OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Healthnet International and Transcultural Psychosocial Organization
Allocation Type :	2017 2nd Standard Allocation

Primary Cluster	Sub Cluster	Percentage
PROTECTION	Gender Based Violence	40.00
HEALTH		40.00
NUTRITION		20.00
		100

Project Title :	Provision of life-saving health, psychosocial, GBV, nutrition services through static and mobile health teams for the people in hard to reach and underserved areas of Kunduz and Uruzgan provinces with focus on IDPs
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/SA2/APC-H-N/INGO/6797
Cluster :		**Project Budget in US$:**	1,035,554.56
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 :	HNTPO will provide life-saving Primary Health Care, Psychosocial, GBV, Nutrition and Protection services to conflict affected population mainly IDPs and host population in high priority districts of Uruzgan and Kunduz provinces. The focus will be on most vulnerable population, mainly women and children, in 5 very hard to reach districts in Kunduz (Chahar Dara, Dashte Archi, Imam Sahib, Khanabad and Qalay-I-Zal) and five districts in Uruzgan including three high priority hard to reach (Terinkot, Shahid Hassass and Has Uruzgan) and two other priority districts (Dehrawod and Chora) identified by the ICCT. HNTPO is currently present in both Uruzgan and Kunduz provinces and in most of the high risk districts prioritized in this call. The organization is currently providing health, psychosocial and nutrition services to conflict affected population, IDPs and vulnerable specialized group such as nomads. Beside that our partner in Uruzgan will be AHDS, BPHS implementer, whom has presence in the province, and also in Kunduz, there is formal understanding on division of responsibilities with OHPM, the BPHS implementer. In both provinces, HealthNet TPO is presence for more than a decade and has developed a very strong community TRUST and thus the access will not be a challenge for implementation. The preparation phase will include a rapid assessment of target areas, mapping of the population, orientation and coordination with community and provincial authorities and identifying the service delivery points (SDPs). This will be achieved during the first month of the project, by provincial team and project manager and other staff from central office of HNTPO. The project will be implemented through 9 mobile health teams in the targeted districts, except khanabad, where OHPM will have the mobile team. Each mobile team will comprise a team of professionals, including a medical doctor, a mid wife, two psychosocial counselors, a nutrition nurse and a team (one male and one female) for community based intervention such as child friendly space, women health friendly space, nutrition screening and referral. The mobile teams will be located in the districts ideally and will function from there. But in some cases such as Chrdarah district which is only 8 kilometer from Kunduz center, the mobile team will travel from the provincial center. The team will be provide orientation and training on the functions they will perform. We will use our existing staff, whom has good performance and local experience, for our mobile team. The lessons learned during our current CHF and other projects in both provinces are used to design this proposal. The first lesson learned is Community Participation: It was learned that community participation for the smooth running of the project is very important. For this purpose the establishment of coordination committee within IDP community and host community will be one of the first steps. the second lesson learned was Coordination with other stakeholders: It is the ToR of psychosocial team to identify the basic needs of IDP and how to link with other actors. During the previous project, it was found that linkage the basic needs of IPDs with other stakeholders are important and it help the IDP for addressing their basic needs and having access to relevant actors. OCT (operational Coordinating Team) is a good example in Kundoz province which has regular monthly basis meeting and discuss the needs of IDP. This OCT model will be implemented in Uruzgan province for further coordination and access of IDPs for basic needs. The provincial team already exists but will be further strengthened as per need of the project. A very robust and practical data management, compilation and reporting system with an effective monitoring mechanism to be implemented at different levels.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
48,910	50,866	36,831	38,335	174,942

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	44,385	46,196	33,483	34,850	158,914
Host Communities	4,439	4,620	3,348	3,485	15,892
Other	86	50	0	0	136

Indirect Beneficiaries :

The indirect beneficiaries will be the total population of all prioritized hard to reach 10 districts in Kunduz and Uruzgan province, which is 973,150. This includes 337,470 individuals from Uruzgan and 635,684 individuals in Kunduz province. The breakdown of district population in Uruzgan is Terinkot (104,891), Shahid Assas (60,243), Khas Uruzgan (57,723), Chora (52202), and Dihrawud (62,411) and in Kunduz is Dashte Archi (86533), Imam Sahib (237,864), Khanabad (164,972), Qalay I Zal (71,321) and Char Dara (75,004).

Catchment Population:

The catchment area population including the 158,914 IDPs in different districts in Uruzgan is Terinkot (27,580), Shahid Assas (9,520), Khas Uruzgan (9,345), Chora (21,350), and Dihrawud (26,054) and in Kunduz is Dashte Archi (399), Imam Sahib (11,060), Khanabad (26,124), Qalay I Zal (27,195) and Char Dara (287). Beside that around 15,892 host communities will be part of the project and included as host communities. The field assessment will be conducted during first month, where the exact population for Char Dara and Dasht arch will be identified as per our rapid assessment, it is higher. There will be around 10% of total IDP population but will be fluctuating during the implementation depending on how the IDP population is imbedded within the host community.

Link with allocation strategy :

The proposed action is in line with the 2nd allocation strategy in terms of the three envelopes considered for this proposal, Health, Protection and Nutrition and it is in line with the priority districts in Uruzgan and Kunduz provinces. We are planning to implement the activities in 5 hard to reach in Kunduz and 3 first priority hard to reach in Uruzgan and 2 second second priority hard to reach districts. The actions proposed are those from eligible activities as listed in the strategy. We are proposing all three eligible activities for health, the two eligible actions from nutrition and the psychosocial, child protection, GBV, Family Protection Centers and networks within target districts as part of the protection envelop.The activities are very much focused for IDPs which comprises 90% of the targeted. population, beside that 10% of beneficiaries will be host population but any returnees will be included as part of the beneficiaries. The beneficiaries are thus in line with the strategy for the 2nd allocation. HealthNet TPO had close coordination and meetings with health cluster, child protection sub cluster, GBV sub cluster, nutrition cluster and attending all relevant meetings to ensure the proposed action is in line with the priorities areas and is feasible to implement. HealthNet TPO also considered the close coordination with stakeholders, including BPHS implementers and other relevant bodies. We have reached to an agreement with stakeholders in both provinces, on role and responsibilities and avoiding any duplication. HealthNet TPO and its partner has decades of experience on health, nutrition and protection, are are present in the provinces and districts, thus the launch of the project and interventions, will be very smooth and most importantly very rapid due to emergency nature of situation. HealthNet TPO and partner presence in the district, made it easy to have very much in ground information and situation analysis. Our team collected an updated information on current status, on all three areas and services, which is part of this proposal. But we will conduct an assessment of nutrition, health and protection needs during the first month, focusing on IDPs, and based on that the program will be modified if needed. We do not expect a very major change in the design of the project and activities as define in this proposal and the strategy document, but in depth information, will help us to prioritize the interventions as per IDP needs considering the local context.
We will have a very integrated approach, where three clusters implemented by a unique team, working as per a collective and interlinked approach. The health, protection and nutrition activities of IDPs will be addressed through a one window approach, where collaboration will be required with WASH, and FSAC or utilization of stockpiles. We did conduct a risk assessment matrix, considering the ground realities and our current experience, and mitigation plans will be in place and implemented to avoid any delay or impact on our planned interventions.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$
AHDS	National NGO	13,000.00
		13,000.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
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BACKGROUND

1. Humanitarian context analysis

Afghanistan is facing a chronic and complex humanitarian situation since 1979, after invasion of Russians.The Mujaheen upraising and fighting continuing till withdrawal of Russians and overthrow of government in 1992. Afghanistan faced another four years of civil war, where different factions of Mujahideen started fighting for power. In 1996, Taliban emerged and come into power, with strict and their definition of Islam, where the country went into a dark stage till 2002. Since 2002, after overthrow of Taliban and establishment of a democratic government, the hopes were there, with support of International community, for peace and prosperity. But due to regional countries and powers interest, re emergence of Taliban and now ISIS, the country is widely facing insurgencies and humanitarian crises. The conflict and war, both political and security wise, has resulted into a wide spread movement of population and crime situation. In recent report of OCHA, from 1 January to 22 August 2017, 212,439 people fled their homes due to conflict, up by more than 10,300 people compared to the previous week. The report also indicates a total of 30 out of 34 provinces currently record some level of forced displacement. It shows the severity of problem and rapid changes in different provinces. Kunduz and Uruzgan is facing a continues and widespread problem with security and humanitarian situation, where the IDPs, do need life saving support and basic needs, to survive.
Natural disaster and lack of basic services, are another humanitarian issue, that needs the support outside the traditional government channels. The country faces chronic underdevelopment and is one of the poorest countries in the world. It is challenging to distinguish needs from sudden onset shocks and those resulting from chronic poverty. The recent World Bank and Ministry of Economy Afghanistan Poverty Status report finds that 1 in 3 Afghans can´t afford to buy food or cover their basic needs. The report further notes widened gap between the rich and the poor.
The situation of returnees show a slow progress in 2017, but where IDPs has been a huge humanitarian crises, asking for urgent attention and support. The already poor local host population are not ready to support or accept this burden on them. This has resulted into a number of social and psychological impact, IDPS and local host population. One third of the population are facing not only the security threats and prone to conflict effects, but their basic needs are not met. 40% of population, specially in conflict affected and remote areas, does not have access to health and other social services. The women and children are more affected then any other group of population, physical violence, gender based violence and child abuse is common. Even in some places, the children are sold, for small amounts, to fed their families. The major problem are access to basic health services, psychosocial support, nutrition of children and pregnant women, water and sanitation and importantly protection for vulnerable groups, which is foreseen and will be addressed through this project in selected districts.

2. Needs assessment

Around 40% of the population does not have access to primary health or basic health care services in Afghanistan. The conflict prone provinces particularly Uruzgan and Kunduz are more affected due to ongoing clashes between Anti Government Elements and Afghan National Security Forces.

HNI TPO has conducted a rapid assessment in Uruzgan and Kunduz provinces aimed to get information about the existing humanitarian situation, needs of the IDPs and host community who have problems accessing to basic health care, nutrition, psycho-social and GBV services. The relevant in-depth interviews and Focused Group Discussions took place and required information on current situation and needs of the vulnerable population is collected and used in this proposal. (Assessment report is attached as annex-1). Total 93,849 IDPs are registered with Directorate of Refugees and Repatriation, displaced from relevant villages of Tirinkot, Khasuruzgan, Shahidhasas, Chora and Dehrawod districts, while in Kunduz province total 65,065 IDPs registered with DoRR whom are displaced from Khanabad, Imamsahib, Qala e zal, Chahardara, Dashte archi, Kunduz center and Aliabad districts. These IDPs are mostly settled in the center of districts and relevant cities of Kunduz and Uruzgan provinces.
The living condition of the IDPs is poor and do not have access to basic health care, nutrition, protection services, safe drinking water, and having poor hygienic condition. The IDPs are also affected psychologically particular women and girls and they do not have access to psycho-social support services and GBV response and preventive services.
The health problem which the IDPs suffer from are diarrhea, malnutrition in children, pneumonia, Grippe (influenza), skin infection, anemia, gastritis, stress and other psycho-social and mental health problems. In the districts of Khasurozgan and Shahidhasas of Uruzgan province and Khanabad, Imamsahib, Qala e zal, Chahardara, Dashte archi, and Aliabad districts there is no mobile teams to provide psycho-social, GBV response and preventive services and child psycho-social interventions while the Mobile psycho-social teams in Tirinkot, Chora and Dehrawod districts of Uruzgan and center of Kunduz province supported under CHF through UNOCHA, implementing by HealthNet TPO are functional, but will be closed by end of September 2017 that need continuation of mobile psycho-social/GBV, health and nutrition services as the people of mentioned districts are in dire need of humanitarian assistance particularly basic health, nutrition, psycho-social and GBV services.
The women are mostly deprived from the health care services particularly psycho-social and GBV response and preventive services due to cultural restriction. Through this project primary health care including reproductive, psycho-social and GBV services will be provided in culturally appropriate environment through female health workers for women and children (girls) at risk. Community midwives, female psycho-social counselors, and female health care providers will be deployed to provide services and to increase access of women children particularly girls in need to health care, nutrition, psycho-social and GBV services.

To address above needs of the vulnerable population particularly of women and girls, HNI TPO based on needs assessment findings and close consultation with the PPHDs, DoRRs and relevant clusters (Health, Protection and Nutrition) proposes integrated interventions of basic health, nutrition, psycho-social and GBV services through multidisciplinary mobile and fixed teams comprised of male and female staff. These interventions will increase access of the conflict affected population particularly women and children to emergency primary health care, nutrition, psycho-social and GBV services.

3. Description Of Beneficiaries

The total direct beneficiaries of the project will be 174,942 (48,910 men, 50,866 women, 36831 boys and 38335 girls) that are Internally Displaced Persons (IDPs) and the host community living in hard to reach areas of the of the 9 target districts + 156 staff (96 male and 60 female) who will receive training during the project period).

HealthNet TPO has conducted needs assessment through provincial management team currently implementing health and psycho-social projects in Kunduz and Uruzgan provinces. The direct beneficiaries' data has been reviewed and finalized closely with the PPHDs and Directorate of Refugees and Repatriation in the respective provinces.

The breakdown of the direct beneficiaries is;
1. Kunduz: Total direct beneficiaries in Kunduz province are 71,572 population {65,066 IDPs (18801 men, 19569 women, 13081 boys, 13615 girls) + 10% host community which makes 6506 (1880 men, 1957 women, 1308 boys and 1361 girls)}.
The breakdown of district wise target beneficiaries in Kunduz is;
i. 12,166 direct beneficiaries in Imam Sahib district including 11,060 IDPs (3196 men, 3326 women, 2224 boys and 2314 girls) + 1106 host community (320 men, 333 women, 222 boys and girls 231),
ii. 29,915 direct beneficiaries in Qala-e-Zal districts including 27,195 IDPs (7858 men, 8179 women, 5467 boys and 5691 girls) + 2720 host community (786 men, 818 women, 547 boys and 569 girls),
iii. 316 direct beneficiaries in Chardara districts including 287 IDPs (83 men, 86 women, 58 boys and 60 girls) + 29 host community (8 men, 9 women, 6 boys and girls 6)
iv. 439 direct beneficiaries in Dashte Archi district including 399 IDPs (115 men, 120 women, 80 boys and 83 girls) + 40 host community beneficiaries (12 men, 12 women, 8 boys and 8 girls).
v. 28,736 direct beneficiaries in Khanabad district including 26,124 IDPs (7549 men, 7857 women, 5251 boys and 5467 girls) + 2612 host community (754 men, 786 women, 525 boys and 547 girls).

2. Uruzgan: Total direct beneficiaries in Uruzgan province are 103,234 population {93,850 IDPs (27,118 men, 28,226 women, 18,868 boys, 19,638 girls) + 10% of host community which makes 9,384 (2711 men, 2823 women, 1886 boys and 1964 girls).
The breakdown of district wise target beneficiaries in Uruzgan is;
i. 30,338 direct beneficiaries in Tirinkot district including 27,580 IDPs (7969 men, 8296 women, 5545 boys and 5770 girls) + 2758 host community beneficiaries (797 men, 830 women, 554 boys and 577 girls),
ii. 10,472 direct beneficiaries in Shaheed Hasas district including 9,520 IDPs (2751 men, 2863 women, 1914 boys and 1992 girls) + 952 host community beneficiaries (275 men, 286 women, 192 boys and 199 girls),
iii. 10280 direct beneficiaries in Khas Uruzgan district including 9345 IDPs (2700 men, 2810 women, 1879 boys and 1956 girls) + 935 host community beneficiaries (270 men, 281 women, 188 boys and 196 girls),
iv. 28,659 direct beneficiaries in Dehrawood district including 26053 IDPs (7528 men, 7836 women, 5237 boys and 5452 girls) + 2606 host community beneficiaries (753 men, 784 women, 524 boys and 545 girls),
v. 23,485 direct beneficiaries in Chora district including 21350 IDPs (6169 men, 6421 women, 4292 boys and 4468 girls) + 2135 host community beneficiaries (617 men, 642 women, 429 boys and 447 girls).

The need assessment will be conducted during the first month of the project, where will be possible to forecast the number of GBV cases to be supported. We have GBV program in six provinces and we are adding two provinces for family health house program with focus on GBV. The experience shows that a good referral mechanism from different levels, and community based identification and referral, will improve reporting of GBV cases. So we expect a gradual increase in number of cases starting from around 100 cases, where target will be gradually increased, but defined during the first month of assessment.

4. Grant Request Justification

The prolonged armed conflict in Afghanistan has taken lives, made people disabled, damaged social fabric and caused internal as well as external displacement. The impact of the ongoing conflicts daily adds victims both through physical injury and mental stress, affecting families in Afghanistan.

Although there has been some progress in the last 16 years in Afghan health system, still many people don't have access to basic mental health and psycho-social services despite a high prevalence of mental health problems in the country. For instance, the study by Lopez Cardozo and colleagues (2002) showed that 67.7% had some sort of depression, 42.1% had post-traumatic stress disorders (PTSD) and 72.2% had anxiety. After inclusion of mental health and psycho-social component in BPHS package in 2010, some services have been initiated in the provinces, but at district and community level mental health and psycho-social services are still not available. There is a strong correlation between physical and mental health problems that when physical health problems are not timely addressed, they become chronic and give rise to psycho-social and mental health problems. So, timely treatment of physical health problems is equally important. This is only possible when government covers a larger portion of health expenditure. But this is not the case in Afghanistan as only 6% of the health expenditures are covered by government, 22% is contributed by donors and the remaining 72% expenditures are out of pocket paid by the patient. The existing basic health services only cover around 60% of the population and even in the districts where health services are available, needs are only partly met.

During the recent last years, the target districts in Uruzgan and Kunduz have experienced heavy occurrence of insurgent's activities and insecurity. In such emergency situations of protracted conflict women and children are the most vulnerable to abuse and violence from both the parties to conflict. Gender based violence against women, girls and children increases during the man-made and natural disasters. The shock of displacement, exposure to gender based violence and traumatic events lead to severe distress which if not timely addressed can have long lasting impacts on women and children themselves and on their families and communities at large. Emergency primary health care, psycho-social and gender based violence are urgent public health concerns which need due attention from government, donors and humanitarian actors.

The proposed multidisciplinary integrated intervention of health, nutrition, protection including psycho-social/GBV and child protection will increase access of the vulnerable population particularly women and children to basic health, nutrition and protection services and it will ultimately reduce morbidity and mortality among women and children in these conflict provinces of Uruzgan and Kunduz.

5. Complementarity

The proposed interventions related to mobile health, nutrition, psychosocial, Family Protection Center for GBV and child protection services are in line with 2nd allocation of CHF 2017. The project will be complementing the existing social, public and private system, while in cases will upgrade and enhance the system, and in instances will act as complementary to address the humanitarian and urgent needs of the population, with focus on gender issues and women and children. The mobile teams will comprise a team of expertise, in each area that is focused in this project. This will enable to have for example health service delivery directed to IDPs and local host population, where the public and any other alternative system is not in place. This is discussed with BPHS implementers and we agreed on areas to be covered and partnership development, such as with AHDS for Uruzgan and reaching a common understanding with OHPM in Kunduz. This will supplement the existing system, and will make sure, the coordination and effective referral mechanism is in place, for optimal use of resources. The nutrition component is mainly focusing on IMAM where the screening and management of malnutrition cases are handled through mobile teams, by visiting the communities and reaching their door steps. This will help for accessible of women and children to nutrition services, and in case of need, patients are referred to higher care level. This will help in referral of on time of cases and also receiving back the referred cases for follow up.

The Gender Based Violence cases are not properly handled in both provinces, due to lack of facilities and expertise. This project will supplement and will ensure for having the services at a very low level. The staff of health facilities in targeted districts are trained to identify, provide medical and psychosocial support to GBV cases and refer to highly center, family protection centers that will be established, Beside that the province will have a case management committee, where will follow the cases after initial support, including for legal and protection services. HealthNet TPO is implementing similar project in six provinces, and do have in room capacity to provide services for all levels, and will use the existing resources and system for sustainability and cost effectiveness. The women and children will need psychological and social support. The project will help the existing structure and establish community based services, where women and children are provided, all type of psychosocial and protection support. This will include the child friendly and women friendly spaces. The mobilization of female staff to provide health, psychosocial and GBV services complements the CHF gender marker code and contribute to gender equality in accessing health services.

LOGICAL FRAMEWORK

Overall project objective

To improve health, psycho-social, GBV and nutrition well being of IDPs and host community population (women, girls, men and boys) in target districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal) provinces

PROTECTION		
Cluster objectives	**Strategic Response Plan (SRP) objectives**	**Percentage of activities**
Objective 3: Support the creation of a protection-conducive environment to prevent and mitigate protection risks, as well as facilitate an effective response to protection violations	SO4: Humanitarian conditions in hard-to-access areas of Afghanistan are improved	40
Objective 2: Evolving protection concerns, needs and violations are monitored, analysed, and responded to upholding fundamental rights and restoring the dignity and well-being of vulnerable shock affected populations	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	30
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	30

Contribution to Cluster/Sector Objectives : Based on the 2016 CHF funded interventions, the proposed interventions will further scale up response and address the immediate needs, of existing focused and additional beneficiaries, for psycho-social and GBV services of the conflict affected in hard to reach areas in selected districts of Uruzgan and Kunduz provinces. Beside that the proposed intervention will also address the health needs, referral for legal and safety of the target groups, especially women and children survivors of GBV. Thus the objectives of the envelope protection as per 2nd allocation 2017 will be met through activities proposed, while focusing on objective 3 but objective 1 and 2 are also to be considered accordingly. The focus will be to provide quality services, with improved focus on women and children, through the concept of child friendly space, women healthy friendly spaces (WHFSs) and other GBV as well as PSS services. The package include community based mobile outreach through mobile teams, static services through WHFSs within communities and advance GBV services through family protection centers (FPCs) for GBV survivors. Our approach will be to have 9 mobile health teams, one in each prioritized district of Kunduz and Uruzgan provinces. The protection activities will focus on PSS counseling, GBV response and prevention, with aim on both proactive and reactive approaches. The proactive approach will be establishing of women and children self-support groups, at community level, where the space for both remedy action and preventive measures are foreseen. This intervention will be supplemented by recreational activities and basic literacy services for the vulnerable population. The team will be trained and their capacity built on psycho-social counseling, Psychological First Aid, Emergency Counseling, facilitating establishment and management of support groups and management of GBV cases. The project foresees establishment of Family Protection Center in Uruzgan provincial hospital in Terinkot and in Kundoz Khanabad CHC. The FPC is one step specialized GBV service delivery point (SDP) with qualified PSS, medical and referral expertise. HNTPO is managing six FPCs in other provinces since 2016. As part of the comprehensive GBV response, case management committee (CMC) will also be established in Tirinkit as part of FPC. This will act as a hub for training of one health worker from each facility of targeted districts of Uruzgan and Kunduz for prevention, management and referral of GBV cases. A referral mechanism for higher level, for provision of services will also be established to further strengthen GBV response. Community elder and religious leader shall also be engaged in GBV prevention through community dialogues to have conducive environment and ownership/acceptance of GBV services within the communities.

Child Protection in Emergency (CPiE) is an area of concern. Children are a very vulnerable group, their dependency on adults and their needs for care make them more vulnerable particularly in emergency situation. The proposed intervention of Child Protection in Emergencies (CPiE) will address the humanitarian needs (Health, Psycho-social and GBV preventive and response services) of children living in conflict prone target districts. The children will receive the necessary humanitarian assistance that is required for their safety and well being. Child Friendly Spaces (CFSs) will be established as integrated with Support Groups and WHFSs in the Service Delivery Points of target districts. The CFS supports children's well being in the middle of emergencies and post emergencies. All six principles of the CFS will be taken into consideration while establishing CFS. The target communities will be mobilized to create protective environment to the children and this will be participatory approach, and integrated programming including health, psycho-social, play and recreational activities.

Outcome 1

1.Improved psycho-social, mental and social well-being of IDPs/host community by increased access/utilization of GBV response and prevention services in target districts through comprehensive community and facility based GBV services.

The access of GBV survivors particularly women and girls will be enhanced through provision of mobile services and fixed through two FPCs. Female health care workers will provide GBV services to women and girls in culturally accepted ways.

2. Improved and support the resilience and well-being of children and young people through community organized, structured activities conducted in a safe child friendly and stimulating environment (Outcome for Child Protection)

Output 1.1

Description

Response service mechanism for GBV survivors established and functioning

The GBV survivors (women and girls) will receive GBV and psycho-social support services through FPCs and mobile teams provided by the trained health providers (women and men).

Assumptions & Risks

It is assumed the current situation is not getting worsen due to active fighting and there is no huge population movement out of targeted districts. The risk of security to result into intermission in our services is very low, due to presence of HealthNet TPO and partner in the field. The risk is also on movement of female staff through mobile health teams and implementing community based interventions to IDPs and host community. But our approach. is, based on our current experience and having mobile services in most of targeted districts, to recruit the staff from local communities and having the district based intervention and movement, even for mobile health teams.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	PROTECTION	SA2- Number of GBV survivors receiving protection services (including health, psychosocial, legal and safety)	62	3,100	43	2,157	5,362
Means of Verification : Register, HMIS, Progress and Monitoring reports Total 5362 GBV survivors (3100 women, 2157 girls, 62 men and 43 boys) will receive protection services including health, psycho-social and referral for legal and safety services.							
Indicator 1.1.2	PROTECTION	Number of mobile health and psycho-social teams with Gender-Based Violence prevention and response services functioning					9
Means of Verification : HMIS, Progress and Monitoring reports 9 Mobile teams having female and male health care providers, 5 mobile teams in Uruzgan and 4 in Kunduz will be established. These mobile teams will provide GBV prevention and response services to the GBV survivors (women and girls at risk)							
Indicator 1.1.3	PROTECTION	Number of community and traditional leaders trained to raise awareness of GBV					90
Means of Verification : Training and monitoring reports 10 in each target district. This will include both women and men members trained on GBV services. The Community and traditional leaders will include both men and women. 50% (45) will be men and 50% (45) will be women.							
Indicator 1.1.4	PROTECTION	Number of GBV case management committees established					2
Means of Verification : Progress and Monitoring Reports One committee in each province. The Committee will be reviewing GBV survivor cases and will provide required response services.							
Indicator 1.1.5	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	14,647	15,245	11,049	11,500	52,441
Means of Verification : Register, HMIS, Progress and Monitoring Reports 30% of the total target population (174806)							
Indicator 1.1.6	PROTECTION	Number of cases reviewed and concluded by Case Management Committee					44
Means of Verification : Meeting minutes and Monitoring Reports Two cases reviewed per month in each province							
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;							
Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities.							
Activity 1.1.2							
Standard Activity : SA2- Mobile outreach and static protection services to women, men, girls and boys; principled referrals and psychosocial support to conflict affected people to contribute to community based prevention and mitigation response mechanisms;							

Establish Family Protection Centers (FPCs) in Uruzgan and Kunduz provinces

Two FPCs will be established (one in Uruzgan provincial hospital and one in Khanabad CHC of Kunduz). Each FPC will have 4 staff (1 Female MD, 1 Psycho-social counselor, 1 Data collector and 1 support staff).

The Family Protection Center is a health response to GBV seeking to integrate professional assistance (psycho-social, medical and legal support and referral services into the health sector) and act as a one-stop assistance center. This is implemented in several provinces, where HNTPO implements the center in six provinces with support of UNFPA and in close coordination with MoPH. This is approved by MoPH and it is a standard model in expansion for implementation.

Services will be provided in culturally appropriate environment through female health workers for women and children (girls) at risk.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district, and in Uruzgan provincial hospital in Trinkot. SDPs will be in the location, where maximum of IDPs are present and has access, and FPCs will be in Khanabad district of Kunduz and in Trinkot of Uruzgan.

The FPC will be the referral and coordination center for GBV cases for provision of health and psychosocial support and referral and coordination for legal and safety services.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. The centers will be established in first month of the project (inception). As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district. All other CFS and WFSs will be established and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs and WFSs will be also in the proximity of these SDPs. Since, its integrated approach of health, protection and nutrition, therefore the protection services are integrated with health and nutrition, the clients visiting mobile team or FPCs will also be provided with medical and nutrition services if required

Activity 1.1.3

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

Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis

Activity 1.1.4

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

Provision of dignity kits to GBV survivors (women and girls of reproductive age)

The beneficiaries for this activity are targeted GBV survivors, adolescent girls, pregnant women and lactating women. All of these groups will be provided with dignity kit, planned and budgeted

The dignity kits are important to cope in stressful and potentially overwhelming humanitarian situations. Supporting women’s and girls self-esteem and confidence.

Activity 1.1.5

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

Establish Women Healthy Friendly Spaces (WHFSs) in Uruzgan and Kunduz provinces

Women Healthy Friendly Spaces (WHFSs) will be established as integrated with Community Support Groups and Child Friendly Spaces (CFSs) established in services delivery points.

We have two staff at field level to support CFS/WFS/Psychosocial activities. These two staff are in addition to the mobile health team, where focus is on community based interventions. Beside that we have one community mobilizer for each MHT, who will facilitate and prepare the ground for implementation of activities for our field team.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. WHFSs as per discussion with the sub cluster and need of the population will be established in all districts and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and WFSs will be also in the proximity of these SDPs.

Activity 1.1.6

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

Conduct blanket psycho-social sessions with target communities in general, women and girls specific through female psycho-social counselors

HealthNet TPO will establish Women Healthy Spaces, where female Psycho-social counselors will be hired to provide support group sessions, and individual case management to the conflict affected women and girls.

Activity 1.1.7

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

Establish case management committee at provincial level

Case management committee will be established one in each target province to ensure GBV cases are successfully followed up and managed by relevant actors.

Activity 1.1.8

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;

Follow up of the referred GBV cases with the FPC and other relevant sectors

HealthNet TPO will establish a follow up mechanism for multi-sectoral services (medical, psycho-social, security and legal) required for GBV survivors through a referral mechanism in-line with survivor centered approach.

Activity 1.1.9

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;

Conduct coordination meetings with the Women Healthy Friendly Spaces and Family Protection Centers for referral and reporting of GBV cases

The mobile psycho-social and health teams will have regular monthly meetings with the WHFSs and FPCs staff to strengthen referral, follow up and reporting mechanisms of the GBV services.

Activity 1.1.10

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;

Conduct awareness sessions on GBV prevention and response

The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches.

Activity 1.1.11

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;

Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.12

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

Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13

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;

Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.14

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;

Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Output 1.2

Description

Child Protection in Emergency services strengthened through establishment of Child Friendly Spaces and Community Mobilization

Assumptions & Risks

It is assumed the current situation is not getting worsen due to active fighting and there is no huge population movement out of targeted districts. The risk of security to result into intermission in our services is very low, due to presence of HealthNet TPO and partner in the field. The risk is also on movement of female staff through mobile health teams and implementing community based interventions to IDPs and host community. But our approach. is, based on our current experience and having mobile services in most of targeted districts, to recruit the staff from local communities and having the district based intervention and movement, even for mobile health teams.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	PROTECTION	SA2- Number of boys, girls, men and women receiving psychosocial support	0	0	3,683	3,833	7,516
Means of Verification : Register, HMIS, Progress Reports and Monitoring Reports 10% of the total boys and girls are targeted							
Indicator 1.2.2	PROTECTION	Number of Child Friendly Spaces Established and Functioning					9
Means of Verification : Register, HMIS, Progress and Monitoring Reports 5 in Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 in Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)							

Activities

Activity 1.2.1

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;

Conduct baseline assessment for mapping of actors and situation analysis of CPiE services in the target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)}

HealthNet TPO will conduct an assessment to address children particularly the most vulnerable children in the community - for focused response (health, psycho-social, GBV, play and recreational activities), and mapping of the relevant actors to improve coordination and collaboration among relevant stakeholders.

Activity 1.2.2

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;

Establish Child Friendly Spaces (CFSs) as integrated with the Support Groups and Women Healthy Friendly Spaces in the target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)}

HealthNet TPO will establish CFSs where integrated humanitarian assistance such as health, psycho-social, GBV, play and recreational will be provided to the most vulnerable children in the target districts.

The CFS will support include the following key activities;

1. Play and recreational activities for children, such as sports, arts and cultural activities provided in a structured manner to restore a sense of predictability and continuity.
2. Awareness raising on prevention of violence and separation, key health issues such as HIV/AIDS, nutrition, hygiene promotion, waste management, and disaster preparedness.
3. Use of space for other community activities such as mother or parent groups and other community gatherings.
4. Encouragement of civil society organizations to use the CFS to organize their activities.
5. Awareness raising of children and their families about landmine hazard and precautionary measures,

The purpose of CFS is to support the resilience and well-being of children and young people through community organized, structured activities through proactive and reactive approaches conducted in a safe, child friendly, and stimulating environment. It will be integrated services and the mobile psychosocial team will provide the proposed integrated activities in the same place (health, nutrition, protection) and the psychosocial team will mobilize the community for access and linking with other components and basic needs likewise WASH activities. The activities will include the understanding main challenging the children face, provide them with health, psychosocial, mental, nutrition, learning, recreation activities and safe environment to live. We will connect with WASH activities in the targeted areas and districts.

The mapping of IDPs and target group will define the cluster of children to be targeted. The next step will be to identify a unique structure or facilities for each community to link with CFS. The CDC, health shura or any other community based committees will be the first entry point. This will be done through their representatives and individual head of families. Our community mobilizing will play the key role to identify the individuals and groups, for linkage and coordination in each community. The community mobilizers and community support team, then will identify the children to be enrolled and supported.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. CFSs, as per discussion with the protection cluster and need of the population, will be established in all districts and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs will be also in the proximity of these SDPs.

Activity 1.2.3

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;

Understanding the Daily Routines of Children and Families

The project team will understand the daily routines of children and families through a consultative meetings with the children families, and based on these routines will do the planning for daily chores.

Activity 1.2.4

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;

Assessing the scope and quality of available resources in the community in participatory way

The project team will assess the scope and quality of available community resources such as material, human, media tools or facilities, and play grounds.

Activity 1.2.5

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;

Identify the needs of children and Gaps in Service Provision

The needs of children and gaps in the CPiE service provision will be identified through the assessment and will be shared with the relevant stakeholders and UNICEF for the required support.

Activity 1.2.6

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;

Provision of life-saving health, psycho-social, and GBV services to the affected children both girls and boys in target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)}

The mobile team will provide health, psycho-social and GBV services to the children on regular basis visiting the CFSs.

Activity 1.2.7

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;

Teaching and practicing recreational activities to keep children active

HealthNet TPO will purchase required equipment for recreational activities to children and will teach to keep them active.

Activity 1.2.8

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

Organize orientation and emergency training for health care providers on child protection and psycho-social support in emergency setting.

The health care providers will be trained on child protection and psycho-social support in emergency setting during the inception phase of the project.

Activity 1.2.9

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;

Establish referral mechanism in collaboration with provincial department of labour and social affairs in child protection action network (CPAN).

The referral mechanism will be established. Those cases need assistance will be referred to the CPAN to meet the protection and other needs of children

HealthNet TPO will provide the proposed intervention for GBV survivors through static and mobile approaches, and this referral of GBV cases and follow up will be between Family Protection Centers and Mobile teams for further management of the GBV cases. The staff of health facilities are trained on identification, provision of GBV services and referral of cases. The FPC established will provide physical and mental/ psychosocial support, where will assist them for access to legal and protection services available in the province. The FPC team will support those cases that they need for legal services and will refer them to the legal department of the province for further assistance and strictly followed with relevant actors/ departments

Activity 1.2.10

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;

Submit monthly, quarterly and ad-hoc reports to protection cluster

Activity 1.2.11

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;

Conduct monitoring of the Child Protection activities; 1) By In-charge of the mobile team on weekly basis, b) By Provincial Management on fortnightly basis, and 3) By Country office M&E department on quarterly basis.

Additional Targets :

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	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	100

Contribution to Cluster/Sector Objectives : The two major problems with current health service delivery are, a) lack of the BPHS implementer to reach all population, in all targeted districts as per this call, and nationally it is less than 60%, b) BPHS is not designed to meet the emergency needs of the population and specially the IDPs and population in continues conflict or move. This proposal will ensure that the static health facilities are able to meet the actual needs of the population. In the targeted districts of Uruzgan no additional or continuation of funding for FATPs are needed. AHDS is the partner with HealthNet TPO for this proposal and we will not propose any additional or continuation for funding for FATPs as it is funded and covered from existing BPHS budget.

FATPs as integrated component of fixed health centers will be established by OHPM from possible funding of CHF. We have reached an agreement with OHPM for support of fixed health centers through them from CHF but HealthNet TPO will focus on IDPs mainly through mobile health and psycho-social team for health, nutrition, psycho-social and GBV activities. HealthNet TPO will provide support to OHPM on protection including psycho-social and GBV prevention and management as per agreement. Thus the consortium of HealthNet `TPO and AHDS will fully cover the all five targeted districts in Uruzgan, for health, protection and nutrition activities. While, the services in Kunduz will be implemented through four mobile health teams with protection and nutrition services by HealthNet TPO and through fixed centers by OHPM.

The integrated mobile services will provide primary health care, reproductive health services for women of reproductive age and other emergency services with a team comprising a medical doctor, midwife, vaccinator, nutrition nurse, three psycho-social counselors for MHT and outreach services, community mobilized and support staff. The team will be based mainly at district and will visit different IDP settled locations, for provision of services on daily basis. To ensure the objectives are achieved and security threats are minimized, ideally the team will be based at district level, except circumstances does not allow or it is easily accessible from provincial center. The services will include those define in BPHS and MHT strategy document. The services will be provided in culturally appropriate environment through female health workers and qualified female staff for women and children (girls) at risk.

The team will have a defined service delivery point (SDPs), identified with community, and visit those SDPs on regular basis, considering the schedule.The team upon arrival to the location, will provide the services in mobile team or visit villages for community based service delivery.

Outcome 1

The projects aims to ensure the IDPs and host population have equal access to basic health services. The project, through mobile health teams, will provide the basic health services including treatment of common diseases, immunization, pharmaceuticals, health education, ante natal care, post natal care and even deliveries at homes by skilled birth attendants. The cases with mental health are provided with counseling and treatment services at mobile health team. the community based intervention will ensure that a two ways referral mechanism for all cases needing medical attention is in place and functional. The outcomes will be:
1. 9 mobile health teams are functional and providing health services to IDPs and host community to all target population (50816 women, 38335 girls, 48824 men and 36831boys).
2. The population have access to preventive health care, including vaccination
3. All mobile health teams are trained and with sufficient skills to provide quality services

Output 1.1

Description

9 Mobile health teams established in 5 target Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal) having both female and male staff.

Total 8 staff (1 MD, 1 Midwife, 1 Vaccinator, 2 Psycho-Social Counselors male and female, 1 Community Mobilizer, 1 Nutrition Nurse, and 1 Driver) staff are recruited

All technical staff of the mobile teams are trained on relevant thematic areas with equal opportunity to both female and male staff.

Total targeted direct beneficiaries (174806) provided with OPD services

All complicated cases who require specialized health care are referred to static health facilities and hospitals

Assumptions & Risks

Staff turnover, travel restrictions due to insecurity. In places where access is constrained due to insecurity, community key influential figures will be used to get regular access of the mobile team to those areas.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	HEALTH	SA2- Number of conflict affected people in underserved areas served by emergency PHC and mobile services	48,824	50,816	36,831	38,335	174,806
Means of Verification : HF Register, Tally Sheet, Monthly Reports, Monitoring Reports, Field Verification with community , supervisory reports							
Indicator 1.1.2	HEALTH	SA2- Number of pregnant women in conflict affected and underserved areas receiving at least two antenatal care visits		5,594			5,594

Means of Verification : HF Register, tally sheet, Monitoring reports, HMIS/ Monthly HF reports, Supervisor reports

174806 X 4% X 80% = 5594

Indicator 1.1.3	HEALTH	Number of home deliveries attended by Community Midwives					1,049

Means of Verification : Register, HMIS and monitoring reports.

174806 x 4% x 15% = 1049

Indicator 1.1.4	HEALTH	Number of women receiving Post Natal Care (PNC) after birth					3,496

Means of Verification : Register, HMIS, Progress and Monitoring Reports.

174,806*4%*50% = 3496 women.

During the entire life of the project, total 3496 women will receive postnatal care after birth.

Activities

Activity 1.1.1

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

Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan

The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces

Activity 1.1.2

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

Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.

Activity 1.1.3

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

Conducting rapid assessment of situation and needs of target population

HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population.

Activity 1.1.4

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

Finalizing Service delivery points (SDP) with close cooperation of PPHD, community and other relevant stakeholders

During the inception phase of the project, Service Delivery Points (SDPs) will be finalized in close coordination and cooperation of PPHD and community.

Activity 1.1.5

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

Provide primary health care, psycho-social and nutrition services to the most vulnerable target population in the target districts through mobile health teams. Maternal services will include but not limited to ANC, Natal and PNC, Family Planning and immunization.

The multidisciplinary team having both female and male staff will provide primary health care including maternal health services, nutrition, psycho-social and GBV as an integrated approach through mobile team, FPCs, WHFSs and CFSs.

Total 50816 women, 38335 girls, 36831 boys and 48824 men will reach through mobile teams and will be provided with basic health care services and required psycho-social services by the team comprising of female and male qualified health care providers.

Activity 1.1.6

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

Capacity building of Mobile Health Team staff (HMIS, RH, EPI, RUM, Nutrition, Mental Health, Psycho-social and GBV)

The health care providers will be trained on very necessary trainings related to their scope of work such as HMIS for case management, regular data collection, data use, reporting, Reproductive Health to Community Midwives, RUM to strengthen rational prescription, Nutrition to Nutrition Nurses to properly diagnose and treat malnourished children, mental health and psycho-social and GBV trainings. These training will be conducted in-line with the training plan (uploaded to the GMS)

Total 63 staff (27 female and 36 male) will be trained during the entire life f the project and equal training opportunity will be given to both women and men staff.

Total target beneficiaries for 7 different trainings are 156 (60 female and 96 male).

Activity 1.1.7

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

Provide daily health promotion sessions on Family Planning, maternal and child health, mental health, immunization, and behavior change communication for target beneficiaries

Health education on different topics particularly focusing on maternal and child health to women, vaccination, mental health and psycho-social, behavior change communication will be regularly conducted by each individual relevant staff.

Activity 1.1.8

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

Participating in coordination meeting at provincial and central level

All relevant meetings both at provincial and central levels will be attended by the field and Kabul management team.

The team will take part in the following meetings at provincial, regional and central level:
1. Attending Monthly PPHCC meeting at provincial level
2. Attending monthly sub committee meetings such as HIS, EPI, Nutrition, IMCI, infection prevention etc. led by PPHD
3. Attending provincial GBV case management committee meeting
4. Attending protection cluster meetings at provincial and regional as per schedule
5. Attending health cluster meetings at central and regional on monthly basis
6. Attending protection and its sub committees on monthly basis
7. Coordination meetings with BPHS and EPHS implementers and other stakeholders as per need

The coordination will require for all activities under health, protection and nutrition thematic areas. This will be in separate committee meetings and also under health, in PPHC monthly meetings. The three thematic area, is grouped and will be managed under MHT approach, where good coordination and referral mechanism from community to mobile health teams and onward will be required.

Activity 1.1.9

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

Develop and operationalize two ways referral services.

Two way referral system between mobile teams and high level health facilities such as CHC, DH and PH will be established. There will be two ways coordination between Mobile team and BPHS (CHC, DH) and Provincial Hospital. In this system patients who no longer need DH or PH care are referred back to Mobile team for primary health care.

The referral centers will include the BHC/ CHC or district hospitals in all targeted districts. beside that, if facilities and services are not available, the cases are referred to the provincial hospital. Depending on situation, if due to security the public health facilities are closed, the cases are then referred directly to the provincial hospitals. The staff will be oriented on two way referral, tools will be provided and follow up is made by our community team, to assess continuation of the needed and assistance.

Activity 1.1.10

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

Conduct supportive supervision and monitoring visits of services

Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured.

Activity 1.1.11

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

Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12

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

Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.

Activity 1.1.13

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

Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.

Activity 1.1.14

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

Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15

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

Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Additional Targets :

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 : Reference to the National Nutrition Survey-2013, only 2.5% children (girls and boys) with acute malnutrition were registered in BPHS/EPHS health facilities for treatment programs across Afghanistan during the survey period. Of these, 48.4% children (girls and boys) under five years of age were hospitalized in IPD-SAM (TFU/SC), 21.4% in OTP and 17.3% in SFP. The high rate of hospitalization in IPD SAM is possibly due to the lack of sites providing OPD SAM, as a result of which even children without complications may have been admitted to IPD SAM.

The integrated mobile services will provide primary health care, nutrition, psycho-social and GBV through a team comprising a medical doctor, midwife, vaccinator, nutrition nurse, three psycho-social counselors (female and male) for MHT and outreach services, community mobilizer and support staff. The team will be based mainly at district and will visit different IDPs settled locations, for provision of services on daily basis. To ensure the objectives are achieved and security threats are minimized, ideally the team will be based at district level, except circumstances does not allow or it is easily accessible from provincial center.

The team will have a defined service delivery point (SDPs), identified with community, and visit those SDPs on regular basis, considering the schedule.The team upon arrival to the location, will provide the services in mobile team or visit villages for community based service delivery. The under 5 children and Pregnant & Lactating Women (PLW) will be regularly screened by the MD, Midwife and Nutrition Nurse and those children and PLWs with malnutrition will be admitted in treatment program.

The proposed interventions will significantly contribute to cluster Objective " The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among girls, boys, and pregnant and lactating women"

Outcome 1

Prevalence of acute malnutrition in children (girls and boys) 6-59 months and Pregnant and Lactating Women is reduced in IDPs and host community population

Output 1.1

Description

Under 5 years children (2075 girls and 2075 boys) and 1287 pregnant/lactating women provided with nutrition services including IMAM and micro-nutrient supplements through 9 mobile teams in 5 target districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)}.

Service Delivery Points(SDPs) will be selected based on assessment in close coordination of PPHD and community. The mobile health teams will visit SDPs according to predefined schedule and community key influential figures will be contacted one day before the mobile team visits the specific SDP and the community figures will inform the households in their catchments area to bring their children and pregnant and lactating women for nutrition screening and those children women who require treatment will be admitted following the diagnosis in the treatment program.

Access of children 6-59 months (girls and boys) and Pregnant and Lactating Women to nutrition services in 9 target districts of Uruzgan and Kunduz is increased

Assumptions & Risks

The assumption is that the families use the mobile health team for nutrition services. The children and women are allowed to attend the mobile health teams and there is not security or cultural constraints. Staff turnover might be an assumption that could be mitigated through timely job announcement and active search for staff particularly female staff.

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			13,877	13,876	27,753

Means of Verification : The indicators are monitored on regular basis through a very robust and efficient data collection, report, analysis and feedback mechanism. The current experience of HealthNet TPO and partner, will be used for quick introduction of a very efficient data management system. This will include orientation of staff on registers, tally sheets, reporting formats, analysis and display. Beside that HealthNet TPO will have a Dashboard, data analysis and feedback mechanism for verification and monitoring of the progress made. The data will be verified during the visit of facilities, cross checking of registers with tally sheet and home visits, and supervisory visits.

The parents particularly women (mothers) will be educated on healthy food preparation to their children and food diversity through nutrition nurse (female or male).

Total under 5 children will be screened for nutrition status by the mobile team staff.

Indicator 1.1.2	NUTRITION	SA2- Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment			2,212	2,212	4,424

Means of Verification : The indicators are monitored on regular basis through a very robust and efficient data collection, report, analysis and feedback mechanism. The current experience of HealthNet TPO and partner, will be used for quick introduction of a very efficient data management system. This will include orientation of staff on registers, tally sheets, reporting formats, analysis and display. Beside that HealthNet TPO will have a Dashboard, data analysis and feedback mechanism for verification and monitoring of the progress made. The data will be verified during the visit of facilities, cross checking of registers with tally sheet and home visits, and supervisory visits.

The current coverage for MAM is 34% in Uruzgan province and 40% in Kunduz province. These mobile teams will cover 13% (2324) of MAM children both girls and boys in Uruzgan province and 30% (1826) MAM children both girls and boys in Kunduz province under the treatment program in close coordination of Public Nutrition Department/MoPH and Nutrition Cluster.

GAM = Total estimated population x 19% (6-59 months children) x 21.6% x 2.6 for Uruzgan

SAM prevalence = Total estimated population x 19% (6-59 months children) x 11.2% x 2.6 for Uruzgan
MAM = GAM-SAM

GAM = 103234*19%*21.6%*2.6 = 11015
SAM = 103234*19%*11.2%*2.6 = 5712
MAM = 11015 - 1299 =5304

GAM = Total estimated population x 19% (6-59 months children) x 7.5% x 2.6 for Kunduz
SAM prevalence = Total estimated population x 19% (6-59 months children) x 2.7% x 2.6 for Kunduz
MAM = GAM-SAM

GAM = 42836*19%* 7.5% x 2.6 = 1587
SAM = 42836*19%* 2.7% x 2.6 = 571
MAM= 1587 - 571 = 1016

Total of Uruzgan and Kunduz
GAM = 11015 + 1587 = 12603
SAM = 5712 + 571 =6283
MAM = GAM - SAM = 12603 - 6283 =6319 *70% = 4424

Indicator 1.1.3	NUTRITION	SA2- Number and proportion of severely acutely malnourished boys and girls 6-59 months admitted for treatment			1,256	1,257	2,513

Means of Verification : The indicators are monitored on regular basis through a very robust and efficient data collection, report, analysis and feedback mechanism. The current experience of HealthNet TPO and partner, will be used for quick introduction of a very efficient data management system. This will include orientation of staff on registers, tally sheets, reporting formats, analysis and display. Beside that HealthNet TPO will have a Dashboard, data analysis and feedback mechanism for verification and monitoring of the progress made. The data will be verified during the visit of facilities, cross checking of registers with tally sheet and home visits, and supervisory visits.

The current coverage for MAM is 34% in Uruzgan province and 40% in Kunduz province. These mobile teams will cover 13% (2324) of MAM children both girls and boys in Uruzgan province and 30% (1826) MAM children both girls and boys in Kunduz province under the treatment program in close coordination of Public Nutrition Department/MoPH and Nutrition Cluster.

GAM = Total estimated population x 19% (6-59 months children) x 21.6% x 2.6 for Uruzgan

SAM prevalence = Total estimated population x 19% (6-59 months children) x 11.2% x 2.6 for Uruzgan
MAM = GAM-SAM

GAM = 103234*19%*21.6%*2.6 = 11015
SAM = 103234*19%*11.2%*2.6 = 5712
MAM = 11015 - 1299 =5304

GAM = Total estimated population x 19% (6-59 months children) x 7.5% x 2.6 for Kunduz
SAM prevalence = Total estimated population x 19% (6-59 months children) x 2.7% x 2.6 for Kunduz
MAM = GAM-SAM

GAM = 42836*19%* 7.5% x 2.6 = 1587
SAM = 42836*19%* 2.7% x 2.6 = 571
MAM= 1587 - 571 = 1016

Total of Uruzgan and Kunduz
GAM = 11015 + 1587 = 12603
SAM = 5712 + 571 =6283*40% = 2513
MAM = GAM - SAM = 12603 - 6283 =6319

Indicator 1.1.4	NUTRITION	SA2- Number of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programmes			980	980	1,960

Means of Verification : HF register and HMIS reports
Monitoring reports

Total number of severly acutely malnourished children boys and girls 6-59 months admitted for treatment x 78% = 2513* 78% = 1960

Indicator 1.1.5	NUTRITION	SA2- Number of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programmes			1,725	1,726	3,451

Means of Verification : HMIS and HF register
Monitoring reports

Total number of moderately acutely malnourished children boys and girls 6-59 months admitted for treatment x 78% = 4424* 78% = 3451

Indicator 1.1.6	NUTRITION	SA2- Number of acutely malnourished pregnant and lactating women admitted for treatment		1,075			1,075

Means of Verification : Register and HMIS reports, Tally sheet
Supervisory and Monitoring Report

Pregnant and Lactating Women (PLW) = Total population x 8% = 11686
Pregnant and Lactating Women (PLW) x 9.2% = 11686*9.2% = 1075

Indicator 1.1.7	NUTRITION	Number of Pregnant and Lactating Women (PLW) treated and discharged from treatment program					839

Means of Verification : Register, HMIS and monitoring reports.

PLW admitted for treatment program X 78% = 1075*78% = 839

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.

Mobilizing and recruiting project field staff both female and male

The Kabul office key staff will be mobilized for recruitment of the the project staff, inception activities of the project, and coordinating project scope and implementation with the relevant stakeholders.

The mobile team will be having both female and male health care providers. The new IASC gender and age marker-2017 will be followed up for having equal opportunity to both women and men.

Activity 1.1.2

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.

Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.3

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.

Coordination and orientation of community influential figures in each district

The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation.

Activity 1.1.4

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.

Assessment of nutrition status of target (under 5 girls and boys, and pregnant and lactating women) by nutrition nurse in each mobile health team

The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and diagnosis by doctor those who require treatment will be admitted in the treatment program.

Activity 1.1.5

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.

Capacity building of Mobile Health Team staff on nutrition (OPD-SAM, OPD MAM, and PLW treatment program)

Equal training opportunity will be provided to both female and male health care providers, and gender balance will be strictly considered in the capacity building activities. Total 63 staff (27 female staff and 36 male staff) will be trained.

Total target beneficiaries for 7 different trainings are 156 (60 female and 96 male).

Activity 1.1.6

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.

Coordination meetings with Public Nutrition Department of MoPH and participating in Nutrition Cluster meetin

HealthNet TPO team will have coordination meetings with the public nutrition department of MoPH to get on time and regular support from the department and will closely coordinate the nutrition activities with the department and nutrition cluster.

Activity 1.1.7

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.

Providing IMAM services to children 6-69 months (both girls and boys)

Each mobile team will provide IMAM services to the target children both girls and boys inline with the MoPH standards for nutrition, through nutrition nurse and close support from public nutrition department of MoPH.

Activity 1.1.8

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.

Providing nutrition advice and treatment services for pregnant and lactating women in line with the MoPH standards for nutrition.

The nutrition nurse of mobile team will provide nutrition advice such as eat more food during pregnancy, take milk/meat/eggs in adequate amounts, eat plenty of vegetables and fruits, take medicines only when prescribed, take iron, folate and calcium supplements regularly, after 14-16 weeks of pregnancy and continue the same during lactation.

Activity 1.1.9

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.

Coordination with UNICEF and WFP for nutrition supplements

HealthNet TPO management team will coordinate with UNICEF and WFP for regular supply of nutrition supplements to the mobile health teams.

UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore these conflict affected provinces are in top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, so the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital.

Activity 1.1.10

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.

Provision of equipment, supplies and medicine for nutrition activities

The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women.

UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital.

Activity 1.1.11

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.

Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0 -6 months, and initiation of breastfeeding within one hour after birth.

The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.

Activity 1.1.12

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.

Referral of the Severely Acute Malnourished Children with complication to Therapeutic Feeding Unit (TFU) for hospitalization

The Severely Acute Malnourished Children having medical complications will be referred to the TFU of district hospital or provincial hospital for hospitalization.

Activity 1.1.13

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.

Submit monthly, quarterly and ad-hoc reports to nutrition cluster

HealthNet TPO will collect age and sex dis-aggregated data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to nutrition cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.14

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.

Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Additional Targets :

M & R

Monitoring & Reporting plan

HealthNet TPO M&E unit and project staff at provincial and central will lead and ensure proper monitoring and reporting mechanism. The process will start from a very standard and quality data registration, tallying and reporting from the mobile health team, community based activities, FPCs and fixed health centers in selected districts linked with this project. The monthly reports are submitted to provincial level, verified and feedback is provided. All month reports are entered into a standard data base, where it is linked with dashboard and reporting mechanism. The dashboard for the project will monitor the progress and flag the project staff on regular basis. The dashboard will be accessible to all project staff, and will receive the analysis on monthly basis.

Three levels of field monitoring are planned in this project. a) At mobile psychosocial team and FPC level, the in-charge will have the responsibility of daily monitoring of service provisions, their relevant Mobile staff performances, activities and quality psychosocial and GBV, child protection and other service delivery at community level, b) at provincial level the provincial project manager and technical team will monitor project sites on a weekly basis and c) the quarterly basis monitoring will take place from Monitoring and Evaluation Unit of HealthNetTPO and AHDS from Kabul.

HealthNetTPO will conduct a stakeholder planning workshop together with community, PHD and other staff which will be the base for program implementation and follow up. At the end of each monitoring visit, a report including strength, weakness and recommendation will be prepared and shared with relevant staff and stakeholders. An action plan will be developed and followed-up in subsequent visits. In addition joint monitoring with PPHD, immigration department and other stakeholders will also take place from the project sites.

HealthNet TPO will fully implement the UNOCHA “Remote Monitoring Guideline” and will facilitate the remote call monitoring for UNOCHA during the whole project period. All the required information as per the guideline will be provided to the UNOCHA and all the finding and gaps as a result of monitoring will be followed up by developing and implementation of remediation action plan where UNOCHA will be kept informed about the challenges and progress made in overcoming the challenges.

HealthNet TPO will submit the technical and financial report based on agreed reporting calendar and will also provide adhoc reports as per request of UNOCHA and monthly updates to the relevant clusters.

Data confidentiality: A process and experience is in place, where all information about GBV cases is kept confidential. The filing system and database will be kept within the focal point and only data collector and In-charge will have access. The coordination with only authorized and relevant authorities and actors will be made, where only required information, with consent is shared for follow up of cases and provision of required support. By no mean, the information will be public and available to any irrelevant internal and external bodies.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders’ interest and priorities.	2017										X		
	2018												
Activity 1.1.1: Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces	2017										X		
	2018												
Activity 1.1.1: Mobilizing and recruiting project field staff both female and male The Kabul office key staff will be mobilized for recruitment of the the project staff, inception activities of the project, and coordinating project scope and implementation with the relevant stakeholders. The mobile team will be having both female and male health care providers. The new IASC gender and age marker-2017 will be followed up for having equal opportunity to both women and men.	2017										X	X	
	2018												
Activity 1.1.10: Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.10: Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			

Activity 1.1.10: Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital.	2017										X		
	2018	X			X			X						
Activity 1.1.11: Conduct community mobilization through community dialogue sessions There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.11: Data collection, compilation, analysis and feedback on monthly basis Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.11: Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth. The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth. The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit, The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes. The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.12: Procurement and supply of basic medicines, medical supplies and medical equipment Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.	2017										X		
	2018	X			X			X						
Activity 1.1.12: Referral of the Severely Acute Malnourished Children with complication to Therapeutic Feeding Unit (TFU) for hospitalization The Severely Acute Malnourished Children having medical complications will be referred to the TFU of district hospital or provincial hospital for hospitalization.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		

Activity 1.1.12: Training of health care providers on GBV case identification, management and referral. Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.	2017											X	X
	2018	X	X	X	X	X							
Activity 1.1.13: Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.13: Submit monthly, quarterly and ad-hoc reports to GBV cluster HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.13: Submit monthly, quarterly and ad-hoc reports to nutrition cluster HealthNet TPO will collect age and sex dis-aggregated data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to nutrition cluster on monthly, quarterly and ad-hoc basis.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.14: Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.14: Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.14: Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis. Carry out communication and visibility activities in line with CHF visibility guideline	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.15: Submit monthly, quarterly and ad-hoc reports to health cluster HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.	2017										X		
	2018	X			X			X					
Activity 1.1.2: Coordination and orientation of community influential figures in each district The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation. The health shuras established in the communities will be having both female and male members.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			

Activity 1.1.2: Establish Family Protection Centers (FPCs) in Uruzgan and Kunduz provinces Two FPCs will be established (one in Uruzgan provincial hospital and one in Khanabad CHC of Kunduz). Each FPC will have 4 staff (1 Female MD, 1 Psycho-social counselor, 1 Data collector and 1 support staff). The Family Protection Center is a health response to GBV seeking to integrate professional assistance (psycho-social, medical and legal support and referral services into the health sector) and act as a one-stop assistance center. This is implemented in several provinces, where HNTPO implements the center in six provinces with support of UNFPA and in close coordination with MoPH. This is approved by MoPH and it is a standard model in expansion for implementation. Services will be provided in culturally appropriate environment through female health workers for women and children (girls) at risk. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district, and in Uruzgan provincial hospital in Trinkot. SDPs will be in the location, where maximum of IDPs are present and has access, and FPCs will be in Khanabad district of Kunduz and in Trinkot of Uruzgan. The FPC will be the referral and coordination center for GBV cases for provision of health and psychosocial support and referral and coordination for legal and safety services. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. The centers will be established in first month of the project (inception). As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district. All other CFS and WFSs will be established and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs and WFSs will be also in the proximity of these SDPs. Since, its integrated approach of health, protection and nutrition, therefore the protection services are integrated with health and nutrition, the clients visiting mobile team or FPCs will also be provided with medical and nutrition services if required	2017										X	X	
	2018												
Activity 1.1.2: Orientation of project staff, PHD and other stakeholders on project scope and plan During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.	2017										X		
	2018												
Activity 1.1.3: Conducting rapid assessment of situation and needs of target population HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population.	2017										X	X	
	2018												
Activity 1.1.3: Coordination and orientation of community influential figures in each district The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.3: Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.4: Assessment of nutrition status of target (under 5 girls and boys, and pregnant and lactating women) by nutrition nurse in each mobile health team The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and diagnosis by doctor those who require treatment will be admitted in the treatment program.	2017										X	X	
	2018												

Activity 1.1.4: Finalizing Service delivery points (SDP) with close cooperation of PPHD, community and other relevant stakeholders During the inception phase of the project, Service Delivery Points (SDPs) will be finalized in close coordination and cooperation of PPHD and community.	2017										X	X	
	2018												
Activity 1.1.4: Provision of dignity kits to GBV survivors (women and girls of reproductive age) The beneficiaries for this activity are targeted GBV survivors, adolescent girls, pregnant women and lactating women. All of these groups will be provided with dignity kit, planned and budgeted The dignity kits are important to cope in stressful and potentially overwhelming humanitarian situations. Supporting women's and girls self-esteem and confidence.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.5: Capacity building of Mobile Health Team staff on nutrition (OPD-SAM, OPD MAM, and PLW treatment program) Equal training opportunity will be provided to both female and male health care providers, and gender balance will be strictly considered in the capacity building activities. Total 63 staff (27 female staff and 36 male staff) will be trained. Total target beneficiaries for 7 different trainings are 156 (60 female and 96 male).	2017											X	X
	2018	X											
Activity 1.1.5: Establish Women Healthy Friendly Spaces (WHFSs) in Uruzgan and Kunduz provinces Women Healthy Friendly Spaces (WHFSs) will be established as integrated with Community Support Groups and Child Friendly Spaces (CFSs) established in services delivery points. We have two staff at field level to support CFS/WFS/Psychosocial activities. These two staff are in addition to the mobile health team, where focus is on community based interventions. Beside that we have one community mobilizer for each MHT, who will facilitate and prepare the ground for implementation of activities for our field team. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. WHFSs as per discussion with the sub cluster and need of the population will be established in all districts and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and WFSs will be also in the proximity of these SDPs.	2017										X	X	
	2018												
Activity 1.1.5: Provide primary health care, psycho-social and nutrition services to the most vulnerable target population in the target districts through mobile health teams. Maternal services will include but not limited to ANC, Natal and PNC, Family Planning and immunization. The multidisciplinary team having both female and male staff will provide primary health care including maternal health services, nutrition, psycho-social and GBV as an integrated approach through mobile team, FPCs, WHFSs and CFSs. Total 50816 women, 38335 girls, 36831 boys and 48824 men will reach through mobile teams and will be provided with basic health care services and required psycho-social services by the team comprising of female and male qualified health care providers.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.6: Capacity building of Mobile Health Team staff (HMIS, RH, EPI, RUM, Nutrition, Mental Health, Psycho-social and GBV) The health care providers will be trained on very necessary trainings related to their scope of work such as HMIS for case management, regular data collection, data use, reporting, Reproductive Health to Community Midwives, RUM to strengthen rational prescription, Nutrition to Nutrition Nurses to properly diagnose and treat malnourished children, mental health and psycho-social and GBV trainings. These training will be conducted in-line with the training plan (uploaded to the GMS) Total 63 staff (27 female and 36 male) will be trained during the entire life f the project and equal training opportunity will be given to both women and men staff. Total target beneficiaries for 7 different trainings are 156 (60 female and 96 male).	2017											X	X
	2018	X	X	X									

Activity 1.1.6: Conduct blanket psycho-social sessions with target communities in general, women and girls specific through female psycho-social counselors HealthNet TPO will establish Women Healthy Spaces, where female Psycho-social counselors will be hired to provide support group sessions, and individual case management to the conflict affected women and girls.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.6: Coordination meetings with Public Nutrition Department of MoPH and participating in Nutrition Cluster meetin HealthNet TPO team will have coordination meetings with the public nutrition department of MoPH to get on time and regular support from the department and will closely coordinate the nutrition activities with the department and nutrition cluster.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.7: Establish case management committee at provincial level Case management committee will be established one in each target province to ensure GBV cases are successfully followed up and managed by relevant actors.	2017										X	X	
	2018												
Activity 1.1.7: Provide daily health promotion sessions on Family Planning, maternal and child health, mental health, immunization, and behavior change communication for target beneficiaries Health education on different topics particularly focusing on maternal and child health to women, vaccination, mental health and psycho-social, behavior change communication will be regularly conducted by each individual relevant staff.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.7: Providing IMAM services to children 6-69 months (both girls and boys) Each mobile team will provide IMAM services to the target children both girls and boys inline with the MoPH standards for nutrition, through nutrition nurse and close support from public nutrition department of MoPH.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.8: Follow up of the referred GBV cases with the FPC and other relevant sectors HealthNet TPO will establish a follow up mechanism for multi-sectoral services (medical, psycho-social, security and legal) required for GBV survivors through a referral mechanism in-line with survivor centered approach.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.8: Participating in coordination meeting at provincial and central level All relevant meetings both at provincial and central levels will be attended by the field and Kabul management team. The team will take part in the following meetings at provincial, regional and central level: 1. Attending Monthly PPHCC meeting at provincial level 2. Attending monthly sub committee meetings such as HIS, EPI, Nutrition, IMCI, infection prevention etc. led by PPHD 3. Attending provincial GBV case management committee meeting 4. Attending protection cluster meetings at provincial and regional as per schedule 5. Attending health cluster meetings at central and regional on monthly basis 6. Attending protection and its sub committees on monthly basis 7. Coordination meetings with BPHS and EPHS implementers and other stakeholders as per need The coordination will require for all activities under health, protection and nutrition thematic areas. This will be in separate committee meetings and also under health, in PPHC monthly meetings. The three thematic area, is grouped and will be managed under MHT approach, where good coordination and referral mechanism from community to mobile health teams and onward will be required.	2017										X	X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.8: Providing nutrition advice and treatment services for pregnant and lactating women in line with the MoPH standards for nutrition. The nutrition nurse of mobile team will provide nutrition advice such as eat more food during pregnancy, take milk/meat/eggs in adequate amounts, eat plenty of vegetables and fruits, take medicines only when prescribed, take iron, folate and calcium supplements regularly, after 14-16 weeks of pregnancy and continue the same during lactation.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.1.9: Conduct coordination meetings with the Women Healthy Friendly Spaces and Family Protection Centers for referral and reporting of GBV cases The mobile psycho-social and health teams will have regular monthly meetings with the WHFSs and FPCs staff to strengthen referral, follow up and reporting mechanisms of the GBV services.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			

Activity 1.1.9: Coordination with UNICEF and WFP for nutrition supplements HealthNet TPO management team will coordinate with UNICEF and WFP for regular supply of nutrition supplements to the mobile health teams. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore these conflict affected provinces are in top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, so the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital.	2017										X		
	2018	X			X			X					
Activity 1.1.9: Develop and operationalize two ways referral services. Two way referral system between mobile teams and high level health facilities such as CHC, DH and PH will be established. There will be two ways coordination between Mobile team and BPHS (CHC, DH) and Provincial Hospital. In this system patients who no longer need DH or PH care are referred back to Mobile team for primary health care. The referral centers will include the BHC/ CHC or district hospitals in all targeted districts. beside that, if facilities and services are not available, the cases are referred to the provincial hospital. Depending on situation, if due to security the public health facilities are closed, the cases are then referred directly to the provincial hospitals. The staff will be oriented on two way referral, tools will be provided and follow up is made by our community team, to assess continuation of the needed and assistance.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			
Activity 1.2.1: Conduct baseline assessment for mapping of actors and situation analysis of CPiE services in the target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)} HealthNet TPO will conduct an assessment to address children particularly the most vulnerable children in the community - for focused response (health, psycho-social, GBV, play and recreational activities), and mapping of the relevant actors to improve coordination and collaboration among relevant stakeholders.	2017										X	X	
	2018												
Activity 1.2.10: Submit monthly, quarterly and ad-hoc reports to protection cluster	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.11: Conduct monitoring of the Child Protection activities; 1) By In-charge of the mobile team on weekly basis, b) By Provincial Management on fortnightly basis, and 3) By Country office M&E department on quarterly basis.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		

Activity 1.2.2: Establish Child Friendly Spaces (CFSs) as integrated with the Support Groups and Women Healthy Friendly Spaces in the target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)} HealthNet TPO will establish CFSs where integrated humanitarian assistance such as health, psycho-social, GBV, play and recreational will be provided to the most vulnerable children in the target districts. The CFS will support include the following key activities; 1. Play and recreational activities for children, such as sports, arts and cultural activities provided in a structured manner to restore a sense of predictability and continuity. 2. Awareness raising on prevention of violence and separation, key health issues such as HIV/AIDS, nutrition, hygiene promotion, waste management, and disaster preparedness. 3. Use of space for other community activities such as mother or parent groups and other community gatherings. 4. Encouragement of civil society organizations to use the CFS to organize their activities. 5. Awareness raising of children and their families about landmine hazard and precautionary measures, The purpose of CFS is to support the resilience and well-being of children and young people through community organized, structured activities through proactive and reactive approaches conducted in a safe, child friendly, and stimulating environment. It will be integrated services and the mobile psychosocial team will provide the proposed integrated activities in the same place (health, nutrition, protection) and the psychosocial team will mobilize the community for access and linking with other components and basic needs likewise WASH activities. The activities will include the understanding main challenging the children face, provide them with health, psychosocial, mental, nutrition, learning, recreation activities and safe environment to live. We will connect with WASH activities in the targeted areas and districts. The mapping of IDPs and target group will define the cluster of children to be targeted. The next step will be to identify a unique structure or facilities for each community to link with CFS. The CDC, health shura or any other community based committees will be the first entry point. This will be done through their representatives and individual head of families. Our community mobilizing will play the key role to identify the individuals and groups, for linkage and coordination in each community. The community mobilizers and community support team, then will identify the children to be enrolled and supported. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. CFSs, as per discussion with the protection cluster and need of the population, will be established in all districts and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs will be also in the proximity of these SDPs.	2017										X	X	
	2018												
Activity 1.2.3: Understanding the Daily Routines of Children and Families The project team will understand the daily routines of children and families through a consultative meetings with the children families, and based on these routines will do the planning for daily chores.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.4: Assessing the scope and quality of available resources in the community in participatory way The project team will assess the scope and quality of available community resources such as material, human, media tools or facilities, and play grounds.	2017										X	X	
	2018												
Activity 1.2.5: Identify the needs of children and Gaps in Service Provision The needs of children and gaps in the CPiE service provision will be identified through the assessment and will be shared with the relevant stakeholders and UNICEF for the required support.	2017										X	X	
	2018												
Activity 1.2.6: Provision of life-saving health, psycho-social, and GBV services to the affected children both girls and boys in target districts {5 districts of Uruzgan (Chora, Dihrawud, Khas Uruzgan, Shahidi Hassas and Tirin Kot) and 4 target districts of Kunduz (Chahar Dara, Dashte Archi, Imam Sahib and Qalay-I-Zal)} The mobile team will provide health, psycho-social and GBV services to the children on regular basis visiting the CFSs.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X			

Activity 1.2.7: Teaching and practicing recreational activities to keep children active HealthNet TPO will purchase required equipment for recreational activities to children and will teach to keep them active.	2017										X	X
	2018	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.8: Organize orientation and emergency training for health care providers on child protection and psycho-social support in emergency setting. The health care providers will be trained on child protection and psycho-social support in emergency setting during the inception phase of the project.	2017										X	X	
	2018												
Activity 1.2.9: Establish referral mechanism in collaboration with provincial department of labour and social affairs in child protection action network (CPAN). The referral mechanism will be established. Those cases need assistance will be referred to the CPAN to meet the protection and other needs of children HealthNet TPO will provide the proposed intervention for GBV survivors through static and mobile approaches, and this referral of GBV cases and follow up will be between Family Protection Centers and Mobile teams for further management of the GBV cases. The staff of health facilities are trained on identification, provision of GBV services and referral of cases. The FPC established will provide physical and mental/ psychosocial support, where will assist them for access to legal and protection services available in the province. The FPC team will support those cases that they need for legal services and will refer them to the legal department of the province for further assistance and strictly followed with relevant actors/ departments	2017										X	X	
	2018												

OTHER INFO

Accountability to Affected Populations

HealthNetTPO and AHDS has already established networks and stakeholder relationship through its previous and ongoing programs in Uruzgan and Kunduz provinces. The accountability to affected populations will be ensured through Resource Mapping and Mobilization (RMM) approach which is focused on improving overall health, well being and resilience of the affected populations by involving affected communities in achieving a collective goal and mobilization of existing resources within the affected populations and communities around them. The approach has been revised based on the lessons learnt from project implemented with conflict-affected groups of women and children in Afghanistan.

Informal and formal feedback mechanisms will be developed from which the affected populations will be able to provide feedback on the services provided by HealthNet TPO and AHDS. For example, HealthNet TPO will establish a committee made up of key influential figures from target IDPs to have oversight of the mobile psychosocial, GBV and basic health services. This will provide a supervisory and advisory role to guide the mobile team to perform better and be responsive to the needs of IDPs. This way the affected populations can contact the key community leaders who will play a bridging role between the community and mobile heath team. Secondly, the affected populations can also directly raise their issues with mobile team, field team, FPC staff and members of the monitoring visit. The regular stakeholders coordination meetings and joint monitoring visits will also provide suggestions on how services can be made more responsive to the needs of the affected populations and how maximum accountability to the affected population can be ensured. Based on the feedback of affected populations, community leaders and other stakeholders, necessary modification will be made in the project approach, considering the objectives of CHF allocation, budget availability and eligible actions.

The key approaches toward accountability to affected population will be;
a) In the inception phase will have a kick off meeting with all the stakeholders including the representatives from the targeted communities, where detailed orientation on the project objectives, indicators, activities and outputs will be provided.
b) The affected population will be involved in project implementation through community health shuras to give them sense of project ownership.
c) Regular monthly meetings with the community health shuras, where they will be updated about the project progress, challenges, and necessary support will be asked from the community representatives for smooth implementation of the project. After each meeting they will be invited to have monitoring of the project, and their recommendations will be taken into consideration in-line with the project scope. The minutes of the meeting will be recorded and followed up by the project manager.
d) Complaints mechanism: In order to get in touch with the community and reach their problems, complaint mechanism will be established and complaint boxes will be installed in FPCs, one in each MHT, where patients/clients can put their anonymous complaints easily and then on monthly basis these complaint boxes will be checked together with the health shura members and collected complaints will be reviewed and actions will be taken accordingly.
e) Patients/Clients Satisfaction: The patients/clients satisfaction will be assessed on semi-annual basis to know how much patients/clients are satisfied from the health services delivery, staff attitude and behavior. The findings of the assessment will be taken into consideration by the management team.
f) Awareness of the project staff on accountability to affected populations: The project staff will be oriented on principles of Accountability to Affected Populations and what is expected of them during the project implementation.

Implementation Plan

The proposed project will be implemented in two phases, inception and implementation, considering our existing experience and preparation needed. The inception phase of about 1 month will focus on activities for preparing the team for the implementation of the project activities. This includes the assessment of the targeted population needs, coordination with community and provincial authorities, mobilization of the team, logistic and administrative set up and wider stakeholder coordination and consultations. This is very important as good preparation and early networking with relevant stakeholders, will facilitate the smooth implementation of planned activities. Some of the activities of the inception phase include: recruitment and mobilization of staff, training/orientation of staff on project specific objectives and output, procurement of medical and non medical equipment, coordination with provincial stakeholders and signing of MoU with service providers for referral of cases needing advanced medical, nutrition, child protection, psychosocial and GBV services. During the inception phase, HealthNetTPO in close coordination with the local BPHS implementer in Kunduz and Uruzgan (AHDS our partner) and other stakeholders to re-look on services delivery points to avoid duplication and complement each others' work. Important will be the coordination with WASH implementer in the target districts.

The 11 months of implementation phase will focus on providing mobile psychosocial, GBV, nutrition, child protection, FPC and basic health services through health promotion sessions, orientation on psychosocial and GBV issues, doctor's consultation and provision of basic medication, community based psychosocial support groups (CFS and WHFS) and recreational activities for the children.

In each district will have a mobile team comprising a diverse team as explained earlier, will daily travel to the villages/locations where IDPs are settled and will provide health education to a large population of IDPs and host communities on all areas of health specially on psychosocial and mental health, reproductive health, GBV, nutrition, family planning, antenatal and post natal care, child health and immunization. Similarly, the psychosocial workers will provide psycho-education and psychological first aid to the distressed IDPs and members of the host communities. During health promotion sessions and psycho-education sessions, the information will be given to the audience that if they need further medical or psychosocial support they should provide their names to the staff. The staff will have a group session with people who have registered for further medical and psychosocial support and based on their needs, either the staff will provide onsite basic health and psychosocial services or will make timely referral to the nearly service providers. The mobile teams will come together on a monthly basis to share the progress, challenges and possible solutions to address the challenges. This inter district mobile team exchange will help strengthen each other's capacity as there will be cross-learning among the team members. The mobile team will hold monthly sharing meeting community members and key stakeholders to ensure the delivery of services in security compromised and hard to reach areas. A system for proper referral to FPCs and support through FATPs in fixed centers and treatment and referral of GBV cases will be established.

As mentioned above the project will be monitored from the community level itself as well as from provincial and Kabul level monitors. In addition to these monitoring visits, HealthNetTPO will also facilitate remote monitoring call for UNOCHA during the period. Based on recommendations of the monitoring visits, necessary changes will be brought in service delivery mechanisms and follow up supervision will be conducted to ensure that changes are correctly implemented and lessons learnt are documented.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
AHDS	Partner and BPHS implementer in Uruzgan province. The organization fixed health centers will be used for GBV IDP case, counseling, treatment and referral to FPC at provincial center. Beside that the organization will be managing the FATP services in the health facilities. AHDS will be also running one mobile health team, where HealthNet TPO will provide the support for protection activities.
OHPM	BPHS implementer in Kunduz, where we have reached agreement to run the four mobile health team and protection and nutrition services in four targeted districts of Kunduz. While, OHPM will be running the mobile team in Khanabad, where supported by our team on protection activities mainly, psychosocial support. Beside that we plan to establish a FPC in Khanabad DH, which will be closely worked and established at OHPM facility.
PPHD	PPHD in both provinces, will be oriented on project plans and activities, where they will be fully engaged at different stage of implementation of the project.
Health Cluster	Attending Health Cluster meetings, providing updates on health services provision,close coordination with cluster about health issues and get support.
Protection Cluster	Attending APC and /provincial.regional protection meetings, providing updates on protection services and get support from the cluster

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The main focus of proposed activities is to provide health,nutrition, protection and psychosocial support to IDP mainly women and children. The project aims to improve health status, reduce gender based related violence and ensure psychosocial well being of conflict induced IDPs, particularly the most vulnerable women and children. HealthNet TPO, at the pre-proposal assessment phase, identified the estimated number of men, women, boys and girls who are in need to psycho-social, GBV and basic health services. To cater the specific needs of women and girls identified at the assessment phase and facilitate cultural health seeking behaviors, the female health workers and psycho-social workers will be mobilized during the program implementation. Gender mainstreaming has been the guiding principle for this project, with special focus on GBV related activities to be provided in culturally appropriate gender sensitive manner. Efforts are made to keep a decent balance between male and female staff and an equal opportunity for their capacity building. The proposed activities contribute significantly to gender equality in the following ways: a) provision of services in culturally appropriate environment through qualified female health workers and psycho-social workers, b) provision of specific training/workshops for female staff enabling them to i) provide psycho-social, nutrition, health, GBV and basic health services, ii) identify risk factor and symptom of gender based violence and iii) to provide skill to facilitate group session to increase positive coping mechanism of the affected populations . Service delivery locations will be selected in such a way that women and girls feel comfortable to seek services. For focused psycho-social and GBV services, privacy and confidentiality are very important so the secure places suggested by the clients will be selected and used for individual and group sessions.
The reporting format will be designed in a way that gives disintegrated data for men, women, girls and boys. To get the real picture of the issues around women, child and GBV, HealthNet TPO will mobilize female supervisor and monitors.

Protection Mainstreaming

The proposal will focus on protection mainstreaming and integration in the targeted districts and provinces.

People who have left their houses, community and are separated from their family members due to conflict face many traumatic situations. This trauma also follows them where they have settled as IDPs. Therefore, raising awareness on factors responsible for the onset of psychosocial and mental health problems, providing information about positive coping mechanisms and ensuring the provision of psychosocial, GBV and mental health services for IDPs is paramount for the overall wellbeing of IDPs.
The protection mainstreaming will be ensured by undertaking the following inter-connected and inter-related components.
1) Efforts to ensure safety and human dignity: The mobile health team, in consultation with community stakeholders, will select the safe venue to provides health, psychosocial and GBV services. Female health workers will be mobilized to ensure the cultural norms and dignity of women and girls that come to seek services.
2) Access to all: To ensure the access of all beneficiaries including women, children, the elderly, the disabled , the mobile team will make home visits and provide services on the spot. Secondly, special queue system will be managed for elderly and disabled to ensure their timely and hassle-free access to the services. The physical space from where services are provided, will be made disabled friendly such as having space to put the wheelchairs. As women and children are in most vulnerable situation, they need focused and specialized interventions. Hence, HNI TPO will organize child friendly psychosocial group interventions including recreational activities and safe and confidential places for women support group sessions. The mainstreaming of psychosocial and GBV issues in health sector is important. To achieve this goal, the basic health services will be used as entry points in the community to identify people in need of psychosocial and GBV services and these services will be provided an in integrated way along with the basic health service package.
3) Accountability: The community will be engaged in project implementation, monitoring and closeout. Feedback mechanism from the community will be in-placed, through which they will measure the adequacy of interventions. Complaints boxes will be installed on mobile team vehicle, where the community can put their anonymous complaints, questions, or suggestions. These comments will be reviewed in systematic way and will be responded in-line with the project scope. The members of the health committee will be given the phone numbers of the project team leader based at provincial level and one of the senior staff at Kabul so that they could refer their complaints directly to senior staff and be followed at higher level.

4) Participation and empowerment: The affected population will participate in the humanitarian interventions through regular meeting, monitoring from the services delivery points, sharing information with them and freedom of expression, so as they will be empowered to share their views about program improvement and participate in decision making. Based on the suggestions from the clients/ community stakeholders, changes will be made in the project implementation plan.

Country Specific Information

Safety and Security

HNI TPO has standard safety and security operation procedures where all measures regarding safety of its staff and its premises are being considered. HN TPO has a security department led by security in charge and has focal person in each and every province. The staff is being advised by them before movement to provinces and from provinces to field. The security and safety is the top priority for the organization employees and premises. HNI TPO, as an organization, claims sole responsibility to determine the possibility and need to work in tension areas and war-zones and the acceptability of the ensuing risks. We must ensure the provision of risk minimizing measures through the devising of adequate security plans and the promotion of active awareness among the team-members by the responsible field and Headquarters Managers.
HNI TPO obliges itself to clarify relevant risks to volunteers, provide proper security measures and appropriate insurance conditions. The responsibility for the implementation of HNI TPO's security policy lies with the Operational Director at Headquarters and Head of Mission Afghanistan and applies to all HNI TPO projects in Afghanistan. The Head of Mission of HNI TPO and the Afghanistan Management Board (AMB) may at all times decide to diminish, suspend or terminate (intended) project activities when security risks are considered too high or if risk minimizing measures are considered unacceptable, decisions which at all times must be strictly followed by all HNI TPO staff.
Providing safe and secure working environment and maintaining continuity of employment is of continual concern. HNI TPO will not knowingly permit unsafe conditions to exists, nor will it permit employees to indulge in unsafe acts. Violations of HNI TPO rules and regulations will result in disciplinary action.
The UNAMA report "Protection of civilians in armed conflicts-2016" reported 3.7% increase in the number of civilian casualties due to the ongoing clashes between AGE and ANSF in 2016 compared to 2015. During 2016, a total of 74 threats and intimidation against health facilities have been reported, resulting in the temporary closure of at least 20 health facilities.

Adequate guidelines and instructions, staying out from off-limit/conflict areas, intensive monitoring of situation, restricting and/or reducing movements to areas of operation, changing movement routs, keeping several hundred meters distance from military vehicles and checkpoints, keeping good relations with community and other measures can help to mitigate the risks.

The team active in each district, will be mainly recruited from the same location and will have an in depth knowledge of community restrictions and sensitivities. Beside that the team will have access and entry to the community, where will easily implement the designed activities. We will use health as entry point, where all components, health, nutrition and protection, will come as an integrated approach. Issues such as separate groups for women and men, boys and girls, will be essential for proper implementation. Beside that the team will comprise both male and female workers that can easily access the women and girls. The location of activities, considering easy access and safety will be considered, to ensure women and girls can easily utilize and feel save. Importantly, our presence and experience on the planned activities in Afghanistan, will make is risk free and implementable.

Environmental Impact: HealthNet TPO will orient all staff on the waste management policy of MoPH during the first month, and during the training session. The waste management guideline of MoPH will be fully implemented and followed up. All wastes will be properly collected and disposed in order to avoid hazardous of the wastes on environment.

Access

The access of the IDPs and host communities are increased to basic health, nutrition and protection services due to:
1. Nine mobile health and psychosocial teams are established in the target districts providing services through selected Service delivery. points where pool of IDPs and returnees exists
2. Community based services are provided in all targeted districts in Kunduz and Uruzgan provinces, that includes psychosocial, support groups for child and women friendly spaces, GBV and referral.
3. FPC established in Terinkot provincial hospital and Khanabad CHC, and HF staff are trained to provide counseling, treatment and referral services
4. Recreational and literacy/education clases are held for children
5. Nutrition services including IMAM and micro-nutrient are provided to women and children in need

These interventions will be very much targeted towards IDPs and will result into better access of IDPs and host population to quality services.

Coordination with Community: A meeting will be held at district and important at service delivery points with traditional leaders and influential figures representing the IDPs and host communities. In the meeting, the objective of the program and main activities will be explained and clarification is provided. The role of community and support will be clearly defined and a committee for each SDPs will be available to provide required support from community and coordinate at local level. The mapping of influential figures and regular contact will be critical, where community mobilizers will lead the process and prepare the ground for technical team to operate.

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	Medical Doctors (Kunduz & Uruzgan)	D	9	650.00	12	100.00	70,200.00
	"HNTPO will hire total of 9 MDs for 9 Mobile health and psychosocial team (one for each) in 4 for Kunduz and 5 for Uruzgan will be responsible for provision life-saving primary health services to the IPDs and host communities based on monthly plan on regular bases. He will be also team leader of the mobile health and psychosocial team responsible for performance follow up of other MHT staff, coordination with local communities, provision of on the job training to subordinates and monthly reporting "						
1.2	Nutrition Nurse (Kunduz & Uruzgan)	D	9	350.00	12	100.00	37,800.00
	"HNTPO will hire total of 9 Nutrition nurses for 9 Mobile health and psychosocial team (one for each) to provide the nutritional health services to the IPDs.						
1.3	Psycho-social Counselor (Kunduz & Uruzgan)	D	18	400.00	12	100.00	86,400.00

	HNTPO will hire total of 9 psycho-social counselors by start of the project including 9 male and 9 females two for each team . They will receive TOT by and then will be responsible for provision of psycho-social services in the targeted areas of the IDPs based on monthly schedule. They will also conduct training on GBV and family violence and facilitate recreational activities to the children at targeted areas level.						
1.4	Midwife for (Kunduz & Uruzgan)	D	9	550.00	12	100.00	59,400.00
	Midwife will provide RH,Safe motherhood (ANC, PNC, deliveries) services,						
1.5	Community mobalizers (Kunduz & Uruzgan)	D	9	300.00	12	100.00	32,400.00
	9 community mobilizers will be hired to mobilize the community in target areas for mobilization regarding community psychosocial response and preventive services for IDPs and also will mobilize the community regarding basic needs and how to link them with other actors						
1.6	Community based CFS/WFS/PS officer	D	18	300.00	12	100.00	64,800.00
	18 Community based CFS/WFS/PS officer will be hired to create community based child-friendly space ,women-friendly space in the community.						
1.7	Guards/ Cleaner (Kunduz & Uruzgan)	D	6	280.00	12	100.00	20,160.00
	6 guard/cleaner for Provincial offices will be hired to provide support to the provincial office 3 in Kunduz and 3 in Uruzgan						
1.8	Project manager	D	1	2,400.00	12	100.00	28,800.00
	Responsible for overall management of the project including supervision, monitoring, reporting and coordination and technical support to the staff for better performance. He is also responsible to liaise, communicate and coordinate with donor, MoPH and other relevant organs.						
1.9	Female Medical Doctor for FPCs	D	2	1,000.00	12	100.00	24,000.00
	HNTPO will hire 2 Female Medical doctors for Family protection center in Kunduz and Uruzgan to provide PHC services for GBV survivors and she will be responsible for overall management of the FPC.						
1.10	Female Psycho-social Counselor for FPC	D	2	350.00	12	100.00	8,400.00
	HNTPO will hire 2 female psycho-social counselors by start of the project for FPCs in Kunduz and Uruzgan. They will provide counseling services to the affected GBV survivors.						
1.11	Female M&E & Data record keeper for FPCs	D	2	350.00	12	100.00	8,400.00
	She will be responsible for daily record keeping of the GBV cases and also referring the GBV cases to the relevant stake holders for legal and safety services.						
1.12	Guards/ Cleaner for FPCs	D	2	250.00	12	100.00	6,000.00
	1 Guard/Cleaner will be hired one for each FPC in the Provinces						
1.13	Admin/Finance officers for Kunduz and Uruzgan	D	2	700.00	12	100.00	16,800.00
	2 Admin/Finance will be hired for the provincial offices. We have planned very limited staff, and also combined the positions. The position holder will be responsible for all admin, HR, Finance and Logistic activities in the province.						
1.14	Provincial Technical/M & E officer (Kunduz & Uruzgan)	D	2	1,000.00	12	100.00	24,000.00
	Responsible for overall Management, supervision, coordination and reporting of psychosocial support team in Uruzgan and Kunduz province. He/She will conduct regular supervision and monitoring from psycho-social team, liaise communicate with provincial stakeholders and develop/submit reports.(The salary includes $ 113 benefits such as Severance pay, medical,capital allowance and Eid bonus)						
1.15	Head of Mission	S	1	8,200.00	12	10.00	9,840.00
	For planning, organizing, guidance, technical support and ensuring the organization procedures application and follow up. Coordination with different stakeholders and reporting. 10% of his contracted salary including benefits(285$ pension allowance,364$ living allowance and 37 $ is Eid bouns) will be charged to this project.						
1.16	Managing Director	S	1	5,000.00	12	10.00	6,000.00
	The managing director will be doing overall follow up of the implementation and ensuring those donor requirements are met. 10% of his salary will be charged in this project						
1.17	Finance director	S	1	4,000.00	12	10.00	4,800.00
	He will be looking overall financial management of all program including this project. 10% of Finance director will be charge						
1.18	Finance Officer (Kabul base with frequent travel to field)	S	1	800.00	12	50.00	4,800.00

	Responsible for project financial reporting and management.He will also conduct regular supervision and monitoring from project offices/service delivery points in order to ensure financial proper financial documents, application of HNI-TPO financial requirements/procedure and ensuring each transaction is made according to project approved budget his 50% salary will be charged to this project						
1.19	Internal Auditor	S	1	1,200.00	12	50.00	7,200.00
	The internal auditor will be engaged in the internal audit and strengthening the internal control system by conducting regular risk assessments of the project and recommend for improvement. The budget amount is reduced to 50%, that will be allocated for this project.						
1.20	Vaccinator	D	9	300.00	12	100.00	32,400.00
	One vaccinator for each mobile team will be hired for vaccination services to women and children						
1.21	Program Director	S	1	3,000.00	12	10.00	3,600.00
	Provides technical support to project implementation team, attends coordination meetings at central level, leading the project management team						
	Section Total						**556,200.00**
2. Supplies, Commodities, Materials							
2.1	Essential Drugs /medical supplies for MHTs (Uruzgan & Kunduz)	D	9	2,560.00	4	100.00	92,160.00
	2560USD is allocated per quarter per MHT that include the essential medicine which is based on HNTPO experience in implementation of MHTs, local need and assessment report/recommendation of the team. HNI TPO will procure the medicine on quarterly bases from quality suppliers in the country and will make sure sufficient supply and drugs are available for daily use as well as buffer stock to cover unexpected emergencies. The medicines included in MoPH essential medicines list (attached as BoQ) will be purchased.						
2.2	Office supplies /Stationary for Uruzgan and Kunduz MHTs and Provincial offices	D	2	300.00	12	100.00	7,200.00
	Stationary include pens, pencils, note books, white paper, printer cartage, Cleaning materials and other supplies needed for smooth running of office activities.						
2.3	HMIS tools for MHTs and FPCs in Kunduz and Uruzgan	D	2	200.00	12	100.00	4,800.00
	HMIS tools for MHTs and FPCs for the reporting and record keeping services of MHTs and FPCs						
2.4	Supplies, material and stationery for recreational activities for childern	D	2	625.00	12	100.00	15,000.00
	Supply of recreational materials including of stationary for drawing activities, sports materials and others, BoQ is attached						
2.5	Refreshment cost of support group and community meetings	D	9	100.00	12	100.00	10,800.00
	Support group for women having psychosocial problems to provide them refreshment and also coordination meetings at community level for IDPs on monthly basis three meeting will conducted per MHT for 10-15 people and the cost is calculated 2000 Afs per meeting to provide them basic refreshment						
2.6	Trainings (Uruzgan and Kunduz)	D	1	13,600.00	1	100.00	13,600.00
	7 different training such as GBV case management, HMIS, RH, mental health and psycho-social, nutrition, RUM and child protection will be carried out to MHTs and FPCs staff. Total 156 beneficiaries (60 female and 96 male) will received mentioned relevant training.						
2.7	Tansportation of Drugs & Supplies to proviences	D	2	200.00	4	100.00	1,600.00
	HNTPO will supply the medicines and supplies on quarterly bases to the Provinces thus USD 100 is budgeted for each provinces per quarter from Kabul to Kunduz and Uruzgan						
2.8	Essential Drugs /medical supplies for FPC (Uruzgan & Kunduz)	D	2	1,333.00	4	100.00	10,664.00
	1333 USD is budgeted per quarter per FPC						
2.9	Dignity kit for IDP families	D	2500	21.00	1	100.00	52,500.00
	2500 Dignity kits are foreseen for highly in need families of IDPs for both Uruzgan and Kunduz provinces will be provided. These kits will be linked with the FPC and WHPC activities at community level						
	Section Total						**208,324.00**
3. Equipment							
3.1	Medical Equipmens for MHTs	D	1	3,704.00	1	100.00	3,704.00

	"Medical equipment for MHTs includes BP sets, stethoscope, thermometer, otoscope, autoclave, suture sets, delivery table, delivery set, minor suture set etc). These all equipments will be needed based on scope of work and type of services delivery for each mobile health team. for more detail BoQ is attached/.						
3.2	Non-Medical Equipment/Furniture for MHTs/Psycho-social teams	D	1	3,058.00	1	100.00	3,058.00
	For more detail BoQ is attached.						
3.3	IT Equipment	D	1	3,022.00	1	100.00	3,022.00
	3 laptop computers and 2 printers for FPC in charges and 2 printer for FPC, once computer for Kabul office project team						
3.4	Conex for FPCs	D	4	2,500.00	1	100.00	10,000.00
	4 Conexes are budgeted for 2 FPCs in Kunduz and Uruzgan Provinces. these conexes will be placed in Provincial hospital of Uruzgan and CHC of Khan Abad district of Kunduz Province for the establishment of FPCs.						
	Section Total						**19,784.00**
4. Contractual Services							
4.1	Rental Ambulance for MHTs/Psychosocial team	D	9	1,000.00	12	100.00	108,000.00
	"Each mobile health team will have one ambulance for reaching the targeted community/IDP camps for provision of mobile health and psycho-social services on daily bases as well as will be used for the referral of emergency cases including complicated delivery cases to the higher level of services/hospitals in the province. this cost will include rent of ambulance, driver salary and fuel/maintenance "						
4.2	Rental house for MHT/PSS teams stock and parking of ambulances	D	2	500.00	12	100.00	12,000.00
	"HN-TPO will rent a house close to its provincial office for parking of MHTs Ambulances and stock of drugs, medical supplies, stationary and others as HNI-TPO existing provincial office has the limited space for vehicle parking and stock. This rented office will be used only for this project in order to make sure that 3 ambulances are parked saved during the night and there is sufficient space for stock of at least 6 months drugs, medical and none medical supplies to ensure smooth implementation of the project. "						
4.3	Rental vehicle for provincial offices & FPCs	D	2	800.00	12	100.00	19,200.00
	This rental vehicle will be used for the daily purpose of managing of project activities at provincial level and for the purpose of project staff pick and drop and also to be used for coordination's & FPCs activities.						
	Section Total						**139,200.00**
5. Travel							
5.1	Travel perdiem and accommodation Cost of supervisors/monitors of HNI-TPO	D	2	200.00	4	100.00	1,600.00
	One visit from Kabul office is planned per quarter from program and M&E department to the provinces and the Admin/Finance of the provinces will visit on Monthly bases to Kabul office to submit the Financial documents and reports						
5.2	Aire fare cost	D	2	300.00	4	100.00	2,400.00
	One visit from Kabul office is planned per quarter from program and M&E department to the provinces						
5.3	Air fare for HQ staff for technical support	S	1	1,500.00	1	100.00	1,500.00
	"HQ staff will visit Afghanistan for technical support such as supporting Kabul staff on technical materials development and reporting.						
	Section Total						**5,500.00**
6. Transfers and Grants to Counterparts							
6.1	Budget for AHDS.	S	1	13,000.00	1	100.00	13,000.00
	Detail break down is uploaded in GMS						
	Section Total						**13,000.00**
7. General Operating and Other Direct Costs							
7.1	Utilities (Electricity, fuel, Gas) Provincial offices	D	4	150.00	12	100.00	7,200.00

	Utilities cost of Uruzgan and Kunduz office working for MHTs and psychos-social support and 2 FPCs the unit cost is determined based on the historical cost.						
7.2	Winter heating cost MHT/PSS and Provincial offices and FPS	D	4	200.00	4	100.00	3,200.00
	"Winter heating cost of MHTs , Provincial offices and FPCs the unit cost is determined based on the previous project.						
7.3	Communication cost MHTs ,FPCs and Project staff of provincail ofices	D	4	150.00	12	100.00	7,200.00
	Communication cost of the project/MHT/PSS /FPCs staff during the project period unit cost is determined based on the previous project and considering the additional MHT.						
7.4	Communication cost of Kabul office 5%	S	1	2,000.00	12	5.00	1,200.00
	"Communication Cost (Top Up and Internet) Kabul office cost of Kabul country management team working for the project (5%) the unit cost is determined based on the previous project. "						
7.5	Vehicles fuel and maintenance Kabul 5%	S	1	2,000.00	12	5.00	1,200.00
	"Vehicle fuel and maintenance of Kabul office will be charge and these vehicles will used for Supervision/monitoring of service delivery sites and office use/attending meetings"the unit cost is determined based on the previous project. "						
7.6	Utilities Kabul office 5%	S	1	1,000.00	12	5.00	600.00
	"Utilities include Gas, water, electricity)for Kabul office .The Unit cost is based on the historical cost.						
7.7	Winter heating cost of Kabul office 5%	S	1	2,000.00	4	5.00	400.00
	"Winter heating cost of Kabul office.The Unit cost is based on the historical cost.						
7.8	Office Supply Kabul office 5%	S	1	2,000.00	12	5.00	1,200.00
	"Office Supply including cleaning materials, Stationery for Kabul office.The Unit cost is based on the historical cost.						
7.9	Office rent Kabul office 5%	S	1	5,000.00	12	5.00	3,000.00
	Office rent of Kabul office 5% will be charge to this project. The unit cost is determined based on the previous project.						
7.10	Repair and Maintenance of Office and equipments	S	1	50.00	12	100.00	600.00
	USD 600 is budgeted for office repair and maintenance of office equipment's.The Unit cost is based on the historical cost.						
	Section Total						**25,800.00**
SubTotal			2,680.00				**967,808.00**
Direct							908,868.00
Support							58,940.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							67,746.56
Total Cost							**1,035,554.56**

Project Locations

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

		Men	Women	Boys	Girls	Total	
Kunduz -> Emamsaheb	7	3,525	3,663	2,446	2,546	12,180	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital. Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth. The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.
Activity 1.1.11 : Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
Activity 1.1.12 : Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13 : Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be

submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.
Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.2 : Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.
Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population

HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population.
Activity 1.1.3 : Coordination and orientation of community influential figures in each district

The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation.
Activity 1.1.4 : Assessment of nutrition status of target (under 5 girls and boys, and pregnant and

							lactating women) by nutrition nurse in each mobile health team The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and diagnosis by doctor those who require treatment will be admitted in the treatment program.
Kunduz -> Qala-e-Zal	17	8,654	9,001	6,014	6,260	29,929	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital. Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of

breastfeeding within one hour after birth.

The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.
Activity 1.1.11 : Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
Activity 1.1.12 : Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13 : Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.
Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.2 : Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.
Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
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The project team will provide orientation session

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Kunduz -> Chardarah	1	101	100	64	66	331	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation

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Carry out communication and visibility activities in line with CHF visibility guideline

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Activity 1.1.2 : Coordination and orientation of community influential figures in each district

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The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population

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Kunduz -> Khanabad	16	8,304	8,645	5,777	6,013	28,739	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level. Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor. Activity 1.1.12 : Training of health care providers on GBV case identification, management and

referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13 : Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Establish Family Protection Centers (FPCs) in Uruzgan and Kunduz provinces

Two FPCs will be established (one in Uruzgan provincial hospital and one in Khanabad CHC of Kunduz). Each FPC will have 4 staff (1 Female MD, 1 Psycho-social counselor, 1 Data collector and 1 support staff).

The Family Protection Center is a health response to GBV seeking to integrate professional assistance (psycho-social, medical and legal support and referral services into the health sector) and act as a one-stop assistance center. This is implemented in several provinces, where HNTPO implements the center in six provinces with support of UNFPA and in close coordination with MoPH. This is approved by MoPH and it is a standard model in expansion for implementation.

Services will be provided in culturally appropriate environment through female health workers for women and children (girls) at risk.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district, and in Uruzgan provincial hospital in Trinkot. SDPs will be in the location, where maximum of IDPs are present and has access, and FPCs will be in Khanabad district of Kunduz and in Trinkot of Uruzgan.

The FPC will be the referral and coordination center for GBV cases for provision of health and psychosocial support and referral and coordination for legal and safety services.

The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. The centers will be established in first month of the project (inception). As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district. All other CFS and WFSs will be established and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs and WFSs will be

also in the proximity of these SDPs. Since, its integrated approach of health, protection and nutrition, therefore the protection services are integrated with health and nutrition, the clients visiting mobile team or FPCs will also be provided with medical and nutrition services if required
Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
Activity 1.1.4 : Provision of dignity kits to GBV survivors (women and girls of reproductive age)

The beneficiaries for this activity are targeted GBV survivors, adolescent girls, pregnant women and lactating women. All of these groups will be provided with dignity kit, planned and budgeted

The dignity kits are important to cope in stressful and potentially overwhelming humanitarian situations. Supporting women's and girls self-esteem and confidence.

Activity 1.1.7 : Establish case management committee at provincial level

Case management committee will be established one in each target province to ensure GBV cases are successfully followed up and managed by relevant actors.

Activity 1.1.8 : Participating in coordination meeting at provincial and central level

All relevant meetings both at provincial and central levels will be attended by the field and Kabul management team.

The team will take part in the following meetings at provincial, regional and central level:
1. Attending Monthly PPHCC meeting at provincial level
2. Attending monthly sub committee meetings such as HIS, EPI, Nutrition, IMCI, infection prevention etc. led by PPHD
3. Attending provincial GBV case management committee meeting
4. Attending protection cluster meetings at provincial and regional as per schedule
5. Attending health cluster meetings at central and regional on monthly basis
6. Attending protection and its sub committees on monthly basis
7. Coordination meetings with BPHS and EPHS implementers and other stakeholders as per need

The coordination will require for all activities under health, protection and nutrition thematic areas. This will be in separate committee meetings and also under health, in PPHC monthly meetings. The three thematic area, is grouped and will be managed under MHT approach, where good coordination and referral mechanism from community to mobile health teams and onward will be required.
Activity 1.1.8 : Follow up of the referred GBV cases with the FPC and other relevant sectors

HealthNet TPO will establish a follow up mechanism for multi-sectoral services (medical, psycho-social, security and legal) required for GBV survivors through a referral mechanism in-line with survivor centered approach.

							Activity 1.2.10 : Submit monthly, quarterly and ad-hoc reports to protection cluster
Kunduz -> Dasht-e-Archi	1	137	138	88	92	455	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital. Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth. The IYCF component of the nutrition will be implemented accordingly that will include

counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.
Activity 1.1.11 : Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

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Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
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HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.
Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

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Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.2 : Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.
Activity 1.1.2 : Establish Family Protection Centers (FPCs) in Uruzgan and Kunduz provinces

Two FPCs will be established (one in Uruzgan provincial hospital and one in Khanabad CHC of Kunduz). Each FPC will have 4 staff (1 Female MD, 1 Psycho-social counselor, 1 Data collector and 1 support staff).

The Family Protection Center is a health response to GBV seeking to integrate professional assistance (psycho-social, medical and legal support and referral services into the health sector) and act as a one-stop assistance center. This is implemented in several provinces, where HNTPO implements the center in six

							provinces with support of UNFPA and in close coordination with MoPH. This is approved by MoPH and it is a standard model in expansion for implementation. Services will be provided in culturally appropriate environment through female health workers for women and children (girls) at risk. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district, and in Uruzgan provincial hospital in Trinkot. SDPs will be in the location, where maximum of IDPs are present and has access, and FPCs will be in Khanabad district of Kunduz and in Trinkot of Uruzgan. The FPC will be the referral and coordination center for GBV cases for provision of health and psychosocial support and referral and coordination for legal and safety services. The first month of the project will be for the assessment, coordination with community and provincial authorities and identification of the service delivery points and the centers. The centers will be established in first month of the project (inception). As from second month, the service delivery will start in each district, where gradually the centers are established. FPC, as per discussion with the sub cluster and need of the population, will be established in Khan Abad district. All other CFS and WFSs will be established and will be linked with the service delivery points (SDPs). SDPs will be in the location, where maximum of IDPs are present and has access, and CFSs and WFSs will be also in the proximity of these SDPs. Since, its integrated approach of health, protection and nutrition, therefore the protection services are integrated with health and nutrition, the clients visiting mobile team or FPCs will also be provided with medical and nutrition services if required Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population. Activity 1.1.3 : Coordination and orientation of community influential figures in each district The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation.
Uruzgan -> Chora	13	6,796	7,069	4,722	4,914	23,501	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan

The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces

Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster

HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities.
Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response

The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches.

Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services

Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured.
Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities

The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women.

UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital.
Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth.

The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine

children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.
Activity 1.1.11 : Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
Activity 1.1.12 : Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13 : Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.
Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster

HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis.

Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan

During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.2 : Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.
Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population

HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population.
Activity 1.1.3 : Coordination and orientation of community influential figures in each district

The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation.
Activity 1.1.4 : Assessment of nutrition status of target (under 5 girls and boys, and pregnant and lactating women) by nutrition nurse in each mobile health team

The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and

							diagnosis by doctor those who require treatment will be admitted in the treatment program.
Uruzgan -> Shahid-e-Hassas	6	3,036	3,155	2,105	2,191	10,487	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital. Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth. The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast

feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

The nutrition nurse who is doing growth monitoring will consider this part during work. Mothers with breastfeeding children with normal weight and height, worrying about their children growth, need counselling (confidence building), those with acute malnutrition, underweight, stunted, or not-growing-well need proper counselling on breastfeeding that will be considered during growth monitoring.
Activity 1.1.11 : Conduct community mobilization through community dialogue sessions

There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
Activity 1.1.12 : Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

Activity 1.1.13 : Submit monthly, quarterly and ad-hoc reports to GBV cluster

HealthNet TPO will collect data and progress reports from mobile teams and FPCs on monthly basis, and these reports will be compiled by the

							provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to GBV cluster on monthly, quarterly and ad-hoc basis. Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule. Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis. Carry out communication and visibility activities in line with CHF visibility guideline Activity 1.1.15 : Submit monthly, quarterly and ad-hoc reports to health cluster HealthNet TPO will collect data and progress reports from mobile teams on monthly basis, and these reports will be compiled by the provincial management team and then will be submitted to Kabul office. The progress a reports will be submitted to health cluster on monthly, quarterly and ad-hoc basis. Activity 1.1.2 : Orientation of project staff, PHD and other stakeholders on project scope and plan During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation. Activity 1.1.2 : Coordination and orientation of community influential figures in each district The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation. The health shuras established in the communities will be having both female and male members. Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population. Activity 1.1.3 : Coordination and orientation of community influential figures in each district The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation. Activity 1.1.4 : Assessment of nutrition status of

							target (under 5 girls and boys, and pregnant and lactating women) by nutrition nurse in each mobile health team The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and diagnosis by doctor those who require treatment will be admitted in the treatment program.
Uruzgan -> Dehrawud	16	8,291	8,623	5,762	5,997	28,673	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk, Using Full Cream Fresh Cow's Milk) preparation will be taught to the families and food demonstration is also in scope of the services. The SAM complicated cases will be referred to nearby CHC, DH or Provincial Hospital. Activity 1.1.11 : Providing counseling on breast feeding and complementary feeding, case specific counseling on IYCF, exclusive breast

feeding in children 0-6 months, and initiation of breastfeeding within one hour after birth.

The IYCF component of the nutrition will be implemented accordingly that will include counseling services on breast feeding, complementary feeding, specific counseling, exclusive breastfeeding, and initiation of breast feeding within one hour after birth.

The midwife will make sure that all pregnant women receive the key messages about breastfeeding during the first ANC visit as well as the first PNC visit,

The doctor or whoever responsible to examine children will be aware that if a mother come with a breastfeeding child and complain about problems of feeding, not gaining weight, not enough milk and other problems related to breastfeeding, to refer the mother to a trained midwife for a proper individual counselling on breastfeeding. The doctors will also provide basic counselling about breastfeeding with fathers or other companions of lactating or pregnant mothers, in order to create enabling environment for mothers at their homes.

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There will be quarterly community dialogue session aims to increase awareness of the community and improve referral of the GBV cases to FPCs and health facilities. The dialogue sessions will be led by the community mobilizer with support of the mobile health team.

Activity 1.1.11 : Data collection, compilation, analysis and feedback on monthly basis

Data collection starts from service delivery point, and each individual staff has the responsibility of registering each and every client/patient receives service from the mobile team and then In-charge of mobile team compiles data collected from all sections of the mobile team, analyzed by the in-charge and feedback provided to staff of the mobile team. The collected data is reported to provincial manager and then to Kabul office by provincial manager, analyzed and used at provincial and Kabul level.

Activity 1.1.12 : Procurement and supply of basic medicines, medical supplies and medical equipment

Medicines, medical supplies and equipment purchase will be in bulk on quarterly basis taking into account the procurement policy and procedures of the HealthNet TPO and donor.
Activity 1.1.12 : Training of health care providers on GBV case identification, management and referral.

Equal training opportunity to both men and women health providers will be given. The psycho-social counselors (female and male) and health care providers will be trained on GBV case identification, management, and referral of GBV survivors to other relevant sectors for safety and legal services.

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Activity 1.1.13 : Provision of daily outpatient consultations by medical doctor for diagnosis and basic medical treatment

The health care provider of each mobile team will provide OPD consultation to women, girls, men and boys in service delivery points of the target districts as per predefined schedule.
Activity 1.1.14 : Conduct monitoring of the mobile team services; 1) By In-charge of the mobile team on daily basis, b) By Provincial Management on weekly basis, and 3) By Country office M&E department on quarterly basis.

Carry out communication and visibility activities in line with CHF visibility guideline

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Uruzgan -> Khasuruzgan	6	2,980	3,097	2,067	2,151	10,295	Activity 1.1.1 : Mobilizing and recruiting project field staff (female and male), and orientation of staff, PPHD, and other stakeholders on project scope and plan The key management staff of Kabul office will be mobilized for project activities in the inception phase, project field staff will be hired and an orientation session on project scope and plan will be carried out for the staff, PPHD and other stakeholders working in the target provinces Activity 1.1.1 : Mapping of the stakeholders and situation analysis for the GBV services in close coordination of GBV cluster HealthNet TPO will carry out mapping and situation analysis to identify stakeholders, actors including potential partners to summarize the roles and responsibilities of various actors, and to know the existing GBV prevention and response services in the target districts. This will help to formulate the response per all stakeholders' interest and priorities. Activity 1.1.10 : Conduct awareness sessions on GBV prevention and response The health care givers and psycho-social counselors will provide regular awareness raising sessions on GBV prevention and response services through proactive and reactive approaches. Activity 1.1.10 : Conduct supportive supervision and monitoring visits of services Supportive supervision and Monitoring of the project activities will be carried out by both field management and HealthNet TPO Kabul management team, through which provision of quality services to the vulnerable target population will be ensured. Activity 1.1.10 : Provision of equipment, supplies and medicine for nutrition activities The equipment, nutrition supplements and supplies and medicines will be timely provided in close support of UNICEF and WFP for the malnourished children, pregnant and lactating women. UNICEF and WFP are supporting the treatment program of malnourished children and PLW through public nutrition department of MoPH. Since the prevalence of the Global Acute Malnutrition is very high in Uruzgan (21.6%) and in Kunduz it is 7.5% (National Nutrition Survey 2013), therefore focus is more on these conflict affected districts and are on top priority. We are optimistic to get nutrition supplies from them. In worst case if they are not agreed to support, the alternate home recipes for F75 and F100 (Using Dried Skimmed Milk, Using Dried Whole milk,

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During the inception phase, the project staff will be oriented on project scope and plan to be well prepared for project implementation.

Activity 1.1.2 : Coordination and orientation of community influential figures in each district

The community influential figures will be oriented on project scope and implementation plan in inception phase, and regular coordination meetings will be conducted with the community to get support from them for project implementation.

The health shuras established in the communities will be having both female and male members.
Activity 1.1.3 : Provision of Psycho-social support and health services to GBV survivors including women and girls as part of the initial response

The GBV survivors (women and girls) will receive required psycho-social and health services from the trained health care providers of mobile teams, FPCs and trained focal points of BPHS health facilities of targeted districts on daily basis
Activity 1.1.3 : Conducting rapid assessment of situation and needs of target population

							HealthNet TPO will conduct an assessment in the inception phase for the purpose of mapping service delivery points and situation of the health, nutrition, psycho-social and GBV and needs of the target population. Activity 1.1.3 : Coordination and orientation of community influential figures in each district The project team will provide orientation session to community influential figures including community health shura having female and male members in each district. They will be given the sense of project ownership in order to support the project team in the service delivery points during project implementation. Activity 1.1.4 : Assessment of nutrition status of target (under 5 girls and boys, and pregnant and lactating women) by nutrition nurse in each mobile health team The target clients (under 5 year girls and boys, and pregnant and lactating women) will be screened by the nutrition nurse in each mobile team and based on screening result and diagnosis by doctor those who require treatment will be admitted in the treatment program.

Documents

Category Name	Document Description
Project Supporting Documents	Health Cluster Endorsement Letter.pdf
Project Supporting Documents	Logical Framework HealthNet TPO Health Cluster approved.doc
Project Supporting Documents	Nutrition Cluster Endorsement Letter (HNI TPO).pdf
Project Supporting Documents	LF Nutrition Cluster approved (HNI TPO).pdf
Project Supporting Documents	Protection Cluster Endorsement Letter with LF.pdf
Project Supporting Documents	Kundoz PHD support letter.jpg
Project Supporting Documents	NERPC Confirmation.pdf
Project Supporting Documents	Assessment Report Kundoz Province.doc
Project Supporting Documents	Assessment Report Uruzgan Province.doc
Project Supporting Documents	MoU between HNI TPO and AHDS.pdf
Project Supporting Documents	Kunduz ANDMA support letter.jpg
Project Supporting Documents	Kunduz DoRR support letter.jpg
Project Supporting Documents	Urozgan PPHD support letter.jpg
Project Supporting Documents	Uruzgan DoRR support letter.jpg
Project Supporting Documents	Kunduz OCT Meeting Minute 16 January 2017.pdf
Project Supporting Documents	Risk Analysis.docx
Budget Documents	AHDS budget break down.xls
Budget Documents	BoQs Uruzgan and Kunduz (26 September 2017).xlsx
Budget Documents	Revised Training Plan 27 sep 2017.xls
Grant Agreement	HNI-TPO - 6797 - GA - Signed by HC.pdf
Grant Agreement	HNI-TPO - 6797 - GA - Signed by HC.pdf