PROJECT DOCUMENT

Project Title	Establishment of a coordinated multi-sectoral response to gender-based violence through the integration of professional assistance and referral services into the health sector
Project Number	
International Executing Agency	United Nations Population Fund (UNFPA)
National Implementing Agency	International Medical Corps (IMC)
National Cooperating Agency	Ministry of Public Health (MOPH)
Starting Date	1 Oct 2013 – 30 Sep 2015
Duration	2 Years
Financing Requirements	**1,173,400 US $ (900,000 EUROs)**

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ACRONYMS

AWP ---------- Annual Work Plan

AIHRC ----------Afghanistan Independent Human Right Commission

BPHS ---------- Basic Package of Health services

CDC ---------- Community Development Council

CHC ----------Comprehensive Health Centre

CHW ---------- Community Health Worker

CGHN ---------- Coordination Group of Health and Nutrition

DOWA ---------- Department of Women Affairs

EPHS ---------- Essential Package of Hospital Services

EVAW ---------- Elimination of Violence against Women

FHH ---------- Family Health Houses

FRU ---------- Family Response Unit

GBV---------- Gender Based Violence

LHC ---------- Local Health Committee

MOPH ---------- Ministry of Public Health

NPP ---------- National Priority Program

OSAC ----------One Stop Assistance Center

PPHD ----------Provincial Public Health Directorate

SOP ---------- Standard Operating Procedure

TAG ---------- Technical Advisory Board

VAW ---------- Violence against women

UNDP---------- United Nations Development Programme

UNFPA ---------- United Nations Population Fund

VOW ---------- Voice of Women

LAOA ---------- Legal Aid Organization of Afghanistan

I - Executive Summary

The ***"Establishment of a coordinated multi-sectoral response to gender-based violence through the integration of professional assistance and referral services into the health sector"*** is a pilot project for a health sector's response to address gender–based violence in Afghanistan using a long-term and structural approach along with a strong capacity building component for health service providers at all levels. The project envisages the introduction of the Service Hub - One Stop Assistance Center for GBV victims (OSAC) within the health facilities to enhance the system's capacity to offer wider choices and solutions for women and girls subjected to abuse and lessen, if not eliminate, security risks for GBV victims and service providers. The Service Hub will provide GBV victims with necessary basic services (psychological, medical and legal assistance, basic evidence collection, information support and further referral) in one place. Since the Service Hub is located inside the health facility it is easier for women to access it without raising suspicions in their family or community. Easy access to services and lower risks of exposure are crucial for GBV victims in Afghanistan since mobility of Afghan women in public areas is for the most part restricted and they are subject to close scrutiny and control by family members.

The integration of professional assistance and referral services into the health sector model was developed based on the findings of MOPH/UNFPA Assessment on GBV actors and services conducted in 2011. The integration into the health sector model started in 2013 with the support of UNFPA to MOPH where it was piloted in Nangarhar and Kabul provinces. These areas have the highest number of GBV cases and where the health care system has an already existing infrastructure that can be transformed into a functioning referral path within the system, as well as the introduction of the Service Hub within the Regional and National Hospitals.

By moving from the Shelter modality to a Service Hub approach the project aims to develop a long term and sustainable solution of addressing GBV cases in Afghanistan while providing different options and broad range of assistance to the victims of abuse by giving them the opportunity of informed decision for taking the next steps. Due to stigmatization and negative propaganda of shelters or safe houses, it is a not-so-effective solution to GBV response in Afghanistan and does not fully address the needs of women in most severe cases of GBV. In Afghanistan, the vague legislative base, public stigmatization of shelters and serious impediments in the reintegration of shelter residents into communities present a persistent challenge in the country's complex socio-cultural context. For women in the rural and most urban areas of Afghanistan, family serves as the single most important vehicle providing social acceptance and resources necessary for daily existence. Disengagement from families (parental or marital) is a high cost of leaving violent relationships that many women are not prepared or willing to pay for. In public eyes woman leaving her home often becomes an outcast. The culturally sensitive approach to GBV response in Afghanistan calls for the appropriate mechanism capable of providing necessary assistance to GBV victims while respecting their desire to stay as part of the family and community and use the existing family resources for social acceptance and protection.

The model involving around the Service Hub - One Stop Assistance Centers (OSAC) is a unique approach developed specifically to deliver efficient solutions for many challenges of GBV response in Afghanistan.

- **Cost and time efficient.** Having several services (medical assistance, psychosocial support, evidence collection, legal and informational support and referral) delivered in one service hub (OSAC) allows women to spend on minimum resources - money, time and efforts in seeking and receiving help.
- **Fewer security risks.** It is a much safer option for GBV victims to go to one center for all the needed services than travel to several public offices.
- **Overcomes isolation of health care providers**. Locating OSAC in a healthcare facility addresses the problem of isolation of healthcare providers such as doctors and nurses, who are unwilling to refer the patients suffering from GBV outside of the healthcare system but are comfortable with referring them to the unit located within the healthcare facility.
- **Allows accessing the largest flow of women**. Compared to all other public services, the health sector receives the largest percentage of female clients. Hospitals receive dozens of female patients every day and therefore locating OSAC in healthcare facilities rather than separate offices (like shelters, NGO based crisis centers etc.) would allow reaching out to the largest number of women.
- **Combines a number of services**. OSAC staff will consist of NGO workers who will be trained to provide psychosocial assistance, legal and informational support. Likewise, they will be trained to assist GBV victims in identifying their immediate and long-term needs and goals and developing a safety plan for emergencies.
- **Assists in further referral.** OSAC will also have all the necessary information to provide further referrals if GBV victims choose to proceed with contacting the police, prosecutors, shelters or NGOs.

While the long term ultimate goal of the overall concept is to contribute to creating safe and non-violent environment for women and girls of Afghanistan, the immediate objective of this project that is hoped to be achieved within 24 months, is the establishment of a referral path and assistance services for GBV victims who would go to the health facility as the entry point in Herat province

The interventions are planned to be implemented in the following six components:

Project Component I: Assessment of GBV actors and services in Herat province and development of province's specific referral model for GBV victims.

Project Component II: Capacity building of health service providers on GBV psychosocial counseling, SOP on referral, and GBV data collection.

Project Component III: Establishment of a bilateral referral mechanism for one stop assistance center. From health center side this will be done through the focal points at the district hospitals and comprehensive health center level. From the community this is through FHH, CDCs/Shuras and LHCs. From GBV response key actors these are FPs from EVAW unit of Attorney General's Office, FP

from BPHS/EPHS implementers, DOWA, MoI-FRU, from hospitals, NGOs providing legal and shelter services on their related areas of operations, PSS, medical care, security and protection areas of GBV. These three groups will linked together in order to efficiently provide a referral mechanism convenient to the victims.

Project Component IV: Institutional support to the Forensic Medicine Department of MOPH in Herat province.

Project Component V: Capacity building of other key actors involved in the coordinated multi-sectoral response to GBV.

Project Component VI: Advocacy and community awareness-raising at community and institutional level with coordination of other Italian cooperation partners in Herat province.

II- Background

Gender-Based Violence as a significant human rights violation in Afghanistan

Over a period of several generations of conflict, formal and informal social institutions in Afghanistan have been destroyed, and affected the severity of gender inequality and violence against women and girls. According to 2008 study of 4,700 households in 16 provinces of Afghanistan, 87.2 percent of women experienced at least one form of physical, sexual or psychological violence or forced marriage. Majority of respondents reporting exposure to violence, 62.0 percent experienced it in multiple forms. Overall, 17.2 percent of women reported sexual violence, while 11.2 percent experienced rape, and 52.4 percent of respondents reported that they were subjected to physical violence. Majority of women were subjected to violence by family members, with husband and mother-in-law most often mentioned as perpetrators[1].

The Assessment of Services Provided to Victims of Gender Based Violence by State and Non-state Agencies in Nangarhar, Bamiyan and Kabul provinces commissioned by UNFPA in Afghanistan as part of expert support provided by UNFPA to the Ministry of Public Health and the Ministry of Women's Affairs identified that in all areas examined, cultural norms put restrictions on women and girls' accessing and using services for GBV victims including accessing public services. For several women suffering from GBV reaching local healthcare facility, police department, NGO or the office of MOWA requires considerable investment of time and resources. The shortage of healthcare facilities results in long lines, overcrowded facilities and huge work load of healthcare staff, often unable to dedicate sufficient time to every patient.

Gender-based violence is a pervasive public health and human rights problem which has implications on almost every aspect of health policy and programming, from primary care to reproductive health programs. The consequences of gender-based violence can be fatal, such as homicide and suicide; or non-fatal, such as chronic pain syndromes, traumatic injury, or traumatic gynecologic fistula. Evidence demonstrates that maternal health problems correlate with physical

[1] All data on violence against women was obtained from Living with Violence: A National Report on Domestic Abuse in Afghanistan, Global Rights, 2008.

and sexual violence. Violence in pregnancy may pose a threat to the life, well-being and health of the mother and the fetus. Physical violence during pregnancy is connected with miscarriage, late entry into prenatal care, stillbirth, premature labor and birth and low birth weight. Sexual violence is associated with a range of gynecological and reproductive health problems, including STIs, unwanted pregnancy, vaginal bleeding or infection, fibroids, chronic pelvic pain, urinary tract infections and psychiatric disorders (anxiety and depression).

VAW cannot be understood in isolation from the societal norms, social structures and gender roles that influence women's vulnerability to violence. VAW takes many forms and affects women to varying degrees. Forms of GBV include physical, sexual, and psychological or emotional violence within the family; child sexual abuse; rape and sexual abuse; marital rape; sexual harassment in the workplace and educational institutions; forced prostitution; trafficking of girls and women, child and forced marriage.

III- Project Rationale andJustifications

Health sector's response and capacity to address gender – based violence

Numerous studies show that in most cases survivors of GBV require multi-level assistance from health service providers. UNFPA's Assessment (2011) found that healthcare facilities in rural and urban areas were often the only chance for GBV victims to seek assistance and protection outside of family circle but on the other side healthcare facilities in all examined areas presented an impasse in the referral and reporting network that connected agencies working in the field of GBV response.

In Afghanistan, the healthcare sector has a huge potential of leading the role in GBV response due to the following factors:

(i) Healthcare providers interact with the largest number of women;
(ii) It is easier for women to access health facility;
(iii) Healthcare providers can be trained to detect various manifestations of GBV;
(iv) Health facility can provide assistance to GBV victims suffering from various forms of GBV;
(v) Health system already has an internal referral network with the system that can be used for referral of GBV survivors; and
(vi) Health facility plays a crucial role in evidence collection (forensic medicine).

However, the reality is that currently health facility is an impasse in referral of GBV victims. Strengthening health response to GBV is a crucial intervention required for strengthening the institutional and managerial capacity of the service providers overall, increasing understanding and improving knowledge of the GBV response actors as well as general public on violence against women and girls, national legislation and human rights instruments.

The Project introduces to the agencies and organizations across the public sector in Afghanistan the specific model of GBV response which was capitalized on the existing successful mechanisms supporting female victims of gender based abuses.

The UNFPA Concept Model aims to achieve the following tasks:

- Putting the safety of GBC victims at the center in the area of GBV response and introduce multiple mechanisms for increasing the safety of GBV victims covered by the service provision;
- Developing a coordinated system of GBV response encompassing multiple sectors (public healthcare, law enforcement and judiciary and non-governmental sector) and services (healthcare, evidence collection , STI and HIV prevention, psychosocial support, protection of GBV victims, investigation of GBV related crimes, adjudication of GBV related crimes); facilitate the coordination through common coordination protocol outlining the responsibilities of all parties;
- Creating multiple "service hubs", the coordination mechanisms (and the coordinating facilities) capable of offering people subjected to gender based violence a wide range of solutions and assisting them in accessing a variety of services;
- Creating multiple entry points accessible to GBV victims (taking into consideration cultural, social, economic and administrative barriers encountered by GBV victims seeking help and protection) thus expanding the reach of services for people suffering from GBV;
- Ensuring that policies and procedures are in place in all relevant agencies to provide prompt and efficient response to multiple needs of people suffering from GBV (including the policies and procedures regulating the screening and registration of GBV cases, internal reporting, case management and case follow up);
- Ensuring that coordination among the agencies is embedded in a set of clear and comprehensive policies and procedures regulating service provision to GBV victims in each participating agency/organization;
- Ensuring that service providers have necessary tools for screening GBV victims;
- Ensuring that the healthcare facilities have resources necessary for conducting forensic medical examination and coordinate with the police and Prosecutor's office on the issues of GBV evidence collection;
- Facilitating information sharing among agencies and organizations engaged in GBV response;
- Building the efficient referral system that offered GBV victims a prompt and easy access to a range of services in a variety of sectors;
- Facilitating coordination of efforts (in case management, interventions, joint reporting and case follow-up) among service providers from various sectors;
- Ensuring that the treatment of GBV victims on the side of service providers guarantees the confidentiality of information regarding GBV and is compliant with ethical and international safety standards developed;
- Overcoming the isolation of healthcare facilities from other parts of referral network and provide the primary, secondary and tertiary level healthcare facilities with the custom-made mechanisms for efficient GBV response;
- Increasing the security of the staff in primary and some secondary level healthcare facilities (especially in rural areas) in situations involving the screening and referral of GBV victims.

IV- Alignment with National Priority Program

The project document is entirely in line with the National Priority Program of the Ministry of Public Health (NPP 5) and envisages the following steps as part of Expansion of EPHS Section, Deliverable 1.2.3: Integration of professional assistance and referral services for victims of gender –based violence (GBV). The status of implementation of UNFPA's commitment to NPP5 is reflected in the table below.

Steps	Activity	Current status
Step I	Development of the Concept Paper on health sector response to GBV	Completed
Step II	Development of country specific model on health sector response to GBV	Completed and planned to be adopted in the context of Herat province.
Step III	Capacity building of health service providers to ensure professional multi-level assistance, safety and confidentiality standards	On-going through current MOPH/UNFPA project; the plan is to expand to Herat province with support of Italian Cooperation.
Step IV	Piloting of the Model in selected provinces	Established in Kabul and Nangarhar. SOP for referral is approved by CGHN and TAG (The technical boards of MOPH)
Step V	Revision of the Model and full integration of the services into health care sector	Planned at the end of 2013 (after piloting)
Step VI.	Close monitoring and quality control assurance through continued capacity building of health professionals.	2013 and onward
Step VII	Expansion of the Model to other provinces.	2014 – 2016

Recognizing the need, the Government of the Islamic Republic of Afghanistan (GoIRA) has positioned gender equality and women's empowerment as key dimensions in the national development framework. Various policies and strategies from the 2004 Constitution, Afghanistan Compact, Interim Afghanistan National Development Strategy (I-ANDS) to the National Action Plan for the Women of Afghanistan (NAPWA, 2008-2018), and the Law on Elimination of Violence Against Women (EVAW) (2009) have explicit references to gender and women's empowerment and have provisions for the protection and promotion of women's rights.

The project focuses on implementing a coordinated multi-sectoral response to gender-based violence through the integration of professional assistance and referral services into the health sector.

UNFPA country-specific Model of Health sector response to GBV was built based on international best practices and incorporates the elements of several models of coordinated multi-sectoral response to GBV (or domestic violence) operating in the communities across the globe. The Model generates a coherent set of relationships among agencies and organizations that would allow the victims of gender-based violence to receive maximum level of assistance and protection while

investing with minimum resources. At the same time, the Model aims to expand the choices of GBV victims in finding their sustainable way out of violent situations.

The Concept Model addresses the main gaps and challenges affecting GBV response in Afghanistan. The health response model will be facilitated through the policies and procedures that generate routine practices of the institutions and incorporate as its central element the creation of MULTIPLE SERVICE HUBS, facility-based coordination mechanisms capable of offering people subjected to GBV a wide range of solutions and assisting them in accessing a variety of services.

The model involving around Service Hub - One Stop Assistance Centers (OSAC) is a unique approach developed specifically to deliver efficient solutions for many challenges of GBV response in Afghanistan.

The creation of Service hubs - **One Stop Assistance Center for GBV victims (OSAC) -** at healthcare facilities, specifically District or Provincial Hospitals serves to:

1. Provide wide range of services to GBV victims- psychosocial counseling service, and advice on the opportunity for basic legal assistance, referral to other institutions depending on victims' choice and case management;
2. Minimize the efforts and investment of resources required by GBV victims;
3. Enhance the system's capacity to offer wider choices and solutions for women and girls subjected to gender based abuses;
4. Put the safety of GBV victims at the center of all efforts in the area of GBV response and introduce multiple mechanisms increasing the safety of GBV victims covered by the service provision;
5. Diminish the security risks for GBV victims and service providers as well as ensure the confidentiality of information regarding GBV; and
6. Overcome the isolation of healthcare facilities from the other parts of the referral network and provide the primary, secondary, and tertiary level healthcare facilities with the custom-made mechanisms for efficient GBV response. At present, GBV victims visiting the health facilities are not given any option for referral or even not offer any information, where to seek help. Through this project, this isolation of the healthcare facilities from the rest of the agencies providing services to GBV victims is avoided. UNFPA through the establishment of the service hub will link health facilities to other sectors providing services to GBV victims (refer to page 13 for the chart describing the link). A GBV working group similar to the one established in Jalalabad and Kabul will also be established in Herat to support the referral mechanism among the agencies providing services to GBV victims and health sector. The GBV working group which will be comprised of the focal points from each GBV key actor, and will be established by signing the Standard Information Sharing Protocol.

The Service Hub operates based on number of main principles, that is, all services are provided in one place and the victim is not lost for searching other services required. Since the service hub is located in a health facility the victims are safe from the cultural point of view and not exposed to any additional risk as Afghan women are constantly restricted in their mobility. The chart below demonstrates the referral path from the low level of health facility to the upper level whereOSAC is located.

The model of a "one stop" centre is important for creating a safe and supportive environment for women and girls to seek immediate protection, medical treatment and legal assistance. The centres are designed to reduce the number of institutions that a survivor must visit to receive basic support following an incident of violence by coordinating the assistance and referral process through one location. In many communities, survivor services, where they exist, are often located in different physical locations and inhibit, rather than facilitate, timely and efficient responses. The hospital-based model of OSAC is a well-known practice in many of Asian countries where women's mobility is very much restricted.

Model is envisioned to:

- Build strong FRU-OSAC connection: develop specific policy securing regular information exchange and contacts between One Stop Assistance Center and FRU. The policy should require the use of standard information request forms, and facilitate regular contacts between GBV victims attending OSAC, OSAC staff members and FRU officer (according to FRU Head in Kabul, FRU officer in Herat will visit OSAC as the need arises and requested by OSAC).
- Coordination between EWAV unit at AGO and OSAC : GBV victims will use the opportunity at OSAC with the proper guidance from the legal officer of OSAC. The GBV victims are referred to the EVAW unit of AGO with consent of the victims to process and prosecute the perpetrator.
- Ensure linkage between OSACA and DOWA. The DOWA located in Herat regularly assists women suffering from GBV. If OSAC's assessment of the victim would require shelters, then OSAC will refer the victim to DOWA. .
- Reach out to women in rural areas. Due to strained security situation, assisting GBV victims in rural areas remains one of the main challenges for all GBV service providers. This will be addressed by the already existing referral system within the health structure, information campaigns and cooperation with local community based structures. These activities are envisioned to increase the opportunities for rural residents to access OSAC.).
- Provide training for female professionals. Shortage of female professionals trained to deal with GBV victims presents one of the most serious obstacles for all service providers in Herat. The staff of the OSAC will organize a training for female professionals from concerned departments in the regional hospital such as internal medicine department, burnt and plastic survey department, emergency unit, and oby/gyne department.
- Conduct a workshop on GBV investigation: Age determination and evidence collection on rape case generates constant tension among FMU (Forensic Medicine Unit) and agencies in charge with investigation and adjudication of GBV related crimes. A workshop on GBV investigation and evidence collection that will bring together police officers, prosecutors, judges and FMU staff would provide an important forum for identifying the rules that would address the concerns of all parties involved. The results of the discussion would then provide a foundation for the preparation of a policy and set of procedures that would specifically identify FMU's role in the collection of evidences on GBV cases.

- Inform GBV victims about the option for free legal assistance. Staff members in police departments, prosecutors' offices and courts rarely inform GBV victims and their family members about the free legal services provided by NGOs. The requirement of early referral to free legal services will be included in the SOPs to provide proper services to GBV victims. The reference to free legal help (clear statement describing free legal services and written address/phone/contact person for each NGO providing legal assistance) will be part of the step-by-step procedure of processing GBV case in police, prosecutor's office and court.
- Support the work of lawyers defending GBV victims. Female lawyers involved in defending GBV victims encounter numerous obstacles in their interactions with the police and prosecutors (for example, some information requests are left unanswered). Police officers as well the staff of prosecutor's office and courts in Herat will therefore be asked to attend a training on how to properly work with lawyers defending GBV victims. The training will specifically focus on policy about information sharing in GBV cases. The training will also focus on gender biases affecting the work of female lawyers in predominantly male professional environment.
- Create database on GBV cases. The absence of common database of GBV cases in the central provincial Police Department results in confusion and double case registration. It also slows down the information sharing process. The common data base accessible for both Human Rights and Criminal Investigations departments will increase the efficiency of case investigation process and allow for better data collection on GBV related crime.

The chart below details the referral path to be established within the project. It should be read from the bottom to the top as follows:

1. The chart highlighted in red color specifies the referral within the health sector.

As women approach the health facilities for Primary Health Care, the health providers detect the signs of GBV, document them based on the routine procedures and refer the women to the higher level – Regional Hospital of Herat, where the Service Hub is imbedded. The Service Hub – One Stop Assistance Center will be established preferably at the Forensic Medicine Unit[2] located at the Regional Hospital to provide a wide range of services - psychological counseling, basic legal assistance, information of further referral and assessing the risks and liaising with other referral actors as required (Police Family Response Unit, Division of Women's Affairs, Shelter, Legal NGOs). Based on that information received from the OSAC staff, the victim will be able to make an informed decision on her further steps. At the same time, in case of physical and sexual violence, with the written consent of the victim, he/she will be sent to the Forensic Medicine Unit for further examination..

[2] The set-up was communicated with the Head of Provincial Public Health Directorate. An option is between FMU and Burnt and Plastic Surgery Uni.

2. The chart in blue color highlights the referral path further to the legal sector.

In case the victim of GBV would like to proceed with legal case, the OSAC staff will liaise with the EVAW unit of the Attorney General's Office of Herat province as the key stakeholder and actor for providing legal assistance, case documentation, and prosecution. For security, protection and criminal investigation of GBV cases, with a written consent of the victim, the EVAW Unit will refer the case to FRU of DOI.

To strengthen the referral and support to OSAC, a working group comprised of the focal points from EVAW unit at the prosecutor's office of Herat, FRU, DOWA, Defence lawyers, organizations running the shelters and other actors mentioned in partner matrix (see below) will be established. It should be noted that the referral path within the legal sector has been established as part of the national mechanism and therefore will not require the establishment of any additional system. However, strengthening the capacity of the service providers in the concerned institutions is of crucial importance and therefore through the project, UNFPA will conduct series of training to them. The protection unit of AIHRC will also be involved in monitoring the cases at Prosecutors office and Court level as they have been doing this in other regions of Afghanistan in partnership with UNFPA.

3. Another part of the chart reflects referral to DOWA and further to shelter facility if needed.

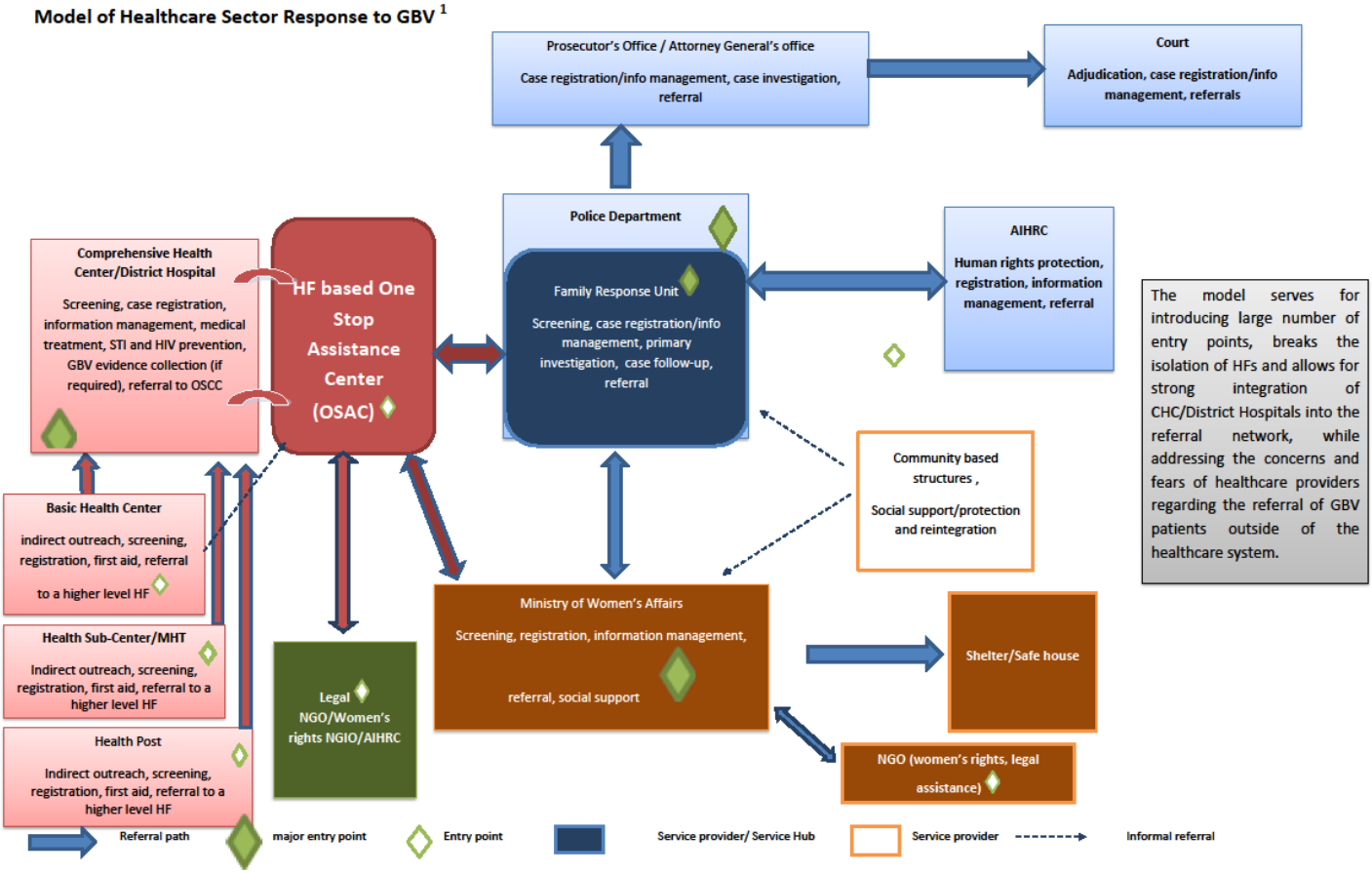
OSAC will be run by UNFPA Implementing Partner (NGO) with the following staff:

1. OSAC manager & trainer;
2. OSAC Psychosocial counselor & trainer; and
3. Legal, data & training officer

OSAC at Herat regional hospital will provide the following services:

- ✓ Immediate medical assistance and testing;
- ✓ Trauma / psychological counseling;
- ✓ Forensic evidence collections through Forensic Unit of Herat hospital;
- ✓ Basic legal assistance on the available legal procedures;
- ✓ Informational brief of options of services;
- ✓ Liaison with other referral actors as per request of the victim (Family Response Unit, Shelter, Legal NGOs); and
- ✓ Provision of training to health service providers and coaching with the support of UNFPA Implementing Partner (NGO).

Model of Healthcare Sector Response to GBV [1]



[1] Developed by UNFPA Afghanistan

V- Project Implementation Strategy

The project duration is 24 months and is articulated in six main components below (refer to Annex 1 for the details of the timeline per activity):

Project Component I: Assessment of GBV actors and services in Herat province and development of province's specific referral model for GBV victims.

The Baseline assessment is to be conducted for examining the services being provided by the state and non-state agencies for GBV victims at the provincial, district and community levels in Herat province.

The main focus of the assessment will be:

- to identify key actors providing services for GBV victims.
- to identify existing entry points for GBV response;
- to examine gaps in coordination among main service providers;

- to examine existing policies and procedures that regulate GBV response at all levels;
- to assess the existing information management system on GBV cases being adopted by service providers;
- To identify main needs and challenges of the agencies providing services to GBV victims.

Project Component I ***Assessment of GBV actors and services in Herat province and development of province's specific referral model for GBV victims***	
Activity No	**Specific Activities.**
• Activity 1	Hiring of international expert to conduct the baseline assessment and adopting the health sector response to GBV Model and Information Sharing Protocol.
• Activity 2	Development of questionnaire for qualitative data collection and seeking the approval from IRB/ERB under APHI of MOPH.
• Activity 3	Conduct of assessment of the state and non-state agencies providing services for GBV victims. Generating the report and analyzing the results of the assessment and revision of the model, if necessary.
• Activity 4	MoPH and PPHD taskforce review of the model and finalization of the Information Sharing Protocol.
• Activity 5	Adoption of the health sector response to GBV Model and Information sharing protocol based on the results of the assessment.
• Activity 6	Approval of the revised model and protocol by PPHD Herat and Gender directorate of MOPH.
• Activity 7	Translation and printing of the implementation package into local languages (Pashto and Dari).

Project Component II: Capacity building of health service providers on GBV psychosocial counseling, SOP on referral, and GBV data collection.

Three primary target groups will be part of this project. The first one is the group of medical doctors from all levels of health facilities. The second is the group of nurses from the Comprehensive Health Center, District hospitals and Regional Hospital. The third group is composed of Midwives from all levels of health facilities including family health houses' midwives.

Master trainers will be trained by the international consultant, whereby qualified trainers will be selected to replicate the same training.

Project Component II	
Capacity building of health service providers on GBV psychosocial counseling, SOP on referral and GBV data collection	
Sub-Component 1.1 Training of Medical Doctors from all levels of Health Facilities	
Activity No.	***Activities***
Activity 1	Development of a Training Plan in coordination with PPHD and BPHS / EPHS implementing partners (these agencies have also their own training plan and therefore the training plan to be developed has to synchronized).
Activity 2	Training of Trainers (TOT) for health service providers on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.
Activity 3	Training of medical doctors from health facilities on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.
Activity 4	Post training follow-up and mentoring at the field level for monitoring the practical use of knowledge and to measure the impact of the trainings conducted.
Sub-Component 1.2. Training of Midwives from all levels of Health Facilities	
Activity 1	Training of Midwives and Community Midwives from FHHs and health facilities on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.
Activity 2	Post training follow-up and mentoring at the field level for monitoring the practical use of knowledge and to measure the impact of the trainings conducted.
Sub-Component 1.3. Training of Nurses from all levels of Health Facilities	
Activity 1	Training of Nurses from health facilities on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.
Activity 2	Post training follow-up and mentoring at the field level for monitoring the practical use of knowledge and to measure the impact of the trainings conducted.

Project Component III: Establishment of a referral mechanism via operationalization of One Stop Assistance Centre in the provincial center and ensuring the referral path links through the health sector.

A bilateral referral mechanism will be established for one stop assistance center. The referral may come from the community or health center side. Those originating from the health center, this referral is through focal points at the district hospitals and comprehensive health centers while if from the community, the referral is through FHH, CDCs and LHCs. Another source of the referral is the key actors of GBV response such as FPs from EVAW unit of Attorney General's Office, FP from BPHS/EPHS implementers, DOWA, MoI-FRU, hospitals, NGOs providing legal and shelter services on their related areas of operations as legal, PSS, medical care, security and protection areas of GBV.

Project Component III *Establishment of Referral Mechanism via Operationalization of the One Stop Assistance Centre*	
Activity No.	***Activities***
• **Activity 1**	Workshops and meetings for introducing health sector response model and established referral path to key GBV actors.
• **Activity 2**	Capacity building of organizations, agencies and individuals involved in the referral system on GBV psychosocial
• **Activity 3**	Establishment of the GBV working group to support the OSAC and conducting regular meetings.
• **Activity 4**	Monitoring of referral path efficiency and addressing capacity and other gaps.
• **Activity 5**	Rehabilitation and renovation of the donated rooms inside the hospitals in Herat.
• **Activity 6**	Procurement of Office Furniture and Information Technology Equipment for OSAC and Sub office.
• **Activity 7**	Hiring of the National staff for OSAC.
• **Activity 8**	Establishment and operationalization of OSAC.

Project Component IV: Technical support to the Forensic Medicine Department of MOPH in Herat province.

The forensic unit does not have the equipment necessary for conducting advanced forensic examination or even a laboratory. Likewise, the unit needs training on how collect GBV information from GBV victims, how to fill out the standard registration forms as well how to carry out the data recording system.

Project Component IV *Technical support to the Forensic Medicine Department of MOPH in Herat province.*	
Activity No.	***Activities***
• **Activity 1**	Training of the forensic medicine unit staff on how to collect GBV information from GBV victims, forensic medicine evidences, and on ethical and safety guidelines on confidentiality of GBV cases.
• **Activity 2**	Training on recording of data and establishment of the recording system for FMU, development of database, standard forms and procedures.
• **Activity 3**	Procurement of the necessary equipment for forensic medicine unit (Medical and Non-Medical).
• **Activity 4**	Training of the relevant organization's staff (Prosecutors and CID) on basic principles of FM.

Project Component V: Capacity building of key actors involved in the coordinated multi-sectoral response to GBV.
Training of key actors on necessary tools (protocols, check lists, referral maps, and forms) to facilitate and ensure proper routine procedures of coordination and information sharing in the area of GBV response.

Project Component VI: Advocacy and information communication campaign in the communities.

This component is targeted to religious leaders, community shuras, youth communities, CDC's and other actors on the negative aspects and different forms of gender- based violence including harmful traditional practices. Different approaches will be applied namely, development of behavior change materials (booklets, video animation), orientation sessions with the community (CDC's, LHS, CHWs, Religious leaders, Teachers and others) on negative consequences of GBV and harmful traditional practices. The radio programmes will be broadcast nationally via the media company having the full coverage in Herat province. Likewise, monitoring and assessment of radio campaign's impact will be conducted in the target province.

Project Component VI ***Advocacy and information communication campaign in the communities.***	
Activity No.	***Activities***
Activity 1	Radio campaign on GBV health and social consequences (on health and social life) and available services for the victims of Gender Based Violence.
Activity 2	Development of a video animation and other IEC materials that explain GBV consequences on health and social life.
Activity 3	Print, disseminate and broadcast IEC materials
Activity 4	Conducting community level campaign on negative impact of violence against women through Implementing Partner of UNFPA in collaboration with CDCs, LHS, CHWs, religious leaders, and school teachers.

The duration of each component is summarized below:

Component #	Activity Descriptions	Starting Date	End Date
	Project Management and preparation.	Oct 2013	Sept 2015
I	Conduct of assessment of GBV actors and services in Herat province and development of the referral model	Dec 2013	Apr 2014
II	Capacity building of health service providers/ community awareness	Dec 2013	May 2015
III	Establishment of referral mechanism via operationalization of One Stop Assistance Centre in the provincial center and ensuring the referral path links through the health sector.	Jan 2014	Sep 2015
IV	Technical support to the forensic Medicine department of PPHD Herat.	March 2014	Aug 2014

V	Capacity building of key actors/community awareness	Oct 2014	Dec 2014
VI	Advocacy and information communication campaign in the communities.	Oct 2013	Aug 2015

The overall management and responsibility of the execution of the project rests with UNFPA. The International Gender Specialist and National Program Officer of UNFPA will oversee the project implementation and coordination with partners. UNFPA work will be supported by a national project staff hired for this particular project and will be stationed in Herat. Implementing Partners will be selected based on professional qualifications and strong experience on execution of GBV-related projects. UNFPA IP will be selected based on the assessment as per UNFPA policy on selection. The following criteria are considered in the IP's assessment and selection:

- Qualified human resources to implement the project;
- Experience on the subject;
- Systems used by the entity for tracking/monitoring and reporting on its work;
- Financial management (review of audited financial statements for the past three years of operation);
- Geographical availability /distribution/ in the country; and
- Reference checking

The Annual Work Plans (AWP) will be developed by UNFPA in consultation with the Gender Department of MOPH and Health Department of MoWA. This will then lead to close collaboration and coordination with DoWA in Herat as well as the other GBV key stakeholders and implementing partners. These plans will guide the execution of the project and define the budgets assigned to the various tasks to be accomplished.

UNFPA Afghanistan Office as the executing agency will be responsible for providing funds to the implementing partners, as well as technical oversight and technical inputs. Commitment and ownership by government authorities and partner communities is a pre-condition for the project implementation. The implementing NGO will be directly responsible for the execution of its part of the programme under the supervision of UNFPA. UNFPA's experience in close cooperation with the state institutions and NGOs as well as the already established mechanism of BPHS/EPHS implementation on the side of local NGOs, provides a good foundation for facility based service hubs run jointly by NGOs and state service providers with the expert support and oversight of international organizations.

To avoid any task duplication, UNFPA through its Implementing Partner will have a close cooperation and coordination with other projects being funded by the Italian Cooperation working at the district level. Such projects are the Family Health Houses (by ACTD) and paralegal and REFLECT circles (by Action Aid). For awareness raising campaigns, the community shuras and organizations such as UN-Habitat will be involved since the agency has an existing linkages with the

community elders and other community influential leaders. This will further strengthen the referral from the community to health sector referral network for GBV.

The administrative and financial operations required for the project will fall under the financial rules and regulations of UNFPA. An annual audit of the nationally executed components will be undertaken by independent auditors as per UNFPA requirements. The overall programme will be subject to internal management audit review by UNFPA and overall UN internal oversight.

VI - UNFPA'S Comparative Advantage, Alignment with National Strategies and Partnership

UNFPA started the initial efforts in the integration of health response to GBV in Afghanistan in 2011 with the following three crucial contributions to the complex task of building a coordinated GBV response in the country:

(i) Assessment of Services Provided to Victims of Gender Based Violence by State and Non-state Agencies in Nangahar, Bamiyan and Kabul provinces;

(ii) Based on the assessment findings, UNFPA introduced country specific health response to GBV concept model and related implementation package for full implementation in 2013; and

(iii) Inclusion of UNFPA Model into the National Priority Programme on Health (NPP5) under essential package service component.

These achievements constitute the necessary preconditions for the successful implementation of the current project. The Health Sector Response to GBV Model has been presented to the different partners, that is, members of the Gender Taskforce of MoPH. The Model has been envisaged into the National Priority Programme 5 "Health for All Afghans" as part of the Expansion of EPHS Section, Deliverable 1.2.3: Integration of professional assistance and referral services for victims of gender – based violence (GBV). As the next step, the whole package comprising of the Assessment, Model, Concept Note and SOP on referral for health providers has been approved by the Consultative Group on Health and Nutrition of MOPH for final endorsement.

The project envisages piloting of specific referral model for GBV victims through health care sector that draws on successful national and international practices that involve cooperation between different actors, NGOs and state run local institutions providing services to women and girls suffering from GBV. The project presents one of the elements of the multi-agency coordination model that seeks to generate a coherent set of relationships among agencies and organizations that would allow the victims of gender-based violence to receive maximum level of assistance and protection while investing with minimum resources.

To ensure full coordination between different partners, in January 2013, UNFPA signed a Memorandum of Understanding between UN Women and WHO on the establishment of a comprehensive referral mechanism for GBV victims. The MOU's primary focus is on the health sector's response to GBV and strengthening the referral path within and throughout the health

sector. However, it will contribute to a broader multi-sectoral framework for a GBV referral system that will envisage protection, health and legal aid.

UNFPA is currently working with UN Women on the development of a Concept Note on the establishment of the national GBV referral mechanism. This document will be a policy document which will define the roles and responsibilities of respective stakeholders and highlight the interlinked and inter-sectoral services to be strengthened. It will also support the strengthening of inter-ministerial initiative for creating a national GBV response mechanism in a sustainable and coordinated manner, adopting international standards for GBV service provisions.

Another MOU that UNFPA is working on with UN Women, WHO, MOPH, MOI, MOWA, MFA is on emergency treatment abroad for GBV victims that will apply to those cases which cannot be attended to by the in-country medical capacity.

VII- Project Reporting and Monitoring

All UNFPA projects' monitoring and evaluation (M&E) mechanisms are based on the principles of results-based management and are guided by UNFPA procedures and guidelines. The responsibilities of national executing agencies will be clearly outlined in the Annual Work Plans (AWPs).

The monitoring and evaluation specialist at UNFPA Country Office will develop the monitoring system, tools, and guidelines in order to collect the right data to track the indicators, as well as identify on who will monitor the project implementation through frequent field visits. All other professional staff will also be responsible to monitor implementation in their respective areas of responsibilities. The M&E plan will have the following structures:

- ✓ The Annual Work Plans (AWPs) will outline the national executing agencies' responsibilities to monitor the project progress;
- ✓ Field monitoring and periodic on-site reviews. In the event that UNFPA will be unable to directly monitor field activities due to further deterioration of security then a third party monitoring will be contracted;
- ✓ Spot checks of the financial records of implementing partners by UNFPA or its contractors will also be carried out;
- ✓ Quarterly project reports will be submitted by the implementing agencies to UNFPA for review;
- ✓ UNFPA will submit semiannual progress reports to the donor, including uncertified expenditure report, future work plans and budget allocations;
- ✓ An Annual Progress Report shall be prepared by the Project Manager and shared with the donor. As a minimum requirement, the Annual Progress Report shall consist of the updated information for each above element of the QPR as well as a summary of results achieved against pre-defined annual targets at the output level.

The project impact will be measured based on the indicators mentioned above. UNFPA Assessment of GBV services in Herat Province will be taken as the baseline for the project implementation and impact measurement. All trainings will be evaluated by the percentage of increased knowledge, as reflected in the indicators proposed by UNFPA.

UNFPA believes that the impact of the project will reach beyond the target communities and service providers, and that outcomes will be maintained beyond the project period due to a strengthened referral path and initiated attitudinal changes at the community level. In order to achieve the overall aim of the project, UNFPA will actively engage and include the key decision makers at the district and provincial level in the project activities, including different state actors, police, legal actors and community gatekeepers. This will increase understanding and support for the elements of good practice developed within the project and strengthen the sustainability of these changes.

VIII- Partnering with other agencies

The project envisages piloting of specific referral model for GBV victims through health care sector that draws on successful national and international practices that involve cooperation between different actors, NGOs and state run local institutions providing services to women and girls suffering from GBV. The project presents one of the elements of the multi-agency coordination model that seeks to generate a coherent set of relationships among agencies and organizations that would allow the victims of gender-based violence to receive maximum level of assistance and protection while investing on minimum resources.

Through the interview with different organizations working in Herat province in the area of GBV, UNFPA identified key service providers working in Herat that needs to have close coordination and cooperation. These are DOWA, AIHRC, Gender and Human Rights Department at the Provincial Police Department, , the family courts, the Forensic Medicine Unit, Burnt and plastic surgery unit at the regional hospital and especially the EVAW unit of AGO in Herat which has a crucial role in providing legal assistance to victims of GBV/VAW. In addition, there are a number of ongoing National and International agencies' projects (by Action Aid, UNDP, ACTD BDN, LAOA , VOW, AWN , ACWSO Medica Afghanistan) which are working actively in this area. The GBV response in Herat is characterized by a strong cooperation among DOWA, MOPH FRU, EVAW unit of AGO and active work with other organizations in the field of legal assistance to GBV victims and human rights education. Other actors central for assisting GBV victims include Forensic Medicine Unit and burn/plastic surgery unit in the regional hospital and BDN that will help in assisting GBV victims within some medium-level healthcare facilities. The Family Response Units in the provincial police departments are available in the provinces but needs strong support for expanding its capacity and resources (which will be supported by another UNFPA project (Strengthening the capacity of Afghanistan's National Police force and other legal actors towards combating violence against women and girls), and support from the UNFPA FHH project being implemented by ACTD and funded by the Italian cooperation.

Partner Matrix:

Programme Output	*Partner's name*	*Activities*
Under the leadership of UNFPA the following partnership strategy will be followed		
Assessment of the Governmental and non- Governmental institutions for services provided to GBV victims has been conducted.	*Action Aid , UNDP and Medica Afghanistan*	1. Experiences at field level and lessons learnt incorporated in the plan . 2. Using the base line information and data of UNDP/JHRA Project for our project.
Strengthened capacity of health services providers to respond and provide quality medical and psychosocial service to the victims of GBV in Herat Province.	*BPHS, EPHS Implementers (Regional Hospital, BDN, ACTD and other) and UNFPA IP for the FHH.*	3. Nominating the trainees, trainers and support in terms of monitoring of trainings. 4. Health and non-health actors' capacity will be strengthened through a number of trainings as described under activities section. Cooperation will be established in the selection process of the staff to be trained, as well as in further coaching of the personnel.
Increased awareness on GBV multiple service hubs among main stakeholders, families and communities.	*ACTD, Action Aid , CDCs and Women Shuras , LHC, CHWs, REFLECT circles and UN-Habitat*	5. In order to ensure that the messages reached the target community, partnership will be established with active women NGOs and human rights activists. The ongoing projects (UNDP JHRA, Action Aid, ACTD and other) achievements will be taken into consideration and messages will be developed based on those which have been piloted already.
Establishment of functioning referral mechanism through health sector with involvement of all GBV actors in coordinated manner	*Provincial MOPH, DOWA, AIHRC, BPHS/EPHS implementers (BDN, ACTD and DANISH) , LOAO, VOW , AWN , Medica Afghanistan , FRU and FHH supported by UNFPA, Forensic Medical Unit and EVAW unit of AGO , relevant*	1. Clear referral line will be established with related agencies as follows: OSAC (Service Hub) located in health facility will provide wide range of services – specifically psychological counseling, basic legal assistance, information of further referral and assessing the risks and liaising with other referral actors as required. Victims of physical and sexual violence will be registered and examined by Forensic Medicine unit staff supported by UNFPA. LAOA VOW, Action Aid paralegal net work (funded by Italian cooperation) will provide legal assistance to the victims for further actions to be taken through Family Response Units.

	departments of the hospital and organizations providing legal services for GBV victims .	Victims that are under extreme risks will be further referred through DOWA to shelters supported by UN Women. The AIHRC will play the monitoring and overseeing role of each case of GBV. 2. The key staff members in all agencies will be trained on all procedures, guidelines and tools required by the Implementation Package. Joint training of service providers representing several agencies from multiple sectors will follow.
One Stop Assistance Center fully operationalized for providing services to victims of GBV	*Provincial MOPH, DOWA, AIHRC, BPHS/EPHS implementers (BDN, ACTD and DANISH) , LOAO, VOW , AWN , Medica Afghanistan , FRU and FHH supported by UNFPA, Forensic Medicine Unit and EVAW unit of AGO , Relevant department of the hospital and organizations providing legal services for GBV victims .*	OSAC staff will work in close collaboration with indicated agencies (as described above) in order to ensure effective referral path for the victims as well addressing necessary training needs

IX - Measuring the Impact

Based on the long term and structural approach proposed by the Coordinated Multi-Sectoral Response to gender-based violence Model, the impact of the project is envisioned to reach beyond the target communities and service providers, and that the outcomes will be sustained beyond the project period.

The project impact will be measured based on the indicators mentioned in the project and that UNFPA's Assessment on GBV services in Herat Province will be taken as the baseline for the project implementation and impact measurement.

Annual evaluation of the project activities will be carried out. All trainings will be evaluated by the percentage of increased knowledge, as indicated in the indicators proposed by UNFPA. Regular

monitoring and evaluation of the project is explained in the Monitoring and evaluation section of the proposal.

Monitoring activities will be guided by the outputs required and the indicators to determine if the outputs are achieved (Annex 2 – LogFrame)

X - Risk Mitigation:

Security Risks

Afghanistan is a country in conflict where humanitarian workers and United Nations personnel have become the casualties during their work and missions. Even when not directly targeted, aid workers in many areas are subject to collateral damage, especially when there are explosions. The United Nations system in Afghanistan has comprehensively addressed the nature of the threat, affecting both its own personnel and that of entities under its commission. Thus, it is necessary that UN has to seek non-UN implementing partners which oftentimes have access to areas beyond the reach of the UN and often their profile is much less noticeable, they are more clearly perceived as humanitarian actors, and therefore activities are often carried out by implementing partners.

However, according to the UNDSS rule, while UN access to the area out of the security/movement box needs a road mission with a convoy of armored vehicles sometimes armed security escorts are required. The project area in general, should be accessible to UN missions to carry out the task of monitoring and supervision. Should there be any project site which is not accessible to UN, a third party monitoring will be utilized.

To ensure safe implementation of the project, both for project staff and involved beneficiaries, advance information about security situation in the province will be sought from UNAMA /UNDSS, as well as other key actors present in the province who are responsible for security in the country. UNFPA will continue to work closely with UNDSS to maintain an active map of the security situation in the entire country up to the district level. The target provinces remain relatively calm for programmatic interventions, expect in some district, which is located far from the city. To avoid unnecessary risks the trainees from the districts will be trained in Herat city.

Monitoring of the project by UNFPA may be hampered due to the security situation in some parts of the province. Mitigating measures include strong communication with stakeholders throughout the implementation period. UNFPA will consider third party monitoring in such cases.

Low Capacity of Actors and Low Awareness on GBV Issues and Services

Capacity and awareness rising on GBV issues of the government officials and health sector is an important key for improving the response to GBV cases. UNFPA and its Implementing Partner in collaboration with provincial and district officials in the planning, implementation and monitoring of activities will launch a full awareness campaigns and build better capacity of government structures as well as their knowledge of the benefits of GBV prevention and response. This will also foster support for change in local practices at the community level.

The overall education level in Afghanistan remains low and international organizations encounter challenges with finding and retaining qualified staff to carry out project activities satisfactorily. This might also be a challenge for this project, both with regard to finding the appropriate trainers, and project staff. However, UNFPA has already an extensive experience from similar projects implemented in Jalalabad and Kabul, which also have involved establishment of OSAC and training of health staff. Consequently, UNFPA has already trained a group of trainers from Basic Package of Health Services BPHS implementers, and will similarly train another group of master trainers in Herat.

To find the appropriate staff to implement and follow up the project in Herat, UNFPA will, according to the HR policy, broadly announce the position, and the appropriate candidate will be selected through standard recruitment procedures, including the screening of applicants to be undertaken by a committee consisting of UNFPA and external staff. The selected project staff will be trained and closely supervised throughout of the contract, and will receive on-the-job training through a mentor to be hired for the project and UNFPA program staff.

Non-collaboration of partner agencies

Increased advocacy campaigns at the policy level guided by the principles of NAPWA, Afghanistan commitment to international declarations, conventions, Tokyo accountability framework to re-assure the strong commitment towards these programs on government leadership level and overall inside the international community and for the specific commitment of MoPH to NPPs. MoPH and MoWA's participation will also be increased involving them in every aspect of the project in order to ensure ownership and therefore full collaboration.

Project Sustainability

The impact of the project will reach beyond the target communities and Health services providers, and positive outcomes will continue beyond the project period. In order to achieve the overall aim of the project, UNFPA with implementing partners will actively engage and include the key decision makers at the district and provincial level in the project activities. This will increase understanding and support for the elements of good practice developed within the project and strengthen the sustainability of these changes. Routines, structures, and expertise will be retained in the health facilities and OSAC through the establishment of routines, standard operating procedures and clear referral pathways between key GBV service providers.

Since the project is also a part of National Priority Program of MOPH, it is ensured that the project is part of their long term strategy. The project model will be integrated in the Basic Package of Health services (BPHS) roll out. OSAC is also included in the MOPH work plan, and will expand to several other provinces throughout 2013 and 2014.

During the two years of project duration, we will establish a proper functioning network and referral system for GBV and will build the capacity of health sector staff that will sustain and remain functional in MoPH without any charge. Meanwhile, for the strong commitment of gender

department and MoPH leadership, the OSAC staff will be integrated into B and EPHS packages in new and revised version of these packages in 2015 as other vertical projects of mental health, nutrition and dues.

In the event that MoPH will not sustain this centre, an alternative option is to put the centre at DOWA since the focal persons are also trained. This will be imbedded at the Health Project Unit of the said ministry. Coordination will be made properly with DOWA and MoWA. However, all efforts will be exerted in order to ensure that MoPH will be in-charge since OSAC is established mainly through the health sector.

Annex 2 - LOGICAL FRAMEWORK

	Intervention Logic	Verifiable Indicators of achievement	Sources and Means of verification	Assumptions (situations that will affect the project)
Overall objective	Provision of efficient services to GBV survivors through coordinated multi sectoral response to GBV.	# of GBV victims who received efficient services through coordinated multi sectoral response to GBV.	Knowledge, Attitude and Practice (KAP) survey and GBV Database	Cooperation of concerned agencies
Project Outcome	1. Establishment of a coordinated multi-sectoral response to gender-based violence and integration of professional assistance and referral services into the health sector.	80% of GBV actors are actively involved in coordinated multi sectoral response to GBV (coordination bodies and services provision)	Baseline assessment and End line assessment	Fast turnover of the project staff working for the GBV victims; insecurity
Project Outputs	1.1 Assessment of the state and non-state institutions for services provided to GBV victim.	• Assessment of the GBV service providers conducted. • Baseline data collected, analyzed and report prepared	Assessment Report	Insecurity; cooperation of the respondents
	1.2 Based on the assessment finding, Health Sector Response to GBV model adopted.	Health sector response to GBV Model adapted to the context of Herat province.	International Consultant's Report	Slow process of endorsement by MOPH .
	1.3 One Stop Assistance Center fully operationalized to provide services for GBV victims.	• # of One Stop Assistance center established and fully operationalized. • # of the GBV cases registered and processed through OSAC.	Project Report of IP and monitoring report	Cooperation of concerned agencies; information dissemination about the services of OSAC
	1.4 A referral mechanism established based on the	A comprehensive referral mechanism among the GBV key	Project Report and monitoring report	

	OSAC in Herat Province.	actors is established.		
Activities	1.1.1 Hiring of international expert for conducting the baseline assessment and adopting the health sector response to GBV Model. Information sharing protocol.	An International consultant hired.	Project Report	Availability of qualified consultant who is willing to go to Afghanistan
	1.1.2 Development of questionnaires for qualitative data collection and approving the questionnaires through IRB/ERB under APHI of MOPH.	Questionnaires developed and approved by MOPH.	Finalised questionnaire; written approval from MOPH; Progress Report	Complexity of the questionnaire design; cooperation of concerned agencies
	1.1.3 Conduct of assessment of state and non-state agencies providing services for GBV victims.	Assessment of all state and non-state agencies working in area of GBV in Herat province conducted.	Assessment and Progress Reports	Cooperation of concerned agencies; security situation
	1.1.4 Generating the report and analyzing the results of the assessment.	Assessment results analyzed and report presented to MOPH and MOWA.	Assessment Report	Completeness of the assessment to be able to analyze them properly
	1.2.1 Based on the Assessment results, Health Sector Response to GBV Model adapted to the context of Herat.	Model adopted	Progress Report	Comprehensiveness of the model in the context of Herat environment
	1.2.2 Task force meetings for review and finalization of the Model.	Three taskforce meetings for review and finalization of the model conducted.	Approved Meeting Minutes	Weak participation of stakeholders.
	1.2.3 Endorsement of the model by line ministries (MOPH and MOWA).	The Model endorsed by the line Ministries.	Letter from MoPH and MoWA stating their approval/endorsement; Progress Report	Cooperation of concerned ministries
	1.2.4 Development of the implementation package (SOP's, Information sharing protocols, checklist, data	Implementation package developed.	Progress Report	Completeness of the information needed to develop the implementation package;

	collection tools and Referral sheets) for health sector response to GBV.			contribution of concerned ministries
Activities	1.2.5 Presentation of the implementation package to MOPH and MOWA for endorsement	The implementation package endorsed by MOPH and MOWA.	Letter from MoPH and MoWA stating endorsement of the implementation package; Progress Report	Cooperation of concerned ministries
	1.2.6 Printing and translation of the Implementation package.	The implementation package translated and printed.	Printed copy of the implementation package; Project Report	Availability of qualified translator
	1.3.1 Rehabilitation and renovation of the donated rooms inside the hospitals in Herat.	Two rooms for OSAC renovated.	OSAC Report and Progress Report	Availability of rooms for OSAC.
	1.3.2 Procurement of Medical and non-medical equipment for OSAC	OSAC fully equipped.	OSAC Report and Progress Report	Comprehensive list of priority of equipment
	1.3.3 Hiring of the National staff for OSAC.	Four key and support staff hired for OSAC.	Progress Report.	Availability of qualified applicants
	1.4.1 Selecting the focal points from community (CDC's , LHC ,CHWs , FHHs) , from health facilities (CHC , DH , line department of RH) and from key actors (DOWA , EVAW unit of AGO, MOI, AIHRC, Family court , NGOs providing services for GBV Victims)	# of the focal points from community, health facilities and from GBV key actors selected.	Progress Report	Commitment of the volunteer focal points
	1.4.2 Establishment of the GBV working group composed of the GBV service providers at community level, health facility level and at institutional level.	3 GBV working groups to be established and quarterly base meeting conducted.	Meeting minutes	Commitment of the volunteer focal points; cooperation of concerned agencies.

Project Outcome	2- The knowledge, attitudes and patient interaction of health services providers and other GBV key actors are more responsive to GBV survivors' needs through the capacity building on GBV prevention and response. Their capacity to provide effective and efficient services to the victims of GBV in Herat province is improved.	% of GBV service providers provide services to the GBV victims on ethical, confidential and dignified manner. # of service providers trained on GBV prevention and response	Baseline assessment and end line assessment; training reports	Fast turnover of the staff already trained
Project Outputs	2.1: Strengthen the capacity of health service providers (Doctors, Nurses, Midwives, CME student and midwives from FHH) to respond and provide quality medical and psychosocial service to the survivors of GBV in Herat Province.	A total of 380 Health service providers trained on GBV psychosocial, GBV data collection and on SOP of health sector response to GBV.	Project Report and Training Report	Signed MOU with BPHS and EPHS implementer for providing the trainees; cooperation and participation of trainees; fast turnover of the staff already trained
Activities	2.1.1 Development of the Training Plan in coordination PPHD and BPHS / EPHS implementing partners.	Comprehensive training plan developed.	Progress Report	Cooperation of IPs
	2.1.2 Training of Trainers (TOT) for health services providers on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.	25 different service providers trained on the related topics.	Training and Quarterly Reports.	Commitment and dedication of the trainees to replicate the trainings
	2.1.3 Training of medical doctors from health facilities	80 Medical doctors trained on GBV psychosocial, GBV data	Training and Progress Report s	Availability and cooperation of trainees

	on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.	collection and SOP on health sector response to GBV.		
Activities	2.1.4 Training of Midwives and Community Midwives from FHHs and from health facilities on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.	60 Midwives and Community Midwives from FHHs and from health facilities trained on GBV psychosocial, GBV data collection and SOP on health sector response to GBV.	Training and Progress Report s	Availability and cooperation of trainees
	2.1.5 Training of Nurses from health facilities on Health Sector Response to GBV, GBV Psychosocial and GBV data collection.	260 Training of Nurses from health facilities trained on GBV psychosocial, GBV data collection and SOP on health sector response to GBV.	Training and Progress Report	Availability and cooperation of trainees
Project Output	2.2 Strengthened capacity of other GBV services providers (Prosecutors, State and Non-State organizations) to respond to and provide quality service to the survivors of GBV in Herat Province.	75 GBV key actors trained on GBV prevention and response.	Training and Progress Reports	Availability and cooperation of trainees
Activities	2.2.1 Training of the GBV key actors (50 Government staff (DOWA , AIHRC , FRU , EVAW unit , DOJ ,) , 25 NGOs staff .	A total of 75 GBV key actors trained on GBV prevention and Response.	Training and Progress Reports	Availability and cooperation of trainees
	2.2.2 Training on Health sector response to GBV focal points at community, health facilities and at institutional level trained on Multi sectoral health care sector response to GBV.	A total of 75 GBV focal points trained on each level.	Training and Progress Reports	Availability and cooperation of trainees
Project Output	2.3 Technical and Institutional Support to forensic medicine unit for proper collection of	Forensic medicine unit trained to collect proper information of the GBV cases.	Progress Report	Cooperation of FMU management

	the forensic medicine evidences from GBV victim of Herat province.			
Activities	2.3.1 Training of the forensic medicine unit staff on how to collect forensic medicine evidences, ethical and safety guideline for confidentiality of the GBV cases.	# of Forensic Medicine staff trained on how to collect forensic medicine evidences, ethical and safety guideline for confidentiality of the GBV cases.	Training and Progress Reports	Availability and cooperation of trainees
	2.3.2 Establishment of the recording system for FMU, development of database, standard forms and procedure.	Standard forms and database developed for recoding of the forensic medicine information.	Progress Report	Complexity of the forms and system; presence of staff who has the potential to learn the development and maintenance of database
	2.3.3 Purchasing of the necessary equipment for forensic medicine unit (Medical and Non-Medical).	Based on priority list, essential equipment purchased for FMU.	Inventory list; purchase orders	Availability of the needed equipment
	2.3.4 Training of the relevant organization staff (Prosecutors and CID) on basic principle of FM.	25 relevant organization staff (Prosecutors and CID) trained on basic principle of FM.	Training and Progress Reports	Availability and cooperation of trainees
Outcome 3	Increased awareness of the people in target communities on prevention and respond to GBV cases.	# of target population covered by awareness raising campaign.	Progress Report	Security issues; low capacity of the general population to understand the issues; religious and traditional practices
Output	3.1 Increased awareness on GBV prevention / response and presence of multiple service hubs among main stakeholders, families and communities.	# of target beneficiaries covered by awareness raising campaign.	Result of impact assessment; Project Report	Security issues; low capacity of the general population to understand the issues; religious and traditional practices

Activities	3.1.1 Radio campaign on the GBV health and social consequences (on health and social life) and available services for the victims of Gender Based Violence.	60% of the total population (as direct and indirect beneficiaries) covered through radio campaign in the target province.	Radio Company Report	Security; absence of radio set in the households
	3.1.2 Development of video animation and IEC material that explains GBV consequences on health social life.	Video animation and IEC materials developed.	Progress Report	Absence of medium to show video animation; low literacy of the population
	3.1.3 Print, disseminate and broadcast IEC materials	2000 IEC materials printed and disseminated.	Progress Report	Low proportion of the population who can read
	3.1.4 Conducting community level campaign on negative impact of violence against women through Implementing partner	8 Community level campaign conducted .	Progress Report	Low acceptance of the community on the said issues; inaccessibility of the community due to security problems

Annex 3 - Budget Details

Project Component I: Assessment of GBV actors and services in Herat province and development of province's specific referral model for GBV victims				
Output & Beneficiaries	**Activities**	**Indicators**	**Budget**	**Total**
Assessment of the state and non-state institutions for services provided to GBV victims	Hiring of international expert for conducting the baseline assessment and adopting the health sector response to GBV Model and Information Sharing Protocol.	International Expert hired; assessment conducted. Report, implementation package, and information sharing protocol finalized	Services of international consultant. Fee: 500$/Day x 22 days x 4 months (2 months home-based) = $44,000; Country Mission: DSA $11,040 ($184 x 60days); Travels $5,000. Total : $60,040	$60,040
	MoPH and PPHD taskforce review of the model and finalization of the Information Sharing Protocol.	The implementation package reviewed by MOPH taskforce	Roundtables and meetings for reviewing and endorsement of the OSAC operational documents. 25 members of the Task Force/4 meeting/$5Refreshments/$7Lunch/ $1,000 venue. Total: $2,200	$2,200
	Endorsement of the revised model and protocol by PPHD Herat and Gender directorate of MOPH.	Implementation package endorsed by MOPH.		
	Translation and printing of implementation package into local languages (Pashto and Dari).	Implementation package translated and printed in 1500 copies	Printing and translation Translation - $3000 Printing costs - $2000 Total: $5000	$5,000
Sub Total				**$ 67,240**

Project Component II: Capacity building of health services providers on GBV, psychosocial counseling of GBV victims, SOP on referral, ethical and safety principals.				
25 Health services providers trained on TOT for health sector response to GBV.	Training of trainer for health services provider on Health sector response to GBV, GBV psychosocial and GBV data collection .	25 Health services providers trained on Health sector response to GBV TOT.	DSA for Master Trainers (UNFPA staff) = 90 / Day x 12 days x 2 Trainers = 1,080 $ Operation cost = 5,250 $ DSA for trainees 8 /Day x 10 Days x 25 trainees = 2000$ Refreshments = 3 /participant x 10 Days x 25 Participants = 750 $ Transportation cost 10$ /Person /Day x 25 Participants = 2,500 $ Stationeries = 50 $ / Training Total for one training = 6,380 $	**US$ 6,380**
	Selection and training of focal points at each DH and comprehensive health center level in Herat province on Health sector response to GBV.	# of focal points from health facilities selected and trained on GBV referral.	Transportation cost of the focal points from the Districts to Herat city 20 $ (average)/Focal point / Month x 16 Months x 20 FP = 6,400$ DSA 43 / Day x 20 x 16 FP = 13,760$ Total: 20,160 $	**20,160$**
I) 60 Health services providers from Urban HFs 1- Enjeel	Training of Medical Doctors on Standard Operating Procedures (SOP) for healthcare sector response	100 Medical doctors trained on three batches (1- SOP on health sector response to GBV 2- GBV Psychosocial 3-	I- 2,930 $ / Training x 9 training Total = 26,370 $ The below budget breakdown is for	26,370 $ + 37,080 $ = **63,450 $**

2- Gozarah 3- Zendagan 4- Karokh 5- Ghorian 6- Kohsan 7- Pashtoon Zarghon 8- Hirat 9- Kushki Kuhna II) 40 Health services providers from Urban HFs 10- Adraskan 11- Chishti Sharif 12- Farsi 13- Gulran 14- Kushk 15- Obe	to gender-based violence (GBV) GBV data collection.	GBV Data collection).	one training and overall trainings are budgeted accordingly. Personal Cost = 580 $ DSA = 8 / Day x 5 days x 2 Trainers = 80 $ Training Fee 50$ /day x2 Trainers x 5 Days = 500$ Operation cost = 1,950 $ DSA for trainees 8 /Day x 5 Days x 20 trainees = 800$ Refreshments = 5 /participant x 5 Days x 20 Participants = 500 $ Transportation cost 6 /Person x 20 x 5 Participants = 600 $ Miscellaneous and Venue Costs = 400 Stationeries = 50 $ / Training II- 6,180 $ / Training x 6 training Total = 37,080 $ The below budget breakdown is for one training and overall trainings are budgeted accordingly. Personal Cost = 580 $ DSA = 8 / Day x 5 days x 2 Trainers = 80 $ Training Fee 50$ /day x2 Trainer x 5 Days = 500$ Operation cost = 5,200 $	

16- Shindand			DSA for trainees 43 /Day x 5 Days x 20 trainees = 4,300$ Refreshments = 5 /participant x 5 Days x 20 Participants = 500 $ Transportation cost 20 /Person x 20 Participants round trip = 400 $ Miscellaneous and Venue Costs = 400 Stationeries = 50 $ / Training	
III) 40 Health services providers from Urban HFs 17- Enjeel 18- Gozarah 19- Zendagan 20- Karokh 21- Ghorian 22- Kohsan 23- Pashtoon Zarghon 24- Hirat 25- Kushki Kuhna	Training of Midwives from Health facilities and from FHHs on Standard Operating Procedures (SOP) for healthcare sector response to gender-based violence (GBV).	60 Midwives trained on (1- SOP on health sector response to GBV 2- GBV Psychosocial 3- GBV Data collection) in three batches.	2,930 $ / Training x 6 training Total = 17,580 $ The below budget breakdown is for one training and overall trainings are budgeted accordingly. Personal Cost = 580 $ DSA = 8 / Day x 5 days x 2 Trainers = 80 $ Training Fee 50$ /day x2 Trainer x 5 Days = 500$ Operation cost = 1,950 $ DSA for trainees 8 /Day x 5 Days x 20 trainees = 800$ Refreshments = 5 /participant x 5 Days x 20 Participants = 500 $ Transportation cost 6 /Person x 20 x 5 Participants = 600 $ Miscellaneous and Venue Cost = 400	36,120 $

IV) 20 Health services providers from Urban HFs 26- Adraskan 27- Chishti Sharif 28- Farsi 29- Gulran 30- Kushk 31- Obe 32- Shindand			Stationeries = 50 $ / Training 2- 6,180 $ / Training x 3 training Total = 18,540 $ The below budget breakdown is for one training and overall trainings are budgeted accordingly. Personal Cost = 580 $ DSA = 43 / Day x 5 days x 2 Trainers = 80 $ Training Fee 50$ /day x2 Trainer x 5 Days = 500$ Operation cost = 5,200 $ DSA for trainees 43 /Day x 5 Days x 20 trainees = 4,300$ Refreshments = 5 /participant x 5 Days x 20 Participants = 500 $ Transportation cost 20 /Person x 20 Participants round trip = 400 $ Miscellaneous and Venue Costs = 400 Stationeries = 50 $ / Training Total = 36,120$	
40 Nurses trained from Urban health facilities and 20 Nurses from Rural	Training of Nurses on on (1- SOP on health sector response to GBV 2- GBV Psychosocial 3- GBV Data	60 Nurses trained on (1- SOP on health sector response to GBV 2- GBV Psychosocial 3- GBV Data collection) in three	Urban training 2,930 $ / Training x 6 trainings = 17,580 $ Rural area training 6,180 $ /	36,120 $

area.	collection) in thee batches.).	batches.	Training x 3 trainings = 18,540 $	
Total 75 trainees evaluated on the practical use of knowledge	Post training follow-up at field level to monitor the practical use of knowledge to measure the impact of the trainings conducted.	# of services providers trained practically applying the knowledge and guidelines obtained Qualitative assessment also required	Total Budget: 17,750 US$ DSA for UNFPA staff: 90$ / Day x 3 days x 4person (3 assessors, 1 driver) x 8 missions = US$ 8,640. Transportation costs (plane fare and fuel costs): US$9,110	17,750$
40 Trainees from Urban area and 40 from rural areas.	Refresher training for already trained services providers or newly joined staff on the health sector response to GBV.	# of the staff trained Health sector response to GBV	Urban area training = 2,930 $ / Training x 2 trainings = 5,860$ Rural Area = 6,180 / Training x 2 = 12,360$ Sub total = 18,220$	18,220$
Sub-Total				$ 198,200
Project Component III: Establishment of a referral mechanism via operationalization of One Stop Assistance Centre at the provincial center and ensuring the referral path through health sector**.**				
	Workshops and meetings for introducing health sector response model and established referral path to key GBV actors.	All operational documents and MOU developed and endorsed.	Workshops and meetings for introducing health sector response to GBV model and established referral path for key GBV actors. 7 $ lunch + 3 $ refreshments / Workshop x 4 workshops x 35 Participants = 1,400 $ Venue cost for 4 workshops = $1,000. Printing and stationeries = 280$ Total: $2,680	2,680 $
60 (20 Rural and 40 from urban)Member of the GBV working groups (Community	Training of the GBV working group members on the health sector response to GBV and	Total 75 members of the GBV working group trained on Health sector response to GBV.	One batch of training for rural area = 6,180 x 1 = 6,180$ Two batches of training for urban	12,040$

level , HF level and institutional level)	referral system.		area = 2930 $/Training x 2= 5,860 $ Sub Total = 12,040$	
140 CDC , Women Shura , LHC and CHWs training on the GBV Prevention and Response in 7 Batches (4 Urban and 4 Rural)	Training of the community network (CDC's , Women Shura , LHC ,CWHs and community elders on GBV prevention and response .		1- Urban Training 2,930/Training x 4 Trainings = 11,720$ 2- Rural Area trainings = 6,180 / Training x 3 Trainings = 18,540 $	30,260 $
	Capacity building of organizations, agencies and individuals involved in referral system on GBV Psychosocial.	Number of GBV service providers trained annually	Training of GBV actors in Herat Province. Two training for state organizations one workshop for NGOs Two workshops for police Two workshops for judges and prosecutors: 7 training/$2,930 each/20 participants each Sub-Total: $ 20,510	20,510 $
	Establishment of the GBV working group to support the OSAC.	TOR for the working group developed and working group established.	Quarterly based meeting 300$/Meeting x 8 = 2400$	2,400$
	Monitoring of referral path efficiency and addressing capacity and other gap.		Monitoring visits and coaching by OSAC staff all over health care system in Herat province on efficiency of established referral path. Lump sum	10,000$
One Stop Assistance Center fully operationalized for providing services to victims of GBV.	Rehabilitation and renovation cost of the donated rooms inside Hospitals in Herat.		**Lump sum**	17,000$

	Office Furniture for OSAC and Sub office		(6 Office tables, 6 office chairs, 4 cupboards, 1 Safe for confidential documents, 1 examination tables, 4 benches' for clients, 8 chairs for staff.	5,000 $
	Information Technology Equipment for OSAC and Sub office.		(4 desktop computers, 2 Printers, 2 projectors, 2 Screens and 2 photos cameras)	5,000$
	Medical instruments and essential drugs for OSAC.		Medical Instruments (Minor surgery kits , D&C set, pelvic examination kit , Dispensary trolley , Dispensary set) = 1000$ Essential drugs based on the IRC guideline = 100 / Month x 12 Month = 1200$	2,200$
	OSAC staff salaries		1- OSAC Manager and trainer =1500 $ / month x 24 x 1 centers = 36,000 $ 2- Legal Advisor 1200 / month x 24 x 1 for two centers = 28,800$ 3- Psychosocial counselor and M&E. 1200 / month x 24 = 28,800 $ - Peon (Cleaner) 300$/Month x 24 =7200$ Mentor for implementation of the SOP= 1200 $ / month x 24 x 1 centers = 28,800 $	129,600$
	Equipment and Communications		(6 Mobile sets, 6 SIM Cards, 10$ / month Top up cards x 24 x 4) for OSAC staff and Program staff.	4,960$
	Stationeries			4,000$

Sub Total				$ 245,650
Project Component IV: Technical support to the forensic Medicine department of MOPH in Herat province				
10 Participants	Capacity building of forensic medicine unit and OSAC staff on the collection of forensic evidence and proper reporting of GBV cases in Kabul with the support of EUPOL , Kabul University and FMU Kabul.	Forensic medicine unit and OSAC staff trained for providing better information on forensic medicine.	Travel cost 280$ round trip x 10 =2,800 $ DSA = 43 $ / Day x 10 Days x10 = 4,300$ Training fee 50 $ / Day x 10 days = 500$ Refreshments 6 $ / Day x 10 x10 = 600$ Transportation costs for field visits = 200$ Subtotal = 8,400$	8,400$
	Establishment of the proper recoding system for forensic medicine unit (Development of the Database, Standards forms and Reporting system and finger print machine)	A proper recoding system established.	Development of the Database = 5000$ Finger print machine = 4000$ Laptop computer = 1000$ Subtotal = 10,000$	10,000$
	Training of the police, Judges and prosecutor on the guiding principles of the forensic medicine unit.	20 staff of the relevant organization staff trained on the guiding principles of the FM.	One training = 2,930 $	2,930 $
	Providing necessary equipment needed for the collection of forensic evidences in GBV survivors	The forensic medicine unit equipped with necessary equipment's needs for GBV cases.	Centrifuge -500$ + B=Microscope Binuclear 500$ +Ultrasound Doppler – 6000$ + X-Ray Machine 10,000$ +Finger print – 1000$ +Examination Table # 5 – 1500$ +Generator 40 KW 2000$ +Forensic medicine Books 2000$ +Projector –	28,170$

			1000$ +Refrigerator full size 2000$ +installation of the security camera – 2670 $	
Sub Total				$ 49,500
Project Component V: Capacity building of key actors involved in the coordinated multi-sectoral response to GBV				
	Training for GBV key actors on response to GBV and referral system (DOWA, NGO, Judges and Prosecutors, Police and other) training on GBV Referral in Herat Province.	# of GBV key actors trained on GBV referral in Herat province.	2930 $ / Training x 6 training Total = 17,580 $ The below budget breakdown is based on the computation above for one training, overall trainings are budgeted according. <u>Personal Cost = 580 $</u> DSA = 8 / Day x 5 days x 2 Trainers = 80 $ Training Fee 50$ /day x2 Trainer x 5 Days = 500$ <u>Operation cost = 1,950 $</u> DSA for trainees 8 /Day x 5 Days x 20 trainees = 800$ Refreshments = 5 /participant x 5 Days x 20 Participants = 500 $ Transportation cost 6 /Person x 20 x 5 Participants = 600 $ Miscellaneous and Venue Costs = 400 <u>Stationeries = 50 $ / Training</u>	17,580$

Sub Total				17,580 $
Project Component VI: Advocacy and Information communication campaign with coordination of other Italian cooperation partners in the Herat province.				
Increased awareness on GBV multiple service hubs among main stakeholders, families and communities.	Development of Communication strategy.	Strategy for the communication developed.	Salaries of UNFPA staff c/o UNFPA	
# Of target beneficiaries in 34 provinces. Note: The media company will be selected based on the full coverage of the country, therefore all 34 provinces will be addressed within the campaign but the monitoring of the impact will be conducted only in Herat province.	Radio campaign on the GBV health and social consequences (on health and social life) and available services for the victim of Gender Based Violence.	1.Radio drama of 34 Episodes in two language developed (7Minutes) 2.Radio drama broadcasted two times in a week in Dari and Pashto 3. PSA developed and broadcasted one minute 6 times in a day. The duration is four months	Total budget: 111,000 $ PSA Production: 1 minute – US$6,000 Radio Drama Production: 7-9 minutes/ 34 Episode –US$17,000 Radio Drama Translation and dubbing – US$18,000. Airing cost: for radio drama of 34 episodeS for 7 minutes / two times in a week – US$42,000 . Airing cost: for PSA one minute 6 times in a day – US$28,000.	111,000$
	Develop video animation to explain in local language the consequences of GBV on health and social life.	Company selected and video animation developed.	Contract fee = 30,000 $	30,000$
Total Direct Beneficiaries = 800 though out the project.	Conducting community level campaign on negative impact of GBV through Implementing partner. Involved CDC,s , LHC , CHWs , Women shura ,	100 Participants in one campaign x 8 Campaigns at District and Provincial level.	Operational expenses: $15,000 200 communication equipment and sound system / Event x 8 = 1,600 $ Refreshments 10$ / Person x 800 = 8,000 $	32,600$

	Teachers , Religious and community leaders and youth groups.		Transportation costs: US$ 8,000	
	Develop IEC materials and messages. Print, disseminate and broadcast IEC materials	5,000 IEC materials developed and disseminated.	Budget: US$ 2,000 0.40$ / Brochures x 5,000 = US$8,400	2,000$
Sub Total				$ 193,600
Monitoring / Evaluation and Project evaluation cost				$ 32,510
Total Program Cost				$ 804,280
Management and administration costs				
	IP- Project staff entitlements		1- Project Coordinator = 1500 / month x 24 month = 36,000$ 2- Training and M&E officer = 1200/Month x 24 = 28,800$	64,800$
	UNFPA staff entitlements.		National Project officer = 3300$ / Month x 24 = 79,000$	79,000 $
	Office equipment and furniture.		Computer, printer, tables, chairs, cupboards, Microsoft Office	30,365 $
Implementing Partner	7% overhead cost			56,300$
UNFPA	5% Programme Admin Cost for UNFPA CO			51,737 $
	8% Mandatory Indirect cost for UNFPA HQ			86,918$
Grand Total				**1,173,400 $**