OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Relief International
Allocation Type :	2017 2nd Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		41.00
FOOD SECURITY AND AGRICULTURE		28.00
PROTECTION	Gender Based Violence	11.00
EMERGENCY SHELTER AND NON-FOOD ITEMS		10.00
WATER, SANITATION AND HYGIENE		7.00
COORDINATION AND COMMON SERVICES		3.00
		100

Project Title :	Responding to displacement-induced needs of women and men, boys and girls in 5 hard to reach Districts in Ghazni, Paktika, Nangarhar and Kunar through critical Health, WASH, Protection and Food security activities.
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/SA2/H-FSAC-APC-ESNFI-WASH-CCS/INGO/6861
Cluster :		**Project Budget in US$:**	979,758.29
Planned project duration :	9 months	**Priority:**	
Planned Start Date :	20/10/2017	**Planned End Date :**	19/07/2018
Actual Start Date:	20/10/2017	**Actual End Date:**	19/07/2018

Project Summary :

The proposed project will address the spike in needs caused by displacement. Needs are mostly connected to three main factors: shock-induced poverty (that adds to precarious economic situations pre-shock); limited availability of resources and services in the area of destination, further stretched by displacement; disintegration of the protection environment, including due to the shock and lack of protective networks. Needs identified through the needs assessments (Annex 2) conducted in August 2017 are multi-sectoral and include access to adequate quantity and quality of food; access to clean water, safe sanitation and basic hygiene; access to a protection conducive environment; and access to basic health and trauma care. The proposed project aims at narrowing the gaps in the abovementioned areas by targeting the top 30% to 40% of those in acute need of humanitarian assistance; these include: 5098 individuals targeted with food assistance; 28157 individuals, 90% internally displaced persons (IDPs), - + 10% from the HC - targeted with basic health, trauma care and Psychosocial support; 4923 individuals targeted with water purification, 2813 with WASH kits and 1750 with access to safe and dignified sanitation; and 300 unaccompanied women, survivors or at risk of GBV, specifically targeted with all the services above, plus dignity kits and Women Friendly Health Spaces.
By delivering these services, RI's project will contribute towards: responding to immediate humanitarian needs of shock affected populations; reducing protracted displacement-induced vulnerabilities; and improving conditions for conflict and displacement affected communities in hard to reach areas.
In addition to direct implementation of the project detailed above, and with the aim to improve the effectiveness of this project as well as the humanitarian community's understanding of needs in hard to reach areas, RI proposes to conduct in depth assessments in Shelter/NFIs, GBV and Health, which were not possible to conduct during the August 2017 needs assessment. Data will be disaggregated by age and gender as appropriate. In addition, RI proposes to set up stocks of basic NFIs in Ghazni, difficult to reach from other provinces due to security constraints on the main road; this makes it challenging to mobilise resources on time when urgently needed. Finally, by engaging existing community networks, a variety of stakeholders from different political and ideological backgrounds, and the existing aid and government structures in place, RI will develop an extensive risk register – to include also a context assessment, actor mapping, and thorough investigation of conflict dynamics – to inform a comprehensive access strategy that allows RI to directly reach vulnerable IDPs in the target Districts.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
10,335	10,829	13,781	14,273	49,218

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	5,375	5,632	7,167	7,423	25,597
Host Communities	4,960	5,197	6,614	6,850	23,621

Indirect Beneficiaries :

IDPs are more vulnerable and are in specific need of humanitarian assistance to cope with the needs created by the situation of displacement. A small percentage of the host community will also directly benefit from some services. Including them in the direct target is important to ensure Do No Harm and compensate the population hosting IDPs and de facto being the first responders. In addition, a broader number of people will benefit from the intervention. Cash will benefit those receiving it, and increase their calories and quality food intake; however, it will also increase the amount of cash that circulates in the community, primarily going towards those who produce or retail food. WASH kits, water treatment and primary health care will benefit the direct receivers, but the whole community will benefit from a healthier environment and fewer outbreaks. Trauma Posts will benefit the two health centres in Muqur and Urgun, and the medical personnel receiving the training, but also all those who might need to access the service in the future and the entire community, who can rely on that service in case of need. PSS will directly target people who have experience violence in the past, but will benefit largely all members of their families. Indirect beneficiaries are estimated at 109,530 individuals.

Catchment Population:

The catchment population will comprise the entire population of the 5 target districts who can benefit from: specialised services offered (including psychosocial support and GBV prevention); improved quality of services offered through rehabilitation of infrastructures and training; additional infrastructures, such as First Aid Trauma Posts. The total catchment population is estimated at 272,701.

Link with allocation strategy :

Through providing emergency support to protracted and new conflict IDPs in hard to reach areas, including emergency WASH, food assistance and NFI and dignity kits, RI's proposed project directly contributes towards HRP's SO1 and SO3. By targeting hard to reach communities with Mobile Health Teams (MHTs) and/or mobile protection outreach, including PSS and GBV case identification, referral and follow up, RI will contribute to ensure access to emergency health and protective services (SO2). The multi-sector project proposed by RI in response to needs emerging from needs assessments conducted in February and August 2017 and focusing on hard to reach areas, will contribute towards achieving SO4.
By providing emergency and basic healthcare to conflict and displacement affected populations via MHTs in Urgun (Paktika), Surkh Rod (Nangarhar) and Muqur (Ghazni), the project directly contributes towards Health CO2. Through the set-up of First Aid Trauma Posts in Urgun (Paktika) and Muqur (Ghazni), the project also contributes towards Health CO1 in a context continuously affected by conflict and displacement.
At the same time, the proposed project tackles the problem of inadequate WASH both at the community and at the family level. At the community level, the project proposes health facility-based improvement of water, sanitation and hygiene conditions in target Districts (Annex 4). This will contribute towards improved health, safety and disease and infection prevention, and will fit into the WHO/UNICEF global action plan launched in 2015. WASH in health facilities is even more critical in the context of the hard to reach areas in the target districts, where capacity is limited and services are stretched due to the surge in IDP numbers, mainly due to conflict (Annex 2). The community approach largely responds to WASH CO2. At the family level, the project will respond to the needs of new or prolonged IDP families who, because of displacement, are living without access to basic water and sanitation services, and basic hygiene. Family assistance will also include additional female specific hygiene items to decrease women's vulnerabilities specifically connected to menstrual hygiene. This family based component of the intervention contributes towards WASH CO1.
Through the provision of PSS support to victims of violence and abuse, including GBV survivors; the set-up of Women Friendly Health Spaces (WFHS) in communities; and the identification, referral and follow up of GBV cases identified through health facilities, RI's proposed project will contribute toward the creation of an environment where violence is prevented or mitigated. RI will at the same time ensure its activities and response are carried out in an appropriate way, using as much as possible existing networks and resources (Protection CO2 and 3).
Finally, through this project, RI will provide AFN 6,000 per person per month, adequate to supply a family (7 members on average) with the complete food basket, available in the market. Assistance will be provided for 2 months which is necessary to settle after sudden displacement, or recover from the vicious cycle of debt and vulnerability. This objectives, including emergency response and the improvement of FCS aim at responding to acute needs created by displacement and contributing towards FSAC CO1 and CO2.
By gathering key, sector-specific (including Health, ESNFI and GBV) information and enhance the understanding of humanitarian needs in the project areas, the project contributes towards Coordination CO1. By stockpiling essential NFI kits, the project contributes towards ESNFI's CO1 and SO1 and 3. By starting and maintaining a risk register per each target District, RI contributes to Coordination's objective CO2.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Brian Laguardia	Country Director	brian.laguardia@ri.org	0792410410
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BACKGROUND

1. Humanitarian context analysis

Widespread conflict in Afghanistan has seen the displacement of 193,000 individuals in the first 8 months of 2017 (OCHA). This number adds on to the 1.2 million individuals in a situation of protracted displacement as well as the more than 600,000 individuals displaced in 2016 (OCHA) and at risk of becoming protracted IDPs.
RI's target geography under this project are: Muqur, Ghazni; Urgun, Paktika; Dare-I-Pech and Wata Pur, Kunar; and Surkh Rod, Nangarhar. Altogether, the 4 provinces host more than 21% of the county's IDPs; often IDPs come from within the province. Ghazni, Paktika, Kunar and Nangarhar are characterised by widespread conflict and insecurity provoked by the presence of armed groups, in particular the Islamic Emirate of Afghanistan (IEA), but have also seen splinter groups from Pakistan and the rise of Islamic State (IS), especially in the East. Insecurity dynamics are made more complex by the presence of various armed groups (AOGs) and the development of conflict along multiple intersecting lines.
Nangarhar hosts the highest percentage of IDPS (15% of the total national caseload); followed by Kunar and Ghazni (3% each) and by Paktika (0.5%). Smaller percentages are not necessarily index of smaller gaps: in fact, in Ghazni and Paktika the smaller caseload is matched by a concerning lack of partners to address life-saving and emergency needs.
IDPs constitute the main population in need in Ghazni: both area of origin and of displacement, Ghazni hosts approximately 20,000 IDPs in need of assistance (OCHA), most of them (79%) displaced in 2016 and in a situation of protracted displacement. In Kunar and Nangarhar, targeting of returnee populations has left IDP needs overlooked and largely unmet. Similar situation was witnessed in Paktika, where the main population of concern has been the Pakistani refugees, predominantly residing in camps, and IDPs were treated as second or no priority. Characterised by constant insecurity and conflict, districts targeted in this proposal are largely underserved due to the incredibly limited number of partners with meaningful access to the populations in need, especially those residing in the remote areas. As a result, displaced had access to limited and discontinued humanitarian assistance and communities are threatened by limited and increasingly eroded resources (Annex 2).
Muqur in Ghazni, Urgun in Paktika, Dara-I-Pech and Wata Pur in Kunar and Surkh Rod in Nangarhar host both newly displaced IDPs (approx. 66% of the internally displaced population in these Districts) and situations of protracted displacement (approx. 34% of the internally displaced population in these Districts). 12% of IDP HHs in the communities surveyed are female headed HHs. Humanitarian access is sporadic and inconsistent in the hard to reach areas, resources and services in the communities critically low and consequent shocks related to conflict, returns, insecurity and displacement. According to the recent assessment (Aug 2017) conducted by RI in target Districts, both newly and protracted IDP populations face similar challenges: high levels of debt; restricted access to health services due to distance; lack of clean water; reduced quantity and quality of food consumed; high level of trauma and limited capacity to cope due to experiences of violence and forced displacement; inadequate shelter and winter supplies. Similarities between protracted and new IDPs' needs is a sign that without assistance, the situation is likely to become worse in the long run rather than spontaneously improve in these areas. Protracted displacement is likely scenario in these districts, where 81% of total respondents said they could not go back to their place of origin. Of those who declared to be able to go back to their area of origin, 18% report that they expect to remain in the current displacement location for another 3 to 6 months, whilst 82% expect a much longer stay, 6 months or more.

2. Needs assessment

In August 2017 RI conducted a multi-sector needs assessment among protracted and newly displaced communities: 3 communities in Muqur; 5 in Urgun; 10 in Dara-I-Pech and Wata Pur and 4 in Surkh Rod. Communities were targeted on the basis of high numbers of IDPs; remoteness positively correlates with limited or no assistance received in the past, making these communities even more relevant to target. Data was collected through 22 CDCs interviews, 5 health facility assessments and 497 household (HH) surveys. Customised assessment forms were used, developed starting from the health economic assessment tool (HEAT) assessment. Samples of similar sizes were considered for new and protracted IDPs. Data was broken down by gender and age in different sections as appropriate, to understand the unique needs characterising different sections of the populations (Annex 2).
Protection. Conflict and violence are the main reason for displacement in Afghanistan. 45% of female head of HHs responders have directly witnessed or experienced violence (RI, August 2017). Understanding the level of psychological trauma and psychosocial problems, specifically those that may arise as a consequence of GBV, is paramount to tackle root causes of the problem and enable IDPs to cope with displacement induced needs.
Food security. On average families in the target areas adopt 3 out of 5 negative coping mechanisms. Female headed HHs scored 3.5; this indicates HHs do not have access to enough food. Looking at the Household Dietary Diversity Score the average for the target geography equal to 2.8, with 4.5 being the threshold for very low dietary diversity. Kunar is the worse off with a score equal to 2.3. Reduced quantity and quality of food consumed by HHs is not due to unavailability of items: 75% of the HHs interviewed said that food items in the market are available, but not affordable.
Health. When asked to specifically identify challenges in accessing health care, 51% of respondents identified cost of services and drugs as the primary barrier; 30% reported low quality of services and 18% indicated distance from services. The relative importance of the cost of the services or drugs increases if the respondent is a female. When services are not offered at the closest health facility, or drugs are not available, people need to refer to private health facilities, with high fees, or travel to health facilities far away, or buy drugs from private pharmacies. Transport options and costs, distance of quality services, fees connected to private clinics and cost of drugs pose an obstacle to accessing basic health care.
WASH. 81% of HHs have access to adequate quantity of water. When access is restricted, physical constraints (female headed HHs explained their difficulties due to limited containers for carrying water and safely store water inside the house) count for 45%. Quality of water is an issue and although 68% of communities surveyed do not have access to clean water, 57% of all respondents declare not to treat water before drinking. Data on hygiene practices highlight important gaps: only 38% female head of HH wash hands before feeding their child and 23% after attending a child who has defecated. Data show a discrepancy in hygiene standards between male and female headed HHs; the difference can be attributable to both lower exposure to basic hygiene messages and limited access to hygiene items.
Enabling actions: Health and Shelter/NFI needs in hard to reach areas need to be further investigated. Due to its sensitivity, GBV needs specific and in depth analysis. Ghazni is difficult to reach from other provinces due to insecurity along the main road: stocks of NFIs should be located in Ghazni Province to respond to acute need in a timely manner. A more sustained approach to maintain and scale up long term access to populations in need demands a detailed risk register with actor mapping and understanding of conflict dynamics.

3. Description Of Beneficiaries

Beneficiaries targeted in this project are mostly IDPs, recent and protracted, who show vulnerabilities and needs mostly attributable to displacement and particularly acute if compared to the average. After assessing the IDP population according to WFP Targeting and Vulnerability criteria (Women or child HoH without adult male; HHs with dependency ratio of 9 or more; HHs with no adult male of working age or adult working women; Person with disability, chronic illness or elder as HoH; HH with poor asset holdings – see Annex 10), and sector-specific vulnerability criteria, RI will target the top most vulnerable 30% or 40% of the caseload (depending on sector and type of response). Targeted IDPs live in communities characterised by limited resources and services, made worse by the influx of the displaced populations; therefore, to compensate the HC and enhance inclusiveness and acceptance, 10% of direct target population overall will be HC and 90% IDPs.
RI will combine vulnerability criteria with sector-specific needs analysis. Female headed HHs will be a priority target because they are the most likely to have a higher dependency ratio within the HH, the head of family has restricted access to livelihoods opportunities due to conservative cultural norms and safety concerns. Also, female heads of HH, and as a side-effect the HH members, are more likely to be victim of abuse and violence. Multi-sector assistance in these cases is critical to both meet basic needs and provide protection from exploitation, abuse and harming coping mechanisms. 100% caseload of female headed HHs identified through RI's needs assessment (Annex 2), 267 in total, will be targeted by the project, according to needs. RI expects to find more cases for a total of 300 female headed HHs.

4. Grant Request Justification

RI proposes to target hard to reach communities in Muqur, Urgun and Surkh Rod with health assistance, comprehensive of: Mobile Health Teams (MHTs), BPHS compliant, visiting the communities at least once a week; set up of First Aid Trauma Post in existing health facilities in Muqur and Urgun have expressed interest in being part of the project and have made a room available for the purpose. RI will also train staff at the clinic for the purpose, by hiring a dedicated professional trainer. RI plans to integrate both WASH and Protection into Health: the assessment has highlighted the need for WASH upgrades inside health facilities, e.g. dedicated toilets for clients, segregated by gender and equipped with hand washing points. MHTs will be staffed with specialised Psychosocial Support (PSS) counsellors, one male one female. Female PSS will be trained in the identification of GBV cases and together with the midwife will be referring cases facilities according to vicinity and type of needs); the central dedicate helpline will be used for support. PSS will also respond to specific needs of men and boys, more often detained, threatened with forced recruitment and experiencing sense of powerlessness in displacement situations. Further protection activities will include set up of two WFHSs (Muqur and Urgun), where similar services are not available. Dara-I-Pech and Wata Pur are not targeted with Health package; in these districts, RI will offer the PSS services for survivors and people at risk of GBV through a Mobile Outreach Team (MOT) equipped and staffed according to GBV sub-cluster standards and modalities. Further WASH activities include awareness raising and sensitisation on hygiene practices and distribution of standard WASH kits (Annex 5) to top 40% families in acute need, including 100% of female headed HHs. It will also include training to 703 families on water purification and distribution of lock bars to 250 families who have reported feeling unsafe using latrines shared with other families. WASH intervention will consolidate achievements obtained through the food security portion of this project, which in return will consolidate health and nutrition achievements. Food security activities include the distribution of cash for food to families with low FCS, after the collection of the baseline. The cash modality is appropriate to the 5 Districts targeted under this project and will continued to be monitored. In the event that cash becomes unfeasible, unsafe or not appropriate, RI will switch to in-kind.
RI proposes a 9 month project: although most of the activities proposed are designed as emergency response, some activities – provision of health services, set-up of First Aid Trauma posts and WFHS, PSS consultations and community outreach – require longer programming and follow up in order to achieve their purpose.
To strengthen the response, RI proposes to develop a risk register for each target district and will conduct in depth assessments in Shelter/NFI/winterisation, Health and GBV during the first month of implementation. Data from the assessments will be shared and will contribute towards a better understanding the needs in HTR areas. In order to improve the capacity to respond timely to emergency needs, RI also proposes to procure and preposition basic NFIs kits in Ghazni Province.
RI is particularly well placed to deliver this project due to its global expertise implementing multi-sector programming and its team of technical experts. RI has over 30 years' experience on major, multi-year programmes delivering WASH, Protection, Food Security and Agriculture and Health, including a MHT based response in Turkey (Annex 7). RI has unique access to the target provinces and districts, which enables direct implementation, physical access to populations in need and cost efficiencies. In addition, RI's prior experience implementing CHF projects has contributed to lessons learned and donor stewardship.

5. Complementarity

RI has established offices in Ghazni, Kunar and Nangarhar, where it has worked with communities for over 15 years. RI has also recently opened an office in Paktika, where it is implementing Citizen Charter programme.
Programmes implemented in target Provinces include:
- The construction of 2 health facilities in Nangarhar;
- Construction of latrines and lavatories, in addition to family based WASH interventions, such as training on water purification, hygiene sensitisation, and distribution of WASH kits;
- Cash based interventions, including cash for food and multi-purpose cash transfers;
- Horticulture, animal health and livelihoods support projects;
- Protection programmes, including programmes focussing on gender equality and women empowerment;
- Local governance enhancement projects.

Per each sector RI will build on, and expand, past projects (listed above) - and other project implemented by peer agencies RI coordinates with bilaterally and through clusters - to capitalise on past achievements. This will include continuing to narrow down the gap in food assistance provided to protracted IDPs, in continuation of the action begun in 2016/2017; bring health services to displaced communities in hard to reach areas; timely respond to multi-sector needs, including WASH and Protection, of newly displaced complementarily with other organisations, depending on mandate, competitive advantage and physical access to the population in need.

LOGICAL FRAMEWORK

Overall project objective

Through the proposed project RI aims at assisting displaced populations in remote communities, tackling the most urgent needs generated by displacement, including Health, WASH, Food Security, Protection and shelter and NFIs. RI will adopt an integrated approach, leveraging multi-sector activities to consolidate achievements from each sector. Overall objective of the project is to increase the health and safety of affected populations by: improving access to basic health services, trauma care and Psychosocial Support (PSS); providing resources to meet water, hygiene, sanitation and food needs, while preventing harmful coping mechanisms; offering protection services to women victim, or at risk, of GBV. In addition, the project includes stockpiling of critical NFI items in Ghazni, under served and in need of shelter and NFI interventions. The approach is based on a multi-sector needs assessment conducted in August 2017 and consultations with the target communities, and uses RI's global and national technical expertise and knowledge to provide quality assistance through cluster recommended response package. The project also integrates a research component under the Enabling actions envelop, which aims at gathering more in depth information in: Shelter and winterization; GBV; Health. This will result into a better insight into humanitarian needs for the Humanitarian Community to use to narrow the existing gaps in the response. Together with activities on access and security, including the risk register proposed under the Enabling Actions envelop, assessment will improve quality and timely delivery of RI proposed project under CHF.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	15
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	60
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	25

Contribution to Cluster/Sector Objectives : By providing emergency and basic healthcare to conflict and displacement affected populations via Mobile Health Teams (MHTs) in Urgun (Paktika) and Muqur (Ghazni), the project directly contributes towards Cluster Objective (CO) 2. Through set up of First Aid Trauma Posts in Urgun (Paktika) and Muqur (Ghazni), the project contributes towards CO1 in a context continuously affected by conflict and displacement.

Outcome 1

Populations affected by conflict and displacement residing in remote areas not served by health facilities in Ghazni, Paktika and Nangarhar have access to life-saving and basic health services, including trauma care and Psychosocial Support (PSS).

Output 1.1

Description

3657 families (25,597 individuals) have access to emergency trauma and basic healthcare, including PSS.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
It is assumed that RI will sign the MOU with MOPH on time to implement the project, or receive a formal letter of authorization in lieu of the MOU whilst the MOU paperwork is being finalized. It is further assumed that RI will continue to work in collaboration and partnership with health facilities at the District level and retain the level of access established thus far.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA2- Number of high risk conflict-affected districts with at least one first aid trauma post	2				2
Means of Verification : Completion report; Photographs; NOTE: The target number expresses the number of Districts. Due to the set up of the online form, breakdown tab -although not applicable- had to be filled in.							
Indicator 1.1.2	HEALTH	SA2- Number of individuals receiving trauma care services	269	281	358	371	1,279
Means of Verification : First Aid Trauma Post registers; monthly reports;							
Indicator 1.1.3	HEALTH	SA2- Number of conflict affected people in underserved areas served by emergency PHC and mobile services	10,272	11,062	13,697	14,187	49,218
Means of Verification : Consultations register; MHT records; FATP records;							
Indicator 1.1.4	HEALTH	SA2- Number of pregnant women in conflict affected and underserved areas receiving at least two antenatal care visits		1,350		0	1,350
Means of Verification : Consultations register; MHT records;							

Indicator 1.1.5	HEALTH	Number of conflict affected people with access to PSS					25,597

Means of Verification : MHT visits calendar per each target village; MHT records;

Target includes:
Men 5375
Women 5632
Boys 7167
Girls 7423

Indicator 1.1.6	HEALTH	Percentage (%) of patient complaints and concerned resolved through official action or response					80

Means of Verification : Number of complaints and feedback addressed/Number of complaints submitted.
Monitoring reports, site visits, documentation review

Activities

Activity 1.1.1

Standard Activity : SA2- Procurement of emergency medical and non-medical supplies and training and deployment of medical personnel including female health workers in the eligible areas

HEALTH: medical staff recruitment.
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include trauma care training to medical staff in Ghazni and Paktika.

Activity 1.1.2

Standard Activity : SA2- Procurement of emergency medical and non-medical supplies and training and deployment of medical personnel including female health workers in the eligible areas

HEALTH: Procurement of drugs and equipment
Drugs and equipment are going to be procured to set up 2 fully functioning First Aid Trauma Posts and 3 fully functioning MHTs.

Activity 1.1.3

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

HEALTH: two FATPs established
Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.

Activity 1.1.4

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

HEALTH: monitoring and evaluation
M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle.
M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.5

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

HEALTH: Delivery of emergency and BHS services through 3 MHTs
Delivery of emergency and BHS services to conflict and displacement affected populations in Ghazni, Paktika and Nangarhar through the MHTs.

Activity 1.1.6

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

HEALTH: Vehicle rental and equipment
Vehicle for the MHT will be rented and equipped with medical equipment and drugs.

Additional Targets :

FOOD SECURITY AND AGRICULTURE

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher)	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	25
Objective 1: Immediate food needs of targeted shock affected populations are addressed with appropriate transfer modality (food, cash or voucher)	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	25
Objective 2: Ensure continued and regular access to food during lean season for severely food insecure people, refugees and prolonged IDPs at risk of hunger and acute malnutrition	SO3: The impact of shock induced acute vulnerability is mitigated in the medium term	50

Contribution to Cluster/Sector Objectives : The project will tackle the needs generated by displacement. Through this project, RI will provide AFN 6,000 per family per month, adequate to supply a family (7 members on average) with the complete food basket, available in the market. Assistance will be provided for 2 months which is the period of time necessary to settle after sudden displacement, or recover from the vicious cycle of debt and vulnerability.
The approach proposed is based on the assessment of food needs in the target Districts, including analysis of negative coping mechanisms, diet variety, availability and affordability of food on the market. The data from the assessment determined the target population, which is made by shock affected families, recently displaced or in protracted displacement, highly vulnerable and in dire need. For the protracted IDPs, the need is rooted in the amount of time (up to 3 years for the population surveyed – Annex 3) spent in the displacement location, with limited coping capacity and support networks; this situation lead to contraction of debt and adoption of negative coping mechanisms: in fact, 85% of protracted returnees have contracted debt above AFN 8,000 and are adopting 3 or more out of 5 Reduced Food consumption coping strategies. For the newly displaced (less than 6 months), the need generates from the sudden shock and displacement situation, faced in absence of sufficient resources and/or a support network.

Outcome 1

Protracted and recent vulnerable IDP families negatively impacted by conflict and forced displacement have access to adequate quantity and quality of food for three months to meet their basic needs (2100 Kcal per day) in Ghazni (Muqur), Paktika (Urgun) and Kunar (Dara-I-Pech and Wata Pur).

Output 1.1

Description

728 families (5098 individuals) identified through RI assessment (August 2017) and selected according to WFP targeting and vulnerability criteria receive AFN 6,000 (USD 90 ca) per month for two months.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
The main risk for beneficiaries and this CHF proposed project is constituted by the cash modality, in particular: beneficiaries could become target of robberies, criminality and armed groups; beneficiaries could face threats while coming and going to the distribution center; beneficiaries might be targeted or RI access be compromised by the part of the community who was not selected for assistance; markets are suddenly disrupted and the cash modality is no longer feasible or advisable; food is unequally distributed within the family. RI will put the following mitigation measures in place: consult the CDCs and families on preferred location for distribution; serve families who cannot reach the distribution center (or cannot reach it safely) directly door-to-door; disburse the amount in instalments; run a sensitization campaign correct nutrition and ensure that the criteria for selection are clear and that the process is transparent, and supervised by CDC representatives; verify market prices and food items availability on a regular basis.
Further risks and assumptions include: security does not deteriorate and allows access to beneficiaries; security does not deteriorate economic and physical access to local markets; government authorities and communities support the project; no natural disaster or disease outbreak during project implementation; targeted communities actively participate and contribute to the project.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	FOOD SECURITY AND AGRICULTURE	SA2- Number of new and prolonged IDPs assisted on time with cash	1,071	1,122			2,193
Means of Verification : Cash distribution lists (signature or fingerprint and photo of the beneficiary) crossed check with beneficiaries lists (including number of individuals per family, identified through HEAT assessment)							
Indicator 1.1.2	FOOD SECURITY AND AGRICULTURE	SA2- Number of cash interventions followed up with post distribution monitoring as per CHF requirements	182	0	0	0	182
Means of Verification : PDM form applied to 25% of cash distributions; families will be randomly chosen from the group of 728 families served. NOTE: The target number expresses the number of cash interventions followed by post monitoring. Due to the set up of the online form, breakdown tab -although not applicable- had to be filled in.							

Indicator 1.1.3	FOOD SECURITY AND AGRICULTURE	SA2- Reduction in percentage of prolonged IDP households with poor Food Consumption Score					80
Means of Verification : Number of IDPs whose food consumption score has improved - Number of IDPs whose food consumption score was poor /Number of IDPs whose food consumption score was poor Baseline survey; PDM form							
Indicator 1.1.4	FOOD SECURITY AND AGRICULTURE	% of monitored beneficiaries reporting tangential or indirect benefits of cash distribution programming					75
Means of Verification : Number of beneficiaries who benefit indirectly from cash/Number indirect beneficiaries who can potentially benefit indirectly from cash Semi-structured interviews (SSIs)							
Activities **Activity 1.1.1**							
Standard Activity : Countrywide Household Level Emergency Assessment Tool (HEAT) training and Training of Trainers;							
Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment.							
Activity 1.1.2							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.							
Activity 1.1.3							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Signature of MOU RI signs an MOU with local authorities (DORR) as formal approval of project activities.							
Activity 1.1.4							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with the community groups (CDCs, elders and families) on safety measures to be adopted, including location for the distribution center. A second sensitization campaign will communicate to selected beneficiaries frequency, and time and place of the disbursements, together with the rules and documents necessary to receive the disbursement.							
Activity 1.1.5							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Baseline assessments Collection of baseline data on Food Consumption Score (FCS) (disaggregated by gender and age of the head of HH).							
Activity 1.1.6							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: HH will be assessed with standard HEAT tools. Beneficiaries meeting all the WFP Selection and Targeting criteria will be selected and inserted in beneficiaries' lists.							
Activity 1.1.7							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Beneficiaries selection Selection of beneficiaries according to HHs assessment through the HEAT tool. WFP targeting and vulnerability criteria will also be employed to target and prioritize vulnerabilities: Women or child HoH without adult male; HHs with dependency ratio of 9 or more; HHs with no adult male of working age or adult working women; Person with disability, chronic illness or elder as HoH; HH with poor asset holdings (Annex 10).							
Activity 1.1.8							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							
FSAC: Cash distribution Distribution of cash to selected beneficiaries, in place and time identified through communities' inputs and set up in a safe and culturally acceptable way (including separation between male and female cash collection points; set up of shades; etc.). RI will be directly in charge of cash distribution, drawing on its consolidated experience in projects transferring resources through cash, such as for example: CHF project with a component of cash for food, cash for agricultural kits, multi-purpose cash transfers; Social protection programmes involving cash transfers to poor and vulnerable families, including the current ASPP.							
Activity 1.1.9							
Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;							

FSAC: PDM
A PDM tool, developed by RI in coordination with other FSAC partners, will be used to monitor achievements, quality of the project and beneficiary satisfaction between 15 days and 1 month after distribution of the last instalment.

Activity 1.1.10

Standard Activity : SA2- Cash assistance to new IDPs within the 45 hard to reach districts;

FSAC: Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.11

Standard Activity : SA2- Cash assistance to severely food insecure prolonged IDPs located within the 45 hard to reach districts. Findings of relevant assessments undertaken within the past 6 months will be a prerequisite for funding and must be submitted along with the proposal.

FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.

Activity 1.1.12

Standard Activity : In-kind food ration /cash assistance to severely insecure prolonged IDP families. Findings of relevant assessments undertaken within the past 6 months will be a prerequisite for funding and must be submitted along with the proposal. All cash programmes will be in accordance with CHF Minimum Requirements for Cash –Based Programming and are required to conduct Post Distribution Monitoring (PDM).

FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.

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	33
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	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	33
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	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	34

Contribution to Cluster/Sector Objectives : Through:
1. the provision of PSS support to survivors of violence and abuse, including GBV survivors;
2. the set-up of Women Friendly Health Spaces (WFHS) in communities
3. identification, referral and follow up of GBV cases identified through health facilities
RI proposed project will contribute toward the creation of an environment where violence is prevented or mitigated, and responded to in an appropriate way, using as much as possible existing networks and resources. RI currently implements a women empowerment project in the Eastern and South Easter region and will largely draw on acceptance, lessons and expertise consolidated in years of operations presence both in terms of geography and sector.

Outcome 1

Men, women, boys and girls survivors, or at risk, of violence and abuse due to the conflict and emergency environment -including GBV survivors- have access to information, support and services according to their needs in 5 Districts in Kunar, Nangarhar, Ghazni and Kunar, and in coordination with existing actors through main coordination fora.

Output 1.1

Description

Quality GBV services are provided to 2560 women, men, girls and boys though three MHT (Paktika, Ghazni, Nangarhar), one mobile outreach team (Kunar), two WFHS and provision of dignity kits to 300 women and girls.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
Project specific risks include: reprisals against women for using services; poor quality of non-RI-run services beneficiaries are referred to; WFHS getting a bad reputation or negative perception. Assumptions are the following: RI can implement safe means of follow up with women; services delivery through mobile teams continues to be an accepted modality; organizations remain available to receive referrals; services women can be referred to continue to exist (Nangarhar and Kunar) or are successfully set up by RI (Paktika and Ghazni).

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	896	1,024	307	333	2,560
Means of Verification : MHT/Mobile Outreach team registers							
Indicator 1.1.2	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		267		0	267
Means of Verification : Baseline; MHT/Mobile Outreach team registers							
Indicator 1.1.3	PROTECTION	Percentage (%) of beneficiaries successfully referred to specialized services (including WFHSs and Family Centres) who can access the service					85
Means of Verification : Number of beneficiaries referred who successfully received the service/Number of beneficiaries referred Facility registers; follow up reports;							
Indicator 1.1.4	PROTECTION	Number of PSS and GBV services integrated in MHT (Ghazni, Paktika and Nangarhar)					3
Means of Verification : MHT composition report; M&E Officer visit;							
Indicator 1.1.5	PROTECTION	Number of Mobile outreach teams (PSS/GBV) serving remote HTR communities (Kunar)					1
Means of Verification : Mobile outreach teams composition report; M&E Officer visit;							
Indicator 1.1.6	PROTECTION	Number of WFHS set up (Ghazni and Paktika)					2
Means of Verification : Progress and completion report							
Indicator 1.1.7	PROTECTION	Number of dignity kits distributed to GBV survivors or people at risk of GBV					300
Means of Verification : Beneficiaries' lists; Distribution lists; PDMs;							
Indicator 1.1.8	PROTECTION	Number of RI male community mobilizers dedicated to targeting men, boys, religious leaders and community elders to raise awareness and mobilize for GBV information and services.					4

Means of Verification : MHT and MOT records; M&E reports

The target number is 100% composed by men.

Activities

Activity 1.1.1

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

GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way.
During the first month of implementation:
1. A questionnaire is going to be designed by RI's GBV expert;
2. Staff will be recruited and specifically trained on GBV assessment;
3. Trained staff is going to be deployed;
4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention.

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;

GBV: Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff

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;

GBV: sensitisation campaign and community dialogues
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services.

Activity 1.1.4

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;

GBV: Set up of Women Friendly Health Spaces
WFHS will be set up in consultation with the main community authorities and with intended beneficiaries (women) during the further assessment phase (first month of the project in the communities and volunteers will be trained in PFA and referral to RI internal expert. The WFHSs shall be located in the communities to provide quality PSS (group and individual) services, recreation activities and raise awareness about GBV, RH and personal hygiene. Women and girls identified for regular PSS session by the mobile teams, shall be provided with sessions in WFHSs including provision of dignity kits.

Activity 1.1.5

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;

GBV: PSS and GBV services through a Mobile outreach teams (PSS/GBV) – stand-alone service
Protection services targeting victims of violence and abuse, including GBV cases are set up as standalone services and delivered through mobile outreach teams (Kunar).

Activity 1.1.6

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;

GBV: Monitoring and Evaluation
M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E officers will also monitor increases in community support for safe spaces, WFHSs, as well as other means of support for victims of GBV. Increases will be monitored through interviews with men and community elders, as well as affected community members (women, girls, etc.) to determine the extent of a community mindset shift with regards to GBV.
M&E described here also applies to all other GBV activities. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.7

Standard Activity : SA2- Integrated protection services implemented within the actions of other Clusters and protection assessments in consultation with the APC.

Protection services have been integrated in the following Clusters' activities:
FSAC: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.
HEALTH: health consultations for women also include identification of GBV survivors, provision of PSS support to GBV survivors and referrals of identified cases to other services in the area.
WASH: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.
ESNFI: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.

Activity 1.1.8

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

GBV: Integration of PSS and GBV services into MHT
Protection services targeting victims of violence and abuse, including GBV cases, are integrated into MHT (Paktika, Ghazni, and Nangarhar).

Output 1.2

Description

300 women have access to safe WASH assistance, through upgrade of WASH facilities in clinics (gender segregated facilities) and women specific hygiene items, including dignity kit.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects. The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
Programmatic risks include: diversion of aid; beneficiaries could face threats while coming from and going to the distribution center; beneficiaries might be targeted or RI access be compromised by the part of the community who was not selected for assistance; RI will put the following mitigation measures in place: consult the CDCs and families on preferred location for distribution; serve families who cannot reach the distribution center (or cannot reach it safely) directly door-to-door; design the distribution center in a way that is safe and culturally acceptable (including gender segregation); run a sensitization campaign and ensure that the criteria for selection are clear and that the process is transparent, and supervised by CDC representatives; as much as possible, RI will procure locally in the Districts, or in the Provincial center.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	PROTECTION	% of women with safe access to latrines at health facilities					100
Means of Verification : Number of women with access to WASH facilities when attending a health facility/number of women who attended the health facility M&E visits; Works completion report.							
Indicator 1.2.2	PROTECTION	Number of women with access to dignity kits					300
Means of Verification : Beneficiaries lists; Distribution lists; Beneficiaries are 100% women.							
Indicator 1.2.3	PROTECTION	Percentage (75%) of women who report feeling less vulnerable as a consequence of the assistance received					75
Means of Verification : Number of women who received the service and feel less vulnerable as a result of same/umber of women who received the service Beneficiaries' lists; PDM forms, Interview/focus group notes							
Indicator 1.2.4	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		300		0	300
Means of Verification : Beneficiaries lists; Distributions lists							
Indicator 1.2.5	PROTECTION	Number of women with access to WASH kits					300
Means of Verification : Beneficiaries lists; distribution lists.							

Activities

Activity 1.2.1

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

Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff
Sensitization campaign and consultations
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate.
Beneficiaries' identification and targeting
Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items.
Upgrading of WASH services in health facilities to meet safety and protection standards
WASH services at health facilities are upgraded to standard, including separation of facilities between men and women
Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.

Activity 1.2.2

Standard Activity : SA2- Integrated protection services implemented within the actions of other Clusters and protection assessments in consultation with the APC.

Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff
Sensitization campaign and consultations
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted.
Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate.
Beneficiaries' identification and targeting
Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items.
Upgrading of WASH services in health facilities to meet safety and protection standards
WASH services at health facilities are upgraded to standard, including separation of facilities between men and women
Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.

Output 1.3

Description

267 female headed HHs whose vulnerability to violence and abuse is mitigated by access to food assistance.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
Project specific risks include: reprisals against women for receiving assistance; diversion of aid/cash assistance (including appropriation by relatives). Assumptions are the following: RI can implement safe means for follow up with women; cash delivery continues to be an accepted, safe and dignified modality; services women can be referred to continue to exist (Nangarhar and Kunar) or are successfully set up by RI (Paktika and Ghazni).

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.3.1	PROTECTION	Number of women headed families or unaccompanied females who can safely access food assistance.					267
Means of Verification : Beneficiaries' lists; Distribution lists. Direct beneficiaries are 100% women.							
Indicator 1.3.2	PROTECTION	Percentage (%) of women who feel less vulnerable as a consequence of the assistance received.					75
Means of Verification : Number of women who received the assistance and feel less vulnerable as a result of same/umber of women who received the assistance Distribution lists; PDM forms, Interview/focus group notes							
Indicator 1.3.3	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		267		0	267
Means of Verification : Beneficiaries lists; distribution lists							

Activities

Activity 1.3.1

Standard Activity : SA2- Integrated protection services implemented within the actions of other Clusters and protection assessments in consultation with the APC.

Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers and train them in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff
Sensitization campaign and consultations
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate.
Beneficiaries' identification and targeting
Beneficiaries are identified and enrolled into the project for distribution of food assistance.
Distribution of Food assistance
Food assistance in form of cash – preferable and possible according to market snapshot (Annex 3) - targets unaccompanied women or women head of family to prevent abuse coming from the situation of disadvantage. Whenever cash modality becomes unfeasible or unadvisable due to sudden market disruption or increased conflict, RI will switch to in-kind modality.
Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.

Additional Targets :

EMERGENCY SHELTER AND NON-FOOD ITEMS

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1:Enabling Action: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict	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	50
Objective 1:Enabling Action: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict	SO3: The impact of shock induced acute vulnerability is mitigated in the medium term	25
Objective 1: Coordinated and timely ES-NFI response to families affected and displaced by natural disaster and armed conflict	SO3: The impact of shock induced acute vulnerability is mitigated in the medium term	25

Contribution to Cluster/Sector Objectives : Procurement and stock of NFI kits will increase the response capacity in Ghazni, characterized by high conflict, high displacement, few humanitarian actors and limited emergency response capacity.

Outcome 1

Emergency response capacity is enhanced through increased stocks of cluster-approved, standard NFI kits in Ghazni Province.

Output 1.1

Description

300 cluster-approved, standard NFI kits are stocked in Ghazni Province for immediate response after assessment of immediate needs.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, will continue, especially in the contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target geography and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	EMERGENCY SHELTER AND NON-FOOD ITEMS	SA2 - Enabling Action (Decentralisation of Stocks) - Number of stocks procured for high conflict-risk areas	300				300

Means of Verification : Procurement documentation; Stocks reports

NOTE: The target number expresses the number of stocks. Due to the set up of the online form, breakdown tab -although not applicable- had to be filled in.

Indicator 1.1.2	EMERGENCY SHELTER AND NON-FOOD ITEMS	Number of IDPs families in Muqur, Ghazni, assessed for NFI needs.					723

Means of Verification : Assessment report;

Activities

Activity 1.1.1

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

Warehouse space identified
Warehouse space appropriate for the number and type of stocks procured is identified and set up.

Activity 1.1.2

Standard Activity : SA2- Enabling Action (Decentralisation of Stockpiles) - Procurement of stocks for high conflict-risk areas but not for replenishment of stocks moved to these areas.

Procurement of NFI kits
300 cluster-approved, standard NFI kits will be procured.

Activity 1.1.3

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

Stocks of NFI kits created in Ghazni Province
300 cluster-approved, standard NFI kits will be stored in Ghazni Province for immediate distribution upon needs assessment.

Activity 1.1.4

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

Stocks management
Shelter NFI Cluster and its partners will be notified and stocks report kept updated

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	25
Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	25
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	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	25
Objective 2: Ensure timely and adequate access to WASH services in situations (returnees transit points, health centers, therapeutic feeding centers, schools, etc.) affected by emergencies	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	25

Contribution to Cluster/Sector Objectives : The proposed project tackles the problem of inadequate WASH both at the community and at the family level. At the community level, the project proposes health facility-based improvement of water, sanitation and hygiene conditions in target Districts (Annex 4). This will contribute towards improved health, safety and disease and infection prevention, and fits into the WHO/UNICEF global action plan launched in 2015. WASH in health facilities is even more critical in the context of the hard to reach areas in the target Provinces, where capacity is limited and services are stretched due to the surge in IDP numbers, mainly due to conflict (Annex 2). The community approach largely responds to Cluster Objective (CO) 2.
At the family level, the project will respond to the needs of new or prolonged IDP families who, because of displacement, are living without access to basic water and sanitation services, and basic hygiene. This compromises their dignity and health, leaving them more vulnerable and exposed to threats; at the same time, the danger of diarrhea and other diseases is high and threatens the wellbeing of the entire community. Family assistance will also include additional female specific hygiene items to decrease women's vulnerabilities specifically connected to menstrual hygiene. This family based part of the intervention contributes towards CO1.

Outcome 1

Families in Dara-I-Pech and Wata Pur (Kunar) and Moqur (Ghazni) whose ability to access adequate water, sanitation and hygiene has been compromised by displacement (recent or protracted) have re-established access to standard WASH services.

Output 1.1

Description

402 families (2813 individuals) or 40% of the caseload in need of assistance in Muqur (Ghazni) and Dara-I-Pech and Wata Pur (Kunar) receive the standard WASH package including hygiene items; 703 families or 69% of caseload (those with no access to and in need of water purification) receive water purification items and training; 250 families receive upgrade of sanitation facilities (lock pads) to increase privacy and safe use of sanitation facilities. To the standard package, female specific hygiene items will be added to target those women who are in a particular condition of disadvantage and vulnerability (Annex 5). In-kind is the prefer transfer modality due to the limited availability of hygiene and water purification items on the market (Annex 3).

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in the contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects. The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).
Programmatic risks include: diversion of aid; beneficiaries could face threats while coming from and going to the distribution center; beneficiaries might be targeted or RI access be compromised by the part of the community who was not selected for assistance; RI will put the following mitigation measures in place: consult the CDCs and families on preferred location for distribution; serve families who cannot reach the distribution center (or cannot reach it safely) directly door-to-door; design the distribution center in a way that is safe and culturally acceptable (including gender segregation); run a sensitization campaign and ensure that the criteria for selection are clear and that the process is transparent, and supervised by CDC representatives; as much as possible, RI will procure locally in the Districts, or in the Provincial center.

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	1,034	1,083	1,378	1,428	4,923
Means of Verification : PDM form; M&E officer's visits.							
Indicator 1.1.2	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	367	386	490	507	1,750
Means of Verification : PDM form; M&E officer's visits.							
Indicator 1.1.3	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to water and soap for handwashing	591	618	788	816	2,813
Means of Verification : PDM form; M&E officer's visits.							
Indicator 1.1.4	WATER, SANITATION AND HYGIENE	Number of Cluster approved, standard hygiene kits distributed					402
Means of Verification : PDM form; M&E officer's visits; photographs							
Indicator 1.1.5	WATER, SANITATION AND HYGIENE	Number of people receiving awareness raising sessions on water treatment, hygiene and use of sanitation facilities					4,923
Means of Verification : Attendance sheets; M&E officer's visits; photographs. Beneficiaries numbers include: Men 1034 Women 1083 Boys 1378 Girls 1428							
Indicator 1.1.6	WATER, SANITATION AND HYGIENE	Percentage (%) of people trained on proper water treatment, etc. utilizing methods during daily life and work					75
Means of Verification : Number of people who receive the training and is adopting the correct measures/Number of people who received the training Post-training surveys and questionnaires							

Activities

Activity 1.1.1

Standard Activity : Countrywide Household Level Emergency Assessment Tool (HEAT) training and Training of Trainers;

HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria.

Activity 1.1.2

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.

WASH: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

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.

WASH: beneficiaries' selection
Beneficiaries will be selected on the basis of WFP targeting and vulnerability criteria, together with sector specific needs

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.

WASH: Distribution to beneficiaries
402 cluster approved, standard WASH kit; 703 water purification kits; 250 lock bars are distributed to selected beneficiaries in the target locations.

Activity 1.1.5

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.

WASH: Awareness raising
Awareness raising sessions on water, sanitation and hygiene are conducted at the community level.
Monitoring and Evaluation

Activity 1.1.6

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.

WASH: M&E
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by sex and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint, staffed by male and female personnel) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle.
M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Output 1.2

Description

4 latrines and 6 lavatories will be constructed in 3 health facilities in Ghazni, Paktika and Nangarhar.

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in the contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects. The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy.
Programmatic risks include: delays due to signature of MOU with MOPH/Foreign Affairs Department; delays in procuring and transporting repair and construction materials, due to conflict (including road closures; providers' inability to procure on time due to closed borders etc.) or seasonal events (snow during winter). RI will mitigate said risks by engaging with MOPH on time (RI is registered partner and discussions on MOU have started in late July 2017 with MOPH/Foreign Affairs Department for MOU signature; as much as possible, RI will procure locally in the Districts, or in the Provincial center.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.2.1	WATER, SANITATION AND HYGIENE	Number of latrines built, segregated by gender and with hand washing point					6
Means of Verification : Construction works records; Interim and final reports; photographs							
Indicator 1.2.2	WATER, SANITATION AND HYGIENE	SA2- Number of institutions in need with access to appropriate WASH facilities	3	0	0	0	3

Means of Verification : Baseline report; Interim and final reports; Photographs

NOTE: The target number expresses the number of institutions. Due to the set up of the online form, breakdown tab -although not applicable- had to be filled in.

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.

WASH (Community) Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

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.

WASH (Community) Awareness raising
Messaging on sanitation and hygiene target patients and staff at the health facilities where sanitation has been rehabilitated and hygiene improved.

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.

WASH (Community) Procurement and transport of materials
Repair and reconstruction materials are procured and transported to the target locations.

Activity 1.2.4

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.

WASH (Community) Rehabilitation of WASH services in the target health facilities
WASH services (1x male latrine, 1x female latrines and hand washing facilities) in the 3 target health facilities are rehabilitated according to standard.

Activity 1.2.5

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.

WASH (Community) Monitoring and Evaluation
M&E tools, including the baseline survey, progress reports and end line survey, including beneficiaries' satisfaction, will be used. Data will be disaggregated by sex and age. The baseline survey will provide a more detailed snapshot of rehabilitation works needed, and will provide the baseline to measure progress and achievement upon project completion.
M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Additional Targets :

COORDINATION AND COMMON SERVICES

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Enabling Action (Assessments)- Strengthen humanitarian actor's response through the coordinated multi-sector assessments to inform humanitarian programing, strategic decision-making and improve understanding of critical humanitarian needs	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	25
Objective 2: Enabling Action: (Risk Management)- Strengthen risk management measures of recipient and sub-implementing partners to enhance accountability and localisation of humanitarian assistance.	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	25
Objective 1: Enabling Action (Assessments)- Strengthen humanitarian actor's response through the coordinated multi-sector assessments to inform humanitarian programing, strategic decision-making and improve understanding of critical humanitarian needs	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	25
Objective 2: Enabling Action: (Risk Management)- Strengthen risk management measures of recipient and sub-implementing partners to enhance accountability and localisation of humanitarian assistance.	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	25

Contribution to Cluster/Sector Objectives : Though these actions, the project proposes to gather information and enhance the understanding of humanitarian needs in the project areas, where communities are hard to reach, and the number of actors able to physically access them limited. In addition, RI proposes to contribute to OBJ2 by starting and maintaining a risk register, which will enable RI to expand access strategies and operational safety.

Outcome 1

Sector specific assessments and risk registers for in 5 hard to reach Districts in Ghazni, Paktika, Nangarhar and Kunar narrow gaps in the understanding of humanitarian needs and in the longer terms increase coverage and humanitarian aid effectiveness.

Output 1.1

Description

Sector specific needs assessments (Shelter and winterization; GBV; Health) and risk registers (one per district) are compiled in the 5 target Districts (Urgun, Paktika; Dara-I-Pech and Wata Pur, Kunar; Surkh Rod, Nangarhar; Urgun, Paktika).

Assumptions & Risks

It is expected that conflict and displacement in Ghazni, Paktika, Nangarhar and Kunar will continue, especially in these contested areas. It is assumed that RI maintains its physical access to target communities and direct access to vulnerable groups (including unaccompanied female headed families), gained with over 10 year experience implementing in the target Districts and working with CDCs and retained by regular communication (bi-weekly phone calls and early warning mechanism) and inclusion of CDCs, other authorities and the larger community in the design and implementation of projects.
The main risk to RI staff and CHF proposed project is constituted by escalation of conflict. This is mitigated by adopting a principled approach, project RI as neutral and impartial and by working through communities and never through political or conflict parties, according to RI Access Policy (Annex 6).

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	COORDINATION AND COMMON SERVICES	SA2 -Enabling Action (Assessments) - Number of cluster led sector specific needs assessments designed and implemented to enhance humanitarian needs analysis and inform strategic targeting and prioritisation					3
Means of Verification : 3 sector specific needs assessments including: Shelter; GBV and Health							
Indicator 1.1.2	COORDINATION AND COMMON SERVICES	SA2- Enabling Action (Assessments) - Number of provinces for which recent data on key humanitarian indicators to inform the 2018 CHF 1st Standard Allocation is available					4
Means of Verification : Sector specific needs assessment conducted in the 4 target Provinces and shared with relevant clusters							
Indicator 1.1.3	COORDINATION AND COMMON SERVICES	SA2- Enabling Action (Risk Management) - Number of risk registers completed and adhered to during project implementation					5
Means of Verification : One risk register per district, shared with HAG.							
Indicator 1.1.4	COORDINATION AND COMMON SERVICES	Number of information products and reports to be shared monthly with OCHA and through OCHA with other stakeholders, as relevant					4
Means of Verification : RI will submit a map of stakeholders, areas of influence, conflict dynamics and a district-by-district risk register. These products will be updated monthly or as relevant and shared with OCHA and through OCHA to other actors, as appropriate.							

Activities

Activity 1.1.1

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

CCS: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.2

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

CCS: Data collection
A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.

Activity 1.1.3

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

CCS: Assessment Database sharing and data analysis
A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be prepared and distributed to the humanitarian community in Afghanistan as appropriate.

Activity 1.1.4

Standard Activity : SA2- Enabling Action (Risk Management)- Partner sub-contracting to consultants which support the design and implementation of risk registers.

CCS: RM
A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task.

CCS: Risk register sharing and analysis
A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis.

Activity 1.1.5

Standard Activity : SA2- Enabling Action (Risk Management)- Partner sub-contracting to consultants which support the design and implementation of risk registers.

CCS: RM
A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task.

CCS: Systems set up
Systems will be developed and put in place to guarantee the maintenance of updated assessment and needs monitoring, and risk register.

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and reporting plan. The project has a robust monitoring and evaluation plan which draws on RI's extensive experience in managing complex humanitarian programmes in Afghanistan and other contexts. The project's Logical Framework includes objectively verifiable indicators (OVIs), descriptions, targets and data sources, using sex-disaggregated data, and will be used to monitor progress towards target and achievement of objectives set in the Logical Framework. In addition to the necessary and mandated OVIs included in the individual logical frameworks, RI will undertake a participatory and inclusive approach to learning, as well as identifying and documenting best practices that can extend beyond the life of this specific project. RI operates under M&E best practices as established and articulated by the American Evaluation Association (AEA), with policies and procedures that protect the confidentiality and dignity of beneficiaries and stakeholders while seeking to highlight and report on both expected and unexpected outcomes and impacts of RI's work. The M&E project team will engage key stakeholders including beneficiaries, elders, CDCs, women representation groups. RI's approach to M&E is participatory, adaptive and adequately financed.
Key M&E activities include:
1. A baseline study conducted in month 1, which will establish subsequent levels of vulnerability. These will form the basis to compare progress against by the end of the project.
2. Ongoing monitoring will take place on a monthly basis, and will be mapped against key activities. These include monitoring the delivery and uptake of key services (emergency, BHS services, trauma care and PSS and First Aid Trauma Posts). Post-distribution monitoring of cash distribution and in-kind assistance will aim at understanding satisfaction with amount of cash and modality, satisfaction with in-kind assistance received and distribution process; feedback and complaints mechanisms will also be set up and amendments will be made in itinere as necessary.
3. RI will submit a map of stakeholders, areas of influence, conflict dynamics and a district-by-district risk register. These products will be shared with OCHA and through OCHA to other actors, as appropriate.
4. Internal project reporting procedures will ensure that monitoring reports shape the planning of each phase of the project. Weekly reporting will be conducted and compiled from project management staff for review at the country level.
5. RI will also seek feedback from stakeholders and beneficiaries to determine completion or extent of completion of identified output and outcome-level indicators as well as to determine extent of unanticipated change in people's lives and behaviours. This feedback will focus both on totality of impact of RI's work as well as any plausible contribution generated towards other development outcomes.
RI will directly implement the M&E plan. Key staff include M&E Manager, based in Kabul and responsible for M&E officers, one per each province, responsible for monitoring progress; monitoring quality in the delivery of services and issues arising during implementation; collecting feedback during field visits and manage complaints, including sending them to Kabul for handling at higher levels.
Key monitoring tools will include key informant interviews, market monitoring tool to ensure relevance of cash modality throughout the intervention, sector-specific PDM tools; distribution lists and procurement records to monitor procurement and distribution of hygiene kits, dignity kits, pharmaceuticals and other products. To ensure further beneficiary accountability, RI will establish a feedback and complaints mechanism for targeted families, communities and local authorities so the beneficiaries themselves are able to voice their concerns and opinions. A multi-modality system will be implemented that allows one to leave feedback by phone, in writing/SMS or directly to the M&E officer.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: CCS: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.	2017										X	X	
	2018	X											
Activity 1.1.1: GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained on GBV assessment; 3. Trained staff is going to be deployed; 4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention.	2017										X		
	2018												
Activity 1.1.1: HEALTH: medical staff recruitment. RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include trauma care training to medical staff in Ghazni and Paktika.	2017										X	X	
	2018												
Activity 1.1.1: HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria.	2017										X	X	
	2018												

Activity 1.1.1: Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.1: Warehouse space identified Warehouse space appropriate for the number and type of stocks procured is identified and set up.	2017										X	X	
	2018												
Activity 1.1.10: FSAC: Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.11: FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.	2017											X	X
	2018	X											
Activity 1.1.12: FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.	2017											X	X
	2018	X											
Activity 1.1.2: CCS: Data collection A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.	2017										X		
	2018												
Activity 1.1.2: FSAC: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.	2017										X	X	
	2018												
Activity 1.1.2: GBV: Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff	2017										X	X	
	2018												
Activity 1.1.2: HEALTH: Procurement of drugs and equipment Drugs and equipment are going to be procured to set up 2 fully functioning First Aid Trauma Posts and 3 fully functioning MHTs.	2017										X	X	
	2018												
Activity 1.1.2: Procurement of NFI kits 300 cluster-approved, standard NFI kits will be procured.	2017										X	X	X
	2018												
Activity 1.1.2: WASH: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.	2017										X	X	
	2018												
Activity 1.1.3: CCS: Assessment Database sharing and data analysis A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be prepared and distributed to the humanitarian community in Afghanistan as appropriate.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.3: FSAC: Signature of MOU RI signs an MOU with local authorities (DORR) as formal approval of project activities.	2017										X		
	2018												

Activity 1.1.3: GBV: sensitisation campaign and community dialogues Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services.	2017												
	2018												
Activity 1.1.3: HEALTH: two FATPs established Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.3: Stocks of NFI kits created in Ghazni Province 300 cluster-approved, standard NFI kits will be stored in Ghazni Province for immediate distribution upon needs assessment.	2017												X
	2018	X	X	X	X	X	X	X					
Activity 1.1.3: WASH: beneficiaries' selection Beneficiaries will be selected on the basis of WFP targeting and vulnerability criteria, together with sector specific needs	2017										X	X	
	2018												
Activity 1.1.4: CCS: RM A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task. CCS: Risk register sharing and analysis A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.4: FSAC: Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with the community groups (CDCs, elders and families) on safety measures to be adopted, including location for the distribution center. A second sensitization campaign will communicate to selected beneficiaries frequency, and time and place of the disbursements, together with the rules and documents necessary to receive the disbursement.	2017										X	X	
	2018												
Activity 1.1.4: GBV: Set up of Women Friendly Health Spaces WFHS will be set up in consultation with the main community authorities and with intended beneficiaries (women) during the further assessment phase (first month of the project in the communities and volunteers will be trained in PFA and referral to RI internal expert. The WFHSs shall be located in the communities to provide quality PSS (group and individual) services, recreation activities and raise awareness about GBV, RH and personal hygiene. Women and girls identified for regular PSS session by the mobile teams, shall be provided with sessions in WFHSs including provision of dignity kits.	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.4: HEALTH: monitoring and evaluation M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.4: Stocks management Shelter NFI Cluster and its partners will be notified and stocks report kept updated	2017												X
	2018	X	X	X	X	X	X	X					
Activity 1.1.4: WASH: Distribution to beneficiaries 402 cluster approved, standard WASH kit; 703 water purification kits; 250 lock bars are distributed to selected beneficiaries in the target locations.	2017												X
	2018	X	X	X	X	X	X	X					

Activity 1.1.5: CCS: RM A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task. CCS: Systems set up Systems will be developed and put in place to guarantee the maintenance of updated assessment and needs monitoring, and risk register.	2017										X	X	X
	2018												
Activity 1.1.5: FSAC: Baseline assessments Collection of baseline data on Food Consumption Score (FCS) (disaggregated by gender and age of the head of HH).	2017										X		
	2018												
Activity 1.1.5: GBV: PSS and GBV services through a Mobile outreach teams (PSS/GBV) – stand-alone service Protection services targeting victims of violence and abuse, including GBV cases are set up as standalone services and delivered through mobile outreach teams (Kunar).	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.5: HEALTH: Delivery of emergency and BHS services through 3 MHTs Delivery of emergency and BHS services to conflict and displacement affected populations in Ghazni, Paktika and Nangarhar through the MHTs.	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.5: WASH: Awareness raising Awareness raising sessions on water, sanitation and hygiene are conducted at the community level. Monitoring and Evaluation	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.6: FSAC: HH will be assessed with standard HEAT tools. Beneficiaries meeting all the WFP Selection and Targeting criteria will be selected and inserted in beneficiaries' lists.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.6: GBV: Monitoring and Evaluation M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E officers will also monitor increases in community support for safe spaces, WFHSs, as well as other means of support for victims of GBV. Increases will be monitored through interviews with men and community elders, as well as affected community members (women, girls, etc.) to determine the extent of a community mindset shift with regards to GBV. M&E described here also applies to all other GBV activities. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.6: HEALTH: Vehicle rental and equipment Vehicle for the MHT will be rented and equipped with medical equipment and drugs.	2017										X	X	
	2018												
Activity 1.1.6: WASH: M&E M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by sex and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint, staffed by male and female personnel) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.7: FSAC: Beneficiaries selection Selection of beneficiaries according to HHs assessment through the HEAT tool. WFP targeting and vulnerability criteria will also be employed to target and prioritize vulnerabilities: Women or child HoH without adult male; HHs with dependency ratio of 9 or more; HHs with no adult male of working age or adult working women; Person with disability, chronic illness or elder as HoH; HH with poor asset holdings (Annex 10).	2017											X	X
	2018	X	X	X	X	X	X	X					

Activity 1.1.7: Protection services have been integrated in the following Clusters' activities: FSAC: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative. HEALTH: health consultations for women also include identification of GBV survivors, provision of PSS support to GBV survivors and referrals of identified cases to other services in the area. WASH: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative. ESNFI: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.8: FSAC: Cash distribution Distribution of cash to selected beneficiaries, in place and time identified through communities' inputs and set up in a safe and culturally acceptable way (including separation between male and female cash collection points; set up of shades; etc.). RI will be directly in charge of cash distribution, drawing on its consolidated experience in projects transferring resources through cash, such as for example: CHF project with a component of cash for food, cash for agricultural kits, multi-purpose cash transfers; Social protection programmes involving cash transfers to poor and vulnerable families, including the current ASPP.	2017											X	X
	2018	X	X	X	X	X	X						
Activity 1.1.8: GBV: Integration of PSS and GBV services into MHT Protection services targeting victims of violence and abuse, including GBV cases, are integrated into MHT (Paktika, Ghazni, and Nangarhar).	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.1.9: FSAC: PDM A PDM tool, developed by RI in coordination with other FSAC partners, will be used to monitor achievements, quality of the project and beneficiary satisfaction between 15 days and 1 month after distribution of the last instalment.	2017												X
	2018	X	X	X	X	X	X	X					
Activity 1.2.1: Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Beneficiaries' identification and targeting Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items. Upgrading of WASH services in health facilities to meet safety and protection standards WASH services at health facilities are upgraded to standard, including separation of facilities between men and women Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.2.1: WASH (Community) Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.	2017										X	X	
	2018												

Activity 1.2.2: Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Beneficiaries' identification and targeting Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items. Upgrading of WASH services in health facilities to meet safety and protection standards WASH services at health facilities are upgraded to standard, including separation of facilities between men and women Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.	2017										X		
	2018												
Activity 1.2.2: WASH (Community) Awareness raising Messaging on sanitation and hygiene target patients and staff at the health facilities where sanitation has been rehabilitated and hygiene improved.	2017											X	X
	2018	X	X	X	X	X	X	X					
Activity 1.2.3: WASH (Community) Procurement and transport of materials Repair and reconstruction materials are procured and transported to the target locations.	2017											X	X
	2018	X											
Activity 1.2.4: WASH (Community) Rehabilitation of WASH services in the target health facilities WASH services (1x male latrine, 1x female latrines and hand washing facilities) in the 3 target health facilities are rehabilitated according to standard.	2017												
	2018	X	X	X	X	X	X	X					
Activity 1.2.5: WASH (Community) Monitoring and Evaluation M&E tools, including the baseline survey, progress reports and end line survey, including beneficiaries' satisfaction, will be used. Data will be disaggregated by sex and age. The baseline survey will provide a more detailed snapshot of rehabilitation works needed, and will provide the baseline to measure progress and achievement upon project completion. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.	2017										X	X	X
	2018	X	X	X	X	X	X	X					
Activity 1.3.1: Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers and train them in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Beneficiaries' identification and targeting Beneficiaries are identified and enrolled into the project for distribution of food assistance. Distribution of Food assistance Food assistance in form of cash – preferable and possible according to market snapshot (Annex 3) - targets unaccompanied women or women head of family to prevent abuse coming from the situation of disadvantage. Whenever cash modality becomes unfeasible or unadvisable due to sudden market disruption or increased conflict, RI will switch to in-kind modality. Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.	2017										X	X	
	2018	X											

OTHER INFO

Accountability to Affected Populations

RI has worked in consultation and close coordination with CDCs, local authorities, Government departments, community members of both genders and health facilities during the project design and planning phase. The project will be approved by DORR and DOPH through an MOU to be put in place during the inception phase of the project.
A multi-modality feedback and complaint system will be implemented that allows one to leave feedback by phone, in writing and/or SMS. The multi-modality approach is a consolidated system consolidated in other RI countries of operation, like Iran, and has recently been rolled out in Afghanistan. In addition to the above, beneficiaries will be able to give feedback to the M&E officer, who will frequently, and not less than once per month, visit each community and collect complaints as well as suggestions for improvement. The M&E Officer will always be accompanied by a trained social mobiliser of opposite gender to ensure that both men and women, girls and boys have access to a culturally acceptable and protected way to leave their feedback.
RI has included the Do No Harm principle and approach starting from the field assessment and community consultations. RI has designed this project including key aspects of Do No Harm, resulting in measures ensuring that those whom the project intend to benefit can enjoy the assistance they are entitled to in safety and security and without undertaking risks, or becoming a target while doing so. Some of the actions included: separated distribution points for men and women; location of distribution points as indicated by the communities; visit to houses of those individuals who because of distance, security constrains or physical constraints cannot access the assistance they are entitled to, either in kind or in cash, at distribution centres; understand the dynamics and power over resources that each specific category has and use the project to make access to resources more equal.

Implementation Plan

RI will directly implement the project in the target hard to reach districts, leveraging its current operational presence.
Social mobilisers, additional security staff (including the Security management officer) and dedicated systems staff will be the first to be recruited and trained in RI policies and in assessment methodologies. They will be immediately deployed to run assessments and collect baselines as needed. Security teams will collect the information to inform the risk register, which will be maintained and updated throughout the life of the project. All information will be collected at field level and managed at field level by the Security management officers; information will also be worked on in Kabul. Given the rapid flow of information required, a dedicated translator will be assigned to the project. Systems staff will be in charge of further recruitment of programmes stuff, set up the sub-office in Muqur and procurement of in-kind assistance, including setting up stocks and equipping MHTs/MOT. Technical staff recruited will start their jobs on month two and will deliver the services for a total period of 8 months. One Programme manager will be in charge of the whole project and directly manage field managers, one per each province. The PM will undertake at least one trip per month to visit the project sites. Provincial Programme Coordinator will be in charge of the systems part of the project and report into the Director of Implementation. The Humanitarian Coordinator will be in charge of project quality and coordinated approach both at District, Provincial and National level, through Clusters, bilateral and other fora as relevant.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MORR/DORR	Both at Kabul and Provincial level. Data on displacement and population movements; discussions around MOU for implementation in target areas.
MOPH/DOPH	Both at Kabul and Provincial level. Discussions on RI plans, including: beneficiaries; targeting (including targeting of health facilities); activities; Government standard. Wide collaboration during assessment design and project planning. Discussions around MOU needed to implement the activities in target geography; this also involved the International Relations Department.
UNICEF/WASH Cluster	WASH standards and technical advice. RI has also been pre-allocated 402 WASH kits to be distributed to beneficiaries in target geographies on the basis of need
WHO/Health cluster	Standards for programme delivery, including guidelines for Mobile Health Teams, drugs procurement etc.
FAO/FSAC Cluster	Discussion of tools, standards, technical discussion.
UNFPA/GBV SC	Early involvement in the design of the project; technical support and feedback; forum for coordination with other partners
DACAAR	Coordination on target areas and activities in Kunar Province (WASH)
MADERA	Coordination on target areas and activities in Kunar Province (Food Security)
OCHA	At Kabul and Provincial level, discussion on overall priorities, best practices and approach
UNHCR/ESNFI Cluster	Cluster meetings and smaller working groups to define exact strategy for assessments and their function in the implementation of the winterisation strategy and in the definition of the shelter cluster response strategy for 2018.
REACH	Collaboration on the definition of a common needs assessment to be used during the assessment exercise in month 1.

RMU	Coordination with RMU on content and use of mapping and analysis exercise for all risks concerning a wide programming portfolio in target districts. The risk register will contribute to enhance safe access for the proposed and existing projects in target districts. continuously monitored and regularly updated, it will also constitute the basis for future programming in target districts. RI will share mappings, information and updates, and the full document, with OCHA, and with other partners as relevant through coordination mechanisms. RI will coordinate with existing implementing partners and eventual future implementing NGOs in target districts, to support safe access.
ICLA partners	Coordination and collaboration with ICLA partners for civil documentation of women
UNHCR/APC	Coordination on protection issues and integration of protection activities in the multi-sector proposal design.
WFP	Coordination with WFP on targeting and vulnerability criteria.

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

2b-The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

RI has an accepted operation presence in the target areas and had direct access to the populations in need during the assessment, consultation phase and design of the project. RI was able to access groups with special needs, including women, children (mostly boys) and elderly. This provided a good insight that was then instrumental in designing a project which took into consideration specific needs of men and women, boys and girls and how the different categories interact and access assistance. Assessment data was broken down by age and gender. Project summary, Needs Assessment, Logical Framework and M&E paragraphs explain distinctive needs and how the project is equipped to respond differently to different needs, adapting the approach in accessing different vulnerable populations. Activities and Outcomes are gender specific. In addition, this project directly contributes to advancing gender equality by: distributing WASH kits to female headed HHs, who were systematically scoring lower than male headed HHs in the WASH survey; offering survivors and people at risk of GBV specific services and a safe environment were to meet and receive targeted assistance; assisting with cash for food female headed HHs, systematically adopting more negative copying mechanisms than male headed HHs, etc. This programme aims at meeting needs triggered by displacement and bridging the gaps in access to resources between women and men, boys and girls; gaps which are attributable to definition of gender in society, and rules and norms departing from that same definition.

Protection Mainstreaming

Conflict and displacement has different effects on boys and girls, women and men, children and elderly, physically impaired and other categories who might have specific needs. RI understands that there are differences in how different groups of beneficiaries access, interact with and benefit from services RI will offer through this project. These differences, on the basis of gender, age, disability and ethnicity have been and will continue to be analysed and project activities adapted accordingly. RI's mainstreams protection throughout the project activities to ensure the project recognises and understands the differences in beneficiaries, does not do harm and accomplishes the objectives it is set to achieve.

RI will do this through 7 main ways:
1. Carrying out early assessment and inclusive consultation and outreach that reaches all layers of the community, so that the needs of all are understood and activities are planned and delivered in a way that is responsive to the needs of all social groups. Consultation and assessments will take place with both male and female groups, different age groups and will be facilitated by male and female staff separately.
2. Ensuring location and timing of activities are suitable for women, men, girls and boys; that they are readily accessible for those with physical disabilities, through conducting security risk assessments on good locations, understanding appropriate venues through consultation, understand timings when different groups are available, making accessibility improvements to venues where needed.
3. Ensuring services are delivered in a culturally appropriate way, including through properly trained, male and female staff available for counselling and health services, so that both male and female beneficiaries can access quality, culturally appropriate support; establishing gender segregated sanitation facilities and distribution points; offering female specific services in separate, private and protection conducive environment such as the WFHSs. Staff will be qualified for their roles, e.g. psychosocial support, but will be further trained by RI on gender concepts and inclusivity.
4. Maintaining privacy and confidentiality in health and psychosocial support and training staff thoroughly on this, so that beneficiaries can derive benefit and be open in their information without fearing reprisals or embarrassment.
5. Ensuring community sensitisation work promotes rights and makes it clear to beneficiaries how to claim their rights.
6. Understanding and supporting positive community coping strategies already implemented through assessments and consultation, enhancing self-protection, whilst also recognising and mitigating where possible, root causes of potential negative coping strategies (e.g. child marriage)
7. Employing adaptive management techniques in the delivery of this project, using the monitoring data collected through the project to identify gaps or skewed delivery and adapt the project accordingly to make sure no one is missed.

Country Specific Information

Safety and Security

The security situation in each of the five proposed districts is different and fluid. RI will implement the project directly via provincial offices, though which it can reach each target District and Community.
RI has offices in Jalalabad (Nangarhar), Asadabad (Kunar), Ghazni City (Ghazni) and Sharana (Paktika).
Wata Pur and Dara-i-Pech are both districts in which RI has a longstanding presence via NSP and the recently concluded 2016 CHF in Wata Pur. Both districts maintain a minority of villages under GOA control, however – through existing relations with CDCs – RI has been able to achieve strong acceptance and implement projects in communities, including those under the control of the IEA. This project draws heavily on relationships cultivated over the years (with CDCs, DDAs, district authorities, elders, etc.). To strengthen this approach, RI will spend the first month mapping the stakeholders and conflict dynamics; renegotiating access; messaging RI neutrality, program activities and beneficiary criteria; and developing the risk registers in order to ensure we can program safely and enable broad implementation.
Populations in need RI has assessed and proposed to target are in areas where RI has already access; RI has been able to achieve extensive access within these districts to date and has not had significant issues implementing in either.
Surkh Rod differs from the other two target districts in the East, in that more than half the communities in Surkh Rod– including target ones with a high number of IDPs– reside in secure parts of the district under GOA control. In addition, the IEA present in Surkh Rod are primarily local (although the DSG is from Laghman); this enables access to the insecure villages via local community elders. RI has implemented intermittently in the target district since 2002 and can mitigate risks – along with potential pressure by the IEA – through community support and transparent communication with the community regarding the project and beneficiary criteria. The population in Surkh Rod has worked with the humanitarian community in the past – both RI and others – and has generally been welcoming towards NGOs.
In Urgun the majority of villages are in GOA controlled and relatively secure areas – particularly those where IDPs have settled. Urgun also has a history of being welcoming to the NGO sector, however, there is a heavy IEA presence throughout the province which has also infiltrated district-level community structures - including CDCs. For RI, this presents only a marginal risk, as we negotiate access transparently and directly with communities; RI's manager in Paktika has implemented a large number of projects in the area and maintains strong community contacts. In Paktika, RI can access target communities via strong acceptance and clear communication of program goals and around beneficiary criteria.
Although Muqur doesn't present major security risks inside the district, moving to and from there presents one of the greatest challenges RI would face: the road from Ghazni City to Muqur sees a more significant threat level from AOGs, including from AOG not attached to the community in Muqur. Acceptance at Muqur level therefore, does not guarantee safety on the road from Ghazni to Muqur. Although we have been able to move there irregularly, as for instance whilst conducting the 5-day assessment, RI have budgeted for a field office in Muqur to mitigate the need for extensive travel which could potentially compromise timeliness and quality of implementation and put RI's staff at risk.
Generally the areas with the highest numbers of IDPs (both new and protracted) do not see a high volume of security incidents and remain under GOA control; RI's experience has been that any security issues which do arise can be solved by engaging local CDCs.
RI plans to implement a robust risk register to examine these more thoroughly in each district prior to the initiation of activities.

Access

Access to communities: RI's primary mitigation strategy remains its understanding of the conflict, appropriate profile management and ability to communicate with, and directly access, communities. This allows RI to implement with community input and without exasperating conflict dynamics. Much of our access strategy can be taken from the Safety & Security section above and Annex 7. RI is proposing to implement in Districts where RI has a history of implementation (with the exception of Urgun). RI maintains active field offices in each of the target provinces and its access to these areas is not new, but rather draws on maintained communications and coordination with those communities RI worked with in the recent past (excluding Urgun). RI has recently integrated an internal Manteka system to better help us track conflict, displacement and emerging needs. This is a system by which we communicate not only with CDCs, but also with specific community focal points who alert RI of shifting dynamics and/or new needs arising.
RI's access also comes from a robust understanding of stakeholders, context and conflict dynamics, which enables RI to achieve access directly through the communities (CDCs, DDAs, local elders, etc.). This is something that RI plans to map out more formally in the CHF Enabling Actions Risk Registers. As a policy in AFG, RI does not negotiate directly with the opposition, but has a history – including in these districts – of achieving access to AOG controlled areas through messaging the project and beneficiary criteria to those CDCs and community elders working in AOG controlled areas (and under the influence of local AOG leadership). Those targeted under this proposal are communities we have worked, and built trust, with in the past. RI will look at all risks at district level in the area – not just security risks. RI will share the document per each district, together with extensive stakeholder mapping and conflict and risks analysis, with OCHA and, through coordination mechanisms, with partners interested in accessing these district to meet needs.
During the assessment, RI has surveyed the communities where RI has immediate access to; these communities were selected due to high numbers of IDPs. Once on the ground, RI will work toward gaining access to less stable communities and report needs back to OCHA and other potential responders, thus informing HRP 2018 and enabling future actions. In the case of Muqur, this would also involve opening a district level office; in all other districts, RI will hire most staff locally, but will be able to access the implementation areas from the existing offices in Asadabad, Jalalabad and Sharana.
Access to vulnerable populations: RI has already conducted sector-specific assessments of each proposed area and worked directly with these communities to identify specific vulnerabilities and community led solutions. An anticipated 5% of direct beneficiaries will be from the host community, and communities will benefit from access to the Mobile Health Teams (MHT), WASH upgrade in health facilities, and Women Friendly Health Spaces (WFHS). The WFHS will also provide women a safe and culturally acceptable space to congregate and gain access to services (consultations, PSS, distribution of dignity kits). Community mobilizers – both male and female – will be hired locally to help message the project and open access. It should be noted that – with the exception of Urgun – in the recent past RI has operated successfully in each target district. In Urgun, RI's experienced Provincial Manager has implemented expansively for other organizations and has an extensive network and understanding of local dynamics, which enabled RI to access target communities and conduct needs assessment (Annex 2).

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Country Director @ 20% incl. benefits - expatriate	S	1	7,900.00	9	20.00	14,220.00
	The Country Director will oversee the project and ensure it is compliant with RI and donor policies and regulations. The Country Director is ultimately responsible for all program implementation and security in the country.Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholdings, holiday and sick leave, and all insurances, including health insurance. These benefits are offered to all expatriate personnel and are currently 27% of total salary.						
1.2	Director of Programs @ 25% incl. benefits - expatriate	S	1	6,350.00	9	25.00	14,287.50

	Director of Programs support in the technical oversight and implementation of the program. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. These benefits are offered to all expatriate personnel and are currently 27% of total salary.						
1.3	Humanitarian Coordinator @ 40% incl. benefits - expatriate	S	1	6,350.00	9	40.00	22,860.00
	Humanitarian Coordinator directly support in operational support and in the technical oversight and implementation of humanitarian response and cash programs. Expatriate staff benefits, taxes, and insurances are costed at a flat rate of 27%, and are based on a standard compensation package for all expat personnel that includes statutory withholding, holiday and sick leave, and all insurances, including health insurance. These benefits are offered to all expatriate personnel and are currently 27% of total salary.Decrease % charged to CHF to 25%. The multi-sector nature of this project, its geographic scope and remote nature of the communities reached (with implications over monitoring and project quality) demands high commitment from the HC to put monitoring and assessment tools in place, train staff, liaise with relevant departments and ensure timely signature of the mouse necessary to the implementation of this specific project and start up activities during the inception phase. In addition, during the inception phase and during the all duration of the program a high degree of coordination is needed with donor at all levels, NGOs and UN at all levels and clusters. The HC coordinator will directly undertake this role at central level and direct and supervise pm and senior staff al local level. In addition, HC will have a key role in the compilation of all reports and studies connected to this program. Therefore, to realistically reflect the amount of time this position will spend on this project, RI proposes to keep 40% for the HC line.						
1.4	Regional Support Staff	S	3	7,250.00	9	10.00	19,575.00
	Regional staff support comprises of Regional Security officer (based in Afghanistan and budgeted at $6,500 per month for 9 months at 20%). Regional security officer is based in Kabul and directly overseeing Afghanistan projects including CHF, based on actual level of efforts needed for this grant 20% of his time is budgeted. Regional program Director -Field Operations 53% of USD11,000 for one month the time that the staff is in Afghanistan (12 day time of regional program director field operations have been budgeted for her specific missions to Afghanistan that are directly related to the CHF program activities mainly on planning and monitoring and evaluations, detailed TOR, M&E and travel report will be submitted as supporting documents, and Regional Finance Manager - Field Operations 20% of USD10,500 for one month the time that the staff is in Afghanistan (4 days of Regional finance manager time has been budgeted for her specific mission travelling to Afghanistan that are directly related to the CHF program activities mainly on assurance in key internal controls related to this grant, budget review and follow ups and expenditure verifications, detailed TOR, travel and assurance report will be submitted as supporting documents). All regional staffs will only charge the exact level of effort on this grant during the time they are in Afghanistan and working directly on activities related to this project.						
1.5	Director of Implementation @ 15% incl. benefits	S	1	3,388.00	9	15.00	4,573.80
	The Deputy Country Director is the main liaison person with the field offices, and will be responsible for ensuring the timely implementation of the program. Salary ($2,800) includes 21% national staff benefit ($588) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.						
1.6	Country Finance Support	S	7	1,360.48	9	15.00	12,856.54
	*This includes: 1 Finance Manager who will be responsible for financial reporting and compliance. Salary ($2,537) includes 21% national staff benefit ($533) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. RI will also support 2 Finance Officers who will be responsible for all cash management, payrolls and day to day financial activities. 20% of $968 which includes ($800) salary + 21% national staff benefit ($168) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. $968 * 20% * 9 months = $3,485. Finally, 4 Provincial Finance Officers will be supported. They will be responsible for all cash management with regards the disbursements of cash, payrolls and day to day financial activities. Salary ($600) includes 21% national staff benefit (126) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.*						
1.7	Country Logistics/Ops Support	S	7	826.40	9	25.00	13,015.80
	"This comprises: 1 Operations Manager who will be responsible for procurement and logistics. Salary ($1,700) includes 21% national staff benefit ($360) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance; 2 Logistic Officer/assistants are responsible for supporting in the procurement of in-kind kits. Salary ($550) includes 21% national staff benefit (115) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance; and 4 Provincial Logistic Officers are responsible for supporting in the procurement of in-kind kits. Salary ($600) includes 21% national staff benefit (126) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. The higher percentage of cost share is due to the fact that this project is both multisectoral, procurement intensive and includes the set up of a new office in a hard to reach area. It will take up significant amount of logistics/operations department to finalize procurement (hygiene kits, dignity kits, equipment for MHT, vehicles for MHT..), monitor construction works and deal with contracted companies (WASH in health centers) and facilitate the works to set up a new office"						
1.8	Country HR Support	S	4	1,047.75	9	15.00	5,657.85
	"This comprises: 3 HR Officers in Kabul, Ghazni and Nangarhar provinces are responsible for day to day HR activities, payrolls, pension, recruitment and capacity building. Salary ($671) includes 21% national staff benefit (141) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. In addition, RI will support 1 HR Manager responsible for day to day working process of HR department for all projects, which includes recruitment, capacity building, payrolls and pension. Salary ($1,450) includes 21% national staff benefit ($305) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. HR Manager comes under NTA Grade C, Step 4						
1.9	M&E Manager @ 20% incl benefits	S	1	1,997.00	9	20.00	3,594.60
	The M&E Manager will design projects Performance Monitoring Plan and will oversee all M&E activities, including data collection and verification and on-site monitoring visits. Salary includes Salary ($1,650) includes 21% national staff benefit ($347) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. The salary comes under NTA grade E, step 3.						

1.10	Country Security Support	S	5	883.40	9	20.00	7,950.60
	"Country Security Support comprises: 1 Security Manager based in Kabul who is responsible for all security in the country, and for managing the district and provincial security officers, leading on SRAs and managing any security incidents. Salary ($1,650) includes 21% national staff benefit ($347)which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance. RI will also support 4 Provincial Security Officers who responsible for managing the provincial security, liaising with local actors and with RI Kabul security managers. Salary ($500) includes 21% national staff benefit ($105) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.						
1.11	Provincial Program Coordinators (Nangarhar, Paktika, Kunar and Ghazni @ 20% incl. benefits	S	4	1,452.00	9	20.00	10,454.40
	Provincial Program Coordinators are responsible for daily activities in their provinces, including relationships with the government and other humanitarian actors and for security and logistics. Salary ($1,200) includes 21% national staff benefit ($252)which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.						
1.12	Field Office Support Staff	S	43	432.00	9	15.00	25,077.60
	This includes guards, drivers, cooks and cleaners. There will be 12 Guards at RI's Kabul office, and 24 Guards at RI's Nangarhar, Kunar, Ghazni and Paktika field offices. Cook and Cleaners are also required at Kabul RI offices. The LOE has been calculated on the proportion this program will represent as a part of the provincial portfolio. Salary ($300) includes 21% national staff benefit ($63) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.						
1.13	Program Manager (Overall Program)	D	1	2,178.00	9	100.00	19,602.00
	PM will be responsible for overall project management in Ghazni, Paktika, Nangarhar and Kunar. PM salary will be $1,800 plus 21% national staff benefit ($1,800 is salary and S378 is benefits).						
1.14	Community Mobilizer (1 for mobile outreach team 20 for Overall Program)	D	21	454.00	9	100.00	85,806.00
	20 Community Mobilizer (10 Male and 10 Female), 4 (2 Male and 2 Female), or two couples (to ensure coverage of all population, male and female) in each of the 5 Districts targeted. in addition, one community mobiliser will be entirely dedicated to the protection activities in Kunar, being part of the community outreach team (GBV SC). Their salary will be Grade F, step 2: USD 375 + 21% benefit USD 79.						
1.15	Doctor (Health-MHT Sector)	D	7	906.43	8	100.00	50,760.08
	"This includes 3 Doctors (one/province) which will facilitate in each Health sector in Paktika, Ghazni and Nangarhar for medical management and 4 Midwife (female one/province) which will facilitate in Health sector in Paktika, Ghazni, Nangarhar and Kunar for medical management.						
1.16	M&E Officer (Overall Program)	D	4	588.00	9	100.00	21,168.00
	4 M&E Officer (one/province) which supervise the project overall the provincial level, Grade E S: 3 person salary is 588 $ (486 is salary and 102$ is benefit) based on NTA scale						
1.17	Pharmacist	D	1	473.00	8	100.00	3,784.00
	1 Pharmacist which will based in Kabul which will facilitate in MHT- Health sector and other medical management of the project, Grade E, step 1 , person salary is 391 $ plus 21% National staff benefit $ 391$ is salary and 82$ is benefit) based on NTA scale						
1.18	Vaccinator	D	3	430.00	8	100.00	10,320.00
	3 vaccinator (one/province) which will facilitate in each Health sector in Paktika, Ghazni and Nanharhar for medical service of the project, Grade F, step 1, person salary is 355 $ plus 21% National staff benefit $ (355$ is salary and 75$ is benefit) based on NTA scale						
1.19	Translator	D	1	520.00	9	100.00	4,680.00
	1 Translator which will facilitate in all translation parts of programs in Kabul, Grade E, Step 2 of NTA salary scale, person salary is $430 plus 21% benefit ($430 is salary and $90 is benefit) based on NTA salary scale						
1.20	Risk management and access officer (Program Officer)	D	1	1,452.00	9	100.00	13,068.00
	Risk Management and access officer will closely work with team for facilitation in program mainly in risk management and access points, salary is $1,200 plus 21% benefit $252						
1.21	PSS Male&Female (one couple for mobile outreach team and 2 couple for MHT-Health Sector	D	8	940.00	8	100.00	60,160.00
	8 PSS Expert (2/province) to train family friendly spaces in 4 province and case management. 1 person salary is 940$ (777 is salary and 163$ is benefit (21%) which is equal to Grade D, step 3 777 Afs						
1.22	Stock Keeper	D	1	424.00	9	100.00	3,816.00
	Stock keeper will be responsible for receiving and managing stocks (NFI kits) and managing and dispatching kits for immediate distribution (Hygiene, Dignity, and medicines). Salary ($350) includes 21% national staff benefit ($73) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport. The stock keeper will be responsible for receiving and managing stocks (NFI kits) and managing and dispatching kits for immediate distribution (hygiene, dignity, and medicines)						
1.23	District Officer (Muqur) and Field Officers (Overall Program)	D	5	510.00	9	100.00	22,950.00

	This comprises 1 District Officer in Muqur. She/he manages overall district activites, Grade E S: 2 person salary is 510 $ (420 is salary and 90$ is benefit) based on NTA scale. In addition, RI will support 4 Field Officer (one/province) which supervise the project overall the provincial level, Grade E S: 2 person salary is 510 $ (420 is salary and 90$ is benefit) based on NTA scale. Please see BOQ attached. Staff charged under this line is newly hired and 100% dedicated to the project. This include 4 field officers and district officer for Muqur (new office).						
1.24	Guards (Muqur office)	D	4	363.00	9	100.00	13,068.00
	4 Guards for Muqur district office. The LOE has been calculated on the proportion this program will represent as a part of the provincial portfolio. Salary ($300) includes 21% national staff benefit ($63) which includes 9% for pension, 7% for health insurance. 2% for food allowance and 3% for transport allowance.						
	Section Total						**463,305.77**
2. Supplies, Commodities, Materials							
2.1	Set up and running cost of Women Friendly Health Spaces for 9 months	D	2	6,870.00	1	100.00	13,740.00
	WFHS will be set up in consultation with the main stakeholders in the communities and volunteers will be trained in PFA and referral to RI internal expert						
2.2	Procurement and distribution of Dignity Kits	D	300	21.91	1	100.00	6,573.00
	Dignity kits will be procured and distributed to GBV survivors and people at risk of GBV.						
2.3	Procurement of materials (water purification)	D	703	1.00	6	100.00	4,218.00
	703 families or 69% of caseload (those with no access to and in need of water purification) receive water purification items and training. 6/family for three months						
2.4	Procurement of materials (room door lock bars)	D	250	1.20	1	100.00	300.00
	250 families receive upgrade of sanitation facilities (lock pads) to increase privacy and safe use of sanitation facilities.						
2.5	Training and awareness raising water purification	D	5000	0.20	1	100.00	1,000.00
	Awareness raising sessions on water, sanitation and hygiene are conducted at the community level. Printing of 5000 double sided A4 paper instruction						
2.6	Construction of WASH services in the target health facilities	D	6	2,208.09	2	100.00	26,497.08
	WASH services in the target health facilities are constructed according to standard. Two/province, one for male one for female						
2.7	Procurement of equipment for MHT	D	3	2,240.00	1	100.00	6,720.00
	Procurement of medical equipment for MHT in Muqur (Ghazni), Urgun (Paktika) and Surkh Rod (Nangarhar)						
2.8	First Aid Trauma Posts establishment (equipment)	D	2	1,710.00	1	100.00	3,420.00
	Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.						
2.9	First Aid Trauma Posts pharmacy and other supplies	D	2	894.00	9	100.00	16,092.00
	Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.						
2.10	Cash distribution	D	728	90.00	2	100.00	131,040.00
	Distribution of cash to selected beneficiaries, in place and time identified through communities' inputs and set up in a safe and culturally acceptable way (including separation between male and female cash collection points; set up of shades; etc.)						
2.11	Procurement of NFI kits	D	300	152.50	1	100.00	45,750.00
	300 cluster-approves, standard NFI kits are stocked in Ghazni Province for immediate response after assessment of immediate needs						
2.12	Procurement of medicine and promotional material for MHT	D	3	1,618.00	8	100.00	38,832.00
	Procurement of medicine and promotional material for MHT in Muqur (Ghazni), Urgun (Paktika) and Surkh Rod (Nangarhar).						
2.13	Cash transfer fee	D	1	131,040.00	1	0.80	1,048.32
	Cash transfer through money dealers to districts for cash distribution to beneficiaries						
	Section Total						**295,230.40**
3. Equipment							
3.1	Mobile phone	D	32	25.00	1	100.00	800.00
	32 mobile phones for program staff						

3.2	Smart phone	D	11	200.00	1	100.00	2,200.00
	11 smart phones: 1 for PM, 1 for risk management and access officer and 9 for Community mobilizers.						
3.3	Laptops	D	14	650.00	1	100.00	9,100.00
	4 for M&E Officers, 4 for Field Officers, 3 for MHT, 1 for Mobile outreach team, one for pharmacist and one for Muqur district Officer.						
3.4	Printers	D	2	270.00	1	100.00	540.00
	Two printers for Muqur district office						
3.5	Office furniture	D	1	2,235.00	1	100.00	2,235.00
	Office furniture for Kabul and provincial officeS						
3.6	Solar refrigerator	D	3	600.00	1	100.00	1,800.00
	Solar refrigerators for MHT vaccines storage.						
3.7	Digital camera	D	1	350.00	1	100.00	350.00
	One digital camera for documentation and communication						
3.8	Muqur office set up	D	1	830.88	1	100.00	830.88
	Muqur office set up						
	Section Total						**17,855.88**
4. Contractual Services							
4.1	Rental vehicles	D	9	750.00	9	100.00	60,750.00
	Two rental vehicle/province, 4 province and one for Muqur district office						
4.2	Trauma Expert Trainer	D	1	100.00	20	100.00	2,000.00
	1 trauma Expert trainer to train staff in two Trauma posts in Ghazni and Paktika. 1 person will received $100 per day ($2000) which will cover, accommodation, Per Diem costs, only airfare will pay separately.						
4.3	Rental vehicle for MHT	D	3	1,350.00	9	100.00	36,450.00
	Two Coaster (mini bus) vehicles will be rented, one for Paktika, one for Ghazni.						
	Section Total						**99,200.00**
5. Travel							
5.1	Travel Kabul/Paktika, Nangarhar, Ghazni and Kunar	D	20	50.00	4	100.00	4,000.00
	20 travel/province, $50/travel including Mehrams for female staff						
5.2	Material Transportation	D	5	550.00	1	100.00	2,750.00
	Transportation of material from Kabul to provinces and provinces to districts. Transport costs were estimated on the basis of volume and number of kits and materials to be delivered. Estimation includes 8 Trucks/province @ $66/truck serving 4 provinces from Kabul (trough out the project duration).						
5.3	Perdiem & accommodation cost	D	20	35.00	4	100.00	2,800.00
	Perdiem and accommodation of local staff for traveling to districts and provinces						
	Section Total						**9,550.00**
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 (Muqur office)	D	1	300.00	9	100.00	2,700.00
	Rent of Muqur district office for 9 months						
7.2	Offices rent (Nangarhar, Paktika, Ghazni and Kunar) @ 25%	S	4	800.00	9	20.00	5,760.00
	To cover a proportion of the rent in the provincial offices, which will accommodate program staff. The LOE has been calculated on the proportion this will represent as a part of the provincial portfolio.						
7.3	Kabul office and GH rent @ 15%	S	1	3,500.00	9	15.00	4,725.00
	To cover a proportion of the rent in the Kabul office, which will accommodate program staff/support. The LOE has been calculated on the proportion this will represent as a part of the Kabul portfolio.						
7.4	Contribution office utilities (Nangarhar, Paktika, Ghazni and Kunar) @ 25%	S	4	400.00	9	20.00	2,880.00
	To cover heating/ generator/water and electricity costs. The LOE has been calculated on the proportion this program will represent as a part of the provincial portfolio. The unit cost is based on average cost of monthly utilities cost of the RI offices in the provinces						
7.5	Contribution office utilities Kabul office @15%	S	1	500.00	9	15.00	675.00
	To cover heating/ generator/water and electricity costs. The LOE has been calculated on the proportion this program will represent as a part of the Kabul office portfolio. Unit cost is based on the RI Kabul monthly offices supplies cost						
7.6	Contribution office supplies (Kabul, Nangarhar, Paktika, Ghazni and Kunar) @15%	S	5	400.00	9	15.00	2,700.00
	Office supplies include sundry stationary and hospitality expenses. The LOE has been calculated on the proportion this program will represent as a part of the Kabul and provincial portfolio. Unit cost is based on the monthly average office supplies cost of Kabul and other RI offices in the provinces						
7.7	Communication: cell phones and internet (Kabul, Jalalabad, Paktika, Ghazni and Kunar) offices @20%	S	5	400.00	9	20.00	3,600.00
	To cover top up fees and internet for the communication between social mobilizers, M&E officer and other RI staff. The unit cost is based on the average monthly communication cost of Kabul and other RI provinces						
7.8	Vehicle fuel and maintenance Kabul @15%	S	1	400.00	9	15.00	540.00
	For Kabul office vehicles fuel and maintenance calculated on the proportion this will represent as a part of the portfolio of Kabul Office and historical costs. Unit cost is based on average monthly cost of vehicle fuel for RI Kabul office						
7.9	Banking Charges @20%	S	5	150.00	9	20.00	1,350.00
	To cover associated international bank transfer fees and staff salary payment bank charges. Bank charges for staff salaries payment through bank tranfer and other cash transfer to provinces. Unit cost is based on the average monthly bank charges of RI offices						
7.10	Security upgrade	S	1	8,633.00	1	30.00	2,589.90
	30% of security upgrade for Kabul and provincial offices						
7.11	Staff Training	D	30	100.00	1	100.00	3,000.00
	For training cost of program staff (Social Organizers, M&E Officer and Field Officers). Including accommodation, per Diem and transportation from provinces to Kabul						
	Section Total						**30,519.90**
SubTotal			7,616.00				**915,661.95**
Direct							736,718.36
Support							178,943.59
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							64,096.34
Total Cost							**979,758.29**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location	Activity Name

		Men	Women	Boys	Girls	Total	
Nangarhar -> Surkhrod	22	5,190	5,437	6,919	7,166	24,712	Activity 1.1.1 : GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained on GBV assessment; 3. Trained staff is going to be deployed; 4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention. Activity 1.1.1 : CCS: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. Activity 1.1.1 : HEALTH: medical staff recruitment. RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include trauma care training to medical staff in Ghazni and Paktika. Activity 1.1.2 : CCS: Data collection A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women. Activity 1.1.2 : HEALTH: Procurement of drugs and equipment Drugs and equipment are going to be procured to set up 2 fully functioning First Aid Trauma Posts and 3 fully functioning MHTs. Activity 1.1.2 : GBV: Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff Activity 1.1.3 : GBV: sensitisation campaign and community dialogues Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services. Activity 1.1.3 : CCS: Assessment Database sharing and data analysis A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be

prepared and distributed to the humanitarian community in Afghanistan as appropriate.

Activity 1.1.4 : CCS: RM
A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task.

CCS: Risk register sharing and analysis
A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis.

Activity 1.1.4 : HEALTH: monitoring and evaluation
M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle.
M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.
Activity 1.1.5 : HEALTH: Delivery of emergency and BHS services through 3 MHTs
Delivery of emergency and BHS services to conflict and displacement affected populations in Ghazni, Paktika and Nangarhar through the MHTs.

Activity 1.1.5 : CCS: RM
A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task.

CCS: Systems set up
Systems will be developed and put in place to guarantee the maintenance of updated assessment and needs monitoring, and risk register.

Activity 1.1.6 : HEALTH: Vehicle rental and equipment
Vehicle for the MHT will be rented and equipped with medical equipment and drugs.
Activity 1.1.6 : GBV: Monitoring and Evaluation
M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E officers will also monitor increases in community support for safe spaces, WFHSs, as well as other means of support for victims of GBV. Increases will be monitored through interviews with men and community elders, as well as affected community members (women, girls, etc.) to determine the extent of a community mindset shift with regards to GBV.
M&E described here also applies to all other GBV activities. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.
Activity 1.1.7 : Protection services have been

integrated in the following Clusters' activities:
FSAC: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.
HEALTH: health consultations for women also include identification of GBV survivors, provision of PSS support to GBV survivors and referrals of identified cases to other services in the area.
WASH: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.
ESNFI: single female headed families are going to be prioritised; GBV survivors or vulnerable individuals exposed to the risk of GBV will be prioritised. Rationale explained in assessment (Annex 2) and proposal narrative.

Activity 1.1.8 : GBV: Integration of PSS and GBV services into MHT
Protection services targeting victims of violence and abuse, including GBV cases, are integrated into MHT (Paktika, Ghazni, and Nangarhar).

Activity 1.2.1 : Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff
Sensitization campaign and consultations
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted.
Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate.
Beneficiaries' identification and targeting
Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items.
Upgrading of WASH services in health facilities to meet safety and protection standards
WASH services at health facilities are upgraded to standard, including separation of facilities between men and women
Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.

Activity 1.2.1 : WASH (Community) Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.2.2 : WASH (Community) Awareness raising
Messaging on sanitation and hygiene target

							patients and staff at the health facilities where sanitation has been rehabilitated and hygiene improved. Activity 1.2.2 : Hiring and training of project staff and volunteer RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.. This activity will include training of RI medical personnel (medical team), and PSS staff Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Beneficiaries' identification and targeting Beneficiaries are identified and enrolled into the project for distribution of women specific hygiene items. Upgrading of WASH services in health facilities to meet safety and protection standards WASH services at health facilities are upgraded to standard, including separation of facilities between men and women Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. Data will be disaggregated by gender and age.
Ghazni -> Muqur	35	2,042	2,139	2,723	2,820	9,724	Activity 1.1.1 : GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained on GBV assessment; 3. Trained staff is going to be deployed; 4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention. Activity 1.1.1 : Warehouse space identified Warehouse space appropriate for the number and type of stocks procured is identified and set up. Activity 1.1.1 : CCS: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. Activity 1.1.1 : HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria. Activity 1.1.1 : Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment.

Activity 1.1.1 : HEALTH: medical staff recruitment.
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include trauma care training to medical staff in Ghazni and Paktika.

Activity 1.1.10 : FSAC: Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.11 : FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.12 : FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.2 : CCS: Data collection
A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.

Activity 1.1.2 : HEALTH: Procurement of drugs and equipment
Drugs and equipment are going to be procured to set up 2 fully functioning First Aid Trauma Posts and 3 fully functioning MHTs.

Activity 1.1.2 : GBV: Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff

Activity 1.1.2 : WASH: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.2 : FSAC: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical

							access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. Activity 1.1.2 : Procurement of NFI kits 300 cluster-approved, standard NFI kits will be procured. Activity 1.1.3 : Stocks of NFI kits created in Ghazni Province 300 cluster-approved, standard NFI kits will be stored in Ghazni Province for immediate distribution upon needs assessment. Activity 1.1.3 : FSAC: Signature of MOU RI signs an MOU with local authorities (DORR) as formal approval of project activities. Activity 1.1.3 : WASH: beneficiaries' selection Beneficiaries will be selected on the basis of WFP targeting and vulnerability criteria, together with sector specific needs Activity 1.1.3 : GBV: sensitisation campaign and community dialogues Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services. Activity 1.1.3 : HEALTH: two FATPs established Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.
Kunar -> Watapur	11	399	418	532	551	1,900	Activity 1.1.1 : GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained on GBV assessment; 3. Trained staff is going to be deployed; 4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention. Activity 1.1.1 : CCS: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. Activity 1.1.1 : HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria. Activity 1.1.1 : Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment. Activity 1.1.10 : FSAC: Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market

monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.11 : FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.12 : FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.2 : CCS: Data collection
A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.

Activity 1.1.2 : GBV: Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff

Activity 1.1.2 : WASH: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.2 : FSAC: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.3 : FSAC: Signature of MOU
RI signs an MOU with local authorities (DORR) as formal approval of project activities.

Activity 1.1.3 : WASH: beneficiaries' selection
Beneficiaries will be selected on the basis of WFP targeting and vulnerability criteria, together with sector specific needs

Activity 1.1.3 : GBV: sensitisation campaign and community dialogues
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community

							groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services. Activity 1.1.3 : CCS: Assessment Database sharing and data analysis A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Activity 1.1.4 : CCS: RM A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task. CCS: Risk register sharing and analysis A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis. Activity 1.1.4 : WASH: Distribution to beneficiaries 402 cluster approved, standard WASH kit; 703 water purification kits; 250 lock bars are distributed to selected beneficiaries in the target locations. Activity 1.1.4 : FSAC: Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with the community groups (CDCs, elders and families) on safety measures to be adopted, including location for the distribution center. A second sensitization campaign will communicate to selected beneficiaries frequency, and time and place of the disbursements, together with the rules and documents necessary to receive the disbursement. Activity 1.1.5 : FSAC: Baseline assessments Collection of baseline data on Food Consumption Score (FCS) (disaggregated by gender and age of the head of HH). Activity 1.1.5 : WASH: Awareness raising Awareness raising sessions on water, sanitation and hygiene are conducted at the community level. Monitoring and Evaluation
Kunar -> Dara-e-Pech	10	399	418	532	551	1,900	Activity 1.1.1 : GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained

on GBV assessment;
3. Trained staff is going to be deployed;
4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention.
Activity 1.1.1 : CCS: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.1 : HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria.
Activity 1.1.1 : Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment.
Activity 1.1.10 : FSAC: Monitoring and Evaluation
M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.11 : FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.12 : FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.2 : CCS: Data collection
A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.

Activity 1.1.2 : GBV: Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff

Activity 1.1.2 : WASH: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.2 : FSAC: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.3 : FSAC: Signature of MOU
RI signs an MOU with local authorities (DORR) as formal approval of project activities.

Activity 1.1.3 : GBV: sensitisation campaign and community dialogues
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services.

Activity 1.1.3 : CCS: Assessment Database sharing and data analysis
A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be prepared and distributed to the humanitarian community in Afghanistan as appropriate.

Activity 1.1.4 : CCS: RM
A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task.

CCS: Risk register sharing and analysis
A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis.

Activity 1.1.4 : WASH: Distribution to beneficiaries
402 cluster approved, standard WASH kit; 703 water purification kits; 250 lock bars are distributed to selected beneficiaries in the target locations.

Activity 1.1.4 : FSAC: Sensitization campaign and consultations
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with the community groups (CDCs, elders and families) on safety measures to be adopted, including location for the distribution center.
A second sensitization campaign will communicate to selected beneficiaries frequency, and time and place of the disbursements, together with the rules and

							documents necessary to receive the disbursement. Activity 1.1.5 : FSAC: Baseline assessments Collection of baseline data on Food Consumption Score (FCS) (disaggregated by gender and age of the head of HH). Activity 1.1.5 : WASH: Awareness raising Awareness raising sessions on water, sanitation and hygiene are conducted at the community level. Monitoring and Evaluation Activity 1.1.5 : GBV: PSS and GBV services through a Mobile outreach teams (PSS/GBV) – stand-alone service Protection services targeting victims of violence and abuse, including GBV cases are set up as standalone services and delivered through mobile outreach teams (Kunar).
Paktika -> Urgun	22	2,306	2,416	3,075	3,185	10,982	Activity 1.1.1 : GBV is a sensitive topic, and needs assessment need to be designed so that information collected is maximised, in a culturally appropriate and acceptable way. During the first month of implementation: 1. A questionnaire is going to be designed by RI's GBV expert; 2. Staff will be recruited and specifically trained on GBV assessment; 3. Trained staff is going to be deployed; 4. Assessment data is going to be analysed, shared with the wider humanitarian community as appropriate and used to deliver RI's proposed intervention. Activity 1.1.1 : CCS: Hiring and training of project staff RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. Activity 1.1.1 : HEAT tool will be used to select eligible beneficiaries, then selected on the basis on need using vulnerability criteria. Activity 1.1.1 : Most vulnerable families, including female headed HHs will be prioritised based on analysis of their access to resources reported in Annex 2 - Multi sector needs assessment. Activity 1.1.1 : HEALTH: medical staff recruitment. RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include trauma care training to medical staff in Ghazni and Paktika. Activity 1.1.10 : FSAC: Monitoring and Evaluation M&E tools will be applied during the selection process, notification to beneficiaries, distribution campaigns and post-distribution through the PDM tool. M&E department and dedicated staff will also be in charge of monthly market monitoring survey, to ensure that the cash assistance remains relevant throughout the duration of the project. Data will be disaggregated by gender and age. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staffed by male and female staff) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. A key M&E activity will also focus on life changes or improvements experienced as a result of cash distributions, outside of any expected outcomes or outputs identified during

the initial needs assessment. These experienced will be collected using informal, semi-structured interviews with randomized members of participating households during PDM visits. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools.

Activity 1.1.11 : FSAC: 'Cash assistance to severely food insecure prolonged IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.12 : FSAC: 'In-kind/Cash assistance to severely food insecure IDPs' follows the same activities listed above for 'Cash assistance to new IDPs within the 45 hard to reach districts'.
Activity 1.1.2 : CCS: Data collection
A statistically significant sample comprised of men and women will be selected and sector specific assessments conducted. Data will be disaggregated by men and women.

Activity 1.1.2 : HEALTH: Procurement of drugs and equipment
Drugs and equipment are going to be procured to set up 2 fully functioning First Aid Trauma Posts and 3 fully functioning MHTs.

Activity 1.1.2 : GBV: Hiring and training of project staff and volunteer
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor. This activity will include training of RI medical personnel (medical team), and PSS staff

Activity 1.1.2 : FSAC: Hiring and training of project staff
RI will recruit project specific staff and volunteers, male and female to ensure physical access to the population in need. RI will train all new staff in the main policies, processes and procedures to guarantee project quality, and accountability to beneficiaries and donor.

Activity 1.1.3 : FSAC: Signature of MOU
RI signs an MOU with local authorities (DORR) as formal approval of project activities.

Activity 1.1.3 : GBV: sensitisation campaign and community dialogues
Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with male and female community groups (CDCs, elders, families) on safety measures to be adopted, including location for the WFHSs and common spaces where MHT and/or mobile PSS teams can operate. Community dialogues will be held on regular basis by male community mobilizer targeting men, boys, religious leaders and community elders to mobilize for GBV information and services.

Activity 1.1.3 : HEALTH: two FATPs established
Two First Aid Trauma Posts will be established in Urgun (Paktika) and Muqur (Ghazni) to serve conflict and displacement affected communities.

Activity 1.1.3 : CCS: Assessment Database sharing and data analysis
A comprehensive database is going to be compiled and shared with and through OCHA. A thorough report with data analysis will be prepared and distributed to the humanitarian

							community in Afghanistan as appropriate. Activity 1.1.4 : CCS: RM A Risk Management and Access Officer will be specifically recruited for design, implementation and maintenance of the Risk Register. Given the volume of information that needs to be worked both at field and central level, a dedicated translator will be assigned to the task. CCS: Risk register sharing and analysis A comprehensive risk register, including gendered risks per each target District is going to be compiled and shared with and through OCHA. A thorough initial report with data analysis (including gender analysis) will be prepared and distributed to the humanitarian community in Afghanistan as appropriate. Risk registers will include gendered risks analysis. Activity 1.1.4 : HEALTH: monitoring and evaluation M&E tools will be applied during procurement and quality check of items, kits distribution, information campaign and delivery of the services. Feedback and complaints mechanisms (including a dedicated hotline for anonymous feedback and complaint staff by both women and men) and the direct visit from the M&E Office to project sites, will be implemented throughout the entire project life-cycle. M&E activities include recruitment of dedicated staff, training, deployment and roll out of the M&E tools. Activity 1.1.4 : GBV: Set up of Women Friendly Health Spaces WFHS will be set up in consultation with the main community authorities and with intended beneficiaries (women) during the further assessment phase (first month of the project in the communities and volunteers will be trained in PFA and referral to RI internal expert. The WFHSs shall be located in the communities to provide quality PSS (group and individual) services, recreation activities and raise awareness about GBV, RH and personal hygiene. Women and girls identified for regular PSS session by the mobile teams, shall be provided with sessions in WFHSs including provision of dignity kits. Activity 1.1.4 : FSAC: Sensitization campaign and consultations Conduct sensitization campaign in target communities, explaining: the whole project including reason for targeting the community and advantages that the overall project will bring to the whole community; the specific targeting and vulnerability criteria that will be adopted. Consultations with the community groups (CDCs, elders and families) on safety measures to be adopted, including location for the distribution center. A second sensitization campaign will communicate to selected beneficiaries frequency, and time and place of the disbursements, together with the rules and documents necessary to receive the disbursement.

Documents

Category Name	Document Description
Project Supporting Documents	Annex 4 - List of Health Facilities in the target districts.xlsx
Project Supporting Documents	Annex 5 - WASH Cluster Recommended Family Hygiene Kit.xlsx
Project Supporting Documents	Annex 6 - Acceptance First - The RI Security Framework.docx
Project Supporting Documents	Annex 7 - RI Capacity Statement.docx

Project Supporting Documents	Annex 8 - Shelter and winterisation assessment tool.xlsx
Project Supporting Documents	Annex 9 - Geography and Secotors matrix.pdf
Project Supporting Documents	CHF MSC form.docx
Project Supporting Documents	CHF PDM form.docx
Project Supporting Documents	ShelterNFI Cluster - Endorsement letter.pdf
Project Supporting Documents	WASH Cluster - Endorsement Letter.docx
Project Supporting Documents	Ghazni - Multi sector rapid needs assessment.pdf
Project Supporting Documents	NEW Annex 2 - Multi sector needs assessment.pdf
Project Supporting Documents	NEW Annex 3 - Market conditions addendum to the Multi sector needs assessment.pdf
Project Supporting Documents	CHF KAP survey.docx
Project Supporting Documents	Annex 10 - WFP Targeting and Vulnerability Criteria.pdf
Project Supporting Documents	APC GBV SC - Endorsement Letter.pdf
Project Supporting Documents	FSAC - Endorsement letter.pdf
Project Supporting Documents	FSAC - Signed project logframe.pdf
Project Supporting Documents	Health Cluster - Endorsement letter.pdf
Project Supporting Documents	Health Cluster - Signed project logframe.pdf
Budget Documents	NEW Annex 1 - BOQ.xlsx
Budget Documents	NEW HR BOQ.xlsx
Grant Agreement	RI - 6861 - GA - Signed by HC.pdf
Grant Agreement	RI - 6861 - GA - Signed by HC & IP.pdf