

<b>Requesting Organization :</b>	The Terre des hommes Foundation			
<b>Allocation Type :</b>	2015 2nd CHF Standard Allocation / Call for Proposals			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
PROTECTION	Child Protection in Emergencies	100.00		
		<b>100</b>		
<b>Project Title :</b>	Community based child protection and mine awareness in Nangarhar province - / Ishtema project			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-15/3481/SA2/APC/INGO/441	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	342,645.42	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/12/2015	<b>Planned End Date :</b>	30/11/2016	
<b>Actual Start Date:</b>	01/12/2015	<b>Actual End Date:</b>	30/11/2016	
<b>Project Summary :</b>	<p>Nangarhar province has been deeply affected by conflicts – inducing a large number of IDPs and ERWs contamination. (I)NGOs have difficulties to access most of the areas, for assessment and for any kind of prevention or assistance.</p> <p>Ishtema means “community” in Dari and Pashto, the Ishtema project’s aim is to reach out to the vulnerable IDPs and conflict affected populations and their children through mobile community groups to develop community based child protection services – including life-saving PSS - complemented by mine awareness activities.</p> <p>Tdh has an extensive experience in working with community groups and has been able in the last 10 years to activate around 300 community mobilisers in this province – including in very volatile districts. Tdh calls these groups “CBCPC” (community based child protection committee), and around 20 groups (male and female) composed of 15 individuals each have been mobilized for child protection and exist since 2009. Working through already existing CBCPCs and activating new CBCPCs will first allow Tdh to assess the situation in many districts where no actor has been able to go (MACCA is facing difficulties to reach out to some areas as well).</p> <p>Tdh has already trained CBCPCs on child protection; however, complementary training on child protection in emergency including lifesaving psychosocial support, detection of cases and strengthening already existing child protection mechanisms will be conducted. These groups will then be on the field: providing peer to peer extensive awareness to vulnerable displaced individuals and populations affected by conflict or natural disasters. Backed up by a team composed of social workers, community mobilisers and animators, they will be trained on how to identify/flag extremely vulnerable cases (including GBV survivors and cases of children at risk or victims of violence and/or exploitation) and briefed how to refer/follow up safely these cases. Tdh has a case management system (CMS) already in place in Jalalabad and Torkham since 2014. Tdh will provide extra support by ensuring the link between beneficiaries, authorities and other actors as Tdh is an active member of several regional and national forums (CPiE, CPAN, ACBAR, APC, INSO...) and has a deep cooperation with authorities (DolsaMd, DoE, DoPH, etc.). As well, Tdh is in close contact with justice stakeholders and police for advocacy, lobbying and training related to laws and policies that protect children.</p> <p>In addition to these groups, as many IDPs and conflict affected populations and their children are not able to move due to insecurity, Tdh will have teams moving in three mobile vans delivering lifesaving PSS activities. Life-saving PSS activities will also allow Tdh team to detect extremely vulnerable children in need of specialized services.</p> <p>Mine awareness sessions will complement these activities as Tdh will set up a system of ToT for CBCPC groups on informal M/ERW RE (Mine and Explosive Remnants of War Risk Education) in close cooperation with MACCA. CBCPC members will then replicate the training to all conflict affected and IDP population in the catchment areas.</p> <p>Gender will be mainstreamed in all activities: female groups will be identified (50% of the total number of CBCPC) and trained and a strong focus will be set on women and girls’ vulnerabilities and particular needs.</p> <p>Through the entire implementation of the Ishtema project, Tdh will collect information such as case studies and success stories to bring more understanding and visibility of the main issues and needs faced by the affected population and highlight positive changes and improvements brought by the community based approach in the province.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
1,200	1,700	1,250	1,250	5,400

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	600	700	400	400	2,100
Internally Displaced People	600	1,000	850	850	3,300

**Indirect Beneficiaries :****Catchment Population:****Link with allocation strategy :**

APC strategic priority 1: Conflict affected IDPs and vulnerable populations are educated on mine/ERW risks (M/ERW RE). Nangarhar province is defined by MACCA as one of the most risky in terms of ERW, however due to insecurity, mine awareness has been seen as very difficult to set up. While ERW is the third leading cause of child casualties, IDPs have been particularly vulnerable to these risks due to their mobility. There is therefore an important need for awareness especially for vulnerable displaced individuals and populations affected by conflict and/or natural disasters. Ishtema project is planning to reach out to this population to give basic non formal mine awareness sessions, focusing on children and their families. Through CBCPCs residing in these district, Ishtema project will be able to access volatile areas (where accessibility for INGO is more difficult) and target the most vulnerable communities. Tdh will assess on daily basis the security situation to mitigate risks for Ishtema project team. Leading CBCPCs members and Tdh staff will receive a 2 days training of trainer (ToT) on mine & ERW awareness delivered by MACCA in Jalalabad (as non-formal, accreditation is not necessary, however, training will follow M/ERW RE standards). Training will then be replicated to other CBCPC members and key actors of their area. These CBCPC members will then raise awareness within communities. Non formal education on mine and ERW sessions will be then made possible in remote and unsafe areas thanks to the involvement of the CBCPCs. Tdh is currently working with MACCA in Nangarhar and has experience and proven success in mobilizing communities in a durable way. Refreshers and follow-up sessions with MACCA will be planned according to the needs and feedbacks of trainers.

APC strategic priority 2: response to protection needs and restoration of the dignity of particularly vulnerable conflict affected populations. IDPs and conflict affected population in Nangarhar are particularly vulnerable to rights violation especially women and children. Displacements often induce an increase of GBV, CP violations and other forms of violence against children such as worst forms of child labor. Tdh has been working in this region for more than 10 years, addressing children rights violation through community awareness, as well as implementing case management and providing education to street and working children. Ishtema project will lean on these experiences and on its extensive community networks in Nangarhar, working hand in hand with active CBCPCs and communities members. New CBCPCs will be identified and mobilized in regions affected by conflict and IDPs settlements. All CBCPCs will be trained on minimum standards for emergency response to GBV and CPIE. They will have an active role in the identification of child protection concerns including GBV cases, as well as how to provide awareness sessions on child protection. Alongside to these trainings, Ishtema team and CBCPC will identify and strengthen existing community coping mechanisms and therefore extend mapping of resources and potential referral for child protection identified cases. Tdh will support the most vulnerable children and families with case management and direct assistance (such as NFI, service cost, transportation cost or administrative and legal assistance). Furthermore, already existing and running Tdh child protection spaces in Jalalabad and Torkham will be a great asset to support Ishtema project. Working through CBCPCs will ensure durable community based protection solutions for IDPs and conflict affected populations.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Sylvain Fournier	Country Representative	sfo@tdh.ch	+93707154657
Yann Colliou	Programme Manager Middle East - North Africa - AFPak	yco@tdh.ch	+ 41 78 611 23 30

**BACKGROUND****1. Humanitarian context analysis**

Nangarhar is one of the most volatile province of Afghanistan, with ongoing clashes happening between (so called) "Daesh", Taliban, other AOGs and the national forces (army and polices). Last months have seen a series of attacks which scared people and induced more than 44 000 internal displaced persons in the province since the beginning of the year, according to UNHCR report of September 2015. According to the last IDP task force assessment and our own sources, IDP population has been settled mostly in following districts: Surkh Rod, Rodat, Bihsud, Nazyan, Dur Baba, Shinwar, Muhmand Dara, Jalalabad and Bati Kot. Concerning mine risks: MACCA last assessment shows that the following districts still have active hazard: Bishud, Deh Bala, Nazyan and Dur Baba. In these districts, demining and mine risk education are very difficult to ensure due to unpredictable armed clashes and instability of the province. Tdh, as the only organization working in Muhmand Dara district, assess the risk of EOD/ERW as high due to regular flooding and recent incidents (involving children) as well as the near border. Tdh has been able to get firsthand information through extensive focus group discussions with CBCPC members and community leaders (in total: 14 persons from various districts). They all showed a great commitment to the situation of these vulnerable IDPs and all of them are already providing some kind of support to these uprooted populations. They mentioned their great vulnerability (no housing, food, drinking water, access to health facilities, medicine, etc.) and insisted on their distress, as many lost their family members and have lost all their goods. Most vulnerable IDP family profile are headed by women, widows and children. They mentioned the fact that many children do not attend school (17 schools have closed in the province), and therefore work - taking risks while coming back late at night. Worst forms of children labor (WFCL) occur as well in Surkhrod district (esp. in brick factories) and at Torkham border (Momand Dara and Dur Baba) where hundreds of IDP children take goods to Pakistan. Concerning civilian casualties and mine risks, they mentioned that consequences of fights between opposition groups provoke IEDs victims mostly among civilians and their animals. Therefore mine awareness is a fundamental component: as it will allow families to be aware of the risks, as well when they return back to their districts. In addition community leaders mentioned how useful was the mine awareness training Tdh/MACCA provided: in the flooding area some unexploded materials are often seen and now they know how to recognize them and be careful, and they can share this knowledge to the women and children of their community. All the participants in this discussion welcomed the idea of being trained on mine risks and on child protection in emergency (link to life saving PSS, they mentioned the importance of having specific areas where children can play , as now they play different games in some open areas on their own initiatives). Creating male and female CBCPCs is not an issue, as they confirm all the population should have same access to their rights. Already coping mechanisms are in place at the community level as they gather and discuss issues in Shuras ( IDPs families discuss their problems in this structure as well). Finally, CBCPCs and Tdh Nangarhar would be able to work in the following districts: RODAT, KAMA, BEHSUD, SURKHROD, GOROKO AREA, MOMAND DARA, RODAT districts. GOROKO is a part of DUR BABA district and is about 8 km from Torkham border: IDPs recently arrived there and no one is able to reach these populations.

## **2. Needs assessment**

Tdh conducted a rapid assessment in 6 districts (75 families - almost a third of the interviewee were women). Main findings from this assessments are the following (full assessment could be found in the annex): families have no support from any (I)NGO or the Government. Some of them have been supported by the communities, and many children (even the ones who used to be enrolled in school) are working: child labor being therefore an essential part of negative coping mechanisms of the displacement and the economic difficulty of these families who left everything behind. Most importantly, this assessment underlines the distress among IDPs families: fear (many husbands working in Afghan National Army – therefore they fear of ISIS retaliation), trauma (need of PSS to cope with important trauma among the populations), violence at home and towards children/women, and ignorance of mine risks. Our assessment of these IDP needs confirmed some of the early findings of the rapid assessment (RA) lead by UNICEF for CPIE, GBV and education. This rapid assessment defined priorities that are very much in line with protection concerns Isthema will address. For instance the lack of knowledge on explosive ordinance and the need of M/ERW especially for IDP Children but also for host community, the fact that IDP children are discriminated and have restricted access to available services, risks of drug trafficking (especially at borders) as well as drug addiction. In addition, child labor with potential exploitation and risk for children to face violence as a negative coping mechanism. Finally, violence at home (e.g. discrimination between girls and boys, early/forced marriage, recruitment into armed forces, runaways, abuse) is a major concern in conflict-affected communities. The RA findings also indicate psychosocial wellbeing as a concern: main sources of stress for children are fears related to physical violence, conflict, and displacement. As per the RA, IDPs and host communities find support within family circles and community structures, for example from friends (social activities), teachers, , religious leaders, etc. Isthema project will reinforce positive coping mechanisms by improving community support and protective capabilities, develop external response through PSS activities, case management system and finally link with available specialized services available in the province. Awareness sessions on M/ERW and CPIE will target priorities as identified in the RA (such as early/forced marriage, violence towards children, discrimination between boys and girls, WFCL, etc.).

## **3. Description Of Beneficiaries**

Several focus group discussion and interview have been organized by Tdh in the last month, in order to identify movements and locations of IDPs, readiness to integrate Isthema activities, and nature and importance of needs from host communities, IDPs and children in the area of intervention (full assessments are in the annex). Based on these meetings and assessments, Tdh team already identified key people in each community including men and women who are willing to support children from their community as well as from the IDP population. They already have a strong anchoring within their community. Those persons are recognized for their social support and their readiness to act for children development and care. The list of people who will be part of the CBCPC are attached in annex of the proposal, nevertheless due to sensitiveness of these information, potential CBCPC female list have not been shared, but female members are already identified as well as volunteers to be part of Isthema project.

The following information on IDP families has been collected per district: Durbaba: approx. 450 families (40 families headed either by women, children or there close relatives), Surkhrod : approx. 2000 families arrived to Surkhrod district (lots of children are working in brick factories facing hazardous working conditions), Momand Dara : approx. 190 families (20 families are the most vulnerable, headed by widows or children), Behsud : approx. 1800 families (120 families are the most vulnerable because of headed either by widows or children), Kama : approx. 2100 families – with important risk of floods (as per the FGDs: most vulnerable are women/children head of household and working children, especially cross bordering with Pakistan and in brick factories as well as widows), Rodat: 450 families.

Isthema project will include all displaced children and their families, as well as children and their families affected by natural disaster or conflict (including girls, boys, women and men). Injured, disabled and sick children will be integrated as a priority, as well as the most vulnerable families including widows, divorced women, and single headed households with children.

PSS life-saving activities will be provided to all children in order to provide support and to identify children with psychosocial disorder (at risk of self-injury and suicide, subjected to stress, aggressiveness, sadness, isolation, etc.), children involved in WFCL, former fighters (or at risk of recruitment), boys and girls at risk or victims of exploitation and child trafficking, girls and boys at risk of SGBV (such as early marriage, bacha bazi, etc.), children at risk or victims of violence, separated/unaccompanied children as well as orphans, and drug abusers. In support of beneficiaries, Tdh could adjust the selection criteria during the project in order to provide a qualitative support. Furthermore, Tdh will comply with internal thematic policies and guidelines (Tdh case management, PSS intervention, Tdh Child Safeguarding Policy) as well as the international standards ("Do No Harm" principles, HAP, and Child Protection Minimum Standards in Emergency).

## **4. Grant Request Justification**

Tdh has been active in Afghanistan since 1996, and in Nangarhar province since 2003. To date, Tdh is the only NGO present in the city of Tokhram (Mumand Dara district of Nangarhar) at the border with Pakistan. Between 2003 and 2013 a project led by Tdh "Child Right Consortium" has targeted directly 3400 children in Nangarhar province and 1500 benefited indirectly from our activities. The project aimed at protecting extremely vulnerable children and to improve their living conditions (direct protection services to children at risk and victims of abuse and exploitation, collaboration with Afghan institutions for the promotion and implementation of child rights approach in public services: health, education, justice, social services). In 2014, based on the successes of CRC, Tdh started a new 3-year project (funded by EU) on Violence Against Children which takes place in Kabul, Jalalabad and Tokhram: Tsapar Project. This project aims at preventing and protecting from violence children in street situation, working children and children in conflict with the law. The project is currently at mid-term and targets are reached according to project programming. Tdh and partners staffs have been trained on child protection, community mobilization and case management and have been able to reach out to more than 700 vulnerable children to date. Social workers have been trained in case management (including individual counselling and referrals to external services providers when possible). Social workers and center managers (there are two "Child Protection Centres" in Jalalabad and Tokhram where vulnerable children are enrolled in informal and non-formal education among other activities) reach out as well to community leaders, shuras, imams, parents and teachers for child protection awareness. Tdh has therefore already an important network in place in different communities. Children enrolled in this project and their families have received several mine awareness sessions in close cooperation with MACCA – Jalalabad sub office. It is important to note that the regional manager in charge of Nangarhar activities has a deep knowledge and understanding of the region and its dynamics as he has been working there since 2006. Along with his team, Tdh benefits from extensive networks within communities, national authorities and other relevant actors. Tdh is following very closely all security issues happening in the province and crosschecking all information with our networks. The regional manager is based in Tdh Jalalabad Office and visits Tokhram center several times a week. Other Tdh staff in the region include a former local judge, social workers, administrative and logistic officers, etc., and all have an excellent understanding of the challenges that the province is facing in terms of child rights' issues, mine risks (as we have been working with MACCA for basic mine education these last years) and current IDPs and conflict affected population issues. This specific expertise of the local context will be indeed an added value for Ishtema project, in addition to the still active deeply rooted CBCPCs. Finally, Tdh is one of the leading child protection NGOs in Afghanistan, member of the protection cluster, the sub cluster "child protection in Emergencies", CPAN, etc. since years. Tdh has passed the due diligence process with 80.2% (low risk category). Tdh focus its work on community based approaches as well as a deep collaboration with authorities (as an example: Tdh has signed MoU with 5 different governments bodies, including the Supreme Court for the Juvenile Justice program in Afghanistan).

## **5. Complementarity**

At present in eastern Afghanistan, there is little involvement from the authorities and not enough formal structures to cover CPiE and PSS needs. Through a genuine participatory approach, the communities are instrumental in putting in place new mechanisms and (informal) structures – especially given the recent important influx of IDPs and their specific vulnerabilities and needs. Tdh is currently implementing a project funded by EU in Nangarhar, aiming at detecting, preventing and responding to violence against children. The project called Tsapar (Canvas shelter in both Daria and Pashtu) focuses on children at risk or facing violence (working/in street situation and children in conflict with the law). A team of social workers performs outreach in district surrounding Jalalabad and Tokhram – where Tdh have two child protection centers. The structures and facilities put in place by this project will be available for Ishtema project: when it comes to referral (Tsapar mapping of resources is in the annex), non-formal and informal education, vocational training and case management system. Tsapar project has as well a juvenile justice dimension which also will be available for Ishtema beneficiaries (extensive networks with judges, lawyers, the JRC in Jalalabad, as well as police stations in the province). On one hand Ishtema will rely on CBCPC networks and on the extensive outreach done by social workers and animators while performing lifesaving PSS activities and CPiE awareness, and on the other hand Tsapar structures will function as a "base" for case management and referral linked to education, vocational training, health, legal assistance, reunification, etc. Both projects will be complementary and staff will benefit from each other's competences and skills, by extension enhancing the effectiveness of the proposed Ishtema project.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Through a community based approach a protection conducive environment is created, mitigating child protection concerns including mine/ERW risk awareness and violations of child rights, benefitting vulnerable displaced individuals and populations affected by conflict as well as populations in the most isolated and vulnerable communities of Nangarhar districts.

Specifically via:

- 1 – Mine/ERW and child protection awareness sessions and outreach out to vulnerable girls, boys, men and women in remote and volatile areas through Ishtema project teams and by establishment of community based child protection structures (CBCPCs).
- 2 – Identification and referral of extremely vulnerable children to appropriate services including the Tdh case management system and other direct assistance schemes.
- 3 -Community based PSS activities which improve the psycho-social well-being of participating children.

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 4. Reduced impact of mines and Explosive Remnants of War on the civilian population		2. Conflict related deaths and impairment reduced			25		
Objective 3. Support the creation of a protection-conducive environment to respond to protection needs and restore the dignity of particularly vulnerable displaced and other conflict-affected populations		3. Timely response to affected populations			75		
<p><b>Contribution to Cluster/Sector Objectives :</b> Conflict affected IDPs and vulnerable populations are educated on mine/ERW risks (M/ERW) and protected from unexploded explosive ordinance (UXO). CBCPC members are trained by MACCA (ToT) on mine awareness: conflict affected IDPs and vulnerable populations are educated on M/ERW through mobile trained community groups. Implementation of the project will be sustainable, context-specific and will have a community based approach. Integrated protection services will target the most vulnerable displaced people impacted by the conflict; reinforcing the accountability of duty bearers, expanding outreach and access to affected populations, including the establishment of protection information networks. Cluster sub-groups will provide rights-based specialized protection services particularly targeting women, children, the physically and mentally impaired. This will be accomplished through GBV, child protection, psychosocial support and victim assistance programs. IDPs and conflict affected populations in Nangarhar province will have a better understanding of standards on child protection in emergencies. Mobile community groups will provide rights awareness and direct support to vulnerable children and their families through peer to peer sessions and via referral of cases to the already established TdH case management system. Furthermore, TdH outreach mobile teams will provide community based psychosocial support and child well-being activities in the isolated and most vulnerable communities.</p>							
<b>Outcome 1</b>							
The most vulnerable displaced and conflict-affected populations including their children, are better informed of and protected from ERW.							
<b>Output 1.1</b>							
<b>Description</b>							
Tdh social workers, animators and community mobilisers and CBCPC members (trained through Training of Trainers) receive M/ERW training and provide M/ERW awareness to conflict affected and IDP communities.							
<b>Assumptions &amp; Risks</b>							
<p>Risks:</p> <ul style="list-style-type: none"> <li>• Security situation delays or prevents awareness sessions on M/ERW</li> <li>• Security prevents the movement of CBCPC key members for ToT to Jalalabad</li> <li>• Selected locations are affected by another conflict in future</li> <li>• Armed opposition groups are opposed to project activities</li> </ul> <p>Assumptions</p> <ul style="list-style-type: none"> <li>• Community will stay committed/contributed to establishing CBCPCs</li> <li>• Availability of female staff</li> <li>• Communities understand the value of training on M/ERW</li> <li>• Macca trainers are able to come from Kabul to Jalalabad</li> <li>• CBCPC members are able to move around their districts to provide awareness sessions on M/ERW</li> </ul>							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)							
<b>Activity 1.1.2</b>							
17 Tdh staff are trained on M/ERW ToT							
<b>Activity 1.1.3</b>							
Through sessions, managed by CBCPC members and Tdh staff, the affected/exposed population, including children, have increased awareness of M/ERW risks and receive materials, including child friendly materials							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	PROTECTION	Number of mine/ERW risk education recipients	20	20	0	0	40
<b>Means of Verification</b> : Number of individuals who follow ToT training on ERW and MRE							
Indicator 1.1.2	PROTECTION	Number of CBCPC members trained (100 men and 100 women)					200
<b>Means of Verification</b> : list of attendance							
Indicator 1.1.3	PROTECTION	Number of Tdh staff trained (7 women and 8 men)					15
<b>Means of Verification</b> : attendance list, database							
Indicator 1.1.4	PROTECTION	Number of mine/ERW risk education recipients	1,200	1,700	1,250	1,250	5,400
<b>Means of Verification</b> : attendance list, database							
Indicator 1.1.5	PROTECTION	Child friendly booklets on M/ERW risks are printed					2,500
<b>Means of Verification</b> : Printing material and pre/post assessments to measure effectiveness of the sessions in cooperation with MACCA							

<b>Outcome 2</b>							
Vulnerable displaced children and children affected by conflict or natural disasters are provided with outreach life-saving psycho-social activities..							
<b>Output 2.1</b>							
<b>Description</b>							
Establish outreach CFS teams (OCFS) to be able to delivered life-saving PSS activities in targeted isolated districts of Nangarhar province							
<b>Assumptions &amp; Risks</b>							
Risks:							
<ul style="list-style-type: none"> <li>• Security situation delays or prevents implementation</li> <li>• Accessibility and the involvement of the new IDPs in some area is challenged by security situation</li> <li>• Some community members refuse to enrol girls in PSS activities, despite awareness/discussions</li> <li>• Selected locations are affected by another conflict in future</li> <li>• Communities withdraw support and commitment made to the project</li> <li>• Armed opposition groups are opposed to project activities</li> </ul>							
Assumptions:							
<ul style="list-style-type: none"> <li>• Accessibility of the districts of intervention</li> <li>• Availability of female staff</li> <li>• Community will stay committed/contribute to establishing CBCPCs</li> <li>• Communities understand the value of proposed interventions</li> <li>• Communities allow enrolment of affected girls and boys.</li> <li>• Beneficiaries receive psychosocial counselling and response as needed.</li> <li>• Flexibility and mobility of the outreach team (to be able to follow paths and support IDPs).</li> <li>• Balance between IDP and host community is ensured (key component of the intervention)</li> </ul>							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support							
<b>Activity 2.1.2</b>							
Establish 3 outreach teams in order to be able to deliver life-saving activities in isolated villages from the 6 identified districts.							
<b>Activity 2.1.3</b>							
Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community							
<b>Activity 2.1.4</b>							
Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.1.1	PROTECTION	Number of Tdh staff trained (7 women and 8 men)					15
<b>Means of Verification</b> : attendance list, database							
Indicator 2.1.2	PROTECTION	Number of team formed					3
<b>Means of Verification</b> : attendance list, database							
Indicator 2.1.3	PROTECTION	Number of children affected by conflict and natural disasters receiving Emergency CP Services			1,250	1,250	2,500
<b>Means of Verification</b> : database, daily attendance list, beneficiaries registration form.							
Indicator 2.1.4	PROTECTION	Number of communities receiving Emergency CP Services					72
<b>Means of Verification</b> : database, daily attendance list, beneficiaries registration form							
<b>Outcome 3</b>							
Children at risk of and/or victim of violence are better protected through case management system and direct assistance							
<b>Output 3.1</b>							
<b>Description</b>							
Children at risk of and/or victim of violence are identified through PSS activities and CBCPC/social workers' outreach work. They are supported through case management system directly provided by Tdh staff and/or referred to external service providers (as per specific needs through cluster referral pathways) Community protection mechanisms are identified and reinforced.							
<b>Assumptions &amp; Risks</b>							

**Risks**

- Security situation delays or prevents implementation
- Accessibility and the involvement of the new IDPs in some area is challenged by the security situation
- Some community members refuse to enrol girls in PSS activities, despite awareness/discussions
- Selected locations are affected by another conflict in future
- Communities withdraw support and commitment made to the project
- Armed opposition groups are opposed to project activities

**Assumptions:**

- Accessibility of the districts of intervention
- Accessibility, existence and stability of external service providers for referrals of cases
- Availability of female staff
- Communities allow enrolment of affected girls and boys
- Project staff and CBCPC will be trained in identification, reporting and referral of cases.
- Beneficiaries cases receive psychosocial counselling and response as needed.
- Flexibility and mobility of the outreach team (to be able to follow and support IDPs).
- The selection criteria will be reviewed according to vulnerabilities, and explained to communities' populations (transparency, accountability, do no harm principles)
- Close collaboration with clusters continues for effective referral pathways

**Activities**

**Activity 3.1.1**

Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management

**Activity 3.1.2**

Up to date mapping of resources within Nangarhar province for referral of cases

**Activity 3.1.3**

Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence

**Activity 3.1.4**

Referral of children to specialized services

**Activity 3.1.5**

CPiE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers

**Activity 3.1.6**

Trained CBCPC members replicate the training to the other CBCPC members

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	PROTECTION	Number of men, boys, women, and girls benefiting from community sensitization sessions on GBV, CPiE, and PSS concerns and services.	20	20	0	0	40
<b>Means of Verification</b> : attendance list, database							
Indicator 3.1.2	PROTECTION	Number of CBCPC members (100 men, 100 women) trained on CPiE					200
<b>Means of Verification</b> : attendance list and database							
Indicator 3.1.3	PROTECTION	Among the 250 children mentioned below 80 referrals - boys and girls - to external services providers (through cluster referral pathways) (80 referrals are included into the 250 children mentioned above)					80
<b>Means of Verification</b> : database, case management system forms (child registration, family visit report....), inter-agency referral form.							
Indicator 3.1.4	PROTECTION	Number of children - boys and girls - affected by conflict and natural disasters identified most at risk/with specific needs receiving Emergency CP Services from Tdh and communities					250
<b>Means of Verification</b> : database, case management system forms (child registration, family visit report....), inter-agency referral form.							
Indicator 3.1.5	PROTECTION	Number of referral mapping realized and updated					1
<b>Means of Verification</b> : referral mapping							
Indicator 3.1.6	PROTECTION	Number of cases referred through referral mapping and cluster pathway					80

**Means of Verification** : database, case management files

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**



The monitoring of the project will be built on Tdh Project Cycle Handbook updated in 2012, with some monitoring tools such as Performance Monitoring Plan (PMP), comprising the indicators and means of verification defined in the logical framework and elements connected with the processes and the context. The objectives of the PMP are to collect qualitative data, analyze data and outputs, monitor the outcomes and review the project. Once the PMP will be developed, accurate data will be collected throughout the project. Besides, three monitoring bodies will be established at field level: - A Project Accountability Group (PAG) is a team composed of administration and finance officers, responsible for ensuring the delivery of the project. Quarterly meetings will be held between Kabul and Jalalabad team; - A Steering Committee (SC), composed of all members of the project and major stakeholders, will maintain strategic oversight over the detailed content of the project. The SC will bring any contractual or financial issues to the attention of the PAG. Meetings will be held twice during project's implementation; - The project coordination meeting is led by Tdh and composed of each project managers and will include our focal point for MACCA. Monthly meetings will be held. Minutes will be realized and share with the Tdh country representative. Tdh monitoring and reporting officer in Kabul will develop project database, forms and tools to ensure data collection, monitoring of the project and also that reporting mechanisms are in place. Istherma team on the field will collect data on daily basis and will fill database on weekly basis. As the project will be implemented in Nangarhar, Kabul office should do regular field visits to control and monitor the good implementation of the project. The monitoring and reporting manager, project officer and project manager will dedicate 20% of their time on the monitoring field visits, reporting and follow up meetings. Tdh country representative is responsible to ensure a good project implementation and to achieve expected results. Tdh country representative will hold regular meetings, will receive regular updates within the monthly report and the monthly project coordination meeting minutes. Finally, HQ MENA zone management (including our CP regional advisor) will control good project implementation and achievement, as well as respect of Tdh internal policies by frequent skype conversation, monthly report (financial and program) and regular visit of Afghanistan project.

Within Tdh case management system, different steps are followed in order to provide the best support to the children and his/her family, in respecting "do no harm principles". The identification of the cases are done with the community. Actually, a first collaboration could be to receive cases of children victim of or at risk of violence referred to Tdh from partners. They all know Tdh's capabilities, as Tdh knows which actors is doing what, where and to which organization a child could be referred according to the issues or the risks faced by children. It is difficult to foresee in details child protection cases which will be found, but as example in case of needs of informal education, children could be referred to WADAN in Jalalabad. In case of conflict with the law, Tdh will refer to Police, mediate and ensure respect of the child rights. In rehabilitation phase, Tdh will ensure the return in the community, the parents. Finally, for each situation, Tdh will refer cases to CPAN and UNHCR, numerous plenary meetings, clusters participation, phone conversations and face to face meetings are organized to share information and find the best solution with all child protection actors in the region. Within Istherma, Tdh will apply the same methodology and use the referral pathway existing (CPAN, UNCHR...) and as a very active member, beneficiaries will benefit of case management system Tdh's experiences and expertise.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)	2015												X
	2016	X					X						
Activity 1.1.2: 17 Tdh staff are trained on M/ERW ToT	2015												
	2016	X	X	X				X	X	X			
Activity 1.1.3: Through sessions, managed by CBCPC members and Tdh staff, the affected/exposed population, including children, have increased awareness of M/ERW risks and receive materials, including child friendly materials	2015												X
	2016	X					X						
Activity 2.1.1: Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support	2015												
	2016		X	X	X	X	X	X	X	X	X	X	
Activity 2.1.2: Establish 3 outreach teams in order to be able to deliver life-saving activities in isolated villages from the 6 identified districts.	2015												
	2016	X	X										
Activity 2.1.3: Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community	2015												
	2016	X	X	X									
Activity 2.1.4: Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC	2015												
	2016		X	X	X	X	X	X	X	X	X	X	X
Activity 3.1.1: Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management	2015												
	2016		X	X	X	X	X	X	X	X	X	X	
Activity 3.1.2: Up to date mapping of resources within Nangarhar province for referral of cases	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 3.1.3: Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence	2015												
	2016	X	X	X	X	X	X	X	X	X	X	X	
Activity 3.1.4: Referral of children to specialized services	2015												X
	2016	X	X	X	X	X	X	X	X	X	X	X	





ACBAR	NGOs Coordination
AADA Clinic	Referral of sick beneficiaries
INSO	Coordination for security in the region
MACCA	MRE ToT trainings and MRE materials, monthly meeting w/MACCA and partners on clearance and MRE – sharing of info and referral of cases
DoE (Directorate of Education)	Beneficiaries re-integration to official schools and text books provision
DoPH (Directorate of Public Health)	Referral of sick beneficiaries and age specification for conflict with law children
Courts	Juvenile Justice Coordination and implementation of Afghan Juvenile code
General Attorney Office Nangarhar	Coordination on social inquiry reports on conflict with law children
Nangarhar Police HQ	Coordination on reconciliation for children in conflict with the law and coordination on how to protect children during arrest
WADAN	non-formal and informal education as well as vocational training referral

### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

### **Gender Marker Of The Project**

2a-The project is designed to contribute significantly to gender equality

### **Justify Chosen Gender Marker Code**

Gender Marker code:

A project on psychosocial support for communities affected for long by armed conflict, displacement, loss of properties and gender based violence needs a comprehensive programming for gender equality and women's empowerment. This project will integrate gender analysis in its project activities to ensure that the needs of women, men, boys and girls are addressed distinctly. Half of the 20 CBCPC groups will be female groups: Tdh has been active since the last years in mobilizing female "self-help" groups in Nangarhar and will therefore use the networks created and its experience to activate female CBCPCs. ToT for mine awareness and training for CPIE will have a strong gender component, insuring needs and vulnerabilities of girls and women are incorporated. Female social workers and community mobilizers will be hired alongside to male staff, to ensure outreach to female IDPs and their children. As per our assessment, female direct beneficiaries' numbers are higher than male due to IDP family profile: many widows and women single head of households are part of the most vulnerable families. As well, due to conservative settings, many female (from IDP and conflict affected population) are not allowed to go out of their house, female CBCPC members alongside with female social workers will visit homes and provide individual awareness on mine education and CPIE. Women IDPs are dependent on their husbands consent, therefore to ensure their participation male leaders will be informed ahead of time on the projects and try to make them part of this initiative. When possible female groups will be formed and mobilized and will meet in a dedicated space (probably homes) to benefit from awareness sessions and activities. Girls and teenage girls' families will be strongly encouraged to send their daughters to participate in PSS activities (which, whenever possible, will be mixing boys and girls up to 12 y/o). Nevertheless, some activities will be targeting only girls and teenage girls with female animators. Schedule of PSS activities will allow girls to attend (day time) and if necessary will be accompanied when moving from their homes to the areas where activities will take place. Tdh Case management system already in place in Jalalabad and Tokhram is ensuring gender mainstreaming (currently approx. 40% of the beneficiaries are female). Finally a strong component of capacity building of the CBCPC members and of Tdh staff will entangle gender equality and the rights of girls and women, these messages will be mainstreamed in awareness sessions given to women and girls, as well as male and boys.

Environmental marker code:

No activities of Ishtema project will include new structures/constructions and all activities will be based on knowledge sharing through mobile team, thus implying no impact on the environment. In addition to the inexistent footprint left on the environment, activities delivered to children will mainstream messages on the importance to protect of the environment (use dust bins, hygiene, etc.) as Tdh already does in its current project in Nangarhar.

### **Protection Mainstreaming**

Ishtema will incorporate in its daily activities key principles of any humanitarian response. Daily collaboration with communities through the CBCPC will allow Ishtema staff to ensure the "do no harm" principle: feedback from the populations and the children and youth will be ensured at all times through a community based approach, regular focus groups discussions and complaint mechanism. In close collaboration with CBCPC, the project will ensure as much as possible that services and assistance are given to the most vulnerable individuals, and confidentiality will be insured at all stages. Since CBCPC members will be trained on CPIE, protection will be mainstreamed in all communication and activities. The "Do no harm" principle will be key in all intervention, especially when some individuals or families will be identified by CBCPC or staff for further referrals or immediate assistance (NFI, medicine or winter kits). Communities will participate in the project as primary actors, and vulnerable individuals (especially boys, girls and women as well as individual with special needs such as disabled) will have dedicated space to express their views and participate in the decision making. Assistance will be provided with no discrimination and women and girls will have access to all activities, as explained above. Finally, the ultimate aim of Ishtema project is to support people in recovering, cope with their (new) environment, be aware of danger of M/ERW, understand the crucial importance of CP and receive special support when needed, and this without discrimination of any kind.

### **Country Specific Information**

### **Safety and Security**

Nangarhar is a volatile province; the proximity with Pakistan and the number of AOG present in the province induce a high number of internal displacements of people. The presence of IS fighter in some districts redistribute power and drastically increase the fighting. AOG fights increase in all the southern district of the province since the beginning of the year. In order to push IS back and secure the province, Afghan Military forces assisted by International Military Forces proceed to numerous airstrikes targeting strategic location and killing an important number of IS manager and fighter. The paradigm of Nangarhar evolves quickly and is quite worrying in term of security and safety as well as humanitarian consequences.

Tdh is present in Nangarhar since a decade and has built a strong network including government authorities, INGO, INSO, UN bodies, elder community leaders and is able to have a relevant analysis of the situation as well as on time information of the potential threats or incidents in the province. Tdh has a strong acceptance and good reputation due to the quality of the support provided as well as close relationships with community.

Furthermore, Tdh security officer, based in Kabul, is working for Tdh since more than 3 years and he is well connected at Kabul level and at the field level. He receives regular support from HQ and from the Tdh country representative to improve the tools and to update Tdh security plans. Numerous SOPs have been developed and are known by the person in charge of security in each area of intervention. Tdh regional manager is working with Tdh since 7 years and know very well the area, people and Tdh rules and regulation. He is supported by the Security Officer and Tdh country representative in case of incident and for the closely monitoring of the situation. The outreached areas for Tdh activities are defined during regular field visits in the province of intervention.

Tdh will recruit a project officer in charge of the management of the team and will have dedicated time in the security management. Tdh will implement outreach activities within 6 districts of Nangarhar province, and the gathering of information, incident, and clearance of area everyday will be a central part of his work. Tdh needs to plan the movements and to know anytime where the teams are in order to react in case of threat or incident.

Finally, Tdh developed a crisis management plan in Afghanistan and at HQ level in a way to be ready in case of crisis or severe incident as well as to be able to respond to any critical incident or crisis in timely manner.

Even if some areas of interventions are new, Tdh is prepared and ready to manage safety and security of Tdh staff and other stakeholders based on a strong acceptance, very good knowledge of the province, excellent networks from different sources, and finally because Tdh security and safety plan are rigorously implemented.

### Access

Tdh has been active in Nangarhar province since 2003 and since then has created networks with other organizations and more specifically communities in a way to access remote areas (following particular security guidelines, see above). Tdh team uses these specific guidelines for accessing areas, and thanks to the strong links developed with communities in the remote districts (with community leaders, Maliks and religious leaders), Tdh has gained good acceptance and recognition in the communities of the province. Tdh has always played impartial role while implementing projects in remote districts and this has paved the way for better coordination and collaboration with communities' leaders and inhabitants. Community leaders and its CBCPC members have always been consulted before any new activity, thus gaining communities acceptance and willingness for collaboration. Tdh has never created any expectations from the communities for something new which had not been fully planned. All this resulted in boosting of Tdh acceptance and excellent coordination with communities of the province. Coordination with communities has played a crucial role in being able to access remote districts. CBCPCs set up by Tdh, has allowed accessibility for Tdh staff and the implementation of the activities. As CBCPC members know their communities very well (and support their communities) – and Tdh work through these CBCPCs, activities have been implemented even where Tdh teams were not able to access owing to the security guideline: volunteer CBCPC members have taken the relay in implementing the activities, such as awareness sessions. Of course, all along, Tdh provides them with trainings and mentoring sessions for better implementation of the activities.

### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Outreach Social workers	D	5	700.00	12	65%	27,300.00
	<i>1 social worker in each 3 vans (outreach and CP awareness), 2 social workers for case management and referral, Tdh salary scale 2A , Unit costs included monthly gross salary and other allowances such as medical, retirement etc. ( Monthly gross salary 561 USD, medical allowance 33 USD, eid allowance 17 USD ( 200 per year divided in 12 months), retirement 89 USD).</i>						
1.2	Community mobilizers	D	3	655.00	12	100%	23,580.00
	<i>Unit cost includes monthly gross salary, retirement, medical insurance and other allowances including recruitment cost for 3 community mobilizers - one in each van, Tdh Salary scale 2-A Step 3 .( monthly gross salary 519 USD, medical allowance 33 USD, eid allowance 17 USD, retirement allowance 86 USD)</i>						
1.3	Learning and development officer	D	1	1,120.00	12	100%	13,440.00
	<i>Unit cost includes monthly gross salary, retirement, medical insurance and other allowances for 1 learning and development officer In charge of training social workers and animators on life saving PSS, sharing knowledge and common PSS methods , Tdh Salary scale 4 Step 1 ( Monthly gross salary 916 USD, medical allowance 33 USD, eid allowance 17 USD, retirement allowance 154 USD).</i>						
1.4	Regional base manager ( Ningarhar)	S	1	1,680.00	12	20%	4,032.00
	<i>Unit cost includes monthly gross salary, retirement, medical insurance and other allowances for 1 regional base manager, liaison at regional level (coordination mechanisms meetings and collaboration with other organisations), follow-up regional security updates, Tdh Salary scale 5 step 3. ( Monthly gross salary 1,397 USD, Medical allowance 33 USD, eid allowance 17 USD, retirement allowance 233 USD).</i>						
1.5	Admin finance officer ( Jalalabad)	S	1	1,120.00	12	20%	2,688.00

	1 Admin Finance officer monthly gross salary retirement, medical insurance and other allowances, will support the financial monitoring of the project at field level, prepare cash books, monitor bank transfers and cash flow. Tdh salary scale 4-1. (monthly gross salary 916 USD, Medical allowance 33 USD, eid allowance 17 USD, retirement allowance 154 USD).						
1.6	Expat Project coordinator ( Kabul)	D	1	5,145.00	12	20%	12,348.00
	20% field visits (travel expenses covered by Tdh office). In charge or overall coordination with other projects/clusters at national level and donor. Responsible for oversight and ensuring quality of final reporting( Expat salary scale Tdh HQs) Monthly gross salary 5,145 USD.						
1.7	Project Manager ( Kabul) 20%	D	1	1,627.00	12	20%	3,904.80
	20% field visits (travel expenses covered by Tdh office). Ensure quality of MRE and PSS/CP activities, communities involvement, monthly reporting. Tdh salary scale grade 5 Step 1 ( monthly gross salary 1343 USD, Medical allowance 33 USD, eid allowance 17 USD, retirement 234 USD)						
1.8	Project officer( log+security)	D	1	1,206.00	12	100%	14,472.00
	Unit cost includes monthly gross salary, retirement, medical insurance and other allowances Field based: monitoring of daily activities (in line with strategy), assessments of situation and needs, security, logistics, HR, material, budget, etc. Tdh salary scale 4 step 5 ( monthly gross salary 991 USD, Medical allowance 33 USD, eid allowance 17 USD, retirement 165 USD)						
1.9	Guards ( Jalalabad+torkham) 6 persons	S	6	500.00	12	20%	7,200.00
	3 in Tokhram and 3 in Jalalabad, Tdh salary scale 1. (monthly gross salary 350 USD, Medical allowance 33 USD, eid allowance 17 USD, extra duty 42 USD, retirement 58 USD).						
1.10	Monitoring and evaluation officer	D	1	2,285.00	12	20%	5,484.00
	20% field visits (travel expenses covered by Tdh office). Support the field in designing M&E tools and forms as well as database for quantitative and qualitative analysis, Tdh salary scale 6. step 8 ( monthly gross salary 2252, medical allowance 33 USD)						
1.11	PSS Junior Animators	D	6	630.00	12	100%	45,360.00
	Two in each van( total 6 persons. In charge of life saving PSS (and to some extent MRE) awareness sessions, Tdh salary scale 2 A step 1 ( monthly gross salary 498 USD, medical allowance 33 USD, eid allowance 17 USD, retirement 82 USD).						
1.12	Security Officer	S	1	1,504.00	12	17%	3,068.16
	Monitoring of the situation, staff training, management assistance of the eventual incident and respect of Tdh Security and safety plan. Based in Kabul with field visits (travel expenses covered by Tdh office). Tdh Salary scale 5 step 4 ( monthly gross salary 1425 USD, medical allowance 33 USD, eid allowance 17 USD, retirement 29 USD)						
1.13	Finance coordinator (Kabul)	S	1	3,149.00	12	8%	3,136.40
	Following the expenses, forecast and monitoring the respect of Financial procedure of Tdh. Based in Kabul, Will support overall management of admin/finance of the project ( monthly gross salary 3,116 USD, medical allowance 33 USD).						
1.14	Driver	S	1	388.00	12	100%	4,656.00
	one driver for Jalalabad office ( Tdh salary scale 1) monthly gross salary 290 USD, medical allowance 33 USD, eid allowance 17 USD, retirement 48 USD.						
1.15	Data clerk	D	1	546.00	12	100%	6,552.00
	In charge of the compilation of all the data collection and data entry in different database developed by the monitoring and evaluation officer of Kabul. Salary scale 2 step 1 ( monthly gross salary 425 USD, medical allowance 33 USD, eid allowance 17 USD, retirement 71 USD).						
	<b>Section Total</b>						<b>177,221.36</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Materials for PSS activities	D	3	308.00	12	100%	11,088.00
	recreational materials, specific psycho-social materials and equipment for outreach mobile CFS including toys, books, charts, pencils and paper, paints, items for games (rope, balls, etc.),						
2.2	Production of communication materials	D	1	531.00	12	100%	6,372.00
	booklets and other communication tools including MRE materials.						
2.3	Refreshment for trainings ( lunch, tea etc)	D	1	300.00	12	100%	3,600.00
	Refreshment will be provided during the numerous training or training of trainer for CBCPC members and Tdh staff.						
2.4	Traning of Tdh staff	D	1	8,000.00	1	100%	8,000.00
	this includes extensive training of the L&D on lifesaving PSS and additional experts training on the field for MRE and CPIE						

2.5	Tranining of CBCPC	D	1	140.00	12	100%	1,680.00
<i>this includes training material and refreshment for 40 members to Jalalabad for monthly ToT on MRE and PSS/CP</i>							
2.6	Refreshment for children	D	1	500.00	12	100%	6,000.00
<i>As the children selected are very vulnerable and could not meet their basic needs, during psychosocial or informal education activities, it is important to provide refreshment for children. It helps them to have more energy, to focus more during activities and therefore to learn in a better way. The refreshment support health of the child avoiding in a certain level deficiency and potential risk of diseases. Tdh will provide refreshment in center based activities (the first line), and will evaluate the faisability to do the same during outreach activities. For the outreach activities, the provision, transportation and the potential number of children in the activities was barreers to fully include in the refreshment part. After a few month of activities, Tdh will evaluate the situation and maybe start the refreshment in using the line 2. If not possible, some special event, as for example "parent days", where the center is to parent in order to reinforce the activities and reinforce acceptance of the activities.</i>							
2.7	Direct assistance (for case management and for PSS activities)	D	1	1,200.00	12	100%	14,400.00
<i>direct emergency assistance when needed for extremely vulnerable families (medicine, winter kits, hygiene kits, school reintegration kits and other items according to the cases) or when referral to other services implies costs (transportation to hospitals, etc). Winter kits (blankets, gloves, clothes....) will be defined by WHO health clusters leaders, and Tdh will follow the kit items designed. Hygiene kits will be designed according to the needs found in the different area of intervention and will include as example soap, shampoo, towels, hygiene pads, tooth brush and tooth paste.... School reintegration kits will help children to reintegrate school when possible and will be composed of notebooks, pen, bags, books....</i>							
2.8	CB CPC Communication costs	D	33	10.00	12	100%	3,960.00
<i>monthly mobile top up cards for CBCPC leaders to ensure communication between actors</i>							
<b>Section Total</b>							<b>55,100.00</b>
<b>Equipment</b>							
3.1	Furniture/ equipment	S	1	7,410.00	1	100%	7,410.00
<i>It will be furniture and equipment for the office, please refer to annexes as per attached list.</i>							
<b>Section Total</b>							<b>7,410.00</b>
<b>Contractual Services</b>							
4.1	Rental Cars ( min Vans)	D	3	850.00	12	100%	30,600.00
<i>rental of 3 mini vans (including fuel, maintenance and salary of driver) The three cars ( mini vans) will be rented as all the teams of social workers and community mobilizers will use it to travel to the project sites ( in each van a team of 1 social worker, 1 community mobilizer and 2 animators will travel).</i>							
<b>Section Total</b>							<b>30,600.00</b>
<b>Travel</b>							
5.1	Transportation cost of ToTs	D	40	30.00	12	100%	14,400.00
<i>Transportation + accomodation of 40 members once a month to Jalalabad for training( transportation cost of @ 30 USD per person traveling from 6 districts to Jalalabad city once in a month for ToT training i.e ( 40 x 30 x1)</i>							
5.2	Transportation cost ( CPC members)	D	20	60.00	12	100%	14,400.00
<i>lumpsum to be given to each CBCPC for the members who need to use rickshaws/shared taxi to visit IDPs and vulnerable families (Each CB CPC group will get 60 USD and total number of groups is 20) i.e 20 x 60 (6 USD per person) as each group has 10 persons. This amount will be used for transportation to beneficiary homes when needed.</i>							
<b>Section Total</b>							<b>28,800.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Rent of Jalalabad office	D	1	635.00	12	50%	3,810.00
<i>50% charged to CHF ( for Jalalabad office rent).</i>							
7.2	Rent of space ( ToT) in Jalabad	D	1	100.00	12	100%	1,200.00
<i>rent of space for community ToT training in Jalalabad</i>							
7.3	Car mainteance+fuel	S	1	150.00	12	100%	1,800.00
<i>Fuel and maintenance for one car for 12 months @150 USD/month</i>							

7.4	Office running costs ( Jalalabd and Torkham)	S	1	230.00	12	100%	2,760.00
	<i>heating, electricity, water, stationary etc</i>						
7.5	Kabul office rent and running costs 8.4 %	S	1	3,500.00	12	8%	3,528.00
	<i>kabul office rent+ running costs ( monthly rent of 3200 USD + 300 USD monthly office running costs) total charged on CHF project 8.4 % ( in one year).</i>						
7.6	communication cost( staff internet/mobile phone)	S	1	300.00	12	100%	3,600.00
	<i>internet fee+ staff communication costs ( mobile phone top up cards etc).</i>						
7.7	Financial services	S	1	100.00	12	100%	1,200.00
	<i>Bank charges, monthly salary transfers chargers, FTT charges for bank to bank transfers.</i>						
7.8	Office security improvement and maintenance	S	1	3,200.00	1	100%	3,200.00
	<i>As the team will grow up as well as the activities, the office needs some maintenance and improvement to provide more security and storage of items. For security improvement it includes ( installation of window sheets, wires etc)+ construction of one extra room for the new project - for visitors/trainer</i>						
	<b>Section Total</b>						<b>21,098.00</b>
	<b>SubTotal</b>		145.00				<b>320,229.36</b>
	Direct						271,950.80
	Support						48,278.56
	<b>PSC Cost</b>						
	PSC Cost Percent						7%
	PSC Amount						22,416.06
	<b>Total Cost</b>						<b>342,645.42</b>
	<b>Grand Total CHF Cost</b>						<b>342,645.42</b>



**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nangarhar -> Behsud	20	240	340	250	250	1,080	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 1.1.3 : Through sessions, managed by CBCPC members and Tdh staff, the affected/exposed population, including children, have increased awareness of M/ERW risks and receive materials, including child friendly materials</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPIE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>

Nangarhar -> Surkhrod	20	240	340	250	250	1,080	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 1.1.3 : Through sessions, managed by CBCPC members and Tdh staff, the affected/exposed population, including children, have increased awareness of M/ERW risks and receive materials, including child friendly materials</p> <p>Activity 2.1.1 : Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPiE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>
Nangarhar -> Rodat	15	180	255	187	188	810	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 2.1.1 : Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPiE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>

Nangarhar -> Kama	20	240	340	250	250	1,080	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 2.1.1 : Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPIE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>
Nangarhar -> Muhmand Dara	10	120	170	125	125	540	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 1.1.3 : Through sessions, managed by CBCPC members and Tdh staff, the affected/exposed population, including children, have increased awareness of M/ERW risks and receive materials, including child friendly materials</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPIE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>

Nangarhar -> Durbaba	15	180	255	187	188	810	<p>Activity 1.1.1 : 200 CBCPC members (100 men and 100 women) from the 6 districts are trained on M/ERW (through Training of 40 Trainers, 20 men and 20 women)</p> <p>Activity 1.1.2 : 17 Tdh staff are trained on M/ERW ToT</p> <p>Activity 2.1.1 : Train Tdh team and key members of CBCPCs from isolated villages on psycho-social support</p> <p>Activity 2.1.3 : Establish link with community leaders and CBCPCs in location to collect list of children and organize PSS activities within the community</p> <p>Activity 2.1.4 : Deliver life-saving PSS activities on weekly basis (half day in each location) within isolated villages in collaboration with CBCPC</p> <p>Activity 3.1.1 : Tdh outreach team and CBCPC members identify and refer children victim of or at risk of violence for Tdh case management</p> <p>Activity 3.1.2 : Up to date mapping of resources within Nangarhar province for referral of cases</p> <p>Activity 3.1.3 : Case management services provided including direct assistance (including services expenses) to children at risk of or victim of violence</p> <p>Activity 3.1.4 : Referral of children to specialized services</p> <p>Activity 3.1.5 : CPIE training of trainers for CBCPC, mainly focusing on identification of vulnerable children and to be able to refer them to Tdh or other service providers</p> <p>Activity 3.1.6 : Trained CBCPC members replicate the training to the other CBCPC members</p>
----------------------	----	-----	-----	-----	-----	-----	---

Documents	
Category Name	Document Description
Project Supporting Documents	CHF Afghanistan - Visibility and Communication Guidance.pdf
Project Supporting Documents	NGO XXX Sample Beneficiary breakdown CHF proposal CODE XXX.xlsx
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
Project Supporting Documents	Call Centre - Contact List Template.xlsx
Project Supporting Documents	Community leaders' FGD Jalalabad.docx
Project Supporting Documents	Nangarhar Resource Coordination Mapping 2015.xlsx
Project Supporting Documents	Shuras & CBCPC in NGR Districts 16th Sept 2015.docx
Project Supporting Documents	Rapid Assessment Report NGR Oct 2015.docx
Project Supporting Documents	Community leaders' FGD Jalalabad.docx
Budget Documents	equipment list.xls.xlsx
Project Supporting Documents	Beneficiaries and activities.docx
Project Supporting Documents	breakdowns.xlsx
Project Supporting Documents	coordination and partners.docx
Budget Documents	BoQ 2.7 direct assistance.xlsx
Budget Documents	BoQs chapter 2 ( 2.1 to 2.6 ) .xlsx
Budget Documents	line 7.4 BoQ .xlsx
Budget Documents	line 7.10 BoQ.xlsx
Budget Documents	line 7.10 BoQ.xlsx
Budget Documents	list of equipment 3.1 with details .xlsx