 10% increase for next year 2272 (current year) +10%=2499					

Activities

Activity 1.1.1	Training of 50 clinical and management staff of the 2 life-saving trauma care units. Please see the detailed training plan including the number of staff in annex 2 of the document section.
Activity 1.1.2	Provision of timely drug and supply to the 2 life-saving trauma care units of Nangarhar and Paktya. The supply of medicine and medical supplies that is not included in EPHS and or those items related to emergencies are not supplied sufficiently under EPHS which is needed due to increase and unpredictable emergencies. Please the detail list as Annex 3 uploaded in document section
Activity 1.1.3	Provision of 24 hours life-saving trauma services through well equipped unites and well trained staff. Looking at the increased case load a shift system developed by HNTPO is being introduced to ensure that sufficient staff in all categories is present in 24 hours to respond to emergencies. Please see detail of two shift system plan as Annex 4 uploaded in documents section.
Activity 1.1.4	Establishing/Strengthening referral system between life saving trauma care units of the hospitals with 3 first aid trauma post (FATP) in Paktya and BPHS health facilities in Nangarhar. HNTPO has established close coordination with BPHS implementer in Nangarhar and proposed 3 FATP implementers in Paktya for referring emergency trauma cases after being provided with first aid at the mentioned facilities.
Activity 1.1.5	Further strengthening the referral between trauma care units and BPHS health facilities specially District hospitals /FATP both at Nangarhar and Pakya. HN TPO trauma care unit in-charge will conduct quarterly coordination meetings with FATP and DH in-charges to share information about the facilities, provide the feedback on referral cases through sharing referral slips, establishment of communication system by distributing the number of trauma care in charge to the BPHS/ FATP managers. The DH in-charges will then coordinate the referral of war related trauma cases form BPHS health facilities in the respective catchment area to the trauma care units.

Outcome 2	The maternal and child mortality and morbidity is reduced in the target population of refugees settled in 4 districts of Khost province.	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Well equipped and functional 2 MHTs and 2 static health facilities are established/continued	the security allows staff movement

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	HEALTH	Number of health staff trained for MHT and static health facilities.					40
	Means of Verification:	training data , progress activity report and interim report Please see the detail plan of training as Annex 2 Here we targeted participant not number of staff as we have planned number of training for same staff so to make sure that staff received all training planned we have target participants not individuals Please see the training plan					
Indicator 2.1.2	HEALTH	Number of deliveries attended by SBA at facility or by CHW at community level					424
	Means of Verification:	HF monthly data we have target 10% of the total pregnant women to have institutional delivery at the target Health facilities under CHF, because over all as per Afghan Mortality Survey 2010 the SBA deliveries at Rural area is 26% and in Urban it is 34% while based on past experience with MHTs there very few cases of SBA deliveries so to make more realistic we have targeted 10% which will be mainly in static Health facilities that are having scattered population					
Indicator 2.1.3	HEALTH	% of children < 2 vaccinated with Penta 3					80
	Means of Verification:	as 80% target of the total under 2 year children ((8484) are the target for 2MHT and 2 static HFs. below at the end cycle target is shown in percentage as required by the indicator; Total under two year children in four target district are 8484 and out of them 80% or more as per national policy should be covered for Penta 3 which is equal to 6787 (under two years children 8484*80%=6767 children which is 80% of the total under two year children					
Indicator 2.1.4	NUTRITION	Number of OPD-SAM 0-59 months boys and girls months cured					1382
	Means of Verification:	Progress and interim report Total children having SAM are cured is 78% (as per Guideline it should be more than 75% cure rate but we expected that 78% should be cured. Our total admitted SAM children are 1772 (boys and Girsl) so the cured rate will be =1772*78%=1382					
Indicator 2.1.5	NUTRITION	Number of OPD-SAM 0-59 months boys and girls months defaulters					177
	Means of Verification:	Monthly statistic report Defaulter as per national guideline should be less than 15% so we will try that they should be minimum and assume it will be around 10% (boys and Girsl) so total admitted are 1772 and with 10% so the defaulter rate is expected =1772*10%=177					
Indicator 2.1.6	NUTRITION	Number of OPD-SAM 0-59 months boys and girls months admitted					1772
	Means of Verification:	Monthly Statistic report As per NNS 2103 for Khost SAM rate is 7.3% and there should be 70% coverage in the two target static Health facility and incidence rate is 2.6%. (the population of the two distinct is 55559)and under five population is 13334 so the SAM target will be (13334*2.6%*7.3%*70%)= 1772, so all under five children having SAM will be admitted					
Indicator 2.1.7	NUTRITION	Number of OPD-SAM 0-59 months boys and girls screened					4417
	Means of Verification:	Monthly statistic report We will screen all children having MAM and SAM (so the total under five children *2.6% as incidence rate*18.2% GAM rate and 70% coverage (13334*2.6%*18.2%*70%=4417 and all of them will be screened,since we will not have services for MAM so they will be referred while children having SAM will be admitted. please see the detail in Annex 1.					
Indicator 2.1.8	HEALTH	Number of consultations per person per year for two MHT					55559
	Means of Verification:	Monthly report and Progress report Please see the detail calculation in Table 1 of Annex 1. The total population of the two district where 2 MHTs will be functioning are target for OPD Consultation per person per year.					
Indicator 2.1.9	HEALTH	Number of consultations per person per year for 2 SHCs					50492
	Means of Verification:	Monthly statistic report and progress report Please see the detail calculation in Table 1 of Annex 1. The total population of the two district where Static HFs will be established are target for OPD Consultation per person per year					

Activities

Activity 2.1.1	The project will continue providing emergency primary health care through 2 MHT from 1st July, 2015 as the current funding will end at June 2015 Two MHT are currently providing services to refugees who live in remote areas, but the project will end June 2015. After completion of this project the MHT activities will be continued under CHF 1st round allocation 2015 in order to sustain the gains and continue the services to the population in need.
Activity 2.1.2	Establishing 2 static health facilities in Lyzha and 1200 families areas of the Tani and Matoon districts of Khost
Activity 2.1.3	Staffing of 2 static Health facilities and each will consist of (1MD/Nurse,1 midwife, 1 vaccinator,1 nutrition nurse, 1 community mobilizer/trainer, 1 food distributor per health facility)
Activity 2.1.4	Training of MHT and static health facility staff on BPHS recommended trainings such as; health management information system (HMIS), infection prevention (IP), family planning (FP), and others
Activity 2.1.5	Provision and supplies of medical and non medical equipments to the two newly proposed static health facilities for the refugees.
Activity 2.1.6	Provision of emergency primary health care services through 2 MHTs and 2 static health facilities to the refugees population settled in 4 districts of Khost and to the host communities living nearby the health facilities
Activity 2.1.7	Integratation/ provinsion of OPD-SAM services in the two static health facilities
Activity 2.1.8	Regular monitoring visits from Project sites will be carried out both from provincial and Kabul level and Remote call monitoring will also be initiated
Activity 2.1.9	Communication and visibility activities in line with guidance of CHF will be integral part of all activities carried out during project period

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 Training of 50 clinical and management staff of the 2 life-saving trauma care units. Please see the detailed training plan including the number of staff in annex 2 of the document section.	2015							X	X	X	X	X	X
	2016	X	X										
Activity 1.1.2 Provision of timely drug and supply to the 2 life-saving trauma care units of Nangarhar and Paktya. The supply of medicine and medical supplies that is not included in EPHS and or those items related to emergencies are not supplied sufficiently under EPHS which is needed due to increase and unpredictable emergencies. Please see the detail list as Annex 3 uploaded in document section	2015					X	X	X	X	X	X	X	
	2016	X	X	X	X	X							
Activity 1.1.3 Provision of 24 hours life-saving trauma services through well equipped unites and well trained staff. Looking at the increased case load a shift system developed by HNTPO is being introduced to ensure that sufficient staff in all categories is present in 24 hours to respond to emergencies. Please see detail of two shift system plan as Annex 4 uploaded in documents section.	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 1.1.4 Establishing/Strengthening referral system between life saving trauma care units of the hospitals with 3 first aid trauma post (FATP) in Paktya and BPHS health facilities in Nangarhar. HNTPO has established close coordination with BPHS implementer in Nangarhar and proposed 3 FATP implementers in Paktya for referring emergency trauma cases after being provided with first aid at the mentioned facilities.	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.1 The project will continue providing emergency primary health care through 2 MHT from 1st July, 2015 as the current funding will end at June 2015 Two MHT are currently providing services to refugees who live in remote areas, but the project will end June 2015. After completion of this project the MHT activities will be continued under CHF 1st round allocation 2015 in order to sustain the gains and continue the services to the population in need.	2015							X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.2 Establishing 2 static health facilities in Lyzha and 1200 families areas of the Tani and Matoon districts of Khost	2015							X					
	2016												
Activity 2.1.3 Staffing of 2 static Health facilities and each will consist of (1MD/Nurse,1 midwife, 1 vaccinator,1 nutrition nurse, 1 community mobilizer/trainer, 1 food distributor per health facility)	2015						X						
	2016												
Activity 2.1.4 Training of MHT and static health facility staff on BPHS recommended trainings such as; health management information system (HMIS), infection prevention (IP), family planning (FP), and others	2015							X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.5 Provision and supplies of medical and non medical equipments to the two newly proposed static health facilities for the refugees.	2015							X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.6 Provision of emergency primary health care services through 2 MHTs and 2 static health facilities to the refugees population settled in 4 districts of Khost and to the host communities living nearby the health facilities	2015							X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.7 Integratation/ provinsion of OPD-SAM services in the two static health facilities	2015							X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.8 Regular monitoring visits from Project sites will be carried out both from provincial and Kabul level and Remote call monitoring will also be initiated	2015						X	X	X	X	X	X	X
	2016	X	X	X	X	X							
Activity 2.1.9 Communication and visibility activities in line with guidance of CHF will be integral part of all activities carried out during project period	2015						X	X	X	X	X	X	X
	2016	X	X	X	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 .

HNTPO Monitoring and Evaluation Unit based at Kabul is responsible for coordinating the M&E, reporting and also for developing for the project. A specialized team is providing technical support to the program staff in developing and implementing national tools for monitoring of program progress. HNTPO will conduct an annual planning workshop together with community, PHD and other staff which will be the base for follow up meetings, workshops and monitoring.

The project will be monitored at three levels: 1) At heath facility level where emergency trauma care unit/ MHT/static clinic in-charges will have the responsibility of daily monitoring of their relevant facilities, staff performances and activities, b) at provincial level where project staff will monitor project sites on a monthly basis while b) the quarterly basis monitoring will take place from Kabul. At the end of each visit monitoring report which will include the strength, weakness and recommendation will be developed. A remedial action plan will also be developed and followed-up in subsequent visits. In addition joint monitoring will also take place from the project sites.

In addition HN TPO will also remote call monitoring for over seeing the project activities during the project and randomly HN TPO monitoring team will call beneficiaries for each categories to ensure the project activities are properly carried out and is inline with proposed work plan.

HealthNet will submit the technical and financial report based on agreed reporting calendar and will also provide adhoc reports as per request of UNOCHA.

OTHER INFORMATION

Accountability to Affected Populations

HealthNet TPO has a strong local presence in all three target provinces of Khost, Paktya and Nangarhar. We currently provide life-saving trauma care through the Nangarhar regional hospital, the Paktya and Khost provincial hospitals as well as emergency primary health care through 2 MHT for the refugees of North Wazirstan in Khost. The needs of the refugee population settled outside of Gullan camp is clear and HealthNet is clearly invested as we were one of the first organizations who provided health services after the huge influx of refugees in June 2014.

Nangarhar and Paktya are the two most insecure provinces of the country; where there was a huge increase of security incidences admitted in trauma care units of hospitals supported by UNOCHA. A needs assessment was conducted and found that there is need for continuation of life saving trauma care in the hospitals to sustain the gain of the current project and manage this increasing number of trauma cases. Based on the finding of the assessment, HNTPO will expand the emergency primary health services by continuing the services through 2 MHT and will establish 2 additional static facilities in areas where there are high concentrations of refugeeswill be established in Lyzha village of Tani district and 1200 families area of Matoon district of Khost where significant number of refugees are settled and the areas are out of BPHS coverage.

HNTPO will establish a committee made up of key influential figures from target populations to have oversight of the project, and will continue to involve the hospital community board with an oversight role of the activities of the live-saving trauma care units. The health facilities and trauma care in-charges will share updates on achievements, challenges with committee members and they will be invited to have monthly monitoring of the project activities after each monthly committee meeting.

	The mechanism for receiving feedback from the community will be through a committee of key influential figures from the community who will play the role of bridge between health facility/ trauma care units of hospitals and community. They will be given an oversight role in the terms of references developed for the committee. The committee will serve as a means of transferring the feedback from community to health facility and project staff to their monthly meeting where the project team leader, the health facility in-charge and committee members will participate. The project staff will share update and the committee members will provide feedback from the community on the service provided to them and also on the behavior of staff with the clients. The meeting decision s will be recorded and followed up both by provincial and national staff of the project. In addition compliant box will be installed at health facility where client will be invited to put their complaints and will be reviewed together with committee members and appropriate decisions will be taken jointly with the key influential figures of the refugees whom are member of committee. All facilities under proposed health envelop will provide the services to both refugees and host communities in their catchment area. Specially the mobile health teams and static clinics which will provide the emergency primary health care to the refuges settled within host communities so all these will provide the services beside the refugees to the nearby host community as well.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The proposed methodology for implementation of this project is based on experience and lessons learnt from providing life-saving emergency trauma care services in Nangarhar and Paktya under CHF fund and provision of mobile health services to the refugees of Khost. HealthNet TPO has clear knowledge of the humanitarian emergency needs of the refugees in Khost and of the victims of conflict and war in Nangarhar and Paktya provinces, and is prepared to use the exiting workforce, well functioning health infrastructure and functioning system in both hospitals of Nangarhar and Paktya as well as the team currently involved in provision of services to the refugees in Khost province. There are an average 32000 OPD clients visiting Nangarhar regional hospital (NRH) per month, out of them 514 are trauma cases covered through CHF per month,means that 1.6% OPD is being covered by CHF funding and the rest 98.4% are covered by EPHS. Total IPD admission in NRH is 6672 per month and out of them 870 are trauma cases, means that 13% IPD cases are supported by CHF and 87% IPD cases are supported by EPHS and it is similar in other hospital as well. The project will be implemented in two phases: Phase 1) Inception phase (1.5m); mobilization of existing staff of life-saving trauma care and MHTs for managing the project both at provincial and national level, using the existing infrastructure and system (current CHF project) in Nangarhar, Paktya and Khost provinces for running this project. New qualified male and female health workers will be recruited for the two new static health facilities of Khost to provide health services to the refugees. During pre-proposal assessment HN TPO in consultation with PPHD Khost has indentified Lyzha village in Tani district and 1200 families' area in Matoon for the establishment of 2 static health facilities. During assessment we found that significant number of families live in these two areas and are located out of BPHS coverage area. HN TPO obtains the support letter from Khost PPHD for the establishment for continuation of 2 MHTs and establishment of 2 static health facilities for the refugee settled in 4 districts of Khost. HNTPO also received confirmation from UNICEF to supply the food commodities as well. Phase 2) Implementation phase (10.5m); HNTPO will continue provision of life-saving trauma care services by trained staff in both hospitals of Nangarhar and Paktya which will provide 24 hours emergency services. The two mobile health teams in Khost will also continue provision of primary health care services to the refugees in four districts of Matoon, Alisher, Tani and Spira. HN TPO will make sure regular supply, supervision/monitoring and coordination with all stakeholders. Two new static health facilities will be established for refugees in the areas identified by the joint team in a rented house or any suitable infrastructure available in the selected area that meets the requirement of a health facility considering privacy for the female clients. All necessary medical and non-medical equipment needed for the health facilities will be provided, including drugs, medical supplies, and stationary and running costs of the health facility. Each newly established health facility will have a shura consisting of local community/beneficiaries. They will have regular monthly coordination meetings in order to ensure proper utilization of the health services delivery in the area. HNTPO will participate in relevant coordination meetings both national and provincial level where the update of the project will be shared with the relevant stakeholders. The project activities will be monitored at three levels; 1) Health facility 2) Provincial and 3) country office and HN TPO will also use remote call monitoring as well. HN TPO will work on building local capacity for provision of services which lead to sustainability. HNTPO will share the reports based on agreed contract.
Coordination with other Organizations in project area	(see table below)

Name of the organization	Areas/activities of collaboration and rationale
1. PPHD	coordination and having the oversight role
2. UNHCR	provision of shelter and refugee task force lead
3. ACTD	for referral of Trauma emergency case in Paktya
4. AADA	for referral of trauma emergency cases in Nangarhar
5. BPHS and EPHS implementers	for referral and better coordination
6. HNI-TPO	Nutrition services and psycho social support to refugees settled in Gullan camp
7. UNOCHA	monitoring and reporting
8. Emergency hospital Kabul	for referral out

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	Careful consideration is made that Gender Markers of all interventions of the Health are designed to ensure gender equality and gender main streaming at all levels. The proposed action contributes significantly to gender equality in the following ways: 1.Provision of services in culturally appropriate environment through female health workers and qualified female staff for women and children (girls) at risk. 2. Provision of specific training/workshops for female health staff enabling them to i) handle all kinds of trauma emergency care in hospital, provision of reproductive health RH services in MHT and static HF, identify risk factor and symptom of gender and iii) to provide basic skill to translate discriminatory patterns in practical advice and coping skills. 3) to provide indiscriminately the services to host families and for refugees in four district of Khost through female services providers to ensure that gender equity is considered in the intervention design and implementation. Equal opportunity for capacity building for male and female health workers as well as keeping a decent balance between male and female management staff in office are key consideration made
Protection Mainstreaming	The proposed Health project is designed as such that it targets the refugee population settled in 4 districts in Khost where the two new health facilities will be established at center so that everyone can have easy access to the services. The mobile health team will also continue regular outreach program in different parts of the districts. It will not only provide services to the refugee population but will serve the host community living nearby. The hospitals of Nangarhar and Paktya with trauma care units are located in the center of cities where the victims of conflict can have easy access to the life-saving trauma services. The service providers will include both male and female health workers so that it is more acceptable for women to benefit from services. The project is targeting the most vulnerable populations and its main beneficiaries are the victims of conflict/war, child bearing age women and under five boys and girls. Comment boxes will be installed where the community can put their anonymous complaints, questions, or suggestions. These comments will be reviewed in systematic way. The beneficiaries will also be oriented by project staff where to refer their comments to. The member of the health committee will be given the phone number of the project team leader based at provincial level and one of the senior staff at Kabul so that they could refer their complain and be followed at higher level
Safety and Security	HN TPO has standard safety and security operation procedures where all measures regarding safety of its staff and its premises are being considered. HN TPO has a security department leady by security in charge and has focal person in each and every province. The staff is being advised by them before movement to provinces and from provinces to field. The security and safety is the top priority for the organization employee and premises HN TPO, as an organization, claims sole responsibility to determine the possibility and need to work in tension areas and war-zones and the acceptability of the ensuing risks. We must ensure the provision of risk minimizing measures through the devising of adequate security plans and the promotion of active awareness amongst the team-members by the responsible field and Headquarters Managers. HN TPO obliges itself to clarify relevant risks to volunteers, provide proper security measures and appropriate insurance conditions. The responsibility for the implementation of HN TPO's security policy lies with the Operational Directors at Headquarters and Head of Mission Afghanistan and applies to all HN TPO projects in Afghanistan The Head of Mission of HN TPO and the Afghanistan Management Board (AMB) may at all times decide to diminish, suspend or terminate (intended) project activities when security risks are considered too high or if risk minimizing measures are considered unacceptable, decisions which at all times must be strictly followed by all HN TPO staff. Providing safe and secure working environment and maintaining continuity of employment is of continual concern. In this regard, it is important that adequate policies and procedure be developed and adhered to in order to ensure safe, secure working environment and efficient operating conditions, thereby safeguarding employees and facilities. HN TPO will not knowingly permit unsafe conditions to exists, nor will it permit employees to indulge in unsafe acts. Violations of HN TPO's rules and regulations will result in disciplinary action. HN TPO believes that the safety and security of employees and physical property can best be ensured by a meaningful program:
Access	These trauma centers will improve access by providing ambulatory services and 24 hours emergency services in Nangarhar and Paktya. HNI-TPO will continue the emergency primary health services through 2 MHTs and will establish 2 static health facilities in areas where the refugees are thickly populated in consultation

with UNHCR, PPHD and other stakeholders. These centers will be equipped and staffed and these centers will be assign to provide emergency primary health care at the door step target population including refugees. These trauma centers located inside the two hospitals and itself improve the access as it will provide management and treatment facilities for mass causalities and the patient whom were going before to specialized hospital in Kabul will be provided emergency care at their respective provinces

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	Head Of Mission	S	1	8200	12	10.00%	9,840.00
	For guidance, technical support and ensuring the organization procedures application and follow up. 10% of his contracted salary will be charged to this project.						
1.2	Deputy Head Of Mission	S	1	4000	12	10.00%	4,800.00
	He is doing overall follow up of implementation and ensuring that the donors requirements. (10% of salary)						
1.3	Health Dirrector	S	1	3081	12	10.00%	3,697.20
	Responsible for technical assistance to the staff(10% of salary)						
1.4	Finance Dirrector	S	1	2500	12	10.00%	3,000.00
	Responsible for ensuring the organization and donors policies are applied in financial management of the project. 10% of salary						
1.5	Project Manager	D	1	1900	12	100.00%	22,800.00
	Responsible for overall management of the project in Nangarhar, Paktya and Khost provinces.100% will work for this project. liaise,communicate and coordination with donor, MoPH and other relevant organs. he will be overall responsible for reporting of the project.						
1.6	Technical M and E officer	D	1	600	12	100.00%	7,200.00
	Technical M and E officer will conduct regular supportive supervision/monitoring from service delivery points (Nangarhar ,Paktya and Khost provinces). He/She will provide technical support/feedback for improvement.						
1.7	Finance Coordinator	S	1	1400	12	50.00%	8,400.00
	Responsible for project financial reporting and management.He will also conduct regular supervision and monitoring from project offices/service delivery points in order to ensure financial proper financial documents, application of HNI-TPO financial requirements/procedure and ensuring each transaction is made according to project approved budget. 50% will work for this project						
1.8	Admin/logistic Manager	S	1	1200	12	50.00%	7,200.00
	Admin/logisitic officer will be responsible for administrative/logistic activities of the project. He/She will conduct regular visit from service delivery points and service delivery points and will ensure administrative and logistic activities including project inventory.will work 50% to this project						
1.9	HR Manager	S	1	600	12	50.00%	3,600.00
	Responsible for human resource management of the project in all targted provinces including, hiring, firing, documentation, preparation of contracts, follow up of attendance, implementation of HINI-TPO HR policy. He/she will work 50% for this project						
1.10	Pharmacy Officer	D	1	600	12	50.00%	3,600.00
	Responsible for pharmaceutical management of the project. He will be responsible for processing/follow up of pharmacy orders, make sure the MoPH and donor requirements on procurement and regular supply to service delivery points, pharmacy reporting.						
1.11	Support staff for Kabul office	S	4	200	12	100.00%	9,600.00
	2 guards/cleaners and two drivers for Kabul main office, support for implementation.						
1.12	Management Staff benefits	D	1	500	12	100.00%	6,000.00
	As per HNI-TPO Policy, the staff are entitle to receive benefits such as Eid allowance per employee 35 USD per eid, food allowance @ 9USD per employee per month, severance pay per employee 6.73 % per annual salary . Please see the calculation for each individual as Annex 8 where the detail of calculation is shown.						
1.13	Hospital's Trauma Center in-charge (Trauma Care)	D	2	500	12	100.00%	12,000.00
	Trauma center in-charges of Nangarhar and Paktia hospitals will be responsible for day to day management, supervision and follow up of traumatic/emergency health service delivery in emergency rooms.						
1.14	Trauma Center Admin/Finance officer (Trauma Care)	D	2	450	12	100.00%	10,800.00
	Admin finance officer of Nangarhar and Paktya hospitals will be responsible for day to day administrative and financial issues of the trauma centers						
1.15	Performance incentive for Doctors/Nurses and Support staff of hospital's trauma centers (Trauma Care)	D	2	1264	12	100.00%	30,336.00
	As per the caseload in the trauma centers, it is difficult to have 24 hours ready staff only in one shift in emergency rooms for trauma servcies provision, the two shift system will improve the 24 hours service delivery in emergency rooms, So total of 26 technical and supportive staff will receive incentive for 24 hours trauma service provision in two shifts in both hospitals(in Nangarhar regional hospital, 4 doctors/surgeons, 6 nurses and 6 support staff will work 24 hours/30 days per month that doctors will receive 300 Afs/night, nurses 200 Afs/night and support staff 100 Afs/night, in Paktya hospital, 2 doctors/surgeons, 4 nurses and 4 support staff will work 24 hours/30 days per month and will receive the same incentive as mentioned above.						
1.16	Provincial Health Officer Khost (for 2 MHT & 2 Static HFs)	D	1	800	11	100.00%	8,800.00
	Responsible for overall Management of 2 MHTs and 2 Static HFs in Khost. He will conduct regular supervision from health facilities, liase communicate with provincial stakeholders and develop/submit reports. His salary is considered for 11 months as the current running project will end after one month of starting this project.						
1.17	Admin/Finance Officer	S	1	450	11	100.00%	4,950.00
	Responsible for administrative and financial management/reporitng of the project at provincial level in Khost						
1.18	Medical Doctor/Nurse	D	4	500	11	100.00%	22,000.00
	Total we will hire 4 MDs/Nurse for 4 HFs (One MD doctor for each MHT and one MD/Nurse for each static HF will be responsible for provision of health services on regular bases to the selected refugees settlement areas and one pharmacy officer responsible for pharmacy management of MHTs.						
1.19	Vaccinator	D	4	180	11	100.00%	7,920.00
	One vaccinator for each MHT and static HF responsible for provision of EPI Services						
1.20	Health Educator	D	2	180	11	100.00%	3,960.00
	One Health Education for each of MHTs for provision of health education to the clients						
1.21	Midwife	D	4	600	11	100.00%	26,400.00
	Responsible for provision of maternal and child health care services on regular bases in mobile health facility						
1.22	Guard/Cleaner	S	6	150	11	100.00%	9,900.00

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	one guard/cleaner for each of mobile health team and 2 guard/cleaner for each of static health facilites						
1.23	Nutrition Technical Coordinator	D	1	1500	11	100.00%	16,500.00
	Will be responsible for coordination, technical support of nutrition services at field level and attending nutrition related coordination forum						
1.24	Provincial Nutrition Supervisor/Trainer	D	1	500	11	100.00%	5,500.00
	will be responsible for nutrition services supervision at district and refugee camp level and will also provide on the job training and facilitate refreser training						
1.25	Nutrition staff of Health facilities	D	5	300	11	100.00%	16,500.00
	Nutrition staff will include 2 Nutrition Nurse whom will do screening, IYCF counselling and service provision, 2 community mobilizer/trainers whom will be responsible for community out reach, community mobilization, follow up of defaulters if any, 1 provincial store keeper whom will be responsible for store management. We have removed two food distributors as will not be having MAM services. Will use nutrition nurses both for screening, IYCF counselling and food distribution. Salary detail: Nutrition Nurse: (300 USD *2= 600), Community Mobilizer (300 USD*2= 600), 1 Provincial Store Keeper(300 USD*1)=300 since we have removed Food distributor whom salary was low 150 that is why our unit cost has increased from by removing the food distributor unit quantity is reduced from 7 to 5						
	Section Total						265,303.20

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	Stationary Trauma Centers	S	2	34	12	100.00%	816.00
	Stationary of 2 trauma centers of Nangarhar and Paktya						
2.2	Office Supply Trauma Centers	S	2	50	12	100.00%	1,200.00
	Office supply includes cleaning materiasl/supplies for 2Trauma centes						
2.3	Medical Supplies/Essential drugs Trauma centers	D	2	4000	4	100.00%	32,000.00
	4000 USD per hospital per quarter is allocated for medicine and medical supplies essential please see the list of it uploaded in the documents section (the list include the items, quantity and cost), based on our experience and calculation we had a high number of cases admitted during our running project Medical supplies and a few items of essential drugs for 2 trauma centers based on monthly consumption report. These supplies/drugs include all those items which are even not supplied through EPHS or supplied insufficiently considering the caseload in the hospitals. See ANNEX-3 A List of Drugs and Medical Supply 2 Trauma Centers						
2.4	Essential Drugs and Medical Supplies MHTs/Static HFs	D	4	1600	4	100.00%	25,600.00
	1600 USD is allocated per qaurter per HF that include the essential medicine, medical supplies and selected items for malnourished children and the list of items area attached,. This is based on current consumption of our current project and our experience this average cost as this include medicine, medical supplies and essential medicine for malnourished children Essental drugs and medical supplies for 2 MHTs and 2 Static HFs on quarterly bases and based on IMAM protocole certian medicine such as Amoxicllin, bendazol, Vit A will be given to malnourish children. Please see the BoQ in the document center as Annex 3 revised 2B						
2.5	Stationery/HMIS tools (MHT, Static HF)	S	4	77	12	100.00%	3,696.00
	Stationery/HMIS, forms/tools,OTP and SFP cards for 2 MHTs and 2 Static HF with (an average of 77 USD/M/HF),						
2.6	Office Supply (MHT, Static HF)	S	4	30	12	100.00%	1,440.00
	Office supply includes cleaning materiasl/supplies for 2 MHTs and 2 Static HFs						
2.7	Loading and offloading of nutrition food items	D	1	800	3	100.00%	2,400.00
	loading and offloading of nutrition commodities received from UNICEF and WFP to Khost main store of HealthNet TPO						
2.8	Transportation cost of food commodities from provincial store to health facilities	D	2	250	9	100.00%	4,500.00
	due to space limitation at HFs level there will be monthly supply from provincial store to respective HFs of Lyzha and Matoon						
	Section Total						71,652.00

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	IT Equipments	S	1	5000	1	100.00%	5,000.00
	2 Lap top computers(1 for Kabul office Key project staff and one for Khost health officer) and 2 photo copy machines for hospitals. As per MOPH Hand over policy the lap top being used for Trauma care in Khost hospital will be handed over to the hospital by close out of Trauma care unite, so there is need of one lap top for project manager based at Khost and one lap top is needed at Kabul for Finance and the existing one is being used by the proposed project manager (Technical). in our current CHF project we purchased only one photocopy machine for Kabul office while in this project two photocopy machine is being foreseen for Nangarhar and Paktya trauma care units. The specification of lap top will be Core i7, 1 TB HDD, 6 GB RAM with estimated cost of 1000 USD, Photo copy machine with specification 3 in 1 copy, scanner and printer with cost of 1500 USD						
3.2	Non-Medical Equipment/Furniture Trauma Centers	S	2	1000	1	100.00%	2,000.00
	Non medical equipment/furniture for two trauma Centers will be provided based on need during the project period. Based on our assessment we found that there will be some none medical equipment and furniture are needed based on our estimation and prioritization there will be need of 1000 USD per trauma care unit. HNTPO will conduct a thorough assessment during first month will identify the exact need of each of the two trauma care units and the list will be shared together with first progress report						
3.3	Non-Medical Equipment/Furniture MHT/Static Health Facilities	S	4	3000	1	100.00%	12,000.00
	Non medical equipment/furniture for 2 MHTs and 2 Static health facilites which will be newly established such as desks, tables ,chairs, benches, dust bins, wall clocks etc) Based on our assessment we found that there will be some none medical equipment and furniture are needed based on our estimation and prioritization there will be need of on average 3000 USD per HF. Since two static HFs will be newly established and once we rent the hosue then the list could be prepared and HNTPO will conduct a thorough assessment during first month will identify the exact need of each of the two trauma care units and the list will be shared together with first progress report						
3.4	Medical Equipment Trauma Centers	S	2	1000	1	100.00%	2,000.00
	Trauma related Medical Equipment such as BP sets, stethoscope, thermometer etc will be provided based on need during the project period. Based on our assessment we found that there will be some medical requirements are needed based on our estimation and prioritization there will be need of 1000 USD per trauma care unit. HNTPO will conduct a thorough assessment during first month will identify the exact need of each of the two trauma care units and the list will be shared together with first progress report						
3.5	Medical Equipments MHT/Static HFs	S	4	2500	1	100.00%	10,000.00
	Medical equipment for 2 MHTs and 2 new static health facilities as per need (BP sets, sthatescope, thermometer, otoscope, autoclave,suture sets, stethoscope, delivery table, delivery set, minor suture set etc) Based on our assessment we found that there will be some medical equipment needed based on our estimation and prioritization there will be need of on average 2500 USD per HF. Since two static HFs will be newly established and once we rent the house then the list could be prepared and HNTPO will conduct a thorough assessment during first month will identify the exact need of each of the two trauma care units and the list will be shared together with first progress report						
	Section Total						31,000.00

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	Office Rent Khost for MHT/Static HFs	D	1	500	12	100.00%	6,000.00

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	Office Rent in Khost province for 2 MHTs and 2 Static Health Facilities						
4.2	House rent for 2 new static health faciliities	D	2	150	12	100.00%	3,600.00
	House rent cost for 2 static health facilities which will be newly established for refugees in agreed area						
4.3	Rented emergency Ambulances	D	4	1000	12	100.00%	48,000.00
	one rented ambulance for Paktya trauma Center , one for Nangarhar trauma center and one for each MHTs in Khost. The trauma center ambulances will do referral of emergency patients from the incidence areas to the hospital and from the hospital to the high level specialized hospitals if needed. the Mobile health team will used the ambulances for their daily outreach/mobile health services provision.						
4.4	Trainings	D	11	965	1	100.00%	10,615.00
	Total of 11 training session of 9 topics for trauma care and MHT/Static health facility staff where total of 90 participants will be trained during the project period. These training include mass causality management training, first aide for drivers/support staff and BPHS recommended training for MHT/Static HF staff. IMAM and IYCF training for 7 OPD-SAM and OPD-MAM staff of the two proposed static health facilities each training will be for 5 days. The average cost per session is 965 USD .The detail of the training is uploaded in document section as Annex -2 revised2						
4.5	Minor Rehabilitation of building	D	4	320	4	100.00%	5,120.00
	Minor rehabilitation of 2 trauma centers and 2 static health facilities during the whole project period. this minor rehabilitation includes minor rehabilitation/repair of water supply system, doors, locks etc. Each HF is expected to be minor rehabilitated once per quarter. (320 USD/quarter/HF), based on our experience due to crowd in trauma care units mostly the doors, chairs are broken and walls are damaged. for Static health facilities as they will be rented houses in remote areas so will need rehabilitation and mad plaster during winter.						
	Section Total						73,335.00

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	Travel perdiem and accommodation Cost	D	10	30	12	100.00%	3,600.00
	Travel related cost of 2 trauma centers, 2 MHTs and 2 Static HFs staff for attending meetings, workshops (This cost is allocated for 10 HFs staff) as nutrition staff is also included in this. In addition this line will cover the cost of Kabul based and provincial staff visiting the project sites as well.						
5.2	Aire fare cost (Khost)	D	2	240	4	100.00%	1,920.00
	Air fare cost of staff for supervision and monitoring from Khost						
	Section Total						5,520.00

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	Utilities (Electricity, Gass, Fuel) Kabul office	S	1	50	12	100.00%	600.00
	Kabul office utilities cost which will be used for Water bill, electricity, Gas, Fuel, drinking water) mainly be used as contribution looking at the valume of this project						
7.2	Winter heating Kabul office	S	1	100	4	100.00%	400.00
	Winter heating cost Kabul office only 4 months of winter						
7.3	Repair and Maintenance (equipments and generators)	D	6	30	12	100.00%	2,160.00
	Repair and maintenance of equipment/furniture of 2 trauma centers, 2 MHTs, 2 Static HFs during the whole project period						
7.4	Utilities (Electricity, fuel, Gass) Static HFs	D	2	70	12	100.00%	1,680.00
	Utilities cost for 2 Static HFs; As static clinic will be based in rented house where the payment of electricity (local shared generator by community, fuel , Gas and others) Total of 70 USD per month per static HFs will be used for mentioned purposes.						
7.5	Utilities (Gass, fuel, electricity) Khost MHT Office	D	1	270	12	100.00%	3,240.00
	Utilities cost of Khost office working for 2 MHTs and 2 Static HFs: There will be one office located at Khost center for managing the 4 HFs and the cost of 270 USD will be contribute from this project for Water bill, electricity, Gas, Fuel, drinking water.						
7.6	Winter heating cost MHTs/Static HFs,	D	4	80	4	100.00%	1,280.00
	Winter heating cost 2 MHTs and 2 Static HFs						
7.7	Winter heating cost Trauma Centers,	D	2	135	4	100.00%	1,080.00
	Winter heating cost 2 trauma centers						
7.8	Communication Cost Kabul office	s	1	50	12	100.00%	600.00
	Communication staff of Kabul office for technical support						
7.9	Interneet cost Kabul office	s	1	1000	12	10.00%	1,200.00
	Internet cost of Kabul office for communication with field offices, MoPH ,donor etc						
7.10	Stationary Kabul Office	s	1	30	12	100.00%	360.00
	Stationary cost for Kabul office						
7.11	Office Supply Kabul Office	s	1	30	12	100.00%	360.00
	Office supply includes cleaning materiasl/supplies to office						
7.12	Communication Cost Project Staff	s	20	15	4	100.00%	1,200.00
	Communication cost of Project staff/offices (16 clinical/management staff with an average 20 USD/month)						
7.13	Internet cost Project Office	s	3	40	12	100.00%	1,440.00
	Internet cost of project staff for regular email communication Khost, Nangarhar and Paktya						
7.14	Office Rent Kabul	s	1	5000	12	5.00%	3,000.00
	Kabul office rent 5% which will be used for Key project staff						
7.15	Fuel for Vehicle Kabul office	s	2	300	12	100.00%	7,200.00

Vehicles to be used for Supervision/monitoring of service delivery sites and office use/attending meetings	
Section Total	25,800.00

Sub Total Direct Cost	472,610.20
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.69211965024386%
PSC Amount	33,082.71

Quarterly Budget Details for PSC Amount

2015			2016		Total
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	505,692.91

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Nangarhar -> Jalalabad	35	21758	5755	1500	804	29817	
Paktya	15	3575	869	468	249	5161	
Khost	50	22	21228	10605	10605	42460	

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. ANNEX-1 Benificiaries of the project.xlsx
2. ANNEX-2 Training Plan Health Project HN TPO.xlsx
3. ANNEX-3 A List of Drugs and Medical Supply 2 Trauma Centers.xlsx
4. ANNEX-3 B List of Drugs and Supplies MHTs and Static HFs.xls
5. ANNEX-4 Shift system plan 2 Trauma Centers.xlsx
6. ANNEX-5 Details of Refuges Khost Refugees Dirrectorate March 2015.pdf
7. CHF Afghanistan - Visibility and Communication Guidance.pdf
8. NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
9. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
10. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
11. Agreement of PPHD-MoPH for establishment of HFs in Khost Under CHF fund.jpg
12. Commitment of UNICEF for supply of food commodities for OPD SAM.pdf
13. ANNEX-1 Revised Benificiaries of the project.xlsx
14. ANNEX-2 Revised Training Plan Health Project HN TPO.xlsx
15. ANNEX-1 Revised Benificiaries of the project HNI 340 HFU.xlsx
16. ANNEX-1 Revised-2 April 21 Benificiaries of the project HNI 340 HFU.xls
17. ANNEX-2 Revised-2 April 21 Training Plan Health Project HN TPO.xlsx
18. ANNEX-3 Revised-2 April 21 A List of Drugs and Medical Supply 2 Trauma Centers.xlsx
19. ANNEX-3 Revised-2 April 21 B List of Drugs and Supplies MHTs and Static HFs.xls
20. ANNEX-4 Shift system plan 2 Trauma Centers.xlsx
21. ANNEX-4 Shift system plan 2 Trauma Centers.xlsx
22. ANNEX- 6 Agreement of PPHD-MoPH for establishment of HFs in Khost Under CHF fund.jpg
23. ANNEX-7 Commitment of UNICEF for supply of food commodities for OPD SAM.pdf
24. Annex 8 Management Benefits 1.12.xls
25. ANNEX-9 Stationary Trauma Centers BL 2.1.xls
26. ANNEX-10 Supplies Trauma Centers BL 2.2.xls
27. ANNEX-10 Supplies Trauma Centers BL 2.2.xls
28. ANNEX-11 Supplies MHT Static BL 2.6.xls
29. ANNEX-12 Stationary HMIS Kit MHT and Static HFs BL 2.5.xls