

<b>Requesting Organization :</b>	Medical Refresher Courses for Afghans				
<b>Allocation Type :</b>	1st Standard Allocation				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
HEALTH		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of Health Services for conflict affected population and displaced population of Farah and Paktia provinces				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/1SA/H/INGO/5000		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	248,685.58		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	10/07/2017	<b>Planned End Date :</b>	09/07/2018		
<b>Actual Start Date:</b>	10/07/2017	<b>Actual End Date:</b>	09/07/2018		
<b>Project Summary :</b>	<p>The project aims to scale up on the current activities with 3 additional CHCs, 1 MHT in Paktia and 4CHCs in Farah and to develop new activities in the already supported HFs. The overall objective is to ensure that beneficiaries have access to equitable emergency services through:</p> <ul style="list-style-type: none"> <li>- An access to emergency health services, effective and qualitative trauma care and a professional mass casualty management</li> <li>- An access to essential health services for IDPs and returnees leaving in Paktia.</li> </ul> <p>To achieve these objectives, MRCA will:</p> <ul style="list-style-type: none"> <li>- Reinforce emergency health services in 2DHS and 9CHCs (5 FATP in Paktia and 4Farah) through provision of equipment, additional health workers and rehabilitation</li> <li>- Provide sufficient quantity of medical and non-medical equipment, medicines and supplies to cover extra needs linked to mass casualties and conflict affected patients</li> <li>- Run 1 MHT for IDPs and returnees in 3 townships of Gardez</li> <li>- Coordinate all activities with other stakeholders in the areas.</li> </ul> <p>For the war-wounded patients MRCA will ensure that:</p> <ol style="list-style-type: none"> <li>1) Chamkani and Jayy Aryub DHs have the required trained staff, equipment, supplies and drugs to stay referral trauma centers and are prepared to respond to mass casualties.</li> <li>2) FATP are implemented in Jani Khail and Tameer CHC to stabilize and treat war wounded patients; ER, blood bank supplies, adequate number of trained staff, equipment and supplies needed are available,</li> <li>3) The capacities of Kolalgo, Machalgo and Sayed Karam CHC are enhanced to stabilize and treat war wounded patients by integrating FATP services with trained staff, equipment and supplies.</li> <li>4) FATP services are integrated in 4 CHCs in Farah, with rehabilitation of ER room and provision of equipment.</li> </ol> <p>As SEHAT contracts are under re-announcement, a mitigation strategy has been designed for the PH in ensuring and preventing any disruption of activity in the eventuality of a change. For BPHS Farah, the PHD approved MRCA suggestion to integrate 4 FATPs in CHCs and a MoU has been signed with the current implementer.</p> <p>MRCA will cover the health needs of the IDPs and returnees around Gardez and maintain the activities of the current MHT. Based on the data received from Provincial Migration Department, 32000 persons were settled in February 2017, representing a 39% increase compared to August 2016.</p> <p>Health workers working in the MHT will receive training on essential PHC with a focus on RH, EMoC and vaccination.</p>				
<b>Direct beneficiaries :</b>					
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
13,899	13,443	3,399	3,194	33,935	
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Refugees	8,781	9,139	2,285	2,195	22,400
Internally Displaced People	3,763	3,917	979	941	9,600

**Indirect Beneficiaries :**

Indirect beneficiaries of the project will be the 4594 families of the patients treated.

**Catchment Population:**

Catchment population of the project will be the 516 409 persons living in catchment area of targeted health facilities in Paktia and Farah provinces.

**Link with allocation strategy :**

As mentioned in the 2017 HRP, priority activities will be the ones “with the potential to have the greatest impact on reducing loss of life while ensuring greater proportionality in the coverage of humanitarian needs”.

Moreover, the health cluster will continue to address the health needs of people by assuring and expanding access to 1) emergency health services, effective trauma care and mass casualty management for shock affected population and to 2) essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements.

MRCA proposed lifesaving activities will contribute to reach these objectives in areas of Paktia and Farah defined as priorities by the Health cluster and will comply with a long-term vision for a functional improvement of the existing HF. Data collected from July 2016 to January 2017 in the HFs currently run by MRCA show a clear need for expansion (FATPs) or for facilitating the continuation under EPHS as an exit strategy:

- Farah PH treated 310 war wounded patients, did 106 major, and 71 orthopedic surgeries and provided 161 units of blood transfusion;
- Chamkani DH treated 351 war wounded patients, did 51 minor, 11 major surgeries and, 6 orthopedic surgeries and provided 25 units of blood transfusion;
- Jaji DH treated 241 war wounded patients, did 64 major, 66 minor and 14 orthopedic surgeries and provided with 29 units of blood transfusion;
- Tameer CHC treated 295 war wounded patients and did 97 major and 13 minor surgeries.

This need is also clear on the additional areas where MRCA proposes to expend the project:

- Kolalgo CHC treated, in 2016, 2437 trauma cases, including 61 war injuries and 113 referral cases. Kolalgo is located in a Taliban controlled area, while all other FATP are located in government controlled area. As referral is complicated between these two zones, and considering the high number of trauma cases, it's essential to ensure an access to accurate health services in this area. The upgrade of the CHC to CHC+ has been requested by the community and agreed during a PHCC meeting.
- Saidkaram CHC treated, in 2016, 3 708 trauma cases, including 58 war injuries and 19 referral cases.
- Machalگو CHC treated 1 544 trauma cases including 51 war surgeries and 51 referral cases.
- In Farah Province, 2 882 trauma cases have been treated in Bakwah CHC, 656 cases in Gulestan CHC, 628 in Khak-e-Safid and 248 in Posht-e-Road in 2016. The first 3 districts have been listed as priority by the health cluster while Posht-e-Road is requested by the PHD. Implementation of FATP in those HFs have been validated by the PHD and an agreement will be signed with the next BPHS implementer to set the condition of implementation.

The ongoing insecurity is also a factor for the increase of population displacement. Data received from Provincial Migration Department shows high rate of IPDs and returnees around Gardez city, with more than 32 000 persons living in white areas, an increase of 39% compare to the 23,093 persons in August 2016 and 357% compare to the 7000 planned in the current project. Most of the affected population is settled in informal townships without proper access to basic health care. As health needs of this population were not entirely covered by the current BPHS program, MRCA decided to maintain the current MHT under the 2016 allocation.

For the implementation of this project MRCA will maintain close contact with PPHD, MoPH, local communities, IDP representatives and BPHS/EPHS implementers to ensure efficient mass casualties re

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Estelle Neveu	Head of Mission	estelle@mrca-asso.org	0790587622
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**BACKGROUND****1. Humanitarian context analysis**

Farah: Intense fighting are taking place in Farah due to the presence of opposition forces inside the main cities, several districts and along the road to Herat. From July 2016 to January 2017, 310 war wounded patients were treated, which shows a consistency with the 367 war-wounded patients of the last 7 months 2015.

As there is no military hospital, injured soldiers and policemen are referred to the PH increasing the number of patients. The security situation in Bala Buluk prevents the transfer of patients with the PH ambulance to Herat regional hospital. The PH is the only referral structure for treating adequately the war wounded patients from the province.

Moreover, the needs for treating the trauma cases are high with, for 2016, 4414 trauma cases treated in Bakwah, Gulestan, Khak-e-Safid and Posht-e-Road CHCs. Considering the distance to the PH, with alternative roads to be taken in case of insecurity, the need for integrated FATP is clear.

Paktia is facing an increasing number of casualties with fighting occurring regularly, especially in the districts close to the Pakistani border. 789 war wounded patients were treated in the 2 DHs of Chamkani and Jaji and in Tameer CHC. Jani Khail CHC had to refer most of its patients to Chamkani following fighting and occupation of the building by ANP for several weeks in 2016.

In other parts of the province, high numbers of trauma cases were counted in 2016: 2437 trauma cases in Kolalgo, 3708 in Saidkharam and 1544 in Machalگو. The distance to the PH is from 30 min for Saidkharam to 3 hours for Kolalgo with increased distance due to insecurity and need to take alternative roads. The upgrade of Kolalgo and Saidkharam CHC to CHC+ has been requested by PHCC (Kolalgo) and MoPH (Saidkharam) but without defined date.

Finally, data received from Provincial Migration Department shows high rate of IPDs around Gardez city, with 32 000 persons living in white areas. Most of the affected population is settled in informal townships without proper access to basic health care. As health needs were not entirely covered by the current BPHS program, MRCA decided to maintain the current MHT under the 2016 allocation.

## **2. Needs assessment**

Farah and Paktia are affected by the armed conflict reducing population access to health services while increasing the needs. Improvement of referral system is essential to provide appropriate treatment at DH and PH level.

- In Farah city, MRCA detected a lack of live saving services and appropriate structures to deal with mass casualties' events as only 2 HFs completes the health services provided by the PH for a city of 110400 inhabitants.

- There is no separate hospital for the ANA and ANP, what increased the war wounded and trauma cases treated in the PH. Farah province remains vulnerable to significant security incidents in 2017 and the number of patients in need for trauma care is unlikely to decrease. Based on the data received from the PH, an average of 50 war wounded patients are treated and 11 orthopedic surgeries conducted every month.

- Referrals to Herat Regional Hospital are impossible through official ambulance as it crosses Bala Balluk district, which is insecure and with frequent AOG checkpoints while more than half of war wounded patients belong to ANA or ANP.

- No FATP exists in the province decreasing the access to emergency trauma care for patients, as the PH can be at more than 1 hour drive. The districts of Bakwah, Gulestan, Posht-e-Road and Khak-e-Safid are a priority for this allocation. Building rehabilitation and equipment are needed along with health workers related training.

- In Paktia province, active fighting limit population access to health services especially for women.

- Chamkani is now the referral site for all HFs located in six districts of Paktia province. Considering the needs in terms of surgical and blood bank supplies, not covered under BPHS project, this activity will continue during the project.

- Tameer CHC has been upgraded as CHC+ during the current CHF project.

- Kolalgo, Machalگو and Sayed Kharam CHCs needs renovation and creation of triage rooms with medical/non-medical equipment.

- Staff will also need to be trained on stabilization and management of traumatized patients.

- According to the information provided by the Provincial Migration and Returnees department and the field reality, around 32 000 IPDs and returnees are settled in the three townships in gardez city. The main reason of the massive arrival of IPDs and returnees is the insecurity situation in some of the Paktya districts and the refugees coming back from Pakistan. During the last 10 months, 13,060 OPD, 1700 ANC, 300 DPT3 services were conducted by Paktia MHT and 1,065 diarrhea and 4023 ARI cases were treated in this MHT. The condition of IDP/returnees living in these townships is not satisfactory for their health, as there is no proper shelters facilities. The 32000 IDP and returnees have limited access to health care and vaccination and need support to improve their hygiene and health. From August 2016 to February 2017, 8907 new persons settled in Paktia, including 8016 returnees and 816 IDPs. The continuity of MHT activities is essential to provide hea

## **3. Description Of Beneficiaries**

In the project, three main types of conflict victims are identified: war wounded patients, the population living in white areas affected by the conflict and displaced population, both Internally Displaced Population (IDP) and afghan returnees.

Indirect beneficiaries will be the whole population of Farah and Paktia provinces as the referral system and the mass casualties' response can potentially reach the entire population.

More specifically (based on 2016 HF's data):

- 1935 war wounded patients will be treated in two DHs (Chamkani and Jajy Aryub in Paktia) and 9 CHCs (in Paktia and Farah provinces)

- Emergency MHT services for 32000 IDP's and returnees from three townships of Gardez (Banozai, Rabat and Quli Urdu). Among this population 70% are returnees, the rest are IDPs. (Based on Paktia returnee department).

## **4. Grant Request Justification**

As EPHS and BPHS implementer, MRCA collected and analyzed the medical data and underlined the health needs and gaps in the 3 provinces, crosschecked and validated them with the PHD and hospitals directors. This enables MRCA to ensure that the activities planned will not overlap but rather complete the SEHAT implementation or, for the PH, facilitate the transfer of activities to EPHS.

In addition, MRCA has a long-term experience in health projects' implementation and a good acceptance among the targeted population. MRCA is currently running the BPHS in Paktia and the EPHS in Logar and Farah PH considered as targets area for the CHF funding.

In Paktia and Farah, BPHS facilities are equipped according to the BPHS policy and the HFs are providing primary care services with a lack of capacity for trauma care services. To address the gaps in the BPHS service delivery in term of trauma management in Paktia and Farah districts under CHF priorities, MRCA will integrate FATP services in CHCs in Paktia in (Sayedkaram, Machalgho, Kolalgo CHC, Janikhil and Tamer CHC as for the last it is already integrated in last allocation) and in Farah, FATP services will be intergrated in Khakisafid ,Bakwa, Gulistan and Pusht-e-road CHCs). Since June 2015, MRCA is implementing successfully the CHF project in three provinces (Paktia , Logar and Farah) and has now a larged experience of the management of the CHF funded project.

Increasing and improving the emergency response capacity is essential for the treatment of patients and the referral system in the provinces. In Farah, coordination with BPHS Implementers is essential to enable the referral of trauma cases and war wounded patients to the emergency wards of the PH. In Paktia, coordination with EPHS implementer and Emergency will be essential for referral of the war wounded patients to the center of the province.

With long term implementation of projects in the 3 provinces, and successful upgrade and management of FATPs, MRCA is particularly well placed to implement the proposed project.

- Access to all sites is granted through direct implementation or MoU with implementer.
- The SIMEX simulation to be conducted once a year in the 2 district hospitals will be based on the experience acquired during the current CHF project
- Kolalgo CHC, Saidkharam and Machalgho CHCs will benefit from a renovated ER room, equipped with adequate medical and non-medical equipment and supplied regularly with medical supplies based on lesson learned in Jani Khail and Tameer CHC.
- The same strategy will be followed for FATP to be opened in Farah, in close coordination with the BPHS implementer. A MoU has been signed with the current implementer with whom MRCA has maintained good coordination during PHCC meeting and for referral needs.

Working in the white areas of Paktia is also a priority for MRCA being BPHS implementer in the province and in charge of covering the basic health needs of the population. The health care access of the IDP and returnees settled in Paktia provinces has been improved through the MHT implemented.

In Paktia province, MRCA sub office team has already implemented a close coordination with UNOCHA regional office through meetings, joint monitoring and sharing of information related to the project and its activities. The same will be implemented for the coordination in Farah with the UNOCHA Herat office through meetings , joint mission to Farah and with PHD through PHCC meeting and joint monitoring visits.

## **5. Complementarity**

MRCA being EPHS implementer in Farah province and having designed the current proposal in case implementer changes in next SEHAT allocation, the CHF project will complement the medical services delivered to the target population. Surgical and blood bank supplies currently delivered to the 2 PHs through CHF will be included in EPHS proposal for the same reason. The orthopedic surgeon for Farah PH has been included in SEHAT proposal.

Establishment of FATP in white areas affected by armed conflict will ensure life-saving and stabilization to be delivered to war wounded patient before their referral to health facilities managed by MRCA or by the BPHS implementer in Farah. Tameer CHC has been upgrade as CHC+ within the current CHF project but the full integration into BPHS is not known yet.

Additional supplies will be provided to all FATP as not included in BPHS policy.

Displacement of internal population being in constant augmentation, attention paid to this specific population is needed and referrals for critical cases will ensure the complementary of mobile health teams to our actual BPHS implementation activities in Paktia provinces. The presence of midwives, and the possibility to refer patients to a higher-level HF, especially complement BPHS objective to decrease infant and maternity mortality rates.

Under MRCA current CHF project which ends on the 9th of July 2017, MRCA provides Life-saving trauma care services in Farah and Logar Provincial hospital and in Paktia BPHS HFs (2 DHs, 2CHCs) with the provision of PHC services through 7HSCs, one MHT and one BHC. The implementation of the new CHF project will work as a complement of the current project in term of managing trauma services in Paktia and Farah provinces. The scope of services will not create any overlap with the current CHF project as the nature of the activities in the current CHF project are completely different from this new project.

HN-TPO is implementing activities in the Provincial Hospital run under EPHS while MRCA will implement the project in health facilities run under BPHS in other locations of the province.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

The overall objective of the project is to ensure that targeted beneficiaries have access to equitable emergency services through:

- An access to emergency health services, effective and qualitative trauma care and a professional mass casualty management;
- An access to essential health services for white conflict-affected areas and overburden services due to population movements.

HEALTH							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people		SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	50				
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements		SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	50				
<p><b>Contribution to Cluster/Sector Objectives :</b> In 2017, following unprecedented number of people who fled their homes because of the conflict or who return from a neighboring country, around 9.3 million people will be in need of humanitarian assistance. This includes 9 million people (around 40% of the population) who do not have access or have a limited access to health services and 4.5 million people living in conflict affected districts with a constrained access to health care. Infant and maternal mortality rates remain ones of the highest in the world, with respectively 73/1000 and 327/100 000 live births, and maternal mortality ratio as high as 417/100 000 in rural areas (WHO figures updated January 2015).</p> <p>UNAMA also documented 8,397 civilian casualties (2 562 deaths and 5 835 injuries) in the first nine months of 2016, which is the highest level recorded and 1% increase compared to 2015. The impact of the conflict is tragic especially for kids, with a 15% increase in child casualties compared to 2015. Health partners reported 57 346 war wounded cases for the same period, three times the figures reported in 2011 (19 749 cases).</p> <p>The health cluster priorities focus on life saving activities in ensuring access to emergency health and protective services, with enhanced treatment capacities in health structures as well as an increased access to timely health cares and treatment for patients. The early patient care is essential for trauma cases as well as an easy access to MCH treatments for families. In this project MRCA objective is to work on the reduction of mortality and morbidity, focusing on conflict zones and deprived people.</p>							
<b>Outcome 1</b>							
1. Reduction of mortality for trauma cases in Farah and Paktia provinces							
<b>Output 1.1</b>							
<b>Description</b>							
The MCM plan is effectively implemented in two DHs and 5 CHCs of Paktia and 4 CHCs of Farah							
<b>Assumptions &amp; Risks</b>							
In order to be able to implement the activities linked with this outcome, it is important to assume that:							
<ol style="list-style-type: none"> <li>1. The staff is able to maintain their access to the health facilities despite the security context.</li> <li>2. The turnover of already trained staff on MCM will be low.</li> <li>3. The HFs are staffed</li> <li>4. The next BPHS implemented in Farah is cooperative</li> </ol>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA1-Envelope One: Number of high risk conflict affected districts with at least one first aid trauma post					9
<p><b>Means of Verification :</b> monthly project progress report, HFs register book</p> <p>Bakwa CHC, Khak-e-Safed CHC, Gulistan CHC and Posht-e-Rod CHC in Farah Province Tameer CHC, Machalgho CHC, Sayed Karam CHC, Kolalgo CHC and Janikhil CHC in Paktya province</p>							
Indicator 1.1.2	HEALTH	Number of people served by FATP services					1,935
<p><b>Means of Verification :</b> Monthly project progress report, HFs register book for specific patients receiving first aid trauma care. For complete breakdown and desegregation of beneficiaries see attached excel sheet.</p> <p>In total : 1355 men, 387 women, 135 boys and 58 girls will receive FATP services in 9 CHCs and 2 DHs</p> <p>FATPs are included Bakwa CHC, Khak-e-Safed CHC, Gulistan CHC and Posht-e-Rod CHC, Tameer CHC, Machalgho CHC, Sayed Karam CHC, Kolalgo CHC and Janikhil CHC, Chamkani and Jaji DHs.</p>							
Indicator 1.1.3	HEALTH	Number of FATPs or HFs supported to provide trauma stabilization, treatment and referral services					11
<p><b>Means of Verification :</b> monthly project progress report, HFs register book, HF monthly report</p> <p>FATPs or health facilities providing trauma stabilization, treatment and referral services include Bakwa CHC, Khak-e-Safed CHC, Gulistan CHC, Posht-e-Rod CHC, Tameer CHC, Machalgho CHC, Sayed Karam CHC, Kolalgo CHC, Janikhil CHC, Jaji DH and Chamkani DH</p>							
Indicator 1.1.4	HEALTH	% of war wounded patient referred after stabilization					100

<b>Means of Verification</b> : monthly project progress report, HF's register book All patients in need for referral to higher HF's are transferred						
Numerator: total number of war patients referred to high level HF's after stabilization Denominator: total number of war wounded patients needed for referral						
Indicator 1.1.5	HEALTH	Number of HF's rehabilitated, equipped and supplied				11
<b>Means of Verification</b> : monthly project progress report, HF's register book						
Bakwa CHC, Gulistan CHC, Posht-e-Rode CHC, Khak-e-Safed CHC, Machalgho CHC, Sayed Karam CHC, Kolalgho CHC, Janikhil CHC, Jaji DH and Chamkani DH						
Indicator 1.1.6	HEALTH	SA1-Envelope One: Proportion of individuals receiving trauma care services				100
<b>Means of Verification</b> : Monthly project progress report, HF's register book for specific patients receiving first aid trauma care. For complete breakdown and desegregation of beneficiaries see attached excel sheet. All patients coming to the HF's will receive adequate trauma care. Numerator: Number of people receiving trauma care service in the targeted HF's Denominator : Total number of estimated trauma cases in the catchment area (2462).						
Indicator 1.1.7	HEALTH	Number of inpatient trauma operation (major surgery due to armed conflict) in Chamkani DH (118) and in JajiDH (101)				219
<b>Means of Verification</b> : monthly project progress report, HF's register book						
Indicator 1.1.8	HEALTH	% of case fatality rate from war wounded patients treated in 2 DHs				1
<b>Means of Verification</b> : monthly project progress report, HF's emergency ward register book (2DHs and Tameer CHC)  Numerator: total number of war wounded patients who died during treatment in HF's Denominator: total number of war wounded patients needed for referral						
<b>Activities</b>						
<b>Activity 1.1.1</b>						
<b>Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;</b>						
Trauma units are available at district hospitals (surgical and blood bank supplies).  Purchase and delivery of surgical, anaesthesia and blood bank supplies for war wounded patients in Chamkani and Jani Aryoud DHs in Paktia. The DHs in Paktia, as located closer from conflict affected area, treat a high number of war wounded patients. In order to treat some extra casualties, the hospitals will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the BPHS standard list. Additionally, extra antibiotics will be provided and used for ward wounded patients for surgery in order to decrease the risk of post-operation infection (ceftriaxzon, ampicilin and Mitrogen).						
<b>Activity 1.1.2</b>						
<b>Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;</b>						
Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalghoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.						
<b>Activity 1.1.3</b>						
<b>Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;</b>						
Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalghoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).						
<b>Activity 1.1.4</b>						
<b>Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;</b>						
Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalghoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)						
<b>Activity 1.1.5</b>						
<b>Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;</b>						
Conduct SIMEX simulation exercise SIMEX simulation is planned once a year in Chamkani and Jaji DHs. The exercise will be conducted through technical support of WHO, MRCA CHF PM and hospital advisor. Perdiem, food cost for patient, staff and vehicle rent cost is included (see list attached to the proposal)						
<b>Activity 1.1.6</b>						

<b>Standard Activity : Not Selected</b>							
M&E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.							
<b>Outcome 2</b>							
Improvement of the health access of IDPs and returnees in 3 townships of Gardez district (Paktia province)							
<b>Output 2.1</b>							
<b>Description</b>							
The access to health care services, follow up and basic hygiene and health education is achieved for IDP and returnees							
<b>Assumptions &amp; Risks</b>							
In order to be able to implement the activities linked with this outcome, it is important to assume that: 1. The staff is able to maintain their access to the communities despite the security context. 2. The community acceptance towards the project is good 3. The turnover of staff in the MHTs is low							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	HEALTH	SA1-Envelope One: Proportion of children 12-23 months in 95 priority 'white area' districts covered by the measles vaccination					90
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report  Numerator; total number of children receiving measles vaccination Denominator: total number of children under 2 years living in target area							
Indicator 2.1.2	HEALTH	% of children < 2 vaccinated with Penta 3					90
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report  Numerator; total number of children under two years receiving penta 3 vaccination Denominator; total number of children under 2 years living in the target area							
Indicator 2.1.3	HEALTH	Number of conflict affected people in white areas served by emergency PHC/mobile services.					32,000
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report 12544 men, 13056 women, 3264 boys and 3136 girls will benefit from health services							
Indicator 2.1.4	HEALTH	SA1-Envelope One: Proportion of pregnant women in conflict 'white areas' receiving at least two antenatal care visits					80
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report  Numerator; total number of pregnant women receiving ANC services Denominator; total number of pregnant women in target area							
Indicator 2.1.5	HEALTH	% of women receiving PNC services					80
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report  Numerator: total number of women receiving PNC services Denominator: total number of women conducted deliveries in targetted area							
Indicator 2.1.6	HEALTH	% of pregnant women received TT2+					90
<b>Means of Verification</b> : Monthly MHT report, monthly project progress report  Numerator: total number of pregnant women receiving TT2+ Denominator: total number of pregnant women in catchment area							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;</b>							
MHT staff are maintain / recruited Recruit MHT staff or renew of contracts. Through this project, the employment contract will be renewed for the existing staff of the MHT. The MHT will be composed of: a nurse/MD, a midwife and a vaccinator.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;</b>							

MHT is equipped and provided with adequate supplies on regular basis  
Purchase medical and non-Medical equipment. As the project's duration is 12 months, the needed equipment will be purchased on a monthly basis for MHT.

#### **Activity 2.1.3**

**Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;**

Running costs of MHT are covered  
Rent MHT vehicle. Contract will be renewed or signed with MHT rented vehicle which is used for daily shifting of the staff to the IDP townships in Gardez city. The vehicle of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH.  
Other running costs will be paid such as HMIS and patient files, top-up cards for phone, etc.

#### **Activity 2.1.4**

**Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;**

Health Education sessions and basic health services are provided by the MHT  
Implement MHTs to deliver health care services and health and basic hygiene education sessions to the IDPs. During the entire duration of the project MHT will offer to the IDPs/returnees in the targeted settlements, primary health care services such as EPI, MCH, IMCI as well as other health related services based on the needs and availability. Basic hygiene education will also be delivered by health educator using the standard messages delivered by (MoPH) and distributing basic hygiene items.

#### **Activity 2.1.5**

**Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;**

Referral services are provided by the MHT  
Organize referral and transportation to health facilities through the MHT teams. The vehicles of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH.

#### **Activity 2.1.6**

**Standard Activity : Provide PHC services in underserved cluster designated 'white areas' as well as temporary and mobile services specifically initiated to address the needs of communities with high concentrations of returnees and IDPs;**

Drugs and other medical supplies are provided to the MHT  
Purchase drugs and supplied to MHT. MRCA will purchase and deliver drugs and supplies to the MHT according to an analysis of the consumption and the needs (see list attached to the proposal).

#### **Additional Targets :**

### **M & R**

#### **Monitoring & Reporting plan**

With its long and solid experience in health projects implementation, MRCA has built a strong monitoring and evaluation team with a set of tools for the regular monitoring of its activities. The Monitoring and evaluation unit reports directly to the Deputy Head of Mission and the Head of Mission, guarantying the independence and the accuracy of data and information reported.

The monitoring is organized in different activities:

**Data collection** - As BPHS and EPHS implementer, MRCA has developed an expertise in data collection and analysis at both central and field level. MRCA data collection system is linked with the Health Management Information System (HMIS) of the afghan Ministry of Public Health and a report of the number and type of consultations provided (vaccination, ANC/PNC, etc.). This data collection is effective in all MRCA HF's under EPHS and BPHS and collected every month with cross check on site.

**Monitoring visits** - Regular monitoring missions are organized to provide support and feedback to the field and to the central level, and to ensure a verification of targets and indicators as per project design. These exchanges of information from the field and lessons learnt from the technical team allow a constant follow up of the project target and provide opportunities for implementation adaptation to match with the situation.

**Monitoring tools** - The regular update of the monitoring tools, in coordination with other actors, and in particular with the MoPH is also essential.

MRCA monitoring team, will use the standard MoPH check list to ensure the overall quality of the health care delivery. Monitoring reports will be shared with Humanitarian Financing Unit - HFU once consolidated.

#### Structure

In MRCA main office in Kabul, the MRCA CHF Project manager has the overall responsibility for the implementation and the monitoring of the project in Paktia and Farah provinces.

MRCA Kabul team has periodic monitoring visits of the project activities with feedback to be shared with the CHF PM to improve significantly the health services in all three provinces.

In Paktia province, the health focal point is responsible for the supervision and monitoring of the activities and health facilities included in the CHF project.

In Farah province, a health officer will be hired to monitor the activities in the FATPs and to ensure the coordination with the BPHS implementer at local level.

#### Time frame

Monitoring visits are systematically conducted every month for each Health facility, and this by different actors depending on the location; Tameer and Kolaloo CHCs will be monitored by MRCA BPHS Zurmat district supervisor; Chamkani DH and Jani Khail CHC activities by MRCA BPHS Chamkani district supervisor.

The monitoring reports will be shared with MRCA sub and main offices.

In Farah province, the MRCA Provincial Hospital director will be involved in the monitoring of the project implemented in the PH.

Monthly activity reports of MHT and HSC activities will be used as a tool for project progress review and monitoring.

**External monitoring** - Community elders of target communities will also monitor MHT and HSC activities. The health shuras feedback is shared on regular basis with MRCA to adjust the activities according to the local perception and the needs. Their feedback will be considered for the improvement of MHT and HSC services in the field. PPHD team monitoring and feedback will be shared with MRCA office and recommendations will be transferred in an action plan.

MRCA will submit technical/financial project progress report through GMS to UNOCHA and HUB reporting to health cluster/WHO on monthly basis. During the project progress report submission, M&E report, case study, training report etc will be submitted to UNOCHA

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Trauma units are available at district hospitals (surgical and blood bank supplies).  Purchase and delivery of surgical, anaesthesia and blood bank supplies for war wounded patients in Chamkani and Jani Aryoud DHs in Paktia. The DHs in Paktia, as located closer from conflict affected area, treat a high number of war wounded patients. In order to treat some extra casualties, the hospitals will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the BPHS standard list. Additionally, extra antibiotics will be provided and used for ward wounded patients for surgery in order to decrease the risk of post-operation infection (ceftriaxon, ampicilin and Mitrogen).	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.2: Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.	2017							X	X	X	X	X	
	2018												
Activity 1.1.3: Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) (see the attached list).	2017							X	X	X	X		
	2018												

Activity 1.1.4: Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.5: Conduct SIMEX simulation exercise SIMEX simulation is planned once a year in Chamkani and Jaji DHs. The exercise will be conducted through technical support of WHO, MRCA CHF PM and hospital advisor. Perdiem, food cost for patient, staff and vehicle rent cost is included (see list attached to the proposal)	2017												
	2018			X									
Activity 1.1.6: M&E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.	2017								X				X
	2018		X		X			X					
Activity 2.1.1: MHT staff are maintain / recruited Recruit MHT staff or renew of contracts. Through this project, the employment contract will be renewed for the existing staff of the MHT. The MHT will be composed of: a nurse/MD, a midwife and a vaccinator.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 2.1.2: MHT is equipped and provided with adequate supplies on regular basis Purchase medical and non-Medical equipment. As the project's duration is 12 months, the needed equipment will be purchased on a monthly basis for MHT.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 2.1.3: Running costs of MHT are covered Rent MHT vehicle. Contract will be renewed or signed with MHT rented vehicle which is used for daily shifting of the staff to the IDP townships in Gardez city. The vehicle of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH. Other running costs will be paid such as HMIS and patient files, top-up cards for phone, etc.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 2.1.4: Health Education sessions and basic health services are provided by the MHT Implement MHTs to deliver health care services and health and basic hygiene education sessions to the IDPs. During the entire duration of the project MHT will offer to the IDPs/returnees in the targeted settlements, primary health care services such as EPI, MCH, IMCI as well as other health related services based on the needs and availability. Basic hygiene education will also be delivered by health educator using the standard messages delivered by (MoPH) and distributing basic hygiene items.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 2.1.5: Referral services are provided by the MHT Organize referral and transportation to health facilities through the MHT teams. The vehicles of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH.	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					
Activity 2.1.6: Drugs and other medical supplies are provided to the MHT Purchase drugs and supplied to MHT. MRCA will purchase and deliver drugs and supplies to the MHT according to an analysis of the consumption and the needs (see list attached to the proposal).	2017							X	X	X	X	X	X
	2018	X	X	X	X	X	X	X					

#### OTHER INFO

#### Accountability to Affected Populations

Accountability is an essential part of project implementation as involving beneficiaries and giving them the opportunity to understand and influence key decisions ensure more effective and sustainable results. It also increases the acceptance and appropriation. Accountability is a part of MRCA work and is implemented through written agreement signed with shuras to define roles and responsibilities.

MRCA spends time on explaining the work to be achieved to the elders or representatives of local communities and involves them in decision making process as much as possible.

MRCA works on the 6 accountability components that will be soon included in an accountability policy to ensure that all procedures are compiled in a proper document:

1. Providing information: before starting a project, MRCA meets with the provincial/districts authorities and the community's elders/shuras to explain MRCA global projects, present the work achieved in different provinces and the values of the organization. The 2nd step is to inform about the design of the projects, the time frame and the necessary participation of the beneficiaries to facilitate the implementation, provide access and security and re direct the project if the needs are not met. Listening to communities' approach and needs facilitates the implementation of the projects. The 3rd step is to define, with the communities, the coordination and to formalize the feedback from the elders, to get information about the project from both MRCA staff and beneficiaries sides.

2. Representing the vulnerable: by including communities' elders and health shuras, MRCA aims to work with the representatives of the most vulnerable groups. Disabled people are included in the process to work on their specific needs. The presence of Community Health Workers could be a bridge with the vulnerable people of a community, especially for disabled children.

3. Involving people in the decision process for prioritization of the targets and transportation of the equipment in insecure areas give a sense of ownership and facilitate the implementation. MRCA implementing its activities in most of the insecure districts of Paktia, Logar and Kapisa, community involvement is a major point to be achieved for security.

4. Implementing a complaints procedure: a proper evaluation of services provided to beneficiaries cannot be made without establishing a feedback and complaint mechanism. Complaint boxes exist in all hospital and regular meetings are held. The monitoring team includes staff from main office and is trained to receive feedback from the beneficiaries.

5. The attitudes of NGO staff: MRCA requests and follow up the fact that its staff treat beneficiaries with respect, understand beneficiaries' point of view and do not abuse their position. A chart of ethics is signed by staff managing the projects. Moreover, once the accountability policy is finalized, all staff will be sensitized on it to ensure a good understanding and an efficient implementation.

6. Monitoring: Elders and shuras selected their representatives to be present as to monitor and verify the construction of the HFs or their extension. MRCA foreman would involve these representatives in his monitoring visits and the community could both rely on MRCA monitoring on site and their own monitoring. This solution, already implemented, provided very satisfactory outcomes as the communities were fully involved in the project planning and implementation.

Regarding this specific project, MRCA will work with the Hospital Management Board, representatives of the communities, elders and communities in the place where the HFs are settled, and will communicate with the IDPs and returnees, through their representatives. In HFs and PHs, graphs and explications will be presented to the Board to show the achievement of the projects.

### **Implementation Plan**

This project is an extension of the work already started through the 2016 allocation.

The existing MHT in Gardez will continue. The MHT will provide 5 days/week health services. Health educator will be in charge of raising awareness in the communities through clear messages on basic hygiene, good practices and diseases prevention based on MoPH standard IEC messages.

Supplies of drugs and other medical supplies will be maintained in Jani Khail CHC and Tameer CHC as well.

3 FATP in Paktia (Kolalgo, Machalgo and Sayed Kharam) and 4 FATP in Farah (Bakwah, Gulestan, Khak-e-Safid and Posht-e-Road) will be integrated in the CHCs. Their capacities to provide emergency care and to stabilize the mass casualty patients before referring them to the closest higher level HF will be increased by the renovation and equipment of the ER room.

In Farah province, Bakwah and Gulstan CHC will need more renovation than Pusht-e-road and Khaksafid CHCs. Sayed Karam, Machalgho and Kolalgo CHC emergency room will also need renovation. A MoU has been signed with the current BPHS implementer to set the condition of the implementation as FATP will be integrated in existing CHCs.

Chamkani and Jajy DHs will be prepared for mass casualty incidents and for treatment of war wounded patients.

MRCA will continue to provide extra surgical and blood bank supplies to be able to treat extra patients resulting of armed conflict in the region.

SIMEX will be conducted in 2018 in Chamkani and Jaji DHs as it will be done in 2017 on CHF project 2016-2017.

Under SEHAT contract, EPHS and BPHS Farah were re-announced, and a change of implementer might happen. The mitigation strategy of MRCA consists in designing a proposal with no disruption of activity in the eventuality MRCA is not the next EPHS implementer. The equipment for the PH is planned to be done before end of June, It will be part of the handover activity if PH has to be transferred to another implementer.

For BPHS in Farah: MRCA discussed the issue with the PHD who approved MRCA suggestion to integrate 4 FATPs in the current CHCs. MRCA also approached the current BPHS implementer who agreed on a partnership with MRCA and signed a MoU. If there is a change of implementer, MRCA will sign a MoU with the new implementer during the SEHAT transition period.

In Paktia province, MRCA sub office team has already implemented a close coordination with UNOCHA regional office through meetings, joint monitoring and sharing of information related to the project and its activities. The same will be implemented for the coordination in Farah with the UNOCHA Herat office through meetings, joint mission to Farah and with PHD through PHCC meeting and joint monitoring visits.

<b>Coordination with other Organizations in project area</b>	
<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
Unknown (to be selected per the committee in charge of evaluation proposal for next round of SEHAT projects – MRCA did not apply). Currently CHA	BPMS Implementer in Farah. Collaboration in the implementation of the referral system and the improvement of the health services in the province.
Health net TPO	EPMS Implementer in Paktia. Collaboration in the implementation of the referral system and the improvement of the health services in the province.
UN agencies (WHO/UNICEF/UNHCR...)	Through its participation in the Clusters, MRCA will collaborate with the different stakeholders to not face overlapping of activities in the provinces
MoPH	Meetings with PHD, GCMU, PHCC meetings to implement the project as per MoPH guidelines and standards.
Provincial returnee's directorate	Coordination of the IDP/returnee part of the project.
OCHA	Coordination for a smooth project implementation, reporting
Health cluster	Coordination for a smooth project implementation
EMERGENCY	Coordination with the Italian NGO in Paktia for referral from their FATPs to MRCA health facilities
Unknown (to be selected per the committee in charge of evaluation of the proposal for next round of SEHAT projects – MRCA applied). Currently MRCA	EPMS Implementer in Farah. Collaboration regarding the handover of equipment if another implementer is selected
<b>Environment Marker Of The Project</b>	
B: Medium environmental impact with NO mitigation	
<b>Gender Marker Of The Project</b>	
1-The project is designed to contribute in some limited way to gender equality	
<b>Justify Chosen Gender Marker Code</b>	
<p>MRCA is willing to achieve gender equity in all aspects of its projects. This particular project will take into account the fact that each Health Facility will have at least one female health worker, including the Mobile Health team. In Afghanistan and especially in remote districts, women remain marginalized by their economic, social, and political status. These inequities make women more vulnerable to health risks than men. Socio-cultural norms prevent women from being seen by a male healthcare provider; therefore, MRCA strategy on gender would be to increase the numbers of trained female health workers and develop the referral system ensuring prompt referral to HFs where a skilled female attendant would be available. To be noted that 10 HF's female staff will be trained under the CHF over 60 staffs trained on BPMS components. Considering the MoPH National Gender and Human Rights Directorate's strategy all the BPMS activities planned in Paktia province will be implemented through the consideration of gender and rights based approach with a specific focus on vulnerable groups such as women, girls and boys. Gender is highly considered in the design of the project with the improvement of access to health care for</p> <p>IDPs through Mobile Health team including a midwife or a female nurse, and the referral for patients to the hospital. Women referral includes the presence of Maharam or a member of the family to ensure the respect of the cultural sensitivity. MRCA will provide the transportation for women specific escort. Hygiene promotion will be addressed to both male and female. War wounded patients; stabilization and referral are designed for male and female patients. To recruit and keep the necessary number of female staff workers in the health facilities of this project, MRCA will work on getting the support of the community shuras to provide facilities to the female staff. Renovation work will consider privacy and female friendly spaces in the design.</p>	
<b>Protection Mainstreaming</b>	

The no weapon policy and the respect of neutrality of HFs is challenging in Afghanistan. As an example, Jani Khail CHC has been occupied by ANP after the falling and recapture of the district by governmental forces. Following the fighting and the occupation of the HF, health care services have been interrupted and the renovation of the ER postponed until additional funds were secure to renovate the whole building, as it was impossible to rehabilitate one section of the building only. The fact that there is no military hospital in Farah also increases the risk of weapon presence and harassment of the hospital staff by national forces.

MRCA has regular discussion with the governors of each province to advocate on the need to respect the no weapon policy enforced by Afghan government. No weapon signs advertisement are exposed at sight of everyone in all HFs. Flags will be purchased and display everywhere to clearly identify the clinics and hospital.

Moreover, the principle of "Do No Harm" will be ensured and MRCA is committed to sustainable achievement to avoid the rupture of health services for the patients and to ensure the quality of the services delivered. Therefore, MRCA emphasis on the implementation of MHTs and the 8 HFs located in white areas of Paktia until their inclusion in the BPHS, the equipment and ability of the staff to work on trauma cases and the referral in Farah, Paktia and Logar. The treatment of men, women and children will be done through appropriate trained staff and the presence of drugs will ensure the efficiency of the treatment. To ensure the Do No Harm principle, the training of the staff in remote areas will be done to stabilize and treat the patients and ensure a proper referral. Persons with disabilities and elders will be treated by the health workers and referred with the escort person to the health facilities if necessary through the referral system. Physiotherapists are present in few HF in Paktya, and the referral information will allow staff to orientate the person to the appropriate HF of the province. Attention will be paid to the persons with physical handicap, especially the ones with injuries related to conflict. Within the BPHS managed by MRCA in Paktya province, the Health Workers in the health post are oriented on the main protection issues and able to provide information and referral to vulnerable groups such as persons with physical and mental disabilities. The privacy of the treatment, especially for women patients is key and considered in the HFs through the ongoing rehabilitation and partitions. MRCA will make sure to get the active participation of the elders and the community representatives to ensure a feedback and understanding on the project. This will ensure a participation of the community to the project and their empowerment in term of health referral and knowledge. The feedback mechanism through the health shuras and the elders is a way to address critical needs evolving during the project. MRCA will actively seek the participation of representative from PwD group to ensure that their specific needs are considered and included in the referral system. The human resources of the project will be recruited based on their experiences and skills in health care and MRCA will make sure they will not request any cash for assistance. Female staff will be dealing with female patients ensuring the respect of the local culture. The cultural awareness and adaptation is key for inclusion of women as patients in this project. The principle of equality will be followed for the staff recruitment and the patients' treatment. People with specific needs, will be transferred to the main hospital through the MHTs and ambulances.

Finally, regarding the neutrality principle, MRCA will continue to treat all the patients, regardless of their ethnicity and their potential affiliation with political or belligerent groups. Dignity and respect of the beneficiaries will be ensured and monitored.

### **Country Specific Information**

#### **Safety and Security**

MRCA, as non-governmental and non-political organization, is committed to provide services to all population of the districts where services are implemented. In this regard, involvement of the community in management of HFs through local health shuras is imperative. It insures the development of community awareness about the role of NGOs and the mission of MRCA in the three provinces. This will play a vital role in provision of a safe working environment for health care workers. Necessary time will be allocated for the coordination with the elders as the safety of the staff is core priority to MRCA. Development of acceptance is very efficient strategy to avoid security and safety incidents. National staff are facing critical issues in term of security in Afghanistan with increasing rate of violence against them. MRCA developed a recruitment process based on the acceptance of the staff by communities and knowledge of the context. MRCA supervisors are recruited from areas which are more sensitive to ensure context analysis and safe access. Female health worker often get supplementary salary to cover safe transportation, the presence of a maharam or accommodation. Security situation in Farah and Paktia is highly volatile and imposes challenge for implementation of the project. Impacts of armed clashes on civilians and belligerents justify intervention of MRCA in term of trauma care and life saving activities. Problematic access of some districts of Paktia province is one of the main reasons why provision of quality health care and presence of qualified health staff is jeopardized. Therefore, to reduce risks for staff members, MRCA developed a set of security tools that enables the analysis of the risk and vulnerability of the organization, and way to overcome challenges. In Farah province, MRCA will rely on BPHS implementer knowledge and acceptance in the areas were FATPs will be implemented, as well as along the roads.

MRCA is currently recording and reporting security incidents to MoPH, donors and stakeholders when needed. Monthly analysis and specific security incidents, is shared during coordination meeting with different staff of Paktya, Project Manager and Kabul office management team to adjust security measures. Several MRCA Kabul office staffs received training from INSO (logistics staff, guards), and managers received trainings on security management. Provincial staff will be trained through INSO when/where possible. The global security analysis is led by the Head of Mission with assistance of key staffs based in provinces. Grounded on the policy and context analysis, depending on the district and actors at the time of the year, the security measures are adapted, going from punctual movement restriction for the staff to potential closure and relocation of Health facilities if there is a particular threat. The districts with open conflict ongoing are hazardous in term of staff safety, especially during movements. However, to mitigate the risk, MRCA will assure that the staff and vehicles used are identified as belonging to a neutral health organization. MRCA will ensure that the behavior of the staff, during their duty, is in line with principles of independence, transparency and neutrality. Through shuras at community level, all parties are informed about MRCA presence and health activities, allowing good level of acceptance and therefore security and access for the staff. Police, national and international forces will not be associated to actions conducted by MRCA staff to avoid confusion and to ensure the security of the MRCA workers and patients. "No weapon" policy in the health facility compounds will be maintained and monitored. Official letters provided by the MoPH will be used to reinforce this specific policy.

#### **Access**

To ensure MRCA's ability to reach the population and to the population to reach the health services, MRCA developed different strategies and ensured a coordination with other agencies at local level. The main access strategies are development of acceptance, coordination with elders and local actors, analysis of lesson learned from past activities. MRCA is currently working in Farah for the implementation of the EPHS and in Paktia implementing the BPHS and a CHF project. From January 2013, MRCA started to work in Farah as EPHS implementer. An important work has been done in informing the population and upgrading the quality of the health services provided in the PH. The increase of beds from 100 to 120 and Balance Score Card (BSC) results for Farah PH from 70.8 in 2012/2013 to 87.4 in 2016 show the improvement and achievements done under MRCA management. All along the project, the hospital provided quality health services to its target population. An increased number of trained staff and new equipment were keys in attracting patients to a well-equipped and qualified hospital. The result for equipment functionality index in the 2016 BSC was 97.6% which show great achievements compared to the 77.8% in 2012-2013 BSC. MRCA's name and activities are now known and respected in Farah.

MRCA is perceived as a neutral organization treating equality all the patients.

MRCA worked in Paktia for the past 20 months managing 45 health facilities, one MHT and 350 health posts. A TSFP and a malaria program complement the activities on the key components of BPHS and to CHF project. MRCA is active in area controlled by government as well as others. Activities are designed as per need analysis allowing all parties provision of health care. The key staffs are from the province and well known and accepted within the communities. MRCA worked on the improvement of the health services to provide quality health services in the remote areas, with female staff present to treat the women. MRCA recruits staff for the HFs as per MRCA HR policy and gives the priority to the staff presenting the necessary qualities and skills for the position. MRCA will continue to monitor the level of satisfaction of the beneficiaries and communities to ensure a safe and wide access to the staff.

The access strategy is specific to each context, and in some districts, local supervisors have been recruited in BPHS to ensure the supervision and the liaison with the shuras. Adaptation and flexibility to the moving context is crucial. MRCA, as mentioned in the paragraph of accountability, will work specifically on the information, coordination, feedback and involvement of the communities for the success of the project. For the past 20 months, none of the Health facilities or Health activities managed by MRCA were directly targeted except in Jani Khail where ANP occupied the building for few weeks and in Laja Mangal where the husband of the midwife were injured by a sniper (probably mistaken for a staff from district governorate office). In both cases, clinics were located close to district center what represent an additional risk to tackle when working in conflict and unstable areas. None of the staff was affected for being on duty or being an MRCA staff. However, several security incidents occurred and due to collateral effects, caused damages to the HF buildings.

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Head of Mission (expatriate)	S	1	5,432.68	12	10.00	6,519.22
	<i>MRCA Head of Mission is an expatriate position. She/he will be in relation with the donor for all project related issues. She/he will review all reports and follow the right implementation of the project. She/he is involved in the design and implementation of new policies and tools as per organizational audit recommendation. She/he represents the NGO in stakeholders meetings</i>						
1.2	Assistant Head of Mission (expatriate)	S	1	2,946.30	12	10.00	3,535.56
	<i>MRCA Assistant Head of Mission is an expatriate position. She/he will assist the Head of Mission in daily tasks (reviewing narrative reports, Payment Approvals, budget follow-up, etc.) and will contribute to the relation with donors, clusters, and other partners. He/she will work in link with the admin/internal auditor to be hired soon in Paris and will review all document before HoM and DHoM signature (compliance with MRCA's policies, donor's regulation, etc.). He/she will participate in the training to be provided by the internal auditor and will help the HoM to ensure a proper follow-up of recommendation given.</i>						
1.3	HR and Logistics Coordinator (expatriate)	S	1	4,045.09	12	10.00	4,854.11
	<i>MRCA HR and Logistics Coordinator is an expatriate position. She/he will manage HR and Logistics Departments. She/he will follow all HR activities (recruitment, appraisals, trainings, payrolls, etc.), purchase processes, asset management and make sure that the documents are following MRCA Policies and OCHA requirements. She/he will be involved in the training of staff on new policies and procedures.</i>						
1.4	Deputy Head of Mission	S	1	2,517.86	12	10.00	3,021.43
	<i>The Deputy Head of Mission will follow and give advices to the project coordinator. He will ensure a good relation with all administrations and officials at the local and national levels. He supports the HoM in ensuring an efficient implementation of the project, review reports and participate to monitoring visits on the field</i>						
1.5	CHF Coordinator based in Kabul	D	1	1,335.21	12	100.00	16,022.52

	<p>The CHF coordinator will be in charge of the monthly data reporting to the Health Cluster, the narrative reporting to OCHA, the implementation and follow up of the activities in the two provinces, the monitoring through regular field visits in Farah and Paktia and the follow up of expenditures. He will ensure the respect of MRCA policies, OCHA rules and regulations and MoPH standards in the implementation of the project. This person will participate in the recruitment of key staffs of the project and will ensure their management and supervision. He has been hired at the beginning of the project in 2016 and his contract will be extended for the proposed project to continue the current activities and launch new ones without any delay. CHF coordinator is in charge of the proper implementation of the project as per project description and proposal, to provide monthly and quarterly reports of project activities to the Deputy HoM, to participate in coordination meeting with the WHO, other NGOs and governmental agencies at provincial level (participation to PHCC meeting) to ensure the project achievements, adjustments and project expenses based on the project proposal, to ensure that MRCA established policies, procedures and objectives are in place, to work on the continuous quality improvement initiative works/ performance, to identify and make decisions to solve immediately any problem which might interfere in the delivery of services or in achieving the project objectives and provide report to the Deputy Head of Mission, to work closely with technical and admin/finance officers on the field level in the implementation of the project, to evaluate and supervise the performance of the CHF staffs on regular basis.</p> <p>He will travel to the different location in order to supervise all the activities and ensure a supervision/control of the project. This staff is key in term of coordination, implementation and verification of the project.</p> <p>Salary as current payroll +5% increase.</p>						
1.6	Support Service Officer for CHF based in Gardez	D	1	518.68	12	70.87	4,411.06
	<p>As per current payroll + 5% increase. The support service officer based in MRCA Gardez sub office will be in charge of supervising the procurement process and ensuring the respect of MRCA procurement policies. He/she will be responsible of structuring the HR department for the staff of CHF Paktia (HR files, attendance sheets, payrolls). Finally this person will also collect on monthly basis the financial documents from the CHF HFs, verify the conformity of the administrative documents and link with Kabul Office administrative department. This person has been hired during previous project and his contract will be extended for the proposed project in order to make sure there is no gap in the administrative procedure. This position will be shared with UNDP project in Paktia for 6 months (July - December 2017)</p>						
1.7	Health Focal Point CHF in Gardez	D	1	575.17	12	100.00	6,902.04
	<p>As per current payroll + 5% increase. The health focal point based in Gardez will supervise and monitor the functionality of all the HFs supported in Paktia and ensure that the quality of care is delivered according to MoPH standards. This position requires an easy access to all the districts of Paktia. As this project is the continuity of a project that was funded by OCHA, this position will be maintained starting from July.</p>						
1.8	Health Officer for Farah	D	1	410.00	12	100.00	4,920.00
	<p>The health officer based in Farah will ensure the coordination of the activities in Farah in link with the PM in Kabul, PH director, in-charge of the HFs where FATP will be implemented, BPHS implementer and PHD. He will supervise and monitor the functionality of the 4 FATPs, organize training for FATP staff and ensure that the quality of care is delivered according to standards. This position requires an easy access to all the districts of Farah where the project will be implemented.</p>						
1.9	Foreman based in Gardez	D	1	500.00	5	100.00	2,500.00
	<p>Planning and supervision of the construction/renovation of the FATPs in Paktia. Salary based on previous project. Construction is planned for 4 months duration but planning and design need to be handled beforehand, reason why the staff is hired for 5 months. Logistic team in Kabul will not be involved in construction planning and supervision but mainly involved in supply, procurement, etc.</p>						
1.10	Foreman based in Farah	D	1	450.00	5	100.00	2,250.00
	<p>Planning and supervision of the construction/renovation of the FATPs in Farah. Salary based on previous project in Paktia. Construction is planned for 4 months duration but planning and design need to be handled beforehand, reason why the staff is hired for 5 months. Logistic team in Kabul will not be involved in construction planning and supervision but mainly involved in supply, procurement, etc.</p>						
1.11	MD for MHT in Paktia	D	1	323.53	12	100.00	3,882.36
	<p>As per current payroll and considering 5% increase from January 2018 (as per NSP). One general practitioner will be part of the mobile health team as critical cases and several pathologies required specific medical attention.</p>						
1.12	Midwife for MHT in Paktia	D	1	301.96	12	100.00	3,623.52
	<p>As per current payroll and considering 5% increase from January 2018 (as per NSP). Midwife will be present to identify complicated delivery cases that need to be referred and to provide ANC and PNC services.</p>						
1.13	Vaccinator for MHT in Paktia	D	1	154.06	12	100.00	1,848.72
	<p>As per current payroll and considering 5% increase from January 2018 (as per NSP). Vaccinator will insure EPI services are available to displaced population and returnees.</p>						
1.14	Health/Hygiene Educator for MHT in Paktia	D	1	162.28	12	100.00	1,947.36
	<p>As per current payroll and considering 5% increase from January 2018 (as per NSP). The educator will deliver basic messages about breastfeeding, hygiene, nutrition, reproductive health, etc. to the target population</p>						
1.15	Kabul Medical Team	S	4	1,153.40	12	12.00	6,643.59

	<p>The M&amp;E Officer (monthly salary 82,086 AFN) will be in charge of the monitoring and evaluation of the activities in Paktia and Farah through regular field visits, onjob training and submitting reports to the coordination team.</p> <p>The Technical Officer (monthly salary 79,310 AFN) will be in charge of HMIS data verification and analysis, integrating HMIS data for the project into the whole database for Paktia and sharing it with MoPH. He will support the project coordinator to conduct training.</p> <p>The Hospital Advisor (monthly salary 91,464 AFN) will be in charge of the monitoring and evaluation of the activities in the PHs and DHs through regular field visits, on job training and submitting reports to the coordination team. He will support the project coordinator in the organisation of the SIMEX.</p> <p>The pharmacist supervisor (monthly salary 52 592 AFN) will be responsible for preparing the drug list for purchase according to the needs and to the analysis of the previous consumption. He will be in charge of ensuring the quality of the drugs and of their storage on the field by regular field visits.</p> <p>As per current payroll and considering 5% increase from January 2018.</p> <p>12% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province.</p>							
1.16	Kabul Finance, HR, Logistics, etc.	S	6	845.58	12	12.00	7,305.80	
	<p>The Finance Coordinator (monthly salary 99,000 AFN) will be in charge of the review of financial reports, follow up of the expenditures versus budget, final validation of the financial documents coming from the field, provision of technical support to CHF staff on financial issues.</p> <p>The Finance Officer (monthly salary 67,710 AFN) will be in charge of the preparation of the vouchers and of financial reports. He will prepare EMIS report for the project if requested by MoPH.</p> <p>The Accountant Supervisor (monthly salary 46,000 AFN) will be responsible of the preparation of the vouchers and the management of bank accounts, cash boxes, payments and transfers.</p> <p>The Accountant Assistant (monthly salary 32 960 AFN) will be responsible for the verification of supporting documents and data entry in accountancy software.</p> <p>The Logistic Supervisor (monthly salary 45,115 AFN) will be in charge of ensuring the respect of MRCA procurement policy in the purchase of non-medical equipment and supplies for CHF project. He will be responsible of the verification of the items purchased, the deliveries and good reception of the items in the different locations.</p> <p>The Purchase Supervisor (monthly salary 45,115 AFN) will be in charge of ensuring the respect of MRCA procurement policy in the purchase of medical equipment and bidding processes for construction for CHF project. He will be responsible of the verification of the purchase documents and processes.</p> <p>This team will also perform field visits to control and follow the good implementation of MRCA procedures.</p> <p>As per current payroll and considering 5% increase from January 2018.</p> <p>12% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province.</p>							
1.17	HR Assistant	S	1	650.40	12	10.00	780.48	
	<p>The HR assistant (monthly salary 43 061 AFN) will in direct link with the support service officer in Gardez, will ensure the payment of salaries of the CHF team and, will follow the HR issues and full implementation of MRCA HR policy (recruitment, work permits, annual leaves and appraisals follow-up, etc.)</p>							
1.18	Kabul Guards, cleaners, cook, drivers	S	15.5	240.35	12	10.00	4,470.60	
	<p>Participation of the office cost, for meetings with MOPH/OCHA/WHO/Cluster/PHD, and transportation of the staff involved in the project. The cleaners in order to maintain the office clean, the guards in order to secure the office, the cook in order to provide food for the staffs and finally the drivers to transport the staff involved in the project to the meetings, to go to the market, to do the purchases...</p> <p>The unit costs are as follow: the cleaners and guards will receive a monthly salary of 14,420 AFN; the drivers will received a monthly salary of 19,810 AFN; the cook will received a monthly salary of 16,006 AFN. MRCA is paying a part of the daily transportation cost for the support staffs (amount depending on their location).</p> <p>In MRCA Kabul Office the shifts are organized between 4 drivers, 8 guards and 1 half-time guard, 2 cleaners and 1 cook.</p> <p>As per current payroll and considering 5% increase from January 2018.</p>							
	<b>Section Total</b>						<b>85,438.37</b>	
<b>2. Supplies, Commodities, Materials</b>								
2.1	Health Promotion items for MHT Paktya	D	250	1.61	12	100.00	4,830.00	
	<p>For hygiene promotion and sensitization, for hygiene training, provision of soaps, tooth paste and tooth brush, plastic jars for hand washing. List attached. Quantity was established according to last year consumption. Items are provided to improve basic corporal hygiene for extremely vulnerable individuals suffering mainly from war related injuries. Every month, 250 hygiene kits must be distributed to the targeted population. 12 months are planned as starting date has been postponed.</p>							
2.2	HMIS and reporting documents for MHT	D	1	10.02	12	100.00	120.24	

	<i>Printing of HMIS template for HFs. The detailed list has been attached</i>						
2.3	Reporting documents for FATPs	D	11	2.99	9	100.00	296.01
	<i>Printing of Reporting Forms for FATPs. As the breakdown between trauma cases and war wounded cases is not available in HMIS format, there is a need to provide additional templates for reporting. The price of one registration book is 2.99 USD.</i>						
2.4	Drugs and Surgical supplies for 1 Mobile Health Teams	D	1	457.96	12	100.00	5,495.52
	<i>Purchase done on quarterly basis in Kabul. Suppliers are selected based on the best value for money offer. MRCA ensures that selected supplier provide COPP and GMP certificate. List provided.</i>						
2.5	Drugs and Surgical supplies for 9 FATPs	D	9	273.71	9	100.00	22,170.51
	<i>Purchase done on quarterly basis in Kabul. Suppliers are selected based on the best value for money offer. MRCA ensures that selected supplier provide COPP and GMP certificate. List provided.</i>						
2.6	Medical supplies (surgical+blood bank) and extra drugs for Chamkani DH and Jajy DH	D	2	951.32	12	100.00	22,831.68
	<i>List attached.</i>						
2.7	Furnitures for Health Officer in Farah	D	1	161.76	1	100.00	161.76
	<i>The health officer will need a basic office to perform his responsibilities. List attached.</i>						
2.8	Stationaries Cleaning supplies for HFs	D	2	35.77	12	100.00	858.48
	<i>Based on last CHF project expenses. List has been attached</i>						
2.9	Stationaries Cleaning supplies KO, Paktia S/O and for Farah Health Officer	S	3	32.51	12	100.00	1,170.36
	<i>Based on last CHF project expenses. List has been attached</i>						
	<b>Section Total</b>						<b>57,934.56</b>
<b>3. Equipment</b>							
3.1	Medical and non-medical equipment 7 FATP	D	7	3,528.99	1	100.00	24,702.93
	<i>List attached. List a per MoPH standards. Equipment does not need to be purchased for Janikhil and Tameer CHCs as it has already been done.</i>						
3.2	IT equipment	S	1	632.35	1	100.00	632.35
	<i>1 Laptop (367.64 usd) and 1 printer/scanner (264.71 usd) for the new Health Officer of Farah</i>						
	<b>Section Total</b>						<b>25,335.28</b>
<b>4. Contractual Services</b>							
4.1	Rehabilitation 7 HFs for FATP	D	7	1,777.80	1	100.00	12,444.60
	<i>An estimated amount will be allocated for each FATP of Paktya (3) and Farah (4) provinces, a list is attached.</i>						
4.2	Rent vehicle for MHT in Paktia	D	1	578.00	12	100.00	6,936.00
	<i>MHT in per definition mobile and a vehicle is needed. We will continue the ongoing rental contract of the current MHT vehicle (578 USD per month). This vehicle will also enable MRCA to refer patients to the PH when needed.</i>						
4.3	Rent vehicle for supervision in Paktia	D	1	578.00	12	70.00	4,855.20
	<i>One vehicle to be rented for the health coordinator, the admin and the monitoring team to visit the HSC of Paktia, participate to coordination meetings in the province. We will continue the ongoing rental contract of the current supervision vehicle (578 USD per month). Cost is shared with BPHS</i>						
4.4	SIMEX 2 DHs	D	2	911.76	1	100.00	1,823.52
	<i>In Jaji Aryoub DH and Chamkani DH, 1 simulation exercise will be planned. The cost considered the rent of vehicle, the printing of material (triage cards...), the filming of the exercise, the food, the patient's per diem. Food cost and per diem is required for volunteers to ensure their participation in simulation exercise (otherwise they may refuse). Details of the cost attached.</i>						
	<b>Section Total</b>						<b>26,059.32</b>
<b>5. Travel</b>							
5.1	Monitoring flights to Farah	S	2	300.00	6	100.00	3,600.00
	<i>Access from Kabul for the monitoring team will be done by air in order to provide security conditions for people living outside of Farah province.</i>						

5.2	Monitoring flights to Paktya expatriate staff	S	1	280.00	2	17.00	95.20
	<i>Expatriate staff (Head of Mission, HR/Logistics Coordinator or HQ member) will monitor the project implementation directly in Paktya city, Gardez. Travel will be by UNHAS flight only because of the security along the road.</i>						
5.3	Rent KO vehicle in KO for M&E visits and activities linked to the project in Kabul	S	1	588.00	12	30.00	2,116.80
	<i>One car will be rented in order to enable the monitoring visits of Kabul M&amp;E team in Paktia by road. This vehicle will also be used by other head office staff as HoM, finance, admin and support team and CHF manager in order to travel to the different locations mentioned.</i>						
5.4	Perdiem M&E mission to Paktia and Farah	D	5	15.00	12	100.00	900.00
	<i>As per MRCA policy (15 USD per person per day) 12 visits x 5 staffs</i>						
5.5	Transportation of supplies	D	2	406.18	4	100.00	3,249.44
	<i>Transportation of drugs, supplies, equipment from Kabul Office to Farah (441USD per trip) and Paktia (130 USD per trip). Trips will occur every quarter. Should also be included transportation of equipment and supplies from Farah to each FATPs according to each distance. See table attached</i>						
5.6	International travel	S	4	1,200.00	3	17.00	2,448.00
	<i>Due to the high security level of the mission, expatriates are entitled to leave the country every 10 weeks as per MRCA R&amp;R policy. Head of Mission, Assistant Head of Mission and HR/Logistics Coordinator will remain for 3 travels during the CHF project, HoM essential positions to design, implement and follow up the CHF project. 3 plane tickets per year are added for HQ visits to Kabul.</i>						
	<i>17% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province.</i>						
5.7	Visas and work permits for expatriates and HQ members' visits	S	3	840.00	1	17.00	428.40
	<i>For 3 permanent expatriate staffs of Kabul Office, 6 months visa is 300 USD, 1 month visa (beginning of the mission) is 90 USD and annual work permit is 150 USD.</i>						
5.8	CHF Paktya Sub-Office staff visits to HFs (Per Diem, food)	D	2	90.00	12	100.00	2,160.00
	<i>Support Services Officer, Health Focal points and Foreman will need to visit regularly the HFs of Paktya for supervision. 2 visits planned per month in 2 provinces. Paktia: 3 personnes x 15 usd. Farah: 2 persons x 15 usd. Total of 6 persons x 15 usd = 90 usd / month</i>						
5.9	Health Officer and Foreman visits to the FATPs in Farah	D	1	86.27	12	100.00	1,035.24
	<i>Health Officer and Foreman will visit regularly each FATPs for the supervision of activities, use of equipment and rehabilitations. 15 times per HF for the Health Officer and 5 times for the Foreman (his contract is for 5 months). Details for transportation costs are provided in a table.</i>						
	<b>Section Total</b>						<b>16,033.08</b>
<b>6. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. General Operating and Other Direct Costs</b>							
7.1	Running Costs Kabul Paktia offices and Farah health officer	S	3	93.05	12	100.00	3,349.80
	<i>% of allocation of the running cost of Kabul office, host place for the staff involved in the project.</i>						
	<i>This includes 100% of sub-offices costs and 17% of Kabul office costs</i>						
7.2	Communication costs for HFs and CHF staffs	D	7	95.10	12	100.00	7,988.40
	<i>Mobile phone top up for the MHT, the BHC and the 7 HSCs and 2 Foremen, internet flash and phone credit for CHF PM, Health Officer, Support Services Officer and Farah Health Focal Point. List attached.</i>						
7.3	Communication costs for Kabul Office	S	1	687.50	12	17.00	1,402.50
	<i>% of allocation of the communication costs of the of Kabul and Paktia offices to communicate with the field level.</i>						
	<i>17% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province. "</i>						

7.4	Winterization for 1 MHT	D	1	180.00	1	100.00	180.00
	<i>For winterization (purchase of wood) for the MHT (gas). Detailed budget attached</i>						
7.5	Winterization for offices	S	3	313.39	1	100.00	940.17
	<p><i>% of allocation of the winterization costs of the of Kabul and Paktia offices and full winterization for the small office of the health officer in Farah</i></p> <p><i>17% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province.</i></p> <p><i>Winterization for Farah Health Officer's room is considered as follow:44.12usd for a local bukhalis and 66.18 usd wood per month for 3 months. It has been considered at 100%</i></p>						
7.6	Rent of Office in Kabul and Provinces	S	2	1,044.12	12	17.00	4,260.01
	<p><i>"% of the cost of Paktia and Kabul office for the staff working on the project in Kabul and in Paktia. Monthly rent of Kabul Office is 1,749 USD and the monthly rent of Paktia sub office is 747 USD.</i></p> <p><i>17% represents the proportion of CHF in MRCA global budget for a year, including project changes. It takes into account : the planned decrease of the global budget at the end of June as well as the fact that the project is located in two different provinces, with a complex overall management. The Kabul Office team will spend more time to implement and follow up this project than a project focusing only on one province. Housing of HoM and HR/Logistics Coordinator is indispensable in Kabul.</i></p> <p><i>MRCA Paktya Sub-Office rent is also partly included in this line because all CHF staff that are based in Paktya will work from this office during the project."</i></p>						
7.7	Rent of a room in Farah city for Health Officer	S	1	58.82	12	100.00	705.84
	<i>The Health Officer, based in Farah will stay in Farah city. The rent considered here is 58.82usd per month</i>						
7.8	Security	S	1	3,672.35	1	50.00	1,836.18
	<p><i>MRCA contracted a Radio Room service with another French NGO. Every time an expatriate staff is moving (from Guest House to Office, for meetings, etc.), expatriates call the operator before leaving and after arriving to destination. That service amounts 1,126 USD per year.</i></p> <p><i>Lumpsum amounts are also estimated for MRCA Kabul Office and Jaji Aryoub and Chamkani DHs. These amounts will be used to increase the security of the facilities (reinforcing doors, put bars on windows, fences, gates, etc.). It will also allow us to purchase cupboards for the visitors to put their weapons before entering the hospitals (related to the hospitals no-weapons policy).</i></p> <p><i>Included in this line is also flags for each HF (Health Facility flag, no-weapon flag).</i></p>						
7.9	Bank Charges	S	1	79.41	12	100.00	952.92
	<i>3 bank accounts are considered here. 2 CHF main accounts (USD and AFN) and 1 CHF Sub-account (AFN) for the direct use of the project .</i>						
	<b>Section Total</b>						<b>21,615.82</b>
	<b>SubTotal</b>		380.50				<b>232,416.43</b>
	Direct						171,347.11
	Support						61,069.32
	<b>PSC Cost</b>						
	PSC Cost Percent						7.00
	PSC Amount						16,269.15
	<b>Total Cost</b>						<b>248,685.58</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Paktya -> Gardez	10	12,544	13,056	3,264	3,136	32,000	<p>Activity 2.1.1 : MHT staff are maintain / recruited Recruit MHT staff or renew of contracts. Through this project, the employment contract will be renewed for the existing staff of the MHT. The MHT will be composed of: a nurse/MD, a midwife and a vaccinator.</p> <p>Activity 2.1.2 : MHT is equipped and provided with adequate supplies on regular basis Purchase medical and non-Medical equipment. As the project's duration is 12 months, the needed equipment will be purchased on a monthly basis for MHT.</p> <p>Activity 2.1.3 : Running costs of MHT are covered Rent MHT vehicle. Contract will be renewed or signed with MHT rented vehicle which is used for daily shifting of the staff to the IDP townships in Gardez city. The vehicle of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH. Other running costs will be paid such as HMIS and patient files, top-up cards for phone, etc.</p> <p>Activity 2.1.4 : Health Education sessions and basic health services are provided by the MHT Implement MHTs to deliver health care services and health and basic hygiene education sessions to the IDPs. During the entire duration of the project MHT will offer to the IDPs/returnees in the targeted settlements, primary health care services such as EPI, MCH, IMCI as well as other health related services based on the needs and availability. Basic hygiene education will also be delivered by health educator using the standard messages delivered by (MoPH) and distributing basic hygiene items.</p> <p>Activity 2.1.5 : Referral services are provided by the MHT Organize referral and transportation to health facilities through the MHT teams. The vehicles of the MHT will be able to be used as referral transportation for delivery cases and obstetric complications to Paktia PH.</p> <p>Activity 2.1.6 : Drugs and other medical supplies are provided to the MHT Purchase drugs and supplied to MHT. MRCA will purchase and deliver drugs and supplies to the MHT according to an analysis of the consumption and the needs (see list attached to the proposal).</p>

Paktia -> Sayedkaram	10	45	13	4	2	<p>64 Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Paktya -> Ahmadaba	10	40	11	4	2	<p>57 Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Paktia -> Zurmat	10	271	77	27	12	387	<p>Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Paktya -> Alikhel (Jaji)	10	266	76	27	11	<p>380 Activity 1.1.1 : Trauma units are available at district hospitals (surgical and blood bank supplies).</p> <p>Purchase and delivery of surgical, anaesthesia and blood bank supplies for war wounded patients in Chamkani and Jani Aryoud DHs in Paktia. The DHs in Paktia, as located closer from conflict affected area, treat a high number of war wounded patients.</p> <p>In order to treat some extra casualties, the hospitals will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the BPHS standard list. Additionally, extra antibiotics will be provided and used for ward wounded patients for surgery in order to decrease the risk of post-operation infection (ceftriaxon, ampicilin and Mitrogen).</p> <p>Activity 1.1.2 : Rehabilitate trauma units in newly established FATP</p> <p>Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP</p> <p>The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies</p> <p>Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.5 : Conduct SIMEX simulation exercise</p> <p>SIMEX simulation is planned once a year in Chamkani and Jaji DHs. The exercise will be conducted through technical support of WHO, MRCA CHF PM and hospital advisor. Perdiem, food cost for patient, staff and vehicle rent cost is included (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits</p> <p>Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Paktya -> Janikhel	10	93	27	9	4	133	<p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Paktya -> Chamkani	10	404	116	40	17	<p>577 Activity 1.1.1 : Trauma units are available at district hospitals (surgical and blood bank supplies).</p> <p>Purchase and delivery of surgical, anaesthesia and blood bank supplies for war wounded patients in Chamkani and Jani Aryoud DHs in Paktia. The DHs in Paktia, as located closer from conflict affected area, treat a high number of war wounded patients.</p> <p>In order to treat some extra casualties, the hospitals will need more surgical and blood bank supplies (see list attached to the proposal) than what planned in the BPHS standard list. Additionally, extra antibiotics will be provided and used for ward wounded patients for surgery in order to decrease the risk of post-operation infection (ceftriaxon, ampicilin and Mitrogen).</p> <p>Activity 1.1.2 : Rehabilitate trauma units in newly established FATP</p> <p>Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP</p> <p>The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies</p> <p>Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.5 : Conduct SIMEX simulation exercise</p> <p>SIMEX simulation is planned once a year in Chamkani and Jaji DHs. The exercise will be conducted through technical support of WHO, MRCA CHF PM and hospital advisor. Perdiem, food cost for patient, staff and vehicle rent cost is included (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits</p> <p>Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Farah -> Bakwa	8	66	19	7	3	<p>95 Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Farah -> Khak-e-Safed	7	73	21	7	3	104	<p>Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Farah -> Pushtrod	7	51	15	5	2	<p>73 Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Farah -> Gulestan	8	45	13	5	2	65	<p>Activity 1.1.2 : Rehabilitate trauma units in newly established FATP Renovation of Emergency rooms of the 3 additional CHCs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and the 4 CHCs (Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed) in Farah including triage rooms. Once emergency room for each CHC will be renovated, MRCA will purchase and deliver the required medical and non-medical equipment (see list attached to the proposal) in order to have fully functional First aid trauma Post and emergency health services for the war wounded patients as well as other emergency cases.</p> <p>Activity 1.1.3 : Equip trauma units in newly established FATP The medical and non-medical equipment as per FATP standard list will be purchased for the 3 new FATPs (Sayed Karam, Machalgho and Kolalgoo) in Paktia and 4 FATPs in Farah ((Bakwa, Gulistan, Post-e-Rod, and Khak-e-Safed ) (see the attached list).</p> <p>Activity 1.1.4 : Supply FATP with accurate drugs and medical supplies Purchase and delivery of medical supplies for war wounded patients of all FATPs (Janikhil CHC, Tameer CHC, Kolalgoo CHC, Machalgho CHC, Sayed Karam CHC, Bakwa CHC, Gulistan CHC, Posht-e-Rod CHC and Khak-e-Safed CHC). Through this project, additional drugs and medical supplies will be purchased for CHCs as it is not included in BPHS (see list attached to the proposal)</p> <p>Activity 1.1.6 : M&amp;E visits Head office monitoring visits done on quarterly basis by Hospital advisor, M&amp;E officer, technical officer, HoM and Deputy HoM. Monitoring visit reports will be shared with hospital management teams, MRCA Kabul office and HFU.</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	E-mail from GCMU about HF's integration into BPHS.pdf
Project Supporting Documents	Letter from Farah PHD about FATPs.jpg
Project Supporting Documents	Health Cluster letter for OCHA.pdf
Project Supporting Documents	Sample Beneficiary breakdown.xlsx
Project Supporting Documents	Sample Beneficiary breakdown corrected.xlsx
Project Supporting Documents	170330_Sample Beneficiary breakdown.xlsx
Project Supporting Documents	170331_need assessment vf.docx
Project Supporting Documents	170331_Graphs CHF.docx
Project Supporting Documents	MoU with CHA signed.pdf
Budget Documents	170429_CHF Training with budget breakdown_final reviewed.xlsx
Project Supporting Documents	20170424_Sample Beneficiary breakdown.xlsx
Budget Documents	20170518_CHF2017_Budget reviewed_vf.xlsx
Project Supporting Documents	MRCA Rapport ACI 2015.pdf
Grant Agreement	MRCA - Grant Agreement signed by HC.pdf