



Organization	UNFPA (United Nations Population Fund)																																								
Project Title	Addressing Emergency Reproductive Health Needs of Population Living in Highly Disaster Prone Provinces																																								
CHF Code	AFG-14/S1/H/UN/252																																								
Primary Cluster	HEALTH	Secondary Cluster	None																																						
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	Core activities																																						
Project Budget	395,589.70	Project Duration	12 months																																						
Planned Start Date	01/06/2014	Planned End Date	31/05/2015																																						
OPS Details	OPS Code	OPS Budget	0.00																																						
	OPS Project Ranking	OPS Gender Marker																																							
Project Summary	<p>Emergency reproductive health services with funding from CHF will be provided to 260,078 women of child bearing age (CBA), with focus on 45,232 pregnant women from 43 highly vulnerable districts in 8 provinces of Helmand, Kandahar, Nuristan, Badgiz, Paktia, Daikundi, Bamyan and Nimruz. The project is designed to expand access to Minimum Initial Service Package (MISP) for RH in emergency setting, including coordination of MISP with partners, equipping target health facilities with RH Kits, and training RH Coordinators and health staff in provision of RH emergency services. The US \$ 395,589.70 project is funded by CHF and is aligned to IASC guidelines and strategic priorities of CHAP 2014. The project contributes to the first objective of health cluster. UNFPA core resources will support provision of emergency reproductive health services in selected districts which show high vulnerability, but are located within provinces that show overall low vulnerability rating. This includes such provinces are Ghor, Paktika, Maidan Wardak, etc. which are as medium level of vulnerability, yet some districts within them are very highly vulnerable and prone to disasters.</p>																																								
Project Beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>80</td> <td>260178</td> <td>0</td> <td>0</td> <td>260,258</td> </tr> <tr> <td colspan="6">Total beneficiaries include the following:</td> </tr> <tr> <td>Pregnant and Lactating Women</td> <td>0</td> <td>45232</td> <td>0</td> <td>0</td> <td>45232</td> </tr> <tr> <td>Other</td> <td>0</td> <td>214846</td> <td>0</td> <td>0</td> <td>214846</td> </tr> <tr> <td>Trainers, Promoters, Caretakers, committee members, etc.</td> <td>80</td> <td>100</td> <td>0</td> <td>0</td> <td>180</td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	80	260178	0	0	260,258	Total beneficiaries include the following:						Pregnant and Lactating Women	0	45232	0	0	45232	Other	0	214846	0	0	214846	Trainers, Promoters, Caretakers, committee members, etc.	80	100	0	0	180
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Indirect Beneficiaries	Women of Child Bearing Age (CBA), family members of pregnant women and community members, including men.	Catchment Population	1,130,778 population, with 260,078 women of CBA and 45,232 pregnant women in the 43 target districts of high and very high vulnerable provinces of Helmand, Kandahar, Nuristan, Badghis, Bamyan, Daikundi, Paktia and Nimroz.																																						
Link with the Allocation Strategy	<p>Project objective is aligned with first strategic priorities of CHAP 2014 for life saving interventions. Provision of RH services through MISP implementation in highly prone identified areas by HNO will contribute to first objective of health cluster. The intended activities of the project will contribute through strengthened emergency RH services focusing mainly on 23% of CBA living in disaster affected areas of the target provinces. The pregnant women are exposed to higher risk due to poor access to RH services and 111,200 pregnant women live in 101 districts identified and ranked as high or very high vulnerable areas. The delivery of RH supplies to primary and secondary health care facilities, provision of clean delivery kits to pregnant women, strengthening capacity of RH coordinators for timely preparedness/response and health staff of life saving training activities will contribute significantly to improve access to health services for affected population.</p>																																								
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BACKGROUND INFORMATION

1. Humanitarian context..

Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)

Humanitarian conditions in the country have steadily deteriorated in recent years due to protracted conflict, increased insecurity and natural disasters as Afghanistan is prone to recurrent onset of natural disasters like earthquakes, drought, floods, avalanches etc. Based on Humanitarian Needs Overview (HNO) exercise conducted recently, 101 districts have been identified as highly or very high vulnerable districts with the total population of 1,169,000 in need of immediate humanitarian assistance across the country. While, several provinces as like Helmand, Kandahar, Nuristan, Badghis, Paktiya, Darkundi, and Nimruz have been identified by health cluster with very high/high vulnerability ranking status. Based on the latest affected population figure from CHAP 2014, RH services are required for 111,200 pregnant women live in those districts ranked as highly vulnerable areas. The disruption of regular health services, suspension of outreach/mobile clinics has severely compromised access to essential health services including RH. Therefore timely preparedness and response is critical to address the RH needs for population affected by natural and man-made disaster in these provinces. The percentages of people live in the rural and remote villages of these provinces without access to health services, particularly pregnant women without proper referral system, is still significant due to mentioned above factors. The disaster affected population has been living in a compromised position during winter season to meet their basic living conditions. Pregnant women are always in high risk and the risk is increased during humanitarian crisis, therefore emergency interventions are obviously needed to avoid increase in maternal mortality and morbidity, prevention and response to CMR, STI including HIV, in humanitarian settings. This is important for all humanitarian actors within clusters to identify the acute needs for life saving intervention related to disaster to serve the affected population. In such situation women of CBA, particularly pregnant women could be the most vulnerable groups of the disaster affected population. Therefore, all required steps need to be taken to address the reproductive health needs of affected people through MISP implementation which contribute to the prevention, treatment and reducing mortality rates of women and new born in humanitarian settings. Though in acute phase of humanitarian crisis the response is called for by evidence of the acute escalation of crisis like mortality, injury and diseases on a wide scale, however, small and isolated disasters shall not be ignored. The vulnerable and affected population equally needs access to life-saving emergency interventions.

2. Grant Request Justification

Afghanistan has poor maternal health outcomes that is exacerbated by the acute and chronic humanitarian crisis. Economically marginalized humanitarian crisis

request contributes to preventing maternal death in situations of humanitarian crisis by increasing access to life saving interventions through 3 main strategies: (1) equipping health facilities with essential equipment and life saving Reproductive Health (RH) commodities and supplies needed in periods of crisis; (2) training health care workers to provide life saving interventions (emergency obstetrics and newborn care); and (3) ensuring a coordinated response for all actors for better emergency referral and continuity of care. Despite modest progress, Afghanistan has a MMR of 327 per 100,000 live births, one of the highest in the Asia Pacific region. This requires targeted interventions especially on factors that drive the MMR, such as limited access and use of maternal health care in both man made and natural humanitarian crisis situations. Access to maternal health care has been limited by inadequate emergency obstetric care (EMOC) services, insufficient human resources especially of female staff, poor equipment and commodities stock status which pose critical challenges in ensuring functional availability of emergency obstetric care services. The proportion of deliveries conducted by skilled birth attendance is around 39% only and ANC provided by skilled staff during 1 visit is only 48%. The proportion of population leaving more than one hour walking distance from public health facilities is 47%! The quality of reproductive health services within the health care facility remains poor in most of the areas. The maternal health indicators reflect huge socio-economic disparities with women in conflict and post conflict settings having worst health outcomes including highest rate of maternal mortalities, morbidities and disabilities such as obstetric fistula. The specific risks during pregnancy and giving birth are magnified in remote far flung areas where ongoing insecurity and natural hazards limit access to basic and emergency obstetrics care services. Afghanistan often witnesses harsh winter seasons with heavy snow falls that cause road blockage in high risk provinces. So most villages are at risk of being cut off in winter season with isolation, lack of emergency referral services and generally no or very limited access to any type of services. Therefore timely provision of RH services through MISp implementation focusing mainly on women of CBA remains a priority lifesaving intervention. The current Basic Package of Health Services (BPHS) is only able to cover mainly health needs caused by small scale natural disasters. There is thus, need of external support for larger scale, coordinated interventions as are often witnessed in the highly vulnerable provinces. This project will support UNFPA to procure and reposition different type of RH kits at central and provincial levels health facilities. The capacity building of RH Coordinators and RH staff in MISp, CMR (Clinical Management of Rape Survivors), EmNOC etc. will be strengthened as well in project implementation and coordination.

3. Description Of Beneficiaries
Beneficiaries are 260,078 child bearing age women who will receive various type of reproductive health services including STI treatment and family planning services. out of those, 45,232 are expected to be pregnant women who will be benefited from maternal health services including improved obstetric care. The project directly targets 260,078 women of child bearing age who live in the 43 high or very high vulnerable districts of Helmand, Kandahar, Nuristan, Badghis, Paktia, Nimroz, Bamyani and Daikundi provinces. The targeted beneficiaries don't have access to health care services and are in need of humanitarian assistance in the 8 disaster prone provinces. RH decision also involve male partners. Therefore, sensitization related activities on positive health seeking behavior will target men and youth. The pregnant women without access to HFs will benefit from clean delivery kits distributed to them during 3rd trimester to ensure safe and clean delivery at their houses.

4. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (with whom, how and when?). List any baseline data
Needs for Provision of Essential RH Kits to Hospitals and Health Facilities: People who live in high or very highly vulnerable districts of the country have difficult or don't have access to Provincial Hospitals, this is due to various reasons. The most common reason is insecurity, particularly during night which cause delay in transportation of pregnant women to receive improved obstetric services in hospitals. Lack of qualified health workers, particularly of female health workers is another challenge to be tackled. weather conditions, specifically harsh winter and heavy snow fall cause problems in transportation of patients of hospitals, The country has very harsh winter and most part of the country is under snow during winter season. Roads are blocked due to heavy snow in some of the high risk districts. So most villages are cut off in the winter season. The people living in these districts don't have access to any type of services, because of blockage of the roads. The present BPHS system is able to cover the health needs caused by small scale natural disasters and epidemics; there is need of external support for larger scale events. The affected population has been in a compromised position during winter season to meet their basic living conditions. Their access to health services is minimal because of isolation, lack of health service facilities, lack of health personnel and lack of transportation. As the roads are blocked during winter seasons, Referral services of pregnant mothers and access to them are therefore extremely difficult. Worsened security and weather condition in the country increased the demand of essential health services which is beyond the capabilities of the ministry of public health (MoPH) of Afghanistan. For each of the affected districts there is a need to support reproductive health care interventions. A mechanism and funds to support distribution of clean delivery kits to visible pregnant mothers, delivery of midwifery and other RH kits to the existing health facilities and by capacity building of the staffs in provision of reproductive health service through implementation of Minimum Initial Service Package (MISP). UNFPA will provide response to the emergencies focusing on RH issues in close coordination with health cluster and partners at country level. Essential RH kits will be prepositioned in high risk districts along the other health kits, identified by health cluster. Essential reproductive health kits need to be procured and made readily available for delivery during humanitarian crisis. Lack of awareness of reproductive health needs, rights for reproductive health care and consequences of Gender Based Violence demands for training and orientation sessions for key health care staff and affected populations on the Minimum Initial Service Package (MISP) which also includes addressing the needs of survivors of violence. therefore, capacity building of health workers is needed on the clinical management of rape survivors.

5. Activities. List and describe the activities that your organization is currently implementing to address these needs
1. Procurement, pre-positioning and distribution of emergency RH Kits during and after disaster. UNFPA in close collaboration with the Emergency Preparedness and Response (EPR) Department of MoPH plans to procure, pre-position and distribute Emergency RH Kits in targeted health facilities within the 8 target provinces in order to ensure continued provision of life saving interventions to pregnant women and women of CBA during humanitarian crisis. 2. Procurement and distribution of dignity kits for vulnerable women and girls: To address the hygienic needs of women of CBA, UNFPA will procure and distribute dignity kits to them, especially in situations when all road networks are cut off and access/supply of such kits becomes impossible. A total 1,200 dignity kits will be procured and distributed. 3. Conduct five-days MISp ToT to 20 RH coordinators and three days MISp training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISp. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISp. one session of MISp training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained in MISp ToT. Consequently, the training will be replicated to regional levels. The MISp basic training will be conducted to 40 RH provincial coordinators in three regions, including the RH coordinator of eight high vulnerable provinces. 4. Conduct Basic Emergency Obstetric Newborn Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. 5. Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able to use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISp in humanitarian context/situation.

LOGICAL FRAMEWORK
Overall project objective
To increase use of emergency lifesaving RH services by women of CBA including pregnant women who live in the 8 highly disaster prone/vulnerable provinces of Helmand, Kandahar, Nuristan, Badghiz, Paktia, Bamyani, Daikundi and Nimroz.

Logical Framework details for HEALTH

Cluster objectives	Strategic objectives (SRP)	Percentage of activities
Objective 1. People affected by conflict and insecurity have equitable access to effective, safe, and quality essential health services	1. Providing emergency health care and prioritizing access to critical services	100

Outcome 1	70% of pregnant women have access to life saving emergency obstetrics care services in the 8 highly vulnerable provinces of Helmand, Kandahar, Nuristan, Badghiz, Paktia, Bamyani, Daikundi, Nimruz.
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Code	Description	Assumptions & Risks
Output 1.1	Strengthened technical capacities of health care providers in the provision of MISp in humanitarian setting, including provision of life saving emergency obstetrics care services.	

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	HEALTH	Percentage of temporary health facilities having female qualified medical staff					40					80
Means of Verification:		Project Reports, Training Attendance sheet										

Indicator 1.1.2	HEALTH	Number of RH Coordinators trained on implementation of MISP	30	60
Means of Verification:		Project Reports, Training Attendance Sheet		
Indicator 1.1.3	HEALTH	Number of Female Health workers of health facilities trained in EmNOC training	30	60
Means of Verification:		Project Reports, Attendance Sheet		
Indicator 1.1.4	HEALTH	Number of health workers of target health facilities trained CMR.	30	60
Means of Verification:		Project Reports, attendance sheets		

Activities

Activity 1.1.1	Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces
Activity 1.1.2	Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.
Activity 1.1.3	Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.

Output 1.2 Strengthened functional capacities of target health facilities with RH Kits for the provision of life saving RH interventions, including MH, HIV and services for clinical management of sexual violence.

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.2.1	HEALTH	Population covered by emergency PHC and referral services					126039					252078
Means of Verification:		Data from partners, Project Reports										
Indicator 1.2.2	HEALTH	Number of pregnant women in third trimester of pregnancy who received clean delivery kits, target: 8000					4000					8000
Means of Verification:		Data from partners, Project reports										
Indicator 1.2.3	HEALTH	Number of affected families received dignity kits.					600					1200
Means of Verification:		Project Reports										

Activities

Activity 1.2.1	Procurement, pre-positioning and distribution of emergency RH Kits during and after disaster. UNFPA in close collaboration with the Emergency Preparedness and Response (EPR) Department of MoPH plans to procure, pre-position and distribute Emergency RH Kits in the target health facilities within the 8 target provinces in order to ensure continued provision of life saving interventions to pregnant women and women of CBA during humanitarian crisis.
Activity 1.2.2	Procurement and distribution of dignity kits for vulnerable women and girls: To address the hygienic needs of women of CBA, UNFPA will procure and distribute dignity kits to them, especially in situations when all road networks are cut off and access/supply of such kits becomes impossible. A total 1,200 dignity kits will be procured and distributed.

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces	X	X	X	X								
Activity 1.1.2 Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.	X	X	X	X								
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Activity 1.2.2 Procurement and distribution of dignity kits for vulnerable women and girls: To address the hygienic needs of women of CBA, UNFPA will procure and distribute dignity kits to them, especially in situations when all road networks are cut off and access/supply of such kits becomes impossible. A total 1,200 dignity kits will be procured and distributed.

X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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M & E DETAILS

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

This project will be implemented by UNFPA in close collaboration with the Ministry of Public Health (MoPH), ACTD as IP and other UN agencies. ACTD has been an Implementing Partner of UNFPA in implementation of humanitarian assistance interventions in the past two years supported through UNFPA core resources and CERF. Therefore based on satisfactory performance of IP, UNFPA will consider ACTD for implementation of CHF 2014 fund as well. Other BPHS implementing organizations who provide health services in the target districts will be selected for distribution of RH kits. UNFPA will provide all necessary technical support including essential RH supplies and capacity building activities. RH kits will be procured from UNFPA HQ and delivered by air to Afghanistan well in advance due to lengthy custom clearance procedure. The kits will be pre-positioned in Kabul and will be delivered by the IP to the target health facilities and the relevant BPHS implementing organization will receive the kits in its provincial project office or at the center of district. UNFPA together with implementing partner and provincial directorate of health will coordinate the implementation of project through the RH Task Force and/or health cluster meetings. The health emergency response team particularly the health cluster lead WHO, will closely monitor the overall health activities in the provinces during the implementation period. UNFPA will contract implementing partner for implementation of the project under national execution modality (NEX). UNFPA will also directly execute some activities, such as procurement. ACTD will support UNFPA in pre-positioning of RH kits in Kabul, they will assist in transportation of kits to provincial and district hospitals; and distribution of dignity kits to families affected by disasters. They will also provide logistic support in conducting trainings at central and provincial. MISP training will be facilitated by UNFPA humanitarian focal points in coordination with MoPH central and provincial staff. Clinical management of rape survivors' training will be conducted through UNFPA with support from RH directorate of MoPH. Similarly, EmONC training will be facilitated by MoPH master trainers with logistic support of ACTD.

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

The project implementation will be monitored through analysis of regular monthly and quarterly reports from the field. It will be monitored through analysis of monitoring indicators of logframe and quality and timeliness of services and activities delivered. The RH Humanitarian Officer and Finance Officer will monitor the implementing partners; while there will also be occasional missions from UNFPA Kabul to monitor implementing partners where access is possible. Attendance of trainings will be confirmed through signed attendance sheets and events will be documented with pictures for progress and final reports. The impact of usage of kits will be reported by the number of pregnant women who delivered and assisted at health facilities through usage of these kits, its referral to second level hospitals, and the number of maternal deaths in the target hospitals compared with previous years. Number of RH cases treated in the target health facilities will also be reported. Field monitoring visits by UNFPA/MOPH and Health Cluster will be conducted on quarterly basis with a proper plan for visit to each project site by end of project implementation. The project performance will be compared against the set targets and feedback will be given to the health cluster and relevant partners. UNFPA will prepare consolidated report and submit to the coordinating agency at end of the project. UNFPA has presence in Daikundi and Bamyan provinces, while the IP has presence in Paktya. Monitoring will be carried out by UNFPA focal point along with the staff of IP and with close coordination of MoPH/EPR department staff.

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. MOVE and PU-AM	Distribution of clean delivery kits to visible pregnant women through MHTs in Daikundi province.
2. IMC and HADAF	Delivery of RH kits to health facilities/MHTs in Nuristan province, Introduction of relevant staff for MISP/CMR/EmONC training.
3. AHDS and PHD	Delivery of RH kits to health facilities/MHTs in Kandahar province, Introduction of relevant staff for MISP/CMR/EmONC training
4. ACTD	Provision of lifesaving RH services in the HF of Paktya province through supplying of RH kits
5. MOVE	Provision of lifesaving RH service in the HF of Badghis province through delivery of RH kits in Badghis province
6. SAF/MOVE	Delivery of RH kits to the hospitals/Health Facilities in Nimroz province, coordination in conducting trainings.
7. ACTD	Delivery of RH kits to the hospitals/Health Facilities in Helmand province, coordination in conducting trainings
8. AADA	Delivery of RH kits to the hospitals/Health Facilities in Bamyan province, coordination in conducting trainings

Outline how the project supports the gender theme

this section is elaborated in cross cutting issues.

Select (tick) activities that supports the gender theme

- Activity 1.1.1:** Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces
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- Activity 1.2.1:** Procurement, pre-positioning and distribution of emergency RH Kits during and after disaster. UNFPA in close collaboration with the Emergency Preparedness and Response (EPR) Department of MoPH plans to procure, pre-position and distribute Emergency RH Kits in the target health facilities within the 8 target provinces in order to ensure continued provision of life saving interventions to pregnant women and women of CBA during humanitarian crisis.
- Activity 1.2.2:** Procurement and distribution of dignity kits for vulnerable women and girls: To address the hygienic needs of women of CBA, UNFPA will procure and distribute dignity kits to them, especially in situations when all road networks are cut off and access/supply of such kits becomes impossible. A total 1,200 dignity kits will be procured and distributed.

Cross Cutting Issues

The project was designed to address the reproductive health needs of women, men, girls and boys in humanitarian settings, through a package of activities to ensure access of women, girls, men and boys to basic and appropriate RH services that support their reproductive health needs and rights equally. Training activities for different RH staff will consider involvement of both men and women encouraging women leadership role from provincial level on MISP for emergency response and disaster risk reduction. Capacity building of health professionals, men and women with sufficient knowledge and skills also will increase access of marginalized women from affected communities to basic RH services including services for clinical management of rape survivors. increasing awareness of men will support in reducing gender based violence incidence and will improve referral of GBV survivors. Some other cross cutting issues like prevention of HIV/AIDS, infection prevention, safe blood transfusion in Comprehensive EmONC facilities, will be addressed through provision of different RH Kits as part of MISP. Waste management guidelines developed and endorsed by MoPH will be implemented to make sure that waste disposal is carried out in proper manner. Monitoring checklist of relevant health facilities will be reviewed to make sure that functional incinerator is existed in the health facility.

Gender Marker of the Project

The project is designed to contribute significantly to gender equality

Environment Marker of the Project

A+: Neutral Impact on environment with mitigation or enhancement

Safety and Security

Security is a major challenge for the entire country, however the safety and security of staff involved in project implementation will be considered in all phases of project execution. UNFPA staff will obligatory follow the MOSS during field visits to the project sites.

Access	The main purpose of this project is to make the health services accessible to communities isolated due to various factors. The health facilities and hospitals where the communities have access will be supplied with essential equipment and RH commodities in order to make the health services accessible for the target communities. recruitment of qualified staff in these isolated areas is another constraint, so the capacity of staff who provide RH services will be built to provide quality reproductive health services to CBA women and specifically to pregnant women.
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BUDGET**1 Staff and Other Personnel Costs** (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
1.1	National Program Officer (Humanitarian Assistance) The National Program Officer will allocate 50% of his time for this project. He will be involved in coordination with MoPH, health cluster and NGO at central and provincial level, facilitation of MISP training, coordination of CMR and EmONC training, procurement and distribution of RH supplies, monitoring of project implementation and reporting of project implementation.	1	4500	6	100%	27,000.00
1.2	Program Assistant (Humanitarian Assistance) A full time Program Assistant will be involved to support the IP and program officer of UNFPA in procurement, delivery and distribution of RH supplies and conducting trainings.	1	2500	12	100%	30,000.00
Section Total					57,000.00	

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
2.1	Kit No. 1 A (Male Condom) in accordance to the IASC guideline, each kit will be sufficient to 10,000 population for a duration 3 months.	6	575	2	100%	6,900.00
2.2	Kit No. 2 A & B (Clean Delivery Individual & Birth atte) in accordance to the IASC guideline, each kit will be sufficient to 10,000 population for a duration 3 months.	31	780	2	100%	48,360.00
2.3	Kit No. 3 (Rape Treatment Kit) in accordance to the IASC guideline, each kit will be sufficient to 10,000 population for a duration 3 months. as too few cases of rape survivors will be referred for improved health care services, so limited number of Kit No. 3 will be required.	8	810	2	100%	12,960.00
2.4	Kit No. 4 (Oral and Injectable Contraception kit) in accordance to the IASC guideline, each kit will be sufficient to 10,000 population for a duration 3 months	4	450	2	100%	3,600.00
2.5	Kit No.5 (Sexually Transmitted Infections Kit) & Kit No 6 A & B Delivery Assistance-Re Usable, and) in accordance to the IASC guideline, each kit.5 will be sufficient to 10,000 population for a duration 3 months and Kit No.6 will be sufficient to a population of 30,000. this kits can be used in primary health facility.	5	2115	2	100%	21,150.00
2.6	Kit No 7 (IUD) Kit) & ERH Kit No.8 (Management of complications & miscarriage Kit No. 7 and Kit No. 8 will also be sufficient for a population of 30,000 for a duration of three months.	6	840	2	100%	10,080.00
2.7	ERH Kit No.9(Suture of Tears & Vaginal Examination) & Kit No. 10 (Kit Model HM Healthcare) Kit No. 9 and Kit No. 10 are also prepared according to IASC guidelines for 30,000 population for three months.	6	1380	2	100%	16,560.00
2.8	Kit No. 11 A & B , & Kit No.12 (Blood Transfussion Kit) Kit No. 11 and Kit No 12 are prepared for 150,000 population for three months. Kit No 11 and Kit No 12 are used in hospital level.	4	5490	2	100%	43,920.00
2.9	Transportation of and Pre-position cost for RH kits lum cost for pre-positioning and transportation is estimated about 10% of the total cost of all kits.	1	11000	2	100%	22,000.00
2.10	Dignity Kits Dignity kits are calculated according to the number of expected disaster affected families.	600	30	2	100%	36,000.00
Section Total					221,530.00	

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
Section Total					0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
Section Total					0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
5.1	Flights cost of 2 staff to 8 provinces Different provinces \$350/Person x 2 Person (1MoPH,1 UNFPA) for 8 trip	2	350	8	100%	5,600.00
5.2	DSA for MoH staff for traveling DSA for 1person@\$30 for 5days/eight time in project duration	1	150	8	100%	1,200.00
5.3	DSA for UNFPA staff DSA for 1 staff @\$90 for 4 days/eight times during project	1	360	8	100%	2,880.00
5.4	MISP Training (40 participants, 3 trainers *3 day training	2	6500	1	100%	13,000.00

	DSA+ Transportation cost of participants+ trainers fee (tw o MoPH trainers)						
5.5	MISP ToT (20 Participants, 3 trainers * 5 days, Kabul)	1	10000	1		100%	10,000.00
	DSA and Transportation cost of participants+ rental venue cost, trainers fee (tw o MoPH trainers)+ stationeries						
5.6	BEmOC 14 days training, 2 trainers *14 days in province	3	13000	1		100%	39,000.00
	DSA and Transportation cost of participants+ trainers fee (tw o MoPH trainers)+stationeries						
5.7	Clinical Management of Rape Survivors Training 3 days	3	6500	1		100%	19,500.00
	DSA and Transportation cost of participants+ trainers fee (tw o MoPH trainers)+stationeries						
	Section Total						91,180.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	Section Total				0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	Section Total				0.00

Sub Total Direct Cost 369,710.00

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

Audit Cost (For NGO, in percent)
PSC Amount 25,879.70

Quarterly Budget Details for PSC Amount	2014			2015		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	

Total CHF Cost 395,589.70

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Bamyan -> Yakaw lang	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	2	7433			7435	3
Bamyan -> Waras	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	4	9269			9273	4
Paktya -> Zurmat	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	4	13478			13482	5

	MISP in humanitarian context/situation.					
Paktya -> Zadran	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.		3017		3017	1
Paktya -> Alikhel (Jaji)	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	7886		7887	3
Paktya -> Janikhel	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	4381		4382	2
Nuristan -> Mandol	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	2475		2476	1
Nuristan -> Duab	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	994		995	
Nuristan -> Nurgeram	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives	1	4046		4047	2

	and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.					
Nuristan -> Wama	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	1392		1393	1
Nuristan -> Waygal	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	2463		2464	1
Nuristan -> Kamdesh	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.		3158		3158	1
Nuristan -> Barg-e-Matal	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.		1313		1313	1
Daykundi -> Asharlay	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	3	6393		6396	2
Daykundi -> Gizab	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels.		5754		5754	2

	<p>The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>					
Daykundi -> Sang-e-Takht	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	4312		4312	2	
Badghis -> Muqur	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	2977		2977	1	
Badghis -> Qadis	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	1	7729	7730	3	
Badghis -> Jaw and	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	3	9870	9873	4	
Badghis -> Balamurghab	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	1	8262	8263	3	

	vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.					
Hilmand -> Baghran	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	2	10218		10220	4
Hilmand -> Deh-e-shu	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	1	2565		2566	1
Kandahar -> Kandahar	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	7	42968		42975	17
Kandahar -> Zheray	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.		7291		7291	3
Kandahar -> Panjwayi	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	2	10913		10915	4
Kandahar -> Shahw aikot	Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of		5437		5437	2

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Kandahar -> Khakrez	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	1	2861		2862	1
Kandahar -> Maywand	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>		4985		4985	2
Kandahar -> Reg			1124		1124	
Kandahar -> Shorabak	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>	1	1482		1483	1
Kandahar -> Arghistan	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>		2922		2922	1
Kandahar -> Ghorak	<p>Activity 1.1.1 : Conduct five-days MISP ToT to 20 RH coordinators and three days MISP training to 40 provincial RH coordinators. Capacity of MoPH and BPHS implementing organizations will be built on implementation of MISP. RH coordinators of BPHS implementing organizations and the RH officers of MoPH at central and provincial level will be trained in implementation of MISP. one session of MISP training of trainers (ToTs) will be conducted in Kabul to train the RH coordinators, total 20 RH coordinators will be trained MISP ToT. consequently, the training will be replicated to regional levels. The MISP basic training will be conducted to 40 RH provincial coordinator's in three regions, including the RH coordinator of eight high vulnerable provinces</p> <p>Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC.</p> <p>Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.</p>		1214		1214	

	MISP in humanitarian context/situation.					
Kandahar -> Maruf	Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	4137		4137	2	
Nimroz -> Charburjak	Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	2248		2248	1	
Nimroz -> Khashrod	Activity 1.1.2 : Conduct Basic Emergency Obstetric New born Care training to the staff of district hospitals functioning in high vulnerable districts. Total 60 staff in three sessions of BEmONC training will be trained. Female medical doctors, midwives and female nurses will be trained in the BEmONC. Activity 1.1.3 : Conduct training in clinical management of rape (CMR) survivors for provincial and district hospital staff in high vulnerable provinces. A total of 60 staff will be trained in three sessions of CMR survivors. The participants will be selected from the provincial and district hospitals that are functioning in the high vulnerable provinces. All participants will receive clinical management guidelines in the national languages, so they would be able use such guidelines during their duty. Training of health service providers in provision of life saving interventions, and in coordination of RH partners implementing MISP in humanitarian context/situation.	2161		2161	1	

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

DOCUMENTS

Document Description

1. Training Schedule for CHF.xlsx