OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	World Health Organization
Allocation Type :	2017 2nd Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		70.00
NUTRITION		10.00
WATER, SANITATION AND HYGIENE		10.00
PROTECTION	Gender Based Violence	5.00
COORDINATION AND COMMON SERVICES		5.00
		100

Project Title :	Provision of Health, Nutrition, WASH and Protection Services to Underserved region in Afghanistan
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/SA2/H-N-WASH-APC-CCS/UN/6829
Cluster :		**Project Budget in US$:**	4,376,621.51
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	20/10/2017	**Planned End Date :**	19/10/2018
Actual Start Date:	20/10/2017	**Actual End Date:**	19/10/2018

Project Summary :	This project aims to support lifesaving interventions that are proved to be effective in the past in reducing morbidity and mortality among the high risk population from conflict related trauma, displacement and limited access to health, nutrition WASH and protection services. Interventions and activities are planned for the overall health response. Given the hard-to-reach districts in this allocation, this project ensures sustainability beyond the scope of this time period.. HEALTH 1. The activities will include upgrading trauma care services, provision of training, equipment and supplies to priority hospitals in Muqur and Dara-i-Peche, Faryab, Tahkar, Nanghar, T that are severely underserved. Additional activities for supporting trauma care include providing trauma rehabilitation and upgrading and triage facilities in 10 district hospitals. As part of the comprehensive trauma service, DAO will receive sub-grant for its rehabilitation and physiotherapy treatment. Trauma service in Fa 2. Procure and preposition supplies for priority districts as per the contingency plans. This would include procurement of 150 Basic Kits by WHO which will be prepositioned at the regional centers for response to conflicts and population movements in priority districts 3.Capacity building of community based health workers with focus on female HWs that includes mental health, rehabilitation and physiotherapy, emergency obstetric care, focus on ministry staff and cluster partners. . In this allocation, we will also support much-needed blood bank services in the priority districts by providing training, procurement of consumables and non-consumables to support district blood bank. 5. Under Coordination and Assessment, WHO will conduct assessment by ATR Consulting on the acute health needs of people living in the hard-to-reach areas. 6. PHC in Hilmand with RMNCH NUTRITION The Public Nutrition Department of MOPH with support from UNICEF and WHO have observed that the existing TFU's were in a poor state and required urgent attention. The project will strengthen operational and staff's functional capacity in 33 sites (32 existing and 1 new site in Uruzgan). 33 TFU's will undergo assessment followed by functional upgrading, through the procurement of F-75/F-100 milk preparation kits, kitchen items, cold chain, warming system, bed side chairs for caretakers, thus ensuring the quality and efficient continuity of services provided by the TFUs. 12 targeted TFU's identified through assessment will undergo Rehabilitation of water, hygiene, sanitation and environmental health systems and establishment of breastfeeding corners. The nutrition activities will complement the improving health service provision in the 16 priority districts in addition to the 29 high risk districts. WASH This project mainly focuses on improvement of WASH in the healthcare facilities that lack safe water sources as well as sanitation facilities. The assessment findings conducted in 2016 indicates that targeted health facilities that do not meet the least WASH standards. The facilities will be part of the support for Nutrition and Health services. The project will contribute to maintaining the minimum WASH standards at health facilities. The targeted health facilities are located in the hard-to-reach districts containing vulnerable and deprived population (IDPs, returnees, vulnerable host communities) that are in pressing need for humanitarian assistance e.g. WASH, health, nutrition and etc). The project will also seek to determine the strategic WASH needs of the facilities as well as the neighboring communities. Protection In this proposal GBV training for healthcare worker will be support in all 16 priority districts and 29 high risk districts. Comprehensive training on GBV Treatment Protocol will be provided to 200 healthcare providers. In addition, 60 healthcare providers will be sensitized on gender mainstreaming in emergen

Direct beneficiaries :

Men	Women	Boys	Girls	Total
231,234	424,530	324,350	133,430	1,113,544

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	89,824	220,923	78,392	51,928	441,067
Host Communities	141,410	203,607	245,958	81,502	672,477
Internally Displaced People	0	0	0	0	0
Host Communities	0	0	0	0	0

Indirect Beneficiaries :

The indirect beneficiaries would be 1,641,600. This includes people living outside the targeted districts who will benefit by the project.

Catchment Population:

The catchment population will be 1,800,000

Link with allocation strategy :

The allocation strategy for the current CHF (2017/18) developed to achieve the four objectives of HRP 2017
1. Immediate humanitarian needs of shock affected populations are met.
2. Lives are saved by ensuring access to emergency health and protective services and respect for International Humanitarian Law.
3. The impact of shock induced acute vulnerability is mitigated in the medium term
4. Humanitarian conditions in hard-to-access areas of Afghanistan are improved.
The project will support the two tiered approach considering projects in the 16 hard to reach districts identified as having acute humanitarian needs which have yet to be addressed, and where clusters have indicated that multi-sectoral approaches are both possible and will maximize impact. Proposal will taking place in the 16 priority districts and the 29 additional hard to reach districts identified by the Inter-Cluster Coordination Team (ICCT).
The project will mainly address the strategic objective 1 and 2.
1. Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people.
2. Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movement

Nutrition activities for the project are designed to support integrated IMAM and Infant and Young Child Feeding services. The project will involve two main activities: 1)functional upgrading and provision of quality services for children admitted with Severe Acute Malnutrition and 2) Providing breastfeeding corners in the under-served areas as identified by the emergency cluster. The proposed activities will contribute towards providing of services for the management of severe acute malnutrition and therefore contribute to the Nutrition Cluster Objectives of Enhancing the prevention of acute malnutrition through promotion of Infant and Young Child Feeding and micronutrient supplementation. The activities will also contribute towards quality treatment of Severe acute malnutrition (SAM cases), a life threatening condition requiring urgent treatment and therefore contribute towards decreasing the under-five case-fatality rate.

The project also focuses on improvement of WASH in the healthcare facilities that lack safe water sources as well as sanitation facilities. The assessment findings conducted in 2016 indicates that targeted health facilities do not meet the least WASH standards. In addition, the project will contribute to maintain the minimum WASH standards at health facilities. The targeted HFs are located in hard-to-reach districts containing vulnerable and deprived population (IDPs, returnees, vulnerable host communities) that are in pressing need for humanitarian assistance e.g. WASH, health, nutrition and etc).

The proposed interventions align with Protection objectives 1, 2, and 3 and support the critical needs of displaced men, women, girls, and boys.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
DAO	National NGO	260,000.00
ACTD	National NGO	123,125.00
SDO	National NGO	442,680.00
AADA	National NGO	595,741.00
		1,421,546.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dr Altaf Dauod	Acting Team Leader	altafm@who.int	0782200342
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BACKGROUND

1. Humanitarian context analysis

Humanitarian response has continued to be defined by conflict in the first half of 2017 with equally unacceptably high numbers of civilian casualties and a steady rise in armed clashes if compared to the same period in 2016. Between January and June, almost 33,000 war wounded patients were reported through First Aid Trauma Points (FATP) and specialised trauma care centres across the country. Access to life-saving and basic health services remains inadequate as a consequence of the defunct public health system and a conflict which is both intensifying in nature and expanding in geographic scope. Health indicators in these areas are particularly bad. At the same time, trauma care remains excluded from the Basic Package of Health Services (BPHS) package despite an ever-increasing demand for these services. Heightened NSAG casualties combined with limited opportunities for in-country and external patient transfer have increased pressure on the district-level hospitals for stabilisation and casualty management services, while simultaneously restricting their ability to deliver safe and quality primary health care to local communities. Associated with the unprecedented trauma cases are incidence of gender based violence, particularly within conflicted affected districts.
The nutrition situation in Afghanistan has remained largely unchanged compared to 2015/2016, characterized by a double burden of acute and chronic malnutrition in children under five years of age. An analysis of the trends at the national level from the health facility based nutrition surveillance shows consistently high wasting rates, the Western and Southern regions showing the most significant increase (both GAM and SAM in Q1 of 2017). Recent assessments show Global acute malnutrition (GAM) rates in children under 5 in three of the priority provinces –Uruzgan (21.6%), Kandahar (16.5%) and Kunar (16.2%) – breaching emergency thresholds. The malnutrition rates in in a number of other Provinces including Kunduz, Nangarhar, Paktika and Zabul are equally concerning.
Much like the nutrition situation, WASH needs in Afghanistan continue to be compromised by conflict and years of chronic underdevelopment and are particularly acute in high combat and hard to reach areas. According to assessments carried out by WASH partners, around 5,000 IDP families in Tirinkot have been experiencing a severe shortage of clean water for the past three months and are now having to collect water from streams and irrigation channels or are purchasing untreated water from local venders at high costs. The majority of these families live in makeshift shelters, over 70 percent of them are practicing open defecation. Consequently, there has been a 100 percent increase in diarrheal cases among children under five within these communities compared to the same period last year before displacement.
In a recent ATR assessment, populations affected by conflict are also more likely to be exposed to multiple forms of gender based violence (GBV), including early and forced marriage, domestic and psychological and sexual abuse. Findings from the Norwegian Refugee Council (NRC) and ATR Consulting study on 'Humanitarian Needs in Hard to Access Areas' in 2016 identified that residents in these locations are more likely
to mention cases of female GBV in the community, but less likely to have access to services or to report them to authorities.

2. Needs assessment

The needs assessment for the project was done using the regular data sources like DEWS/NDSR, HMIS, UNAMA report, OCHA reports, UNHCR and other UN agencies reports for 2017 and the Health Emergency Risk assessments done by WHO and MoPH. A health facility assessment conducted by Health Cluster in Southern and Northern regions, indicates an overall 10% increase in both OPD and IPD visits where there has been a 20% increase in antenatal care (ANC) visits in 20 health facilities assessed in the province. Similarly, the assessment found that 8% of all OPD and 10% IPD visits in health facilities were reported for returnees which draws the attention to increased need for humanitarian interventions in order to address the increased need for health care services as the study found from the administrators of health services that they could only have the ability to cope for a month with a 10% increase in the patient caseload. In a health project analysis undertaken by health cluster it was found that health service delivery points under humanitarian been closed by end of December 2016 due to lack of funding which deprived over 856,000 people from accessing essential health care services, the is particularly affected in conflict districts in North and South region. WHO assessment of key health facilities and hospitals in Kandahar, Zabul, Uruzgan, Kunduz found that in many of those hospitals the essential vital equipment including surgical tools were urgently required for critical life-saving interventions to a point of severely affecting service provision. A recent survey of blood bank service in the country shows that other than major urban centres, blood bank services are severely deficient both in equipment, capacity and quality monitoring protocol.
Extra support for effective management of acute malnutrition is required in areas offering treatment for Severe Acute Malnutrition (SAM). Needs for nutrition support and TFU capacity has been done and assessed in all 45 districts under this allocation. Overall, there is significant needs as support by MoPH on the needs of TFU. The full needs assessment is available and has reflected in this proposal.
Assessment findings conducted in 2016indicate that targeted health facilities do not meet the minimum WASH standard. These facilities are included in this proposal.
In 2017, WHO has assessed training of healthcare workers 6 out of the 11 priority provinces. Particularly deficient is training in mental health and rehabilitation. Only 11% of healthcare workers has been trained in mental health and psychosocial support. 9% of healthcare workers has ever received rehabilitation care. GBV training has also lagged behind. In some provinces, only 23% of healthcare workers has been trained in GBV protocol.
An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in tangible needs for WASH rehabilitation. The HFs selected in this proposal for basic WASH services are marked more than 3 while it also falls under HTD. Moreover, a rough assessment was also conducted by POWER NGO to find out the condition of drinking water in Healthcare settings of four districts of Nangahrar and Kunar provinces. The assessment was done by interviewing the localities as well as the BPHS implementing NGOs. It was found that the water sources in nearly all the given four districts are not safe and therefore the water has to be treated at least in the HFs. To this end, WHO is considering to provide elecro-chlorniation kits (one per district) to provide chlorine solution to the given HFs.

3. Description Of Beneficiaries

Total of 313,571 people will receive direct emergency PHC services and trauma care service through this project as another 236,000 people will benefit from provision of emergency kits and medical supply. In total, 550,571 people will directly be benefitted from service delivery and procurement of supply.
1. The activities on trauma care will target
200 community health workers and supervisors from 20 provinces trained on first aid,
100 medical officers from the CHCs from 10 provinces trained on BLS
30 Nurses from 6 national and district hospitals trained on Triage,
30 surgeons from the 6 national hospitals, four provincial and 4 district hospitals are trained on war trauma surgery
Beside this supply of trauma kits will target 1000 severely injured cases that need major surgeries and 200000 people will benefit from emergency kits.
Support trauma care services in Kunduz, Zabul and Badakshan provinces would benefit an estimated 1500 injured people receive surgical care and another 10000 people receive trauma care services including first aid, stabilization minor surgical procedures.
FATPs in Kandahar, Uruzghan and kapisa will provide first aid, stabilize and refer at least 6000 trauma cases
2. Since there is an obvious increase in the IDPs and returnees in the country; the existing health facilities are unable to cater the load. Hence at least 4 mobile teams and 2 sub-health centers would be needed to cover the load in Badghis, Baghlan, Farah, Faryab and Kandahar, provinces. The temporary health facilities would serve the IDPs, Returnees and host communities until they are settled and permanent solutions are reached. The project will cover only two mobile health teams in Maywand and Khakrez districts of Kandahar province, with Nutrition screening and referral to Mirwais for IPD and other existing sites for OPD. The other provinces will be supported by USAID. The AHDS NGO with access to the locations will be subcontracted and the services will be provided for the 20,000 men, women and children with a rate of at least one consultation per person over the project period.
3. Continuation of Health Emergency Risk Assessment in the balance 302 districts will be conducted under the project wouldn't have any direct beneficiaries but will improve a meticulous emergency preparedness and response in future.
The project will also directly support 26,242 children under five years with complicated SAM cases (11,037 boys and 10,605 girls) based on nutrition cluster beneficiaries calculated considering the estimated caseload of Severe Acute Malnutrition (SAM) in the 11 provinces. The targeting of beneficiaries was based on 50% coverage of SAM caseload and the anticipation that 15% of child cases of Severe Acute Malnutrition develop complications, needing specialized inpatient care through Therapeutic feeding units (TFU's). 170 Health workers from the selected health facilities who provide SAM services will be trained on Inpatient management of SAM. It is expected that approximately 60% of admissions (15,745) will be from children under 2 years. Caregivers and Mothers of the admitted children(26462) are indirect beneficiaries and will receive counselling on infant and young child feeding from the health workers. Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below:
Faryab 1,176 (15 HW)
Ghazni 3,750 (25 HW)
Helmand 5,016 (15 HW)
Kandahar 1,043 (10 HW)
Kunar 2,257 (10HW)
Kunduz 2,116 (10 HW)
Nangarhar 3,499 (25HW)
Paktika 1,341 (15 HW)
Takhar 1,969 (25 HW)
Urozgan 3,010 (10HW
Zabul 1,065 (10 HW)

4. Grant Request Justification

1. Number of casualties due to war trauma continues to be on the rise. Latest risk assessments made by health cluster in 2016 identified 95 districts from 28 provinces are exposed to high risk of conflict related trauma incidents. Currently there is no allocation for specialized trauma care services by the MoPH through BPHS/EPHS packages. The 16 priority districts and 29 at risks districts have few if any trauma care facility. Support for establishment of emergency trauma care facilities to the hospitals and providing necessary supplies for mass casualty management would improve the standard trauma care facilities in the hospitals that are situated in the high risk districts and provinces. The reduction in the deaths by 2% despite of 6% increasing injuries in districts that have trauma support could be attributed to the improved trauma care facilities in some high risk provinces. Strengthening trauma care facilities at conflict affected priority district hospitals in targeted districts would further improve the trauma care services in the provinces.
2. Under the project, capacity would be improved at community level, at basic and comprehensive health centers and district and provincial hospitals. This would be done through necessary capacity building of CHWs, surgeons and nurses.
3.The existing health facilities in the 16 priority districts and 29 at risk districts are unable to cater the load. Blood bank services are severe lacking in capacity, commodities and monitoring. Rehabilitation services for trauma patients are non-existent.
4. While WHO has a leading role in setting the strategic direction for RMNCH services in the country, the implementation of capacity building, including the tr5. While WHO has a leading role in setting the strategic direction for RMNCH services in the country, the implementation of capacity building, including the training of over 110 medical personnel on EmONC and Sexually Transmitted Infections (STI) is a critical component
5. The Public Nutrition Department of MOPH with support from UNICEF and WHO have observed that the existing TFU's were in a poor state and required urgent attention. Severe Acute Malnutrition is life threatening condition and contribute to 26% of under-five fatality cases.
6. There has been 100% in diarrheal diseases in some of the targeted regions. In some of the districts under the current proposal, the percentage exceeds 100%. Poor sanitation in health facilities is a major contributor to this problem and has led to significant morbidity and mortality in children.
7.Populations affected by conflict are also more likely to be exposed to multiple forms of gender based violence (GBV), including early and forced marriage, domestic and psychological and sexual abuse. Cultural norms and social stigma however, continue to inhibit health seeking behavior among GBV survivors. Findings from the Norwegian Refugee Council (NRC) and ATR Consulting study on 'Humanitarian Needs in Hard to Access Areas' in 2016 identified that residents in these locations are more likely to mention cases of female GBV in the community, but less likely to have access to services or to report them to authorities. Negative coping mechanisms which contribute to increased rates of GBV have been identified in these areas. This finding was also identified in the Nangarhar Protection Community Assessment undertaken in May 2017, where a high number of male respondents in communities in Nangarhar, Kunar and Laghman voiced that the pressures of a loss of income during displacement caused them to resort to domestic violence.

5. Complementarity

The proposed project will address the gaps among the existing high risk provinces as outlined in line the strategic objectives of HRP 2017 and the strategic priorities of the health cluster for 2017. While the need for trauma care and emergency PHC services with required emergency kits and medical supplies is huge, a proportion of each proposed services and supplies procurement are supported from USAID and ECHO. Further the project activities would be linked to the Afghan national emergency response plan for health, emergency response initiatives in the past five years. However, the activities will not overlap with any of the current project activities or the locations/health facilities. The project will also support transition of humanitarian emergency response to the government from the health cluster through building the capacity of MoPH and the national NGOs, particularly trauma care services in high risk priority areas as a missing component in the BPHS/EPHS package except for the tertiary hospitals
The Public Nutrition Department-MOPH with support from UNICEF are conducting inpatient (IPD-SAM) training across the country with clinical practice for health workers. Health facility based Nutrition surveillance is ongoing in the selected provinces. Through the second round of the Common Humanitarian Fund (CHF) standard allocation 2016, WHO successfully implemented a project entitled "Improve Access to Emergency Nutrition Care for Severely Malnourished Children with Complications" whose objectives were to (1) to strengthen and expand the service provision of life-saving, therapeutic feeding services through strengthening the functional and operational capacity of 30 existing TFUs and establishment of 7 new TFUs and (2) to improve access to, and quality of the therapeutic feeding care, by promoting gender-sensitive and child-friendly nutrition care provision. The current proposal is seen as a complimentary activity to expand services whilst applying lessons learnt from the previous project.

The case management of SAM cases will be inter-linked and complementary to UNICEF community-based interventions (in areas where community-based cares are available) and WFP´s supplementation interventions, following up with children discharged from the TFUs (in areas where only facility-based inpatient care is available). Specifically, the provision of nutritional inputs will be ensured by UNICEF and WFP; the project activities have been agreed and coordinated with UNICEF to ensure appropriate linkages with IMAM program (for referral and follow up) and continuity of nutritional inputs for TFUs.

WHO in all its projects has worked very closely with the Ministry of Public Health to support sustainability of its projects. By extension, WHO also works closely with BPHS/EPHS implementers of each of the provinces in order to coordinate the project activities with existing health services.

LOGICAL FRAMEWORK

Overall project objective

WHO as provider of last resort supports the provision of Health and its related issues in Nutrition, WASH and Protection in underserved and hard-to-reach districts in Faryab, Ghanzi, Hilmand, Kandahar, Kunar, Kunduz, Nangarhar, Patika, Takhar and Uruzgan under the current priority. The activities aim to support trauma care and emergency healthcare in these hard-to-reach and underserved districts. The activities complement the overall health response according to Health Cluster strategic overview.
Through the proposed project WHO aims at assisting displaced populations in remote communities, tackling the most urgent needs generated by displacement. WHO will adopt an integrated approach, leveraging multi-sector activities to consolidate achievements from each sector. Overall objective of the project is to increase the health and safety of affected populations by: improving access to basic health services, trauma care including rehabilitative care by strengthening structural facilities and capacity, while preventing harmful coping mechanisms; offering protection services to women victim, or population at risk, of GBV. The approach is based on ongoing needs assessment conducted regional consultations with the target communities, and uses WHO national technical expertise with Ministry of Public Health to provide quality and up-to-standard assistance.

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	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	60
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	40

Contribution to Cluster/Sector Objectives : By supporting referral trauma care and rehabilitative care, emergency primary healthcare including Reproductive, Maternal and Newborn care, WHO will contribute to achieving the Health Cluster Objective 1 “Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people”, and Objective 2 “Ensure access to essential basic and emergency health services for white conflict-affected areas and overburdened services due to population movements”. Improved trauma facilities will be supported to provide prompt and proper trauma stabilization, emergency management/treatment and referrals, and primary health care services in hard to reach districts. These activities will further contribute to the reduction of trauma related mortality in locations where active armed conflict incidents are frequent. Thus, the interventions respond to the most acute needs identified in the Humanitarian Response Plan 2017 through provision of life-saving humanitarian assistance to conflict affected and most vulnerable underserved populations.

Outcome 1

Improve access to effective trauma care to conflict affected people including referral trauma care and rehabilitative services.

Output 1.1

Description

Increase access to trauma care in Provincial and District Hospitals in priority districts.

Assumptions & Risks

No deterioration in security situation and BPHS partners continue to provide inpatient services.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	HEALTH	RA2- Number of provincial hospitals with effective trauma care services					3
Means of Verification : HMIS report. Health registry data							
Indicator 1.1.2	HEALTH	Number of provincial hospitals with effective trauma care services					3
Means of Verification : HMIS. Registry data. Monthly progress report							
Indicator 1.1.3	HEALTH	Number of health facilities equipped with functional triage areas.					10
Means of Verification : Hospital record.							

Activities

Activity 1.1.1

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none.

Activity 1.1.2

Standard Activity : SA2- Improve essential live-saving trauma care activities in health facilities including through the provision of rehabilitative care and psychosocial support in emergencies;

Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces.

Activity 1.1.3

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche

Activity 1.1.4

Standard Activity : Procure and preposition emergency trauma and health kits and support FATPs in high risk areas;

Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts.

Activity 1.1.5

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained.

Activity 1.1.6

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Monitoring and assessment on blood bank services in all 45 hard-to reach districts.
Monitoring of Blood Bank 2 day per district, one person

Activity 1.1.7

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Rehabilitation and physiotherapy:
Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000
Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000

Activity 1.1.8

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.

Activity 1.1.9

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Triage area for 10 PH/DH total in underserved district.
1. Muqur DH
2. Maiwand CHC
3. Shah Wali kot CHC
4. Bar Kunar CHC +
5. Khas Kunar CHC
6. Dara-I-Pech DH
7. Imam Sahib DH
8. Shajoy DH
9. Almar CHC
10. Belcheragh CHC

Activity 1.1.10

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH

Activity 1.1.11

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Assessment of current situation

Activity 1.1.12

Standard Activity : Improve essential live saving trauma care facilities in referral hospitals in conflict affected provinces;

Implemented by AADA
Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab.
Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district.
Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar.
Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province.
Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar.
Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

Outcome 2

Improved access to PHC services targeting displaced pop, refugees and people residing in white conflict areas and provide medical supplies for people affected by flood, drought and winter

Output 2.1

Description

Improve access to basic health services out of which more than 42% are women and children under 5 years.

Assumptions & Risks

No deterioration in security situation and BPHS partners continue to provide inpatient services.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	HEALTH	SA2- Number of conflict affected people in underserved areas served by emergency PHC and mobile services	43,563	32,455	12,464	16,342	104,824
Means of Verification : HMIS data							
Indicator 2.1.2	HEALTH	Number of people trained					104
Means of Verification : Training record Indicator 2.1.2 (Health) Men 31 Women 104							

Activities

Activity 2.1.1

Standard Activity : Scale up priority facilities with Emergency Obstetric and Newborn care (EmONC) services;

Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI

Activity 2.1.2

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;

Train healthcare workers in STI

Activity 2.1.3

Standard Activity : Procurement and prepositioning of emergency relief supplies. Justification for stock requirements and prepositioning locations must be on the basis of consolidated, updated cluster stockpile data and preparedness plans;

Procure 150 Basic Health kits for distribution to hard-to-reach districts.

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;

Mental health (psycho social) training for 45 districts:
a. PSS counselor training: 5 per district, five days, 45 districts
b. PFA for CHWs In high risk village; 10/district, 2 day

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;

Assessment of current situation

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;

Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions.
Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs
The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.

Activity 2.1.7

Standard Activity : SA2- Provide life-saving Primary Health Care services with appropriate modalities such as mobile services and scaling up emergency obstetric and newborn care services

Community based screening of all pregnant women for High-risk pregnancies
Establish referral mechanism for all pregnant women identified with High-risk pregnancies
Distribute Basic Pregnancy Kits to all pregnant women
All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services.
Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc +ORS.
Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition
Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization

Additional Targets :

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	100

Contribution to Cluster/Sector Objectives : The activities for the project are designed to support integrated IMAM, WASH and Infant and Young Child Feeding services. The project will involve two main activities: 1) Functional upgrading and provision of quality services for children admitted with Severe Acute Malnutrition and 2) Providing breastfeeding corners in the under served areas as identified by the emergency cluster. The proposed activities will contribute towards providing of services for the management of severe acute malnutrition and therefore contribute to the Nutrition Cluster Objectives of Enhancing the prevention of acute malnutrition through promotion of Infant and Young Child Feeding and micronutrient supplementation. The activities will also contribute towards quality treatment of Severe acute malnutrition (SAM cases), a life threatening condition requiring urgent treatment and therefore contribute towards decreasing the under-five case-fatality rate.
The approach in establishing the needs was to review all the prioritized districts and ascertain presence of District Hospitals, where they were in existence we prioritized strengthening and where a District hospitals was not providing the service we proposed establishment of a TFU (Urozgan DH in this case). Beyond district hospitals are facilities closer to the community for example the CHCs which have no capacity to provide impatient SAM services. So the strategy of increasing access at community level will rely on the extended IMAM services at outpatients (OPD) and community level as well as presence of health facilities from which referrals come. The objective is therefore to strengthen whatever services exist, to be complemented by other services e.g. strengthening of referral systems from community to ensure all children with SAM are promptly identified and they receive services, whilst being cognisant of the fact that SAM cases identified in the priority districts can be referred to anywhere within the province for treatment.
Ghazni province has a total of 5 TFUs against a case load of 3,750 complicated SAM cases. There are no district hospitals in Giro, Waghaz and Wali Muhammadi districts. The cases are treated from existing TFUs in Ghazni provincial, Andar, QaraBagh, Jaghori District hospitals and Muqor CHC TFUs. The existing TFUs need support to improve functionality.
Helmand province has a total of 3 TFUs, Lashkar gah Provincial, Grishk and Garmsir District Hospitals respectively against a case load of 5,016 complicated SAM cases. There are no district hospitals in Nad Ali, NawZad, Reg (Khashnin) and Sangin districts respectively to establish TFUs, therefore the cases in the district are treated in the 3 existing TFUs which need support to improve functionality in view of the very high caseloads.
Kandahar province has only 2 TFUs (Mirwars Provincial Hospital and Spinboldak District Hospital) against a caseload of 1,043 complicated SAM. The existing TFUs therefore need support to improve functionality in view of the high caseloads.
Kunar province has only 2 TFUs (Asadabad provincial hospital, and Manogai District Hospital) against a caseload of 2,257 complicated SAM cases. The existing sites therefore need support improve functionality in view of the relatively high caseloads.
Kunduz province has 2 TFUs (Kunduz Provincial and Hazrat-i-i- Imam Sahib District hospitals respectively, against a caseload of 2,257. There are no other district hospitals to establish TFUs in the province, hence cases are treated in the existing sites which need support to improve functionality in view of the relatively high caseloads.
Nangarhar province has 5 TFUs (CityMOPH, Referral, City Provincial University, Khogeani, Ghanikhil and Kama district hospitals respectively against a case load of 3,499 complicated SAM. There are no other district hospitals in the province hence the existing TFUs need support to improve functionality in view of the high caseloads.

Outcome 1

The incidence of Acute Malnutrition is reduced through Integrated Management of Acute Malnutrition among boys and girls

Output 1.1

Description

Quality Inpatient services for children with Severe Acute Malnutrition are available.

Assumptions & Risks

No deterioration in security situation and BPHS partners continue to provide inpatient services.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	SA2- Number of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programmes			11,037	10,605	21,642
Means of Verification : IMAM Nutrition Database Reports							
Indicator 1.1.2	NUTRITION	Number of TFUs Rehabilitated					32
Means of Verification : Activity Progress Reports							
Indicator 1.1.3	NUTRITION	No of new TFUs Established					1
Means of Verification : Activity Progress Reports							

Indicator 1.1.4	NUTRITION	Number of Health workers Trained on Management of Severe Acute Malnutrition					170

Means of Verification : Activity progress report
Indicator 1.1.4 (Nutrition)
Men 51
Women 119

Indicator 1.1.5	NUTRITION	Number of health facilities with Breastfeeding Corners Established					12

Means of Verification : Activity Progress report

Activities

Activity 1.1.1

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

Rehabilitation of TFUs

Activity 1.1.2

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

Establish New TFU in Uruzgan

Activity 1.1.3

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

Train Health workers on Management of Severe Acute Malnutrition.
Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW)

Activity 1.1.4

Standard Activity : Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Proposals to undertake humanitarian assessments that cater for a wide range of actors and their information needs across sectors as well as between geographic localities would be given precedence;

Assessment of current situation

Activity 1.1.5

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients

Additional Targets :

WATER, SANITATION AND HYGIENE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	10
Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	80
Objective 3: Ensure timely and adequate assessment of WASH needs of the affected population	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	10

Contribution to Cluster/Sector Objectives : Contribution to WASH Objective 1
The project mainly focuses on improvement of WASH in the healthcare facilities that lack safe water sources as well as sanitation facilities. The assessment findings conducted in 2016 indicates that targeted HFs do not meet the least WASH standards.

Contribution to WASH Objective 2
The project will contribute to maintain the minimum WASH standards at HFs. The targeted HFs are located in HTR districts containing vulnerable and deprived population (IDPs, returnees, vulnerable host communities) that are in pressing need for humanitarian assistance e.g. WASH, health, nutrition and etc).

Contribution to WASH Objective 3
As working in the HFs, the project will also seek to determine the strategic WASH needs of the facilities as well as the neighboring communities.

Outcome 1

To respond to the minimum WASH needs of Health facilities in Southern and Eastern provinces. The project will contribute to the prevention of Hospital Acquired Infections by improvement/provision of basic WASH necessities in the given healthcare facilities.

Output 1.1

Description

The vulnerable host communities, IDPs, returnees and prolonged IDPs have sufficient, timely and equal access to basic WASH services in the targeted health facilities. Medical wastes are appropriately managed in order to reduce Hospital Acquired Infections pertinent to poor WASH practices.

Assumptions & Risks

Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
Unavailability of construction materials may cause higher costs or delay in project implementation.
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	6,247	7,596	4,754	7,256	25,853
Means of Verification : Completion report Endorsement by Provincial Health Directorates and WHO regional office							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	6,247	7,596	4,754	7,256	25,853
Means of Verification :							

Activities

Activity 1.1.1

Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;

SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD.
To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are:

Shawali Kot clinic BHC, Shahwalikot, Kandahar
Zheray clinic CHC, Zheray, Kandahar
Cheeno BHC, Shajoy, Zabul
Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs)
Khushkaba BHC, Lashkargah, Hilmand
Baghat HSC, Garmser, Hilmand

Activity 1.1.2

Standard Activity : Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Proposals to undertake humanitarian assessments that cater for a wide range of actors and their information needs across sectors as well as between geographic localities would be given precedence;

Assessment of current situation

Output 1.2

Description

The targeted health facilities provide safe drinking water as well as appropriate sanitation facilities for all the patients, visitors and health workers. The WASH interventions in the given facilities considers the gender sensitivities as well the equal access right to all layers of the communities e.g. children, women, men, elderly and disables.

Assumptions & Risks

Accessibility and security could be the meandering factors in nearly all HTR districts. On the other hand, technical capacities would be relatively low in the given districts. WHO will partner with BPHS and EPHS implementers to gain access to the given facilities and will make sure that the technicality of the interventions are fully understood by the given partners to implement the projects.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
Unavailability of construction materials may cause higher costs or delay in project implementation.
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	4,518	4,337	4,699	4,518	18,072

Means of Verification : Completion report
Endorsement by Provincial Health Directorates and WHO regional office

Activities

Activity 1.2.1

Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;

Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region.

The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities.
14 facilities in Khugiani, Nanagarhar
7 facilities in Chaprahar, Nanagarhar
13 facilities in Surkhurod, Nanagarhar
3 facilities in Khas Kunar, Kunar

Additional Targets :

PROTECTION		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Objective 1: Acute protection concerns, needs and violations stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	60
Objective 2: Evolving protection concerns, needs and violations are monitored, analysed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	20
Objective 2: Evolving protection concerns, needs and violations are monitored, analysed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	20

Contribution to Cluster/Sector Objectives : The proposed interventions align and directly contribute to the protection cluster objectives 1, 2 and 3 (immediate humanitarian needs of shock affected population are met, lives are saved by ensuring protective services and compliance with IHL and the impact of shock induced vulnerability is mitigated) and support the critical protection needs of displaced men, women, girls and boys.

WHO will maximize its expertise on training by increasing capacity of healthcare workers in all 45 districts on the topic of GBV Treatment Protocol.

Outcome 1

Improve the quality of care offered to GBV survivors

Output 1.1

Description

Strengthen the capacity and skills of healthcare providers on the GBV Treatment Protocol in all 45 districts.

Assumptions & Risks

Accessibility and security could be the meandering factors in nearly all HTR districts. On the other hand, technical capacities would be relatively low in the given districts. WHO will partner with BPHS and EPHS implementers to gain access to the given facilities and will make sure that the technicality of the interventions are fully understood by the given partners to implement the projects.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	PROTECTION	Number of health care providers trained on GBV Treatment Protocol					200
Means of Verification : Indicator 1.1.1 (Protection) Men 60 Women 140							
Indicator 1.1.2	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		3,500		500	4,000
Means of Verification :							

Activities

Activity 1.1.1

Standard Activity : Provision of protection services (including health, psychosocial, legal and safety) to GBV survivors and children abused or exploited by armed groups and armed forces;

All target districts will be covered
Total 200 healthcare providers will be trained in all target provinces/districts
Duration of training will be 5 day.

Activity 1.1.2

Standard Activity : Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Proposals to undertake humanitarian assessments that cater for a wide range of actors and their information needs across sectors as well as between geographic localities would be given precedence;

Assessment of current situation

Output 1.2

Description

Sensitize Healthcare providers on gender mainstreaming in emergency setting

Assumptions & Risks

Accessibility and security could be the meandering factors in nearly all HTR districts. On the other hand, technical capacities would be relatively low in the given districts. WHO will partner with BPHS and EPHS implementers to gain access to the given facilities and will make sure that the technicality of the interventions are fully understood by the given partners to implement the projects.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		3,500		500	4,000
Means of Verification :							
Indicator 1.2.2	PROTECTION	# of health care providers sensitized on gender mainstreaming in emergency					60

Means of Verification : Training records
Total 60
Men 20
Women 40

Activities

Activity 1.2.1

Standard Activity : Provision of protection services (including health, psychosocial, legal and safety) to GBV survivors and children abused or exploited by armed groups and armed forces;

Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency.

Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers
The duration of training will be three day.

Activity 1.2.2

Standard Activity : SA2- Provision of protection services (including health, psychosocial, legal and safety) to GBV survivors and children abused or exploited by armed groups and armed forces;

Provide support to GBV in emergency

Additional Targets :

COORDINATION AND COMMON SERVICES

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Enabling Action (Assessments)- Strengthen humanitarian actor's response through the coordinated multi-sector assessments to inform humanitarian programing, strategic decision-making and improve understanding of critical humanitarian needs	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	100

Contribution to Cluster/Sector Objectives : Under Strategic Objective 2 in the Humanitarian Response Plan for 2017, the Health Cluster is aiming to assist 80% of the population in identified 'white areas' to access basic and emergency health services, and 60% of women in identified 'white areas' to receive antenatal and delivery care. For those living in conflict affected 'white areas,' accessing healthcare is an enormous challenge due to the remoteness of their location, insecurity and the low level of services available.

Outcome 1

To improve health access in Afghanistan by seeking to answer the following research questions.

Output 1.1

Description

The Health Cluster will commission assessments in 4 districts that have been designated 'white areas', and complete both quantitative and qualitative data collection methods.

Assumptions & Risks

Accessibility and security could be the meandering factors in nearly all HTR districts. On the other hand, technical capacities would be relatively low in the given districts. WHO will partner with BPHS and EPHS implementers to gain access to the given facilities and will make sure that the technicality of the interventions are fully understood by the given partners to implement the projects.
Frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.
Fluctuating insecurity may hamper WHO's efforts to provide services per the planned schedule.
The harsh weather conditions from December – April such as, extreme cold, snow may cause either unavailability of trained/skilled labors staff or a high turnover of project staff which at the end cause delay in project implementation .
Cultural barriers to women participation in the project activities
In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities.
The governmental line ministries are supportive of the proposed activities. The local community remains cooperate.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	COORDINATION AND COMMON SERVICES	SA2- Enabling Action (Assessments) - Number of provinces for which recent data on key humanitarian indicators to inform the 2018 CHF 1st Standard Allocation is available					4

Means of Verification : Assessment report

Activities

Activity 1.1.1

Standard Activity : SA2- Enabling Action (Assessments) - Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Priority will be given to proposals for humanitarian assessments covering a wide range of actors and their information needs across sectors as well as within the 45 hard to reach districts identified by the ICCT;

The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design.

Activity 1.1.2

Standard Activity : SA2- Enabling Action (Assessments) - Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Priority will be given to proposals for humanitarian assessments covering a wide range of actors and their information needs across sectors as well as within the 45 hard to reach districts identified by the ICCT;

Data collection will be undertaken simultaneously across the four districts to ensure meaningful comparisons can be made between the four date collection areas. Data analysis will be triangulated by utilizing contextual qualitative data and existing emergency health data from previous humanitarian assessments. Finally, results will be presented to the Health Cluster representatives as the key aspect of this research is to inform strategy that improves access to basic and emergency health across Afghanistan.

Activity 1.1.3

Standard Activity : SA2- Enabling Action (Assessments) - Sector specific needs assessments that address current humanitarian data gaps and inform strategic cluster programming approaches. Priority will be given to proposals for humanitarian assessments covering a wide range of actors and their information needs across sectors as well as within the 45 hard to reach districts identified by the ICCT;

Assessment of current situation

Additional Targets :

M & R

Monitoring & Reporting plan

Project will be monitored by standard WHO monitoring and reporting methodology on a monthly basis, which is consistent with Health, Nutrition, WASH, and Protection clusters and OCHA monitoring and reporting mechanism. Regular direct visits from regional focal points will be conducted to verify project activities on a quarterly basis to support reporting periods. During supervision, WHO focal point will assess performance of health workers, discuss about their needs, and provide on-the-job training. The project team will use checklists and prepare a brief report after supervision and monitoring visits. Within each facility, the culture of supportive supervision will also be promoted. In addition, national EHA technical officers will conduct periodic visits as necessary. Follow up with project managers and regional focal points will be done remotely on a regular basis. Midterm and final reporting will be done by WHO. Standard assessment tools and the existing formats will be used for data collection analysis and compilation of the project progress report.
The procurement section of this proposal will be monitoring through standardized methodology by WHO. Procurement and tracking will be done on a quarterly basis. This will include, but not limited to, quarterly stock list and logistics monitoring of stock pile. This will include both national level as well as regional level. Additional monitoring and reporting will be done if the situation changes. In addition, supply distribution will be reported against output and outcome in the priority districts. Report will be done at midterm and final project period.
During the project life, follow up of TFU's will be supported by the 5 WHO-supported regional focal persons in coordination with Provincial Nutrition Officers during their routine monitoring visits to Nutrition Surveillance Sentinel sites, with support from the Kabul based Nutrition Technical Officer. Spot checks will be scheduled by a national team to the TFU's for compliance monitoring. During monitoring visits observations will be made on utilization of the facilities through review of admission records, and observing health workers performing functions onsite. The Regional Officers will support Provincial Nutrition officers in monitoring and consolidating reports from targeted health facilities and quality assurance before sending to the Technical Officers in Kabul. The team will provide monthly activity and technical reports that will be consolidated into a quarterly report of activities and achievements using project reporting tools derived from the final reporting format from OCHA. Activity and project completion reports will be collected from contractors/BPHS implementers which are sub grantees. Mid year progress reports will be submitted through the Nutrition cluster. A dashboard format linking to the final reporting format will be developed by the Nutrition Technical officer for the regional focal points for tracking activities, with lessons learning qualitative reports to be developed by the regional focal points in coordination with the PNO and BPHS implementers. The final report, to be prepared by the Technical Nutrition and WASH Experts respectively will be a summative effort of the monthly activity reports.
Partner monitoring and reporting is consistent with WHO and OCHA standards. This will include but not limited monthly reports to each partner's headquarter. Each partner will also has regular supervisory visit to the activity. However, the activities will also be monitored monthly through WHO staff at provincial and district levels and also through the MoPH staff.
WHO is well aware that the 16 priority districts and at risk districts are hard-to-reach. However, WHO regional focal contacts have traditionally been allow access into these areas and will continue to use this access to conduct field assessment and monitoring visit.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day.	2017										X	X	
	2018		X	X		X	X		X	X			
Activity 1.1.1: Rehabilitation of TFUs	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.1: Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none.	2017										X	X	
	2018	X	X										
Activity 1.1.1: The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design.	2017										X	X	
	2018	X	X										
Activity 1.1.10: Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.11: Assessment of current situation	2017										X		
	2018												

Activity 1.1.12: Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Assessment of current situation	2017										X		
	2018												
	2017										X		
	2018												
Activity 1.1.2: Data collection will be undertaken simultaneously across the four districts to ensure meaningful comparisons can be made between the four date collection areas. Data analysis will be triangulated by utilizing contextual qualitative data and existing emergency health data from previous humanitarian assessments. Finally, results will be presented to the Health Cluster representatives as the key aspect of this research is to inform strategy that improves access to basic and emergency health across Afghanistan.	2017												
	2018		X	X	X	X							
Activity 1.1.2: Establish New TFU in Uruzgan	2017										X	X	
	2018	X											
Activity 1.1.2: Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces.	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.3: Assessment of current situation	2017										X		
	2018												
Activity 1.1.3: Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche	2017										X	X	
	2018	X	X	X									
Activity 1.1.3: Train Health workers on Management of Severe Acute Malnutrition. Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW)	2017										X	X	
	2018	X		X	X	X			X	X			
Activity 1.1.4: Assessment of current situation	2017										X		
	2018												
Activity 1.1.4: Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts.	2017										X	X	
	2018	X	X										
Activity 1.1.5: On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients	2017												
	2018												
Activity 1.1.5: Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained.	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			

Activity 1.1.6: Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person	2017												
	2018			X	X			X	X				
Activity 1.1.7: Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000	2017											X	
	2018	X	X		X	X	X						
Activity 1.1.8: CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.	2017											X	
	2018	X	X		X	X	X						
Activity 1.1.9: Triage area for 10 PH/DH total in underserved district. 1. Muqur DH 2. Maiwand CHC 3. Shah Wali kot CHC 4. Bar Kunar CHC + 5. Khas Kunar CHC 6. Dara-I-Pech DH 7. Imam Sahib DH 8. Shajoy DH 9. Almar CHC 10. Belcheragh CHC	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.2.1: Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency. Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers The duration of training will be three day.	2017										X	X	
	2018	X			X	X	X						
Activity 1.2.1: Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar	2017										X	X	
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.2.2: Provide support to GBV in emergency	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 2.1.1: Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI	2017											X	
	2018	X	X			X	X	X					
Activity 2.1.2: Train healthcare workers in STI	2017											X	
	2018	X	X			X	X	X					
Activity 2.1.3: Procure 150 Basic Health kits for distribution to hard-to-reach districts.	2017										X	X	
	2018	X	X										
Activity 2.1.4: Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day	2017											X	
	2018	X	X			X	X	X					
Activity 2.1.5: Assessment of current situation	2017										X		
	2018												

Activity 2.1.6: Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.7: Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

WHO will focus on a systematic approach for identification of the prioritized needs of community; thus making the best efforts to reflect such intention while planning our activities in line with community's needs. The implementation parts of this objective can be achieved through active and meaningful involvement of community elders in assessing the needs, prioritizing and planning activities, and monitoring and evaluation of interventions. The most in need and vulnerable groups will be encouraged to participate in the process. Contact with Community health workers through the various health, nutrition, WASH and protection interventions including surveillance, capacity and awareness trainings ensure that they provide information to the community and religious leaders to sensitize them on the availability of these services. Awareness campaigns, education sessions and consultation contact time at health facilities would be utilized to communicate the necessary awareness creation among the beneficiaries. Feedback from clients will be collected through the implementation partners as well as during monitoring visits by the team.

Representatives from the community shuras, district governor's office and the provincial governor's office will be involved during the planning, implementation and monitoring stages.
In addition, WHO will increase accountability of the project to the community levels by arranging quarterly meeting with concerned communities; project activities will be reviewed and feedback from the communities will be received; their recommendation will be strictly followed up. Feedback of the affected communities and the beneficiaries will be collected through the implementing partners as training and health education or awareness feedback reports and lesson learned and challenges reporting through the quarterly narrative reports. In some areas, the coordination with existing projects and other NGOs facilitate the work for vulnerable groups. As an example, the presence of Community Health Workers could be a bridge with the vulnerable people of a community, especially for disabled children and elders. The involvement of beneficiaries in the decision process for prioritization of the targets and transportation of the equipment in unsecure areas give a sense of ownership and facilitate the implementation of the process.
Awareness campaigns, health education sessions and simulation exercises and consultation contact time would be utilized to communicate the necessary awareness creation among the beneficiaries
All the activities will be implemented through the professional teams that are aware of "Do No Harm" principle and even in emergency situations; standard protocols will be followed through proper capacity building, supervision and evaluation.

Implementation Plan

This proposal will support trauma care services in the 16 priority districts and 29 at risk districts not fully covered by routine EPHS and BPHS services. The activities will include organizing the available space to manage the trauma cases, provide necessary training, equipment and supplies to improve the trauma care services in the hospitals. This project will also include the support of blood bank services.Special attention will be paid to segregation of male and female patients through improvement of emergency wards (partitions when needed). WHO and its implementing partners will coordinate all actions with local BPHS implementers as well as provincial health directorate who has been involved in project design since its conceptual phase in all provinces targeted. Supplies in drugs, medical and non-medical supplies will be done on regular basis.
Training in mental health, rehabilitation, RMNCAH and GBV will be done according to protocol.
Procurement of kits will be directly implemented by the WHO international procurement procedures. BoQ for the kits are listed in the supportive documents.Delivery and transportation will be carried out by WHO with coordination with partners and other agencies.
Procurement and preposition of supplies, health risk assessments will be done by the WHO/EHA technical teams according to its standardized procedure. Allocation of the kits will be evaluated on an individual basis depending on the needs at the time. This is standard procedure for kit distribution.
The Nutrition Technical Officer from WHO will support PND in organizing refresher training for BPHS/EPHS implementers on management of SAM based on the new WHO guidelines. Currently 6 Regional Nutrition Surveillance Consultants who are have received a Training of Trainers are Master Trainers on SAM Management will be the main facilitators of the refresher training for the targeted TFU's with Technical back stopping from the WHO Technical Officer. Follow up of TFU's will be supported by the regional focal persons during their routine monitoring visits to Nutrition Surveillance Sentinel sites, with support from the Kabul based Nutrition Technical Officer whilst supporting the Provincial Nutrition officers and consolidating reports from BPHS partners of the targeted health facilities and quality assurance before sending to the Technical Officer in Kabul. WHO has physical presence of regional offices where operations (financial and administration) are coordinated. The hardware component-TFU establishment and rehabilitations, will be a direct procurement responsibility of WHO based on previous experience of implementing a similar project. The Emergency WASH and Environmental Health officer from WHO will support the organization and training of the BPHS/EPHS implementers on assessment of WASH and Environmental Health conditions. The WASH expert will utilize a standard training package for environmental health and WASH in emergency facilities together with the MoPH, based on the training modules developed and standard WHO guidelines. The WASH expert will coordinate the assessment of the facilities in collaboration with MoPH and prioritize activities and rehabilitations to be conducted in each of the facilities based on the assessment results, review the bills of quantities that will be submitted by BPHS/EPHS implementers for the rehabilitation in the facilities and prepare contracts to be signed for the implementation of the works. The aforementioned expert will support regular monitoring and evaluate the achievements after completion of the WASH works. Joint support visits will be arranged frequently between the Health, Nutrition and WASH teams together with MoPH to maximize on efficiency and cost effectiveness of resources.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Coordination at national and provincial level, technical guidance and backstopping
Nutrition Cluster	Coordination at national and provincial level, technical guidance and backstopping
WASH Cluster	Coordination at national and provincial level, technical guidance and backstopping
Protection Cluster	Coordination at national and provincial level, technical guidance and backstopping
GBV sub-cluster	Coordination at national and provincial level, technical guidance and backstopping
OCHA	Conflict-induced IDPs/ undocumented returnees. Coordination in targeting beneficiaries.
BPHS/EPHS Implementing Agencies	Collaboration in the implementation of the referral system and the improvement of the health services in the province
MoPH and Provincial Health Directorates	PHD as line department representing MoPH at the provincial level, will help in site selection, develop coordination with all stakeholders including governor office, security department and agencies working in Health
ATR Consulting	Assessment of health needs of hard-to reach areas.
DAO	Provision of rehabilitaitve care and physiotherapy
INGO and NGO	Coordinate activities in 16 priorities districts and 29 at risk districts
ARCS and ICRC	Coordinate activities in 16 priorities districts and 29 at risk districts
Humanitarian Access Group OCHA	Follow up on access contraint in priority districts

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project will address the needs of population affected by physical trauma and deprived of effective emergency trauma care facilities due to conflicts and inadequate capacity. Recently, children and women have become more vulnerable for trauma among the conflict affected population. Particularly children are affected by ERWs, pregnant and lactating women would face imminent threats due to their poor living conditions in the displaced location. This project will address the special needs of women and children in terms of emergency trauma care including first aid, stabilization and referral.
The needs assessment was done to identify the high risk areas for conflicts and the information gathered include the breakdown by age and sex distribution of war trauma cases and displaced population. Hence the interventions have been planned according to the need of males, females and children. For example, majority of the trauma cases are (63%) male adults; and around 37% are children (24% increase in 2016) and women thus the activities under trauma care will include the supplies that are specially needed for females and children particularly the items under mass casualty management kits are specially includes clothes, equipment and supplies for females and children. Other standard kits also include necessary supplies for women and children. Trainings for female mental health staff and rehabilitation staff would be much emphasized. GBV training will be provided to men and women health care worker. GBV training will strengthen role of men in prevention of GBV.
Care for women and children is an underlying determinant for health hence the targeting of women as the principal caregivers in enhancing overall wellbeing. The project will target equal proportions of men and women in the health worker refresher training. The project will make services closer to underserved communities, thus responding to the access barriers faced by mothers. The project will also tackle health seeking behavior change among women by developing and introducing gender-sensitive services.
The IPD/SAM staff will be trained to provide ¨mother-friendly¨ information to empowering mothers in their knowledge and health seeking behavior for better nutrition practices. Nutritional data will be gender disaggregated in order to monitor the gender features of nutritional insecurity and risk of malnutrition. Recruitment and training of the IPDs/SAM staff will follow a gender balance approach. The training package will include the module on psycho-social activities to be performed at the IPDs/SAM: this will enable to have a holistic approach to tackle malnutrition; and it will be the opportunity to introduce mother-sensitive interaction between IPDs/SAM staff and mothers, when addressing nutritional practices, The intervention will enable expand the access to more women and girls who are at risk of food insecurity and malnutrition. Establish gender-responsive and child-friendly capacity building package for IPDs/SAM staff. This entails two operational implications. First, the targeted IPDs/SAM trainings for the health staff will build their capacity to provide gender responsive services at the IPD/SAM level. Second, on a complementary level: in providing gender-responsive services, mothers will face less discrimination and barriers in accessing the IPDs/SAM. This ultimately is expected to increase the likelihood women access to and use IPDs/SAM services for their children. Strengthening M&E mechanisms will be done through data collection from IPDs/SAM by gender-disaggregation of information. IPD/SAM staff (women and men) will be trained on the relevance and rationale of collecting gender-disaggregated data. In order to ensure compliance with the IASC gender marker, the proposed outcomes will advance gender equality.

Protection Mainstreaming

With the ongoing emergency intervention WHO has increased its best practices in protection of beneficiaries. The strictest confidentiality on caseloads and beneficiaries lists will be ensured. Additionally the use of protection check-list from PC, adapted to the intervention in the 16 priority districts and 29 at risk districts will ensure the respect of the four key elements of Protection Mainstreaming.
The extended access that WHO enjoys in all provinces, including the 11 targeted provinces will benefit people in hard-to-reach areas to be assisted with life-saving aid, creating a sphere of confidence that proved to be successful for reaching victims of gender-based violence or persons with disabilities (including mental health problems). Within the Protection Cluster WHO is participating to the development of an standardized training for GBV Treatment Protocol.
Moreover, the principle of “Do No Harm” will be ensured and WHO is committed to sustainable achievement to avoid the rupture of services for the people and to ensure the quality of the services delivered. 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
Maximum effort will be taken to accommodate more female staff in the health worker training and ensure their safety and this is reflected in the allowance for Mahram to accompany female staff for training. During training sessions access to health by all without discrimination is emphasized as a basic human right. The expansion of TFU services beyond just the secure areas will ensure access by all children who need the services. The breastfeeding corners are designed to empower women to be able to comfortably breastfeed their infants and ensure optimal feeding for the infants, particularly in an environment where exclusive breastfeeding rates are below 50%. Special care will be taken to accommodate caregivers in difficult circumstances, particularly the elderly and the disabled, to ensure that infants under their care receive the appropriate services. This will be done through appropriate messaging on optimal feeding as well as space arrangements that ensure ease of access to the health facilities. Breastfeeding mothers and caregivers will be given an opportunity to feedback towards the appropriateness, functionality and suggestions for improvement of the breastfeeding corners and TFUs through active interaction with health workers.
Around 75% of the beneficiaries of the Basic kits will be women, children and elderly who receive emergency trauma care for minor to moderate injuries and conflict induced diseases.
The trauma care centers will improve the equitable access to the trauma care and the supply mechanisms will ensure the equitable access to the health care services including access to the elderly and disabled. Adequate emphasis will be paid on special and culturally accepted care for the women and disabled
Although distribution of female health staffs are limited particularly in the conflict affected areas; maximum effort will be taken to accommodate more female staffs in the PFA trainings (At least 30%) All the health care services provided under the project will ensure availability of adequate female staffs and special care for elderly and disabled.

Country Specific Information

Safety and Security

WHO provides security measures according to the Minimum Operating Security Standards (MOSS) and appropriate insurance conditions. Travel to sites is regulated and advised by security advisories obtaining at the time of visit to minimize risk associated with conflict and insecurity situations . WHO will maximize the opportunities that lie within the security management policies to take acceptable risks when warranted and use alternative methods to reduce risks.
Safety and security will be the priority for all trauma care related services including establishment of TCS. Further the emergency response for the conflict affected population will be conducted in consultation and contribution of the community to provide maximum safety for the affected people and the staffs. The locations will be ensured with accessibility, safety of the staffs and the public attending the services and the facilities will address the basic needs to address the dignity of the public and the staff.
Generally weekly EPR reporting system of health cluster will monitor the security threats to the health care services under the project and the EPR committee will take necessary action to reduce the risk and smooth operation of the project activities.
The health care service providers cannot ensure the security of the patients or staffs but the trauma care centers will provide immediate and effective treatment to the injured cases.
For this allocation, it is recognized that some of the districts pose a serious security risk. Regional focal points have been notified and will upscale security briefing during the implementation period. In some instances, implementation many temporarily become challenging, involvement of community shuras will occur regularly and frequently to make it possible to conduct the programme.

Access

WHO has been considered as an impartial partner for health as regarded by the Afghan population. Additionally in conflict areas, health facilities and staff were preserved by both conflicting parties since they don't want to affect access to services. WHO will maximize the opportunities that lie within the security management policies to take acceptable risks when warranted and use alternative methods to reduce risks.WHO maintains a physical presence in the field offices where the project will be implemented with the field staff having access to all the health facilities.Many of the areas targeted in this project are accessible at provincial hospital and district hospitals. Any emerging problematic areas will be dealt with through the existing NGO working in that areas. WHO follows UN staff safety and security regulations.
WHO has its presence at each district, provincial and regional level through polio officers, EPR committees and National Health coordinators and EHA focal points including within all 16 priority districts and 29 at risk districts. In all districts including the white areas, WHO is already present in the areas they proposed to work in. During assessment and project design, WHO already negotiated access and complementarity with local authorities and BPHS implementer as well. During the assessment visits, WHO staff had meeting in different provinces with a wide range of actors such as: police chiefs, HMIS officers, NGO workers, PPDH's, community elders, members of CDC's, Red Crescent representatives, etc. WHO is fully aware of the security context prevailing in all locations selected and have local network in all these particular locations. Team selection will pay specific attention to hiring of locals having full access to specific locations of activity implementation. In areas that are not under full control of Government of Afghanistan, WHO will proceed through its informal and formal network to have support and acceptance from local authorities. WHO through its other projects is already implementing activities in some areas that are not fully controlled by the GoA and therefore, have existing relations with influent community leaders. Through its humanitarian principle based approach, WHO will build further acceptance in the communities targeted by the project. The quality of the services delivered will also ensure trust building within the localities concerned by the project.
WHO is perceived as a neutral organization that treats equally all patients and the organization will continue to explain its humanitarian approach to all stakeholders in order to maintain trust and build confidence, which ensure a certain level of safety. The local context will be constantly monitored by field staff based in project locations. Coordination team will have regular contact with field based teams to make sure to react in case of security threat for the beneficiaries and or staff.
WHO also collaborate with all the BPHS, EPHS NGOS and the MoPH at national and provincial levels, further the EHA WHO staffs have access to many of the provinces where the project needs direct M&E activities. Hence all the projects could be easily implemented and supervised without much constraint. Because WHO is working very closely with MoPH and regional health directorates, and MoPH has good access to underserved area, WHO is able to deliver supply whittle support of MoPH and regional health directorates.
In all circumstances, safety of our staff would be paramount. Although negotiating access will be an ongoing effort, when safety is compromise, staff will retreat and continue programme and monitoring remotely. As a mitigation effort, contingency plan for service provision outside of the conflict-affected districts in "safe zone" where population can walk to has also been part of the planning process.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	International Emergency Coordinator	D	1	25,500.00	12	25.00	76,500.00
	He/She will have the overall responsibility of project implementation, adherence to standards in all guidelines, SOP and messages generated. This officer will also monitor the quality of trainings undertaken in the field, will be responsible for reporting and ensuring complementarity with other ongoing projects implemented by WHO such as ECHO and USAID grants. He/she will ensure coordination with different partners and MoPH senior level engagement. (100% Health)						
1.2	National Emergency Officer NPO	D	1	6,600.00	12	50.00	39,600.00
	National NOC public health officer (Using UN salary scale) that works closely with MoPH and the field, balance will be paid from other funding sources. (100% Health)						
1.3	National Public Health Officer NOC	D	1	6,600.00	12	50.00	39,600.00
	National NOC public health officer (Using UN salary scale) that works closely with MoPH and the field, balance will be paid from other funding sources. (100% Health)						
1.4	National Information Management Officer G6	S	1	2,000.00	12	50.00	12,000.00
	Support the project via collecting data related to the project activities (risk register, and trauma casualty surveilance and EPR reports) WHO SSA salary scale used (100% Health)						
1.5	GBV Officer	D	1	2,500.00	12	50.00	15,000.00
	Support the project by engaging in training, coordinator and post-training follow up (100% Protection)						

1.6	National Emergency WASH Officer	D	1	6,600.00	12	50.00	39,600.00
	National NOC public health officer (Using UN salary scale) that works closely with MoPH and the field, balance will be paid from other funding sources. (100% WASH)						
1.7	Nutrition Technical Expert	D	1	22,500.00	12	25.00	67,500.00
	Grade P4, Step 2; overall technical team lead for the Nutrition component of the intervention. Salary, social security, medical, insurance, hazard pay. (100% Nutrition)						
	Section Total						**289,800.00**
2. Supplies, Commodities, Materials							
2.1	Procure Inter agency emergency health kits (Basic)	D	130	621.00	1	100.00	80,730.00
	"These are standard WHO kits (composition is annexed)will be purchased through WHO procurement system .(WHO standard catalogue prices) each kit should cater for 1000 pop for three months. these kits will be used at BHC or mobile health team to provide emergency basic services especially for NGOs who are working in white areas affected by emergencies , conflict or displacement *BoQ ""BL 2.1 to 2.3 WHO Kits content and the catelogue prices"" is attached" (100% Health)*						
2.2	CHW Training in First Aid	D	45	3,000.00	1	100.00	135,000.00
	Training to be conducted in 45 districts. *10 person per districts for 3 days.* *$100/day (100% Health)*						
2.3	Mental Health Training-PSS counselor training	D	45	2,500.00	1	100.00	112,500.00
	Training to be conducted in 45 districts. *5 person per districts for 5 days.* *$100/day (100% Health)*						
2.4	Mental Health Training-PFA for CHW in high risk village	D	45	1,000.00	1	100.00	45,000.00
	Training to be conducted in 45 districts. *10 person per districts for 2 days.* *$50/day (100% Health)*						
2.5	Rehabilitation and Physiotherapy - training for medical staff	D	45	1,500.00	1	100.00	67,500.00
	Training to be conducted in 45 districts. *5 person per districts for 3 days.* *$100/day (100% Health)*						
2.6	Rehabilitation and Physiotherpay - training for CHW	D	45	1,500.00	1	100.00	67,500.00
	Training to be conducted in 45 districts. *10 person per districts for 3 days.* *$50/day (100% Health)*						
2.7	Training for blood bank capacity building	D	119	300.00	1	100.00	35,700.00
	2 people form 55 CHC = 110 *3 people from 3 District Hospital = 9* *TOTAL: 119* *119 X 3 days at $100 per day.* *(100% Health)*						
2.8	Monitoring Blood Bank	D	90	100.00	1	100.00	9,000.00
	2 days per district *1 person at $100 per day.*						
2.9	Truss for Triage areas for district Hospital	D	10	10,000.00	1	100.00	100,000.00

	1. Muqur DH *2. Maiwand CHC* *3. Shah Wali kot CHC* *4. Bar Kunar CHC +* *5. Khas Kunar CHC* *6. Dara-I-Pech DH* *7. Imam Sahib DH* *8. Shajoy DH* *9. Almar CHC* *10. Belcheragh CHC* *(100% Health)* *Document; Budget BL29 BoQ for project cost for 2016 520,000 Afg (USD$7600) Cost is expected to be higher for 2017 at 20% more.* *Error was made in the initial cost of this.*						
2.10	Printing of GBV training material and stationary	D	300	50.00	1	100.00	15,000.00
	Material require for training purposes (100% Protection)						
2.11	GBV in Emergency Training for healthcare providers	D	60	300.00	1	100.00	18,000.00
	60 people in all 45 districts *3 days training AT $100 per day (100% Protection)*						
2.12	GBV Treatment Protocol training for healthcare providers	D	200	700.00	1	100.00	140,000.00
	200 people in all 45 districts *7 days training AT $100 per day (100% Protection)*						
2.13	Procurement of Electro-chlorination kits	D	4	15,500.00	1	100.00	62,000.00
	The electro-chlorination kits will be purchased through WHO procurement system (WHO standard catalogue prices). *The unit cost is estimated based on the past experience which also include freight charges, port and warehouse clearance and delayed transportation charges due to security incidences and taxes etc. Secondly the catalogue prices (annexed) are in Euro and the unit cost in the budget line is in USD. Hence you might find a difference between the catalogue price and the budgeted unit cost.(composition is annexed)* *(100% WASH)* *Document: Budget BL213 Electrochlorination.*						
2.14	WASH Rehabilitation and Breastfeeding corner works	D	12	9,555.44	1	100.00	114,665.28
	Based on the previous project (CHF-2-2016) actual cost (70% Nutrition 30% WASH) A total of 12 TFUs will receive WASH and Breastfeeding works will be rehabilitated: Breastfeeding works cost $3,152.90 and WASH costs $6,402.54 as per attached BoQ, The total cost per TFU is therefore $9555.44						
	Section Total						**1,002,595.28**
3. Equipment							
3.1	Blood Bank Equipment in three district hospitals	D	1	39,706.00	1	100.00	39,706.00
	Muqur, Dara-i-Peche (100% Health) *Document: Budget BL31*						
3.2	Consummables for blood bank	D	1	78,205.00	1	100.00	78,205.00
	For all blood banks (see BoQ) (100% Health) *Document: Budget BL32*						
3.3	Community filter, Institution	D	100	176.00	1	100.00	17,600.00
	The institution kit is a stand-alone, gravity operated and chemical free drinking water filtration system for small communities or health facilities. These filters will be distributed in TFUs and 50% will be pre-positioned for sudden onset disasters. The filter comprises four a-aqua drinking water filters which are housed in the 20 liters upper raw water container, the 50 liter bottom container for filtered water which is provided with a tap, a lid for the upper container, operating and maintenance instructions and a cleaning sponge. No power, electricity or mechanical peripherals are required to produce safe drinking water from suspected sources, as it is a gravity filter and no chemicals are used. *Output: up to 150 liters per day.* *Cost is estimates based on previous request for price estimate.* *(100% WASH)*						
3.4	Provision of Milk preparation Kits (List attached) targeting all new and old 37 TFUs	D	33	2,518.00	1	100.00	83,094.00
	Based on most recent procurement, each set average cost of 1000 per set (100% Nutrition) *Document; Budget BL 35 Nutrition Tab Milk Preparation Kit*						
3.5	Provision of bedside chairs for caretakers of malnourished children for thew 36 IPDs/SAM	D	440	100.00	1	100.00	44,000.00

	Based on most recent procurement of $100 per bedside chair (100% Nutrition)						
3.6	Providing of TFUs Files (TSS, MSS,registerbooks, follow up cards, referal cards,mayo chart and wall charts and IEC materials	D	1	4,400.00	1	100.00	4,400.00
	Based on most recent cost of printing TFU registers and provision of files(100% Nutrition) *Document: Budget BL37 CHF Project Tab 37*						
3.7	Provision of cold chain and warming system for old and new TFUs room and Kitchen per facility	D	23	1,050.00	1	100.00	24,150.00
	For 23 District Hospitals *Refrigerator- qty 1 per facility- 800 USD* *Water boiler qty 1 per facility 250 USD (100% Nutrition)*						
3.8	Provision of cold chain and warming system for old and new TFUs room and Kitchen per facility	D	10	1,500.00	1	100.00	15,000.00
	For 10 Provincial Hospitals *Refrigerator- qty 1 per facility- 800 USD* *AC for heating qty 1 per facility 450 USD* *Water boiler qty 1 per facility 250 USD (100% Nutrition)*						
3.9	Medical Equipment for 33 TFUs	D	33	509.00	1	100.00	16,797.00
	tethoscope, Sphangynometer, Orthoscope,Ambubag, mask, Safetybox, Nasogastric tube, surgical gloves, elctronic weighing scale, and height measuring board; $509 per set as per attached BoQ, procurement for 33 sites						
	Section Total						**322,952.00**
4. Contractual Services							
4.1	Trauma care centre for Murqur	D	1	127,917.00	1	100.00	127,917.00
	Support to improve the trauma care services in the identified secondary hospitals to improve the referral services in the high risk districts of Muqur. The activity will be contracted through the MoPH and BPHS NGO managing the hospital *BoQ uploaded.* *(100% Health)* *Document Budget BL41 Trauma Care*						
4.2	WASH Rehabilitation in Shawali Kot BHC	D	1	8,203.00	1	100.00	8,203.00
	Location: Shahwali Kot district, Kandahar *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.3	WASH Rehabilitation in Zheray CHC	D	1	7,995.00	1	100.00	7,995.00
	Location: Zheray district, Kandahar *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.4	WASH Rehabilitation in Cheeno BHC	D	1	9,500.00	1	100.00	9,500.00
	Location: Shajoy district, Zabul *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.5	WASH Rehabilitation in Shajoy DH	D	1	20,400.00	1	100.00	20,400.00

	Location: Shajoy district, Zabul *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.6	WASH Rehabilitation in Khushkaba BHC	D	1	11,930.00	1	100.00	11,930.00
	Location: Lashkargah district, Hilmand *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.7	WASH Rehabilitation in Baghat HSC	D	1	13,290.00	1	100.00	13,290.00
	Location: Garmser district, Hilmand *Implementing partner: EPHS/BPHS implementers* *Rehabilitation/construction of basic WASH services in the targeted health facility located in South Region.* *Rehabilitation/construction of basic WASH services in the targeted facility e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator from local material, ashes pit, organic pit, sharp pit etc)* *(100% WASH)*						
4.8	Training of 40 female healthcare workers on STI for 5 days	D	1	26,108.00	1	100.00	26,108.00
	40 trainees at 5 days each (20 will be trained in Kandahar and 20 will be trained in Kabul) *Kabul training 5 days for 20 is USD$16417 (1123300 Afg)* *Kandahar training 5 days for 20 is USD$9691 (662000 Afg)* *(100% Health)* *Document: Budget BL48 (1) for Kabul, (2) for Kandahar*						
4.9	Traing of 40 female healthcare workers on EmOC for 7 days	D	1	30,897.00	1	100.00	30,897.00
	40 trainees at 7 days each (20 will be trained in Kandahar and 20 will be trained in Kabul) *Kabul training 7 days for USD$18826 (1,286,300 Afg)* *Kandahar training 7 days for 20 is USD$12071 (825,000 Afg)* *Document: Budget BL49 (1) for Kabul, (2) for Kandahar*						
4.10	Refresher training on management of severe acute malnutrition and WASH for 170 health workers in the TFU's based on the new WHO Inpatient Management of SAM	D	176	900.00	1	60.00	95,040.00
	*This is a 6 days training, 5 persons per facility, therefore total participants =33*5=165* *Total Staff from Mobile health facilities =5* *Total Participants= 165+5 = 170* *Total Facilitators= 6* *The cost of training each health worker (doctors and nurses) per day is $150* *Cost per participant for the duration of training; $150per day* 6days= $900* *Total Cost for 170 participants+6 Facilitators for 6 days at the daily cost of $150 = 176*6*150= $158,400* *WHO to contribute 40% to training cost* *Total Requested $95.040* *Cost includes Female staff Mahram participation paid (100% Nutrition)*						
4.11	Training of 46 health care workers on BEmONC for 23 days	D	1	79,150.00	1	100.00	79,150.00
	40 trainees at 23 days each (20 will be trained in Kandahar and 20 will be trained in Kabul) *Kabul training 23 days for 20 is USD$33,250 (2,277,500 Afg)* *Kandahar training 23 days for 20 is USD$45,900 (3,143,935 Afg)* *Document: Budget BL412 BEmONC 1 (Kabul) 2 (Kandahar)*						
4.12	Training of 12 healthcare workers on CEmONC for 29 days	D	1	33,889.00	1	100.00	33,889.00
	12 trainees at 29 days in Kabul at USD$33,889 (2,317941 Afg) *Document; Budget BL413 CEmONC*						
4.13	Training of 40 healthcare workers on IMNCI for 13 days	D	1	46,435.00	1	100.00	46,435.00
	40 trainees at 13 days each (20 will be trained in Kandahar and 20 will be trained in Kabul) *Kabul training 13 days for 20 is USD$26,598 (1,819,300 Afg)* *Kandahar training 13 days for 20 is USD$19,837 (1,358,000 Afg)* *Document: Budget BL 414 IMNCI Kabul and Kandahar*						
4.14	Trauma care centre for Dar-i-Peche	D	1	124,801.00	1	100.00	124,801.00

	Support to improve the trauma care services in the identified secondary hospitals to improve the referral services in the high risk districts of Dar-I-Peche. The activity will be contracted through the MoPH and BPHS NGO managing the hospital *BoQ uploaded.* *(100% Health)* *Document Budget BL415 Trauma Care*						
4.15	ATR Consulting for Assessement	D	1	150,000.00	1	100.00	150,000.00
	See document for ATR proposal and budget breakdown *Document: Budget BL416 ATR*						
	Section Total						**785,555.00**
5. Travel							
5.1	Travel cost for GBV facilitator and Monitoring visits	D	2	700.00	8	100.00	11,200.00
	2 WHO facilitators and monitor *Five day training: DSA for UN staff per night 100$* *Facilitators is required to go one day early and one day later total will be 7 night and per night DSA is 100$= 700$*						
5.2	Monitoring and Supervision PND/WHO Nutrition Surveillance Focal Persons	D	5	424.00	12	100.00	25,440.00
	*Each 4 day visit by Regional focal points = 424 ($80 transport+86*4 nights perdiem)* *Total=12 visits (once per month)* *Total Regional focal points =5* *(100% Nutrition)*						
5.3	Monitoring and Supervision WHO Technical Officer Nutrition	D	4	744.00	1	100.00	2,976.00
	*Each 4 day visit by WHO Technical officer NUTRITION = 744 ($400 transport+86*4 nights perdiem)* *Total no of visits= 4 (1 per quarter)* *(100% Nutrition)*						
5.4	Monitoring and Supervision National WHO Officer	D	4	744.00	1	100.00	2,976.00
	*Each 4 day visit by WHO officer NUTRITION = 744 ($400 transport+86*4 nights perdiem)* *Total no of visits= 4 (1 per quarter) (100% Nutrition)*						
5.5	Monitoring and Supervision Provincial Nutrition Officers	D	11	177.00	12	40.00	9,345.60
	*Each 4 day visit by PNOs = $177 ($25 transport+38*4 nights perdiem)* *Total=12visits (once per month)* *Total PNOs =11 (One per province)* *(100% Nutrition)*						
	Section Total						**51,937.60**
6. Transfers and Grants to Counterparts							
6.1	Transfer grants to DAO for operate rehabilitative and physiotherapy servicecs	D	1	254,544.00	1	100.00	254,544.00
	See document for DAO proposal and budget breakdown *Document: Project Supporting Documents - DAO proposal and budget. Also include in Project Supporting Documents are DAO machinery BoQ.*						
6.2	Transfer grants to ACTD for operate Emergency Primary Health and Reproductive Health in Hilmand (Gamser and Nawzad)	D	1	123,125.00	1	100.00	123,125.00
	See document for ACTD Proposal and budget breakdown. *Document: Project Supporting Documents - ACTD proposal and Budget. All BoQ is available but not upload due to the number of documents.* *Also upload in supporting document is ACTD assessment in Hilmand for the 2nd Allocation.*						
6.3	Transfer grant to SDO for operate Emergency Primary Health in Zabul	D	1	442,680.00	1	100.00	442,680.00
	See document for ACTD Proposal and budget breakdown. *Document: Project Supporting Documents - ACTD proposal and Budget. All BoQ is available but not upload due to the number of documents.* *Also upload in supporting document is ACTD assessment in Hilmand for the 2nd Allocation.*						
6.4	Trasnfer grant to AADA for operate trauma care in Nangahar, Faryab, Takhar	D	1	595,741.00	1	100.00	595,741.00

	Through this project AADA, will maintain two of three First Aid Trauma Posts (FATPs) supported by CHF 2nd allocation 2016 in Pashtoon Kot district of Faryab and establish trauma care service unit (TCS) in CHC of Pashtoon Kot and three FATPs in Alamar, Garzewaan and Balcheraagh districts. In Takhar province one TCS and one FATP will be established in two health facilities (HFs) of Khoja Ghar district. Moreover, AADA will establish and maintain TCS unit in Wazi Pera Khil CHC of Khogiani CHC+ and two FATPs in Kakrak BHC of Surkhroad district and in Candi Bagh Health- Sub- Centre of Chaparhar district. *Document: Project Supporting Documents - AADA Proposal and Budget.*						
	Section Total						**1,416,090.00**
7. General Operating and Other Direct Costs							
7.1	WHO field operational cost	S	1	2,290,200.00	1	8.00	183,216.00
	The field offices of WHO in the regions are the key hubs coordinating implementing and monitoring the activities only 8% of the operational cost of the offices will be charged on this project. (54% Health, 20% Nutrition, 10%WASH, 10% Protection, 6% Coordination and Common Services) *Document: Budget BL71 Operational cost*						
7.2	Transportation cost for drugs and supplies for kits and supplies procured under this project	S	1	381,546.00	1	10.00	38,154.60
	The local transportation of the supplies during emergencies would cost 10% of the cost of the items in Afghanistan due to distance and insecurity related costs. (100% Health) *All kits, commodities and equipment - 2.1, 2.13, 3.1, 3.2, 3.3, 3.4,, 3.7, 3.8, 3.9 totaling $381,546 - adjusted accordingly*						
	Section Total						**221,370.60**
SubTotal			2,021.00				**4,090,300.48**
Direct							3,856,929.88
Support							233,370.60
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							286,321.03
Total Cost							**4,376,621.51**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nangarhar -> Surkhrod	4	8,273	8,261	6,253	6,223	29,010	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).
Nangarhar -> Khogyani	4	9,834	8,373	7,285	8,274	33,766	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

Nangarhar -> Chaparhar	4	11,434	12,323	9,865	8,654	42,276	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).
Ghazni -> Muqur	4	35,314	42,452	25,456	27,564	130,786	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.11 : Assessment of current situation Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.4 : Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts. Activity 1.1.5 : Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained. Activity 1.1.5 : On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person
Kunar -> Watapur	4	11,634	10,575	9,734	6,242	38,185	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water

supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are:

Shawali Kot clinic BHC, Shahwalikot, Kandahar
Zheray clinic CHC, Zheray, Kandahar
Cheeno BHC, Shajoy, Zabul
Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs)
Khushkaba BHC, Lashkargah, Hilmand
Baghat HSC, Garmser, Hilmand
Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design.
Activity 1.1.11 : Assessment of current situation
Activity 1.1.2 : Assessment of current situation
Activity 1.1.2 : Assessment of current situation
Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces.
Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche
Activity 1.1.7 : Rehabilitation and physiotherapy:
Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000
Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000

Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.
Activity 1.2.2 : Provide support to GBV in emergency
Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI
Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts.
Activity 2.1.4 : Mental health (psycho social) training for 45 districts:
a. PSS counselor training: 5 per district, five days, 45 districts
b. PFA for CHWs In high risk village; 10/district, 2 day

Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions.
Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs
The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.

Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies
Establish referral mechanism for all pregnant women identified with High-risk pregnancies
Distribute Basic Pregnancy Kits to all pregnant women
All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access

							to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Kunar -> Marawara	4	6,745	6,538	7,342	6,732	27,357	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH Activity 1.1.5 : On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency. Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers The duration of training will be three day. Activity 2.1.2 : Train healthcare workers in STI Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in

							area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs. Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Kunar -> Shigal Wa sheltan	4	7,334	6,485	8,343	6,423	28,585	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

							Activity 1.1.2 : Assessment of current situation Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces. Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000 Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.5 : Assessment of current situation
Kunar -> Dara-e-Pech	4	7,823	6,743	8,723	9,823	33,112	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.11 : Assessment of current situation Activity 1.1.2 : Assessment of current situation Activity 1.1.2 : Data collection will be undertaken simultaneously across the four districts to ensure meaningful comparisons can be made between

							the four date collection areas. Data analysis will be triangulated by utilizing contextual qualitative data and existing emergency health data from previous humanitarian assessments. Finally, results will be presented to the Health Cluster representatives as the key aspect of this research is to inform strategy that improves access to basic and emergency health across Afghanistan. Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces. Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.4 : Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts. Activity 1.1.5 : Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained. Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar
Kunar -> Khaskunar	4	11,223	10,323	8,374	9,233	39,153	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.11 : Assessment of current situation

							Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives). Activity 1.1.2 : Data collection will be undertaken simultaneously across the four districts to ensure meaningful comparisons can be made between the four date collection areas. Data analysis will be triangulated by utilizing contextual qualitative data and existing emergency health data from previous humanitarian assessments. Finally, results will be presented to the Health Cluster representatives as the key aspect of this research is to inform strategy that improves access to basic and emergency health across Afghanistan. Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.5 : Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained. Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000
Kunar -> Barkunar	4	9,823	8,723	8,238	7,364	34,148	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an

							opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH Activity 1.1.11 : Assessment of current situation Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000 Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar Activity 1.2.2 : Provide support to GBV in emergency Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI Activity 2.1.2 : Train healthcare workers in STI Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts. Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS.

							Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Kunar -> Ghaziabad	4	12,533	14,584	11,734	12,334	51,185	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.11 : Assessment of current situation Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives). Activity 1.1.2 : Assessment of current situation Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.5 : Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained. Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts. Monitoring of Blood Bank 2 day per district, one person Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.

Takhar -> Khwajaghar	4	24,476	27,535	14,313	14,311	80,635	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).
Uruzgan -> Tirinkot	3	6,534	8,712	6,575	7,462	29,283	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.11 : Assessment of current situation Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district.

Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar.
Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province.
Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar.
Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

Activity 1.1.2 : Assessment of current situation
Activity 1.1.2 : Establish New TFU in Uruzgan

Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche
Activity 1.1.5 : On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients
Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts.
Monitoring of Blood Bank 2 day per district, one person
Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.
Activity 1.2.1 : Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency.

Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers
The duration of training will be three day.

Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region.

The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities.
14 facilities in Khugiani, Nanagarhar
7 facilities in Chaprahar, Nanagarhar
13 facilities in Surkhurod, Nanagarhar
3 facilities in Khas Kunar, Kunar

Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI
Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts.

							Activity 2.1.5 : Assessment of current situation Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Uruzgan -> Chora	4	9,831	8,272	7,263	6,234	31,600	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.2 : Assessment of current situation Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces. Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.4 : Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts. Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000

							Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar Activity 1.2.2 : Provide support to GBV in emergency Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI Activity 2.1.2 : Train healthcare workers in STI Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Uruzgan -> Shahid-e-Hassas	3	8,273	7,162	6,153	5,462	27,050	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in

eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD.
To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are:

Shawali Kot clinic BHC, Shahwalikot, Kandahar
Zheray clinic CHC, Zheray, Kandahar
Cheeno BHC, Shajoy, Zabul
Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs)
Khushkaba BHC, Lashkargah, Hilmand
Baghat HSC, Garmser, Hilmand
Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH
Activity 1.1.11 : Assessment of current situation
Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts.
Monitoring of Blood Bank 2 day per district, one person
Activity 1.1.7 : Rehabilitation and physiotherapy:
Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000
Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000

Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.
Activity 1.2.1 : Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency.

Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers
The duration of training will be three day.

Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region.

The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities.
14 facilities in Khugiani, Nanagarhar
7 facilities in Chaprahar, Nanagarhar
13 facilities in Surkhurod, Nanagarhar
3 facilities in Khas Kunar, Kunar

Activity 1.2.2 : Provide support to GBV in emergency

							Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts. Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs. Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Uruzgan -> Dehrawud	4	8,723	7,223	6,274	5,523	27,743	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand Activity 1.1.1 : Rehabilitation of TFUs

Activity 1.1.2 : Assessment of current situation
Activity 1.1.2 : Establish New TFU in Uruzgan

Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces.
Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche
Activity 1.1.3 : Train Health workers on Management of Severe Acute Malnutrition.
Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW)
Activity 1.1.4 : Assessment of current situation
Activity 1.1.4 : Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts.
Activity 1.1.6 : Monitoring and assessment on blood bank services in all 45 hard-to reach districts.
Monitoring of Blood Bank 2 day per district, one person
Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard.
Activity 1.2.2 : Provide support to GBV in emergency
Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI
Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts.
Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions.
Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs
The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.

Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies
Establish referral mechanism for all pregnant women identified with High-risk pregnancies
Distribute Basic Pregnancy Kits to all pregnant women
All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services.
Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS.
Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition
Due list of IDP/returnee children (between 6 – 59

							months) for incomplete immunization
Uruzgan -> Khasuruzgan	4	7,364	7,623	5,236	4,362	24,585	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Rehabilitation of TFUs Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH Activity 1.1.11 : Assessment of current situation Activity 1.1.2 : Establish New TFU in Uruzgan Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.3 : Train Health workers on Management of Severe Acute Malnutrition. Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW) Activity 1.1.4 : Assessment of current situation Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000 Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five

							days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs. Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Zabul -> Shahjoy	3	9,817	8,723	8,274	7,823	34,637	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : SOUTH REGION: An assessment was conducted in 2016 by the WHO WASH sector to find out the WASH conditions of HFs in eastern and southern provinces. The assessment highlighted those HFs with higher than 3 marks to be in the urgent needs for WASH rehabilitation. The HFs selected in this proposal for WASH rehabilitation are marked more than 3 and are also falls under HTD. To this end the selected HFs will require Rehabilitation/construction of basic WASH services e.g. provision of water points, water supply system, boreholes, toilets/latrines, medical waste management facilities if required (e.g. de Montfort Mark8a incinerator, ashes pit, organic pit, sharp pit etc). The health facilities to be targeted are: Shawali Kot clinic BHC, Shahwalikot, Kandahar Zheray clinic CHC, Zheray, Kandahar Cheeno BHC, Shajoy, Zabul Shajoy DH Shajoy, Zabul (Will also support the TFUs WASH needs) Khushkaba BHC, Lashkargah, Hilmand Baghat HSC, Garmser, Hilmand Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design.

							Activity 1.1.10 : Provide rehabilitation and physiotherapy services to district hospitals in priority districts. Service provision will be provided by DAO. DAO is the only rehabilitation provider and their services is recognized by UNMAS and MoPH Activity 1.1.2 : Assessment of current situation Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces. Activity 1.1.3 : Train Health workers on Management of Severe Acute Malnutrition. Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW) Activity 1.1.5 : On the job training for health workers on WASH (Hardware and software components of milk preparation) for prevention of cross infection for inpatients Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Implementing partner NGOs in health cluster operating in priority districts will be trained on gender mainstreaming in emergency. Two batch training will be conducted in Kabul, total no of participant will be 60 health care providers The duration of training will be three day. Activity 1.2.2 : Provide support to GBV in emergency Activity 2.1.2 : Train healthcare workers in STI Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization

Zabul -> Daychopan	3	8,876	10,932	10,928	8,723	39,459	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.2 : Provision of rehabilitative services including orthopedic, prosthetics, physiotherapy and rehabilitative services in Kunar and Uruzgan provinces. Activity 1.1.3 : Assessment of current situation Activity 1.1.7 : Rehabilitation and physiotherapy: Training for medical staff 5/district x 3 day/batch x for 45 districts, $100/day total $ 70000 Training of CHWs 10/district x 3 day x for 45 district x $50/person/day total $ 70000 Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities. 14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar
Paktika -> Urgun	4	28,824	27,350	11,004	10,293	77,471	Activity 1.1.1 : All target districts will be covered Total 200 healthcare providers will be trained in all target provinces/districts Duration of training will be 5 day. Activity 1.1.1 : Support the establishment Trauma care service facilities in Dara-i-Peche including triage area. (within existing health facilities see attached BOQ) because currently there is none. Activity 1.1.1 : The implementing partner will meet with Health Cluster representatives for an opportunity (i) to collaboratively finalize the geographic scope and sample size of the survey (ii) to discuss and finalize timelines for implementation (iii) to incorporate recommendations for the tool design. Activity 1.1.11 : Assessment of current situation Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines,

							medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives). Activity 1.1.3 : Scale up blood bank service in three district hospitals in Muqur, Dara-i-Peche Activity 1.1.3 : Train Health workers on Management of Severe Acute Malnutrition. Five (5) health workers per TFU will be targeted for training on SAM services as well as WASH concepts. The detailed calculation of total targeted beneficiaries inclusive of admitted children in the host community and IDPs and health workers per province is described below. The No of children 6-59 months targeted as well as the total number of health workers (HW) to be trained per province is shown below: Faryab 1,176 (15 HW) Ghazni 3,750 (25 HW) Helmand 5,016 (15 HW) Kandahar 1,043 (10 HW) Kunar 2,257 (10HW) Kunduz 2,116 (10 HW) Nangarhar 3,499 (25HW) Paktika 1,341 (15 HW) Takhar 1,969 (25 HW) Urozgan 3,010 (10 HW) Zabul 1,065 (10 HW) Activity 1.1.4 : Assessment of current situation Activity 1.1.4 : Procurement of blood bank commodities to support blood bank services in all 45 hard-to-reach districts. Activity 1.1.5 : Provide training to increase capacity in blood bank services in all 45 hard-to-reach districts. Training for Blood Bank: 110 person from 55 CHCs and 9 from 3 DHs total 119 person to be trained. Activity 1.1.8 : CHW training on first aid for 45 districts, 10/district, for three days, $100/day (including CHW kit) as per Health Cluster standard. Activity 1.2.1 : Provision of Chlorine solution using Electro-Chlorination kit for the targeted health facilities located in Eastern Region. The Electro chlorination kits which produce 0.2% chlorine stock solution will be purchased and installed in district hospitals. The stock solutions will be distributed to all the HFs within the district by CHWs.The activity will be implemented by a local NGO or BPHS implementing NGO in the given districts. Four operators will be trained for the operation and maintenance of the kits. Moreover the CHSs and CHWs will be trained on how to distribute the chlorinated solution to the targeted HFs. For sustainability, the HFs local staff will receive on-job trainings to make sure the kits will remain operationalize after the project as well. The stock chlorine solution can be used to disinfect drinking water, medical appliances, floors and any other disinfection practices required in the given health facilities. During the emergencies, the kits will also serve to produce chlorine for the affected communities.

							14 facilities in Khugiani, Nanagarhar 7 facilities in Chaprahar, Nanagarhar 13 facilities in Surkhurod, Nanagarhar 3 facilities in Khas Kunar, Kunar Activity 2.1.1 : Training of female healthcare workers on EmOC, BEmOC, ENC, IMNCI Activity 2.1.2 : Train healthcare workers in STI Activity 2.1.3 : Procure 150 Basic Health kits for distribution to hard-to-reach districts. Activity 2.1.4 : Mental health (psycho social) training for 45 districts: a. PSS counselor training: 5 per district, five days, 45 districts b. PFA for CHWs In high risk village; 10/district, 2 day Activity 2.1.5 : Assessment of current situation Activity 2.1.7 : Community based screening of all pregnant women for High-risk pregnancies Establish referral mechanism for all pregnant women identified with High-risk pregnancies Distribute Basic Pregnancy Kits to all pregnant women All children in the villages will be screened for malnutrition, and children meeting the criteria for MAM will be managed at the community level and those found to be severely acutely malnourished will be taken to the facilities for Secondary management. Atleast, 4000 conflict-affected (including host communities) children (between 6 – 59 months) in target district of Shahjoy in Zabul are provided equitable access to basic public health and nutrition services. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for Diarrhoea i.e. Community-based management with Zinc+ORS. Screening of IDP/returnee children (between 6 – 59 months) provided treatment for malnutrition Due list of IDP/returnee children (between 6 – 59 months) for incomplete immunization
Faryab -> Pashtunkot	4	11,823	10,183	9,273	9,273	40,552	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

Faryab -> Almar	4	13,593	15,353	10,294	11,393	50,633	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).
Faryab -> Garziwan	4	11,928	12,834	10,923	9,823	45,508	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).

Faryab -> Bilcheragh	4	9,821	8,924	8,294	9,283	36,322	Activity 1.1.12 : Implemented by AADA Maintain the two of three CHF 2nd allocation 2016 supported FATPs in Mian Dara and Ghar Tepa BHCs staffed and equipped with essential medicines, medical and non-medical supplies in Pashtun Kot district of Faryab. Establish and maintain three FATPs in Faryab staffed and equipped with essential medicines, medical and non-medical supplies in Qaraee HSC of Alamar, Tagabshan BHC of Garzewaan, Kawilyan BHC of Balcheraagh districts and TCS unit in Khoja Mosa CHC of Pashtoon Kot district. Establish and maintain one TCS unit staffed and equipped with essential medicines, medical and non-medical supplies in Khaja Ghar CHC and one FATP in Zard Kamar BHC of Khaja Ghar district of Takhar. Establish and maintain TCS unit in Wazir Perakhil CHC of Khogaini and two FATPs, one in Kakarak BHC of Surkhroad and one in Candi Bagh HSC of Chaparhar district of Nangarhar province. Provide 24/7 trauma care services to conflict affected population (men, women, boys and girls) through one TCS unit and five FATPs in Pashtun Kot , Almar , Garzewaan and Balcheraagh districts of Faryab , one TCS and one FATP in Khaja Ghar district of Takhar, one TSC in Khogaini , one FATP in Sourkhraod and one FATP in Chaparhar districts of Nangarhar. Provide basic life-saving support, interpersonal communication and psychosocial counselling training to staff (28 male physicians/nurses, 12 midwives).
Hilmand -> Nawzad	4	9,823	8,293	9,092	8,323	35,531	Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.
Hilmand -> Garmser	4	12,392	10,923	11,834	9,823	44,972	Activity 2.1.6 : Full assessment of the SDP in conflict affected and white areas of the targeted districts. This will be done through participatory approaches including focus group discussions. Provide PHC and basic RH services to people living in under-served areas and IDPs in two targeted districts in Hilmand by MHT. Provide basic reproductive and referral services to communities in white areas and IDPs The MHT will provide basic RH services to the people living in white area and people living in area were people are not having access to basic RH services as well as the MHT team will address the needs of communities with high concentrations of returnees and IDPs.

Documents

Category Name	Document Description
Project Supporting Documents	Endorsement Letter Health.pdf
Project Supporting Documents	ProjectProposal HEALTH-signed.pdf
Project Supporting Documents	Health Access Research Plan_ATR.docx
Project Supporting Documents	Endorsement Letter -Protection.pdf

Project Supporting Documents	Cluster Endorsement Letter- WASH.docx
Project Supporting Documents	DAO Project Proposal + Budget.doc
Project Supporting Documents	DAO agreement.pdf
Project Supporting Documents	NGO costing while services supported through Humanitarian fund and non BPHS health service providers - draft 3.xlsx
Project Supporting Documents	NGOs proposal format.docx
Project Supporting Documents	SDO Proposal Zabul.doc
Project Supporting Documents	SDO BoQ for Medical consumables.xlsx
Project Supporting Documents	AADA Proposal _Trauma Care Project to WHO.docx
Project Supporting Documents	AADA agreement.pdf
Project Supporting Documents	ACTD agreement.pdf
Project Supporting Documents	ATR Agreement.pdf
Project Supporting Documents	Logframe Health - signed revised.doc
Project Supporting Documents	Endorsement Letter-Nutrtion.pdf
Project Supporting Documents	Logframe Signed-Nutrition.pdf
Project Supporting Documents	Endorsement and logframe signed WASH
Project Supporting Documents	ACTD - Project Proposal.doc
Project Supporting Documents	ACTD - Assessment Helmand.docx
Budget Documents	BL35 NUT_CHF Project (TFU)(BOQ)_Budget breakdown v2.xlsx
Budget Documents	BL21 to 23 WHO Kits content and the catelogue prices - reconciliated.xls
Budget Documents	BL71 Operational Cost for sub offices.xlsx
Budget Documents	SummaryRMNCAH Training.xlsx
Budget Documents	BL37 Tab 3.7 CHF Project (BOQ)_Budget breakdown NUTv2 0.xlsx
Budget Documents	BL214 Tab 214 Breat Feeding Corner.xlsx
Budget Documents	DAO Budget DAO combined - Final.xls
Budget Documents	Raw Material Equipment list (KNR) .doc
Budget Documents	Raw Material Equipment list (URZ) .doc
Budget Documents	BL416 ATR consulting_budget_health access_September 2017.pdf
Budget Documents	BL2.9 BoQ for Triage.pdf
Budget Documents	Budget Line merged.xlsx
Budget Documents	AADA Budget.xls
Budget Documents	ACTD Budget.xls
Budget Documents	SDO Budget.xlsx
Grant Agreement	WHO - 6829 - AL - Signed by HC.pdf
Grant Agreement	WHO - 6829 - AL - Signed by HC & IP.pdf