

<b>Requesting Organization :</b>	Afghan Planning Agency		
<b>Allocation Type :</b>	2017 2nd Standard Allocation		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
PROTECTION	Gender Based Violence	41.00	
WATER, SANITATION AND HYGIENE		29.00	
EMERGENCY SHELTER AND NON-FOOD ITEMS		30.00	
		<b>100</b>	
<b>Project Title :</b>	Respond to the immediate needs of IDPs, returnees and host communities through life saving multi sectorial services of Protection (GBV/Psychosocial), Emergency Shelter/NFIs Assessment & Support and WASH of the most vulnerable women, men, girls and boys in Hilmand, Kandahar, Urozgan, Kunar, Ghazni, Nangarhar and Takhar provinces		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/SA2/APC-WASH-ESNFI/NGO/6863
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	819,341.80
<b>Planned project duration :</b>	12 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	20/10/2017	<b>Planned End Date :</b>	20/10/2018
<b>Actual Start Date:</b>	20/10/2017	<b>Actual End Date:</b>	20/10/2018

**Project Summary :**

Based on the ground needs and assessment conducted in Kandahar, Hilmand, Urozgan and Kunar Provinces from 10 to 25 August 2017, APA has designed this integrated project envisages wide-ranging multi-sectorial services in the sphere of protection, WASH and NFIs assessment of IDPs, returnees and host communities through the following activities:

**A. Protection/GBV:**

- Continue with the already established Women Friendly Health Space (WFHS) in Lashkarga. The WFHS will be managed by female PSS Counsellor and a midwife/community mobilizer as part of the GBV SC reactive approach
- Provide a comprehensive and blanket psychosocial support, counseling and community awareness to IDPs, returnees and host community women and girls through WFHSs by trained psychosocial counselors
- Distribution of DKs to the reproductive age women as the community entry point, to build trust on reporting, women participation and seek GBV support from WFHS
- APA will appoint 5 mobile teams; 1 in Nad Ali of Hilmand, 2 teams in Kandahar (Zherai & Arghistan & Khakrez districts), 1 in Chora of Urozgan and 1 in Watapura district of Kunar. The teams will provide mobile psycho-social support/counseling and community awareness to women and girls who do not have access to WFHSs, this service will also be extended to men and boys. In each team, there will be 3 members; trained female PSS counselor, male community mobilizer female midwife/community mobilizer. The mobile team will mobilize the community through community-wide meetings with elders/shuras/CDCs in Community Centers and Masjids as part of GBV SC proactive approach. They will orient communities on project activities, access to relevant services and the need for mobile teams.
- Community mobilizer / Midwife will coordinate and mobilize with community members, PSS counselor will provide blanket PSS services and will identify cases with specialized care/services/counseling, reproductive health information, rights awareness and basic reproductive health services to women and girls who have either no information or access to quality services
- APA will continue to work closely with community volunteers to capacitate them in gender and age tailored, awareness raising sessions on GBV, psychosocial wellbeing, protection principles, related services and referral mechanisms
- Establish a mechanism for referring GBV survivors to other stakeholders for provision of advanced mental health, medical care, legal and justice in coordination with DoWAs, AIHRC and UNFPA. GBV survivors will be recorded by survivor consent. APA will also maintain a well comprehensive mechanism for referrals follow up

**B. WASH:**

- APA proposes for WASH intervention (potable water, hygiene education training and sanitation) to assist 8,600 individuals of the same GBV targeted communities (except Lashkarga) for implementation of WASH activities based on the assessment carried out by APA in both South and Eastern regions
- Drilling of 10 bore wells, personal and environmental hygiene awareness trainings and construction of 80 emergency latrines with hand washing facilities in communities will mitigate waterborne diseases
- Community, local shura heads, Mulas and schools teachers will be actively involved in the process to spread community awareness that supports durable behavior change

**C. Shelter/NFIs:**

- ES/NFIs assessment & distribution teams will conduct ES/NFI assessment for 20% (12,003 male/female individual) of 60,018 IDPs in (Waghaz, Wali Muhammadi Shahid), (Bar Kunar, Khas Kunar, Marawara, Shaygal wa Shital), (Chaparhar, Ghogiani districts) and (Khwaja Ghar)
- APA ES/NFI staff will get required training from REACH and will use smartphones / tables for data collection
- APA will also provide emergency response to extremely vulnerable needy cases through distribution of NFIs

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
4,700	7,300	5,200	5,450	22,650

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	2,350	3,450	2,600	2,724	11,124
Host Communities	1,645	2,555	1,820	1,908	7,928
Other	705	1,095	780	818	3,398

**Indirect Beneficiaries :**

Total catchment population of the targeted 16 districts (6,608,675 total population, 43043 IDPs and 16132) returnees are indirect beneficiaries of the project.

**Catchment Population:**

The total population in the catchment area who are going to be provided with Protection/GBV, Potable water, Sanitation and NFIs assessment and distribution services by APA in the target 16 districts (Lashkarga and Nad Ali districts of Hilmand, Zherai, Arghistan and Khakrez districts of Kandahar, Chora district of Urozgan, Waghaz, Wali Muhammadi Shahid districts of Ghazni, Bar Kunar, Khas Kunar, Marawara, Shaygal wa Shital and Watapura district of Kunar Province, Chaparhar and Ghogiani districts of Nangarhar and Khwaja Ghar district of Takhar Provinces) are (6,608,675 ) individuals. The host community is counted at (6,549,500), IDPs are (43043) and returnees are (16132) individuals based on OCHA and IOM weekly reports and APA assessment report.

**Link with allocation strategy :**

APA proposed protection activities are closely in lined and contributing with the allocation strategy 2nd objective of protection cluster (Evolving protection concerns, needs and violations are monitored, analyzed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations) IDPs, returnees and affected host communities in Kandahar, Hilmand, Urozgan and Kunar provinces. Similarly, the proposed WASH services of APA will contribute with the WASH Cluster 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), while the NFIs portion of the APA project will contribute with NFIs Objective 1: (Coordinated and timely ES/NFI response to families affected by natural disaster and armed conflict).

GBV services will cover the critical needs of displaced and affected women, girls and boys in the proposed areas. The establishment of WFHS not only will provide a welcoming and safe environment to women and girls, but also will provide case management, psychosocial counseling and referral services to address the specific issues of GBV survivors. The combination of WFHS, comprehensive PSS support and referral services will provide protection services to the most vulnerable populations in the proposed locations. The provision of dignity kits and basic hygiene, is a priority need of reproductive-aged women. The activities of the proposed project will also provide the same services through mobile teams to reach those without access to the WFHS. The community mobilizer will mobilize communities through community-wide meetings with shuras/CDCs and elders of IDP communities in Masjid or CDCs. Community education activities on GBV prevention and protection issues, targeting RH challenges, its side effects and guidance on the solution and women and human rights will increase knowledge among the beneficiaries.

WASH intervention contribute to 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). The proposed intervention will definitely have positive impact on reducing child mortality rate, reduction of acute malnutrition prevalence to IDP, returnees and host community populations, overall health of vulnerable families particularly children, pregnant and lactating women whose health are negatively affected by water-borne diseases, unhygienic life status in poor living conditions and lack of essential hygiene supplies.

NFI assessment part of this project fits with Strategic Objective 1 (Immediate humanitarian needs of shock affected populations are met). Since internal conflict is the main cause of displacement of peoples and APA with decades experience of working with the community and close coordination with the cluster, will meet the needs of them providing lifesaving NFIs and shelter materials need assessment which are specific to gender and age and as a result save lives and reduce suffering. This project will also fit with Cluster Objective 1, (coordinated and timely ES/NFI response to families affected by natural disaster and armed conflict.) for assessment, verification and distribution will conduct ES/NFI distribution.

All mentioned three sectorial services will be interlinked with each other as GBV survivors will be provided with Psychosocial, GBV awareness and referral services in mentioned 7 districts including Lashkarga. While some other peoples will be provided with WASH services in the same districts as per their need to WASH services. It is to be mentioned that based on the needs, APA will provide both GBV and WASH services to the same beneficiaries in the same area/district based on need of the beneficiaries to both types of the services in the same district.

**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
Mr. Zabihullah Sajid	Executive Director	zabi.apa@gmail.com	0799799321
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**BACKGROUND**

**1. Humanitarian context analysis**

Kandahar, Hilmand, Urozgan and Kunar Provinces are the targeted crowding and settlement areas of the conflict affected IDPs and returnees coming from Pakistan via the Turkham and Spin Boldak borders. Based on the OCHA Weekly Field Report of August 21 to 27, 2017, during 1 January to 22 August 2017, (212439) people fled their homes due to conflict throughout the country and since January, 36,389 displaced people have been assessed in the Eastern Region covering 17 per cent of the total displacement in 2017 according to the DoRR report of East region. Similarly, 48500 people are currently displaced in the Southern and Southeastern regions. A total of 313,845 undocumented returnees have returned to Afghanistan in 2017, 83,337 from Pakistan and 230,508 from Iran. Since January 2017, UNHCR has assisted the return of 47,575 Afghan refugees to their home-country following continued pressure by Pakistani authorities through new visa requirements, increased police raids, detentions and restricted access to livelihoods, health care and education as well as lack of employment opportunities.

Many of those returning have lived outside of Afghanistan for decades, and are need GBV, PSS and WASH support along with livelihood, Shelter and NFIs services from the government and humanitarian actors both on arrival and as they seek to reintegrate into a country already struggling with widespread conflict and displacement.

On other hand, since the proposed provinces of both east and south regions have shared border (Turkham and Spin Boldak with Pakistan and a number of antigovernment elements are actively operational in the regions, they are taking raids continuously and the nonstop clash between government forces and the insurgents from the past few years caused and are causing forced displacements of women, men and children which in turn prone the caseload to further vulnerability.

It is obvious that most of the GBV issues and incidents have not been reported to the relevant organizations and government departments and are under-reported in general, while few of them have been shared in a private manner, because of the cultural stigma. Gender Based Violence is the main severe protection issue, for the girls, women and children to be affected with, due to the nature of war and armed conflict which is going on in the mentioned provinces of both east and south regions. The Gender based violence incidents have significantly been increased in mentioned provinces due to many reasons (Hosting huge number of returnee families' continuous conflict and poor economic situation of the returnees) and is one of the high risk problematic issue in the regions. Based on the reports and data we received from different sources, forced marriage, sexual violence, rape, sexual assault, domestic violence, exploitation, no access to safe drinking water and sanitation facilities are the main issues practiced in the targeted provinces of South and East regions.

Thus, we can say the emergency needs of IDPs and returnees especially GBV, Psychosocial awareness, referral services, access to safe drinking water, sanitation and Shelter/NFIs are becoming more urgent, since the continuous internal conflict and emergency withdrawal of the returnees has caused and leads them to be involved in violence incidents and to be engaged in negative coping mechanisms. There is therefore a great need for emergency assistance especially Protection/GBV and WASH services for the IDPs, returnees as well as host community settled in Kandahar, Hilmand, Urozgan and Kunar provinces and providing the most vulnerable households with Shelter/NFIs assistance in Waghaz, Wali Muhammadi Shahid districts of Ghazni, Bar Kunar, Khas Kunar, Marawara, Shaygal wa Shital districts of Kunar, Chaparhar, Ghogiani districts of Nangarhar and Khwaja Ghar district of Takhar Provinces.

## **2. Needs assessment**

Based on OCHA reports, conflict displacement remains the key driver of humanitarian needs in the country, over 160,000 have been forced to flee their homes due to conflict in the first half of the year. Fighting over control of eight district centres displaced more than 50,000 people in August 2017. A total of 313,845 undocumented returnees have returned to Afghanistan in 2017, 83,337 from Pakistan and 230,508 from Iran. Since January 2017, UNHCR has assisted the return of 47,575 Afghan refugees to their home-country following continued pressure by Pakistani authorities for different reasons.

Girls and boys across the country are exposed to high level of violence and often brutal punishment, nine out of ten children in Afghanistan experience violence at home and in school and often endure physical punishment, neglect, psychological and sexual violence.

While it is commonly known (see below) that daily needs are unaddressed in displaced or returnee populations, and the link from unaddressed daily needs to morbidity and mortality is well mapped at a global level, within APA's specific areas of operation the specific vulnerability groups in relation to age, elderly men/women and female headed households, single parent households, children U5, persons living with disability and those with chronic illness are unknown. Tailored assessment is needed to comprehensively explore through cumulative vulnerability assessment in addition to KAP .

Highlights of the Conducted assessment:

- Insecurity is one of the major challenge triggering each part of IDPs and returnees in the South and East regions followed by low income and increased rate of poverty. However, security threat alone is not the only concern, there are families (widows and disables) who do not have breadwinner without children who are obliged to feed the entire family instead of going to school.
- IDPs/returnees families are exposed to protection risks due to lack of social care, child labor, child marriage, exchange marriage (badal), the denied right to education and post-displacement were cited as children protection concerns which should be urgently addressed.
- As per APA protection monitoring most peoples are affected by water born diseases as the families are living in aggregated situation so they cannot practice the hygiene in their community; so it seems to be urgently required the hygiene awareness campaign and providing them with sanitation facility.
- Limited access to safe drinking water of the targeted IDPs and host communities.
- RH challenges such as lack of safe and hygienic childbirth, maternal mortality and morbidity, high birth rate, early child bearing etc.
- Need for dignity and ES/NFIs targeted to the specific needs of women and girls to promote their safety and dignity, such as clothing, sanitary pads, flash lights, pots and others. During displacement, people don't have access to such items.

Minimal anecdotal data available confirms that the proposed project activities include awareness, referral and case management as well as WFHS and mobile teams, APA through this project, will contribute in helping IDPs and returnees in need of psycho-social counseling, awareness on the prevention of GBV and referrals for further services by other actors.

Additionally, APA will link WFHSs with Provincial Hospitals, BPHS clinics, Police, Legal Authorities and other Aid Agencies through referral system and effective coordination through cluster and other coordination meetings.

Based on need assessment conducted by APA in SR & ER to know the WASH situation in these areas and difficulties faced by IDPs and returnees in terms of access to WASH services in the area. Emergency WASH services, need for safe drinking water, awareness on water-borne diseases, hygiene and sanitation practices and threat to security and loss of dignity due to the necessity of open defecation addressed and are strongly required for the vulnerable and war affected IDPs an

## **3. Description Of Beneficiaries**

The project beneficiaries are the conflict and disaster affected IDPs, returnees including the host communities, survivors of domestic violence like women, girls vulnerable to victims of violence, elders, youth and men/boys (including perpetrators), and religious leaders, women Shuras, DDAs, CDCs as well as governmental authorities including justice and law enforcement authorities, NGOs working for women, health staff and women rights activists. The GBV survivors are in desperate need of receiving psychosocial counseling/support, meanwhile the community as a whole needs to receive information about human and women rights and gender equity for raising their awareness and building capacities among them for prevention of GBV cases and assisting GBV survivors. GBV survivors among IDPs/returnees will be able to earn their livelihoods. Additionally, specific cases of GBV, which need advanced services will be referred to BPHS clinics, hospitals, police and legal administrations. This way their awareness will be raised on the mentioned topics and they will be sensitized enough to be able to prevent most of GBV cases within their communities and refer to police and/or legal authorities in case such cases occur for supporting the GBV survivors in getting specialized services, psychosocial counseling, advocacy and referral.

Estimated total direct beneficiaries are 22,650 (7300 women, 4700 men, 5450 girls, 5200 boys) individuals (IDPs, returnees and host community including women, girls, boys and men) in Kandahar, Hilmand, Urozgan, Kunar, Gazni, Nangarhar and Takhar provinces for providing them with Protection/GBV, WASH and Shelter/NFIs services.

Total direct beneficiaries of Protection/GBV services are 2050 individuals (1200 women, 300 men, 400 girls, 150 boys).

Total direct beneficiaries of WASH services are 8600 individuals (2600 women, 1900 men, 2050 girls, 2050 boys).

Total direct beneficiaries of Shelter/NFIs services are 12000 individuals (3500 women, 2500 men, 3000 girls, 3000 boys).

#### **4. Grant Request Justification**

The continuous internal conflict caused huge displacement and also the pressure by Neighboring countries caused to return huge number of undocumented afghan refugees and natural disaster affected population; most of them have been settled in East and south regions. Due to the nature of conflict and insecurity girls, boys, women, and men can become easily affected for misuse, sexual abuse and other types of violence puts strong negative effects on the community, returnees especially girls, boys and women in case the situation is not fully considered by the humanitarian organizations.

Considering the problems mentioned above APA is seeking to discover solution for the GBV issue of returnees/IDPs through the proposed methodology (Mobile teams and WFHSs) in order to contribute to the serious protection needs of girls, women, boys and men. The GBV survivors (girls and women will be provided with a comfortable environment (WFHS) where the women and girls can feel free of fear, comfort with no restrictions and hurt. The Center and mobile groups of the project will also ensure access to psychosocial, awareness sessions in affected returnees, IDPs, host community and referrals services for the GBV victims. It is worth to be mentioned that women and girls are the main target for the project activities in the WFHS, while host community will also be covered by the services. The GBV awareness will cover CDCs, DDAs, Women Shuras, provincial government departments and community elders.

Similarly, the IDPs and returnees are living in the temporary settlements with no access to adequate WASH facilities or with already strained resources, thus negatively affecting the health and nutrition of affected populations and are faced with lack of access to safe drinking water, latrines and bathing facilities. Inadequate sanitation and overcrowding exposes people to potentially life-threatening disease or outbreaks such as respiratory infection, acute watery diarrhea, cholera, malnutrition and measles.

Based on assessment conducted by APA in these target areas, findings showed that the mentioned beneficiaries are in dire need of immediate WASH services to provide them safe drinking water, hygiene kits, hygiene training sessions, providing them with sanitation facilities as well as shelter/NFIs assessment and distribution. The amount of hygiene kits (1500) has been identified based on the assessment conducted recently by APA for the proposed CHF project.

APA has active presence in east region since 2006 and in south regions since 2014 working with UNHCR, IOM, UNICEF and WFP. Since past few years APA implementing Protection Monitoring and emergency response of IDPs and returnees funded by UNHCR in the 4 provinces of East and 5 provinces of South region. APA also implements Emergency Food Response of WFP in the mentioned provinces. APA has extensive experience working with IDPs, refugees and returnees in the southeast region as well and is deeply involved in finding out related protection issues in its day to day protection monitoring and has vast experience to deal with the issues.

Local women (PSS Counselor/Community Mobilizer, Hygiene promoters and NFIs assessors) will be recruited and will receive trainings on all relevant issues (GBV and Gender Equality, referral mechanisms, follow-up procedure, WASH and sanitation standards).

The main driver of needs is the financial condition of individuals compounded by the impaired markets available to sustain economy, which are limited or exhausted by the country's economy. Forced from their homes, IDPs and/or returnees have consistently identified across all operating NGOs in emergency response the need for immediate daily needs. Not least, supporting beneficiaries with immediate daily needs will reduce the likelihood for extreme negative coping strategies to resolve dire needs as the winter period approaches.

#### **5. Complementarity**

Since its establishment in 1990, APA has made strong geographical existence, extensive access to majority insecure districts (more specifically of the current proposed project locations) throughout Afghanistan. APA is enriched with strong community network, experienced & professional personnel, active regional field offices and ongoing projects in almost all regions of Afghanistan.

Since 2000 APA has implemented a number of projects (e.i. shelter, NFI distribution, IDP proofing and Monitoring, Protection Monitoring, Winterizations, etc.) in the ER with IOM, WFP, UNICEF and UNHCR. Currently APA implements SCHOOL FEEDING (WFP), PROTECTION MONITORING (UNHCR) and EMERGENCY FOOD DISTRIBUTION (WFP) in all four provinces of Eastern region (Kunar, Nuristan, Nangarhar and Laghman).

APA is also involved in the five provinces of the southern region implementing Protection Monitoring (UNHCR) and GBV project funded by OCHA which will come to an end by September 30, 2017.

APA is implementing partner with UNHCR in CR (comprising 7 provinces of Ghazni, Wardak, Logar, Parwan, Kapisa, Panjshir and Kabul) the recent activity undertook was PSN project in the mentioned seven provinces that started from 2014 until March 31, 2017.

APA is also implementing socio economic survey with UNODC in Badghis, Farah, Nimruz, Nangarhar, Hilmand, Uruzgan, Paktika, Paktya, Parwan, Panjshir, Wardak, Bamyán, Samangan, Jawzjan and Takhar provinces of Afghanistan. All of these activities have provided rich institutional expertise and core competency of working on the issues of protection of vulnerable population, GBV, WASH and Shelter project.

APA has engaged with implementation of the protection monitoring of IDPs, Refugees, and emergency response and GBV projects in central, East, South and South regions. The aim of protection monitoring is to reach out to displaced population who are geographically scattered throughout the east and south regions and contribute to the initial humanitarian response by ensuring a more robust protection assessment and to empower communities of concern by increasing their awareness on available services and assistance in their district and province; broader humanitarian community and to further advocate local and national authorities for access of persons of concern to durable solutions. As APA is already engaged in identifying and assessing of internally displaced people including identification of the most vulnerable cases and are also able to access remote areas and find out about the needs of the vulnerable people, therefore APA has greater access to most hard to reach areas. APA will work to further gender equality and women's empowerment, and to address the physical and emotional consequences of gender-based violence through sensitizing the religious leaders and local communities.

To sum it up the proposed intervention will assist APA to fill the gaps which are notified through protection monitoring and other engagements in the proposed region and it will enable APA to better reach the PoC through delivery of quality and on time services which shall assist in overall humanitarian response to the ongoing catastrophe in the regions. The proposed Protection, ES/NFI and WASH activities of the project are closely integrated and will complement meaningfully the interventions of project implementing by other donors and NGOs in the area. Also it will pave the ground for future planning and project implementation through identifying actual needs of the communities during implementation period of the project.

## LOGICAL FRAMEWORK

### Overall project objective

Respond to the immediate needs of IDPs, returnees and host communities through life saving multi sectorial services of Protection (GBV/ Psychosocial), Emergency Shelter/NFIs Assessment & Support and WASH of the most vulnerable women, men, girls and boys in Hilmand, Kandahar, Urozgan, Kunar and Ghazni provinces.

### PROTECTION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: Evolving protection concerns, needs and violations are monitored, analysed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	100

**Contribution to Cluster/Sector Objectives :** The APA proposed protection/GBV activities aligns with and directly contributes to the APC and GBV SC objectives 2 and 3 that supports the critical protection needs of displaced women, girls, boys and men. Also the proposed action has been contributing to WASH Cluster Objective 1- which (ensuring timely access to use of appropriate hygiene practices) through distribution and using of dignity kits, awareness and trainings on personal hygiene education to the reproductive age women, Psychosocial and GBV survivors. Since, after treatment of the GBV survivors he/she will be able to control on herself and will be able to pay attention to healthcare issues covered by objective 1 of the WASH cluster. Focus of the proposed interventions is psychosocial and GBV services but as GBV is sensitive issue in many communities the basic hygiene services and kit distribution will be used as entry point to identify people affected from GBV and those having psychosocial problems as a result of abuse, violence and discrimination.

The services will be three prong, i) community outreach through mobile teams and the establishment of Women Friendly Health Spaces (WFHSs), capacity building and advocacy through community dialogues. The establishment of WFHSs not only will provide a friendly and safe environment to women and girls, but will also provide essential services to address the acute protection needs of the displaced population, such as through psychosocial counseling for the women and girls who are in a state of depression and anxiety as a result of GBV. They are maintaining comprehensive community based mechanism for referrals of the survivors to other stakeholders for provision of advanced mental health and follow up of the GBV cases for medical care, legal and justice, as the community, women network and shura representatives and Provincial Government Department will be key partners to decide on critical GBV cases and referral of the issues. Also the provision of dignity kits and basic hygiene education will address another protective need of women, especially at reproductive age. The proposed project activities are not only center-based, but also provide the same services through mobile teams for those who do not have access to the WFHSs. Awareness-raising activities on GBV prevention, referral points and protection issues and women/human rights will increase their knowledge and understanding about Gender-Based Violence

### Outcome 1

Improved availability of GBV-related care and support services for conflict-affected women, men, girls and boys through facility and community based services in Lashkarga and Nad Ali districts of Hilmand, Zherai, Arghistan and Khakrez districts of Kandahar, Chora district of Urozgan and Watapura district of Kunar Provinces.

### Output 1.1

#### Description

GBV, protection and psychosocial services provided, awareness raised on GBV and prevention to 2050 individuals 1200 Women, 300 men 400 girls and 150 boys of returnees/IDPs, Referral mechanisms, establishment of women networks for GBV services at WFHSs, referrals of the survivors to other stakeholders for advanced mental health and follow up of the GBV cases, medical care, legal and justice, strengthening of community women network and Provincial key Sectorial Departments to decide on critical GBV cases and referral, DoRRs and AIHRC and DoWA activities involvement in GBV awareness and referral for further services.

## Assumptions & Risks

- Security situation does not further deteriorate in the target provinces.
- IDPs are settled in different locations in a scattered manner, which will require additional staffing.
- Qualified staff are locally available to be hired.
- GBV is a sensitive issue, but communities in the target provinces are open to the program.
- Women/girls are allowed by their families to receive health services by visiting WFHSs.
- Specialized services related to GBV cases are easily available.
- IDPs do not return or further disperse.
- Number of IDPs does not significantly increase or decrease.
- Non-cooperation from local government of the province.

### Mitigation:

Brief training on security policy of APA to the project staffs and mobile teams will be conducted and also community key influential figures will be used to get regular access of the mobile team to the unreachable areas.

APA will be able to cover different locations/sites through the proposed number of project staff and will be able to find local staff for implementation of the project based on long term existence in south and east regions.

The current strong community network of APA and having well trained and experienced staff who served long time for the same community could build community trust and will enable APA to solve all types of community related issues.

The recently assessment conducted by APA is the appropriate justification for the IDPs caseload and target number of the selected beneficiaries covered by this project.

APA will focus on strengthening field level communication with the relevant government organs and will arrange meetings with them on monthly bases to discuss relevant issues and challenges they have encountered with during the implementation process.

## Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	500	1,050	200	300	2,050

**Means of Verification :** Women Friendly Health Spaces records, referral records, women/girls thumbprints, logistical records

Indicator 1.1.2	PROTECTION	# of Women Friendly Health Spaces established					1
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**Means of Verification :** Logistic records, M&E reports, activities reports

Indicator 1.1.3	PROTECTION	# of women and girls identified as in need of psychosocial support that have received assistance					1,600
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**Means of Verification :** Records of Women Friendly Health Spaces for 1600 women and girls

Indicator 1.1.4	PROTECTION	# of women/girls, including GBV survivors that access services provided by Women Friendly Health Spaces					400
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**Means of Verification :** Records of Women Friendly Health Spaces, M&R reports, monthly activity report for 400 women and girls

Indicator 1.1.5	PROTECTION	# of women/girls receiving dignity kits, basic hygiene awareness reproductive health information and services					1,500
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**Means of Verification :** 1200 women and 300 girls will receive dignity kits

Indicator 1.1.6	PROTECTION	# of women/girls attending awareness sessions conducted by mobile teams on GBV prevention, protection issues, women and human rights					2,050
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**Means of Verification :** 1200 Women, 300 men 400 girls and 150 will attend awareness sessions conducted by mobile teams and WFHS on GBV prevention, protection issues, women and human rights

Indicator 1.1.7	PROTECTION	# of men within the community participating in awareness sessions on GBV prevention, protection issues, and women and human rights					2,000
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**Means of Verification :** 2000 men will participate in awareness sessions on GBV prevention, protection issues, and women and human rights

Indicator 1.1.8	PROTECTION	# of mobile teams established					5
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**Means of Verification :** M&E report, logistic reports, activity report 5 Mobile teams 1 per district

## Activities

### Activity 1.1.1

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

Afghan Planning Agency is running GBV project since 2016 in Kandahar and Hilmand Provinces and will use the already established Women Friendly Health Space for returnees, IDPs and host communities in Lashkarga of Hilmand province. WFHSs will provide a friendly and safe space for the women and girls with critical GBV cases, establishment of women network and shuras for coordination and communication of the issues within the community, follow up and referral services where they feel comfortable and enjoy freedom. WFHSs will be staffed with well-trained and qualified female staffs having experience and medical background to help in managing the WFHS. WFHSs will have group and individual sessions for GBV survivors, recreational activities and awareness sessions on personal and environmental hygiene etc. The WFHS staff will be trained on psycho-social counseling, Psychological First Aid, Emergency Counseling, facilitating establishment and management of support groups and management of GBV cases and the mobile teams and provide blanket sexual and reproductive health information, providing information about a safe and hygienic childbirth,. The WFHSs will play an important role to provide services on psycho social support and counseling, awareness on GBV prevention, referral points, protection issues, and human and women rights and conducting awareness sessions by the community mobilizer on Force marriage and Bacha Bazi to girls and boys in separate groups of trainees in order to understand strong negative effects of the mentioned two issues among the community.

**Activity 1.1.2****Standard Activity : Not Selected**

APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys. Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.

**Activity 1.1.3****Standard Activity : Not Selected**

APA will maintain a well comprehensive community based approach as community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.

**Activity 1.1.4****Standard Activity : Not Selected**

APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.

**Activity 1.1.5****Standard Activity : Not Selected**

Due to the deprived economic conditions, returnees/IDPs are unable to afford to purchase the kits; often they are not available locally where the returnees/IDPs are residing. As a result, the personal hygiene of returnees, particularly among women, is very poor. In recognition of this problem, APA will provide kits to all targeted women of reproductive age, along with basic hygiene education. This will promote personal and environmental hygiene.

**Activity 1.1.6****Standard Activity : Not Selected**

APA will establish 5 mobile teams (one team per district (Nad Ali districts of Hilmand, Zherai, Arghistan, Khakrez of Kandahar, Chora of Urozgan and Watapura of Kunar provinces) that provide mobile psychosocial support/counseling services to women and girls who have no access to Women Friendly Health Spaces. The returnees/IDPs locations for mobile team will be selected in coordination with DoRR and UNHCR through attending monthly returnees screening committee meetings. In each team there will be one/two trained psychosocial counselor and one community mobilizer. Community Mobilizers will mobilize community through meeting with community elders in Masjids and community shuras, and orient them on project activities and the need for mobile teams. In close coordination and consultation with community elders, the sites for mobile teams will be selected. Each team will provide services to the returnees/IDPs 6 days/week and each team will provide psychosocial counseling to at least 40 - 50 returnees/week. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors to WFHSs, other services like advanced mental health, medical care, legal and the provincial Directorate of Women Affairs. All clients who receive services will be registered in a way that their contact details are also recorded in order to enable remote monitoring. GBV survivors will be recorded by survivor consent.

**Activity 1.1.7****Standard Activity : Not Selected**

Provision of dignity kits to affected women and girls of reproductive age. Also APA will develop a robust monitoring system to make sure that the planned activities are implemented as per the schedule and budget. Through the monitoring process, the operational problems will be identified and resolved in a timely manner. In addition, both agencies will closely coordinate with all stakeholders, including the DoRR, DoWA, DoEc, AIHRCs, District/Provincial Governments, UN Agencies, international and local NGOs, and community leaders. APA will keep the stakeholders fully informed about the project at different stages. APA will support the GBV Sub Cluster by providing them with human resources and etc in both regional and provincial levels. Providing of narrative and financial reports to CHF and HFU on quarter bases as well as final report of the project. Focus group discussions, individuals interview during field visits and open meetings with community will be held as well as coordination of the issues with community development committees and establishment of local shuras for the feedback mechanism and accountability of the project.

**Activity 1.1.8****Standard Activity : Not Selected**

Establishment of 5 mobile teams (1 per district) that will provide mobile psycho-social support/counseling and community awareness to women and girls who do not have access to WFHSs, this service will also be extended to men and boys

**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	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	100

**Contribution to Cluster/Sector Objectives :** Based on the 2nd standard allocation straggly information of the 2017, Kandahar, Hilmand, Urozgan and Kunar provinces are of the underserved provinces compared to the population in need. The report indicated that the mentioned provinces are of the hard to reach, high risk and mass displacement areas with highest number of IDPs and limited humanitarian access by the NGOs.

All three mentioned outcomes contributing to the CHF priorities under the Water Sanitation and Hygiene Education cluster 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} providing WASH services in areas affected by mass displacement of population (IDPs and returnees) putting pressure on available resources within host communities and areas affected by ongoing conflict (Hilmand, Kandahar, Urozgan and Kunar Provinces). Also the proposed action has been contributing to protection Cluster Objective 2- which {Evolving protection concerns, needs and violations are monitored, analyzed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations} through access to safe drinking water, sanitation, and appropriate means of hygiene practices. As obtaining of drinking water from far distance by women is itself a violence, creating health problems and caused for GBV survivors of women and children being assaulted by peoples along the way to home. Similarly, by providing of sanitation facility to women and children, they will be protected from mental stress (psychologically) having separate sanitation facility.

All the actors in the field will coordinate project activities in target areas and keep monitoring the reports of Health Management Information System for better understanding the root causes of health issues and possible solution under the integrated approach to address the WASH, health issues. In reaction to the need for clean potable water, sanitation facilities and hygiene trainings in villages where open defecation has been identified, wells will be drilled and emergency latrines will be constructed according to agreed standards of DACAAR. APA will design and implement hygiene promotion activities in such a way that men, women, girls and boys are enabled to take action to improve their health by adopting appropriate hygiene behavior and to mitigate water born and WASH related diseases. APA has monitoring systems in place for all phases in the project cycle. Monitoring systems have been strengthened based on the lessons learned from the ongoing GBV and Protection Monitoring projects in the South region. APA has developed a beneficiary complaints mechanism. Project inception workshops will be organized to ensure that contractual obligations are understood.

### Outcome 1

IDPs, returnees and host communities living in informal settlements have improved access to adequate sanitation facilities in Nad Ali district of Hilmand, Zherai, Arghistan and Khakrez districts of Kandahar, Chora district of Urozgan and Watapura district of Kunar Provinces.

### Output 1.1

#### Description

1600 (300 men, 400 women and 900 children) refugees, IDPs and host families have been provided with appropriate and functioning emergency latrines and bathing facilities that meet Sphere standards.

#### Assumptions & Risks

- Security situation does not further deteriorate in the target provinces.
- IDPs are settled in different locations in a scattered manner, which will require additional staffing.
- Qualified staff are locally available to be hired.
- GBV is a sensitive issue, but communities in the target provinces are open to the program.
- Women/girls are allowed by their families to receive health services by visiting WFHSs.
- Specialized services related to GBV cases are easily available.
- IDPs do not return or further disperse.
- Number of IDPs does not significantly increase or decrease.
- Unavailability of needed construction materials in the area.
- Non-cooperation from local government of the province.

#### Mitigation:

Brief training on security policy of APA to the project staffs and mobile teams will be conducted and also community key influential figures will be used to get regular access of the mobile team to the unreachable areas.

APA will be able to cover different locations/sites through the proposed number of project staff and will be able to find local staff for implementation of the project based on long term existence in south and east regions.

The current strong community network of APA and having well trained and experienced staff who served long time for the same community could build community trust and will enable APA to solve all types of community related issues.

The recently assessment conducted by APA is the appropriate justification for the IDPs caseload and target number of the selected beneficiaries covered by this project.

Locally available construction materials will be used for the sanitation facilities.

APA will focus on strengthening field level communication with the relevant government organs and will arrange meetings with them on monthly basses to discuss relevant issues and challenges they have encountered with during the implementation process.

### Indicators

		End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to a functioning sanitation facilities	300	400	400	500	1,600

**Means of Verification :** Monitoring and survey report, site observations, Case studies and Design of latrine.

1600 ((300 men, 400 women and 900 children) Individuals provided with Sanitation facilities

Indicator 1.1.2	WATER, SANITATION AND HYGIENE	# of latrines constructed					80
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**Means of Verification :** Monitoring report, and site observations, Case studies, Design of 80 emergency latrines

Indicator 1.1.3	WATER, SANITATION AND HYGIENE	# of wash committees established					18
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**Means of Verification** : Project progress and monitoring reports

**Activities**

**Activity 1.1.1**

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

Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community

**Activity 1.1.2**

**Standard Activity : Not Selected**

80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them. The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.

**Activity 1.1.3**

**Standard Activity : Not Selected**

Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up

**Outcome 2**

Informal settlements IDPs, returnees and host communities have improved access to Safe drinking water in (Nad Ali district of Hilmand, Zherai, Arghistan and Khakrez districts of Kandahar, Chora district of Urozgan and Watapura district of Kunar Provinces).

**Output 2.1**

**Description**

3000 (600 men, 700 women, 800 girls and 900 boys) IDPs, returnees and host communities provided with clean potable water for cooking and drinking purposes.

**Assumptions & Risks**

- Security situation does not further deteriorate in the target provinces.
- IDPs are settled in different locations in a scattered manner, which will require additional staffing.
- Qualified staff are locally available to be hired.
- GBV is a sensitive issue, but communities in the target provinces are open to the program.
- Women/girls are allowed by their families to receive health services by visiting WFHSs.
- Specialized services related to GBV cases are easily available.
- IDPs do not return or further disperse.
- Number of IDPs does not significantly increase or decrease.
- Unavailability of needed construction materials in the area.
- Non-cooperation from local government of the province.

**Mitigation:**

Brief training on security policy of APA to the project staffs and mobile teams will be conducted and also community key influential figures will be used to get regular access of the mobile team to the unreachable areas.  
 APA will be able to cover different locations/sites through the proposed number of project staff and will be able to find local staff for implementation of the project based on long term existence in south and east regions.  
 The current strong community network of APA and having well trained and experienced staff who served long time for the same community could build community trust and will enable APA to solve all types of community related issues.  
 The recently assessment conducted by APA is the appropriate justification for the IDPs caseload and target number of the selected beneficiaries covered by this project.  
 Locally available construction materials will be used for the apron construction of the wells.  
 APA will focus on strengthening field level communication with the relevant government organs and will arrange meetings with them on monthly bases to discuss relevant issues and challenges they have encountered with during the implementation process.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to at least 15lpcd of drinking water	600	700	900	800	3,000

**Means of Verification** :  Progress and monthly Reports

- Final KAP surveys
- Technical team report
- Feedbacks from community

Indicator 2.1.2	WATER, SANITATION AND HYGIENE	# of water sources developed (boreholes).						10
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**Means of Verification** : Water Quality analysis reports, monitoring, final and progress reports of project ,financial documents and photos

Indicator 2.1.3	WATER, SANITATION AND HYGIENE	# of community members trained for repairing and chlorination procedures of wells						10
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**Means of Verification** : Training session documents, trainees attendance sheet and progress reports

<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>							
10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA. Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Not Selected</b>							
Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done based on test results including chlorination of the wells. And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Not Selected</b>							
After completion/installation hand pumps on the wells, All 10 wells will be chloritized. The chlorine will be poured to water and water circulation will be done though pumping the water for long time duration to properly mixed the chlorine in the water to be left for 24 hours before use. The wells will be capable to provide drinking water for 3000 individuals. Re chlorination will be done to all of the wells after three to four months. 10 mechanics and community members from the area will be trained on cleaning and chlorination procedures of wells for sustainability of project as well as relevant government officials involvement and WASH committee members for proper use and protection of wells as well as providing them with spare parts and necessary equipment for the maintenance							
<b>Outcome 3</b>							
Hygiene awareness practices of the selected vulnerable IDPs, returnees and host communities enhanced in Nad Ali districts of Hilmand, Zherai, Arghistan and Khakrez districts of Kandahar, Chora district of Urozgan and Watapura district of Kunar Provinces.							
<b>Output 3.1</b>							
<b>Description</b>							
4000 (1000 men, 1500 women and 750 girls and 750 boys) IDPs, returnees and host communities living in informal settlements provided with information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected, in order to prevent WASH related diseases within the communities. While only 1500 of the mentioned beneficiaries will be provided with hygiene kits.							
<b>Assumptions &amp; Risks</b>							
<ul style="list-style-type: none"> <li><input type="checkbox"/> Security situation does not further deteriorate in the target provinces.</li> <li><input type="checkbox"/> IDPs are settled in different locations in a scattered manner, which will require additional staffing.</li> <li><input type="checkbox"/> Qualified staff are locally available to be hired.</li> <li><input type="checkbox"/> GBV is a sensitive issue, but communities in the target provinces are open to the program.</li> <li><input type="checkbox"/> Women/girls are allowed by their families to receive health services by visiting WFHSs.</li> <li><input type="checkbox"/> Specialized services related to GBV cases are easily available.</li> <li><input type="checkbox"/> IDPs do not return or further disperse.</li> <li><input type="checkbox"/> Number of IDPs does not significantly increase or decrease.</li> <li><input type="checkbox"/> Unavailability of needed construction materials in the area.</li> <li><input type="checkbox"/> Non-cooperation from local government of the province.</li> </ul>							
<b>Mitigation:</b> Brief training on security policy of APA to the project staffs and mobile teams will be conducted and also community key influential figures will be used to get regular access of the mobile team to the unreachable areas. APA will be able to cover different locations/sites through the proposed number of project staff and will be able to find local staff for implementation of the project based on long term existence in south and east regions. The current strong community network of APA and having well trained and experienced staff who served long time for the same community could build community trust and will enable APA to solve all types of community related issues. The recently assessment conducted by APA is the appropriate justification for the IDPs caseload and target number of the selected beneficiaries covered by this project. Locally available construction materials will be used for the sanitation facilities. Field female staff will be recruited and willing to take part in registration and conducting hygiene education trainings. The communities will remain well-organized during family hygiene kits distribution. There will not security concerns in transporting family hygiene kits to recipients. APA will focus on strengthening field level communication with the relevant government organs and will arrange meetings with them on monthly bases to discuss relevant issues and challenges they have encountered with during the implementation process.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	SA2- Number of people in need with access to water and soap for handwashing	1,000	1,500	750	750	4,000
<b>Means of Verification</b> : Site visit Technical team reports Feedbacks from community Kit distribution list							

Indicator 3.1.2	WATER, SANITATION AND HYGIENE	# of IDPs, returnees and host communities provided with information on existing hygiene practices					4,000
<b>Means of Verification</b> : 1000 men, 1500 women and 750 girls and 750 boys) IDPs, returnees and host communities living in informal settlements provided with information on existing hygiene practices							
Indicator 3.1.3	WATER, SANITATION AND HYGIENE	# of individuals reached through in kind assistance (hygiene kits).					1,500
<b>Means of Verification</b> : 1500 Kits distribution list (Men 400, Women 800, Boys 100, Girls 200) Hygiene distributed kits							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
<b>Standard Activity : Household water treatment, water trucking, safe storage solutions, rehabilitation of emergency boreholes and hygiene promotion to ensure sufficient quantity of safe drinking water and appropriate means of hygiene practices for returnees and host communities in areas of high return;</b>							
Hygiene Kits will be distributed to 1500 families throughout the targeted villages of the 6 selected districts. Selection of beneficiaries will be done by the survey experts and the WASH committees. Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits. Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.							
<b>Activity 3.1.2</b>							
<b>Standard Activity : Not Selected</b>							
Preparing of the training packages as well as their translation, formatting, editing, printing and distribution. APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings. This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.							
<b>Activity 3.1.3</b>							
<b>Standard Activity : Not Selected</b>							
Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities							
<b>Additional Targets :</b>							
<b>EMERGENCY SHELTER AND NON-FOOD ITEMS</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>				
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	100				
<b>Contribution to Cluster/Sector Objectives :</b> NFIs assessment will respond to 2017 HRP strategic objective 1 and it will specifically contribute to objective 3 of protection cluster "Create a protection conducive environment". As APA will contribute to assess and provide urgent and vital NFI needs of 1500 families (10500 individuals) 2000 men, 2500 women and 3000 girls and 3000 boys including IDPs, returnees and host community, throughout the targeted provinces. Selection of project beneficiaries will take place based on strategy of the Shelter cluster. The target 1500 families will be assessed in order to identify most vulnerable families of them for distribution of the NFI Kits. While only 600 vulnerable families of the total 1500 beneficiaries will be provided with the NFI Kits and an additional 100 kits distributed to the top 15% with highest vulnerabilities and more extensive needs.							
<b>Outcome 1</b>							
Improved access to quality lifesaving assistance through the assessment and distribution of emergency ES/NFIs of men, women, girls and boys of the most vulnerable families in Waghaz, Wali Muhammadi Shahid districts of Ghazni, Bar Kunar, Khas Kunar, Marawara, Shaygal wa Shital districts of Kunar, Chaparhar, Ghogiani districts of Nangarhar and Khwaja Ghar district of Takhar Provinces							
<b>Output 1.1</b>							
<b>Description</b>							
12000 individuals) 2500 men, 3500 women and 3000 girls and 3000 boys assessed for eligibility and receiving lifesaving NFI / ES support based on verified needs and on sex and gender disaggregated data.							
<b>Assumptions &amp; Risks</b>							

The main risk relates to the status of the conflict and the political situation throughout the area. A further worsening of the situation with the approaching of the dry season is highly likely and therefore further waves of displacement with an increase of humanitarian needs. IDPs are likely to remain in displacement as long as the situation in the area would remain unstable. Insecurity and active hostilities constrain freedom of movement of civilian population and require complex negotiation with state and nonstate actors for access to humanitarian space. Also IDPs settlement in different locations in a scattered manner, which will require additional staffing is one of the assumptions of the project.

Hiring of qualified local staff and making of communities open to the program in spite of cultural barriers in the target provinces will help smooth running of the operation and on time completion of the project.

**Mitigation:**

Brief training on security policy of APA to the project staffs and mobile teams will be conducted and also community key influential figures will be used to get regular access of the mobile team to the unreachable areas.

APA will be able to cover different locations/sites through the proposed number of project staff and will be able to find local staff for implementation of the project based on long term existence in all to the targeted provinces.

The current strong community network of APA and having well trained and experienced staff who served long time for the same community could build community trust and will enable APA to solve all types of community related issues.

The recently assessment conducted by APA is the appropriate justification for the IDPs caseload and target number of the selected beneficiaries covered by this project.

Field female staff will be recruited conducting of the assessment.

The communities will remain well-organized during NFI kits distribution.

APA will focus on strengthening field level communication with the relevant government organs and will arrange meetings with them on monthly bases to discuss relevant issues and challenges they have encountered with during the implementation process.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	EMERGENCY SHELTER AND NON-FOOD ITEMS	SA2 - Enabling Action (Decentralisation of Stocks) - Number of (shared) warehousing facilities established in high conflict-risk areas e.g. Tirinkot, Lashkar Gah, Kunduz City and Takhar	1				1
<b>Means of Verification</b> : One warehouse that will be established in Takhar for 420 women, 182 men, 354 boys and 360 girls (the exact number will be available after the assessment conducted)							
Indicator 1.1.2	EMERGENCY SHELTER AND NON-FOOD ITEMS	# of needs assessments conducted					1
<b>Means of Verification</b> : Assessment report							
Indicator 1.1.3	EMERGENCY SHELTER AND NON-FOOD ITEMS	# of needs verification conducted					1
<b>Means of Verification</b> : Verification report							
Indicator 1.1.4	EMERGENCY SHELTER AND NON-FOOD ITEMS	# of conflict or disaster affected households assessed					12,000
<b>Means of Verification</b> : 2500 men, 3500 women, 3000 girls and 3000 boys will be assessed							
Indicator 1.1.5	EMERGENCY SHELTER AND NON-FOOD ITEMS	# of in kind assistance (NFI Kits) to conflict affected households					700
<b>Means of Verification</b> : Purchase contract/ waybills for 700 NFI kits to the vulnerable HHs							
Indicator 1.1.6	EMERGENCY SHELTER AND NON-FOOD ITEMS	# of Post Distribution Monitoring exercises conducted					2
<b>Means of Verification</b> : Post Distribution Monitoring report							

**Activities**

**Activity 1.1.1**

**Standard Activity : SA2- Enabling Action (Decentralisation of Stockpiles) -Establishment of (shared) warehousing facilities in high conflict-risk areas e.g. Tirinkot, Lashkar Gah, Kunduz City and Takhar;**

field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.

**Activity 1.1.2**

**Standard Activity : Not Selected**

field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.

**Activity 1.1.3**

**Standard Activity : Not Selected**

Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families.

(Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)

**Activity 1.1.4**

**Standard Activity : Not Selected**

Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.

**Activity 1.1.5**

**Standard Activity : Not Selected**

PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

APA will develop a comprehensive M&R plan and develop monitoring tools to monitor the activities of the project and collect the relevant data. The logical framework will be used for monitoring indicators and objectives. APA will also hold project inception workshops with provincial authorities and stakeholder for improved coordination at the start. Data will be collected through procurement and inventory records, activity tracking sheets, WFHS registers and records, referral sheets, progress reports, training session documents and meeting minutes, etc. Monitoring Checklists will be developed and will be used to evaluate the quality of services and staff capabilities during monitoring visits and for providing feedback to the field staff.

The M&R Officers will also lead the effort to develop a detailed M&R plan. Quarterly project implementation reviews will be conducted, showing progress on the various processes, such as administration, financial and technical issues. Progress on indicators will also be constantly measured, and reported upon at the quarterly project implementation reviews. Internal technical progress will be evaluated using the quarterly progress reports and reviewed at the provincial and the Head Office levels. Feedback will be given on the key areas where the trend of the progress is not in line with the set results of the project. APA head office will also monitor the regional/provincial offices through bi-weekly conference calls and review the project progress reports. APA will collect the telephone numbers of beneficiaries who receive training, staff working in the project, community members who receive services in order to conduct remote monitoring of project. This way, remote monitoring will be enabled in case there is problem in access to the site. APA will provide quarterly, semiannual and final reports through the online GMS system to OCHA. Executive Director of APA who report to the BoDs, will oversee the overall management and implementation.

CSI, PDMs, Quarterly and Distributions Matrix will provide data needed for all cluster information management systems as needed. APA will ensure that program implementation in all targeted villages is regularly monitored and evaluated. At the beginning of the program, baseline KAP survey on WASH hygiene and sanitation practice of the communities will be conducted to design the hygiene messages that would contribute in improving the hygiene practices. In addition, the baseline survey will serve as a benchmark to measure the improvements by contrasting with final survey conducted at the end of the program. Targeting of beneficiaries for household interviews will be conducted. APA will also collect data on daily basis from the targeted villages and analyzed on monthly bases. APA will conduct NFI assessment from the proposed targeted IDP households.

For reinforcing accountability, program improvement, identifying & preventing of protection risks and learning purposes, APA will undertake PDM, data will be collected to observe the satisfaction and utilization of hygiene kit/DKs and NFI distribution while using Joint PDM form which is designed by Afghanistan ES/NFI cluster with the required alteration if needed and proper coordination with the relevant cluster leads. PDM added and sequential to stages of implementation in order to identify pertinent information regarding kit items, their usefulness and application to address needs at field level for beneficiaries. In addition, Gender suitability of tailored kits where necessary will also be tracked and monitored using NFI PDMs – conducted with female to female and male to male support. Findings will also relate to established baseline under gaps identified and assessments, indicators and objectives.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.	2017										X	X	
	2018												
Activity 1.1.1: Afghan Planning Agency is running GBV project since 2016 in Kandahar and Hilmand Provinces and will use the already established Women Friendly Health Space for returnees, IDPs and host communities in Lashkarga of Hilmand province. WFHSs will provide a friendly and safe space for the women and girls with critical GBV cases, establishment of women network and shuras for coordination and communication of the issues within the community, follow up and referral services where they feel comfortable and enjoy freedom. WFHSs will be staffed with well-trained and qualified female staffs having experience and medical background to help in managing the WFHS. WFHSs will have group and individual sessions for GBV survivors, recreational activities and awareness sessions on personal and environmental hygiene etc. The WFHS staff will be trained on psycho-social counseling, Psychological First Aid, Emergency Counseling, facilitating establishment and management of support groups and management of GBV cases and the mobile teams and provide blanket sexual and reproductive health information, providing information about a safe and hygienic childbirth,. The WFHSs will play an important role to provide services on psycho social support and counseling, awareness on GBV prevention, referral points, protection issues, and human and women rights and conducting awareness sessions by the community mobilizer on Force marriage and Bacha Bazi to girls and boys in separate groups of trainees in order to understand strong negative effects of the mentioned two issues among the community.	2017										X	X	X
	2018	X	X	X	X	X	X		X	X			
Activity 1.1.1: Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community	2017										X	X	
	2018												

Activity 1.1.2: 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them. The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.	2017																X
	2018	X	X	X	X	X	X	X	X	X	X						
Activity 1.1.2: APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys. Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.	2017														X	X	X
	2018	X	X	X	X	X	X	X	X	X	X						
Activity 1.1.2: field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.	2017																X
	2018	X															
Activity 1.1.3: APA will maintain a well comprehensive community based approach as community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.	2017														X	X	X
	2018	X	X	X	X	X	X	X	X	X	X						
Activity 1.1.3: Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)	2017																
	2018		X	X													
Activity 1.1.3: Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up	2017														X	X	
	2018																
Activity 1.1.4: APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.	2017														X	X	X
	2018	X	X	X	X	X	X	X	X	X	X						
Activity 1.1.4: Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.	2017														X	X	
	2018																
Activity 1.1.5: Due to the deprived economic conditions, returnees/IDPs are unable to afford to purchase the kits; often they are not available locally where the returnees/IDPs are residing. As a result, the personal hygiene of returnees, particularly among women, is very poor. In recognition of this problem, APA will provide kits to all targeted women of reproductive age, along with basic hygiene education. This will promote personal and environmental hygiene.	2017																X
	2018	X	X	X	X	X	X	X	X	X	X						
Activity 1.1.5: PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance	2017																
	2018	X	X	X													

Activity 1.1.6: APA will establish 5 mobile teams (one team per district (Nad Ali districts of Hilmand, Zherai, Arghistan, Khakrez of Kandahar, Chora of Urozgan and Watawura of Kunar provinces) that provide mobile psychosocial support/counseling services to women and girls who have no access to Women Friendly Health Spaces. The returnees/IDPs locations for mobile team will be selected in coordination with DoRR and UNHCR through attending monthly returnees screening committee meetings. In each team there will be one/two trained psychosocial counselor and one community mobilizer. Community Mobilizers will mobilize community through meeting with community elders in Masjids and community shuras, and orient them on project activities and the need for mobile teams. In close coordination and consultation with community elders, the sites for mobile teams will be selected. Each team will provide services to the returnees/IDPs 6 days/week and each team will provide psychosocial counseling to at least 40 - 50 returnees/week. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors to WFHSSs, other services like advanced mental health, medical care, legal and the provincial Directorate of Women Affairs. All clients who receive services will be registered in a way that their contact details are also recorded in order to enable remote monitoring. GBV survivors will be recorded by survivor consent.	2017																	X	X	X	
	2018	X	X	X	X	X	X	X	X	X	X										
Activity 1.1.7: Provision of dignity kits to affected women and girls of reproductive age. Also APA will develop a robust monitoring system to make sure that the planned activities are implemented as per the schedule and budget. Through the monitoring process, the operational problems will be identified and resolved in a timely manner. In addition, both agencies will closely coordinate with all stakeholders, including the DoRR, DoWA, DoEc, AIHRCs, District/Provincial Governments, UN Agencies, international and local NGOs, and community leaders. APA will keep the stakeholders fully informed about the project at different stages. APA will support the GBV Sub Cluster by providing them with human resources and etc in both regional and provincial levels. Providing of narrative and financial reports to CHF and HFU on quarter bases as well as final report of the project. Focus group discussions, individuals interview during field visits and open meetings with community will be held as well as coordination of the issues with community development committees and establishment of local shuras for the feedback mechanism and accountability of the project.	2017																				X
	2018	X	X	X	X	X	X	X	X	X	X										
Activity 1.1.8: Establishment of 5 mobile teams (1 per district) that will provide mobile psycho-social support/counseling and community awareness to women and girls who do not have access to WFHSSs, this service will also be extended to men and boys	2017																		X		
	2018																				
Activity 2.1.1: 10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA. Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.	2017																		X	X	
	2018	X	X	X	X	X	X	X	X	X	X										
Activity 2.1.2: Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done based on test results including chlorination of the wells. And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.	2017																				X
	2018	X		X		X		X		X											
Activity 2.1.3: After completion/installation hand pumps on the wells, All 10) wells will be chloritized. The chlorine will be poured to water and water circulation will be done though pumping the water for long time duration to properly mixed the chlorine in the water to be left for 24 hours before use. The wells will be capable to provide drinking water for 3000 individuals. Re chlorination will be done to all of the wells after three to four months. 10 mechanics and community members from the area will be trained on cleaning and chlorination procedures of wells for sustainability of project as well as relevant government officials involvement and WASH committee members for proper use and protection of wells as well as providing them with spare parts and necessary equipment for the maintenance	2017																				X
	2018	X		X		X		X		X											
Activity 3.1.1: Hygiene Kits will be distributed to 1500 families throughout the targeted villages of the 6 selected districts. Selection of beneficiaries will be done by the survey experts and the WASH committees. Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits. Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.	2017																				X
	2018	X	X	X	X	X	X	X	X	X	X										



<p>Activity 3.1.2: Preparing of the training packages as well as their translation, formatting, editing, printing and distribution.</p> <p>APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings.</p> <p>This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.</p>	2017																		X	X	
	2018																				
<p>Activity 3.1.3: Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities</p>	2017																			X	X
	2018																				

**OTHER INFO**

**Accountability to Affected Populations**

Afghan Planning Agency is committed to accountability to affected communities by ensuring feedback and accountability mechanisms in project design, monitoring, staff recruitment, staff performance, and compliance with donors and reporting. APA have Code of Conduct adhered to by all staff members, which explicitly mention prohibition of sexual exploitation and abuse of affected communities. All newly recruited staff and existing staff receive regular online training on NGOs' code of conduct. APA will provide the services with dignity and respect to all beneficiaries without discrimination of the gender, ethnicity, political affiliations and religion. APA will provide information on project design and activities with the returnees through community elders and community mobilizers from the beginning of project. APA will also meet with all staff at the beginning of the new project and provide a written summary to ensure clear communication about the goals and purposes of this project, and to answer any questions and concerns. The project will be shared with other stakeholders like UNHCR, DoRR, DoEc, the protection cluster in the southern and northeastern region to promote communication, share best practices and avoid program duplication. APA will select the Women Friendly Health Spaces, water points and emergency latrines construction in areas where returnees are located and community mobilization will be planned in close consultation with the community. Complain box/suggestion boxes will be placed at each site and orientations will be provided to the beneficiaries on the importance of the boxes and how their feedback is valued for project improvement. In addition, the phone numbers of hotlines and emails will be displayed at each site and accessible to the beneficiaries.

**Implementation Plan**

All components of the project will be implemented directly by APA in the targeted 16 districts of Kandahar, Hilmand, Urozgan, Kunar, Nangarhar, Ghazni and Takhar Provinces. Each department of APA will be holding responsibility in implementation and controlling of the project relevant (Protection/GBV, WASH and ES/NFIs) activities and challenges (Program, Operation and Finance Departments). During the first month of project APA will recruit, orient and deploy the key project staff (1 Project coordinator for all three clusters activities, 2 Regional Team Leaders who oversees direct implementation of the project, 8 male and female hygiene promoters for GBV and WASH activities, 11 Psychosocial female and male counselors only for GBV counseling and awareness, 9 field assessors for ES/NFI assessment and 2 M&E and reporting Officers to monitor the entire project activities and one store keeper and guards for NFIs warehouse), Facilities for training sessions and vehicles will be rented. APA will be extremely careful in selecting the local staff to be deployed in the remote locations, not only in term of qualification but also in term of ethnicity balance, in order to avoid any possible pressure of the local authorities. The project implementation plan and monitoring tools will be developed. The project will be closely coordinated with the WASH cluster, protection cluster, Shelter, DoRR, DoWA, AIHRC and other stakeholders at each province. MoUs will be signed with the DoWA, DoRR in all target provinces. The newly recruited staff will receive training on project activities and implementation methodology, general principles of Protection, WASH, NFIs and clusters strategy. The training will be in one or two locations accessible to all staff. The relevant staff of the project will also receive GBV, WASH, and Shelter field assessment training in first quarter of the project. Project site officers of APA will meet the local authorities and community elders once a week. The project will be introduced and their aims will be shared with communities. The type of GBV counseling, awareness sessions, WASH training/session to women and girls will be selected in consultation with the community and female beneficiaries. The GBV counseling will be conducted to the women and girls while the hygiene awareness will be conducted to both men, women and girls in group and individuals sessions every day, to discuss critical GBV issues with GBV survivors, personnel, environmental and basic hygiene messages to the WASH beneficiaries. While, NFI assessment will be conducted with consultation of community elders, local shora and Provincial Government Department. Hygiene and Dignity Kits will be distributed to women, girls and men and the distribution will be recorded properly with taking of the beneficiaries' fingerprints. Selection of sanitation facility and the water points will be conducted with consultation and assessment of the community as IDPs and returnees great crowded areas will be selected for the wells.

The teams will mobilize the community through community elders and the location for GBV counseling and hygiene awareness will be selected where the women and girls are comfortable to attend, such as Masjids, schools, CDC or community elder house. APA senior program staffs will conduct 9 visits (total of 3 trips to each province in one quarter) during the life of the project.

**Operational Plan:**  
For better and more effective implementation of the project, our Regional Team Leaders will conduct coordination meetings at the starting, during the project implementation and when required with donor agency, WASH cluster, protection cluster, governmental organs i.e. DoRR, DoWA, AIHRC, other cluster members and stakeholders at their assigned provinces.

**Site intervention:**  
Establishing Shoras and holding meetings with community representatives and elders

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Protection cluster	Attend all cluster meetings, share project progress, protection issues of returnees/IDPs, coordinate WFHSs and Mobile Team locations
BPHS/EPHS implementers	Share project progress, referral of survivors in need of healthcare, coordinate WFHSs and Mobile Team locations
GBV sub-cluster	Attend all coordination meetings, share project progress and activities, protection issues
Shelter cluster	Attend all coordination meetings, share project progress and activities, Shelter issues
Ministry of Economy	Registration of project, six-monthly reports, other reports as required
MoRR and DoRR	Register project, MoU, other reports as required. Share project activities, coordinate the sites of IDPs for mobile teams, share project progress, attend coordination meetings, coordinate other protection issues
UNHCR	Coordinate sites for Mobile Teams, other protection issues
Human Rights Commission	Coordinate returnees protection issues, coordinate human/women rights issues and trainings, refer cases as needed after consent of clients
OCHA	Coordinate project progress, upload project reports on time to GMS, attend provincial/regional and Kabul level meetings, on time respond to queries over the implementations of the project
WASH Cluster	APA will attend all WASH cluster's meeting, conduct voluntarily assessments for the cluster, report the relevant activities under the cluster and get technical advice on the implementation

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

APA will closely work for women/girls who survived GBV and will take care of the cases either through direct intervention or through a referral mechanism and the women and girls deprived of hygiene, sanitation and safe drinking water facilities as well as most vulnerable and women headed households will be assessed and provided with NFIs. Besides, APA will deploy female staff members to better reach the deprived women and girls. Additionally, APA will link Women Friendly Health Spaces with Provincial Hospitals, BPHS clinics, Police, Legal Authorities and other Aid Agencies through referral system and effective coordination through cluster and other coordination meetings. APA will facilitate referrals of those GBV survivors who need advanced and specialized services/support. Thus, APA will ensure there is a strong coordination mechanism in place with the organizations, which will be engaged in GBV, WASH and Shelter/NFIs activities.

**Protection Mainstreaming**

APA will select the Women Friendly Health Spaces, Hygiene awareness sessions and other activities of the project in areas where returnees and IDPs are populated and accessible to the beneficiaries and road to the central point be safe from threat of violence and accessible to women/girls and people living with disabilities. The staff in WFHSs, Mobile Teams and Hygiene Trainings particularly the community mobilizer, psychosocial counselor and hygiene promoters will be both female and male. APA will provide services with dignity and safety without any discrimination towards gender, ethnicity, political affiliations or religion. GBV Counseling and hygiene sessions will be provided by trained counselors and trainers in separate rooms. The privacy and confidentiality will be considered during counseling and training. The GBV survivors' history will be recorded with her consent. The information of survivors will not be shared with unrelated staff or their community. Awareness will be provided on human and women rights, gender, protection issues and referral points like health facilities, legal options, police, and the Directorate of Women's Affairs through WFHSs and community mobilization. Guards rooms will be placed outside of each site due to religious and culture sensitivity matters and Guards will be advised not to roam inside the site. Based on our beneficiaries Complaint Mechanism Policy, Complain box/suggestion boxes will be placed in each site and orientation will be provided to the beneficiaries on the importance of the boxes and how much their feedback is important for project improvement. In addition, the phone hotline numbers and emails will be displayed in each site and in accessible for the beneficiaries.

### **Country Specific Information**

#### **Safety and Security**

APA has full experience with context of South and East regions and is very familiar with security situation in mentioned regions due to long time operation at the insecure areas of the provinces in both regions. The regional security officer of APA will organize and conduct security trainings to all relevant staffs of the project to make sure that the staff has gained good security knowledge regarding the context and security situation of the project areas. The officer will also share security reports, news and information with the project staff via mobile SMS and phone call and will be in touch with them on regular bases. Hilmand, Urozgan, Ghazni, Kunar and Takhar are insecure provinces of Afghanistan while the center and the nearest districts of mentioned provinces are not as much insecure; yet, despite the insecurity, Afghan Planning Agency is currently operating in these provinces. APA's Provincial Offices are located inside urban areas in Nangarhar and Kunar provinces. Taking into consideration that APA's Provincial Offices are located in the center of the provinces where the center of political power is located, a heavy presence of Afghan National Security Forces deters any militant action inside the cities. However, this does not mean that AOGs cannot conduct operations in cities or can affect movements and program activities. There is ongoing war in some parts of the region Kunar. Cities where our offices operate also have problems with crimes and poor economic conditions contribute to high crime rates. Hijacking, abductions, armed robbery and house intrusion constitute the majority of these crimes. Taking into consideration all these threats, APA maintain a strict stand in terms of security. The APA Offices are located in a low profile neighborhood and no physical barriers are installed. However, locally hired guards are employed and utilized on a 24 hour basis to safeguard the office and the warehouses. A curfew and travel period time is also enforced to assure that there are no vehicles or staff moving after sunset. To manage all those risks, APA security responsible also have specific SOPs and guidelines intended for each province to ensure that security incidents are reported, recorded and analyzed. It is also made available for the staff to follow and for the security responsible to enforce. Trainings, briefings and security meetings are vital components of the daily lives of APA staffs in the area. Promoting security consciousness in every APA staff is a big mitigating factor that can contribute to the wellbeing of the staff. We likewise maintain a good coordination with the local government, ANSF and other significant groups in order to have the network. These groups are helping us by making the populace aware of APA presence in the area, their mission and mandate. They are also a good feedback mechanism on APA project progress and effectiveness. Maintaining these relationships with these groups ensures APA of being known as a neutral NGOs dedicated in providing quality care to the people

#### **Access**

Prior to implementation of a project in any site in Afghanistan, a thorough assessment is conducted by APA staff. Members of the assessment team are usually key personnel from program, logistics, security and other relevant departments. This team evaluates the feasibility of conducting programs of a particular area based on their views of their respective department's role in its implementation. The findings are carefully collected and evaluated as a whole by management of APA in such a way to find out the pros and cons, the effectiveness of that project if implemented especially to the beneficiaries but taking into consideration the safety and security factors of its implementing staff. It has always been the practice of staff of APA to prioritize the hiring of local staff particularly in the same area of operations to not only help the local economy but to also endear the populace to mission of APA in the respective area. This is an empowering procedure that helps develop and improve acceptability level in any area where we operate. It also enhances the local population support in each program, making them partners as the program is being implemented. Likewise, close coordination with local government officials, local shuras, SAG and other influential groups is a must in our operation. These groups together with the beneficiaries provide an effective feedback system later on the outcome of every program that we implement. Looking from the security point of view, planning is very crucial even before the program is implemented. Our departments are always keen on making sure that we support the other departments by identifying risk and dangers that we as an organization will meet while implementing the program in a particular area. After these threats are identified, we provide mitigating measures and issue SOPs and security guidelines appropriate to identified threats and make sure that these are disseminated to all staffs involved in these projects. APA day to day operations are monitored by the security department/responsible 24/7. Travel plans, distribution plans, staff movements, field visits and other essential activities are planned by all departments and shared with the security responsible persons for monitoring purposes. This effective system enables the management to know all the activities in a daily basis and react quickly if something goes wrong. Incident reporting involving safety and security are highly encouraged to the staffs in order to identify potential threats and dangers in the operation and to find ways to mitigate them as the security situation is evolving.

The proposed districts witness the presence of both Afghan government and the non-state armed group. While in the south, CR and Takhar Taliban are representing the NSAG throughout the districts. However, in the Eastern region, ISS also has presence unlike the southern region. There are other small groups active in the proposed location however they are not dominant and less observable. Since APA is working from past some years in the project location, we have made access through the community and are not attached to any specific group which shall result in non-acceptance for APA's intervention. Prior to proposing and putting the proposal for the proposed districts, APA consulted with its access network members and made it sure to have an intervention in the proposed area.

Prior to any intervention/distribution, APA strongly takes into account the safety and dignity of both project staff and beneficiaries. APA has also security SOPs and guidelines, custom fit and adaptable to a specific areas that they operate in.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Staff and Other Personnel Costs</b>							
1.1	Project Coordinator	D	1	1,400.00	12	100.00	16,800.00

	<i>Project Coordinator will be based in Kabul with frequent travel to provinces and he will be main focal point for all project activities in the targeted provinces. He will be in-charge of overall supervision and coordination of all project activities and will represent APA in cluster meetings. Project Coordinator will work 100% for this project as three different clusters are involved and he will be fully charged to CHF fund.</i>							
1.2	Regional Team Leader	D	2	1,000.00	12	100.00	24,000.00	
	<i>Two Regional Team Leaders will be in-charge of planning and organizing all the coordination at field (Eastern Region/Nangarhar and Kunar) and for southern region (Kandahar, Helmand and Uruzgan). Regional Supervisor will work 100% for this project and therefore he will be 100% charged to CHF.</i>							
1.3	Survey Team Leader	D	3	700.00	6	100.00	12,600.00	
	<i>3 Survey Team Leaders will be hired for assessment survey on NFI, he/she will be responsible for organizing/planning of assessment in the targeted provinces and managing survey teams. The STMs will be deployed each at Eastern region, Ghazni and Takhar.</i>							
1.4	Surveyors	D	18	450.00	6	100.00	48,600.00	
	<i>18 ES/NFIs assessment &amp; distribution surveyors (1 Male and 1 Female per district) will conduct ES/NFI assessment/verification in Ghazni (Waghaz, Wali Muhammadi Shahid), Kunar (Bar Kunar, Khas Kunar, Marawara, Shaygal wa Shital), Nangarhar (Chaparhar, Ghogiani districts) and Takhar (Khwaja Ghar). The same surveyors will also conduct emergency distribution.</i>							
1.5	Gender Officer	S	1	1,500.00	12	40.00	7,200.00	
	<i>40% salary of Gender Officer will be charged on this project as they will directly participate in project related activities (Attending meetings, communicating with donor agencies, government and communities).</i>							
1.6	HR Manager	S	1	1,200.00	12	15.00	2,160.00	
	<i>15% salary of APA Main Office HR Manager will be charged on this project as they will directly participate in project related HR activities.</i>							
1.7	Finance manger	S	1	1,200.00	12	15.00	2,160.00	
	<i>15% salary of APA Main Office Finance Manager will be charged on this project as they will directly participate in project related Financial activities</i>							
1.8	Admin Manager	S	1	1,200.00	12	15.00	2,160.00	
	<i>15% salary of APA Main Office Admin Manager, Finance Manager will be charged on this project as they will directly participate in project related Administrative activities</i>							
1.9	Monitoring and Reporting Officer	D	3	1,200.00	10	100.00	36,000.00	
	<i>M&amp;E Officers will be in-charge of collecting and managing the information during implementation of the project. She/he will also be in charge of monitoring and reporting to the Project supervisor and Provincial Managers in Nangarhar, Kunar and Laghman provinces, one for Kandahar, Helmand and Urozgan provinces and on for Takhar and Ghazni provinces.</i>							
1.10	Safety and Security officer	D	2	1,200.00	12	75.00	21,600.00	
	<i>Safety and Security Officer will be in charge of security assessments, security plans and management of day-to-day movements of staff to field and vice-versa. SS officers will coordinate with other stakeholders the security issues and inform staff on the updates. Additionally, they are responsible for management of critical incidents. One will be engaged in southern region and the other will take responsibilities of CR and Eastern regions including Takhar.</i>							
1.11	Psycho social Counselor (Female)	D	6	600.00	12	100.00	43,200.00	
	<i>The Psychosocial Counselors will be engaged as; (1 for the WFHS Center in Helmand, 2 for Kandahar mobiles teams, one in each province (Helmand, Uruzgan and Kunar mobile teams). PSC will work with GBV survivors in WFHS and communities through mobile teams. They will do psychosocial counseling sessions with the GBV survivors and refer them to the relevant org/department.</i>							
1.12	Psycho social Counselor (Male)	D	5	600.00	12	100.00	36,000.00	
	<i>The Psychosocial Counselors will be based in provinces. One in each province (Helmand, Urozgan and Kunar mobile teams). PSC will work with GBV survivors in communities through mobile teams. They will do psychosocial counseling sessions with the GBV survivors and refer them to the relevant org/department. Male PSC will also assist in community mobilization activities.</i>							
1.13	Admin/Finance Assistant	D	3	500.00	12	100.00	18,000.00	
	<i>Admin/Finance Assistant 1 per province will be hired to process project staff monthly timesheets, payrolls and perform daily administration activities of the project.</i>							
1.14	Community Mobilizer / Midwife (Female)	D	4	600.00	12	100.00	28,800.00	
	<i>Community Mobilizers are responsible for conducting community mobilization sessions on GBV and community awareness about GBV in coordination with relevant stakeholders including the community and to improve coordination at district and provincial levels. One male and one female Mobilizer will be hired for each of the Mobile team in the four provinces Kandahar (2 mobile teams), Helmand, Uruzgan and Kunar.</i>							
1.15	Wash Facilitator ( Male)	D	4	500.00	12	100.00	24,000.00	

	<i>The Wash Facilitators will be responsible for WASH for the community awareness and social activity.</i>						
1.16	Wash Facilitator ( Female )	D	4	500.00	12	100.00	24,000.00
	<i>The Wash Facilitators will be responsible for WASH for the community awareness and social activity.</i>						
1.17	Guard	D	8	300.00	12	100.00	28,800.00
	<i>2 Guards will be hired for WHFs at Hilmand, 1 at Kandahar office, 1 at Urozgan office, 1 at Kunar, 1 at Nanagarhar, 1 at Takhar, 1 at Ghazni province.</i>						
1.18	Cleaner	D	8	300.00	12	100.00	28,800.00
	<i>2 Cleaners will be hired for WHFs at Hilmand, 1 at Kandahar office, 1 at Urozgan office, 1 at Kunar, 1 at Nanagarhar, 1 at Takhar, 1 at Ghazni province.</i>						
1.19	store Keeper	D	1	450.00	6	100.00	2,700.00
	<i>One store keeper will be hired to take control of inflow/outflows of the stock at Takhar provinces</i>						
1.20	Staff Insurance Cost	D	1	11,880.00	1	100.00	11,880.00
	<i>Personal Accident Insurance for the Project staff will be provided by ICA (Insurance Corporation of Afghanistan ). The cost per day per person is \$0.55 (50 Person X \$0.55 = \$9,702, (1 Store Keeper X0.55X180 = \$99) and for Surveyors 21 Person X \$ 0.55 = \$2079)= \$11,880</i>						
	<b>Section Total</b>						<b>419,460.00</b>
<b>2. Supplies, Commodities, Materials</b>							
2.1	Dignity kit	D	1300	18.00	1	100.00	23,400.00
	<i>The Dignity kit will be provided to those targeted Women whom were involved in Psychosocial/ GBV cases and also the quantity of dignity kit is taken the least number which the priority will be given to those women who is in the situation of Child Birth.</i>						
2.2	Hygiene Kit	D	1300	15.00	1	100.00	19,500.00
	<i>Hygiene kit will be provided where the WASH program will be implemented and the kit will be provide to both Men and Women for the purpose of their families encouraging to sustain the usage of Hygiene Kit for long time. The Hygiene Kits packages are based on WASH Cluster standards</i>						
2.3	NFI Kit	D	700	162.00	1	100.00	113,400.00
	<i>NFI Kits will be provided to those needy/poorest IDPs families whom were displaced from different villages/districts to the safe areas of different provinces/districts and whom did not bring their necessary items along with themselves. The NFI Kits Packages are based on NFI Cluster</i>						
2.4	Construction of emergency Latrines	D	80	350.00	1	100.00	28,000.00
	<i>Latrines are selected in those areas where WASH program is implemented and the number of latrines are provided based on the pre assessment result, in which at least 80 number of latrines are selected for keeping dignity of women and children. And its selected mostly on insecure areas which it does not have facility.</i>						
2.5	Drilling of 10 Bore will	D	10	2,500.00	1	100.00	25,000.00
	<i>Bore Well will make facility for family specially for women and girls to use clean water which will prohibits from disease and the number of bore well is selected after assessment where the WASH program is implemented.</i>						
2.6	IEC Material	D	1	3,500.00	1	100.00	3,500.00
	<i>IEC materials developed by UNFPA, DoWA, MoPH, IMC and APA will be distributed and used under this activity</i>						
2.7	NFI/ES Decentralization cost / Secondary Transportation Cost	D	1	1,000.00	1	100.00	1,000.00
	<i>Decentralization cost charges on transportation of goods that transfer from provinces to districts which will deliver the goods in emergency cases</i>						
2.8	Provision of / Refreshment Cost for Project Staff	S	1	1,500.00	1	100.00	1,500.00
	<i>Refreshment cost (Procurement of 230 boxes water for (48 weekly meetings, two trainings for project staffs and daily sessions taking place in the WFHSs during the entire life of project.</i>						
	<b>Section Total</b>						<b>215,300.00</b>

3. Equipment							
3.1	Equipment's (Laptop Computer, Camera)	S	1	3,480.00	1	100.00	3,480.00
<i>4 PCs of Dell Laptop core i5 and sony 16MP HD camera will be purchased for the project.</i>							
3.2	Equipment's ( Smart Phone/Tablet)	S	18	600.00	1	100.00	10,800.00
<i>18 PCs Samsung A6 Tablet will be procured for the 18 surveyors</i>							
<b>Section Total</b>							<b>14,280.00</b>
4. Contractual Services							
4.1	Transportation Cost (Rented cars including driver and maintenance)	s	9	700.00	12	100.00	75,600.00
<i>9 Light weight vehicles will be rented two for Hilmand (GBV &amp; WASH), 3 for Kandahar for 2 GBV mobile teams and WASH, 2 at Urozgan for GBV mobile team &amp; WASH and 2 for Kunar GBV mobile team and WASH. The rental cost will cover the Fuel, Maintenance and Driver salary. The project activities are in insecure area and rural area.</i>							
4.2	WFHS	s	1	500.00	12	100.00	6,000.00
<i>Buildings will be rented for setting up Women Friendly Health Spaces in center of Helmand province.</i>							
4.3	ES/NFI & Hygiene stock rental	D	1	500.00	12	100.00	6,000.00
<i>space will be hired for ES/NFI and Hygiene kits at Takhar</i>							
<b>Section Total</b>							<b>87,600.00</b>
5. Travel							
5.1	Site Visit	s	16	300.00	1	100.00	4,800.00
<i>Travel cost for APA Key staff for monitoring purpose of the project and conducting meeting with stakeholder on province level (Air round ticket \$150, DSA per night \$ 50X3 Days = \$150)=\$300</i>							
5.2	DSA NFI Surveyors	s	21	50.00	2	100.00	2,100.00
<i>DSA \$50 per night will be given to NFI assessment staff (18+3) during training at Kabul</i>							
5.3	Transportation Cost for the Surveyors	s	21	200.00	1	100.00	4,200.00
<i>US \$ 200 will be paid per surveyor (21 persons) as a transportation cost to carryout the assessment in the targeted provinces</i>							
<b>Section Total</b>							<b>11,100.00</b>
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
NA							
<b>Section Total</b>							<b>0.00</b>
7. General Operating and Other Direct Costs							
7.1	Utilities	s	1	200.00	12	100.00	2,400.00
<i>Utility bills (electricity, gas, water, generator fuel, gas cylinder etc.) for all of the three provinces.</i>							
7.2	Communication cost	s	38	20.00	12	100.00	9,120.00
<i>Telephone, communication/mobile charges and internet for field staff of all the Targeted provinces. (US\$ 20 Per Staff /Months)</i>							
7.3	Internet Service cost	s	4	60.00	12	100.00	2,880.00
<i>Internet Service Cost for for project key staff (Project Coordinator, Provincial Team Leaders and M&amp;E Officer)</i>							
7.4	Office Stationery	s	4	75.00	12	100.00	3,600.00

	Stationery used for daily recording and documentation includes, tuners, papers, pens and others.		
<b>Section Total</b>			<b>18,000.00</b>
<b>SubTotal</b>	3,605.00		<b>765,740.00</b>
Direct			625,580.00
Support			140,160.00
<b>PSC Cost</b>			
PSC Cost Percent			7.00
PSC Amount			53,601.80
<b>Total Cost</b>			<b>819,341.80</b>

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nangarhar -> Khogyani	5	200	450	310	287	1,247	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>

Nangarhar -> Chaparhar	6	210	450	370	380	1,410	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>
Ghazni -> Walimuhammad-e-Shahid	3	170	300	200	210	880	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>



Ghazni -> Waghaz	4	200	340	300	320	1,160	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>
Kunar -> Watapur	8	256	596	426	426	1,704	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community</p> <p>Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them.</p> <p>The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.</p> <p>Activity 1.1.2 : APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys.</p> <p>Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.</p> <p>Activity 1.1.3 : APA will maintain a well comprehensive community based approach as</p>

community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.

Activity 1.1.3 : Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up

Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.

Activity 1.1.5 : Due to the deprived economic conditions, returnees/IDPs are unable to afford to purchase the kits; often they are not available locally where the returnees/IDPs are residing. As a result, the personal hygiene of returnees, particularly among women, is very poor. In recognition of this problem, APA will provide kits to all targeted women of reproductive age, along with basic hygiene education. This will promote personal and environmental hygiene.

Activity 1.1.6 : APA will establish 5 mobile teams (one team per district (Nad Ali districts of Hilmand, Zherai, Arghistan, Khakrez of Kandahar, Chora of Urozgan and Watapura of Kunar provinces) that provide mobile psychosocial support/counseling services to women and girls who have no access to Women Friendly Health Spaces. The returnees/IDPs locations for mobile team will be selected in coordination with DoRR and UNHCR through attending monthly returnees screening committee meetings. In each team there will be one/two trained psychosocial counselor and one community mobilizer. Community Mobilizers will mobilize community through meeting with community elders in Masjids and community shuras, and orient them on project activities and the need for mobile teams. In close coordination and consultation with community elders, the sites for mobile teams will be selected. Each team will provide services to the returnees/IDPs 6 days/week and each team will provide psychosocial counseling to at least 40 - 50 returnees/week. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors to WFHs, other services like advanced mental health, medical care, legal and the provincial Directorate of Women Affairs. All clients who receive services will be registered in a way that their contact details are also recorded in order to enable remote monitoring.

GBV survivors will be recorded by survivor consent.

Activity 1.1.7 : Provision of dignity kits to affected women and girls of reproductive age. Also APA will develop a robust monitoring system to make sure that the planned activities are implemented as per the schedule and budget. Through the monitoring process, the operational problems will be identified and resolved in a timely manner. In addition, both agencies will closely coordinate with all stakeholders, including the DoRR, DoWA, DoEc, AIHRCs, District/Provincial Governments, UN Agencies, international and local NGOs, and community leaders. APA will keep the stakeholders fully informed about the project at different stages. APA will support the GBV Sub Cluster by providing them with human resources and etc in both regional and provincial levels. Providing of narrative and financial reports to CHF and HFU on quarter bases as well as final report of the project. Focus group discussions, individuals interview during field visits and open meetings with community will be held as well as coordination of the issues with community development committees and establishment of local shuras for the feedback mechanism and accountability of the project.

Activity 1.1.8 : Establishment of 5 mobile teams (1 per district) that will provide mobile psycho-social support/counseling and community awareness to women and girls who do not have access to WFHSs, this service will also be extended to men and boys

Activity 2.1.1 : 10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA.

Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.

Activity 2.1.2 : Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done based on test results including chlorination of the wells.

And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.

Activity 2.1.3 : After completion/installation hand pumps on the wells, All 10) wells will be chloritized. The chlorine will be poured to water and water circulation will be done though pumping the water for long time duration to properly mixed the chlorine in the water to be left for 24 hours before use. The wells will be capable to provide drinking water for 3000 individuals. Re chlorination will be done to all of the wells after three to four months. 10 mechanics and community members from the area will be trained on cleaning and chlorination procedures of wells for sustainability of project as well as relevant government officials involvement and WASH committee members for proper use and protection of wells as well as providing them with spare parts and necessary equipment for the maintenance

Activity 3.1.1 : Hygiene Kits will be distributed to 1500 families throughout the targeted villages of the 6 selected districts. Selection of beneficiaries will be done by the survey experts and the WASH committees.

Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits.

Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.

Activity 3.1.2 : Preparing of the training packages as well as their translation, formatting, editing, printing and distribution.

APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings.

This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.

Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities

Kunar -> Marawara	6	205	478	341	341	1,365	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>
Kunar -> Shigal Wa sheltan	6	300	510	400	410	1,620	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>

Kunar -> Khaskuniar	6	210	470	380	410	1,470	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>
Kunar -> Barkuniar	6	240	500	390	400	1,530	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>

Takhar -> Khwajaghar	6	182	420	354	360	1,316	<p>Activity 1.1.1 : field assessment missions will be conducted by APA survey experts to the selected 9 districts for identification and selecting of 700 most vulnerable households among the targeted 1500 families for distribution of the NFI Kits.</p> <p>Activity 1.1.2 : field verification missions will be conducted by APA survey experts following the assessment missions to the selected 9 districts to verify existence of needs based on Cluster standard.</p> <p>Activity 1.1.3 : Assessment of 1500 families (10500 individuals) and Distribution of 700 NFI/ES kits to the conflict affected vulnerable IDPs, returnees and host communities families. (Target beneficiaries for assessment and identification of the most vulnerable families are 1500 households. While only 700 most vulnerable of them will be provided with the NFI Kits under this project)</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.5 : PDM (10% of the target NFI beneficiaries = 1200 individual both male and female) will be conducted by survey team leader and regional team leader after the NFI distribution for feedback to improve the way assistance is designed and delivered, responsive to the preferences of beneficiaries and sensitive to potential protection risks that could be caused by NFI assistance</p>
Uruzgan -> Chora	7	208	485	346	346	1,385	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community</p> <p>Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them.</p> <p>The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.</p> <p>Activity 1.1.2 : APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys.</p> <p>Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.</p> <p>Activity 1.1.3 : APA will maintain a well comprehensive community based approach as</p>

community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.

Activity 1.1.3 : Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up

Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.

Activity 1.1.5 : Due to the deprived economic conditions, returnees/IDPs are unable to afford to purchase the kits; often they are not available locally where the returnees/IDPs are residing. As a result, the personal hygiene of returnees, particularly among women, is very poor. In recognition of this problem, APA will provide kits to all targeted women of reproductive age, along with basic hygiene education. This will promote personal and environmental hygiene.

Activity 1.1.6 : APA will establish 5 mobile teams (one team per district (Nad Ali districts of Hilmand, Zherai, Arghistan, Khakrez of Kandahar, Chora of Urozgan and Watapura of Kunar provinces) that provide mobile psychosocial support/counseling services to women and girls who have no access to Women Friendly Health Spaces. The returnees/IDPs locations for mobile team will be selected in coordination with DoRR and UNHCR through attending monthly returnees screening committee meetings. In each team there will be one/two trained psychosocial counselor and one community mobilizer. Community Mobilizers will mobilize community through meeting with community elders in Masjids and community shuras, and orient them on project activities and the need for mobile teams. In close coordination and consultation with community elders, the sites for mobile teams will be selected. Each team will provide services to the returnees/IDPs 6 days/week and each team will provide psychosocial counseling to at least 40 - 50 returnees/week. The counseling will be as groups and individually. In addition to psychosocial counseling, the mobile team will refer GBV survivors to WFHs, other services like advanced mental health, medical care, legal and the provincial Directorate of Women Affairs. All clients who receive services will be registered in a way that their contact details are also recorded in order to enable remote monitoring.



GBV survivors will be recorded by survivor consent.

Activity 1.1.7 : Provision of dignity kits to affected women and girls of reproductive age. Also APA will develop a robust monitoring system to make sure that the planned activities are implemented as per the schedule and budget. Through the monitoring process, the operational problems will be identified and resolved in a timely manner. In addition, both agencies will closely coordinate with all stakeholders, including the DoRR, DoWA, DoEc, AIHRCs, District/Provincial Governments, UN Agencies, international and local NGOs, and community leaders. APA will keep the stakeholders fully informed about the project at different stages. APA will support the GBV Sub Cluster by providing them with human resources and etc in both regional and provincial levels. Providing of narrative and financial reports to CHF and HFU on quarter bases as well as final report of the project. Focus group discussions, individuals interview during field visits and open meetings with community will be held as well as coordination of the issues with community development committees and establishment of local shuras for the feedback mechanism and accountability of the project.

Activity 1.1.8 : Establishment of 5 mobile teams (1 per district) that will provide mobile psycho-social support/counseling and community awareness to women and girls who do not have access to WFHSs, this service will also be extended to men and boys

Activity 2.1.1 : 10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA.

Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.

Activity 2.1.2 : Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done based on test results including chlorination of the wells.

And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.

Activity 2.1.3 : After completion/installation hand pumps on the wells, All 10) wells will be chloritized. The chlorine will be poured to water and water circulation will be done though pumping the water for long time duration to properly mixed the chlorine in the water to be left for 24 hours before use. The wells will be capable to provide drinking water for 3000 individuals. Re chlorination will be done to all of the wells after three to four months. 10 mechanics and community members from the area will be trained on cleaning and chlorination procedures of wells for sustainability of project as well as relevant government officials involvement and WASH committee members for proper use and protection of wells as well as providing them with spare parts and necessary equipment for the maintenance

Activity 3.1.1 : Hygiene Kits will be distributed to 1500 families throughout the targeted villages of the 6 selected districts. Selection of beneficiaries will be done by the survey experts and the WASH committees.

Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits.

Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.

								<p>Activity 3.1.2 : Preparing of the training packages as well as their translation, formatting, editing, printing and distribution.</p> <p>APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings.</p> <p>This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.</p> <p>Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities</p>
Hilmand -> Lashkargah	9	288	671	479	479	1,917	<p>Activity 1.1.1 : Afghan Planning Agency is running GBV project since 2016 in Kandahar and Hilmand Provinces and will use the already established Women Friendly Health Space for returnees, IDPs and host communities in Lashkarga of Hilmand province. WFHSs will provide a friendly and safe space for the women and girls with critical GBV cases, establishment of women network and shuras for coordination and communication of the issues within the community, follow up and referral services where they feel comfortable and enjoy freedom. WFHSs will be staffed with well-trained and qualified female staffs having experience and medical background to help in managing the WFHS. WFHSs will have group and individual sessions for GBV survivors, recreational activities and awareness sessions on personal and environmental hygiene etc. The WFHS staff will be trained on psycho-social counseling, Psychological First Aid, Emergency Counseling, facilitating establishment and management of support groups and management of GBV cases and the mobile teams and provide blanket sexual and reproductive health information, providing information about a safe and hygienic childbirth,. The WFHSs will play an important role to provide services on psycho social support and counseling, awareness on GBV prevention, referral points, protection issues, and human and women rights and conducting awareness sessions by the community mobilizer on Force</p>	

								<p>marriage and Bacha Bazi to girls and boys in separate groups of trainees in order to understand strong negative effects of the mentioned two issues among the community.</p> <p>Activity 1.1.3 : APA will maintain a well comprehensive community based approach as community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.</p> <p>Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.</p> <p>Activity 1.1.7 : Provision of dignity kits to affected women and girls of reproductive age. Also APA will develop a robust monitoring system to make sure that the planned activities are implemented as per the schedule and budget. Through the monitoring process, the operational problems will be identified and resolved in a timely manner. In addition, both agencies will closely coordinate with all stakeholders, including the DoRR, DoWA, DoEc, AIHRCs, District/Provincial Governments, UN Agencies, international and local NGOs, and community leaders. APA will keep the stakeholders fully informed about the project at different stages. APA will support the GBV Sub Cluster by providing them with human resources and etc in both regional and provincial levels. Providing of narrative and financial reports to CHF and HFU on quarter bases as well as final report of the project. Focus group discussions, individuals interview during field visits and open meetings with community will be held as well as coordination of the issues with community development committees and establishment of local shuras for the feedback mechanism and accountability of the project.</p> <p>Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities</p>
Hilmand -> Nad-e-Ali	7	208	485	346	346	1,385	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community</p> <p>Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired</p>	

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The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.

Activity 1.1.2 : APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys.

Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.

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Activity 2.1.1 : 10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA.

Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.

Activity 2.1.2 : Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done based on test results including chlorination of the wells.

And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.

Activity 2.1.3 : After completion/installation hand pumps on the wells, All 10) wells will be chloritized. The chlorine will be poured to water and water circulation will be done through pumping the water for long time duration to

								<p>properly mixed the chlorine in the water to be left for 24 hours before use. The wells will be capable to provide drinking water for 3000 individuals. Re chlorination will be done to all of the wells after three to four months. 10 mechanics and community members from the area will be trained on cleaning and chlorination procedures of wells for sustainability of project as well as relevant government officials involvement and WASH committee members for proper use and protection of wells as well as providing them with spare parts and necessary equipment for the maintenance</p> <p>Activity 3.1.1 : Hygiene Kits will be distributed to 1500 families throughout the targeted villages of the 6 selected districts. Selection of beneficiaries will be done by the survey experts and the WASH committees.</p> <p>Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits.</p> <p>Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.</p> <p>Activity 3.1.2 : Preparing of the training packages as well as their translation, formatting, editing, printing and distribution.</p> <p>APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings.</p> <p>This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected. The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.</p> <p>Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities</p>
Kandahar -> Zheray	8	256	596	426	426	1,704	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls.</p>	

Points will be selected in consultation of the IDPs community

Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them.

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Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be interactive. IEC materials developed by APA, DoWA, and other organizations will be used under this activity. In addition, basic hygiene education sessions will provide another opportunity to implement the GBV awareness-raising activities.

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particularly among women, is very poor. In recognition of this problem, APA will provide kits to all targeted women of reproductive age, along with basic hygiene education. This will promote personal and environmental hygiene.

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Activity 1.1.8 : Establishment of 5 mobile teams (1 per district) that will provide mobile psychosocial support/counseling and community awareness to women and girls who do not have access to WFHSS, this service will also be extended to men and boys

Activity 2.1.1 : 10 boreholes will be drilled including hand pump installation on them at 10 villages selected in the assessment conducted by APA.

Drilling with installation of filter, casing and gravel pack and testing of water and pump to make sure the availability of water with capable water flow.

Activity 2.1.2 : Quality test and other necessary tests of water will be done by technical staffs of the project at several times during the project life time and also treatment of water will be done



based on test results including chlorination of the wells.

And as per need the water sources will be checked to measure that the chlorine used for well is within the standards.

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Also IEC, leaflet and other hygiene instructions preparation by APA for the training and to be distributed to the trainees for ensuring appropriate usage of the Kits.

Kits will be included the essential hygiene elements to ensure improved hygiene at an individual and household level.

Activity 3.1.2 : Preparing of the training packages as well as their translation, formatting, editing, printing and distribution.

APA already have and developed the training materials used by WASH cluster for the hygiene training sessions, APA used these materials in similar project implemented in recent years and have reviewed and revised these materials to be used for this projects' activities and local context. The training package is entailing all necessary WASH related messages. These training sessions will build the capacity of target populations on taking care of their personal hygiene, family members and most specifically women, girls and boys. Banners and charts will be used during the trainings.

This project will cover up to 5000 individuals through 400 hygiene awareness sessions while the session will comprise 13 trainees from one village. Hiring of local qualified staff, composed of a male and female teams will be recruited to carry out the hygiene trainings. Information on existing hygiene practices, solid waste management, excreta disposal, quality of water used for drinking purposes, and handling of water at the household level will be collected.

The essential basic steps that aid the community to identify their WASH issues and develop their own response strategies using local knowledge and wisdom (planning for monitoring and evaluation, participatory evaluation problem identification, problem analysis, solutions planning, selecting options, planning for new facilities and behavior change) will be oriented to the hygiene trainees. Hygiene messages will emphasis on how to practice proper hygiene in emergency, maintaining safe water storage, water treatment, transmission routes for water and sanitation diseases, critical times to wash hands, proper waste disposal, proper hygienic breastfeeding practices for women and menstrual management. Specific attention will be given to the needs of vulnerable groups in the community, such as pregnant and lactating women, children.

							Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities
Kandahar -> Khakrez	6	176	410	293	293	1,172	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community</p> <p>Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them.</p> <p>The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.</p> <p>Activity 1.1.2 : APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys.</p> <p>Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.</p> <p>Activity 1.1.3 : APA will maintain a well comprehensive community based approach as community involvement for referrals and follow up of the cases of survivors to other stakeholders for provision of advanced severe condition and advanced GBV response provider of the critical cases, as the community, women network and shura representatives and Provincial Sectorial Departments will be key partners to decide on critical GBV cases and referral of the issues.</p> <p>Activity 1.1.3 : Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up</p> <p>Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs are residing. This will include posters, discussions with community elders and mullahs to speak GBV issues in their religious speaking on Friday Khutbas, and sharing of success stories. The Community Mobilizers will play an important role in implementing the GBV awareness activities. Through these activities, women and girls and men will be sensitized on GBV prevention, referral points, protection, and women's and human rights. These awareness sessions will be organized in separate groups for women and men. The sessions will be</p>

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Kandahar -> Arghestan	7	208	485	346	346	1,385	<p>Activity 1.1.1 : Based on need assessment conducted by APA in South and East regions the project staff will select 80 latrine construction points in coordination of the community for privacy and dignity of the IDPs, returnees and host community especially women and girls. Points will be selected in consultation of the IDPs community</p> <p>Activity 1.1.2 : 80 new emergency latrines will be constructed for emergency latrines and bathing facilities (DACAAR Design) it will include hand washing facilities and be culturally appropriate. The latrines will be constructed based on the revised design of the latrines prepared by DACAAR for permanent situations, providing appropriate facilities that are easy for the IDPs and communities to be maintained and repaired by them.</p> <p>The mentioned latrines facilities will be prepared for the house hold IDPs so each member of them will be trained during the hygiene education sessions for proper maintenance of the latrines.</p> <p>Activity 1.1.2 : APA will provide psychosocial support and counseling to returnees/IDPs, including GBV survivors and vulnerable women, girls and boys.</p> <p>Psychosocial counseling sessions will be organized for individuals as well as groups of women, girls and boys. APA will hire Psycho social Counselors locally and will train them to improve their expertise and knowledge to be able to undertake their responsibilities satisfactorily. those returnees/IDPs who have access to WFHSs, will receive psychosocial counseling in the WFHS located in center of Hilmand Province while IDPs and returnees located in 6 other districts will receive psychosocial counseling through 5 mobile teams one mobile team per district.</p> <p>Activity 1.1.3 : Establishment of 18 WASH committees in all 6 districts of the targeted provinces consisting men, women and children to support us in implementation and monitoring of WASH activities, GBV cases follow up and will be responsible for maintenance of the latrines and making the beneficiaries to take part in hygiene education trainings and follow up of the WASH related issues in the village. The mentioned committees will be established for both WASH and GBV activities follow up</p> <p>Activity 1.1.4 : Procurement of NFI Kits, such as Blanket, Solar lantern torch with battery or table lamp, Cooking pot or pressure cooker, Stove, Glasses for tea, Bowl, Tea pot, Spoon, Peeling knife, Soap (hand), Jerry can, Match box, Big spoon for serving/cooking, Plastic mat, Clothes for women (socks, gloves, sweaters, hats...), Clothes for men (socks, gloves, sweaters, hats...), Clothes for children (socks, gloves, sweaters, hats...), under close coordination with the Cluster and other humanitarian actors.</p> <p>Activity 1.1.4 : APA will implement GBV awareness raising activities through community dialogues in the IDP, returnees and host communities and places where returnees/IDPs</p>

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Activity 3.1.3 : Developing of appropriate IEC material on personal, domestic and environmental hygiene to be used during the hygiene awareness sessions in communities

<b>Documents</b>	
<b>Category Name</b>	<b>Document Description</b>
Project Supporting Documents	Protection Cluster Endorsement Letter-APA.pdf
Project Supporting Documents	WASH Cluster Endorsement Letter - APA.pdf
Project Supporting Documents	Shelter Cluster Endorsement Letter-APA.pdf
Project Supporting Documents	APA Multi Sector Assessment Report.pdf
Budget Documents	Latrines BoQ.xlsx
Budget Documents	Office Stationery.xlsx
Budget Documents	NFIs BoQ.xlsx
Budget Documents	Dignity Kits BoQ.xlsx
Budget Documents	Borewell BoQ.xlsx
Budget Documents	Laptops and Cameras.xlsx
Budget Documents	IEC Materials BoQ.xlsx
Budget Documents	ESNFI Decentralization cost Secondary Transportation Cost.xlsx
Budget Documents	1Hygiene Kit.xlsx
Budget Documents	APA staff Salary Scale 2017.xlsx
Budget Documents	BoQ for Staff Insurance.xlsx
Grant Agreement	APA - 6863 - GA - Signed by HC.pdf
Grant Agreement	APA - 6863 - GA - Signed by HC & IP.pdf