

Requesting Organization :	International Medical Corps UK		
Allocation Type :	2017 2nd Standard Allocation		
Primary Cluster	Sub Cluster	Percentage	
HEALTH		38.00	
WATER, SANITATION AND HYGIENE		52.00	
PROTECTION	Gender Based Violence	10.00	
		100	
Project Title :	Provision of lifesaving integrated Emergency Health, WASH and Protection services to IDPs and underserved communities in hard to reach district of Paktika province (Urgon) and Kunar province (Marawara district).		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	AFG-17/3481/SA2/H-WASH-APC/INGO/6787
Cluster :		Project Budget in US\$:	842,059.00
Planned project duration :	12 months	Priority:	
Planned Start Date :	01/11/2017	Planned End Date :	31/10/2018
Actual Start Date:	01/11/2017	Actual End Date:	31/10/2018

Project Summary :	<p>Under CHF Second Allocation 2017, International Medical Corps (IMC) proposes to provide lifesaving integrated health, WASH and protection (GBV) assistance to hard to access people and the IDPs in hard to reach district of Paktika province (Urgon) and Kunar province (Marawara district). . As per IMC's rapid need assessment and secondary information, currently there are critical gaps in humanitarian services especially basic primary healthcare, trauma care, safe drinking water, gender-sensitive sanitation and hygienic conditions. On the other hand, the conflict and displacements have resulted in different forms of gender based violence (GBV), including early and forced marriage, domestic and psychological, and sexual abuse. With this project, IMC will contribute to the concerned cluster/sector objectives through the following activities:</p> <p>1- Under the health component of the project, IMC aims to saves lives and improve the health condition of hard to access areas in Urgon District by:</p> <ul style="list-style-type: none"> • Construction of a well-equipped emergency room in Urgon District Hospital (DH) • Renovation of Operation Theater (OT) in Urgon DH • Capacity building of health staff on Mass casualty Management, First Aid Psychological First Aid, identification of GBV and CMR • Provision of medical equipment and medical supplies to Urgon DH • Provision of two mobile health teams with psychosocial support services to hard-to-reach areas and white areas as well as supportive supervision and close monitoring of supported health facility and staff • ante natal care services <p>2- Under the WASH component of the project, IMC will improve the water, sanitation and hygienic conditions in Urgon and Marawara Districts by:</p> <ul style="list-style-type: none"> • Construction of 54 water points (boreholes and wells) in Urgon and Marawara districts to increase access to safe potable drinking water • Provision of Jerry Cans for the collection and storage of safe water • Chlorination of boreholes to disinfect the water sources and ensure that community is using safe water • Training of community members as mechanics for regular maintenance of boreholes after project handover • Establishment and training of WASH Committees to provide community the sense of ownership and responsibility for project activities and to maintain good communication among all stakeholders • Construction of latrines with special consideration to the safety, dignity and privacy of the beneficiaries, especially women, girls, elderly and disables • baseline and end line surveys • Training of Community Hygiene Promoters who will in turn conduct awareness sessions • Provision of hygiene kits during the awareness sessions <p>3- Under the Protection (GBV) component of the project, IMC will support the creation of a protection-conducive environment to prevent and mitigate GBV, as well as facilitate an effective response by:</p> <ul style="list-style-type: none"> • Provision of mobile psychosocial support / counseling services • Provision of awareness on GBV and rights to health • Conducting community dialogues • Training of health staff on GBV identification, basic treatment and referral <p>International Medical Corps will implement project in close coordination with health , WASH , Protection Clusters , MRRD , MOPH , DOWA and Communities at national and local level</p>
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Direct beneficiaries :

Men	Women	Boys	Girls	Total
25,270	27,755	17,637	18,469	89,131

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,120	3,228	2,152	2,259	10,759
Host Communities	21,930	24,306	15,430	16,157	77,823
Refugees	0	0	0	0	0
Other	220	221	55	53	549

Indirect Beneficiaries :

128,178 (Men=52297, Women=50246, Boys=13074, Girls=12561)

The indirect beneficiaries of the program include the household members of the patients referred from the neighboring districts as well as those communities who will not directly receive services, but will benefit through receiving information. The total number of indirect beneficiaries is 128,178, which include 52297 men, 50246 women, 13074 boys and 12561 girls. The target groups and final beneficiaries will comprise the entire population of targeted districts (and catchment areas), IDP and returnees, which is currently estimated at 91,131.

Catchment Population:

91,131 individuals (Host Communities= 79833, IDPs=10759 & Returnees=539)

Link with allocation strategy :

In line with the CHF 2nd Standard Allocation Strategy, International Medical Corps' proposed intervention has an integrated approach in which basic and emergency health services and timely and sufficient access to WASH services has been considered along with supportive services for creating a protection-conducive environment in hard to reach districts of Paktika province (Urgon) and Kunar province (Marawara district).

This grant will be used to improve the capacity of trauma services in Urgon DH, which will enable the DH to be prepared for all types of trauma cases and mass casualties and support conflict-affected populations to receive proper and prompt care. Improving trauma services in the targeted DH will directly support all conflict affected people and Internally Displaced Persons (IDP) in the area to receive quality and on time services. This project will prevent delays in receiving emergency care in Urgon and its referral areas. This project will ensure that Urgon DH has the capacity to respond to emergencies through trained staff, available life-saving supplies and timely referral to the Provincial Hospitals in Sharana. IMC will also ensure access to essential basic and emergency primary health services and ante natal care services for hard to access communities and IDPs.

In addition, International Medical Corps proposes WASH activities in Marawara District of Kunar and Urgon District of Paktika that will complement with health activities to achieve the highest impact of the CHF program. International Medical Corps will provide safe drinking water supplies and also increase access to sanitation by constructing latrines, distributing hygiene kits and behavioral change activities to improve personal, household and community hygiene. These activities will significantly contribute to decreasing the morbidity and mortality rate among affected population including children and women, who are suffering from water borne, poor hygiene and sanitation- related diseases.

As an essential component of the CHF 2nd Allocation, International Medical Corps' proposed protection activities particularly community-based psychosocial support, counseling and medical management of GBV through training of health staff, mobile psychosocial support /counseling and awareness on GBV and rights to health and facilitating access to health and referrals for GBV cases in Marawara, will contribute to the creation of a protection-conducive environment to prevent and mitigate protection risks. The proposed activities cover the critical protection needs of displaced and hard to reach women and girls, which are often unreported. Psychosocial support and counseling has been proven to be critically important during population displacements, particularly for harassed and tortured GBV survivors.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
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Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
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Organization focal point :

Name	Title	Email	Phone
Dr Shamail Azimi	Program Director	sazimi@internationalmedicalcorps.org	0798809020
Lutful Kabir	Country Director	lkabir@InternationalMedicalCorps.org	+93 79 973 7954
Sayed Mohammad Nurul Alam	Finance, HR and Administrative Director	sayalam@InternationalMedicalCorps.org	+93799343909

BACKGROUND

1. Humanitarian context analysis

Paktika Province is located in the southeastern part of the country with over 440,000 population, most of whom live in rural areas. The remote, arid province of Paktika shares a long, unsecure border with Pakistan. Reconstruction in the province after the fall of the Taliban has been slow compared to that in nearby provinces such as Khost and Ghazni. This is primarily due to the remoteness of the region and repeated attacks on aid workers and Afghanistan government forces. The Urgan district is located in southeast of the province and is a cross point or in other words central point of seven districts. Urgan district has hosted 1120 families of IDPs from neighboring districts and 162 families of refugees from North Waziristan. Urgan district has one district hospital and two basic health center, however, access of remote and isolated villages is very limited due to bad road condition, political intervention in selection of health facility location, absence of public transportation, low information of community about primary health services in health facilities and geographical obstacles. The poor humanitarian context and ongoing conflict in Urgan has put an additional burden on the local health facilities. The geography of the province also presents different challenges. Half of the province is mountainous or semi-mountainous, and there are poorly-maintained roads and a lack of reliable transportation. The high desert landscape has been deforested over time, and subsistence farming and animal husbandry continue to be the main forms of livelihood. Many areas flood in the spring and freeze in the winter, which further increases the security risk for travelling. Due to the challenges mentioned above, the areas where IDPs have settled, people have no access to primary health services, EPI coverage is very low and pregnant women have limited access to SBA due to cultural barriers and other challenges. IDPs and local communities have very less awareness about personal hygiene and common health messages. On the other hand, local HFs, particularly Urgan DH has very low capacity to respond to trauma incidents and mass casualties. Similarly, the HF staff has very limited knowledge about the concept of GBV and treatment of GBV survivors.

Kunar province is considered one of the most unstable provinces in the Eastern Region, which is primarily due to its porous border with Pakistan and the range of Armed Opposition Groups (AOGs) that have long been present there. During last one week (August 21-27, 2017), more than 440 IDPs have reportedly arrived in Kabul from Kunar and Kunduz, according to UNOCHA. Also 686 people were displaced from five districts in Nangarhar and Dara-e-Pech in Kunar to four districts and Jalalabad in Nangarhar. Marawara District borders Sirkanay district to the west, Asadabad district to the west and northwest and Dangam district to northeast. The mountainous terrain and the lack of arable land and irrigation systems is the main problem in this district. Marawara is also one of the few strategic districts in terms of its unique location and high mountainous terrains that connects Kunar to Pakistan through the Durand Line. Although the security in this district is not very stable, it is considered comparatively safer than other districts in the province. Therefore, more and more people select this district for taking shelter so that their families are away and safe from fighting.

GBV cases are largely under-reported in Afghanistan, due to the cultural stigma. GBV is a serious, life-threatening protection issue, primarily affecting women and children, and there is sufficient global evidence showing that in the context of armed conflict and displacement, GBV is also a high risk problem.

In both districts, non-availability of safe potable drinking water, unsafe hygiene behavior, commonly open defecation practices and poor personal and environmental hygiene and sanitation conditions are serious WASH issues.

2. Needs assessment

Since IMC is currently active both in Paktika and in Kunar, it has a very good understanding of the humanitarian situation as well as the existing needs. In order to find out the gaps in the provision of basic and emergency health services, IMC conducted interviews with the key stakeholders and completed the Mass Casualty Disaster Plan Checklist for Urgan DH. To avoid duplication, IMC's assessment team conducted a detailed stakeholder analysis including a 3W Chart. For the WASH Assessment, IMC used the WASH cluster assessment tools. Meanwhile, all available relevant assessments reports, IOM weekly and monthly updates and UNHCR reports and other resources were used as secondary data resources.

Urgan DH is located in the southern part of Paktika province and is serving as a referral facility for trauma cases. The current capacity of the hospital is very low in terms of infrastructure, equipment and staffing. Major gaps include insufficient space for sex-segregated triage and treatment including lack of emergency room and lack of a well-equipped OT. Due to the overload caused by the referrals from the neighboring districts, the hospital is facing shortage of medicines and medical supplies, resulting in poor quality of trauma services. The technical capacity of health staff is limited and there is a lack of awareness among health staff about trauma management. As per IMC's need assessment in July 2017, there are many remote villages in Urgan district that have very little to no access to PHC. The local communities and IDPs in these villages have remained hard to reach due to deteriorating insecurity, absence of public transportation, scattered population/long distances, geographical obstacles and cultural barriers in health seeking. According to IMC's recent assessment, EPI coverage is very low in underserved villages. The WASH needs assessment in Urgan and Marawara found that access to portable water is one of the major issue in newly established IDPs camps/settlements. In addition to non-availability of safe potable drinking water, other serious WASH issues among the refugees, IDPs and host communities include unsafe hygiene behavior and practices, commonly open defecation practices and poor personal and environmental hygiene and sanitation conditions. Based on the IMC needs assessment, in Urgan only 30% people have access to safe drinking water, 23 % have access to hygienic latrines and 25 % of people reported using soaps and applying hand washing practices at critical times. Similarly, in Marawara District, only 45% people have access to safe drinking water, only 10 % have access to hygienic latrines and less than 25 % of people were reported using soaps and applying hand washing practices at critical times. In the context of armed conflict and displacement, GBV is a high risk problem. GBV cases are grossly under-reported in Afghanistan, largely due to the cultural stigma. GBV issues among the displaced or local population in Marawara District have been reported sporadically. As per information received from Directorate of Women Affairs (DoWA) of Kunar Province, multiple cases of GBV/right issues such honor killings, forced marriage and family/domestic violence were reported to Kunar DoWA during 2016-2017. According to Afghanistan Demographic Health Survey 2015, Regarding women's empowerment issues, the survey also shows that women still continue struggle to access basic health care services, where 18 percent of women had four or more antenatal care visits and less than half (almost 50 percent) of births are delivered in a health facility. Furthermore, 80 percent of women agreed that a husband is justified to abuse them and 53 percent of ever-married women have experienced physical violence since age 15, and 46 percent experiencing violence in the 12 months preceding the survey.

3. Description Of Beneficiaries

The project beneficiaries are primarily underserved and hard to reach communities and internally displaced people (IDPs), including women, girls, boys and men from Urgon District of Paktika and Marawara District of Kunar Province. The direct beneficiaries of this project are 89,131 people who will benefit from the health, WASH and GBV services during the proposed 12 months period. The total number of targeted IDP households in Marawara are 377 (2,639 individuals) and the total number of targeted IDP families in Urgon are 1,160 (8,120 individuals). The project will also benefit 539 returnees settled in Marawara district.

More specifically, the intervention will benefit 9,438 emergency/trauma patients in Urgon DH and 32,370 conflict affected people in white areas' through PHC/ mobile services. The number of expected trauma patients were estimated based on the number of last year trauma patients in the targeted health facilities. The WASH services will directly benefit a total number of 36,293 people in both districts and the GBV services will directly benefit 10,493 people. The project will also directly benefit health facility staff and other stakeholders who will be provided with capacity building programs such as Mass Casualty Management training, Simulation Exercises, First Aid training and PFA training, Hygiene Promotion, GBV prevention/treatment and PSSC Training.

The indirect beneficiaries of the program are the communities from the neighboring districts who will benefit from the same services. The target groups and final beneficiaries will comprise the entire population of targeted districts (and catchment areas), IDP and returnees, which is currently estimated at 91,131.

4. Grant Request Justification

IMC' proposed intervention is focused on responding to the increased incidents of conflict-related trauma cases and addressing the gaps in basic PHC, WASH and Protection (GBV) services by improving lifesaving integrated health, WASH and GBV services in those areas where no or little access to such services continues to be a major challenge for local communities.

The security situation in Paktika has been deteriorating and survivors of all small and large scale attacks in the rural areas are initially brought to their local facilities for treatment. Considering the increasing number of conflict-affected people and trauma patients referred to Urgon DH, there is a great need to improve the provision of emergency/trauma services. Currently, Urgon DH has one Operating Theatre (OT), which needs essential equipment and supplies to be upgraded and fully functional. Urgon DH also lacks a proper triage area and emergency room, which is of particular concern during mass casualties. In order to improve the overall trauma management capacity of Urgon DH, IMC will construct and equip an emergency room, a triage area as well as provide necessary equipment to the existing OT.

As mentioned in the Needs Assessment section, many remote villages of Urgon District currently do not have access to BPHS facilities. Common health problems of these communities explained by the informants are poor personal and environmental hygienic conditions that cause an increase in communicable diseases among children, women and other vulnerable groups. In some areas, women and children have to walk a full day to reach the nearest health facility. IMC in coordination with PPHD will provide basic PHC services in Urgon through two mobile health teams (MHT).

WASH service is one of the major components to combatting waterborne diseases by providing sanitation, hygiene and water services in the targeted districts. In order to address the critical WASH needs in Urgon and Marawa, IMC has considered construction of latrines, boreholes and hygiene promotion with provision of hygiene kits. The need of for these activities and services is largely unmet. Moreover, as the incidence of water borne diseases are most commonly transmitted through contaminated water, infection often occurs during bathing, washing, drinking, in the preparation of food, or the serving food. Education and awareness are critical components, alongside the provision of WASH services to minimize the risk of having diarrhea and associated morbidity and mortality.

. According to Afghanistan Demographic Health Survey 2015, 80 percent of women agreed that a husband is justified to abuse them and 53 percent of ever-married women have experienced physical violence since age 15, and 46 percent experiencing violence in the 12 months preceding the survey. . Therefore, IMC will provide community-based psychosocial support, counseling and medical management of GBV to IDPs and emergency affected population through training of health staff, mobile psychosocial support /counseling and awareness on GBV and rights to health in Marawara district. This will help the healing of women and girls and build an environment where they will be able to thrive. Local women will be recruited and trained to actively engage in the rehabilitation efforts of their communities and enhance local coping mechanisms, develop local capacity and deepen their knowledge of GBV in the event of future emergencies. According to ADHS 2015, "teenage mothers are more likely to experience adverse pregnancy outcomes and are more constrained in their ability to pursue educational opportunities than young women who delay childbearing". IMC's intervention will also focus on awareness related to teenage pregnancies.

5. Complementarity

With the improvement of trauma services in Urgon DH and provision of PHC services through mobile teams, which have a strong supply management chain of medical supplies, the BPHS facilities in Urgon and the PPHD/ MoPH will be enabled to provide a sustainable primary health and trauma care services to the hard to reach communities of the Urgon and neighboring districts. The seriously injured patients will be referred to the Provincial Hospital of Paktika Province by a well-equipped two-way referral mechanism. The proposed project will fill the existing gaps in BPHS project by covering the underserved areas with the provision of emergency trauma care services and improving access of the target community to emergency trauma care services to reduce morbidity and mortality. Furthermore the provided services will reduce the extra burden on the EPHS facility (Sharana PH).

The WASH activities and services discussed above will address the current WASH gaps in Urgon district. They will also improve and increase the level of people's knowledge and practices regarding hygiene, which will complement the health activities reducing diarrheal and malaria cases among IDPs and host communities. Trained Community Hygiene Promoters and WASH committee members will contribute to the reduction of waterborne diseases. Similarly, the inclusion of female Psychosocial Counselors in the mobile health teams will complement the health services by providing PSS services as part of proactive approach. Severe cases will be referred to high level HFs for advanced care.

IMC proposed training / capacity building of health staff on GBV identification will not only be a complement to the current AMI (PU) project but will be a sustainable contribution in responding and providing services to GBV survivors. In addition, IMC proposed activities including provision of psychosocial counseling to IDPs, returnees will be a complement to the UNHCR protection services to IDPs and returnees in targeted districts.

Overall, the integration of health, WASH and GBV services will not only increase efficiency and effectiveness of the program, but also achieve higher beneficiary satisfaction and minimize their suffering in a well-organized manner

LOGICAL FRAMEWORK

Overall project objective

To provide lifesaving health, WASH and protection services to underserved communities and Internally Displaced People in hard to reach districts of Paktika (Urgon) and (Marawara district) of Kunar province of Afghanistan.

HEALTH		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	73
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	27

Contribution to Cluster/Sector Objectives : International Medical Corps' proposed project activities aim to save lives and improve the humanitarian health condition of hard to access Urgon district of Paktika province through construction of a well-equipped emergency room, renovation of OT and building the capacity of health staff on Mass casualty Management, Psychological first Aid, identification of GBV and CMR, provision of regular supplies, supportive supervision, close monitoring of supported health facility and staff, development of a mass casualty management plan that provides effective response to mass casualties and trauma contribute to the Health Cluster Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people and establishment of mobile health services to hard to reach Urgon district contribute to Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden on services due to population movements.

Outcome 1

Improved essential live-saving trauma care and rehabilitative and psychosocial support services in Urgon district Hospital and access to emergency primary health care services through Established well-equipped emergency room and mobile health services in hard to reach district of Paktika province in Urgon district.

Output 1.1

Description

9,438 Conflict affected, IDPs) and hard to access people (women 2831, girls 1982, boys 1888 and men 2737) received quality trauma care services and rehabilitative care and psychosocial support at the hospital through trained health staff and well-equipped emergency care services.

Assumptions & Risks

Insecurity, road blockages, unavailability of skilled labor, unavailability of construction materials, unavailability of trained staff due to turnover, unavailability of medicines / supplies or a large-scale disaster, cultural barrier may cause that women not come to health facility alone to receive health services could all pose challenges to project implementation.

In view of the mentioned risks when accessing the proposed areas to be visited, IMC will consider the following actions for mitigation of risk:

- Recruitment of staff members in the locality of the area if possible
- Prior coordination with the local community or Shura regarding the project. The purpose, aim and the methodology of the project will be explained properly in order not to raise any doubts or suspicion on the organization and its staff;
- low profile vehicles such as corolla or small Saracha will be rented and be used as mode of transportation for the team in the above specific areas;
- Observe the travel window between (009 and 1400) during the travel as early morning and evening travels posed some considerable risks;
- Provide mandatory briefing to all the drivers and team members who want to visit the field at regularly base through security officer to stay away or avoid close proximity to any military convoys, ANSF vehicles or park near military installations during the travel. This is to mitigate the possibility of being collaterally involved in any firefights or IED attacks;
- Dress appropriately and avoid displaying items like electronic gadgets or cellular phones that might attract unwanted attention or suspicion to the AOGs or robbers;
- Ensuring that the vehicle(s) have enough fuel, extra tire, chain, first aid kit, supply of water and tools in case of breakdowns;
- The IMC Security department in each area monitors and logs all the movements of the team and submits same to the IMC country security team on a daily basis and the Radio Room is responsible in knowing where at any particular time of the day the staffs are.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA2- Number of individuals receiving trauma care services	2,737	2,831	1,888	1,982	9,438

Means of Verification : HMIS record, hospital register, OT register, M&E report, beneficiaries contact list

The target was calculated from last year HMIS report of health facilities of Urgon and neighboring districts

Indicator 1.1.2	HEALTH	Health staff, management and administration staff, PPHD staff, private sector from Urgon district received 3-day training on Mass Casualty Management					25
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Means of Verification : Training and M&E report, beneficiaries contact list, training attendance..

(20 male, 5 female)

Indicator 1.1.3	HEALTH	Male and female Health staff from Urgon district hospital received 2-day Psychological First Aid Training					8
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Means of Verification : Training report , attendance sheet , M&E report , beneficiaries contact list

(4 male, 4 female)

Activities

Activity 1.1.1

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

Emergency room construction:

International Medical Corps in close coordination and consultation of Paktika PPHD, local authorities, BPHS implementer and GCMU will construct emergency room with WASH facilities with consideration of privacy for male and female patients in Urgon district hospital and in order to consider privacy issues, International Medical Corps will allocate separate sections and beds for male and female patients in both the emergency room and the triage area. Beds in the ER will be allocated for female trauma patients. Female health staff will be primarily responsible to manage and take care of female patients. This will help the targeted HFs to address gender sensitivity in the conservative community of Urgon District. Practical work will be started in March 2017 and will be completed in June 2017. The constructed emergency room will be equipped by end of June and the well- equipped emergency room will be operationalized in July 2017. IMC will renovate the OT including tiling, painting, construct the WASH system of OT. This emergency room will have a triage area as well. The emergency room construction layout will be design by IMC civil engineer and share with GCMU/ MOPH for their comment and approval. After GCMU approval the practical work will be started. This emergency room will not only provide quality services for Urgon district people but will provide services to emergency trauma cases of surrounding districts like Sarobi , Gomal , Barmal , Zerok, Naka , Gayan and Shekeen and Shtoori vally of Serhouza . In addition will effect on quality services of Sharana provincial hospital that has been affected by heavy workload of these districts. This emergency room will save the lives of hundreds injured who lost lives during referral from Urgon and surrounding districts due to long distance to Sharana hospital. Attached please find detail of design and planning.

Activity 1.1.2

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

Provision of medical equipment / medical supplies :

The newly constructed emergency room will be equipped with required medical equipment and emergency medicines, medical supplies as per WHO / MOPH standard essential lists. The medical equipment, emergency medicines and medical supplies will be purchased from already prequalified venders by IMC used standard checklist.

Activity 1.1.3

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

Training on Mass Casualty Management:

International Medical Corps will provide a 3-day training on Mass Casualty Management (MCM) to 25 people including senior health, management and administrative staff of the hospital, as well as related staff from PPHD, private sector and local authorities by WHO trained trainer and using WHO / MOPH approved curriculum. This group of trained staff will have one day MCM simulation exercise during the proposed 12-month period. In this exercise, hospital staff, including medical and support staff, and pre-hospital staff will participate. This will help the project team assess the existing capacity of the hospital in terms of mass casualty management, identify gaps for improvement and mobilize all related departments and local resources. This exercise will ensure that healthcare providers and provincial health director have the necessary skills to put their plans into practice

Activity 1.1.4

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

Training of ambulance drivers and paramedics on First Aid :

international Medical Corps will provide 3- day first aid training for 2 ambulance drivers and 2 paramedics and equip hospital ambulance with required medical supplies in order to make it a Functional ambulance.

Activity 1.1.5

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

Training of Urgon district Hospital Health Staff on Psychological First Aid (PFA):

Eight health staff (4 male , 4 female) from Urgon district will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. PFA should be offered where distressed children and adult are served like hospital. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.

Activity 1.1.6

Standard Activity : Not Selected

Monitoring

International Medical Corps will develop a comprehensive M&E plan at the beginning of the project and , Project Management Tool (PMT), created by International Medical Corps, individual and Joint monitoring visits with PPHD BPHS/EPHS implementing NGOs, will also be organized to monitor the project activities at least one / quarter . The procurement will be monitored by a four- member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based procurement plan will be prepared by the budget holder.

Output 1.2

Description

24250 Underserved persons and 8120 IDPs total 32370 (9387 men , 9711 women , 6474 boys , 6798 girls) in hard to reach district Urgan, Paktika province received emergency primary health care services

Assumptions & Risks

Insecurity: Urgan district is one of the insecure district in Paktika province with frequent security incidents, which is hampering the travel and transportation of staff and supplies. As a result, International Medical Corps may not be able to provide services as planned.

- The harsh weather conditions such as, very cold temperatures, snow and long winter may cause either unavailability of trained staff or a high turnover of staff.
- Shortage of medicines may occur due to road blocks and, unavailability of medicines with required certificates.
- Due to the on-going fighting in surrounding districts, the project area may receive a number of IDPs which may place a burden on proposed activities. Women may not come to health facility alone to receive health services . International Medical Corps will establish Health Shura comprising of community elders, religious leaders who are influential and respectful individuals. The TOR of this shura will be share with elders. As per TOR; the shura will be a link between IMC and communities to solve issues, communicate on behalf of community with IMC and on behalf of IMC with the community. IMC will coordinate any activities in target areas first with the shura like any surveys , getting medicines / supplies to the health facilities , selection of mobile health team , trainings etc. .International Medical Corps will organize monthly meeting with shura and the meeting minutes will be recorded.

IMC has been working in Paktika province since 2004 and has very strong community network and could build community trust.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	SA2- Number of conflict affected people in underserved areas served by emergency PHC and mobile services	9,387	9,711	6,474	6,798	32,370

Means of Verification : HMIS data , M&E reports , feedback calls

The target is the population of targeted villages which are not covered by BPHS
Known through Rapid Need Assessment

Indicator 1.2.2	HEALTH	SA2- Number of pregnant women in conflict affected and underserved areas receiving at least two antenatal care visits		460			460
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Means of Verification : HMIS data

the target is 50 % of national target .

Indicator 1.2.3	HEALTH	30 Community Health Workers (15 male and 15 female) and 4 health staff (2 male, 2 female) from mobile health teams received a 2-day training on Psychological First Aid (PFA)					34
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Means of Verification : Training report , attendance sheet , M& E report , pretest , post test result

Indicator 1.2.4	HEALTH	5- day training on CMR and GBV identification provided to health staff of Urgan District Hospital and two mobile health teams. 12 (6 male, 6 female)					12
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Means of Verification : Training report , attendance sheet , pretest , post test result , M&E report

Activities

Activity 1.2.1

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

Establishment of two mobile health team with community Psychosocial Support services :

International Medical Corps, in close coordination of Paktika PPHD and local authorities, will provide mobile health services through 2 mobile health teams to the remote villages that have no access to health services,, one day per week per village in Urgan district, where hard to access communities and IDPs have no access to basic health services due to long distance and geographical obstacles to existence health facilities and deteriorating insecurity, absence of public transportation, scattered population and cultural barriers in health seeking. The mobile services will include safe mother hood, EPI, health education on basic health and awareness on GBV, basic consultations, psychological first aid and the provision of free medicines and clean delivery kits. The mobile services schedule will be shared with the community health workers/ elders and the community will be informed through community health workers /elders about the mobile services.

Each mobile health team will consist of one nurse/doctor, one midwife, one vaccinator as per MOPH standard package and one female psychosocial Consoler to provide blanket community level PSS services as part of proactive approach. Cases require advanced/dedicated services shall be referred to health facilities and Sharana provincial hospital where full package of EPHS services are provided. All emergency cases that are not managed in the mobile health team will be referred to Urgan District Hospital. The location of mobile services will be selected in consultation of community elders including women where be accessible to all specially women, children, old and disables, close to the villages with considering privacy and suitable timing.

Activity 1.2.2

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

Provision of medicines / medical supplies :

International Medical Corps will also purchase medicines / medical supplies as per the MoPH standard essential list from prequalified venders by IMC and will make sure that the mobile health facilities are supplied regularly, enabling them to serve to the underserved people and IDPs in hard to reach district of Paktika province in Urgan district .

Activity 1.2.3

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

Ante natal care services :

International Medical Corps will provide ante natal care services to pregnant women by midwife as per MOPH agreed services and will provide clean delivery kits to all pregnant women through the mobile health teams in the 3rd trimester of pregnancy to promote clean home delivery for those who have no access to delivery services by skilled health personnel. The midwife will then provide education on its usage and benefits to mothers and mother- in-laws /elderly women who accompany pregnant mothers.

Activity 1.2.4

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

Training of Mobile Health Team Health Staff and CHWs on Psychological First Aid (PFA):

30 Community Health Workers (15 male and 15 female) and 6 health staff (2 male, 4 female) from mobile health teams will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. FPA should be offered in community setting liker where distressed children and adult are served like hospital, school and distribution sites for food or other type. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.

Activity 1.2.5

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

Training on Clinical Management of Rape (CMR) and GBV identification :

International Medical Corps will provide 5- day training on CMR and GBV identification to health staff of Urgan District Hospital and two mobile health teams. 12 (6 male, 6 female) staff will be trained. The training will be organized by trained /qualified trainer on CMR using MOPH approved CMR training curriculum.

Health staff trained in CMR and PFA will remain staff of MoPH/Partner who will continue to identify and provide services to the targeted group to address sustainability questions.

Additional Targets :

WATER, SANITATION AND HYGIENE							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 1: Ensure timely access to a sufficient quantity of safe drinking water, use of adequate and gender sensitive sanitation, and appropriate means of hygiene practices by the affected population		SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict			100		
<p>Contribution to Cluster/Sector Objectives : International Medical Corps' proposed WASH activities contribute to the WASH Cluster Objective 1 "Ensure timely access to a sufficient quantity of safe drinking water , use of adequate and gender sensitive sanitation facilities and appropriate hygiene practices through construction of latrines , boreholes and hygiene promotion with provision of hygiene kits which with these activities the humanitarian WASH condition of IDPs and host communities in hard to access areas of Urgan and Marawara districts of Paktika and Kunar provinces will be improved .</p>							
Outcome 1							
Improved sanitation and hygiene conditions and increased access to safe drinking water of IDPs and underserved host communities in hard to reach districts of Paktika province in Urgan and Marawara district in Kunar province.							
Output 1.1							
Description							
IMC proposes to increase the access to safe potable drinking water through rehabilitation and construction of new 54 water points (boreholes and wells) for 11,340 (3289 men , 3402 women , 2268 boys , 2381 girls) IDPs and underserved host communities in hard to access districts of Urgan and Marawara districts. Moreover, the WASH interventions will provide safe water provision/access that will contribute in reduction in WASH-borne morbidity and mortality and hence will reduce the burden of overwhelmed health facilities in targeted programme areas. In addition, the Water point sitting will be inclusive of consultative process and will consider the voices of women as per gender roles they are the primary beneficiary to fulfill the domestic and personal water needs at household level.							
Assumptions & Risks							
<p>Urgan and Marawara are the most insecure districts of Paktika and Kunar provinces, with frequent security incidents that may hamper the access (travel and transportation) of staff to deliver the programmes.</p> <ul style="list-style-type: none"> • Fluctuating insecurity may hamper International Medical Corps' efforts to provide services per the planned schedule. • The harsh weather conditions from December – April such as, extreme cold, snow and long winters in Urgan may cause either unavailability of trained / skilled labor staff or a high turnover of project staff which at the end cause delay in project implementation . • Cultural barriers to women participation in the project activities and may not participate in designing and site selection of water points • Unavailability of construction materials may cause higher costs or delay in project implementation. • In addition, due to conflict and ongoing fighting, the project area may receive a high number of IDPs, which may place a burden on proposed activities. • The governmental line ministries are supportive of the proposed activities. • The local community remains cooperate. 							
Indicators							
					End cycle beneficiaries		End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	3,289	3,402	2,268	2,381	11,340
<p>Means of Verification : WASH completion reports ,Logistic documents , hand over documents , photos , M&E report</p> <p>1 borehole is for 30 families. 54 boreholes cover 1620 family. Each family is 7 person. 1620 x 7 = 11340 persons</p>							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	Number of water sources developed (boreholes).					54
<p>Means of Verification : WASH completion reports ,Logistic documents , hand over documents , photos , M&E report , feedback call</p>							
Activities							
Activity 1.1.1							
<p>Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.</p> <p>Construction of boreholes:</p> <p>IMC proposes to develop 54 water sources (boreholes) under the current CHF funding, the breakdown accounts for 36 water points (boreholes) in Marawara and 18 in Urgan. IMC will adhere to MRRD guidelines, One borehole for 30 households and each household comprises of average 7 person. Moreover, IMC in all its interventions puts women at the heart of the intervention, having said that, IMC will ensure that involvement of women is considered at sitting, design and later at delivery levels in terms of O&M. IMC will strongly advocate for inclusion of women in water committees (Shura) to bring additional attention to the needs of vulnerable groups such as women and girls, female-headed households, etc. Moreover, if the water points require rationing of water at certain times, IMC will consult with men and women and take aboard suggestions. IMC WASH team will work WASH Committees to capacity build the committee on roles and responsibilities and safe design and implementation of WASH facilities that mitigate risks of GBV. Moreover, IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed. International Medical Corps will construct boreholes in places with a purpose to provide protection and will follow do no harm policy to promote active participation.</p>							
Activity 1.1.2							
<p>Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.</p>							

Provision of Jerry Cans:

International Medical Corps will provide two jerry cans per family for the collection and storage of safe water. The jerry can will be provided to the boreholes targeted people which include returnees, IDPs and host communities who are living in same area and use the borehole. Jerry can is provided to the poor host family who will be identified by WASH committee, community mobilizers and hygiene promoters. As per CHF recommendation, IMC coordinated with DACAR the availability of Jerry Can for Marawara district. DACAR confirmed that 1350 jerry cans out of 2160 needed Jerry Cans will be provided to Marawara district from DACAR stock in Nangarhar provinces.

Activity 1.1.3

Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.

Chlorination of boreholes:

IMC as a standard procedure, disinfects the water sources before its hand over to WASH Committees to ensure community is using safe water. Moreover, the water testing kit would be distributed to regular water quality, the equipment is currently funded through UNICEF emergency WASH project. IMC will conduct the water quality testing 2 time during project support from MRRD, to make the process robust, IMC will train the community volunteers and WASH committee members (male and female) on the subject. .

Activity 1.1.4

Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.

Training of community members as mechanics:

For the sustainability of boreholes, International Medical Corps will train 8 persons as community mechanics in both Urgon and Marawara districts who will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, someone who is willing to work as volunteer and mechanic, respected by community, with WASH technical knowledge or willing to learn, and the preference will be given to those who already have some experience. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction (i.e. from the beginning to completion) in order to learn practical and technical skills. However, Afghanistan being a difficult sphere for involving the women to become hand pump mechanics, IMC will explore ways to include if there is willingness and acceptability of the local community.

Activity 1.1.5

Standard Activity : Not Selected

Monitoring

IMC will develop a comprehensive M&E plan at the beginning of the project and Project Management Tool (PMT), created by International Medical Corps, individual and Joint monitoring visits with other stakeholders will be done The procurement will be monitored by a four-member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based procurement plan will be prepared by the budget holder. Community Based Feedback Mechanism (CBFM) will be in place IMC will do Post Distribution Monitoring in order to be accountable to the community and know about transparent distribution of hygiene kits.

Output 1.2

Description

4,000 (1160 men , 1200 women , 800 boys , 840 girls) IDPs and underserved host communities have improved access to adequate and gender appropriate emergency latrines in Urgon district of Paktika and Marawara district of Kunar provinces through construction of 200 latrines

Assumptions & Risks

Urgon and Marawara are one of the most insecure districts of Paktika and Kunar, provinces, with frequent security incidents that may hamper the travel and transportation of staff and construction efforts.

- The harsh weather conditions may delay construction
- unavailability of trained / skilled labors staff
- High turnover of project staff which at the end cause delay in project implementation.
- Unavailability of construction materials may cause higher costs or delay for project implementation
- Cultural barrier to women participation in designing latrines

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	1,160	1,200	800	840	4,000

Means of Verification : Logistic documents , hand over documents , photos , feedback call

1 latrine is for 20 person

200 latrines x 20 persons = 4000

Indicator 1.2.2	WATER, SANITATION AND HYGIENE	'Number of gender appropriate latrines constructed'.					200
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Means of Verification : Logistic documents , hand over documents , photos , feedback call							
Indicator 1.2.3	WATER, SANITATION AND HYGIENE	Number of WASH committees established					8
Means of Verification : List of committee members , meetings minutes , M&E reports , feedback call							
Indicator 1.2.4	WATER, SANITATION AND HYGIENE	Number of WASH committees members trained on Basic Concept of GBV and referral					64
Means of Verification : Training report , attendance sheet , M&E report							
(60 male, 4 female) IMC will try its best to involve women in WASH committee where security and culture allow will involve more than our target.							
Activities							
Activity 1.2.1							
Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.							
Establishment of WASH Committees:							
<p>IMC at the initiation of the project will work closely with community, key stake holders and government line agencies. The idea would be to initiate a consultation process to strengthen the position of vulnerable groups like: women, children, aged and physically challenged in its WASH interventions by mainstreaming protection issues and affirming their position and participation in local WASH committees. Throughout the proposed project IMC will establish 8 WASH committees in Urgan and Marawara Districts. Each WASH committee will be comprise of 8-10 volunteers (male and female) from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities.</p> <p>The WASH committee members will receive a 5- day training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as a communication platform between the community, project staff and local government officials. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines and boreholes to ensure safety and accessibility, as well as cultural appropriateness. In addition, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.</p> <p>The WASH committee members are from the same community and will be the source of information and has direct contact with victim or is witnesses. The WASH committees will receive 2- day training on GBV concept and referral through this project and will identify any protection concern cases and will refer to the psychosocial consolers, health facilities or UNHCR local concern representative. In addition the WASH committee's members will have great role in advocacy and follow up of actions. The project activities will be share with UNHCR protection section at the beginning of project and UNHCR can use the established WASH committees for protection monitoring at the community level. In addition, WASH committees can aware people on available complain mechanism in their areas.</p>							
Activity 1.2.2							
Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.							
Construction of VIP Latrines:							
<p>International Medical Corps in close coordination of WASH committees will identify the sites within the beneficiary households that ensure the safety, dignity and privacy of the beneficiary specially women and girls, old and disables as per sit criteria for site selection. In addition, IMC's WASH technical/engineering designs seek to prevent or minimize incidence of gender-based or other forms of violence. Examples include 1) proper positioning of facilities identified through focal group discussions with girls, women, and the physically challenged. 2) introduction of lights, locks, and privacy screens, 3) hire equal number of female and male volunteers, and ensure that women are included in the decision making process as part of the leadership in IMC structured water and sanitation committees. IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed.</p>							
Activity 1.2.3							
Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.							
Training of WASH committees on Basic Concept of GBV and referral International Medical Corps will organize 2-day training on basic concept of GBV and the referral for WASH committee's members in Marawara and Urgan districts. IMC proposed 8 WASH committees comprising of 8-10 individual will receive training. The WASH committees members will include women and men where is possible. The training will be delivered by trained trainers.							
Output 1.3							
Description							
20, 853 (6047 men , 6256 women , boys4171 , girls 4379) IDPs and underserved host community members understand WASH related borne diseases and practice good hygiene practices in Urgan and Marawara districts in Paktika and Kunar provinces .							
Assumptions & Risks							

- Targeted districts are the most insecure districts of Paktika and Kunar provinces,
- Community will not be happy to provide space for hygiene promotion sessions and attend the sessions.
 - The community will not be organized during hygiene kit distribution
 - Community elders will interfere in beneficiary selection.
 - procurement delays or poor road conditions for hygiene kit delivery/distribution
 - Cultural barrier for women participation in WASH committee and hygiene promoters training

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to water and soap for handwashing	6,047	6,256	4,171	4,379	20,853
Means of Verification : Distributions records , Post Distribution Monitoring record , ME reports							
Indicator 1.3.2	WATER, SANITATION AND HYGIENE	Number of people received hygiene messages through hygiene promotion sessions					20,853
Means of Verification : beneficiaries list , M&E reports , WASH committees reports							
Indicator 1.3.3	WATER, SANITATION AND HYGIENE	36 volunteers (28 in Urgon, 8 in Marawara) trained in a 5- day training as Community Hygiene Promoters (CHPs).					36

Means of Verification : Training attendance sheet , training report , M&E report

32 male, 4 female

As per our experience in Urgon district of Paktika province; this is not possible to involve women directly due to security and cultural barriers. But in Marawara district of Kunar province women will be involved in training as hygiene promoters

Activities

Activity 1.3.1

Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.

Baseline and end line survey:

International Medical Corps will conduct a baseline survey at the initiation of project and end of project survey in Urgon and Marawara districts of Paktika and Kunar provinces. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. In addition, the baseline will bench mark the specific needs of groups and themes such as girls education, early marriages and physical violence to know and link GBV with WASH when it comes to using WASH services. Moreover, at the 11th month of project the same survey will be conducted to measure the overall impact of the integrated health, WASH and protection programme interventions

Activity 1.3.2

Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.

Training of Community Hygiene Promoters

IMC will ensure that women are included in the community volunteer cadre, this will support the reach out to girls and women. Under the proposed project, IMC will train 36 volunteers (28 in Urgon, 8 in Marawara), in a 5- day training as Community Hygiene Promoters (CHPs). The training topics will include hand washing as well as, water, environmental, personal and food hygiene. The CHPs will organize awareness sessions on above topics to the targeted beneficiaries through International Medical Corps-established mobile health facilities, mosques, school and other community gatherings.

Activity 1.3.3

Standard Activity : SA2- Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices.

Provision of hygiene kits:

International Medical Corps will distribute hygiene kits to 2972 families (one kit / family). The contents of kit will be as per WASH cluster standard list. During the hygiene promotion sessions, the participants will receive hygiene kit 1/ family (all targeted families have been targeted to get one hygiene kit).

As per CHF recommendation, IMC coordinated with DACAR the availability of hygiene kits for Marawara district. DACAR confirmed that 1350 hygiene kits out of 1479 needed hygiene kits for Marawara district will be provided from DACAR stock in Nangarhar provinces.

Hygiene kit will be provided to the poor family of host communities those are living in same areas where there is IDPs. They will be selected through WASH committees and community mobilizers and hygiene promoters

Additional Targets :

PROTECTION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations		SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict			100		
<p>Contribution to Cluster/Sector Objectives : Based on years of quality GBV response in general and most recent Kunduz emergency response in 2016, International Medical Corps' proposed activities are two prong in nature; i) provision of community based GBV/PSS services through mobile teams, ii) provision of quality GBV/PSS services through static facilities through WFHSs and FPCs and iii) capacity building of healthcare givers as well as advocacy/awareness raising through community dialogues. The services particularly community-based psychosocial support, counseling to IDPs and underserved communities in hard to access district Marawara in Kunar province and facilitating access to health through training of health staff and referral of GBV cases to Health Facilities closely align with and contribute to the protection cluster objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations. The establishment of mobile teams not only will provide a friendly and safe environment for women and girls, but will also provide essential services to address the acute protection needs of hard to access people, such as psychosocial counseling for people who are in a state of depression and anxiety as a result of conflict and fighting and GBV cases and referring to other protective services. The proposed project activities will be provided through mobile team in order to reach those who are remotely located and who have no access to protection services. Awareness-raising activities on protection services and GBV prevention, referral points and protection issues and women / human rights will increase their knowledge and understanding about GBV. IMC will not have FPC and WFHSs but the GBV cases that needs advanced support will be referred to health facilities, FPC either in Kunar or in Nangarhar provinces where the survivors will receive medical, psychological, and legal and referral support to other departments as per survivors consent. IMC will pay the cost of transport of referral cases. The GBV cases were shared with Asadabad FPC to further discuss in GBV case management committees. International Medical Corps will organize community dialogues in Marawara and Urgon districts to raise community awareness. Community elders, influential people will attend. IMC will organize separate community dialogues with men and women.</p>							
Outcome 1							
Ensure the provision of quality blanket GBV services package through community and facility based GBV response as well as prevention services in Landi Kasi, Lar kele, Lar Kela mora, Chini Adam khail villages of Marawara district of Kunar province.							
Output 1.1							
Description							
<p>. 2 Mobile Psychosocial support and counseling outreach services established and provide quality outreach GBV services .5,182 individuals (1503 men , 1555 women , 1036 boys , 1088 girls) received psychosocial support</p> <p>2. Awareness-raised and communities, especially men, are involved in ownership of protection services and GBV prevention and live saving basic messages among at least 50 % (5,000 individuals, (3000 women, 500 girls, 1000 men, 500 boys)) of targeted villages</p> <p>3. 9 Medical staff including 1 doctor , 2 nurses and 3 midwives and 3 nutrition consolors were trained on GBV identification , basic treatment and referral for psychosocial support</p>							
Assumptions & Risks							
a) Security situation does not deteriorate, (b) qualified staff are locally available to hire, (c) IDPs are residing in scattered locations, which will require additional staff. (d) GBV is a sensitive issue but the communities are open to the program, (e) women/girls are allowed by their families to visit health facilities , (f) specialized services related to GBV cases are easily available, (g) IDPs do not return or do not further disperse, (h) number of IDPs does not significantly increase.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	1,503	1,555	1,036	1,088	5,182
<p>Means of Verification : register , M&E report , psychosocial consolor report , activities report</p> <p>The total population of Landi Kasi, Lar kele, Lar Kela mora, Chini Adam khail villages is 10,364. at least 50 % of the population will receive psychosocial support</p>							
Indicator 1.1.2	PROTECTION	Number of health staff from 1 BHC and 2 SHCs trained on GBV identification , basic treatment including first aid , psychosocial counseling and treatment of STI and referral .					9
<p>Means of Verification : Training report , M&E report , register , pretest and posttest</p> <p>These are the staff of 1 BHC and 2 SHCs in Marawara district</p> <p>9 health staff including one doctor (male) , 3 midwives (female) , 2 nurses (male) and 3 nutrition consolors (female) of BHC and 2 SHCs of Marawara districts</p>							
Indicator 1.1.3	PROTECTION	.Number of community dialogues organized					12
<p>Means of Verification : community dialogues report , attendance sheet , M&E report</p> <p>every two other month one community dialogues will be organized in both districts</p>							
Indicator 1.1.4	PROTECTION	Number of people including women , girls , men , boys received awareness on GBV , rights to health in 200 awareness session					5,000

Means of Verification : Activity report , M&E report , beneficiaries contact lists

At least 50 % of targeted villages will receive awareness. among 50 % of target 70 % will be women and girls and 30 % men and boys (2000 women , 1000 girls , 1000 men , 1000 boys)

Activities

Activity 1.1.1

Standard Activity : SA2- Mobile outreach and static protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people to contribute to community based prevention and mitigation response mechanisms;

Establish mobile psychosocial support / counseling services:

In order to adopt proactive approach, International Medical Corps will establish two mobile teams, one per two villages that provide mobile psychosocial support / counseling services to women and girls, men and boys. The' locations for mobile team will be selected in coordination with community elders , local authorities , Directorate of Women Affairs DoRR through organizing monthly coordination meetings and attending IDP screening committee meetings. In each team there will be one trained psychosocial counselor who will provide blanket psychosocial counseling to the targeted group in group and individual sessions ,one community mobilizer who will be responsible to mobilize community to utilize available services, provide awareness on GBV Prevention, referral points, organize community dialogues and GBV awareness campaigns as well as provide counselling and a community midwife who will provide awareness on live saving basic messages and counseling to the women and girls . In close coordination and consultation of community elders, the sites for mobile teams will be selected. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors that needs advanced support to health facilities, FPC either in Kunar or in Nangarhar provinces where the survivors will receive medical, psychological, and legal and referral support to other departments as per survivors consent as IMC will not have FPC and WFHs but IMC will pay the cost of transport of referral cases., The transportation cost is for referral out. IMC will refer the GBV survivors those in need of further services to Family Protection Center in Asad Abad or Jalalabad city. IMC will follow up the progress of referral cases. The case management will be in Family Protection Centers. The aim of the mobile teams is not only to contribute in enhancing awareness about GBV among communities but also to provide psycho social counseling and other related services at doorsteps. This will not only maximize the services' outreach but would also contribute in demand creation for GBV services.

Activity 1.1.2

Standard Activity : SA2- Mobile outreach and static protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people to contribute to community based prevention and mitigation response mechanisms;

Provision of awareness on GBV and rights to health and conduct community dialogues:

International Medical Corps will implement GBV awareness raising activities for the targeted Communities. International Medical Corps will implement GBV awareness raising activities for the targeted communities in Marawara district of Kunar province and Urgan district. International Medical Corps has proposed WASH activities under this project for Marawara district of Kunar province and Urgan District of Paktika province. IMC will integrated the hygiene promotion and awareness on GBV, rights to health for targeted communities. International Medical Corps will use its experience of organizing community dialogues initiative from other provinces to Kuanr and Paktika provinces. International Medical Corps will inform community elders, head of schools, religious leaders, local authorities, DOWA, Women health workers, health facilities head and female staff, official from Haj-e-Awqaf though field project officer, WASH committee's members, community mobilizers to attend the community dialogues. The agenda will be shared with them prior to the event and will be asked to add topics in agenda which will mostly focus on human right, women rights, bad consequences of GBV especially on health, and forced and early marriage. The speakers will be from the participant's. IEC materials with approved messages from MOWA and MOPH will also be displayed. At the end, the speakers will ask the participants for answers and feedback. The community dialogues will be organized every other months. International Medical Corps will organize \ 834 hygiene promotion sessions and at least in 25 % of these sessions; awareness will be provided on GBV, rights to health and referrals points in both districts

Activity 1.1.3

Standard Activity : SA2- Mobile outreach and static protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people to contribute to community based prevention and mitigation response mechanisms;

Training of health staff on GBV identification, basic treatment and referral:

International Medical Corps will organize 5 –day training on GBV identification, basic treatment including first aid , psychosocial counseling and treatment of STI and referral to advanced health services , Family Protection Center in Asadabad or Jalalabad for medical , legal and psychosocial support services to 9 health staff including one doctor, 3 midwives, 2 nurses and 3 female nutrition consolors of BHC and 2 SHCs of Marawara districts in coordination with BPHS implementer and Kunar PPHD. The training will be delivered by trained trainer and use MOPH approved curriculum.

Activity 1.1.4

Standard Activity : Not Selected

Monitoring:

IMC will develop a comprehensive M&E plan at the beginning of the project and monitoring tools to monitor the activities of the project and collect the relevant data. Project Management Tool (PMT), created by International Medical Corps will be used, individual and Joint monitoring visits other stakeholders will be organized to monitor the project activities at least one per . quarter.

Additional Targets :

M & R

Monitoring & Reporting plan

IMC will develop a comprehensive M&E plan at the beginning of the project and monitoring tools to monitor the activities of the project and collect the relevant data. The logical framework will be used for monitoring indicators and objectives. A Project Management Tool (PMT), created by International Medical Corps, will be used to record the findings of monitoring of project activities. The M&E plan will indicate time bound M&E activities, expected results, indicators, responsibility of staff data quality assurances, collection, analysis and reporting. . National Monitoring Checklists (NMCs) will be used to evaluate the quality of services and staff capabilities during monitoring visits and for providing feedback to the field staff. Joint monitoring visits with PPHD BPHS/EPHS implementing NGOs, donor and other stakeholders will also be organized to monitor the project activities. After each monitoring visit, an action plan will be developed to address the gaps, and in follow up monitoring visits, the action plans will be evaluated to see if the gaps identified during the previous visit are addressed. IMC will conduct quarterly project implementation reviews, assessing progress toward targets for indicators with all project staff, with the support of M&E Coordinator and Program Director based in Kabul. Since International Medical Corps is the current EPHS implementer in Paktika, it has close coordination with the current BPHS implementer (OHPM) as well as the support of community elders, and is able to monitor activities smoothly. The M&E Coordinator will oversee all activities of the project, including routine monitoring. The M&E Coordinator will also lead the effort to develop a detailed M&E plan. The procurement will be monitored by a four- member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based monitoring plan will be prepared by the budget holder. Community Based Feedback Mechanism CBFM will be in place in order to ensure that affected communities we wish to assist have safe, accessible and dependable channels to voice their concerns and raise issues to International Medical Corps about the quality and performance of our programs, as well as the conduct of our staff. Additionally, we should always let communities know what actions have been taken as a result of their feedback if something is outside of our control, or not appropriate for the project, we need to let them know that too. IMC will do Post Distribution Monitoring in order to be accountable to the community and know about transparent distribution of hygiene kits.

International Medical Corps will collect the telephone numbers of beneficiaries who receive training and staff working in project. Communities that receive services will work with a shura member in order to facilitate the remote monitoring of the project, in case of inaccessibility to project sites. International Medical Corps will provide quarterly project progress reports and a final project report to CHF through the online GMS system to OCHA. The International Medical Corps' Afghanistan Country Director, who reports to the Regional Coordinator, based in Washington, DC, will oversee the overall management and implementation of all program activities including operations and logistical arrangements as well as all financial and human resource matters. The International Medical Corps head office will also monitor the country office through conference calls and field visits.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Construction of boreholes:	2017												X
IMC proposes to develop 54 water sources (boreholes) under the current CHF funding, the breakdown accounts for 36 water points (boreholes) in Marawara and 18 in Urgon. IMC will adhere to MRRD guidelines, One borehole for 30 households and each household comprises of average 7 person. Moreover, IMC in all its interventions puts women at the heart of the intervention, having said that, IMC will ensure that involvement of women is considered at sitting, design and later at delivery levels in terms of O&M. IMC will strongly advocate for inclusion of women in water committees (Shura) to bring additional attention to the needs of vulnerable groups such as women and girls, female-headed households, etc. Moreover, if the water points require rationing of water at certain times, IMC will consult with men and women and take aboard suggestions. IMC WASH team will work WASH Committees to capacity build the committee on roles and responsibilities and safe design and implementation of WASH facilities that mitigate risks of GBV. Moreover, IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed. International Medical Corps will construct boreholes in places with a purpose to provide protection and will follow do no harm policy to promote active participation.	2018	X	X	X	X	X	X						

<p>Activity 1.1.1: Emergency room construction:</p> <p>International Medical Corps in close coordination and consultation of Paktika PPHD, local authorities, BPHS implementer and GCMU will construct emergency room with WASH facilities with consideration of privacy for male and female patients in Urgan district hospital and In order to consider privacy issues, International Medical Corps will allocate separate sections and beds for male and female patients in both the emergency room and the triage area. Beds in the ER will be allocated for female trauma patients. Female health staff will be primarily responsible to manage and take care of female patients. This will help the targeted HF's to address gender sensitivity in the conservative community of Urgan District. Practical work will be started in March 2017 and will be completed in June 2017. The constructed emergency room will be equipped by end of June and the well-equipped emergency room will be operationalized in July 2017. IMC will renovate the OT including tiling, painting, construct the WASH system of OT. This emergency room will have a triage area as well. The emergency room construction layout will be design by IMC civil engineer and share with GCMU/ MOPH for their comment and approval. After GCMU approval the practical work will be started. This emergency room will not only provide quality services for Urgan district people but will provide services to emergency trauma cases of surrounding districts like Sarobi , Gomal , Barmal ,Zerok, Naka , Gayan and Shekeen and Shtoori vally of Serhouza . In addition will effect on quality services of Sharana provincial hospital that has been affected by heavy workload of these districts. This emergency room will save the lives of hundreds injured who lost lives during referral from Urgan and surrounding districts due to long distance to Sharana hospital. Attached please find detail of design and planning.</p>	2017												X
<p>Activity 1.1.1: Establish mobile psychosocial support / counseling services:</p> <p>In order to adopt proactive approach, International Medical Corps will establish two mobile teams, one per two villages that provide mobile psychosocial support / counseling services to women and girls, men and boys. The' locations for mobile team will be selected in coordination with community elders , local authorities , Directorate of Women Affairs DoRR through organizing monthly coordination meetings and attending IDP screening committee meetings. In each team there will be one trained psychosocial counselor who will provide blanket psychosocial counseling to the targeted group in group and individual sessions ,one community mobilizer who will be responsible to mobilize community to utilize available services, provide awareness on GBV Prevention, referral points, organize community dialogues and GBV awareness campaigns as well as provide counselling and a community midwife who will provide awareness on live saving basic messages and counseling to the women and girls . In close coordination and consultation of community elders, the sites for mobile teams will be selected. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors that needs advanced support to health facilities, FPC either in Kunar or in Nangarhar provinces where the survivors will receive medical, psychological, and legal and referral support to other departments as per survivors consent as IMC will not have FPC and WFHSs but IMC will pay the cost of transport of referral cases., The transportation cost is for referral out. IMC will refer the GBV survivors those in need of further services to Family Protection Center in Asad Abad or Jalalabad city. IMC will follow up the progress of referral cases. The case management will be in Family Protection Centers. The aim of the mobile teams is not only to contribute in enhancing awareness about GBV among communities but also to provide psycho social counseling and other related services at doorsteps. This will not only maximize the services' outreach but would also contribute in demand creation for GBV services.</p>	2017												X
<p>Activity 1.1.2: Provision of Jerry Cans:</p> <p>International Medical Corps will provide two jerry cans per family for the collection and storage of safe water. The jerry can will be provided to the boreholes targeted people which include returnees, IDPs and host communities who are living in same area and use the borehole. Jerry can is provided to the poor host family who will be identified by WASH committee, community mobilizers and hygiene promoters. As per CHF recommendation, IMC coordinated with DACAR the availability of Jerry Can for Marawara district. DACAR confirmed that 1350 jerry cans out of 2160 needed Jerry Cans will be provided to Marawara district from DACAR stock in Nangarhar provinces.</p>	2017												
	2018	X	X	X	X	X	X						

<p>Activity 1.1.4: Monitoring:</p> <p>IMC will develop a comprehensive M&E plan at the beginning of the project and monitoring tools to monitor the activities of the project and collect the relevant data. Project Management Tool (PMT), created by International Medical Corps will be used, individual and Joint monitoring visits other stakeholders will be organized to monitor the project activities at least one per . quarter.</p>	2017											X	X
<p>Activity 1.1.4: Training of ambulance drivers and paramedics on First Aid :</p> <p>international Medical Corps will provide 3- day first aid training for 2 ambulance drivers and 2 paramedics and equip hospital ambulance with required medical supplies in order to make it a Functional ambulance.</p>	2018	X	X	X	X	X	X	X	X	X			
<p>Activity 1.1.4: Training of community members as mechanics:</p> <p>For the sustainability of boreholes, International Medical Corps will train 8 persons as community mechanics in both Urgan and Marawara districts who will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, someone who is willing to work as volunteer and mechanic, respected by community, with WASH technical knowledge or willing to learn, and the preference will be given to those who already have some experience. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction (i.e. from the beginning to completion) in order to learn practical and technical skills. However, Afghanistan being a difficult sphere for involving the women to become hand pump mechanics, IMC will explore ways to include if there is willingness and acceptability of the local community.</p>	2017												
<p>Activity 1.1.5: Monitoring</p> <p>IMC will develop a comprehensive M&E plan at the beginning of the project and Project Management Tool (PMT), created by International Medical Corps, individual and Joint monitoring visits with other stakeholders will be done The procurement will be monitored by a four- member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based procurement plan will be prepared by the budget holder. Community Based Feedback Mechanism 9CBFM) will be in place IMC will do Post Distribution Monitoring in order to be accountable to the community and know about transparent distribution of hygiene kits.</p>	2017											X	X
<p>Activity 1.1.5: Training of Urgan district Hospital Health Staff on Psychological First Aid (PFA):</p> <p>Eight health staff (4 male , 4 female) from Urgan district will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. PFA should be offered where distressed children and adult are served like hospital. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.</p>	2017												X
<p>Activity 1.1.6: Monitoring</p> <p>International Medical Corps will develop a comprehensive M&E plan at the beginning of the project and , Project Management Tool (PMT), created by International Medical Corps, individual and Joint monitoring visits with PPHD BPHS/EPHS implementing NGOs, will also be organized to monitor the project activities at least one / quarter . The procurement will be monitored by a four-member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based procurement plan will be prepared by the budget holder.</p>	2017											X	X
<p>Activity 1.1.6: Monitoring</p> <p>International Medical Corps will develop a comprehensive M&E plan at the beginning of the project and , Project Management Tool (PMT), created by International Medical Corps, individual and Joint monitoring visits with PPHD BPHS/EPHS implementing NGOs, will also be organized to monitor the project activities at least one / quarter . The procurement will be monitored by a four-member procurement committee, while the procurement items and supplies will be monitored by the logistic Manager and dedicated logistic assistant. Monthly based procurement plan will be prepared by the budget holder.</p>	2018	X	X	X	X	X	X	X	X	X	X		

<p>Activity 1.2.1: Establishment of two mobile health team with community Psychosocial Support services :</p> <p>International Medical Corps, in close coordination of Paktika PPHD and local authorities, will provide mobile health services through 2 mobile health teams to the remote villages that have no access to health services,, one day per week per village in Urgan district, where hard to access communities and IDPs have no access to basic health services due to long distance and geographical obstacles to existence health facilities and deteriorating insecurity, absence of public transportation, scattered population and cultural barriers in health seeking. The mobile services will include safe mother hood, EPI, health education on basic health and awareness on GBV, basic consultations, psychological first aid and the provision of free medicines and clean delivery kits.</p> <p>The mobile services schedule will be shared with the community health workers/ elders and the community will be informed through community health workers /elders about the mobile services.</p> <p>Each mobile health team will consist of one nurse/doctor, one midwife, one vaccinator as per MOPH standard package and one female psychosocial Consoler to provide blanket community level PSS services as part of proactive approach. Cases require advanced/dedicated services shall be referred to health facilities and Sharana provincial hospital where full package of EPHS services are provided. All emergency cases that are not managed in the mobile health team will be referred to Urgan District Hospital. The location of mobile services will be selected in consultation of community elders including women where be accessible to all specially women, children, old and disables, close to the villages with considering privacy and suitable timing.</p>	2017											X	X
<p>Activity 1.2.1: Establishment of WASH Committees:</p> <p>IMC at the initiation of the project will work closely with community, key stake holders and government line agencies. The idea would be to initiate a consultation process to strengthen the position of vulnerable groups like: women, children, aged and physically challenged in its WASH interventions by mainstreaming protection issues and affirming their position and participation in local WASH committees. Throughout the proposed project IMC will establish 8 WASH committees in Urgan and Marawara Districts.</p> <p>Each WASH committee will be comprise of 8-10 volunteers (male and female) from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities.</p> <p>The WASH committee members will receive a 5- day training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as a communication platform between the community, project staff and local government officials. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines and boreholes to ensure safety and accessibility, as well as cultural appropriateness. In addition, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.</p> <p>The WASH committee members are from the same community and will be the source of information and has direct contact with victim or is witnesses. The WASH committees will receive 2- day training on GBV concept and referral through this project and will identify any protection concern cases and will refer to the psychosocial consolders, health facilities or UNHCR local concern representative. In addition the WASH committee's members will have great role in advocacy and follow up of actions. The project activities will be share with UNHCR protection section at the beginning of project and UNHCR can use the established WASH committees for protection monitoring at the community level. In addition, WASH committees can aware people on available complain mechanism in their areas.</p>	2017												X
<p>2018</p> <p>X X X X X X X X X X X</p>	2018	X	X	X	X	X	X	X	X	X	X		
	2018	X	X	X									

<p>Activity 1.2.2: Construction of VIP Latrines:</p> <p>International Medical Corps in close coordination of WASH committees will identify the sites within the beneficiary households that ensure the safety, dignity and privacy of the beneficiary specially women and girls, old and disables as per sit criteria for site selection. In addition, IMC's WASH technical/engineering designs seek to prevent or minimize incidence of gender-based or other forms of violence. Examples include 1) proper positioning of facilities identified through focal group discussions with girls, women, and the physically challenged. 2) introduction of lights, locks, and privacy screens, 3) hire equal number of female and male volunteers, and ensure that women are included in the decision making process as part of the leadership in IMC structured water and sanitation committees. IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed.</p>	2017														X
<p>Activity 1.2.2: Provision of medicines / medical supplies :</p> <p>International Medical Corps will also purchase medicines / medical supplies as per the MoPH standard essential list from prequalified venders by IMC and will make sure that the mobile health facilities are supplied regularly, enabling them to serve to the underserved people and IDPs in hard to reach district of Paktika province in Urgon district .</p>	2017													X	X
<p>Activity 1.2.3: Ante natal care services :</p> <p>International Medical Corps will provide ante natal care services to pregnant women by midwife as per MOPH agreed services and will provide clean delivery kits to all pregnant women through the mobile health teams in the 3rd trimester of pregnancy to promote clean home delivery for those who have no access to delivery services by skilled health personnel. The midwife will then provide education on its usage and benefits to mothers and mother- in-laws /elderly women who accompany pregnant mothers.</p>	2017													X	X
<p>Activity 1.2.3: Training of WASH committees on Basic Concept of GBV and referral</p> <p>International Medical Corps will organize 2-day training on basic concept of GBV and the referral for WASH committee's members in Marawara and Urgon districts. IMC proposed 8 WASH committees comprising of 8-10 individual will receive training. The WASH committees members will include women and men where is possible. The training will be delivered by trained trainers.</p>	2017														
<p>Activity 1.2.4: Training of Mobile Health Team Health Staff and CHWs on Psychological First Aid (PFA):</p> <p>30 Community Health Workers (15 male and 15 female) and 6 health staff (2 male, 4 female) from mobile health teams will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. PFA should be offered in community setting liker where distressed children and adult are served like hospital, school and distribution sites for food or other type. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.</p>	2017														
<p>Activity 1.2.5: Training on Clinical Management of Rape (CMR) and GBV identification :</p> <p>International Medical Corps will provide 5- day training on CMR and GBV identification to health staff of Urgon District Hospital and two mobile health teams. 12 (6 male, 6 female) staff will be trained. The training will be organized by trained /qualified trainer on CMR using MOPH approved CMR training curriculum.</p> <p>Health staff trained in CMR and PFA will remain staff of MoPH/Partner who will continue to identify and provide services to the targeted group to address sustainability questions.</p>	2017														
<p>Activity 1.3.1: Baseline and end line survey:</p> <p>International Medical Corps will conduct a baseline survey at the initiation of project and end of project survey in Urgon and Marawara districts of Paktika and Kunar provinces. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. In addition, the baseline will bench mark the specific needs of groups and themes such as girls education, early marriages and physical violence to know and link GBV with WASH when it comes to using WASH services. Moreover, at the 11th month of project the same survey will be conducted to measure the overall impact of the integrated health, WASH and protection programme interventions</p>	2017														X
<p>Activity 1.3.1: Baseline and end line survey:</p> <p>International Medical Corps will conduct a baseline survey at the initiation of project and end of project survey in Urgon and Marawara districts of Paktika and Kunar provinces. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. In addition, the baseline will bench mark the specific needs of groups and themes such as girls education, early marriages and physical violence to know and link GBV with WASH when it comes to using WASH services. Moreover, at the 11th month of project the same survey will be conducted to measure the overall impact of the integrated health, WASH and protection programme interventions</p>	2018	X								X	X				

<p>Activity 1.3.2: Training of Community Hygiene Promoters</p> <p>IMC will ensure that women are included in the community volunteer cadre, this will support the reach out to girls and women. Under the proposed project, IMC will train 36 volunteers (28 in Urgan, 8 in Marawara), in a 5- day training as Community Hygiene Promoters (CHPs). The training topics will include hand washing as well as, water, environmental, personal and food hygiene. The CHPs will organize awareness sessions on above topics to the targeted beneficiaries through International Medical Corps-established mobile health facilities, mosques, school and other community gatherings.</p>	2017												
<p>Activity 1.3.3: Provision of hygiene kits:</p> <p>International Medical Corps will distribute hygiene kits to 2972 families (one kit / family). The contents of kit will be as per WASH cluster standard list. During the hygiene promotion sessions, the participants will receive hygiene kit 1/ family (all targeted families have been targeted to get one hygiene kit). As per CHF recommendation, IMC coordinated with DACAR the availability of hygiene kits for Marawara district. DACAR confirmed that 1350 hygiene kits out of 1479 needed hygiene kits for Marawara district will be provided from DACAR stock in Nangarhar provinces.</p> <p>Hygiene kit will be provided to the poor family of host communities those are living in same areas where there is IDPs. They will be selected through WASH committees and community mobilizers and hygiene promoters</p>	2017												
	2018	X	X	X	X	X	X	X	X	X	X	X	

OTHER INFO

Accountability to Affected Populations

International Medical Corps will share the project design with the IDPs and hard to reach community through the local Shuras, community health workers and community representatives at the beginning of project. The community will be informed on new activities and on its needs. The site for the mobile teams will be selected based on proximity, safety and accessibility to a larger number of affected people, as well as in consultation with the local authorities. The location of boreholes and latrines, will be selected in consultation with beneficiaries through group discussions to ensure that the locations are safe and easily accessible by all community members, with special consideration of the needs of women, girls, those with disabilities, the elderly and importantly it is culturally acceptable. WASH committee and Community Hygiene Promoters will be selected in consultation with the community elders. International Medical Corps will sign a MOU with WASH committees and District Governors to identify their roles and responsibilities and make them accountable to their duties.

International Medical Corps will also meet with PPHD, MRRD and BPHS implementer NGO to provide an orientation and ensure clear communication about the goals and purposes of this project, and to answer any questions and concerns. The project will also be shared with other stakeholders during monthly Provincial Health Coordination Committee (PHCC), meetings to promote communication, receive feedback and facilitate joint decision- making. In order to have a feedback mechanism, the staff, community, CHWs and PPHD will be consulted to attain their opinions and inputs. Focus group discussions will be conducted with community elders and CHWs about the services to cope with emergencies, gaps, solutions/recommendations and sustainability. International Medical Corps will prioritize the safety and dignity of beneficiaries at each level of services. Safety measures will be placed during the health, WASH and GBV services. 100% of infection prevention measures will be put in place in order to protect the patients from further harm of serious infection, such as Hepatitis B, C and HIV.

International Medical Corps will provide the services with dignity and respect to all beneficiaries, and without discrimination of gender, ethnicity, political affiliations or religion. Feedback will be taken from beneficiaries to ensure that all the targeted vulnerable groups of people have equal and impartial access to the services. Feedback will be taken through the suggestions boxes, WASH committees and the Health Shura to ensure that all the targeted vulnerable groups of people have equal and impartial access to the health services. International Medical Corps will involve WASH committees in monitoring of project sites. An action plan will be prepared for filling of the gaps in reaching the equal and impartial access of the services.

Implementation Plan

During the first month of project IMC will recruit, orient and deploy the key project staff. The project implementation plan and monitoring tools will be developed. The project will be coordinated with the protection cluster, health and WASH clusters, PPHD, MRRD, BPHS implementers and other stakeholders in field and Kabul. For smooth implementation of project MOU will be signed with MRRD and MOPH and DOWA. The communities will be consulted and informed about this project. Volunteers, who are interested in WASH will be selected for the WASH Committee, as per MRRD selection criteria WASH committees and for health Shura as per MOPH section criteria. The preparation for the construction of emergency room in Urgan DH will be started in the first quarter of the project, while the actual construction will be started in the second quarter. From the second and third month, IMC will organize capacity building activities, using MoPH/ Cluster -approved training curricula.

Community Hygiene Promoters will be selected in consultation with the WASH committee and will receive a 5-day training on healthy hygiene and sanitation practices. IMC will provide mobile health services through 2 mobile health teams to the remote villages one day per week per village in Urgan district. The mobile services will include PHC services and blanket psychosocial support / counseling. The mobile services schedule will be shared with community health mobilizers and the community will be informed through community health mobilizers about the mobile services. Each mobile health team will consist of one nurse, one midwife, one vaccinator and one psychosocial counselor. Medicines, medical supplies and medical equipment as per MOPH standard essential list will be purchased and will be shifted to field on quarterly basis as per consumption report. IMC has identified beneficiaries, which are in need of latrines, in the targeted districts. The latrines will be constructed using locally available material in those communities. The locations for the latrines will be finalized in consultation with the IDPs and local communities. The boreholes sites will be selected in consultation with the communities prior to their design and construction. IMC will chlorinate the boreholes after completion and also will chlorinate water storage at the household before and after construction of boreholes. IMC will provide mobile blanket psychosocial support / counseling to IDPs and hard to reach people in Marawara district of Kunar province. The psychosocial counselors will provide psychosocial support and counseling to IDPs and hard to reach communities in group and individual sessions every day. The GBV survivors will be referred, if necessary, for further services such as advanced mental health, medical services and Directorate of Women's Affairs. All case records / referral records will be kept confidential. Taxi fares will be provided to the GBV survivor's. The mobile services will be staffed by a community mobilizer and a psychosocial counselor and a community midwife. The team will mobilize the community through community elders and the location for awareness health mobilizers will be selected where the women and girls are comfortable to attend. The IDP women / girls and men will receive awareness on GBV, protection issues, women and human rights. IMC will train health staff on GBV Identification, basic treatment, referral, CMR and Psychological First Aid who provide quality services to GBV survivors. In addition, IMC will provide training on GBV concept and referral to WASH committee's members and will organize community dialogues on basic concept on GBV, rights to health and other human rights issues.

IMC will attend all coordination meetings at the field and Kabul to share the project information and coordinate with others and share monthly activities report with cluster and quarterly report to CHF through GMS. Financial report will be submitted on quarterly basis to CHF.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Health Cluster	Share project progress , issues , attending all cluster meetings
WASH cluster	Sharing project design , progress , constraints , attending all cluster meetings
Protection / GBV sub cluster	Sharing project progress , challenges , attending all cluster meetings
PPHD	Share project design , location , attending PHCC meetings and project progress
MRRD	Share project design , progress and attending all coordination meetings
DOWA	Share project , project progress , challenges and attend coordination meetings
local authorities	Share project design , consultation on sites selection and get their support in project implementation
Community elders	Share project design , consultation on sites selection , seek their support in solving issues ,
OHPM and AMI	Coordinate project activities , invite their health staff for trainings
GCMU	Share project activities and construction design
AADA	Share project activities and coordinate referral of GBV cases to Asadabad Family Protection Center
UNOCHA/CHF	Share project progress , any issues / challenges , attend all coordination meetings at national and provincial level
UNHCR	Share project activities , attend protection cluster meetings at field and Kabul . Share progress report , any issues , challenges of returnees and IDPs

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

IMC, following its organizational policy, will focus on mainstreaming gender at all levels by giving equal employment opportunities to female staff as well as educating the community on the importance of utilization of services equally by women, children, adolescents and men. IMC will segregate women and men in the needs assessment (context/background) process and the analysis will be reflected and logically connected in project activities and outcomes. At the outset of the project, IMC will also identify the female headed households to be targeted for certain activities through WASH committee and community elders.

The activities proposed are directly responsive to gender needs and is likely to make a positive contribution to gender equality. The proposed activities and services specifically address the needs of women, girls as well as men and boys people with disability and elders. IMC will inform the community about the availability of female staff in the mobile teams through the local health shuras, which will also serve to increase local men's acceptance of women seeking and receiving healthcare, given that the lack of female health staff has been identified as a major impediment to women seeking healthcare and their spouses/ family allowing them to be attended to by male staff. Women's decision-making power, in turn, will increase as they will be taken seriously when requesting care. Separate female counselling/awareness sessions and group discussions will also facilitate gender sensitive communication, guidance and support for women. The community will be assured of the privacy of their female patients. In addition, IMC will take efforts to ensure that women's needs and rights are addressed in the upgrading of services, increased staffing levels, and the re-evaluation of the hospital layout and patient flow, both at the outpatient department and in-patient department levels. While conducting training/capacity building programs, IMC will fully observe the proportion of male trainees against female trainees and will encourage females to participate in the trainings. IMC plans to ensure the privacy of the female participants by conducting separate trainings for them, when necessary.

Women and girls in Afghanistan are most often the primary users, providers and managers of water in their households and are the guardians of household hygiene. If a water system breaks down into disrepair, women are the ones forced to travel long distances over many hours to meet their families' water needs. Therefore, IMC will encourage women elders to participate in WASH committee meetings and as well as in the decision making process of water sanitation activities, including the selection of water points so that women can easily reach them and in locations that are culturally acceptable. The proposed project will be targeting hard to reach populations in Paktika and Kunar Provinces, inclusive of all age groups and genders.

The mobile services will serve as a cornerstone of comprehensive programming in emergency contexts to provide blanket psychosocial support to IDPS including women and girls. Furthermore, this will increase their access to critical services and reduce their vulnerability to gender-based violence. The proposed services will offer a friendly and safe environment for survivors of violence and women and girls in general. These activities will build the confidence of women as well as empower them. In particular, this provides an atmosphere to women and girls in which they feel comfortable, safe and supported in seeking confidential services. This project will refer the vulnerable IDPs and GBV survivors to advanced services and IMC will provide transport cost for those who cannot afford. This activity will address the critical needs of the traumatized IDPs and GBV survivors by bringing their life back on track.

Protection Mainstreaming

IMC is committed to provide services with respect and dignity to the beneficiaries and is committed to avoid harm and ensure privacy, confidentiality and accessibility of beneficiaries to the services. . IMC will provide services where women can easily accessed. These areas needs to be accessible by road and safe from threat of violence. The privacy and confidentiality will be considered during counseling and the referral of survivors. In order to maintain the personal privacy, the survivors' history will be recorded with their consent. The information of survivors will not be shared with unrelated staff or their community.

Safety measures will be placed during the healthcare, WASH and GBV services. 100% infection prevention measures will be put in place in order to protect the patients from further harm of serious infection such as Hepatitis B, C and HIV. The location of boreholes and latrines, will be selected in consultation with beneficiaries through group discussions to ensure that the locations are safe and easily accessible by all community members, especially women, girls, those with disabilities, the elderly and locked and lighted. This will also ensure that the locations are culturally acceptable. The WASH committees will not only build a sense of community ownership of project activities, but will also represent the communities to the project staff. They will take on leadership positions, to ensure that facilities are well- maintained and kept clean, and so that the communities' participation and contribution is included in the management and operation of WASH facilities. IMC will sign a MOU with these committees to empower them as well, to make them accountable for to their duties. The trained Community Hygiene Promoters will educate and make community members aware about the importance of community's participation in hygiene and sanitation. Latrines, and boreholes will be handed over to the community as per standard MRRD hand over procedures and the MOU so that the community is made accountable for future maintenance.

Impartiality will be maintained and the priority will be given to those who need immediate care. IMC will ensure that all patients receive the care in a timely manner. Vulnerable conflict-affected groups in Paktika, such as people living with disabilities, women and children, will be provided equal and impartial access to the health care. In addition, the PFA training will help with better understanding the needs of the elderly and disabled people during emergencies and train staff on how to provide better care and special attention.

Community Based Feedback Mechanism (CBFM) will be in place in order to ensure that affected communities ,we wish to assist have safe, accessible and dependable channels to voice their concerns and raise issues to IMC about the quality and performance of our programs, as well as the conduct of our staff. Additionally, we should always let communities know what actions have been taken as a result of their feedback if something is outside our control, or not appropriate for the project, we need to let them know that too. In order to have a feedback mechanism from the beneficiaries, a complaint/suggestion box will be placed in each site and information will be provided to the beneficiaries on the importance of their feedback for project improvement. In addition, the phone hotline numbers and emails will be displayed in each site and in accessible for the beneficiaries. IMC has a code of conduct in place that all staff, partners and volunteers read, train and sign, and which explicitly mentions prohibition of sexual exploitation and abuse of affected communities.

Country Specific Information

Safety and Security

Marawara District is one of the 15 districts in Kunar Province which has border with Pakistan to the east, with Sarkano District in the west, with Asadabad district to the west and northwest, and Asmar district to northeast. Marawara district is located around 6 Kms away from the Asadabad city (Capital city of Kunar province). The security condition in all parts of this district is not very secure, especially the upper part of the district. From September 01 to Sept 21, 2017, around 15 security incidents has been recorded in Marawara district, and most of the time firefight and armed clashes between Afghan National Security Forces (ANSF) and AOG fighters is going on in multiple locations of Marawara district. Recently (on 09 August 2017), at least two Daesh fighters were killed in an explosion in Marawara district. According to the report, the militants were busy planting an Improvised Explosive Device (IED) which went off prematurely, leaving both the militants dead. On the other hand, Urgon district is a comparatively secure district in Paktika Province. Approximately, 85% of the district area is under the control of the Government and the remaining 15% area (e.g. Perkoti and Dara villages) is under the control of Taliban. The trauma cases reported during the last one month from around the Urgon district include 40 war injuries and 60 traffic related trauma cases. There were also 3-4 cases of robbery reported.

Much of the recorded incidents in the targeted districts, perpetuated by the militants, are IEDs, indirect fire and small arms attacks against ANSF posts and personnel. These attacks usually have collateral damage on the local population, and often NGOs working in the area are greatly affected in terms of access and mobility, especially in the isolated villages. General major threats in both Marawara and Urgon Districts include armed conflict, terrorism, roadside bomb blasting, kidnapping, crime and target killing. The main threats facing NGOs include roadside IED explosion, kidnapping and armed clash on the main roads like AOG attacks on ANSF.

IMC has been working for more than 10 years in very remote and conflict-affected areas of Kunar and Paktika Provinces and is well aware of the insecurity and challenges. IMC has a comprehensive security strategy in place and a dedicated security team to manage these risks to staff and beneficiaries, and has had considerable success in the past in achieving program objectives without placing staff and beneficiaries in danger. The proposed target districts are areas within which IMC has had a history of working, and this program will build off the existing relationships and community acceptance that IMC has worked to establish over the years.

The main credibility and strong point of IMC is being neutral, transparent and accountable for its activities. Therefore, IMC's all programs have always been supported by the local population and community shuras like Religious Leaders and Community Elders. IMC will work closely with communities to gain local communities' acceptance and to engage local interlocutors/powerbrokers prior to arrival. IMC will consider advance planning and engagement with local actors as essential in these areas. IMC will also ensure that project staff travel with low profile vehicles, and to sanitize travel party's persons and belongings of any symbols or assets that may be associated with conflict actors, as to avoid raising undue suspicions. All IMC staff members are required to respect local customs and religious norms. Daily travels will be communicated with Security Department to get the current information and confirmation on the travel conditions. Considering all above analysis and given the security precautions in the targeted districts, IMC will be able to easily run operations in the area.

Access

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BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director	S	1	15,941.60	12	8.33	15,935.22

	<p>The Country Director will have overall control and management of the program. He will be involved in the coordination and provide guidance in program policy issues. Together with FAD, CD monitors compliance with local law, makes IMC policy and procedures mandatory in field office and ensures internal control is in place. He also reviews proposal, donor reports, monthly-pipelines and ensures the program stays financially on-track alongwith FAD and PD. He will be the primary liaison between in country Donors, Government officials and other NGOs. He will oversee the program implementation as per the proposal. He will be reviewing all reports before submission to the donors. It is estimated that 8.33% of his time will be devoted to this project.</p>						
1.2	Finance and Admin Director	S	1	13,54 5.50	12	8.33	13,540.08
	<p>"The Finance and Administrative Director (FAD) will have overall strategize, supervise, control and management of the Finance, HR and Administrative aspects of the program. He will be involved in the coordination and provide guidance from the beginning of program formulation stage to throughout the implementation. The FAD and CD ensure that Field Office policies are in compliance with local law and non-compliance report to Regional Finance Coordinator as part of dual role of FAD. He will be responsible for the donor and HQ financial and administrative reporting. He will also be the administration focal point ensuring all the local laws are adhered to in all IMC operating countries He oversees the daily management of HR/Admin (& logistics quality management and reporting) and Finance and together with Country Management Team ensures efficient and effective use of field office's fund. He will represent the organisation with the relevant stakeholders and coordinate and ensure quality of audit, donor reporting and other management aspects along with relevant team members. It is estimated that 8.33% of his time will be devoted to this project.</p>						
1.3	Operation Advisor	S	1	12,97 5.00	12	8.33	12,969.81
	<p>He/She is responsible for managing safety and security issues in the country and advising the Country Director and expats on all security related issues. He will review, update and implement security protocols and ensure adherence to the security plans, provide program and site security assessments and ensures risk mitigation strategies are in place to sustain quality programming. Security training will be provided to staff to enable them to responsibly and safely implement IMC programs in tenuous operational environments. IMC routinely includes costs for expatriate and national staff security training in the budgets for programs in insecure environments. Estimated time devoted for this project is at 8.33% for this project.</p>						
1.4	WASH Senior Coordinator (WASH and Civil Engineering) Coordinator	D	1	2,318 .00	12	50.00	13,908.00
	<p>"WASH and Civil Engineering Coordinator will be responsible for the implementation of WASH activities in the field site and will make sure activities are carried out within the budget and implementation management time frame. He will support the field level team, coordinate with provincial authorities and, stakeholders, and participate in WASH Cluster at national and provincial level organized by UNICEF, WSG organized by MRRD, Hygiene Group organized by MOPH and WTWG organized by DACAR. In addition he will design the Urgan district hospital emergency room layout, latrines and boreholes. He will do the monitoring of construction activities under this project. He is project budget holder of WASH part and responsible for preparation of project budget pipeline, procurement plan on monthly basis He is based in Kabul with frequently visit to field. 50% of his time will be charged to this project the salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.5	Program Coordinator	D	1	2,648 .00	12	50.00	15,888.00
	<p>He is directly responsible for project implementation at field, on the job training to staff, medical supplies / medicines management , monitoring, coordinate with EPHS project, PPHD, BPHS implementer and other stakeholder including community elders where need and will represent IMC in the cluster meetings , attend PHCC meeting at provincial level and health coordination meetings organized by MOPH at Kabul level . He is project budget holder of health part and responsible for preparation of project budget pipeline, procurement plan on monthly basis. In addition he is responsible for implementation of protection activities in Urgan district and also will deliver training on GBV identification to WASH committees memeber in both Paktika and Kunar provinces . 50% of his time will be charged to this project the salaries included 8.33% employee Assistance benefit and 2% food allowance.</p>						
1.6	HMIS/ M and E Coordinator	D	1	2,076 .00	12	10.00	2,491.20
	<p>"S/he is responsible for monitoring of the project activities. Collecting monthly HMIS data, as well as the responsibility to compile, analyze and report to senior management, WHO and MOPH. Provide feedback to the field sites on monthly and quarterly basis and follow up of actions. Conduct regular monitoring visit to the field sites. Develop questionnaire, plan and implement baseline and end line survey under WASH activities, analysis and report to IMC and CHF. He will train field officers on how to develop project management tool and implement. He will attend the psychosocial support, community dialogues services and provide feedbacks for team for improvement of project implementation. He will do Post Distribution Monitoring at field level and also is responsible for collecting / implementation and reporting Community Based Feed Back Mechanism (CBFM) at the field level and report to directly to country director and IMC HQ.</p>						
1.7	WASH Officer	D	2	1,200 .00	12	100.00	28,800.00
	<p>Will be responsible for supervising, monitoring of WASH activities in project implementation sites. He will monitor the project's progress and will improve coordination at the district and provincial level. He will train the WASH committees, attend all WASH committee meetings and provide feedback to the WASH committees. Support program coordinator in raising awareness on GBV and rights to health among WASH committee's members. He will be responsible for training of community hygiene promoters along with hygiene promoters 100% of his time will be charged to this project. The salaries included 8.33% employee Assistance benefit and 2% food allowance</p>						
1.8	Hygiene Promoters/Community Mobilizer	D	8	386.8 2	11	100.00	34,040.16

	<p><i>Will be responsible for the hygiene promotion at the community level through organizing sessions, training of community hygiene promoters, monitoring and supportive supervision of hygiene promotion sessions by community hygiene promoters, collecting beneficiaries list. 100% will be charged to this project. The salaries included 8.33% employee Assistance benefit and 2% food allowance. (Hygiene promoters per month salary 350USD and total number of position 6 for 12 month)</i></p> <p><i>Community mobilizer will be responsible for community mobilization for WASH committee selection, community awareness on WASH, GBV and health, mobilizing community to attend the sessions, inform communities on community dialogues events on GBV, community participation in boreholes and latrines site selections and will be responsible for coordination with local authorities at the village level. 100% will be charged to this project (Community Mobilizer per month salary 400 for two position for 11 month)</i></p>							
1.9	Field Health Officer	D	1	1,200.00	12	100.00	14,400.00	
	<p><i>Field health officer will be based is in Urgon district. He will be responsible for all day to day project implementation He will coordinate with the community the site selection for mobile health team. Prepare working schedule for mobile health team and share with community elders. He is responsible for coordination at the villages' level. He will conduct supportive supervision from mobile team activities and provide on the job training. Attend Health Shura meetings and share the meeting minutes with seniors at Kabul. 100% S/he time will charge in this project</i></p>							
1.10	Nurse/ Doctor /Midwife for mobile team	D	4	585.00	12	100.00	28,080.00	
	<p><i>2 nurses/doctors are head of mobile health team and will travel to underserved areas with midwives, vaccinators, psychosocial counselors. They will provide primary health care service (eg. OPD, health education, nutrition screening, registration of patient, getting contact information etc.). Nurses/doctors will prepare monthly plan, retain hard copy of MIAR report. In addition of the above, HF team leader will have good communication and coordination with local communities. S/he will spend 100% time in this project.</i></p> <p><i>2 Midwives will provide ANC, PNC, PF, and IYCF counseling, under 5 years children and PLW women nutrition screening, health education, vaccination to the female clients. Midwives will prepare their monthly activity report. They will participate in staff meeting and will travel to target areas based on schedule and plan. Midwives salary will be charged 100% to this project.</i></p>							
1.11	Vaccinator for mobile team	D	2	200.00	12	100.00	4,800.00	
	<p><i>Vaccinator will travel to underserved area with other staff and will provide EPI service. will prepare monthly plan, register client, prepare defaulter list and share with community. Health education about benefits of vaccination, will take vaccine supplies from neighboring health facilities. 100% of vaccinators salary will charged from this project.</i></p>							
1.12	Pharmacy Assistant	D	1	650.00	11	100.00	7,150.00	
	<p><i>Pharmacy Assistant will do quantification, distribution of medicine and medical supplies for each mobile team and will provide lifesaving medicine and medical supplies toUrgon DH emergency room and OT based on their consumption report. Pharmacy assistant will apply Rational Use of Drug standards during distribution of medical supplies and medicine, will do supervision from mobile health team service delivery and will make sure distribution of medicine as per prescription. the position will be charged 100% from this project</i></p>							
1.13	Psychosocial Counsellor	D	4	450.00	11	100.00	19,800.00	
	<p><i>Psychosocial Counselor will be part of mobile health teams and mobile psychosocial support / counseling services She will travel to villages as per working schedule. She will provide blanket community based psychosocial support /counseling to the women at the community level as a group and individually. She will provide counseling to GBV survivors as well. She will refer cases in need of advanced services to Urgon district hospital, FPC in Asadabad Kunar province. The position has charged 100% from this project.</i></p>							
1.14	Community Mobilizer for Protection	D	2	400.00	11	100.00	8,800.00	
	<p><i>Will be responsible for conducting community mobilization sessions on GBV and enhance community awareness about GBV in coordination with local community and will improve coordination at district and village level. Mobilize community for community dialogues events, attending awareness sessions on GBV and rights to health. 100% will be charged to this project</i></p>							
1.15	Community Midwife for Protection	D	2	500.00	11	100.00	11,000.00	
	<p><i>Community midwife will be part of mobile psychosocial support / counseling services and provide awareness session on health topics especially reproductive health and right to health. She will be a link between communities and mobile psychosocial support / counseling services. She will work jointly with psychosocial support consoler.</i></p> <p><i>The position has charged 100% from this project.</i></p>							
1.16	Finance Assistant and Logistic Assistant Paktika	D	2	575.00	11	100.00	12,650.00	
	<p><i>The Finance Assistant is based in Paktika and responsible for the field accounting, preparing vouchers, handling petty cash. And working very closely with the finance teams in Kabul office to ensure proper cash flow and adherence of policy and procedures at field level. 100% of her or his time will be charged to this project. The salaries included 8.33% Employee Assistance as per our staff handbook and labor law and 2% food allowance as well.</i></p> <p><i>Logistics Assistant is based in Paktika office and responsible for all logistics matters. 100% of his time will be charged to this project. The salaries included 8.33% employee assistance as per our staff handbook and local labor law and 2% food allowance as well.</i></p>							
1.17	Guards/Cleaners/Cook/	D	8	159.56	11	100.00	14,041.28	

	<p><i>The Guards and Cleaners provide support to field office. 100% of their time will be charged to this project, because they are direct field based staff. The salaries included 8.33% employee Assistance benefit and 2% food allowance. IMC will open new office for this project in Urgon district where one Guard from 8am to 4PM, 2nd guard from 4-12am and 3rd guard from 12 am to 8am. One cleaners/cook for Urgon office . 2 guard will accompany mobile health team during provsion of health services in order to contral crowd and for safety of mobile health team . These positions are charged 100 % to this project .</i></p> <p><i>and two Guard will accompany mobile psychosocial support / counseling services in order to control crowd and provide safety for staff as well. 100% of their time will be charged to this project.</i></p>						
1.18	Program Director	D	1	3,243.78	12	10.00	3,892.54
	<p><i>Program Director: is based in Kabul office. She will be responsible for managing all the aspects of the program, liaising with the CHF and other agencies involved in programs, and ensuring that activities are carried out according to the approved program goal and objectives and implementation time frame. In addition, she is the focal point for CHF online GMS as well. She will devote at least 10% of her time to ensure quality control as well as compliance with donor guidelines.</i></p> <p><i>The salaries included 8.33% employee Assistance benefit and 2% food allowance</i></p>						
1.19	Program Development/Communication Coordinator	D	1	2,080.00	12	10.00	2,496.00
	<p><i>His based in Kabul office, he is responsible to ensure the timely submission of program reports to the donors and country management. He is responsible to provide orientation to field on reporting requirement and success stories. 10% of his time will be charged to this project .</i></p>						
1.20	Sr. Finance Manager/Finance Manager	S	2	2,543.00	12	10.00	6,103.20
	<p><i>Senior Finnace Manager ensure the field accounting, responsible for designated pipelines and review the cash flow to and from the field. He will also be expected to maintain national staff payroll and to pay the field staff. He will be expected to rove in all the Field sites to ensure donor /IMC compliance on all the payments made. He will be expected to ensure all the financial reporting is done on timely to the FAD. They will be reporting to the FAD and receive overall guidance to ensure improve delivery and full compliances. He is expected to devote 10% of his time to this project.</i></p> <p><i>Finance Manager: is based in Kabul office. He will be responsible for the field accounting. Responsible to enter all the financial transactions into accounting software Cost point. Review field finance transactions, regularly visit to the field locations and provide on the job training to the finance staff. He is also responsible to make sure all the finance documents are scanned and provided to HQ on time. 10% of his time will be charged to this project</i></p> <p><i>The Salary included 10.33% staff benefit, which include 8.33% for Employee assistant and 2% for foods allowance.</i></p>						
1.21	Sr. HR/Admin Manager	S	1	2,800.00	12	10.00	3,360.00
	<p><i>This position is located in Kabul and responsible to track staff records and calculate monthly payroll, hiring of new personnel, staff contract extension, dealing with the legal matters. They are responsible to arrange the international staff visa, work permit, travel arrangement, renewal of all the lease arrangements for all field locations. They are also responsible for processing recruitments, facilitate mandatory training courses, performance appraisal maintain HR database, providing IT supports to keep things functioning. 10% of their time will be charged to this project.</i></p>						
1.22	Logistics Manager	S	1	1,466.00	12	10.00	1,759.20
	<p><i>Logistics Manager: is based in Kabul office and responsible for overall logistic operations between country office and field offices. He is responsible to make sure all the procurement should be done on timely basis. Staffs are fully trained in procurement policies and procedures. Provide the updated procurement plan to the Country and HQ management. The 10% of his time will be charged to this project.</i></p> <p><i>10% of his time will be charged to this project.</i></p> <p><i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i></p>						
1.23	HR Officer /Transport Officer/Senior IT Officer	S	3	1,121.00	12	10.00	4,035.60
	<p><i>HR Officer will be supporting this project in recruitment, HR administration and reporting and recording . She will be responsible to track staff records and calculate monthly payroll, hiring of new personnel, staff contract extension.This is estimated to spend about 10% of her time throughout the project period.</i></p> <p><i>The salaries included 8.33% employee Assistance benefit and 2% food allowance. Transport Officer who will be managing and coordinating ground transportation including management of rented vehicles, will spend approximated 10% of his time throughout the life of this project.</i></p> <p><i>The salaries included 8.33% employee Assistance benefit and 2% food allowance. IT Officer will provide IT related support to this project, is estimated to spend 10% of his/her time for the entire period of project.</i></p> <p><i>The salaries included 8.33% employee Assistance benefit and 2% food allowance.</i></p>						
1.24	1 Mechanic /2 Cleaner/4 Guards/3 Driver	S	10	444.13	12	10.00	5,329.56
	<p><i>1-Mechanic, 4 Guards, 2 Cleaners, 3 drivers who are based in Kabul office but related to supporting this project. It is estimated that 10% of their time will be spent for the entire period of project.</i></p> <p><i>The salaries included 8.33% employee assistance as per staff handbook and local labor law and 2% food allowance.</i></p>						
1.25	Security Assistant	D	1	650.00	12	100.00	7,800.00

	<p>He will be based in Kabul province with frequent visit to field . At the beginning of project, he will visit both Paktika and Kunar provinces to assess the mobile health team and mobile psychosocial support / counseling services sites and villages for safety and security of staff. He will provide awareness and safety / security training for field staff, guards specially guards who accompany mobile teams and share security SOP and how to mitigate the security risk during project implementation. He will implement all Security Protocols and participate actively in collecting information related to Security in order to inform the field and main offices. In addition, he supervise the guards, manage their duty roster and tasks, wherever they are hired, He will regular visit the field with mobile teams. He will maintain communications, to prepare and maintain an Emergency Communication System. 100% of his/her time will be charged to this project, because they are direct field based staff</p>						
	Section Total						293,069.85
2. Supplies, Commodities, Materials							
2.1	Drilling Boreholes	D	54	1,562.50	1	100.00	84,375.00
	<i>this budget line will cover 54 drilling boreholes in Urgun and Marawara districts. see more detail in BoQ</i>						
2.2	Construction of Latrines	D	200	601.75	1	100.00	120,350.00
	<i>This budget line will cover all construction cost of 200 latrines in Urgun and Marawar districts.see more detail in BoQ</i>						
2.3	Jerry cans for water Fetching	D	1890	4.00	2	100.00	15,120.00
	<i>this budget will cover the cost of jerry cans and distribution to community.</i>						
2.4	Hygiene kit	D	1	23,890.34	1	100.00	23,890.34
	<i>this budget will cover the cost of Hygiene kits and distribution to community.</i>						
2.5	Spare parts and tools for mechanics	D	1	916.00	1	100.00	916.00
	<i>this budget will cover the cost of hand pumps spare part and tools for mechanics for operation and maintenance</i>						
2.6	Incentive for Community Hygiene Promoters	D	36	20.00	10	100.00	7,200.00
	<i>This budget line will cover the cost of incentive for Community Hygiene Promoters to encourage and motivate them to perform good hygiene promotion session in targeted areas.</i>						
2.7	5 day Training of Community Hygiene Promoter on Hygiene promotion and WASH Committee Members training fee and per diem /Training for Mechanics	D	1	3,900.00	1	100.00	3,900.00
	<i>This budget line will cover the cost of training and refreshment. And This line covers the cost of trainings participants per diem . Training for Machnics \$5 for 8 person for 10days total budget is \$ 400</i>						
2.8	Emergency Room and Triage Area Construction	D	1	51,954.73	1	100.00	51,954.73
	<i>To address the space and infrastructure limitation at Urgon DH, International Medical Corps with coordination of Paktika PHD and after GCMU approval will construct emergency room, triage area and minor surgery room.</i>						
2.9	Urgon DH OT section renovation	D	1	7,345.93	1	100.00	7,345.93
	<i>IMC will do renovation of OT (tiling, painting, plumbing and establishment of electricity system). This line will be used to do renovation of existence OT section. IMC will do renovation of OT (tiling, painting, plumbing and establishment of electricity system). This line will be used to do renovation of existence OT section.</i>						
2.10	Urgon DH Emergency Room Equipment	D	1	14,097.11	1	100.00	14,097.11
	<i>To provide quality trauma care services to shock affected people, IMC will purchase required equipment to newly constructed emergency room. This line will be used to procure and reposition medical equipment that are needed for reactivation of the new emergency room at Urgon DH</i>						
2.11	Medical supplies for Urgon ER and OT Section	D	1	7,683.38	1	100.00	7,683.38
	<i>International medical Corps will provide lifesaving emergency medical supplies to Urgon DH emergency room and OT section based on consumption report</i>						
2.12	Medical Equipment for Urgon DH OT Section	D	1	10,794.02	1	100.00	10,794.02
	<i>International Medical Corp will purchase needy medical equipment as per prepared BoQ for Urgon DH OT room for providing quality trauma service to shock affected people.</i>						
2.13	Medical Supplies and Equipment for Urgon Ambulance	D	1	428.95	1	100.00	428.95
	<i>To provide quality trauma service during referral of shock affected patient, International medical corps will provide emergency lifesaving emergency medicine and medical supplies to Urgon DH ambulance. Supplies will be provided to ambulance based on consumption report</i>						

2.14	Triage Area required Supplies and equipment	D	1	2,119.40	1	100.00	2,119.40
	<i>International Medical Corps will purchase needy supplies and equipment for triage area to do proper screening of server trauma and shock affected people.</i>						
2.15	Simulation exercise and required Supplies	D	1	641.04	1	100.00	641.04
	<i>To improve private section and hospital staff capacity for mass casualties management will do simulation exercise. This line will be used to cover the costs of training materials including consumable supplies for simulation exercises</i>						
2.16	Lifesaving emergency medicine for Urgon OT and Emergency Room Section	D	1	5,206.71	1	100.00	5,206.71
	<i>To prevent from stock out and provide needy medicine for shock affected people IMC will purchase lifesaving emergency medicine to Urgon DH OT and emergency room. This line will be used to procure and preposition emergency medicine that are needed for emergency room and OT in Urgon DH.</i>						
2.17	Medicine/Medical supplies for two mobile health teams	D	1	18,200.29	1	100.00	18,200.29
	<i>International Medical Corps will provide medical supplies to mobile health team as per MoPH approved list and prepared BoQ. This line will be used to procure and preposition medical supplies that are needed for both mobile health team and International Medical Corps will purchase medicine from IMC pre-qualified vendor as per prepared BoQ and MoPH essential medicine list. Medicine will be given to underserved community as per well trained doctor/nurse. This line will be used to procure and preposition medicine that are needed for mobile health team</i>						
2.18	Mobile trauma services/Mass Casualty Management training for Ambulance driver	D	1	1,392.00	1	100.00	1,392.00
	<i>During the project period, International Medical Corps will provide a 3-day training on Mobile trauma services to 3 ambulance drivers and one paramedics. This line will cover the costs for transport, stationary, refreshment and lunch of trainees and the trainer. To improve private sector and hospital staff capacity for mass casualties management will conduct three days MCM training. During the project period, International Medical Corps will provide a 3-day training on Mass Casualty Management to 25 people including senior health staff, management and administrative staff of the hospital as well as related staff from PPHD, private sector and local authorities. This line will cover the costs for transport, stationary, refreshment and lunch of trainees.</i>						
2.19	Trainer Costs for MCM Training/PFA Training for 30 CHWs	D	1	1,600.00	1	100.00	1,600.00
	<i>Training will be facilitated by one expert trainer. The trainer will receive training fee. This line will be used to cover the MCM trainer's fee, food, travel and accommodation costs during the MCM training. To Provide psychological support to shock affected people at community level, will provide two day PFA training to 30 CHWs. This line will be used to cover the PFA trainer's and participants fee, food, travel and accommodation costs during the PFA training.</i>						
2.20	PFA Training for Mobile Health team and DH health staff	D	1	680.00	1	100.00	680.00
	<i>This line covers the cost of two days PFA training to 12 health staff from mobile health team and Urgon DH.</i>						
2.21	HMIS Tools and IEC Materials /WASH IEC Materials	D	2	904.89	1	100.00	1,809.78
	<i>The MoPH approved tool (register, tally sheet, reporting different formats and MoPH approved IEC tools) for proper reporting of health facilities activities. Cost of HMIS tools will be charged from this line and also This budget line covers the printing cost of approved IEC Materials from MOPH to Use in Urgun and Marawar district</i>						
2.22	Training of health staff on GBV identification, basic treatment and referral in Marawara district	D	1	3,122.00	1	100.00	3,122.00
	<i>IMC will organize 5-day training on Training of health staff on GBV identification, basic treatment and referral in Marawara district of Kunar province. This line cover the cost of trainer, trainees per Diem, refreshment, lunch and stationaries</i>						
2.23	Community Dialogues /Transport cost for referral of GBV survivors to advanced services	D	1	2,631.30	1	100.00	2,631.30
	<i>International Medical Corps will organize community dialogues events in Marawara district of Kunar and Urgon district of Paktika provinces to raise awareness on GBV, human rights, women rights, early / forced marriages and consequences of GBV on health and transportation cost for Survivors in need of referral to advanced services</i>						
2.24	Training on Clinical Management of Rape (CMR) and GBV identification	D	1	6,090.00	1	100.00	6,090.00
	<i>International Medical Corps will provide 5- day training on CMR and GBV identification to health staff of Urgon District Hospital and two mobile health teams. 14 (6 male, 6 female) . This line cover the cost of trainer , per diem of trainees , refreshment , lunch and stationaries</i>						
	<i>International Medical Corps will provide 5- day training on CMR and GBV identification to health staff of Urgon District Hospital and two mobile health teams. 14 (6 male, 6 female) . This line cover the cost of trainer , per diem of trainees , refreshment , lunch and stationary</i>						
2.25	2- day Training of WASH committee s members on GBV identification	D	1	2,806.00	1	100.00	2,806.00
	<i>This line covers the cost of 2- day training of WASH Health Committees members</i>						
	Section Total						394,353.98

3. Equipment							
3.1	Furniture	D	1	1,200.00	1	100.00	1,200.00
	<i>International Medical Corps will purchase needy furniture for project staff and mobile psychosocial support / counseling services .</i>						
	Section Total						1,200.00
4. Contractual Services							
4.1	Vehicles rent - Urgon WASH/ Health	D	1	600.00	11	100.00	6,600.00
	<i>To provide quality WASH/HEALTH service in Urgon district of Paktika province, vehicle will be rented for project supervision. This line will be used to rent a vehicle for the field for daily supervision and monitoring of the project.</i>						
4.2	Ambulances for mobile health team	D	2	650.00	11	100.00	14,300.00
	<i>Two ambulances will be rented for Urgon district mobile health teams. Ambulances will take mobile health team staff from urgon sub office to villages for services delivery and back to sub office. in addition of this ambulances will be equipped as per MoPH guideline for referral of sever patient from mobile health team targeted villages to district hospital for advance treatment . Ambulance will be charged 100% from this project.</i>						
4.3	Vehicles rent for Psychosocial support / Counseling Mobile Out Reach in Marawara district	D	2	600.00	11	100.00	13,200.00
	<i>Two vehicles will be rented for Marwara district for psychosocial support / Counseling Mobile out Reach in Marawara. Vehicles will take mobile team staff to field for provision of blanket psychosocial support / Counseling service. Both vehicles will be charged 100% from this project.</i>						
4.4	Vehicles rent for Kunar WASH activities	D	1	600.00	11	100.00	6,600.00
	<i>Vehicles will be rented for project activities in Kuner province in Marawara District. Kunar provinces vehicles will be rented to supervise WASH and Protection related activities. This line will be used to rent a vehicle for the field for daily supervision and monitoring of the project.</i>						
	Section Total						40,700.00
5. Travel							
5.1	Local travel tickets/Cost	D	8	280.00	1	100.00	2,240.00
	<i>Air Travel Local budgeted to cover the cost of flights from Kabul to Paktika and back in case the road transport cannot be used due to insecurity. Program Coordinator, WASH coordinator and M&E coordinator will use the flight ticket. They will visit project at least every two months to monitor the project and provide on the spot support and on the job training</i>						
5.2	International Airfare	S	3	2,400.00	1	8.33	599.76
	<i>The travel cost will cover the FAD, CD and OPA annual leave air tickets. 8.33% of the total travel will be charged to this project.</i>						
5.3	National staff per diem and accommodation	D	150	15.00	1	100.00	2,250.00
	<i>Local/In-country per diems have been budgeted to cover the in country boarding and lodging costs incurred by the staff during their official travels between Kabul and project sites for support and supervision. The international medical Corps per diem rate is AFN 1000 per day and accommodation 1200 AFN (if IMC provide) and if the staff use their own accommodation the cost is 350AFN. The \$64 consist three days visit per diem and three days accommodation for two staff each month.</i>						
5.4	Visa/Departure Taxes/ Work Permits	S	3	500.00	1	10.00	150.00
	<i>Visa/ Departure Taxes/Work Permits: This will cover the cost of obtaining work permits and visas for the international staffs working for the project.10% cost will be covered from this project.</i>						
	Section Total						5,239.76
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Office Rent/Maintenance/Utilities	S	1	7,500.00	12	10.00	9,000.00

	<i>Office Rent/ Maintenance and Utilities for Kabul: This monthly payments are based on average rent for office space , electricity bills, water supply, garbage disposal and other infrastructure charges for the site offices. 10% cost will be charged to this project.</i>						
	<i>The total rent of the office is \$4500 and 3000 is added as utilities and Guest house supplies. Same office is also used for Guest house as well.</i>						
7.2	Urgon and Kuner site office rent/utilities	D	1	600.0 0	12	100.00	7,200.00
	<i>Interantional Medical Corps will establish sub office at Urgon district and Marwara district to run operation smoothly and ensure proper monitoring. This line covers monthly payment of rent and utilities in Urgon and Marwara office. 100% of its will be charged to this project.</i>						
7.3	Office supplies for Urgon and Kuner office	D	1	200.0 0	12	100.00	2,400.00
	<i>Office Supplies: This line item is budgeted to cover costs of basic supplies for everyday work in the sub office</i>						
7.4	Office supplies CO	S	1	2,000 .00	12	10.00	2,400.00
	<i>This line item is budgeted to cover costs of basic supplies for everyday work in the country office</i>						
7.5	Vehicle fuel CO/FO	S	1	1,500 .00	12	10.00	1,800.00
	<i>IMC Vehicle fuel are required for the successful implementation of the project. The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 10% of cost will will be charged to this project.</i>						
7.6	Vehicle insurance Kabul CO/FO	S	1	1,672 .84	12	10.00	2,007.41
	<i>Vehicle insurance: The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 10% of cost will will be charged to this project.</i>						
7.7	Vehicle maintenance CO/FO	S	1	1,200 .00	12	10.00	1,440.00
	<i>Vehicle mentainanceCO/FO . The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 10% of cost will will be charged to this project.</i>						
7.8	Maintenance Equips CO/FO	S	1	500.0 0	12	10.00	600.00
	<i>Maintainance Equips CO/FO . The costs are estimated as per previous International Medical Corps implementation experience within Afghanistan. 10% of cost will will be charged to this project.</i>						
7.9	Bank Charges	D	1	200.0 0	12	100.00	2,400.00
	<i>Bank Charges: Bank charges are to cover the costs incurred on wire transfers between the field and Headquarters, as well as for local Hawallah money transfers fees from Kabul office to field office.</i>						
7.10	Generator/heating fuel FO Urgon and Kuner	D	1	350.0 0	12	100.00	4,200.00
	<i>To keep the power generator running during the power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 100% of the field supplies will be charged to this project.</i>						
7.11	Generator fuel for CO	S	1	2,500 .00	12	10.00	3,000.00
	<i>Generators Fuel and Heating Fuel: To keep the power generator running during the normal power shutdowns period this amount has been budgeted keeping in view the historical costs of the fuel. Fuel for heating will also be covered from this line. 10% of the fuel cost will be charged to this project.</i>						
7.12	Communications/Internet	S	1	1,500 .00	12	10.00	1,800.00
	<i>The communications including internet/internet upgradation and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in office. Around10% of Kabul office relevant cost will be charged to this project.</i>						
7.13	Communications FO Urgon and Kuner	D	1	300.0 0	12	100.00	3,600.00
	<i>The communications including internet/internet upgradation and Maintenance: This includes internet cost, top up cards for program staff and maintenance of internet in the field and sub office. 100% will be charged to this project.</i>						
7.14	Software License	S	1	349.9 5	12	100.00	4,199.40
	<i>This line item is the yearly fees for IMC accounting package software.We have been maintaining customized organization software for accounting, logistics and human resources across the country offices including Afghanistan. It requires annual maintenance fees. A proportionate cost has been allocated here considering the volume of operation of this project.</i>						
7.15	Security upgade	S	1	168.6 4	12	100.00	2,023.68

	<i>sites as well as revise operational security protocols regarding daily movements of staff and assets. It is critical that funding be applied to our proven safety and security systems to increase our ability to remain and continue our work in these high threat areas. As per IMC procedures, Afghanistan has been defined level 4 country where we need to keep allocation for security staff and upgrading @4% of total to ensure proper safety, security due ensuring necessary up-gradation. Based on the above, we determined total amount and divided by 12 months to get the unit cost.</i>						
7.16	Winterization wood - FO Urgon and Kuner	D	1	867.39	5	100.00	4,336.95
	<i>Around four months winterization woods associated with program implementation in the field will be charged to this grant. Of USD 867.39 per month in line with requirement. In total 5months wood required for urgun and a office.</i>						
	Section Total						52,407.44
SubTotal			2,451.00				786,971.03
Direct							694,918.11
Support							92,052.92
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							55,087.97
Total Cost							842,059.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kunar -> Marawara	36	8,317	9,838	6,019	6,270	30,444	<p>Activity 1.1.1 : Construction of boreholes:</p> <p>IMC proposes to develop 54 water sources (boreholes) under the current CHF funding, the breakdown accounts for 36 water points (boreholes) in Marawara and 18 in Urgon. IMC will adhere to MRRD guidelines, One borehole for 30 households and each household comprises of average 7 person. Moreover, IMC in all its interventions puts women at the heart of the intervention, having said that, IMC will ensure that involvement of women is considered at sitting, design and later at delivery levels in terms of O&M. IMC will strongly advocate for inclusion of women in water committees (Shura) to bring additional attention to the needs of vulnerable groups such as women and girls, female-headed households, etc. Moreover, if the water points require rationing of water at certain times, IMC will consult with men and women and take aboard suggestions. IMC WASH team will work WASH Committees to capacity build the committee on roles and responsibilities and safe design and implementation of WASH facilities that mitigate risks of GBV. Moreover, IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed. International Medical Corps will construct boreholes in places with a purpose to provide protection and will follow do no harm policy to promote active participation.</p> <p>Activity 1.1.1 : Establish mobile psychosocial support / counseling services:</p> <p>In order to adopt proactive approach, International Medical Corps will establish two mobile teams, one per two villages that provide mobile psychosocial support / counseling services to women and girls, men and boys. The locations for mobile team will be selected in coordination with community elders , local authorities , Directorate of Women Affairs DoRR</p>

through organizing monthly coordination meetings and attending IDP screening committee meetings. In each team there will be one trained psychosocial counselor who will provide blanket psychosocial counseling to the targeted group in group and individual sessions, one community mobilizer who will be responsible to mobilize community to utilize available services, provide awareness on GBV Prevention, referral points, organize community dialogues and GBV awareness campaigns as well as provide counselling and a community midwife who will provide awareness on live saving basic messages and counseling to the women and girls. In close coordination and consultation of community elders, the sites for mobile teams will be selected. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors that needs advanced support to health facilities, FPC either in Kunar or in Nangarhar provinces where the survivors will receive medical, psychological, and legal and referral support to other departments as per survivors consent as IMC will not have FPC and WFHSs but IMC will pay the cost of transport of referral cases., The transportation cost is for referral out. IMC will refer the GBV survivors those in need of further services to Family Protection Center in Asad Abad or Jalalabad city. IMC will follow up the progress of referral cases. The case management will be in Family Protection Centers. The aim of the mobile teams is not only to contribute in enhancing awareness about GBV among communities but also to provide psychosocial counseling and other related services at doorsteps. This will not only maximize the services' outreach but would also contribute in demand creation for GBV services.

Activity 1.1.2 : Provision of awareness on GBV and rights to health and conduct community dialogues:

International Medical Corps will implement GBV awareness raising activities for the targeted Communities. International Medical Corps will implement GBV awareness raising activities for the targeted communities in Marawara district of Kunar province and Urgan district. International Medical Corps has proposed WASH activities under this project for Marawara district of Kunar province and Urgan District of Paktika province. IMC will integrated the hygiene promotion and awareness on GBV, rights to health for targeted communities. International Medical Corps will use its experience of organizing community dialogues initiative from other provinces to Kuanr and Paktika provinces. International Medical Corps will inform community elders, head of schools, religious leaders, local authorities, DOWA, Women health workers, health facilities head and female staff, official from Haj-e-Awqaf through field project officer, WASH committee's members, community mobilizers to attend the community dialogues. The agenda will be shared with them prior to the event and will be asked to add topics in agenda which will mostly focus on human right, women rights, bad consequences of GBV especially on health, and forced and early marriage. The speakers will be from the participant's. IEC materials with approved messages from MOWA and MOPH will also be displayed. At the end, the speakers will ask the participants for answers and feedback. The community dialogues will be organized every other months. International Medical Corps will organize \ 834 hygiene promotion sessions and at least in 25 % of these sessions; awareness will be provided on GBV, rights to health and referrals points in both districts

Activity 1.1.2 :

Provision of Jerry Cans:

International Medical Corps will provide two jerry cans per family for the collection and storage of safe water. The jerry can will be provided to the boreholes targeted people which include returnees, IDPs and host communities who are living in same area and use the borehole. Jerry can is provided to the poor host family who will be identified by WASH committee, community mobilizers and hygiene promoters.

As per CHF recommendation, IMC coordinated with DACAR the availability of Jerry Can for Marawara district. DACAR confirmed that 1350 jerry cans out of 2160 needed Jerry Cans will be provided to Marawara district from DACAR stock in Nangarhar provinces.

Activity 1.1.3 : Chlorination of boreholes:

IMC as a standard procedure, disinfects the water sources before its hand over to WASH Committees to ensure community is using safe water. Moreover, the water testing kit would be distributed to regular water quality, the equipment is currently funded through UNICEF emergency WASH project. IMC will conduct the water quality testing 2 time during project support from MRRD, to make the process robust, IMC will train the community volunteers and WASH committee members (male and female) on the subject. .

Activity 1.1.3 : Training of health staff on GBV identification, basic treatment and referral:

International Medical Corps will organize 5 –day training on GBV identification, basic treatment including first aid , psychosocial counseling and treatment of STI and referral to advanced health services , Family Protection Center in Asadabad or Jalalabad for medical , legal and psychosocial support services to 9 health staff including one doctor, 3 midwives, 2 nurses and 3 female nutrition counselors of BHC and 2 SHCs of Marawara districts in coordination with BPHS implementer and Kunar PPHD.

The training will be delivered by trained trainer and use MOPH approved curriculum.

Activity 1.1.4 : Training of community members as mechanics:

For the sustainability of boreholes, International Medical Corps will train 8 persons as community mechanics in both Urgon and Marawara districts who will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, someone who is willing to work as volunteer and mechanic, respected by community, with WASH technical knowledge or willing to learn, and the preference will be given to those who already have some experience. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction (i.e. from the beginning to completion) in order to learn practical and technical skills. However, Afghanistan being a difficult sphere for involving the women to become hand pump mechanics, IMC will explore ways to include if there is willingness and acceptability of the local community.

Activity 1.1.4 : Monitoring:

IMC will develop a comprehensive M&E plan at

the beginning of the project and monitoring tools to monitor the activities of the project and collect the relevant data. Project Management Tool (PMT), created by International Medical Corps will be used, individual and Joint monitoring visits other stakeholders will be organized to monitor the project activities at least one per . quarter.

Activity 1.2.1 : Establishment of WASH Committees:

IMC at the initiation of the project will work closely with community, key stake holders and government line agencies. The idea would be to initiate a consultation process to strengthen the position of vulnerable groups like: women, children, aged and physically challenged in its WASH interventions by mainstreaming protection issues and affirming their position and participation in local WASH committees.

Throughout the proposed project IMC will establish 8 WASH committees in Urgon and Marawara Districts.

Each WASH committee will be comprise of 8-10 volunteers (male and female) from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities.

The WASH committee members will receive a 5-day training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as a communication platform between the community, project staff and local government officials. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines and boreholes to ensure safety and accessibility, as well as cultural appropriateness. In addition, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.

The WASH committee members are from the same community and will be the source of information and has direct contact with victim or is witnesses. The WASH committees will receive 2- day training on GBV concept and referral through this project and will identify any protection concern cases and will refer to the psychosocial consolers, health facilities or UNHCR local concern representative. In addition the WASH committee's members will have great role in advocacy and follow up of actions. The project activities will be share with UNHCR protection section at the beginning of project and UNHCR can use the established WASH committees for protection monitoring at the community level. In addition, WASH committees can aware people on available complain mechanism in their areas.

Activity 1.2.2 : Construction of VIP Latrines:

International Medical Corps in close coordination of WASH committees will identify the sites within the beneficiary households that ensure the

safety, dignity and privacy of the beneficiary specially women and girls, old and disables as per sit criteria for site selection. In addition, IMC's WASH technical/engineering designs seek to prevent or minimize incidence of gender-based or other forms of violence. Examples include 1) proper positioning of facilities identified through focal group discussions with girls, women, and the physically challenged. 2) introduction of lights, locks, and privacy screens, 3) hire equal number of female and male volunteers, and ensure that women are included in the decision making process as part of the leadership in IMC structured water and sanitation committees. IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed.

Activity 1.2.3 : Training of WASH committees on Basic Concept of GBV and referral
International Medical Corps will organize 2-day training on basic concept of GBV and the referral for WASH committee's members in Marawara and Urgan districts. IMC proposed 8 WASH committees comprising of 8-10 individual will receive training. The WASH committees members will include women and men where is possible. The training will be delivered by trained trainers.

Activity 1.3.1 : Baseline and end line survey:

International Medical Corps will conduct a baseline survey at the initiation of project and end of project survey in Urgan and Marawara districts of Paktika and Kunar provinces. The baseline survey will be conducted at the two month of project to know the people knowledge and practice regarding hygiene. In addition, the baseline will bench mark the specific needs of groups and themes such as girls education, early marriages and physical violence to know and link GBV with WASH when it comes to using WASH services. Moreover, at the 11th month of project the same survey will be conducted to measure the overall impact of the integrated health, WASH and protection programme interventions

Activity 1.3.2 : Training of Community Hygiene Promoters

IMC will ensure that women are included in the community volunteer cadre, this will support the reach out to girls and women. Under the proposed project, IMC will train 36 volunteers (28 in Urgan, 8 in Marawara), in a 5- day training as Community Hygiene Promoters (CHPs). The training topics will include hand washing as well as, water, environmental, personal and food hygiene. The CHPs will organize awareness sessions on above topics to the targeted beneficiaries through International Medical Corps-established mobile health facilities, mosques, school and other community gatherings.

Activity 1.3.3 : Provision of hygiene kits:

International Medical Corps will distribute hygiene kits to 2972 families (one kit / family). The contents of kit will be as per WASH cluster standard list. During the hygiene promotion sessions, the participants will receive hygiene kit 1/ family (all targeted families have been targeted to get one hygiene kit).

As per CHF recommendation, IMC coordinated with DACAR the availability of hygiene kits for Marawara district. DACAR confirmed that 1350 hygiene kits out of 1479 needed hygiene kits for Marawara district will be provided from DACAR

							stock in Nangarhar provinces.
							Hygiene kit will be provided to the poor family of host communities those are living in same areas where there is IDPs. They will be selected through WASH committees and community mobilizers and hygiene promoters
Paktika -> Urgun	64	16,953	17,917	11,618	12,199	58,687	<p>Activity 1.1.1 : Construction of boreholes:</p> <p>IMC proposes to develop 54 water sources (boreholes) under the current CHF funding, the breakdown accounts for 36 water points (boreholes) in Marawara and 18 in Urgun. IMC will adhere to MRRD guidelines, One borehole for 30 households and each household comprises of average 7 person. Moreover, IMC in all its interventions puts women at the heart of the intervention, having said that, IMC will ensure that involvement of women is considered at sitting, design and later at delivery levels in terms of O&M. IMC will strongly advocate for inclusion of women in water committees (Shura) to bring additional attention to the needs of vulnerable groups such as women and girls, female-headed households, etc. Moreover, if the water points require rationing of water at certain times, IMC will consult with men and women and take aboard suggestions. IMC WASH team will work WASH Committees to capacity build the committee on roles and responsibilities and safe design and implementation of WASH facilities that mitigate risks of GBV. Moreover, IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed. International Medical Corps will construct boreholes in places with a purpose to provide protection and will follow do no harm policy to promote active participation.</p> <p>Activity 1.1.1 : Emergency room construction:</p> <p>International Medical Corps in close coordination and consultation of Paktika PPHD, local authorities, BPHS implementer and GCMU will construct emergency room with WASH facilities with consideration of privacy for male and female patients in Urgun district hospital and In order to consider privacy issues, International Medical Corps will allocate separate sections and beds for male and female patients in both the emergency room and the triage area. Beds in the ER will be allocated for female trauma patients. Female health staff will be primarily responsible to manage and take care of female patients. This will help the targeted HFs to address gender sensitivity in the conservative community of Urgun District. Practical work will be started in March 2017 and will be completed in June 2017. The constructed emergency room will be equipped by end of June and the well- equipped emergency room will be operationalized in July 2017. IMC will renovate the OT including tiling, painting, construct the WASH system of OT. This emergency room will have a triage area as well. The emergency room construction layout will be design by IMC civil engineer and share with GCMU/ MOPH for their comment and approval. After GCMU approval the practical work will be started. This emergency room will not only provide quality services for Urgun district people but will provide services to emergency trauma cases of surrounding districts like Sarobi , Gomal , Barmal ,Zerok, Naka , Gayan and Shekeen and Shtoori vally of Serhouza . In addition will effect on quality services of Sharana provincial hospital that has been affected by heavy workload of these districts. This emergency room will save</p>

the lives of hundreds injured who lost lives during referral from Urgan and surrounding districts due to long distance to Sharana hospital. Attached please find detail of design and planning.

Activity 1.1.2 : Provision of medical equipment / medical supplies :

The newly constructed emergency room will be equipped with required medical equipment and emergency medicines, medical supplies as per WHO / MOPH standard essential lists. The medical equipment, emergency medicines and medical supplies will be purchased from already prequalified vendors by IMC used standard checklist.

Activity 1.1.2 : Provision of awareness on GBV and rights to health and conduct community dialogues:

International Medical Corps will implement GBV awareness raising activities for the targeted Communities. International Medical Corps will implement GBV awareness raising activities for the targeted communities in Marawara district of Kunar province and Urgan district. International Medical Corps has proposed WASH activities under this project for Marawara district of Kunar province and Urgan District of Paktika province. IMC will integrated the hygiene promotion and awareness on GBV, rights to health for targeted communities. International Medical Corps will use its experience of organizing community dialogues initiative from other provinces to Kuanr and Paktika provinces. International Medical Corps will inform community elders, head of schools, religious leaders, local authorities, DOWA, Women health workers, health facilities head and female staff, official from Haj-e-Awqaf though field project officer, WASH committee's members, community mobilizers to attend the community dialogues. The agenda will be shared with them prior to the event and will be asked to add topics in agenda which will mostly focus on human right, women rights, bad consequences of GBV especially on health, and forced and early marriage. The speakers will be from the participant's. IEC materials with approved messages from MOWA and MOPH will also be displayed. At the end, the speakers will ask the participants for answers and feedback. The community dialogues will be organized every other months. International Medical Corps will organize \ 834 hygiene promotion sessions and at least in 25 % of these sessions; awareness will be provided on GBV, rights to health and referrals points in both districts

Activity 1.1.2 : Provision of Jerry Cans:

International Medical Corps will provide two jerry cans per family for the collection and storage of safe water. The jerry can will be provided to the boreholes targeted people which include returnees, IDPs and host communities who are living in same area and use the borehole. Jerry can is provided to the poor host family who will be identified by WASH committee, community mobilizers and hygiene promoters.

As per CHF recommendation, IMC coordinated with DACAR the availability of Jerry Can for Marawara district. DACAR confirmed that 1350 jerry cans out of 2160 needed Jerry Cans will be provided to Marawara district from DACAR stock in Nangarhar provinces.

Activity 1.1.3 : Chlorination of boreholes:

IMC as a standard procedure, disinfects the

water sources before its hand over to WASH Committees to ensure community is using safe water. Moreover, the water testing kit would be distributed to regular water quality, the equipment is currently funded through UNICEF emergency WASH project. IMC will conduct the water quality testing 2 time during project support from MRRD, to make the process robust, IMC will train the community volunteers and WASH committee members (male and female) on the subject. .

Activity 1.1.3 : Training on Mass Casualty Management:

International Medical Corps will provide a 3-day training on Mass Casualty Management (MCM) to 25 people including senior health, management and administrative staff of the hospital, as well as related staff from PPHD, private sector and local authorities by WHO trained trainer and using WHO / MOPH approved curriculum. This group of trained staff will have one day MCM simulation exercise during the proposed 12-month period. In this exercise, hospital staff, including medical and support staff, and pre-hospital staff will participate. This will help the project team assess the existing capacity of the hospital in terms of mass casualty management, identify gaps for improvement and mobilize all related departments and local resources. This exercise will ensure that healthcare providers and provincial health director have the necessary skills to put their plans into practice

Activity 1.1.4 : Training of ambulance drivers and paramedics on First Aid :

international Medical Corps will provide 3- day first aid training for 2 ambulance drivers and 2 paramedics and equip hospital ambulance with required medical supplies in order to make it a Functional ambulance.

Activity 1.1.4 : Training of community members as mechanics:

For the sustainability of boreholes, International Medical Corps will train 8 persons as community mechanics in both Urgon and Marawara districts who will be selected by the WASH committee using the criteria developed by International Medical Corps. Criteria for selection of mechanic include: preferably the mechanic is one of the WASH committee member, someone who is willing to work as volunteer and mechanic, respected by community, with WASH technical knowledge or willing to learn, and the preference will be given to those who already have some experience. The training will be for 10 days which will include the practical exercises and use of tools / spare parts, their specific tasks and duties as well. Also, this training includes operational theory of the hand pump. The mechanics will be involved during entire phase of construction (i.e. from the beginning to completion) in order to learn practical and technical skills. However, Afghanistan being a difficult sphere for involving the women to become hand pump mechanics, IMC will explore ways to include if there is willingness and acceptability of the local community.

Activity 1.1.4 : Monitoring:

IMC will develop a comprehensive M&E plan at the beginning of the project and monitoring tools to monitor the activities of the project and collect the relevant data. Project Management Tool (PMT), created by International Medical Corps will be used, individual and Joint monitoring visits other stakeholders will be organized to monitor

the project activities at least one per . quarter.

Activity 1.1.5 : Training of Urgan district Hospital Health Staff on Psychological First Aid (PFA):

Eight health staff (4 male , 4 female) from Urgan district will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. PFA should be offered where distressed children and adult are served like hospital. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.

Activity 1.2.1 : Establishment of two mobile health team with community Psychosocial Support services :

International Medical Corps, in close coordination of Paktika PPHD and local authorities, will provide mobile health services through 2 mobile health teams to the remote villages that have no access to health services,, one day per week per village in Urgan district, where hard to access communities and IDPs have no access to basic health services due to long distance and geographical obstacles to existence health facilities and deteriorating insecurity, absence of public transportation, scattered population and cultural barriers in health seeking. The mobile services will include safe mother hood, EPI, health education on basic health and awareness on GBV, basic consultations, psychological first aid and the provision of free medicines and clean delivery kits.

The mobile services schedule will be shared with the community health workers/ elders and the community will be informed through community health workers /elders about the mobile services.

Each mobile health team will consist of one nurse/doctor, one midwife, one vaccinator as per MOPH standard package and one female psychosocial Consoler to provide blanket community level PSS services as part of proactive approach. Cases require advanced/dedicated services shall be referred to health facilities and Sharana provincial hospital where full package of EPHS services are provided. All emergency cases that are not managed in the mobile health team will be referred to Urgan District Hospital. The location of mobile services will be selected in consultation of community elders including women where be accessible to all specially women, children, old and disables, close to the villages with considering privacy and suitable timing.

Activity 1.2.1 : Establishment of WASH Committees:

IMC at the initiation of the project will work closely with community, key stake holders and government line agencies. The idea would be to initiate a consultation process to strengthen the position of vulnerable groups like: women, children, aged and physically challenged in its WASH interventions by mainstreaming protection issues and affirming their position and participation in local WASH committees.

Throughout the proposed project IMC will establish 8 WASH committees in Urgan and Marawara Districts.

Each WASH committee will be comprise of 8-10 volunteers (male and female) from the community, who are interested in WASH and who meet the selection criteria developed by MRRD. The WASH committee members will be

selected with the support of local authority and the community elders based on the given criteria developed by International Medical Corps. The WASH committee members will be: (a) from the same community where the project activities will be implemented (b) they are respected by the community, (c) they willing to work as volunteer (d) are in agreement to of WASH committee roles and responsibilities.

The WASH committee members will receive a 5-day training to increase their understanding, knowledge and skills. This will not only build a sense of community ownership for project activities, but will also serve as a communication platform between the community, project staff and local government officials. International Medical Corps will sign a MOU with these committees to identify their roles and responsibilities, which will make them accountable for their duties. International Medical Corps will engage them in discussions regarding the placement of the latrines and boreholes to ensure safety and accessibility, as well as cultural appropriateness. In addition, the WASH committees will monitor project sites, provide awareness on hygiene and sanitation, reinforcing methods on how to clean and keep maintenance of the latrines.

The WASH committee members are from the same community and will be the source of information and has direct contact with victim or is witnesses. The WASH committees will receive 2- day training on GBV concept and referral through this project and will identify any protection concern cases and will refer to the psychosocial consolers, health facilities or UNHCR local concern representative. In addition the WASH committee's members will have great role in advocacy and follow up of actions. The project activities will be share with UNHCR protection section at the beginning of project and UNHCR can use the established WASH committees for protection monitoring at the community level. In addition, WASH committees can aware people on available complain mechanism in their areas.

Activity 1.2.2 : Construction of VIP Latrines:

International Medical Corps in close coordination of WASH committees will identify the sites within the beneficiary households that ensure the safety, dignity and privacy of the beneficiary specially women and girls, old and disables as per sit criteria for site selection. In addition, IMC's WASH technical/engineering designs seek to prevent or minimize incidence of gender-based or other forms of violence. Examples include 1) proper positioning of facilities identified through focal group discussions with girls, women, and the physically challenged. 2) introduction of lights, locks, and privacy screens, 3) hire equal number of female and male volunteers, and ensure that women are included in the decision making process as part of the leadership in IMC structured water and sanitation committees. IMC adheres to the relevant IASC Gender Guidelines in Emergencies in rehabilitation of these facilities, and will coordinate with the GBV staff to ensure that safety issues identified through the safety audits are appropriately addressed.

Activity 1.2.2 : Provision of medicines / medical supplies :

International Medical Corps will also purchase medicines / medical supplies as per the MoPH standard essential list from prequalified venders by IMC and will make sure that the mobile health facilities are supplied regularly, enabling them to

serve to the underserved people and IDPs in hard to reach district of Paktika province in Urgan district .

Activity 1.2.3 : Ante natal care services :

International Medical Corps will provide ante natal care services to pregnant women by midwife as per MOPH agreed services and will provide clean delivery kits to all pregnant women through the mobile health teams in the 3rd trimester of pregnancy to promote clean home delivery for those who have no access to delivery services by skilled health personnel. The midwife will then provide education on its usage and benefits to mothers and mother- in-laws /elderly women who accompany pregnant mothers.

Activity 1.2.3 : Training of WASH committees on Basic Concept of GBV and referral
International Medical Corps will organize 2-day training on basic concept of GBV and the referral for WASH committee's members in Marawara and Urgan districts. IMC proposed 8 WASH committees comprising of 8-10 individual will receive training. The WASH committees members will include women and men where is possible. The training will be delivered by trained trainers.

Activity 1.2.4 : Training of Mobile Health Team Health Staff and CHWs on Psychological First Aid (PFA):

30 Community Health Workers (15 male and 15 female) and 6 health staff (2 male, 4 female) from mobile health teams will receive a 2-day training on Psychological First Aid (PFA) who in turn provide PFA for distressed children and adults who have been recently exposed to an emergency and want support. PFA should be offered in community setting liker where distressed children and adult are served like hospital, school and distribution sites for food or other type. PFA will be provided with consideration for privacy, dignity and confidentiality. The MOPH approved curriculum will be used for training on PFA.

Activity 1.2.5 : Training on Clinical Management of Rape (CMR) and GBV identification :

International Medical Corps will provide 5- day training on CMR and GBV identification to health staff of Urgan District Hospital and two mobile health teams. 12 (6 male, 6 female) staff will be trained. The training will be organized by trained /qualified trainer on CMR using MOPH approved CMR training curriculum.

Health staff trained in CMR and PFA will remain staff of MoPH/Partner who will continue to identify and provide services to the targeted group to address sustainability questions.

Documents	
Category Name	Document Description
Project Supporting Documents	Health BOQs CHF 2nd allocation.xlsx
Project Supporting Documents	Health Cluster endorsement letter.pdf
Project Supporting Documents	IMC logFrame - signed by Health Cluster.pdf
Project Supporting Documents	Protection Cluster endorsement letter and signed Log Frame.pdf
Project Supporting Documents	WASH Cluster endorsement letter.pdf
Project Supporting Documents	Hand pump Design.docx

Project Supporting Documents	Communication with WASH Cluster 1.pdf
Project Supporting Documents	Communication with RI.pdf
Project Supporting Documents	Communication with UNHCR.pdf
Project Supporting Documents	Communication with Health Cluster on RH kit.pdf
Project Supporting Documents	Beneficiaries Breakdown updated Sept 26.xlsx
Project Supporting Documents	Communication with DACAR.pdf
Project Supporting Documents	Communication with Health Cluster 1.pdf
Project Supporting Documents	Communication with Health Cluster 2.pdf
Project Supporting Documents	Communication with Health Cluster 3.pdf
Project Supporting Documents	Communication with Health Cluster 4.pdf
Project Supporting Documents	Communication with Protection Cluster.pdf
Project Supporting Documents	Communication with WASH Cluster.pdf
Project Supporting Documents	Latrine Design.doc
Project Supporting Documents	WASH_Need_Assessment_Report in Urgon District July_2017.docx
Project Supporting Documents	WASH_Need_Assessment_Report__in Marawera_July 20q7.docx
Project Supporting Documents	Health Rapid Need Assessment Report_Urgon District.docx
Project Supporting Documents	Health Rapid Need Assessment Report_Urgon District.docx
Project Supporting Documents	Benefeciaries Breakdown.xlsx
Budget Documents	Updated-BOQ for BL 7.1 and 7.4.xlsx
Budget Documents	Updated-Health BOQs CHF 2nd allocation.xlsx
Budget Documents	Updated-Protection BOQs CHF 2nd allocation.xlsx
Budget Documents	Updated-WASH BOQs for CHF 2nd allocation.xls
Grant Agreement	IMC-UK - 6787 - GA - Signed by HC.pdf