OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Youth Health & Development Organization
Allocation Type :	2017 2nd Standard Allocation

Primary Cluster	Sub Cluster	Percentage
HEALTH		70.00
PROTECTION	Gender Based Violence	25.00
NUTRITION		5.00
		100

Project Title :	Multisectoral emergency response in hard to reach areas of Kandahar province
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/SA2/H-APC-N/NGO/6792
Cluster :		**Project Budget in US$:**	860,880.27
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	20/10/2017	**Planned End Date :**	19/10/2018
Actual Start Date:	20/10/2017	**Actual End Date:**	19/10/2018

Project Summary :

YHDO, in close partnership with BARAN (Kandahar BPHS implementer and nutrition project implementer), is proposing a multisectorial emergency response project for 5 hard to reach districts of Kandahar province. The project will cover trauma care and referrals for war wounded, obstetrical and other emergency patients through the establishment of 5 integrated FATP centers located in Maywand, Shawalikot, Arghistan. Khakrez and Zhari. The referral mechanism for patients in critical condition will be ensured through the addition of extra ambulances in the 7 CHC's of the districts targeted.

To provide basic health services in underserved communities,YHDO and BARAN will enable 7 mobile health teams that will be deployed in white areas and high IDP's and nomadic population concentration areas. These mobile teams will offer basic health services, nutrition promotion, malnutrition detection and treatment plus referrals to therapeutic feeding centers if needed, as well as psychosocial support and referrals when indicated (GBV and MHPSS cases). YHDO and BARAN will combine their expertises to maximize the positive impacts of the project. The mobile health teams will be fully managed by BARAN, under the supervision of YHDO key project staff.

Psychosocial support for traumatized patients and GBV prevention and response will be ensured by the presence of trained counsellors in the 5 FATP centers, as well as in the mobile health teams to be deployed to the 5 districts targeted. YHDO possesses solid expertise in GBV and the organization is currently implementing a CHF funded psychosocial and GBV project in northern region. Therefore this proposal will scale up YHDO interventions in relation with GBV and psychosocial support, to respond to ground needs existing in Kandahar. YHDO will position rape management kits in all CHC's integrating FATP's and trained staff will enable proper case management.

YHDO will also establish 2 women friendly spaces in Maywand and Shawalikot districts where population is directly affected by the ongoing conflict. These community spaces will ensure provision of safe space where women and childrens can gather to discuss common issues, receive information (legal, health, nutrition, MHPSS, etc.) and feel free to share their concerns and to address their specific needs.

A total of 31,769 direct beneficiaries will be reached by the project.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
7,346	11,597	4,598	8,228	31,769

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	4,408	6,958	2,759	4,937	19,062
Internally Displaced People	2,203	3,479	1,379	2,468	9,529
Other	735	1,160	460	823	3,178

Indirect Beneficiaries :

Family members of direct beneficiairies are calculated as total number of direct beneficiaries (31,769) x 6,7 individuals which is the average size of afghan family. Total indirect beneficiries will be 241,444 individuals.

Catchment Population:

The catchment population of the project is the population of the 5 districts which represents 254 310 individuals. About 10% are nomads and 30% are IDP's.

Link with allocation strategy :

The project is combining activities of 3 main sectors covered by the second CHF allocation (nutrition, health and protection). YHDO and BARAN having already wide access into Kandahar province, the hard to reach locations selected can be deserved by a range of services specified in the present proposal. The project proposed adopt a public health approach, to deliver other services such as GBV response, psychosocial support and malnutrition prevention, detection and treatment. The excellent field knowledge and access of BARAN as a partner in the project should guarantee satisfactory implementation in a complex context where it is crucial to have extended local network and deep understanding of the communities and conflict dynamics. YHDO being a well recognized protection actor in Afghanistan, protection integration has been taken into high consideration. In addition, YHDO possess the capacity and expertise to train and mentor properly counsellors in relation with PSS and GBV. Through the implementation of this project impact will be maximized in 5 hard to reach districts where active conflict is ongoing, white area population is important, concentration of IDP's and nomads is high and where very few actors have extend access and estabished network. Access to life saving and basic health services will be enhaced considerably through establishment of both mobile and fix service provision points. Trauma care and referral system mechanism will be drasticly improved for wounded patients while protect needs will be adressed and malnutrition detected and treated.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
BARAN	National NGO	289,415.00
		289,415.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Miriam Lindsay	Technical manager	miriam@yhdo.org	0793379964
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BACKGROUND

1. Humanitarian context analysis

According to UNAMA 2017 midyear protection of civilians report, Kandahar province was among the 3 provinces most affected by conflict casualities in Afghanistan. UNAMA documented substantial increases in women killed and injured by aerial operations, improvised explosive devices, and suicide and complex attacks. Child casualties remained at high levels during first six months of 2017, with a notable increase in child deaths. Women and children comprised 58 per cent of all ground engagement civilian casualties according to UNAMA. Beyond egregious cases of civilian death or injury, armed conflict changed lives of countless civilians through displacement and damage to homes, schools, and medical clinics - amongst other facilities - all of which restricted access to education, health-care, and economic opportunities. Psychological trauma imposed on members of the civilian population and local communities by the loss of family and friends in violent and unpredictable circumstances, and by ever-present risk of becoming civilian casualties themselves, must not be understated. More than half of Afghans suffer from "mental health problems", according to Ministry of Public Health statistics. Doctor Basheer Ahmad Sarwari, head of the Mental Health Section at the Afghan Ministry of Public Health, placed the number of mentally troubled Afghans at 60-65 per cent. Shawalikot and Maywand districts, which are both targeted by YHDO project, are districts where number of trauma patients are the highest in Kandahar and the figures continued to increase in the last period. The 5 hard to reach districts targeted by YHDO project have cumulated a total of 5625 trauma cases in HMIS database since the beggining of 2017. In addition to the ongoing conflict, according to IOM reports, from 1 January to 31 December 2016, a total of 36 513 undocumented afghans came back to Afghanistan through Spin Boldak border crossing point. Many of those returning have lived outside of Afghanistan for decades, and need humanitarian support as they seek to reintegrate into a province already struggling with widespread conflict and massive displacement. The conflict that rages in Kandahar and nearby provinces as resulted in more than 12 440 IDP's registered inside Kandahar province by OCHA in 2017. Maywand, Shawalikot, Arghistan are the most affected districts by population displacement. On the other hand, Khakrez and Zhari have nomadic population as well as IDP's and white area population that have been underserved by previous CHF allocations as well as BPHS system. Malnutrition prevalence in Kandahar is concerning with 8,4% of SAM and 4,1% of MAM according to 2013 nutrition survey conducted by WHO. The areas targeted by the 7 mobile health teams proposed are not covered by health services.

In Kandahar, gender base violence is difficult to adress in a stand alone approach as cultural barriers prevailing in rural areas are extremely constraining for females. Humanitarian actors need to adopt integrated public health approach to tackle GBV needs.

Several areas targeted by the project are under control of insurgency and have been isolated from aid interventions. Acute needs of the population living in these areas, which are not controlled by afghan governement, are adressed through the current project, with implicit goal to increase impartiality of humanitarian assistance in Kandahar province. Forced displacement, collapse of protective space, severe human rights violations, exposure to ground offensive, aerial operations as well as explosive devices such as landmines, are part of the existence of population targeted by YHDO proposal. Shawalikot being the most insecure district targeted by the proposal, it also shows highest number of trauma cases. In terms of insecurity and conflict impacts on population, it is followed by Maywand, Arghistan, Zhari and finally Khakrez which is more stable but where situation has been deteriorating in the last mot

2. Needs assessment

The target groups and locations of interventions were selected based on field assessment realized in each district selected for project implementation combined to an analysis of updated data available (HMIS, SAM and MAM data, demographic data, IDP's and returnees data). Assesment report is attached in GMS. The extended knowledge of particularities, gaps and needs of Kandahar province detained by BARAN management team has also influenced the decision making in terms of areas where to intervene or not. For example, 2 districts proposed by OCHA were not considered as we knew we could not implement activities in these locations due to incapacity of recruiting local staff and serious access constraints. Therefore, it was not realistic to include these districts in proposal even though needs exist. In relation with trauma care, the BPHS implementer has limited capacity to respond the needs of conflict affected population as BPHS does not include trauma care services. YHDO is currently establishing 2 FATP centers in Kandahar. One is located in Maywand Bazar (close to the main road in governement control area) and one is located in Shawalikot Wayan CHC, an area under the control of the insurgency. Therefore, YHDO proposes to establish 2 more FATP centers in these districts to cover the dire needs and to deliver services to population living in zones not covered by the current FATP's of YHDO. There is an average of 301 monthly trauma cases registered by BARAN health facilities in Shawalikot district, which is the district where the highest number of cases is registered. Maywand is the second affected district, with an average of 287 cases on a monthly basis. YHDO also propose to establish 3 other FATP centers in Khakrez, Arghistan and Zhari where trauma cases are also present on a daily basis with an average of 72 cases per month according to HMIS 2017 data base. About 20% of the cases are war wounded patients. The trauma targets for the FATP's were established based on 2017 HMIS data available and disagregation by sex and age was calculated based on trends observed. Boys and girls are affected in an equal proportion by trauma cases (11%), while 48% of adult cases are males. Female patients number might be low due to the lack of female staff currently available. Therefore, YHDO proposed a male guardian salary policy (mahram) to get female staff onboard. In relation with malnutrition, an average of 81 SAM and 81 MAM cases are detected on a montly basis in BARAN health facilities locted in the 5 districts targeted by the project. We can expect numbers to be higher in areas uncovered by BPHS (white areas and IDP camps). The SAM and MAM targets were set based on expected caseload per district and in consideration with catchment population that will be reached by the MHT's. In relation with Women Friendly Health Spaces to be established, 2 districts affected by the ongoing conflict were selected. A poplation of 880 families will benefit from these centers and 25% of these families are IDP's. Therefore a total of 1226 women should benefit from the WFHS established, comprising 306 IDP females. Some areas are undercovered by health facilities and prone to conflict as insecure. Therefore, YHDO plan to train community health workers that will be equipped with first aid kits and enabled to stabilize and treat wounded patients where there are no medical staff to do so. 100 community health workers will be trained in the 5 districts targeted. The community health worker availability was crosschecked with BARAN who have constant contact with these community base ressources.

3. Description Of Beneficiaries

The 5 districts targeted by YHDO project have cumulated a total of 5625 trauma cases in HMIS database since the beggining of 2017. 48% of the victims were adult males and about 20% of the injuries were related to the conflict. Trauma targets were calculated based on the HMIS data comprised between 01-01-2017 to 31-07-2017. YHDO and BARAN plan to serve 8839 trauma affected beneficiaries. Disagreagation was done based on previous trends. YHDO has considered that 50% of the patients assisted with trauma care would need and accept at least one session of psychosocial counselling, regardless of their gender. The targets related to mobile health services were calculated based on number of days of operation during the project cycle, staff capacity, areas of interventions and demographic particularities of these areas. A total of 7270 beneficiries should be directly assisted by the mobile health teams. Priority will be given to female patients during mobile activities, as they are more vulnerable to suffer from health problems related to pregnancy and carencies caused by early and multiple pregancies. The 1226 beneficiaries targeted by the women friendly spaces are considered as ever married women affected by the conflict in zones comprised in Shawalikot and Maywand districts. Due to cultural barriers that prevail in Kandahar, YHDO has considered that 40% of the adult female population of the catchment area of these centers would visit eventually. This percentage also correspond to GBV prevalence according to Afghan National Demographic Health Survey recently published. Catchment population of the women friendly spaces was calculated based on a range of 1 hour walking distance from the locations where the centers will be established. This population includes high percentage of IDP's (25%). The female targeted by the WFHS are living in the 2 most insecure districts of the province (Maywand and Shawalikot), where the incidence of trauma and violence is higher. Therefore, these women are more prone to human rights violation and psychological distress.

Nutrition component target 3447 children under 5 years old, expected as caseload in the 5 districts covered by the mobile health teams. Children targeted are part of white area population, IDP's and nomads deserved by the mobile health teams. Targets were discussed with the nutrition cluster.

The white areas to be covered by the mobile health teams are the following. Maywand district: Atua Kariz, Joy Garam, Tora Bouwrri, Nia Kariz, Mama Kariz, Sa Totak, Da Khawri Kariz, Hamid Kariz, Mess Kariz and Amanullah Kariz villages. Shawalikot district: Baghto Kalay, Bury Kalay, Chinar Kalay, Maqur Kalay, Hasanzi Kalay, Malayan Kalay, Tor Barg Kalay and Hajian Kalay villages. Khakrez district: Sabzal, Laam, Said Abad, Gulavy and Loy Landi village. Arghistan district: Kimilzi Kalay, Laghary Kalay, Makwan Kalay, Shelagi Kalay and Wam Kalay villages. Zhari district: Road Khada, Ba Bakhdai, Kadal, Koti Zai and Haji Mula Abas Kali villages. Population living in these areas is composed of approximately: nomads 10%, IDP's 30% and 60% host community members.

4. Grant Request Justification

Each of the 5 districts selected will benefit from 1 FATP, which will provide life-saving trauma care and referral system for wounded victims in need of specific care to be provided in the regional hospital. 2 of the FATP's will be established in areas controlled by insurgency, where BARAN is already operating without major security issue, ensuring impartiality of YHDO humanitarian project. These 2 FATP's will cover areas that have been totally isolated from trauma care services and humanitarian interventions, despite the fact trauma cases are extremely high overthere. Extra ambulances will be added to the existing fleet of the BPHS implementer, which is clearly not sufficient to transfer all wounded patients on a daily basis. On the other hand, 100 community health workers and community leaders such as shura members and teachers (males and females) will be trained on first aid trauma care and equipped with basic first aid kits. Therefore, they will be able to provide life-saving stabilizing care to wounded living in remote areas where YHDO and BARAN don't have full access. 1 day training will be organized once trainees selected in each districts (20 trainees per districts in very heard to reach communities). This remote management approach will improve essential live-saving activities in rural areas where access is limited for health care workers and where no health facility exist. In addition, 7 mobile health teams will be established to cover nomadic population and IDP camps, as well as white area host communities. All areas targeted by YHDO and BARAN mobile intervention proposed are not deserved currenlty by basic health service providers.

Basic physiotherapy exercises will be teached by trained nurses to injured patients and their caretakers, in order to reduce impairements and improve their mobility. Referrals to ICRC regional hospital will be done for cases in need of rehabilitative care or prothesis. Protection component of the project comprise psychosocial support for trauma affected individuals, in order to provide holistic approach of trauma, as well as particular attention to survivors of gender base violence. Through counsellors present in FATP's (5), mobile health teams (7) as well as Women Friendly Health Spaces (2), psychosocial support sessions will be provided, referrals for critical cases will be organized and awareness will be raised in an adapted manner. These protection activities will greatly contribute to prevent and mitigate negative impacts of violence and abuses experiences by people living in hard to reach districts affected by the ongoing conflict. YHDO already implemented successfully a CHF protection project in 3 provinces (2016-2017) and has solid expertise in GBV related actvities (training, advocacy, referrals and case management). The Women Friendly Health Spaces established in Maywand and Shawalikot (2) will contribute to improve the community based prevention and mitigation response mechanism, in an adapted approach to the cultural context of the areas selected. Finally, provision of malnutrition preventive and curative services, including establishment of a referral system for SAM and MAM affected infants with medical complications, will positively impact the health status of population living in areas with fragmented healtcare and weak service delivery. The complementarity of BARAN nutrition projects existing in all 5 districts targeted will ensure life-saving treatment for malnourished children reached in the white areas of the province. The multisectoral approach proposed will cover a wide range of needs existing in the communities. Finally, YHDO partnership with BARAN will ensure an extended access to areas where very few multisectoral actors can operate at the moment.

5. Complementarity

YHDO is currently implementing a child protection project in Kandahar province through support of DRL (US Government). The project provides assistance to minors that are victims of sexual abuses, particularly through traditional harmful practice of Bacha Bazi. Therefore, if any victims are detected in the 5 districts targeted, potential referral will be considered in order to protect the child survivor. Bacha Bazi being a common practice in rural areas of Kandahar province, YHDO believes that cases will be identified during CHF project implementation period. In addition, YHDO has solid expertise in relation with PSS, rape management and GBV related activities and has expert masters trainers that will contribute to the proposed project. WHO rape management kits are also available and will be positioned in each FATP centers. In addition, YHDO is currently establishing 2 integrated FATP centers in Shawalikot (1) and Maywand (1), in collaboration with BARAN (BPHS implementer). These 2 districts have 2 CHC's in each and therefore, the current project proposal intends to complement the trauma care services, ensuring that both party to the conflict controlled areas (insurgency and government) are covered by trauma care and refferal services, which is not the case at the moment. The nutrition component of this proposal will complement BARAN existing nutrition activities. Malnourished infants identified in white areas and IDP camps, through outreach activities (MHT), will be treated by the mobile teams or referred to BARAN health facilities where proper inpatient care and or supplementation will be provided.

LOGICAL FRAMEWORK

Overall project objective

The project proposed by YHDO intends to provide effective and timely response to acute needs of the population of 5 hard to reach districts of Kandahar province. YHDO, in close collaboration with BARAN (BPHS implementer in Kandahar province), will establish 5 FATP centers in Maywand (1), Shawalikot (1), Arghistan (1), Khakrez (1) and Zhari (1). In addition, the project will strenghten the weak referral system existing, with provision of extra ambulances for the 5 conflict affected districts targeted. YHDO will provide basic physiotherapy care to war wounded patients through the presence of trained nurses enabled to explain and demonstrate basic mobilization exercises to patients and caretakers. Patients in need of specialized rehabilitative care and or prothesis will be transferred to regional hospital managed by ICRC, where specialized services are available.

The project also takes into consideration the protection needs of vulnerable conflict affected individuals, particularly women and childrens. Protection integration is part of all components proposed (mobile and fixed services points). YHDO and BARAN have considered protection concerns at all stage of project design and aim to reduce exposure to risk for beneficiaries through different modalities. The positive experience of YHDO with GBV and protection activities funded by previous CHF allocation will contribute to the efficiency of approaches adopted. YHDO also intends to improve detection and access to ambulatory treatment or inpatient care in TFC's for malnourished children that will be encountered by the mobile teams. Through combination of YHDO and BARAN different expertises, the implementation of this multisectorail project will cover a wide range of needs of target underserved population and will enable service provision for population that have not been reached regularly by humanitarian actors in the last period.

HEALTH

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Ensure access to emergency health services, effective trauma care and mass casualty management for shock affected people	SO1: Immediate humanitarian needs of shock affected populations are met - including conflict and natural disaster affected and IDPs, refugees and returning Afghans from armed conflict	70
Objective 2: Ensure access to essential basic and emergency health services for white conflict-affected areas and overburden services due to population movements	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	30

Contribution to Cluster/Sector Objectives : Through the establishment of 5 integrated FATP centers, coupled with and enhaced referral system for patients in critical condition such as war wounded or obstetrical emergencies, YHDO will reduce mortality and morbidity of the population living in 5 districts of Kandahar province that are affected by the ongoing conflict. YHDO will hire psychosocial counsellors that will be based in the FATP's to adopt an holistic approach of the war trauma experienced by the wounded patients. On the other hand, mobile health teams will be deployed in the 5 districts, targeting white area population, nomads and IDP's in order to improve the access to basic health care. A total of 7 mobile health teams will be deployed in the 5 districts selected, to cover the needs of people who can't access the health facilities easy due to their living conditions and or vulnerable status (white areas, nomads and IDP's). Maywand and Shawalikot districts will benefit of 2 mobile health teams (each one being based in one CHC) as the needs are significant, the districts highly populated, affected by ground offensives and vast. The 3 other districts will benefit from one single MHT. Each mobile health team will be composed of: a nurse, a psychosocial counsellor, a midwife, a nutrition officer and a driver. The mobile health teams will improve the access to essential basic and emergency health services for white conflict affected areas while the FATP's will provide effective trauma care and mass casualty management for shock affected communities.

Outcome 1

Access to life-saving and basic health care services is enhaced for population living in hard to reach areas of Kandahar province

Output 1.1

Description

Efficient and timely trauma care services are provided to conflict affected population, including provision of basic rehabilitative care

Assumptions & Risks

Access is granted through partnership with BPHS implementer (BARAN)
Staff are available, trained and qualified

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA2- Number of high risk conflict-affected districts with at least one first aid trauma post	5				5
Means of Verification : Field monitoring visits, field reports							
Indicator 1.1.2	HEALTH	SA2- Number of individuals receiving trauma care services	4,221	2,646	991	981	8,839
Means of Verification : Data collection tools Montly activity reports Monitoring reports Beneficiary feedback mechanism							
Indicator 1.1.3	HEALTH	Number of wounded patients receiving basic physiotherapy sessions by trained nurses Men: 634 Women: 397 Boys:147 Girls:148					1,326
Means of Verification : Data collection tools Patients files Monitoring reports Beneficiary feedback mechanism							

Activities

Activity 1.1.1

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

100 community leaders from extremely hard to reach communities (teachers, CHW's and or shura members) trained on first aid response and equipped with first aid kits

Activity 1.1.2

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

Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH.
The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts.

Output 1.2

Description

Population living in white areas, nomads and IDP's have improved access to basic health services through mobile services provided on regular basis. Mobile teams will deliver basic health care services, ANC and PNC sessions, nutrition education and malnutrition detection services, GBV case detection and counselling, referrals to higher level facilities for critical cases, as well as psychosocial support to the survivors.

Assumptions & Risks

Access is granted and security allows regular movements to the communities
Staff is available, trained and qualified
Population welcomes the mobile teams and use the services offered to them

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	HEALTH	SA2- Number of conflict affected people in underserved areas served by emergency PHC and mobile services	1,454	3,635	582	1,599	7,270
Means of Verification : Data collection toold and field reports as well as monitoring visits and beneficiary feedback mechanism. The beneficiaries for this indicator will include conflict affected population receive services through mobile health teams in target areas.							
Indicator 1.2.2	HEALTH	Number of community members and or CHW's trained and equipped to respond to basic first aid needs. Men: 60 Women: 40					100
Means of Verification : Training attendence sheets Training report Beneficiary feedback mechanism							

Activities

Activity 1.2.1

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

Establishment of 7 comprehensive mobile health teams in the 5 districts targeted
Each mobile health team will be composed of: a nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver
The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.

Additional Targets : Number of referrals effectuated through mobile health teams
Number of IEC material distributed (health, hygiene and nutrition)

PROTECTION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1: Acute protection concerns, needs and violations stemming from the immediate impact of shocks and taking into account specific vulnerabilities, are identified and addressed in a timely manner	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	60
Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	40

Contribution to Cluster/Sector Objectives : Mobile and static protection services will be delivered in the integrated FATP centers as well as through outreach modality, as part of mobile health teams deployed in 5 hard to reach districts. In addition, through the establishment of 2 female friendly spaces in insecure districts having high concentration of IDP's, YHDO trained and qualified teams will provide protection services to GBV survivors, including children's. YHDO's comprehensive package including: community mobilization, advocacy, referrals and service delivery will contribute to the reinforcement of protection-conducive environement, while providing an effective and context adapted response to protection violations generally observed in conflict areas.

Outcome 1

A supportive environment is created to respond and prevent GBV and psychosocial issues. Vulnerability of conflict affected population is reduced

Output 1.1

Description

Psychosocial counsellors are assisting the beneficiaries with outreach and static protection services for women, men and childrens. Referrals of GBV and mental health cases are done to nearest health facilities managed by BPHS implementer. Male community mobilizer raise the awareness of influencial community members through dialogue sessions organized at field level.

Assumptions & Risks

The community demonstrate acceptance towards protection services providers and adhere to services
Security allows referrals and field movements
Staff are available, trained and qualified
Community mobilizer access to all communities targeted and is able to build acceptance
Local elders support the project implementation and develop sense of ownership

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	1,611	3,222	1,208	2,014	8,055
Means of Verification : Data collection tools, field reports and monitoring visits as well as beneficiairy feedback mechanism							
Indicator 1.1.2	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)		2,054		362	2,416
Means of Verification : Data collection tools, field report, monitoring visits and beneficiary feedback mechanism							

Activities

Activity 1.1.1

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

Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established
Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level

Activity 1.1.2

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

Establishment of 2 women friendly spaces where females and girls can receive useful information to prevent and respond to protection violation concerns such as GBV and other forms of exploitation
Couselling session will be provided to the clients of the WFHS
Referrals and case management (including rape management).
The women Friendly Spaces will be established through support of local community elders, initial discussion has been conducted during assessment with the expected area elders and they are convinced and agreed regarding the women friendly spaces. Further the counselors will be female and will be selected through consultation with community elders . The staff for this WFS(Women friendly Spaces) will be female nurse or midwife to screen the beneficiaries for nutrition ,vaccine and to refer to the nearby health facility.

Additional Targets : Number of GBV cases refferred
Number of other referrals (legal, safety or MHPSS)
Number of IEC material distributed (human rights documentation)
Number of community dialogue sessions organized by male counsellors
Number of dignity kits distributed

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women	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 7 nutrition officers present in mobile health teams deployed in Maywand, Shawalikot, Khakrez, Arghistan and Zhari will provide preventative services for children under 5, pregnant and lactating women living in hard to reach and underserved areas with high concentration of IDP's and nomads. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected.

Outcome 1

Malnutrition is prevented, detected and treated efficiently among IDP's and nomadic populations visited by mobile health teams.

Output 1.1

Description

Children and nursing mothers, as well as female in reproductive age, access to both curative and preventive lifesaving nutrition services through mobile health teams deployed in white areas of Khakrez, Arghistan, Maywand, Shawalikot and Zhari. Ambulatory treatment, as well as referrals to TFC and health facilities is enabled for 5089 children under five.

Assumptions & Risks

Families trust the mobile teams and accept to participate to treatment and or referrals of their malnourished children
Security allows safe field movement and referrals when needed
Staff is available, trained and qualified
Information delivered to beneficiaries consists in accessible key messages that are adapted to the context
Sufficient supplementation therapeutic aliments (RUTF) are provided timely by UNICEF

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	NUTRITION	SA2- Number of children 6-59 months screened for acute malnutrition at community and facility level and referred for treatment as needed in priority districts			1,817	3,272	5,089
Means of Verification : Data collection tools Field reports							
Indicator 1.1.2	NUTRITION	Number of children 6-59 months cases of acute malnutrition at community level and facility level referred for treatment. Boys: 182 Girls: 327					509
Means of Verification : Patients registration book Referral form							

Activities

Activity 1.1.1

Standard Activity : SA2- Provision of Integrated Management of Acute Malnutrition (IMAM) for children 6-59 months, pregnant and lactating women in hard to reach, underserved areas where IDPs have yet to be assisted.

Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases).

Activity 1.1.2

Standard Activity : SA2- Provision of preventative services (Infant and Young Child Feeding promotion and counselling and micronutrient supplementation) for children 6-59 months, pregnant and lactating women in hard to reach, underserved where IDPs have yet to be assisted.

The nutrition officer present in each mobile health team managed by BARAN provides information to mothers, pregnant and lactating women during outreach activities, in order to prevent malnutrition. Counselling, education session and distribution of IEC material are performed to ensure the children's caretakers, pregnant and lactating women correctly understand the importance of optimal feeding practices, balance diet and micronutrient supplementation.

Additional Targets : Number of IEC material distributed (nutrition and hygiene)
Number of females in reproductive age receiving nutritional counselling during mobile consultations

M & R

Monitoring & Reporting plan

Monitoring and Evaluation department of YHDO will be technical body which will provide all technical support to the project by assisting in developing tools, reporting formats, trainings and other technical assistance to the project team.

The monitoring officer will be collecting monthly reporting data from all the centers and mobile activities, that will be further analyzed for understanding the status of implementation of the project. Furthermore, each center will be visited by key project team, including project manager and monitoring officer, in every quarter of the project implementation. Field supervisor, who will be constantly moving in the field will also monitor the implementation of the project and report on weekly basis to project manager.

The detail-monitoring plan will be developed during the inception phase of the project, where the outcome and output indicators and targets will be specified. The monitoring plan will also include indicators definition, source of data verification and frequency of reporting.

YHDO central M&E unit will initiate remote call monitoring system where it will collect the phone numbers of FATPs level health committee members to verify the opening FATPs , availability of staff and services with them. It will further collect the number of beneficiaries to contact them on regular basis about the quality of services they received (such as availability of staff, behavior with the patients, availability of medicine and supplies and others).YHDO and BARAN female member of M&E team will make contact with female beneficiaries directly or through their relative (brother, father and husband) phone number and their feedback will be received. Individual interviews will also be conducted at field level by the monitoring staff, as part of the beneficiary feedback mechanism. Beneficiaries will be encouraged to make suggestions and complaints if ever needed. Local shuras and elders will be involved in remote monitorng management, especially in relation with activities of trained community members (first aid provision) and mobile activities. Key female figures in the community will also monitor the WFHS activities and services delivered to women and girls to provide suggestions and appreciation comments. Finally, community mobilizer will make sure the community feedbacks are reported to field supervisor and addressed to project management team. YHDO will also communicate with project team to share success stories from the field which will reflect of proposed services in conflict areas.

Furthermore, the YHDO monitoring team will follow the standard methodology of onsite data verification (OSDV);
• Selecting level of effort,
• Selecting indicators,
• Selecting site,
• Selecting source documents,
• Perform verification
• Produce report and action plan

Project reporting:
Monthly and quarterly activity reports: YHDO will collect, analyze and provide reports on monthly and quarterly basis to all levels. The data both in hard and soft will be collected every month from the target provinces, all the data collected from the provinces will be verified through the hard document and onsite data verification process. YHDO will prepare inception, quarterly and annual financial and technical reports in line with the reporting schedule of the project. YHDO will submit the technical and financial reports within 15 days of the end of each quarter and will also submit any other ad-hoc report requested by donor. All the technical reports will be accompanied by the data collection and recording form that has been used for generating reported data.

The reporting will flow below schedule for the project:
• Monthly update to WHO health cluster focal point through Report Hub
• OCHA progress report (narrative and financial)
• Monthly internal reports

Other ad hoc reports will be produced based on demands of donor and in case of security incident, for example.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 100 community leaders from extremely hard to reach communities (teachers, CHW's and or shura members) trained on first aid response and equipped with first aid kits	2017												X
	2018	X	X										
Activity 1.1.1: Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases).	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		

Activity 1.1.1: Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Establishment of 2 women friendly spaces where females and girls can receive useful information to prevent and respond to protection violation concerns such as GBV and other forms of exploitation Couselling session will be provided to the clients of the WFHS Referrals and case management (including rape management). The women Friendly Spaces will be established through support of local community elders, initial discussion has been conducted during assessment with the expected area elders and they are convinced and agreed regarding the women friendly spaces. Further the counselors will be female and will be selected through consultation with community elders . The staff for this WFS(Women friendly Spaces) will be female nurse or midwife to screen the beneficiaries for nutrition ,vaccine and to refer to the nearby health facility.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH. The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: The nutrition officer present in each mobile health team managed by BARAN provides information to mothers, pregnant and lactating women during outreach activities, in order to prevent malnutrition. Counselling, education session and distribution of IEC material are performed to ensure the children's caretakers, pregnant and lactating women correctly understand the importance of optimal feeding practices, balance diet and micronutrient supplementation.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.1: Establishment of 7 comprehensive mobile health teams in the 5 districts targeted Each mobile health team will be composed of: a nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

Needs assessment were conducted in collaboration with BARAN field team, who has excellent access and network in the communities targeted. Consultations were done with elders and provincial authorities to determine and agree on activities to be proposed. Letter of support from PHD is attached to this proposal. YHDO has developped a beneficiary feedback mechanism that gives opportunity to clients of services to express their level of satisfaction and to report complaints or suggestions if any. On a regular basis, beneficiairies will be contacted by monitoring officer and telephonic interview will be conducted. A community mobilizer will be hired and will be the link between project team and beneficiaries. In Kandahar, due to complex security and cultural context prevailing, involvement of shura members as well as local authority is crucial to guarantee access and acceptance. Therefore, all activities implemented need to be discussed and agreed with local leaders, especially in areas that are not under control of afghan governement. BARAN has extended network in all provinces targeted, as well as YHDO team based in Kandahar. These network are the pillar to access hard to reach areas of Kandahar selected for this project. YHDO and BARAN will make all possible efforts to involve and maintain communities engaged in the project implementation. Health shuras as well as local elders will have regular meetings with project team and their suggestions will be recorded and taken into consideration.

Do no harm is key principle to intervene in conflict zones. Therefore, the proposal includes services in territories controlled by different parties to the conflict, in order to maintain impartiality and neutrality. A careful analysis of the micro context of conflict and the aid programme was conducted along with BARAN team, examining how aid can interact positively with the conflict dynamic existing. YHDO and BARAN also carefully reflect on staff conduct and organisational policies so implicit ethical messages are sent to communities. YHDO plans to induce all staff in relation with humanitarian principles, including the do no harm principle. Risk analysis in relation to services provided for beneficiaries was conducted and mitigating measures are proposed such as: mahram policy for female staff in mobile settings, proper lightening system close to all facilities (solar panels), adaptation of key messages to conservative islamic culture (GBV in particular), as well as constant security context monitoring effectuated by the field supervisor.

Implementation Plan

Mobile health teams and ambulances will be fully managed by BARAN as a sub implementing partner who has strong network in Kandahar and good access in all districts targeted. The complete design of this proposal was done in collaboration with BARAN teams and field assessments were also conducted through BARAN existing field staffs. YHDO will be in charge of procurement and overall management, while BARAN will be in charge of monitoring and recruitment of mobile teams. YHDO will be fully responsible of all FATP centers as well as WFHS located in Maywand and Shawalikot. The expertise of YHDO in protection, GBV management and FATP implementation is being combined to extended access of BARAN within hard to reach areas targeted and to existing operations of BARAN (BPHS and nutrition projects), to maximize positive outcomes on targeted populations.

The project concept was coordinated with local elders and sanitary provincial authority (PHD). ICRC was consulted in relation with service provided in Kandahar regional hospital where patients in critical condition will be reffered from the FATP centers to be established. ICRC will also take in charge patients in need of specialized rehabilitative care. Awareness and participation of community members will be inreased through community dialogues as well as activties held in the villages and areas targeted. The community mobilizer will be the pillar of coordination between YHDO, BARAN and beneficiaries. The community mobilizer will play an important role in linking the project with the communities and make sure these communities develop a sense of ownership and can participate in the implementation and monitoring. 2 meetings by district will be orgaized on monthly basis and minutes of these community leaders gathering will be produced and shared with relevant project staff for follow-up.

The fact that YHDO will work closely with the BPHS implementer will ensure sustainability and capacity building of BARAN team in relation with protection and trauma care in particular. On the other hand, BARAN will faciliate access in hard to reach areas where YHDO does not have presence at the moment.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
BARAN	BARAN is the BPHS implementer in Kandahar province since 2015. YHDO already implement a CHF funded project (under WHO partnership) that integrates 2 FATP centers in BARAN's health facilities. MoU is signed and complementarity between the 2 organizations is ideal for implementation of multisectoral project.
Save the Children	Save the children operates a standalone FATP in Zhari. The area targeted by YHDO project is not the same but the 2 organizations will share information on regular basis and make sure to avoid duplication.
PHD in Kandahar province	Patients will be referred to regional hospital , endorsement letter has already received from PHD Kandahar.
UN agencies (WHO, UNICEF and UNFPA)	YHDO will coordinate activities at the start of project with relevant UN agencies particularly UNICEF and UNFPA to get their support and technical guidance on protection and nutrition related activities
Southern protection cluster	YHDO and BARAN will coordinate activities with protection cluster coordinator in Kandahar province.

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

YHDO has considered the specific needs of women in girls in Kandahar province and particularities of approaches to be adopted in a culturally sensitive context. Female staff will be encouraged to get onboard with an incentive allowing them to have their male guardian nearby during duty (mahram incentive policy). Priority will also be given to couples in order to support married qualified female to have better employment opportunities in a very conservative context. Women friendly health spaces are designed and proposed to answer the specific needs of women and girls affected by the conflict in the most insecure districts (Shawalikot and Maywand). It is estimated that of the total 67 staff involved in the project 37 staff will be female.

GBV expertise of YHDO will significantly contribute to integrate gender dimension in all spheres of the project. Privacy is highly considered and partitions will be provided to maintain an acceptable level of confidentility during consultations. Transport of male guardians will be facilitated for female patients in need of ambulance assistance. The majority of beneficiries targeted by the project are females and girls due to the nature of their needs, especially in relation with basic health services, nutrition and protection. YHDO will make sure male and female staff are treated and paid equally. Advocacy, awareness-raising, trainings and capacity building project activities effectively integrate gender dimensions. Patients and clients will be encouraged to register in their own name, wheter they are males or females. Complaint mechanism will ensure that allegations of any form of abuse are investigated neutrally. YHDO will also pay specific attention to women, boys and girls that might be victims of sexual abuses and included rape management training and response in the proposal. YHDO has specific and extended expertise in relation with GBV, including with children victims of Bacha Bazi practice. All psychosocial counsellors as well as nurses will be prepared to provide efficient response and to reffer such cases if they come accross in Kandahar, which is expected. Rape management kits will be prepositioned in all FATP centers and staff trained for proper use. Vulnerabilities such as being part of a minority or being disable or old have been taken into consideration with provision of services for nomadic population, who usually don't access regularly fixed health facilities. The temporal locations of nomadic tribes have been integrated into the list of vicinities to be visited by the mobile health teams. Elders and disabled patients will benefit of FATP centers equipped with access ramps, that are budgeted in rehabilitation plans. Transport will be provided to vulnerable elders and disabled patients via ambulances, in order to improve their equal access to needed care and services. The community mobilizer will also take into consideration female key figure (wakil's wives for example) opinions and feedback in relation to the project and their suggestions will be addressed to key staff and actions will be taken when possible and needed.

Protection Mainstreaming

YHDO has considered the micro level context for this proposal elaboration. Meeting was conducted with local elders to get their approval for WFHS establishment as such activities in Kandahar need to be supported by the community itself. Mahram policy for female staff, proper lightening system close to all facilities (solar panels), adaptation of key messages to local islamic culture (GBV in particular), as well as constant security context monitoring effectuated by the field supervisor in charge of security aspects are mitigation measures taken to reduce risks for beneficiairies and project staff. YHDO is also proposing balanced activities in both governmental control areas and insurgency controlled areas, in order to enhace impartiality of aid delivery in hard to reach areas where the services are inequally distributed at the moment. This is increase the acceptance and reduce the risk of agression on staff for example. All project staff will have induction about humanitarian principles, including the do no harm principle, to increase their awareness about behaviours and attitudes that are not suitable towards beneficiairies and vulnerable population. The beneficiary feedback mechanism effectuted by the monitoring staff will allow client's of service points to share their suggestions and complains if any. YHDO and BARAN will make sure these mechanisms are acknowledge and used by the community and beneficiaries. YHDO will ensure that elders and disabled can access the health facilities and will construct ramps where needed. Particular attention will be paid to confidentiality of medical information and filing system will be locked and access reserved to specific responsible staff. In the FATP centers, partitions will be provided to ensure confidentiality of the consultations and the mobile teams will conduct their activities in community centers where enough rooms are available to ensure safety and confidentiality during consultations, whenever possible. YHDO will train all counsellors to ensure their capacity to detect human rights violation and respond to it adequately. Finally, community will be constantly consulted and involved in project implementation and monitring, especially though local shuras and elders of the communities targeted. Community mobilizer will ensure that communities are encouraged to claim their rights and to monitor the project implementation as a third party. YHDO and BARAN teams will remain flexible in insecure locations and might consider punctual changes in mobile activities locations as well as punctual suspension of non life-saving activities when the security situation would expose beneficiaries and staff to high risk. Maywand and Shawalikot contexts will be monitored very closely as ground offensives are regular and not limited to fixed locations.

Furthermore, YHDO will ensure to comply with Humanitarian Charter and Minimum Standards in Humanitarian Response principle of protection which include 1) The services provided to target population will not further expose people to physical hazards, violence or other rights abuse 2) Assistance and protection efforts do not undermine the affected population’s capacity for self-protection.3) The sensitive information will be managed and maintained that does not jeopardize the security of the informants or those who may be identifiable from the information.
To comply with protection humanitarian principals, YHDO will apply below main approaches 1) Consultation with local community leader from start of the project activities 2) The GBV issues will be considered through context appropriate strategies particularly focus on women rights in Islam, and always consultation with religious leaders 3) All the information collected will be securely maintained in the centers, and no personal information will be maintained in the center.

Country Specific Information

Safety and Security

Shawalikot is the most insecure district in which YHDO and BARAN already operate and plan to extend activities. However, BARAN is having extended knowledge and network in this district, which will facilitate access and proper mitigation measures in case of active fighting in service delivery locations. Some areas of this district are not reachable such as cluster 13, an area controlled by a branch of the insurgency who does not accept any EPI activity for example. Maywand is the second most insecure districts targeted, where ground offensive are common. However, the sites selected for implementation of all activities are safe enough to operate and YHDO as adapted project design to ground realities. Nevertheless, it is probable that security incidents as well as context deterioration will affect, in a puntual manner, activities in Maywand and Shawalikot. For example, ambulances cannot move safely after 3pm in Maywand, Khakrez and Shawalikot districts and nights referrals are therefore generally excluded. YHDO mobile teams will plan their movements based on security context and will remain flexible and adaptative.

Arghistan district is also insecure and context needs to be monitored closely. Locations selected to implement the activities are safe enough for both beneficiaries and staff but constant analysis is needed. The 2 other districts are safer, but since a few months the situation tends to deteriorate and particular attention to security incident trends will be paid by field supervisor in charge of security monitoring at mission level. On the other hand, priority will be given to staff from the areas selected in order not to expose strangers to unfamilar environment in which they would be vulnerable. Movement follow-up of mobile teams will be strictly conducted in order to react in case of any threat or incident on the road. Same mechanism will be applied with the ambulances transferring patients to the provincial hospital. In Maywand and Shawalikot extra guards are considered in the FATP's as these locations are insecure and require more vigilence and capacity to contain crowd (relatives of injured or armed elements). The no weapon policy will be applied strictly and communicated to the community leaders, officials, local police as well as general population. Everyday, before mobile teams movement to the field, community elders will be contacted to enquire on the prevailing security situation. A logbook of security incidents will be compiled at project level and trends will be analyzed by YHDO management team in order to detect any deterioration in the context. The technical manager will provide support to the team in relation with security management tools and policies to be used and applied.

YHDO will ensure to comply with Humanitarian Charter and Minimum Standards in Humanitarian Response principle of protection to take steps to avoid or minimize any adverse effects of the intervention, in particular the risk of exposing people to increased danger or abuse of their rights, and will comply with principles of humanity, neutrality and impartiality during provision of trauma care services in target districts of the project. To comply with protection humanitarian principals, YHDO will apply below main approaches 1) Consultation with local community leader from start of the project activities 2) The GBV issues will be considered through context appropriate strategies particularly focus on women rights in Islam, and always consultation with religious leaders 3) All the information collected will be securely maintained in the centers, and no personal information will be maintained in the center.

Access

YHDO and BARAN are already present in Kandahar province with different projects in the 5 districts targeted. BARAN being BPHS implementer in Kandahar and having a massive work force of more than 700 workers issued from the communities of all districts targeted, access will be enabled in hard to reach locations, through existing networks, relations with elders, community leaders and local authorities. Consultations with local leaders was done during conception of the project and therefore, access is granted in all locations targeted and visited during the assessment including areas not controlled by afghan government where dire needs exist. Remote control arrangements were considered such as training of community health workers and leaders in first aid response. This modality will enable service delivery to injured patients that are out of reach due to security constraints in the locality where they live and inexistence of health facilities. Communities will be involved and listen to during the whole project cycle and therefore, their sense of ownership will improve acceptance towards project activities.

The GBV support will include psychosocial counseling, awareness raising and capacity building of local health care providers including CHWs on GBV and to minimize the sensitivity related to GBV services, the interventions will be started in close consultation with local community leaders, the staff will be selected from local community and female staff will be involved in the provision of GBV related services. Furthermore, the approach will be address GBV issues through public health approach through provision of psychosocial counseling and other mental health services. Furthermore, religious aspects as women rights in Islam will be added in the awareness raising session, which will enhance acceptance within local communities.

Constant monitoring of the context will be done on a daily basis and the teams will have flexibility to reorientate their activities if access is temporarily suspended due to active fighting. The sites selected for mobile activities are judged as safe enough to grant regular access to the team and not to over expose the beneficiaries to threats linked to the conflict. However, the current stable situation in these areas cannot be taken for granted and changes will be monitored and analyzed if any deterioration would occur. It is probable that YHDO and BARAN will have to bring modifications to their initial plans throughout the life cycle of the project. However, this should not affect the target achievement as dire needs exist in the 5 districts selected. Staff selection will play a key role in relation with safe and steady access to project sites. As mentioned before, BARAN is already covering part of the province with BPHS services and has excellent relations with local populations, including in insecure districts. YHDO will benefit from BARAN ombrella as it is already the case in Maywand and Shawalikot through CHF first allocation funded project. The delivery of services in areas that were previously isolated from emergency reliefs will increase acceptance of local populations. Medical activities are most welcome, especially as proposed activities are generally emergency life-saving oriented. Finally, the community mobilizer will pay particular attention to the hardest to reach areas and will focus on strenghtening relations with local leaders and elders during his duty. To be noted that there is no weather or road related constraints in the areas targeted. The major constraint taken into consideration during project design is security.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Project Manager	D	1	1,500.00	12	100.00	18,000.00
	The project manager plans and oversee the global implementation of the project. This employee will be based 70% of his time in YHDO's Kandahar office with regular field trips into districts. Salary offered considers the security risks existing in the hard to reach districts targeted.						
1.2	Technical Manager	S	1	2,500.00	12	30.00	9,000.00
	Supervise the project manager, report to donors in Kabul and provide strategic guidance to management team. Based in Kabul with few field visits planned during project cycle (2).						
1.3	Finance and admin officer	D	1	800.00	12	100.00	9,600.00
	Supervise all financial aspects of the project and make sure transactions are effectuated in respect of guidelines and procedures approved by the donor. Visits the field sites on regular basis to train project team on administrative related procedures. Two admin and HR officers will be recruited for the project. One of them will be responsible to supervise BARAN team in relation with all financial aspects, included in BARAN budget.						
1.4	Monitoring officer	D	1	800.00	11	100.00	8,800.00
	Monitor and evaluate the project implementation. 50% of their time is spent in the field, during monitoring visits. The rest of their time is used to design tools and reporting formats and to write reports in office. One of the monitoring officer will supervise mainly BARAN activities and report to YHDO.See BARAN budget.						
1.5	Logistic officer	S	1	800.00	11	40.00	3,520.00
	Supervise procurement process and ensure that procurement is done in compliance with YHDO and donors procedures and guidelines. Responsible for the inventories.						
1.6	FATP nurses	D	10	400.00	11	100.00	44,000.00
	2 nurses per FATP center with basic salary of 400 USD per month.						
1.7	Psychosocial counsellors for FATP centers	D	5	350.00	11	100.00	19,250.00
	1 psychosocial counsellor per FATP center, to support trauma patients and debrief them after injuries						
1.8	Women friendly spaces managers	D	2	400.00	11	100.00	8,800.00
	1 manager per center, oversee the staff and implent activties as per work plan agreed with the project manager						
1.9	Women friendly spaces counsellors	D	2	350.00	11	100.00	7,700.00

	1 counsellor per center, female. Responsible to provide awareness rainsing information to the female visiting the center and to support GBV cases detected (counseling and referrals).						
1.10	FATP guards and cleaners	D	7	250.00	11	100.00	19,250.00
	The guards are responsible to maintain an acceptable level of safety in the permises and to control visitors and crowd. The guard also maintain the local clean. The salary in the FATP centers is slightly higher compared to the salary offered in WFHS, as per level of risk and exposure to stress. 2 guards per centers are needed in Maywand and Shawalikot districts due to volatile security situation and potential difficulty to contain crowd and relatives when there is mass casuality and severe injuries related to conflict.						
1.11	Women friendly spaces guards and cleaners	D	4	250.00	11	100.00	11,000.00
	The guard is responsible to maintain an acceptable level of safety in the permises and to control visitors and crowd. The guard also maintain the local clean.						
1.12	Protection master trainer	D	1	800.00	3	100.00	2,400.00
	This employee will be in charge of trainings and on job orientation for staff involved in GBV and PSS activities. A 3 months contract will be signed with this ressource, in order to train and supervise protection related staff during the first period of the project implementation.						
1.13	Community mobilizer	D	1	500.00	11	50.00	2,750.00
	Mobile employee visiting all communities related to project activities and raising awareness of male leaders in relation with protection needs of conflict affected populations. Takes into consideration community ideas, proposals and complaints and report to field supervisor. Part time employee, visiting twice every district per month.						
	Section Total						**164,070.00**
2. Supplies, Commodities, Materials							
2.1	Material to open FATP centers	D	5	2,946.00	1	100.00	14,730.00
	Basic material needed to equip the trauma center. List attached BOQ						
2.2	Drug supplies for FATP centers	D	5	2,508.00	11	100.00	137,940.00
	Monthly average drug supplies needed for the trauma centers, list attached BOQ.						
2.3	Setup of women friendly health spaces	D	2	1,149.00	1	100.00	2,298.00
	Basic material needed to equip female friendly spaces. List attached BOQ.						
2.4	IEC material for women friendly spaces	D	5000	0.15	1	100.00	750.00
	Printing of 5000 pieces of women rights, as well as other GBV awareness messages adapted to context.Each piece will cost 0.15 USD.						
2.5	Banners and signs for FATP centers and WFHS	D	7	80.00	1	100.00	560.00
	7 metallic banners to be used to identify the centers, each banner will cost 80 USD						
2.6	Cleaning supplies	D	7	30.00	11	100.00	2,310.00
	Cleaning materials to be used in all centers (FATP's and women friendly spaces). An average of 210 USD is calculated per month for the 7 service points, which represents 30 USD per center per month.						
2.7	Dignity kits	D	1707	21.00	1	100.00	35,847.00
	1707 kits will be distributed to GBV cases identified.						
2.8	Supplies and utilities	D	9	40.00	11	100.00	3,960.00
	An estimated amount of 40 USD is monthly allocated for offices supplies for all centers that includes: stationaries, sugar, tea and other minor items. 7 centers cost included in BARAN budget see BARAN budget.						
2.9	Community dialogue refreshments	D	10	20.00	11	100.00	2,200.00
	Refreshments will be provided during community dialogue organized by the community mobilizer including: tea, biscuits, water, juice and sugar. An average of 20 USD per month will be spent in the dialogue sessions held in the villages targeted by the project. BoQ attached.						
2.10	Training of health care providers and project staff on GBV case management	D	1	7,540.00	1	100.00	7,540.00
	3 days training for midwifes and counsellors performed in Kandahar by master trainer contracted.						
2.11	First aid kits	D	100	63.00	1	100.00	6,300.00
	Material to be distributed on punctual basis to community health workers that will be trained in first aid response in remote locations where medical facilities does not exist and where insecurity prevails.See attached BOQ sheet 2.15.						
2.12	FATP nurses training on trauma care and basic physiotherapy	D	1	10,540.00	1	100.00	10,540.00

	10 days training for FATP nurses						
2.13	FATP and women friendly spaces supplies	D	7	70.00	11	100.00	5,390.00
	An estimated amount of 70 USD is allocated for offices supplies that inlcludes: stationaries, sugar, tea and other minor items. BoQ Attached						
2.14	Winterization supplies	D	5	118.00	2	100.00	1,180.00
	Wood for heating systems installed in offices and centers will be purchased. An average of 118 USD per month per center and office for 2 months is calculated. BoQ attached. 4 centers budget included in BARAN budget see BARAN budget.						
2.15	CHWs training	D	100	163.00	1	100.00	16,300.00
	100 CHWs will be trained for duration of three days.						
2.16	Rehabilitation and set up of access ramp for person with disability	D	7	572.00	1	100.00	4,004.00
	Access ramp for person with disability will be set up in each FATP (5) and also WFHS (2). BOQ is attached.						
	Section Total						**251,849.00**
3. Equipment							
3.1	Laptop computers	S	1	950.00	1	100.00	950.00
	One laptop computer for the project manager and one for the field supervisor. One laptop computers cost included in BARAN budget see BARAN budget.						
3.2	Printer	S	1	300.00	1	100.00	300.00
	One printer will be purchased for the project team.						
3.3	Rehabilitation of the CHC's for integration of FATP centers	S	5	405.00	1	100.00	2,025.00
	An estimated amount of 405USD is budgeted to rehabilitate the dressing rooms in which FATP are integrated. BoQ attached						
3.4	Solar panels for the FATP centers	S	5	600.00	1	100.00	3,000.00
	One solar panel for each FATP centers to provide light 24h in the surroundings of the centers, as a protection measure for beneficiaries and staff. The unit cost is determined as per YHDO experience and local market price for solar panels.						
3.5	Rehabilitation of the women friendly health spaces	D	2	400.00	1	100.00	800.00
	Minor rehabilitations to be done in rented centers to make it user friendly. 400 USD is allocated for each center.						
3.6	Furniture for project staff offices	D	2	366.00	1	100.00	732.00
	Basic furniture for project key staff. BoQ attached.						
3.7	Wood heaters	D	2	40.00	1	100.00	80.00
	Wood heaters to be installed in women friendly health spaces. 2 per center.						
	Section Total						**7,887.00**
4. Contractual Services							
4.1	Vehicle rent for ambulances and mobile health teams	D	7	800.00	11	100.00	61,600.00
	7 ambulances and 7 mobile health team vehicles (see BARAN budget) need to be rented for a period of 11 months. Due to insecurity in Kandahar province price expected to be paid is 800 USD per month per vehicle, including a local driver.						
4.2	Vehicle rent for project manager and field supervisor	D	1	900.00	12	100.00	10,800.00
	One car will be rented in Kandahar for project management team movements. This verhicle will be used to go to very insecure locations, and to all the target districts, therefore the price expected to be paid is 900 USD per month, including a full time driver to assist the team.						
4.3	Rent of women friendly health spaces	D	2	150.00	11	100.00	3,300.00
	2 centers will be rented in Shawalikot and Maywand in order to set up the women friendly spaces in the communities targeted						
	Section Total						**75,700.00**
5. Travel							
5.1	Monitoring visits to project sites	D	7	420.00	1	100.00	2,940.00

	2 rountrips for the technical manager, 6 for the project manager and 6 for the monitoring officer, plus perdiem and accommodation. See BoQ for details.						
	Section Total						**2,940.00**
6. Transfers and Grants to Counterparts							
6.1	Sub partner BARAN project implementation cost	D	1	289,415.00	1	100.00	289,415.00
	BARAN is sub partner for the project implementation in Kandahar province. Detail budget breakdown is attached in excel sheet. BARAN Budget sheet.						
	Section Total						**289,415.00**
7. General Operating and Other Direct Costs							
7.1	Communication cost	D	1	150.00	12	50.00	900.00
	An estimated cost of 150 USD per month is allocated to project team. The budget line covers internet and top up cards for key staffs.50% is included in BARAN budget see BARAN budget.						
7.2	Main office rent	S	1	2,200.00	6	20.00	2,640.00
	20% of main office rent will be charged to this project for a duration of 6 months						
7.3	Kandahar office rent	S	1	1,000.00	6	50.00	3,000.00
	50% of Kandahar office rent will be charged to this project for a duration of 6 months						
7.4	Generator fuel	D	7	80.00	11	100.00	6,160.00
	An estimated amount of 80 USD per month is calculated for generator's use in the centers operated						
	Section Total						**12,700.00**
SubTotal			7,056.00				**804,561.00**
Direct							780,126.00
Support							24,435.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							56,319.27
Total Cost							**860,880.27**

Project Locations

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

		Men	Women	Boys	Girls	Total	
Kandahar -> Zheray	24	1,342	2,929	1,225	2,288	7,784	Activity 1.1.1 : Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases). Activity 1.1.1 : Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level Activity 1.1.2 : Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH. The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts. Activity 1.2.1 : Establishment of 7 comprehensive mobile health teams in the 5 districts targeted Each mobile health team will be composed of: a nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.
Kandahar -> Shahwalikot	30	2,199	3,539	1,418	2,411	9,567	Activity 1.1.1 : Children under 5 are screened by the mobile team for detection of SAM and MAM.

Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases).
Activity 1.1.1 : Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established
Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level
Activity 1.1.2 : Establishment of 2 women friendly spaces where females and girls can receive useful information to prevent and respond to protection violation concerns such as GBV and other forms of exploitation
Couselling session will be provided to the clients of the WFHS
Referrals and case management (including rape management).
The women Friendly Spaces will be established through support of local community elders, initial discussion has been conducted during assessment with the expected area elders and they are convinced and agreed regarding the women friendly spaces. Further the counselors will be female and will be selected through consultation with community elders . The staff for this WFS(Women friendly Spaces) will be female nurse or midwife to screen the beneficiaries for nutrition ,vaccine and to refer to the nearby health facility.

Activity 1.1.2 : Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH.
The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts.
Activity 1.2.1 : Establishment of 7 comprehensive mobile health teams in the 5 districts targeted
Each mobile health team will be composed of: a

							nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.

Kandahar -> Khakrez	8	468	863	396	707	2,434	Activity 1.1.1 : Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases). Activity 1.1.1 : Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level Activity 1.1.2 : Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH. The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts. Activity 1.2.1 : Establishment of 7 comprehensive mobile health teams in the 5 districts targeted Each mobile health team will be composed of: a nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.
Kandahar -> Maywand	33	2,877	3,707	1,404	2,532	10,520	Activity 1.1.1 : 100 community leaders from extremely hard to reach communities (teachers, CHW's and or shura members) trained on first aid response and equipped with first aid kits

Activity 1.1.1 : Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases).
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The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts.
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Kandahar -> Arghestan	5	460	558	156	290	1,464	Activity 1.1.1 : Children under 5 are screened by the mobile team for detection of SAM and MAM. Referrals and or treatment are organized when cases are detected during outreach activities. When MAM or SAM will be detected through systematic MUAC screening, referral services to BARAN therapeutic feeding centers and or health facilities will be offered to the parents of the child affected, if there are medical complications associated with the malnutrition status. A complete physical examination, including a health and nutrition history, will be undertaken for each child affected by MAM or SAM. If there is no need to hospitalize the patient, and or family cannot move from their specific locations to nearest TFC or health facility, systematic treatment will be offered according to standardised protocols, and any diagnosis individually managed to ensure proper recovery of the malnourished child. Nutritional treatment delivered to children affected by acute malnutrition will be based on ready-to use therapeutic foods (RUTFs and RUSF) provided by UNICEF. The quantity of RUTFs/RUSF supplied to the family will depend on scheduled visits to their specific location and a buffer stock will be provided to the mothers or relatives in charge of the malnourished infant. The buffer stock will ensure continuity of treatment in case deteriorating security situation does not allow MHT's movement temporarily. However, YHDO and BARAN aim to provide direct follow-up for all cases under treatment every 15 days. In addition, the nutrition officer will play the role of educator to ensure the carer correctly understood the advised diet and importance of the treatment, and will also tackle health education issues (breastfeeding, complementary feeding practices, basic hygiene rules and main diseases). Activity 1.1.1 : Psychosocial counsellors will provide counselling sessions and awareness raising information within the mobile health teams as well as in the integrated FATP centers established Male counsellors will raise the awareness of local elders and have open dialogue sessions with them at community level Activity 1.1.2 : Establishment of 5 integrated FATP centers providing efficient and timely trauma care, psychosocial support to war wounded, physiotherapy sessions to trauma patients as well as referrals through ambulances for patients in critical condition in need of care to be received in higher level health facilities such as DH and PH. The beneficiaries for this indicators will include beneficiaries receiving services through FATPs in target districts. Activity 1.2.1 : Establishment of 7 comprehensive mobile health teams in the 5 districts targeted Each mobile health team will be composed of: a nurse, a midwife, a psychosocial counsellor, a nutrition officer and a driver The nurse will provide basic health care and hygiene education messages to the patients, the midwife will provide ANC and PNC services to the women, the psychosocial counsellor (women) will detect and attend or reffer GBV and mental health cases and perform community dialogues while the nutrition officer will screen under 5 children to detect, treat and or reffer SAM and MAM cases to BPHS facilities existing and having therapeutic feeding units. The driver will be responsible to transport the team, to reffer critical patients and to discuss with the community elders to ensure a basic security analysis during each field visit.

Documents

Category Name	Document Description
Project Supporting Documents	BARAN-YHDO-Partners Capacity Assessment Report.docx
Project Supporting Documents	RNA Kandahar YHDO CHF SA 2017.pdf
Project Supporting Documents	Doc. assessment BARAN.pdf
Project Supporting Documents	MOU with BARAN.pdf
Project Supporting Documents	28 Aug'17 YHDO Endorsement Letter APC.pdf
Project Supporting Documents	YHDO support letter health cluster.pdf
Project Supporting Documents	Logframe final YHDO NC-signed.pdf
Project Supporting Documents	YHDO ENDORSMENT NC.pdf
Project Supporting Documents	Approved logframe UN Health Cluster.pdf
Project Supporting Documents	target setting CHF SA YHDO.xlsx
Project Supporting Documents	PHD Letter Kandahar.jpg
Budget Documents	BARAN- Budget details September .xlsx
Budget Documents	BOQ-YHDO- September 27 2017.xlsx
Grant Agreement	YHDO - 6792 - GA - Signed by HC.pdf
Grant Agreement	YHDO - 6792 - GA - Signed by HC & IP.pdf