OCHA Coordination Saves Lives

Project Proposal

Organization	SC (Save the Children International)			
Project Title	Improving the nutrition status of children affected by malnutrition			
CHF Code	AFG-14/S1/N/INGO/234			
Primary Cluster	NUTRITION		Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation		Allocation Category Type	
Project Budget	577,836.15		Project Duration	12 months
Planned Start Date	01/05/2014		Planned End Date	30/04/2015
OPS Details	OPS Code		OPS Budget	0.00
	OPS Project Ranking		OPS Gender Marker	

Project Summary

Based on the vulnerability mapping exercise by OCHA and Nutrition Cluster presented in the 2014 Humanitarian needs overview , Nangarhar province is rated very high. To improve the poor nutrition status and to reduce preventable deaths among children, SCI w ill establish integrated management of acute malnutrition program (IMAM) in coordination w ith MoPH and partnership w ith the BPHS implementer in Nangarhar. This w ill focus on: 1. Building capacity of health facility staff and community health w orkers (CHW) to detect and treat children w ith acute malnutrition (AM) 2. Establishment of therapeutic and supplementary feeding sites in existing health facilities (HF) to treat children w ith AM 3. Preventive interventions like raising know ledge, aw areness and competency to promote optimal infant and young child feeding (IYCF) and hygiene practices by individual counselling and peer support in the community To provide immediate response to the high rate of malnutrition, prevent further deterioration of nutrition status and prevent deaths among children, SCI in partnership w ith the existing BPHS implementer w ill implement a comprehensive package of IMAM and IYCF in six districts of Nangarhar. This program w ill be fully integrated w ith the health system and all the therapeutic and supplementary feeding sites w ill be located in existing HFs. Children w ith severe acute malnutrition but no medical complications w ill be treated at an Outpatient Therapeutic Programme (OTP) that provides a ready-to-use therapeutic food (RUTF, branded as PlumpyNut) and treatment of common illnesses if present. Malnourished children and their caregivers w ill attend w eekly OTP sessions for children to receive check-ups and caregivers to receive additional supplies of RUTF. This allow s most SAM cases to be treated at home instead of HFs. Children w ho are acutely malnourished and have medical complications w ill be treated at in-patient stabilization centres until they are w ell enough to continue w ith outpatient care. Children w ith moderate acute malnutrition w ill receive supplementary food supported by WFP. CHWs w ill be trained in case finding referral of acutely malnourished children using mid upper arm circumference (MUAC) and follow up. Community mobilization activities w ill be conducted in order to increase community's understanding of this programme and also to ensure participation of the target population. We w ill build the capacity of HF staff to provide quality services and UNICEF w ill provide a supply of therapeutic food, services and related equipment to health facilities. WFP w ill provide supplementary foods for the treatment of children w ith MAM and Pregnant and Lactating Women (PLWs). IYCF w ill be an integral component of this project. The staff of the HFs w ill be trained on optimal IYCF practices and counseling to educate caregivers during each contact and also during each OTP visit. CHWs w ill be trained to promote optimal IYCF practices in the community. Outreach w orkers w ill also promote these practices during outreach activities in the community. The proposal is based on w orking w ith and building the capacity of MoPH, BPHS implementers, communities, and local NGOs. MoPH and Nutrition Cluster w ill provide technical guidance and feedback. SC also w orks very collaboratively w ith the MoPH and BPHS partner to achieve results. SC's positive interactions w ith national, provincial and district level authorities is important in designing and implementing programs, and SC w ill provide the partner w ith training and support to improve nutrition expertise and capacity to respond to the high rate of malnutrition and sustain project activities in Nangarhar. Improving nutrition for mothers, new borns and children is one of the best investments to reduce maternal and child mortality and achieve lasting progress in global health and development in Afghanistan.

Project Beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	210	36042	12560	12561	**61,373**
Total beneficiaries include the following:					
Children under 5	0	0	12560	12561	25121
Trainers, Promoters, Caretakers, committee members, etc.	210	25320	0	0	25530
Pregnant and Lactating Women	0	10722	0	0	10722

Indirect Beneficiaries	Indirect beneficiaries include other household members of children who receive food, micronutrient supplementation or who were treated for malnutrition and household members of children and their caregivers who receive nutrition education and those read IEC messages on child and maternal nutrition. All family members of direct beneficiaries are considered indirect beneficiaries. We will have a total of around 311,498 indirect beneficiaries.	Catchment Population	

Link w ith the Allocation Strategy

The objectives of this project are to provide life saving treatment for children w ith acute malnutrition, prevent malnutrition and build the capacity of health providers to assess and respond to the high rate of malnutrition. All of these objectives are in line w ith the strategic priorities of the nutrition cluster. The objective of the Afghanistan CHF is to promote needs based assistance in accordance w ith humanitarian principles, to respond to the most urgent needs, and strengthen coordination and leadership through priority clusters and the HC. This project targets Nangarhar province w hich is ranked high in terms of nutrition vulnerability. There is no other organization to provide nutrition services for children suffering from acute malnutrition. There is an urgent need to respond to the nutritional needs of children and w omen to save their lives.

Implementing Partners

Partner	Partner Type	Budget
Agency for Assistance and Development of Afghanistan (AADA)	National NGO	371,598.00
		371,598.00

Other funding Secured For the Same Project (to date)

Organization primary focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context.. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on new est data available (indicate source) (Maximum of 1500 characters)	Based on the vulnerability mapping exercise by OCHA and Nutrition Cluster presented in the 2014 Humanitarian needs overview , Nangarhar province has been rated very high. According to the 3W information from nutrition cluster, there are limited nutrition services in Nangarhar province and as w ell as limited capacity and expertise to respond to the high rate of malnutrition among children by BPHS and MoPH
2. Grant Request Justification.	The Humanitarian Needs Overview of the CHAP 2014, identified Nangarhar a priority province to be considered for funding. The interventions proposed in this project are in line w ith the strategic priorities of the nutrition cluster w hich focused on saving the lives of children and mothers suffering from malnutrition. According to the 3W information from nutrition cluster, there are limited nutrition services in Nangarhar province as w ell as limited capacity and expertise to respond to the high rate of malnutrition among children and w omen. There is an urgent need to scale up interventions to treat severely acutely malnourished children and prevent malnutrition. Provision of therapeutic and supplementary feeding to children under-five w ill be delivered w ith other interventions like Infant Feeding in Emergency and Zinc supplementation w ith oral rehydration solution for cases of diarrhea, w hich are both preventive and life-saving measures.
3. Description Of Beneficiaries	We w ill use Afghanistan National IMAM Guideline for admission and exit criteria of beneficiaries. Children w ith SAM and MAM w ill be identified through screenings by CHWs in the community and referred to the therapeutic and supplementary feeding sites to receive treatment and their caregivers w ill be educated both at the health facilities and communities to learn optimal feeding, caring and health seeking behavior. At least tw o staff in each health facility w ill be trained to provide treatment for the children w ith SAM and MAM and CHWs w ill be trained to conduct active case findings, follow up, referral and dissemination of health and nutrition messages in the community.
4. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment w as conducted (w ho consulted w hom, how and w hen?). List any baseline data	Malnutrition is a major public health problem in Afghanistan. 45% of total child deaths in 2011 w ere attributable to under-nutrition . Undernourished children are more likely to die from common childhood ailments, and for those w ho survive, they are more likely to have recurring sicknesses and faltering grow th. In Afghanistan the results of the nutrition surveys conducted indicated that majority of provinces lie in the range of 10-15% GAM w ith aggravating factors , According to the 2014 CHAP vulnerability ranking, 12 provinces have the highest burden of children w ith acute malnutrition and Nangarhar is one of the provinces w ith the highest burden and poorest access to nutrition services. National Risk and Vulnerability Assessment (NRVA 2011-12) indicates that 36.5 percent of the Afghan population has a consumption pattern that is below the poverty line. Also this report indicates that around 30.1 percent of Afghanistan's population – 7.6 million people – had a calorie intake that is insufficient to sustain a healthy and active life. When coping w ith household shocks, the majority of households use short-term strategies including decreasing food expenditure and reducing food quality. Doing so dangerously undermines children's fragile immune systems and makes them more prone to malnutrition, sickness and death from infections and disease. Prevalence of stunting among children in Afghanistan is one of the highest in the w orld. 55% of children suffer from chronic malnutrition. Stunted children suffer damage to their minds and bodies because they are poorly nourished in the crucial first tw o years of life. After the age of tw o years, stunting is largely irreversible, and has a lasting impact on grow th and development and cognitive function.
5. Activities. List and describe the activities that your organization is currently implementing to address these needs	In order to provide immediate response to high rate of malnutrition, prevent further deterioration of nutrition status, prevent deaths among children SCI w ill implement a comprehensive and integrated intervention comprised of Integrated Management of Acute Malnutrition (IMAM) and IYCF. This approach w ill allow acutely malnourished children to benefit from Outpatient Therapeutic Programs (OTPs), Supplementary Feeding Program (SFP) and caregivers gain know ledge and learn w ays to prevent malnutrition in their children. This comprehensive approach w ill have the follow ing components: Community mobilization and outreach: CHWs w ill regularly screen children in the community as part of their job description to identify and refer those w ith AM to feeding sites. We w ill also appoint tw o health w orkers (CHS, CHW) for each OTP and train them on screening, follow up and referral. They w ill conduct mass screening in the communities. This activity w ill be conducted 5 days/month in the catchment of each health facility (HF) and all children under five w ill be screened. The villages w ill be visited on rotation basis depending on size and location of villages around the catchment area of the HF. Nutrition officers and community mobilizers monitor the w ork of the health w orkers and as w ell as they w ill conduct the follow ing tasks: 1- Provide health and nutrition education and give information about existing programs (OTP, SC and SFP) in communities. All mothers and care takers w ith children under five w ill be gathered in a mosque or community gathering place. 2- After health education all under 5 children w ill be screened by health w orkers measuring MUAC and checking oedema and they w ill keep a record of this. Health w orkers w ill visit home by home in order to not miss any under 5 child in the community. 3- Children w ith SAM w ill be referred to OTP for treatment and children w ith MAM w ill be referred to SFP. 4- Defaulter children w ill be follow ed up by home visits in order to enrol them back in the program to continue treatment. Out Patient therapeutic Program: Children w ith SAM but no medical complications are treated at an OTP that provides a ready-to-use therapeutic food (RUTF, branded as Plumpynut) and treatment of common illnesses if these are present. These OTPs are set up in partnership w ith BPHS HF staff. Malnourished children and their caregivers attend w eekly OTP sessions for children to receive check-ups and caregivers to receive additional supplies of RUTF and counseling on IYCF and appropriate use of RUTF. This allow s majority of SAM cases to be treated at home instead of HFs. Stabilization Centers (SC): Acutely malnourished children w ith medical complications are treated as in-patients at SCs until they are w ell enough to continue w ith outpatient care. The SC w ill be established in the district hospital w here 24hour service is available. Supplementary Feeding Program: Children w ith MAM receive supplementary food supported by WFP. Children 6-59 months and pregnant and lactating w omen (PLW) w ith MAM w ill be treated in SFP sites located at BHC, CHC and DH to receive rations and receive health and Nutrition education. Children w ith MAM w ill receive RUSF and the PLWs w ill be provided food rations (w heat flour, oil, iodized salt, pulses and Micronutrient Tablets) according to the IMAM national protocol. Food w ill be distributed bi w eekly or monthly, depending on the beneficiary caseload and the distance for the beneficiaries to come to the HFs. IYCF promotion and support: IYCF w ill be an integral component of this project. The staff of the HFs w ill be trained on IYCF practices to educate caregivers during each contact and also during each OTP visit. Outreach w orkers in the community w ill also promote IYCF during outreach activities. The MoPH Public Nutrition Department has developed/adopted some materials on IYCF that w ill be used both at HFs and in communities.

LOGICAL FRAMEWORK

Overall project objective	To reduce mortality and morbidity associated w ith acute malnutrition, in children under 5 years old, in Nangarhar province of Afghanistan.

Logical Framework details for NUTRITION

Cluster objectives	Strategic objectives(SRP)	Percentage of activities
Objective 1. Access to and utilization of quality nutrition services for management of acute malnutrition in all communities including those affected by conflict and natural disaster through static and mobile facilities.	1. Providing emergency health care and prioritizing access to critical services	40
Objective 2. Boys, girls and PLW have access to evidence-based and feasible nutrition and nutrition related resilience activities to avoid deterioration to malnutrition.	1. Providing emergency health care and prioritizing access to critical services	30
Objective 3. The nutrition cluster has addressed critical capacity gaps to ensure timely assessment, response and monitoring of emergency nutrition interventions.	1. Providing emergency health care and prioritizing access to critical services	30

Outcome 1	Increased access of children w ith SAM and MAM to quality therapeutic and supplementary feeding services	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Children w ith acute malnutrition have easy access to quality nutrition rehabilitation services by enrolment in OTP, SFP or Stabilization Center of IMAM programme (stabilisation centre in district hospitals or outpatient and supplementary programme at other health centres).	The proposed communities for the intervention are accessible. Insecurity and natural hazards may make access difficult. CHWs, MoPH staff and partner organisations are w illing to support the intervention and committed to participate in the implementation, monitoring and capacity building component of this project. Community support continues and community mobilization activities remain successful. CHWs are actively conducting visits, are performing screening of cases. Referral systems, health facility staff and outreach activities are functioning smoothly. The commitment and support from all stakeholder forms the key for successful achievement of results. The trainings of FHAGs are effective and members support the interventions in their areas.

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	6,669 severely acute malnourished children 6 to 59 months old treated in OTPs (target based on 70% of H&N cluster caseload database)					2668					6669
Means of Verification:		Monthly statistic reports										
Indicator 1.1.2	NUTRITION	18452 children with MAM treated in SFP (target based on 70 % of the H&N cluster caseload database)					7381					18452
Means of Verification:		Monthly statistic reports										
Indicator 1.1.3	NUTRITION	10,722 PLWs received supplementary foods (target based on H&N cluster caseload database)					4289					10722
Means of Verification:		Monthly statistic reports Food distribution reports										
Indicator 1.1.4	NUTRITION	# children screened in the community					34202					85506
Means of Verification:		Statistic reports										
Indicator 1.1.5	NUTRITION	establishment of 34 OTP and 1 SC site					35					35
Means of Verification:		project reports										
Indicator 1.1.6	NUTRITION	Proportion cured in line with SPHERE standards					0					0
Means of Verification:		Statistic reprots										
Indicator 1.1.7	NUTRITION	Death rate in line with SPHERE standards					0					0
Means of Verification:		Statistic reprots										

Activities

Activity 1.1.1	Treatment of children with SAM in OTPs
Activity 1.1.2	Establish 34 OTP sites and 1 SC site in the existing health facilities
Activity 1.1.3	Establish 34 SFP sites in the existing health facilities
Activity 1.1.4	Screening of children and PLWs in the community
Activity 1.1.5	Treatment of children with MAM in SFP sites
Activity 1.1.6	Recruitment of 34 SFP nurses

Outcome 2	The capacity of BPHS health service providers and CHWs is built to treat malnourished children in therapeutic sites located in health facilities and educate caregivers on age appropriate infant and young child feeding and hygiene practices and increased knowledge on the nutrition situation in the area	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Health facility staff, Community Health Workers (CHWs), supervisors, nurses, midwives trained in assessing and treatment of children with acute malnutrition and promotion of optimal IYCF practices	CHWs, MoPH health facillity staff and partner organisations are willing to support the intervention and committed to participate in the implementation, monitoring and capacity building component of this project. Community support continues and community mobilization activities remain successful. CHWs are actively conducting visits, are performing screening of cases. Referral systems, health facility staff and outreach activities are functioning smoothly. The commitment and support from all stakeholder forms the key for successful achievement of results. The training of FHAGs are effective and members support the interventions in their areas.

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	68 staff of health facilities trained on OTP, SFP, SC and IYCF,					68					68
Means of Verification:		Training reports										
Indicator 2.1.2	NUTRITION	340 CHWs trained on case finding, referral, follow up and behavior change communication messages to promote optimal IYCF practices					340					340
Means of Verification:		Training reprots										
Indicator 2.1.3	NUTRITION	Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)					10049					25122
Means of Verification:		Project reports										

Activities

Activity 2.1.1	Training of health facility staff, CHWs, FHAG members, supervisors, nurses, midwives to provide quality nutrition services.
Activity 2.1.2	Training of 340 CHWs on case finding, referral, follow up and behavior change communication messages to promote optimal IYCF practices

Activity 2.1.3	Providing counseling on optimal IYCF as part of SAM and MAM treatment for the caregivers of children attending therapeutic feeding sites.
Activity 2.1.4	Promoting and providing health and nutrition education and IYCF counseling in the community using appropriate BCC approaches
Activity 2.1.5	Establishment of breastfeeding corners within health facilities to provide a respectful, quiet place for women to relax together and receive support from female health personnel

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Treatment of children with SAM in OTPs		X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2 Establish 34 OTP sites and 1 SC site in the existing health facilities	X	X										
Activity 1.1.3 Establish 34 SFP sites in the existing health facilities	X	X										
Activity 1.1.4 Screening of children and PLWs in the community		X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.5 Treatment of children with MAM in SFP sites		X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.6 Recruitment of 34 SFP nurses		X	X									
Activity 2.1.1 Training of health facility staff, CHWs, FHAG members, supervisors, nurses, midwives to provide quality nutrition services.		X	X	X								
Activity 2.1.2 Training of 340 CHWs on case finding, referral, follow up and behavior change communication messages to promote optimal IYCF practices		X	X	X								
Activity 2.1.3 Providing counseling on optimal IYCF as part of SAM and MAM treatment for the caregivers of children attending therapeutic feeding sites.		X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.4 Promoting and providing health and nutrition education and IYCF counseling in the community using appropriate BCC approaches		X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.5 Establishment of breastfeeding corners within health facilities to provide a respectful, quiet place for women to relax together and receive support from female health personnel		X	X	X								

M & E DETAILS

Implementation: Describe for each activity how you plan to implement it and who is carrying out what.

Save the Children will implement the project in coordination with MoPH and in partnership with BPHS implementer. We will build the capacity of health facility staff, and community health workers to detect and treat children with malnutrition in therapeutic and supplementary feeding sites located in the existing health facilities. Management of Acute Malnutrition will be fully integrated into routine health services at all levels of the health structure. UNICEF will provide the therapeutic food supplies and related equipments. WFP will provide supplementary food as GIK for the treatment of children with MAM and PLWs. As part of SAM treatment, counselling on appropriate infant and young child feeding and awareness raising on hygiene and hand washing practices will be given to caregivers. At the beginning of the project, a training of trainers will be conducted for the staff of the project on IMAM, IYCF and monitoring and reporting of IMAM program. CHWs will be trained in case finding referral of acutely malnourished children using MUAC and follow up of children in the community. They will also promote optimal infant and young child feeding practices in the community in order to prevent malnutrition. SCI will work together with BPHS to develop a Detailed Implementation Plan (DIP) for the project at the beginning of the project and provide monitoring and supervision plan. The health facilities staff of AADA will provide OTP and stabilization services in the existing health facilities and will facilitate provision of supply of therapeutic food and services related equipment to the health facilities through UNICEF support. We will collect monthly statistic reports from the sites and review, analyse and provide feedback on the reports both at provincial level and at country office. The final report will be shared by country office with the relevant stakeholders. UNICEF, MoPH and Nutrition Cluster will provide technical guidance and feedback on admission trends and performance of the program. The role of AADA will be implementation of the project in the field and Save the Children will build their capacity to provide quality services for the children and PLWs. The Nutrition Officers and Community Mobilizers working with AADA will receive a ToT by Save the Children's Senior Nutrition Adviser and M&E Coordinator. They will prepare a training cascading plan to train health facility staff and CHWs. They will also jointly with the support of SC's Nutrition Officer and Nutrition Coordinator establish OTP, SFP and SC sites with HFs. The Community Mobilizers will train CHWs on how to educate caregivers, conduct massive screenings, identifying children with SAM and MAM, referral and follow up. The staff of HFs will identify the nutrition status of children and admit the children with SAM and MAM to the sites they will register them and provide them treatment until they are in the program. The Nutrition Officers will monitor and supervise the sites and the staff of health facilities and will provide them on the job training. At the end of each month, statistic reports will be collected and the data will be entered in to the MoPH database. Save the Children will also enter the data in to the Minimum Reporting Package software which has been developed by SCUK. This tool can help further advance analysis which provides accurate reports on admission trends over time, screening reports, cure rate, default rate, death rate, average weight gain and average length of stay. The Nutrition Coordinator based in Nangarhar be responsible for implementation and will get support on operation of the project from Nanagarhar Provincial Senior Manager and the team will receive technical support from Senior Nutrition Adviser and M&E Coordinator based in Kabul and as well as they will get support from Program Implementation and Program Development and Quality Directors.

Monitoring: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .

In Nangarhar SCI implements projects on FSL, WASH, education and child protection. We will hire a Nutrition Coordinator and Nutrition Officer based in Nangarhar to conduct regular day to day monitoring of the project. M&E Senior Officer, M&E Coordinator and Senior Nutrition Advisor based in Kabul will provide TA and conduct monitoring visits. Aims of monitoring will be to assess staff's adherence to IMAM and IYCF counseling protocols. Joint monitoring will be conducted by MoPH, UNICEF, BPHS and SCI. Monthly statistic reports will be collected and analyzed at the province and country levels to identify and review admission trends, progress and performance (quality) of the program. Feedback will be provided to the field staff and reports will be shared with MoPH nutrition dept., UNICEF and Nutrition Cluster. Routine program data to be collected: 1. # children screened and referred to sites 2. Total admissions (by gender), exits and number of children in the program 3. # new cases enrolled in OTP, SFP and admitted as in-patient in SC/TFU 4. # admissions by category (MUAC, Weight for Height, edema) 5. # exits by category 6. Additional information on exits; average weight gain and length of stay Main indicators calculated to assess program performance are: Death rates<10%, Default rates<15%, Recovery/cured rate>75%, Average weight gain, Average length of stay. We will use MoPH's nutrition database to collect and analyze monthly statistic reports and SCUK's Minimum Reporting Package (MRP) tool to review and further analyze these reports. Each child will receive a registration number when admitted to OTP care, inpatient care or SFP. Each registration number has three parts: health facility's name or code, child's individual number and service code indicating where the child started treatment (inpatient care, OTP or SFP). A code for each site will be established and used by all staff to avoid confusion where a child is receiving services (if codes have already been given by BPHS, we will use them). To ensure effective tracking and follow-up in the community, all records re. the child will use the same numbering system including registration books, treatment cards, ration cards and referral slips. Returning defaulters use the same number. Strict follow up on the following will take place: • Readmissions/relapse: Children who relapse and again meet admission criteria after being discharged will receive a new number and card as this is a different episode of malnutrition • Non-recovered: Children who did not respond after four months in treatment despite referral for medical investigation • Defaulted (absent for three consecutive sessions): Children who default will receive a follow-up home visit, and mothers/caregivers encouraged to return to IMAM services. Reason for default will be investigated by outreach worker, reported to health care (HC) provider and recorded on child's treatment card. Steps should be taken to address the cause. • Follow up: When children do not respond well in the program and need follow-up at home the outreach worker will identify and report to the HC provider all possible reasons the child is not recovering. The HC provider will record this information on the child's treatment card and use the information to decide whether to refer the child to inpatient care or for further medical investigation. Outpatient HC providers will ensure that outreach workers provide follow-up home visits and monitor children, especially when outreach workers cannot attend the outpatient care session. • Other information to be collected: • Reported cause and place of death: This information can help identify problems with treatment and protocols and determine where additional training and supervision is needed • Reasons for default and non-recovery: These may include a high prevalence of TB and/or sharing of food or poor water and sanitation, indicating a need for stronger linkages with other sectors.

OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
1. Agency for Assistance and Development of Afghanistan (AADA)	Save the Children will implement the project in partnership with BPHS implementing NGOs, Agency for Assistance and Development of Afghanistan (AADA). Save the Children has a long time presence in Nangarhar province and has implemented many projects in the areas of food security, WASH, Education and Child protection. Through this Save the Children has built strong relations and coordination with communities, local government, other NGOs, BPHS implementers and other stakeholders (e.g. health shura members; local authorities). The proposal is based on working with and building the capacity of MoPH, BPHS implementers and communities. The proposed program will enhance knowledge and skills of the service providers and will strengthen the learning process; which will help in strengthening policies at the provincial and national level. The activities of the project will be coordinated with provincial public health department (PHD), UNICEF, WFP, other NGOs and PBHS implementer. MoPH and Nutrition Cluster will provide technical guidance and feedback at the national level through reviewing of reports and joint monitoring visits. The project will be run in cooperation with the community and specific attention will be paid to community empowerment on screening, referrals, case finding, mapping and health education through the CHWs, FHAG members, and other stakeholders (e.g. health shura members; local authorities) in the area.

Outline how the project supports the gender theme

In Afghanistan, there is a clear need for projects which work to empower women to engage with, benefit from, and ultimately be decision makers in nutrition and health care and support. To this end, and given the complex gender context in Afghanistan, this project has ensured that gender is a key element of the project design and implementation strategy. Barriers to Women"s Access to Health and Nutritional Services A critical barrier faced by women in the targeted communities is a lack of access to health and nutrition resources, information, and/or care. Critical factors that restrict women"s access include: clinics are often in hard-to-reach locations; social norms can limit women"s freedom of movement; traditions and customs that require women to prioritize domestic duties do not allow for long absences from the home to visit health facilities; and access fees at health centers are often difficult for women to pay, as they do not typically control family financial resources. To address these challenges, this project will strive to make health and nutrition resources and care optimally accessible for all. Female and male CHWs and FHAGs will facilitate high quality community-based health and nutrition services, ensuring that the distance of the health facilities or limitations on women"s mobility will not prevent them from accessing quality care. An additional key barrier affecting women"s access is that decision making power related to seeking health and nutrition information and/or services tends to rest with the male head of household, and maternal and child health and nutrition are not always seen as priorities. This project strives to promote and enable equitable decision making power for, and prioritization of, maternal and child health and nutrition via community level mobilization and sensitization topics, delivered with a gender equality lens. This will be led by influential community and religious leaders, whose support has been highly beneficial particularly for reaching men in past projects; this is critical, as without buy-in from male community members, change in gender equality and thus power dynamics will not be possible or sustainable. Despite adequate female health staff in the implementation area, an absence of safe, women-only spaces within the health centers has additionally been identified as a critical barrier for women to access health care and information. As such, this project wil establish „breastfeeding corners" within the health centers, designed to provide a respectful, quiet place for women to relax together and receive support from female health personnel. Afghanistan faces high illiteracy levels amongst women, and it has been demonstrated that illiterate women are less likely to access health care services compared to those with some literacy. As such, IEC materials will be used with gender positive images and messaging, and will be highly accessible for a range of literacy levels. Trainings and opportunities for capacity building are also a key focus within the project. For example, female and male CHWs, a cornerstone of this project"s design, receive comprehensive and participatory training that includes reproductive health and family planning. Using the gender safe spaces they are facilitating in homes and other community areas, CHWs will have the confidence and tools to tackle sensitive health and issues and provide integrated responses. The well-established community partner under this project is experienced in maternal and newborn health, and has implemented projects with a gender focus in the past. SC will be building new links within the community by working with local NGOs with gender expertise, as a means of capacity building for in-country staff.

Select (tick) activities that supports the gender theme

☑	**Activity 1.1.1:** Treatment of children with SAM in OTPs
☐	**Activity 1.1.2:** Establish 34 OTP sites and 1 SC site in the existing health facilities
☐	**Activity 1.1.3:** Establish 34 SFP sites in the existing health facilities
☑	**Activity 1.1.4:** Screening of children and PLWs in the community
☑	**Activity 1.1.5:** Treatment of children with MAM in SFP sites
☑	**Activity 1.1.6:** Recruitment of 34 SFP nurses
☑	**Activity 2.1.1:** Training of health facility staff, CHWs, FHAG members, supervisors, nurses, midwives to provide quality nutrition services.
☑	**Activity 2.1.2:** Training of 340 CHWs on case finding, referral, follow up and behavior change communication messages to promote optimal IYCF practices
☑	**Activity 2.1.3:** Providing counseling on optimal IYCF as part of SAM and MAM treatment for the caregivers of children attending therapeutic feeding sites.
☑	**Activity 2.1.4:** Promoting and providing health and nutrition education and IYCF counseling in the community using appropriate BCC approaches
☑	**Activity 2.1.5:** Establishment of breastfeeding corners within health facilities to provide a respectful, quiet place for women to relax together and receive support from female health personnel

Cross Cutting Issues

In view of the cultural constraints and limits to women""s mobility in the target areas, building trust among communities (local leadership, men and women) is of paramount importance for the acceptance, utilization and long term impact of integrated management of acute malnutrition program. Considering the importance of organizing culturally appropriate and sensitive services for children and their caregivers, Save the Children will aim to achieve gender equity in service provision – both in terms of staffing and beneficiaries. Continuing to target women remains a significant challenge when those with authority and power over resources in Afghan society, including in Nangarhar, are predominantly males. Save the Children will have more than 50% of female staff in its programs and ensure that the needs of children and their caregivers are adequately and sensitively addressed. At the IMAM sites Save the Children will ensure separate waiting areas for women and men, appropriate privacy for women and increased access to female health facility stall by women. In order to support recommended health seeking behaviours men need an understanding of the importance of maternal and child nutrition, as this is a patriarchal society and the understanding and support of the men at home and in the community is crucial. Therefore, through the CHWs and health shura members and through the opinion leaders, males will be targeted to work together to promote and support the recommended health and nutrition behaviours and practices for their families. Involvement and strengthening community health structures have been identified in the implementation plan, and exit strategy consisting of integration into the BPHS system and ensuring community midwives are identified and trained from within local communities will be designed and implemented over project cycle. This project will work to promote equal decision making between women and men at the household and community levels via gender safe and accessible spaces created within health care facilities, through mother's groups, and via home based care. These spaces will enable women to build their knowledge and confidence levels regarding health and nutrition topics, equipping them with the tools to advocate for improved health and nutrition. Additionally, female CHWs, extensively trained in leadership and sensitive health topics such as family planning in our past work, will work directly and exclusively with women in the community to build understanding around women's and child health and nutrition; male CHWs will do the same with male counterparts. Experience has demonstrated that there is a greater chance for equal decision making amongst men and women when they are equally informed, and have received information in a way that is accessible and comfortable, as can be enabled by the aforementioned approach. This project will strive to promote the rights of women and girls as they relate to women's and child health through creating strong models of women's leadership, ensuring health care and resources are accessible for women, and facilitating community level mobilization and sensitization on the importance of maternal and child nutrition to build family and community level support systems.The community based care model, combined with gender-positive IEC resources built around gender positive messages and images, will promote the health rights of women and children, as well as enable equitable access to resources and information. The project will consider all social, political, and economic factors impacting gender equality and the right to health in this context, and as such, ethnicity will be a key consideration in our gender sensitive approach.

Gender Marker of the Project

The project is designed to contribute in some limited way to gender equality

Environment Marker of the Project

A+: Neutral Impact on environment with mitigation or enhancement

Safety and Security

Save the Children maintains a robust security monitoring and response structure. This includes country-specific security protocols that contain a situation analysis

	and address personal safety and security, communication, vehicle movement information, financial security, and a detailed evacuation plan. Besides this, SC receives technical assistance from an expert regional security director based in Singapore and provides security training to all field staff. At the time of w riting, Save the Children does not anticipate any significant security problems in target districts of Nangarhar province w hile implementing activities. Safety & Security Director, based in Kabul, provides frequent communication to staff to update them on security situations and provide guidance. In addition the Provincial Manager of Nangarhar is in regular contact w ith other stakeholders w orking in the area, and w ith the International NGO Safety Office (INSO) and UN security focal person to monitor the local security situation. The targeted districts in this proposal are accessible for the NGO community, and are relatively stable. Save the Children is currently able to implement a variety of programs successfully in these areas. Save the Children has been operating in Nangarhar province for a number of years and has built a strong acceptance among the local communities w hich is conducive to successful implementation.
Access	Save the Children w ill make all the efforts to increase the access of the children and w omen suffering malnutrition to therapeutic and supplementary feeding sites located in health facilities and reach remote and hard to reach areas through outreach programs. We w ill conduct periodic massive screening of children in the community using MUAC. All children 6 to 59 months w ill be assessed by outreach w orkers or CHWs to identify their nutrition status and refer those w ith malnutrition to treatment sites.

BUDGET

1 **Staff and Other Personnel Costs** *(please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
1.1	Director of Programme Development and Quality (Kabul)	1	10086	12	2%	2,420.64
	$2,421 (2%) has been budget for the Director of Programme Development and Quality (international) for the life of the proposed project. The position is based in Kabul and provides support to the Senior Nutrition Advisor in maintaining programme quality.					
1.2	Director of Implementation (Kabul)	1	11498	12	2%	2,759.52
	$2,760 (2%) has been budget for the Director of Implementation (international) for the life of the proposed project. The position is based in Kabul and provides operational support to the Nutrition Program Coordinator and provincial manager					
1.3	Senior Nutrition Advisor (Kabul)	1	2400	12	25%	7,200.00
	$7,200 (25%) has been budget for the Senior Nutrition Advisor for the life of the proposed project. The position is based in Kabul and provides support and direction to the Nutrition Program Coordinator for maintaining the quality of program					
1.4	M&E Coordinator (Kabul)	1	1200	12	25%	3,600.00
	$3,600 (25%) has been budget for the M&E Coordinator for the life of the proposed project. The position is based in Kabul and provides technical support to the Nutrition Programme Coordinator for developing and implementation of M&E plan					
1.5	SCUK Technical Advisor TA (5 days*452) (SC UK)	1	452	5	100%	2,260.00
	$2,260 has been budgeted for SC UK Technical Advisor (5 days*452) for the life of the proposed project. The position is SC UK staff-Regional Nutrition advisor and w ill provide distance support to the technical team at the start up phase of the project and w ill have 1 trip to Afg to review the progress and provide recommendations for quality improvements of programme. She also review s monthly statistic report (in MRP tool) and provides feedback					
1.6	Country Director (KabuL)	1	15733	12	2%	3,775.92
	$3,776 (2%) has been budget for the Country Director (international) for the life of the proposed project. The position is based in Kabul and responsible for overall support for managing the project					
1.7	Aw ards Manager (Kabul)	1	9077	12	2%	2,178.48
	$2,178 (2%) has been budget for the Aw ards Manager (international) for the life of the proposed project. The position is based in Kabul and provides support to the technical team on ensuring donor compliance, reporting and other contractual obligations are delivered					
1.8	Finance Director (Kabul)	1	11504	12	2%	2,760.96
	$2,760(2%) has been budget for the Finance Director (international) for the life of the proposed project. The position is based in Kabul and provides support for overall direction on financial management of the project					
1.9	Logistics Senior Manager (Kabul)	1	9078	12	2%	2,178.72
	$2,178(2%) has been budget for the Senior Logistic Manager (international) for the life of the proposed project. The position is based in Kabul and provides overall support on ensuring that procurement/management of any gift in kinds are in line w ith the donor and SCI policies					
1.10	Support Service Director (Kabul)	1	3893	12	2%	934.32
	$934(2%) has been budget for the Support Service Director for the life of the proposed project. The position is based in Kabul and provides overall support/supervision to admin staff on managing admin tasks for the project					
1.11	Admin staff (Kabul)	8	1050	12	2%	2,016.00
	$2,016(2%) has been budget for 8 admin staff for the life of the proposed project. The positions are based in Kabul and provide support to the technical team on admin tasks					
1.12	Audit Staff (Kabul)	2	1657	12	2%	795.36
	$795(2%) has been budget for 2 Audit staff for the life of the proposed project. The positions are based in Kabul and monitor the project at Kabul and provincial level (SCI and partner) for ensuring financial transparency and compliance w ith SCI and donor policy/contractual obligations					
1.13	Aw ard Management staff (Kabul)	2	1354	12	2%	649.92
	$649 (2%) has been budget for 2 Aw ards staff for the life of the proposed project. The positions are based in Kabul provide support to the provincial team on ensuring donor compliance, reporting and other contractual obligations					
1.14	Media and Communications Staff (Kabul)	3	1398	12	2%	1,006.56
	$1,007 (2%) has been budget for 3 Communication staff for the life of the proposed project. The positions are based in Kabul provide support to the technical team on producing communication materials for the project					
1.15	Finance staff (Kabul)	10	1050	12	2%	2,520.00
	$2,520 (2%) has been budget for 10 finance people for the life of the proposed project. The positions are based in Kabul and manage financial aspect of the project, provide financial support to the provincial team on ensuring compliance w ith SCI financial system and donor requirements					
1.16	Human Recourse Director (Kabul)	1	3640	12	2%	873.60
	$874 (2%) has been budget for HR Director for the life of the proposed project. The position is based in Kabul and provides overall support to the HR team of Kabul and Province. Involved in partner vetting for assessing the HR capacity of the partner					
1.17	HR Staff (Kabul)	5	1050	12	2%	1,260.00

	$1,260(2%) has been budget for 5 HR staff for the life of the proposed project. The positions are based in Kabul and provide support to the technical team on staff recruitment and maintaining HR information and compliance with SCI policies					
1.18	IT staff (Kabul)	3	1050	12	2%	756.00
	$756(2%) has been budget for 3 IT staff for the life of the proposed project. The positions are based in Kabul and provided IT support to the office					
1.19	Logistic staff (Kabul)	6	1050	12	2%	1,512.00
	$1,512 (2%) has been budget for 6 staff for the life of the proposed project. The positions are based in Kabul and provide logistic support to the provincial team					
1.20	Security Director (Kabul)	1	4717	12	2%	1,132.08
	$1,132(2%) has been budget for the Security Director for the life of the proposed project. The position is based in Kabul and manages the security aspects of the Kabul and provincial office					
1.21	Security staff (Kabul)	3	1220	12	2%	878.40
	$878 (2%) has been budget for 3 security staff for the life of the proposed project. The positions are based in Kabul and ensure safety/security of the staff and reinforcing maintenance measures for SCI premises					
1.22	Drivers (Kabul)	15	380	12	2%	1,368.00
	$1,368 (2%) has been budget for 15 drivers*380 usd based for the life of the proposed project. The positions are based in Kabul					
1.23	Guards (Kabul)	25	270	12	2%	1,620.00
	$1,620 (2%) has been budget for 25 guards*270 usd for the life of the proposed project. The positions are based in Kabul					
1.24	Support staff (cook/cleaners, gardener) (Kabul)	8	245	12	2%	470.40
	$470 (2%) has been budget for 8 support staff *242 usd.The positions are based in Kabul					
1.25	Provincial Manager (field)	1	1920	12	15%	3,456.00
	$3,456 (15%) has been budget for Provincial Manger for the life of the proposed project. The positions based in the field and provides overall support to the technical team for quality implementation of the project					
1.26	Admin/HR Senior Officer (field)	1	1452	12	15%	2,613.60
	$2,613 (15%) has been budget for Admin/HR Senior for the life of the proposed project. The position is based in the field					
1.27	Logistic/IT Assistant (field)	1	568	12	15%	1,022.40
	$1,022 (15%) has been budget for Logistic/It Assistant for the life of the proposed project. The position is based in the field					
1.28	Finance Senior Officer (field)	1	1552	12	15%	2,793.60
	$2,793(15%) has been budget for Finance Senior Officer for the life of the proposed project. The position is based in the field					
1.29	Cachier (field)	1	805	12	15%	1,449.00
	$1,449(15%) has been budget for Cashier for the life of the proposed project. The position is based in the field					
1.30	Cook/Cleaner (field)	2	453	12	15%	1,630.80
	$1,630(15%) has been budget for 2 Cook/Cleaner *423usd for the life of the proposed project. The position is based in the field					
1.31	Drivers (field)	2	583	12	15%	2,098.80
	$ 2,098(15%) has been budget for 2 drivers *583 usd for the life of the proposed project. The position is based in the field					
1.32	Guards (field)	3	395	12	15%	2,133.00
	$ 2,133(15%) has been budget for 3 guards *395 usd for the life of the proposed project. The position is based in the field					
1.33	Nutrition Program Coordinator (field)	1	1200	11	100%	13,200.00
	$ 13,200(100%) has been budget for Nutrition Program Coordinator for the life of the proposed project. The position is based in the field and is responsible for overall execution of the project in line with the agreed objectives/work-plan and budget					
1.34	Nutrition Officer (field)	1	800	11	100%	8,800.00
	$ 8,800 (100%) has been budget for Nutrition Officer for the life of the proposed project. The position is based in the field and is responsible for delivering the activities of the project against the objectives/work-plan and budget					
	Section Total					86,124.08

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
	Section Total					0.00

3 **Equipment** *(please itemize costs of non-consumables to be purchased under the project)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
3.1	Computer	3	1450	1	100%	4,350.00
	$4,350 for Computers: 3 computers at $1450=4,350; two for Nangahar project staff (Project Coordinator and Nutrition Officer) and one for M&E Officer in Kabul					
3.2	Security equipment	1	3000	1	100%	3,000.00
	$3,000 Metal Grills for windows, blast film for windows, smoke detectors and guard equipment for reinforcing security measures for Nangarhar office					

	Section Total	7,350.00

4 **Contractual Services** *(please list works and services to be contracted under the project)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
4.1	Conduct 5 days of ToT for project staff (1ToT*10 staff*5days)	1	150	15	100%	2,250.00
	5 days of Training of trainers for project staff (1ToT*10 staff*30USD* 5days) 30USD is for lunch, refreshments, perdiem, stationary and transportation of the participants for per person per day.					
4.2	Conduct 3 days of M & E and reporting training (MoPH database and MRP) (1 training * 10 staff* 3 days	1	90	15	100%	1,350.00
	3 days of M&E and reporting training for project staff (1 training*10 staff*30 USD* 3days) 30 USD is for lunch, refreshments, perdiem, stationary and transportation of the participants for per person per day.					
4.3	Conduct joint supervision of project activities at health facility and community level with MoPH staff	1	100	4	100%	400.00
	$400 (4 joint monitoring visits); this is direct implementation by SCI					
4.4	IEC materials on IYCF and hygiene messages	1	15000	1	100%	15,000.00
	$15,000 includes: flip cards (IFA sup, BF) 1112; Posters (BF attachment and positioning, EBF, CF) 410; Job aid for treatment of SAM 103; Code of BMS 20; Brochures (CF 13355) (4 joint monitoring visits); this is direct implementation by SCI					
	Section Total					19,000.00

5 **Travel** *(please itemize travel costs of staff, consultants and other personnel for project implementation)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
5.1	Travel of support staff (Admin/HR/Fin/Log etc) (Kabul)	1	1000	12	2%	240.00
	$240 for traveling of support staff from Kabul to field for supporting the field team on admin/HR/fin/log					
5.2	Travel of support staff (Admin/HR/Fin/Log etc) (Nangahar)	1	512	12	2%	122.88
	$122 for traveling of field staff from field to Kabul (Admin/HR/Fin/Log etc)					
5.3	Travel program staff Kabul to Nangarhar	1	500	12	100%	6,000.00
	$6,000 for travel of one Technical Assistance (Regional Nutrition Advisor) trip from the SC UK ofice to Afghanistan which is 1,500 USD round ticket. 375 USD per month for traveling of 10 programme staff on average from Kabul to Nangarhar and vis vers.					
5.4	Field accommodation & perdiem (Kabul to Nangahar)	1	200	12	100%	2,400.00
	Monthly 5days visit*$44 (per diem and accommodation)*11 month=2,420					
5.5	Vehicle rental for monitoring and supervision	1	1100	12	100%	13,200.00
	$13,200 includes; driver salary, fuel and maintenance of the rental vehicle (for SCI Programme staff in the field)					
	Section Total					21,962.88

6 **Transfers and Grants to Counterparts** *(please list transfers and sub-grants to project implementing partners)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
6.1	Conduct a 2 day workshop to develop training cascading plan to HFs, CHWs, FHAG and Shura members	10	20	2	100%	400.00
	$ 400 (10 people*20USD*2days)					
6.2	Conduct IMAM/IYCF training to health facility staff (head of health facilities, one midwife and one nurse) using trained master trainers and project staff (nutrition officers)	68	20	10	100%	13,600.00
	$13,600 (68people*20usd*5 days)					
6.3	Conduct IMAM/IYCF training (anthropometric measurement, IYCF and referral) to CHSs and CHWs of health facilities	340	20	3	100%	20,400.00
	$20,400 (340 participants*20usd*3 days)					
6.4	Establish OTPs in the CHCs and BHCs where there is not existed and revitalize the current centre with inadequate equipments	34	150	1	100%	5,100.00
	$5,100 (34 opt*150usd)					
6.5	Establish and maintenance of SCs in the DHs where there is not existed and revitalize the current centre with inadequate equipments	1	500	12	100%	6,000.00
	$6,000 It includes cost for establishment of SC 3000 usd, procurement of equipments and 250 USD per month (250*12=3000) as a running cost of SC					
6.6	Conduct orientations to health shura members	340	10	1	100%	3,400.00
	$3,400 (340 people*10usd*1day) 10 usd for refreshment/lunch and stationary					
6.7	Establishment of breastfeeding corners for promoting immediate and exclusive breastfeeding.	34	150	1	100%	5,100.00
	$5100 (34 otps*150usd)					
6.8	Nutrition Program Stationary	1	250	12	100%	3,000.00
	$250 per month for 34 OTPs (registration book, patient treatment card, ration card and other related forms)					
6.9	Conduct periodic massive screening and community mobilization	34	10	96	100%	32,640.00
	$32,640 (34 otp*9usd*8 days/month *12=96) Two people from the community will be hired to conduct massive screenings in the catchment areas of 34 OTP sites, 8 days for each month.					
6.10	Vehicle rental for monitoring and supervision	3	1100	12	100%	39,600.00
	$39,600 includes; driver salary, fuel and maintenance of the rental vehicle (for partner Programme staff); this increased from 2 to 3 (one vehicle for 2 districts)					

6.11	Nutrition Officer (field)	2	700	12	100%	16,800.00
	$700 per Nutrition Officer based in the field: 2 Nutrition Officer provide training, monitoring, supervision for OTP sites					
6.12	Community mobiliser/nutrition promoter (field)	6	500	12	100%	36,000.00
	$500 per person*6 : based in the field and responsible for conducting training to CHWO, follow up defaulters with CHWO and other community mobilization work					
6.13	Logistic officer for SFP (field)	1	700	12	100%	8,400.00
	$8,400 (100%) has been budget for 1 staff for the life of the proposed project. The positions is based in the field and will be providing logistic support to the program staff					
6.14	SFP Nurse (field)	34	200	12	100%	81,600.00
	$ 200 *34 nurses, based in the field: register pregnant lactating women; MAM children and provide them food ration treatment					
6.15	SFP training (68people*20usd*3days)	68	20	3	100%	4,080.00
	$4,080 (68people*20usd*3days)					
6.16	Technical Manager (50%) (field)	1	2000	12	50%	12,000.00
	$12,000 (50%) has been budgeted for 1 Technical Manager based in the field and responsible for overall management and coordination with the partner/contractor					
6.17	Finance Officer Nangarharl (100%) (field)	1	500	12	100%	6,000.00
	$6,600 (100%) has been budget for 1 staff for the life of the proposed project. The positions is based in field and will be responsible for financial oversight and reporting					
6.18	Director General (5%) (Kabul)	1	5400	12	5%	3,240.00
	$3,240 (5%) has been budget for 1 Director general for the partner for the life of the proposed project. The positions is based in Kabul is responsible for overall management, ensuring implementation of the work plan against set objectives monitoring of budget expenditure					
6.19	Finance Director (5%) (Kabul)	1	2850	12	5%	1,710.00
	$1,710 (5%) has been budget for 1 Finance Director for the partner for the life of the proposed project. The positions is based in Kabul is responsible for financial oversight of the project					
6.20	Travel cost Kabul to Nangarhar and back	1	60	12	100%	720.00
	$60 per month for travel betw een Kabul and Nangahar					
6.21	Internet fee Nangarhar	1	80	12	100%	960.00
	$ 960 has been budget for internet fee for the partner office in Nangahar. This is 50% of overall internet fee of the Nangahar office					
6.22	Office Equipment (Desk and Chairs)	1	1000	1	100%	1,000.00
	$1000 Furniture for 5 project staff					
6.23	Office Stationary Nangarhar	1	50	12	100%	600.00
	$600 for office supplies in Nangahar (Stationary and printings for those involved in the project)					
6.24	Office Supplies Nangarhar	1	50	12	100%	600.00
	$600 (monthly supply cost of field office)					
6.25	Office Rent Nangarhar	1	2500	12	10%	3,000.00
	Monthly cost for field office is 2,500. 10% of the monthly rental is charged to this grant					
6.26	Staff Per Diem	2	72	12	100%	1,728.00
	$ 36 per person for per diem and accommodation					
6.27	Communication Cost (top up cards) for project staff Nangarhar	7	10	12	100%	840.00
	$10 per employee (7 people) per month during the project life					
6.28	Office rent head office	1	4000	12	5%	2,400.00
	Monthly cost for Kabul office is $4000, 5% is charged to this grant					
6.29	Office and General Supplies	1	600	12	5%	360.00
	5% of office supplies is charged to this grant for Kabul office					
6.30	Rental Vehicle	1	860	12	100%	10,320.00
	Rental of vehicle for office staff in Kabul					
6.31	Warehouse rent	6	1000	12	65%	46,800.00
	one warehouses per district for the storage of SFP food commodities.					
6.32	Computer (partner, printer)	4	800	1	100%	3,200.00
	4 computers @$800 for project staff in the field office					
	Section Total					371,598.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
7.1	Vehicle fuel and maintenance (Kabul)	1	10037	12	2%	2,408.88
	$2,408 Country office, 7890 of fuel per month + 2142 of vehicle maintenance					
7.2	Vehicle rental (Kabul)	1	2848	12	2%	683.52
	$683 Country office, 2848 usd is for 9 vehicle rental for staff pick up and drop.					
7.3	Office rent (Kabul)	1	10870	12	2%	2,608.80

	$2,608 Country office, 10870 USD is monthly office rent cost					
7.4	Utilities (Kabul)	1	5930	12	2%	1,423.20
	$1,423 Country office, (generator fuel, electricity and w interization.					
7.5	Building maintenance (Kabul)	1	2747	12	2%	659.28
	$659 Country office,					
7.6	Equipment maintenance (Kabul)	1	700	12	2%	168.00
	$168 Country office, (computer, printer, photocopy machine)					
7.7	Communication (Kabul)	1	12357	12	2%	2,965.68
	$2,965 Country office, (internet, satellite and mobile phones)					
7.8	Bank charges (Kabul)	1	2381	12	2%	571.44
	$ 571 Country office $2381@2%					
7.9	Security costs (Kabul)	1	6500	12	2%	1,560.00
	$1,560 Country office$6,500 @2%: Metal Grills for w indow s, blast film for w indow s, smoke detectors and guard equipment for reinforcing security measures for Kabul office					
7.10	Vehicles operation (field)	1	1600	12	15%	2,880.00
	$2,880 Nangarhar Province $1,600@15%, (Vehicle fuel, maintenance and rentals)					
7.11	Office rent (field)	1	2750	12	15%	4,950.00
	$4,950 Nangarhar Province, $2750 is monthly office rent cost@15%					
7.12	Office maintenance (field)	1	750	12	15%	1,350.00
	$1,350 Nangarhar Province, $750@15%					
7.13	Utilities (field)	1	385	12	15%	693.00
	$693 Nangarhar Province $385@15% (Generator fuel, electricity and w interization)					
7.14	Communication (field)	1	2345	12	15%	4,221.00
	$4,221Nangarhar Province$2435@15%, (internet, satellite and mobile phones)					
7.15	Bank charges (field)	1	213	12	15%	383.40
	$383 bank charges for Nangarhar office $213@15%					
7.16	Equipment maintenance (field)	1	112	12	15%	201.60
	$201 Nangarhar Province $112 @ 15%(Computer, Printer and photocopy machine)					
7.17	Office supplies (Nanagahar) (field)	1	1200	12	15%	2,160.00
	$1200 @2% charged to this grant, office supplies for Nangahar office for project staff					
7.18	Office supplies (Country office) (Kabul)	1	3500	12	2%	840.00
	$840 office supplies for Kabul office. Unit cost3,500 @2% charged to this grant					
	Section Total					30,727.80

Sub Total Direct Cost	536,762.76
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.609399216817538%
PSC Amount	37,573.39

Quarterly Budget Details for PSC Amount

2014			2015		Total
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total CHF Cost	574,336.15

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Nangarhar -> Jalalabad						0	24
Nangarhar -> Behsud						0	24
Nangarhar -> Surkhrod						0	20
Nangarhar -> Rodat						0	12
Nangarhar -> Kama						0	9
Nangarhar -> Kuzkunar						0	11

Project Locations (first admin location where CHF activities will be implemented. If the project is covering more than one State please indicate percentage per State)

DOCUMENTS

Document Description
1. OCHA Finance Comments Preliminary Submission Project AFG 234.docx
2. Beneficiary calculation April 24
3. CHF nutrition budget narrative April 24.docx
4. ACRONYMS.docx