



Project Proposal

| | | | | | | |
|--|--|--------------------------|----------------|---------------------------------------|-------|-------|
| Organization | IMC-UK (International Medical Corps UK) | | | | | |
| Project Title | Prevention and Treatment of acute malnutrition in Paktika and Nuristan Provinces | | | | | |
| CHF Code | AFG-14/S1/N/INGO/238 | | | | | |
| Primary Cluster | NUTRITION | Secondary Cluster | None | | | |
| CHF Allocation | 1st Round Standard Allocation | Allocation Category Type | | | | |
| Project Budget | 314,987.53 | Project Duration | 12 months | | | |
| Planned Start Date | 01/06/2014 | Planned End Date | 30/05/2015 | | | |
| OPS Details | OPS Code | OPS Budget | 0.00 | | | |
| | OPS Project Ranking | OPS Gender Marker | | | | |
| Project Summary | 1. Integrated interventions that provide treatment of acute malnutrition to children under five, pregnant and lactating women and other vulnerable groups of the population. 2. Implementation of the interventions that provide services on prevention of undernutrition in vulnerable groups of the community with particular emphasis on children under five and pregnant and lactating women. 3. Scaling up of a capacity for collecting, analysing, interpreting and reporting on the nutritional status of the most vulnerable populations, to inform appropriate response strategies. | | | | | |
| Project Beneficiaries | | Men | Women | Boys | Girls | Total |
| | Beneficiary Summary | 388 | 2090 | 4778 | 4778 | 12,03 |
| | Total beneficiaries include the following: | | | | | |
| | Children under 5 | 0 | 0 | 4778 | 4778 | 95 |
| | Pregnant and Lactating Women | 0 | 1923 | 0 | 0 | 19 |
| Trainers, Promoters, Caretakers, committee members, etc. | 388 | 167 | 0 | 0 | 5 | |
| Indirect Beneficiaries | 200 | Catchment Population | 171700 | | | |
| Link with the Allocation Strategy | MoPH conducted the National Nutrition Survey (NNS) in 2004 with the results indicating that the rate of acute malnutrition in children <5 in the country 6-10%. A 2008 survey indicated that chronic malnutrition stands at 39.9-60%. According to the NNS 2004, 48% of non-pregnant women are iron deficient and 25% suffer from anaemia, while over 72% of children 6-59 months are iron deficient and near anaemic. According to the CHAP 2014, six districts of Nuristan and two districts of Paktika were rated with high vulnerability for malnutrition. Based on the CHF Health & Nutrition district prioritization proposed six districts of Nuristan were ranked with weighted scores ranging from 425 for Waigal to 365 for Mandol district, while Wazakhsa and Barmal districts of Paktika were rated 360 and 350 respectively. These numbers indicate that the proposed target districts are extremely vulnerable to malnutrition. | | | | | |
| Implementing Partners | Other funding Secured For the Same Project (to date) | | | | | |
| Organization primary focal point contact details | Name: Dr. Shamail Azimi Title: Medical Director Telephone: 0093 798809020 E-mail: sazimi@InternationalMedicalCorps.org | | | | | |
| Organization secondary focal point contact details | Name | Title | Phone | Email | | |
| | Solomon Kebede Goshu | Acting Country Director | 0093 799737954 | skebede@internationalmedicalcorps.org | | |

BACKGROUND INFORMATION

| | |
|---|---|
| 1. Humanitarian context. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) | Nuristan is one of the most isolated provinces of Afghanistan, and has difficult geographical terrain. The province borders Pakistan to the east, which makes it vulnerable to the infiltrations of the opposition groups from across the border. The presence and activities of these opposition groups have made the province one of the most unstable provinces in Afghanistan. The government's forces' clashes with the opposition groups have affected most of the population of the province, especially those who are living in Kamdih. The insecurity is spreading to the other parts of the province, including central and western parts of the province, especially in Waigal and Mandol districts. The protracted conflict in the province has injured or killed not only people associated with both sides of the conflict but also the civilian residents of Nuristan province, including women and children. Almost 95% of the land is covered with mountains. The geographical terrain of the province has made basic health services, including nutrition services, extremely difficult. The access to nutrition services is further affected by vulnerability to natural and man-made disasters like avalanches and fighting between government and anti-government elements which further deteriorates access to limited nutrition facilities in Nuristan province. Paktika is a remote province located in the south and has a long and uncontrolled border with one of the most insecure parts (North Waziristan) of Pakistan, which results in frequent infiltration of anti-government elements and recurrent clashes between these elements and Afghan military forces. International Medical Corps has had a long presence in the province and is currently providing BPHS/EPHS to the beneficiary population 407,100 (CSC districts of Paktika province. Wazakhsa and Barmal districts are two of the most insecure districts of Paktika Province, where there has not been any formal nutrition survey or assessment conducted. These two districts lack any type of functional supplementary feeding programme (SFP), outpatient therapeutic programme (OTP) or stabilization center (SC). Additionally, health facility (HF) staff and community health workers (CHWs) have not yet received any training on the proper management of acute malnutrition. Due to insecurity, Barmal district comprehensive health centre (CHC) was closed in 2010. Only EPI service was re-activated in 2012, and the CHC became fully functional in January, 2014. The target districts are more vulnerable to measles and other life threatening outbreaks, and are counted as main predisposing factors for malnutrition. As the BPHS/EPHS implementer, International Medical Corps technical staff has access to all HF and conducts regular supportive supervision monitoring. International Medical Corps has also maintained a good coordination with community, Paktika PPHD and other stakeholders in the province, as well as the health facilities. Moreover, the level emergency response committee (ERC), which convenes its coordination meetings on a quarterly basis, is organized and chaired by the IMC provincial team. Finally, International Medical Corps is proposing to implement health programs in the same target districts. The target communities will benefit from the continuity and quality of care that is offered by International Medical Corps. |
| 2. Grant Request Justification. | MoPH conducted the National Nutrition Survey (NNS) in 2004, and results indicated that acute malnutrition in children <5 in the country was 6-10%. In 2011, the Rapid Nutrition Assessment (RNA) that acute malnutrition in children <5 was 21%, 7.3% severe and 13.7% moderate. According to the NNS 2004, 48% of non-pregnant women are iron deficient and 25% suffer from anaemia, while over 72% of children 6-59 months are iron deficient and nearly 38% are anaemic. Based on newly released CHAP survey, all eight districts of Nuristan and Wazakhsa districts of Paktika have a score of "five", which indicates the highest severity. IMC can attest to the fact that there is a low level of capacity to deliver nutrition services at the hospital, CHCs, BHCs and community level to treat malnutrition. Newly hired health staff have not been trained on IMAM, Breastfeeding Counseling (BFCC), Micronutrient Deficiency Disorder (MDD), Basic Nutrition and Nutrition in Emergency. The emergency medical/nutrition supplies/anthropometric equipments in HF which cannot be filled under the current BPHS program. The BPHS project only screens children <5 for severe and moderate malnutrition and provides health education, space and human resource contributions to the OTP and SC programs which are implemented at 3 DHs, 2 CHCs and 9 BHCs in Nuristan province. UNICEF support in the form of supplies including RUTF, F-75, F-100 milk and ReSoMal for 14 OTPs and 3 SCs with no financial assistance. WFP supports 5 health facility SFP sites in 5 out of 8 districts of Paktika province of food commodities to under 5 children and Pregnant and Lactating women. Training activity is not covered in SEHAT BPHS, UNICEF and WFP agreements with no budget allocation. IMC will build the capacity of health facility staff, community health workers, IYCF groups and community shura members of Nuristan province. To achieve this, IMC under CHF will train 100% of 724 Health Facility staff/Promoters, Caretakers, committee members, CHWs who will be directly involved in improving the nutrition status of the target groups; will provide treatment services to children and SAM and PLW with IMAM; and will provide health/nutrition education. Under CHF grant IMC will establish 5 new SFP and 2 new OTP sites in uncovered and remotely located areas and districts of Nuristan province which will cover 637(47%) of PLW and 272 (47%) of the children with MAM and 88 children (15% of the children with SAM). Similarly, IMC will establish 2 new SFP and 2 new 2 remotely located districts of Paktika - Wazakhsa and Barmal - where there is no SFP or OTP sites functional yet. In these 2 districts, 100% of the PLW and 100% of children <5 will be treated SAM. IMC under CHF grant will introduce food cooking demonstration to the catchment population under this grant; this activity was not proposed or implemented under SEHAT BPHS, UNICEF and WFP. Moreover, IMC will establish 20 more IYCF groups in the target population. IMC also submitted another proposal for CHF funding for "Live Saving Emergency Services to the Conflict-affected Paktika and Nuristan Provinces". The Nuristan BPHS SEHAT project is funded by World Bank for 3 years from January 2014 to December 2016 in Nuristan province and the BPHS and EPHS project is funded by USAID in Paktika province. IMC is also funded by The Office of U.S. Foreign Disaster Assistance (OFDA) for the implementation of emergency preparedness and response in eastern provinces of Afghanistan (EPRA) for preparedness and response to natural disasters. |
| 3. Description of Beneficiaries | In Nuristan, as IMC is the current BPHS implementer and has also been implementing the CMAM program, it has regularly collected data through HMIS tools and nutrition checklists. In Paktika, as per BPHS, IMC is only offering services on prevention of malnutrition by treating patients with watery diarrhea and measles, which are the main predisposing factors of malnutrition. CHCs under BPHS screen the malnutrition patients but have no budget to run OTPs or SCs. Wazakhsa and Barmal districts lack any kind of services to manage malnutrition, including functional OTPs and SCs, train programs to raise community awareness. Wazakhsa and Barmal districts indicate no referral cases of malnutrition by the community, or any kind of treatments offered to the malnourished. Barmal CHC was a health facility and just was opened in January 2014. CHCs have received no training and the community has never been consulted on breastfeeding and IYCF. |

| | |
|--|---|
| <p>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 was conducted (who consulted with, how and when?). List any baseline data</p> | <p>Afghanistan faces a critical problem of malnutrition and food insecurity with children suffering from one of the highest levels of chronic malnutrition in the world, according to the latest data from government and the World Bank (Report on Poverty and Food Security in Afghanistan, an analysis based on the National Risk and Vulnerability Assessment of 2007/08). 54% of Afghan children are chronically malnourished and 34% are underweight. Almost three quarters of them - around 72% - suffer from key micro-nutrient deficiencies, such as iron and iodine. "adds the study, jointly conducted by the Ministry of Economy and the World Bank. Prevalence of acute malnutrition ranges from 5 to 10% and recent trends suggest that the prevalence of acute malnutrition is increasing in some areas (HMIS, MoPH, 2008), likely as a result of the rise in food prices, returnees, IDPs and prolonged drought have ravaged livestock and agricultural resources. Following 2008, drought and a price, MoPH conducted a rapid nutrition assessment in 22 provinces of Afghanistan which showed Global Acute Malnutrition (GAM) of 16.9%, Moderate Acute Malnutrition (MAM) of 12.2% and Acute Malnutrition (SAM) of 4.7% in 6-59 months old children. The results also show that 23% of lactating women have Body Mass Index (BMI) of <18 and 19% of the pregnant women have Circumference (MUAC) less than 21 cm indicating increased risk of Low Birth Weight (LBW), Intra Uterine Growth Retardation (IUGR) or fetal/ infant mortality. A recent nutrition survey (SMART) with technical support of Action Against Hunger (AAF) through six nutrition cluster partners in six provinces of Afghanistan shows that more than half (51% to 60%) of children <5 had chronic (stunting) and 5.1 to 10.4% suffered from acute malnutrition (wasting), and also the result of recent nutrition survey, conducted by Oxfam Novib in some of the drought affected provinces, indicate prevalence of severe acute malnutrition was 13.3%. Prevalence of acute malnutrition in pregnant and lactating women, based on MUAC measurements less than 23 cm, was 30.3% and iron supplement was 35%. IMC is the current BPHS/EPHS implementer in the Nuristan and Paktika Provinces. The current projects are providing nutrition services which include screening and treatment of <5 children for acute malnutrition. WFP SFP project covers <5 children and PLW for MAM in only five out of 25 health facilities in Paroon, Wama, Waigal, Noogram and Duaba districts. There is no site in Wazakha and Barmal districts of Paktika. Currently there is no BPHS/UNICEF/WFP funded training or food demonstration activities in Nuristan and Paktika which will be started through CI. There are 14 established OTP and three SC sites in 14 health facilities in eight districts of Nuristan with some access gaps for the target groups in remotely located areas of the populated Kamard Noogram districts. There is a need for the establishment of 7 SFP and 4 OTP sites in Nuristan and Paktika. IMC through CHF project will focus on Nutrition Cluster priorities on integrated intervention provision of treatment of moderate and severe acute malnutrition in children <5, PLWs and other vulnerable groups of the population. The project will also provide services on prevention of undernourished groups of the community with particular emphasis on <5 year old children and PLWs through establishment of IYCF groups, continued awareness sessions, nutrition education and a screening. The CHF project will improve the capacity of the key Provincial Public Health and IMC management staff at provincial and national levels for collecting, analysing, interpreting and reporting nutritional status of the most vulnerable populations, to inform appropriate response strategies.</p> |
| <p>5. Activities. List and describe the activities that your organization is currently implementing to address these needs</p> | <p>Being the BPHS implementer, IMC runs all of the HF in Nuristan and Paktika. Through this project, IMC will respond to the needs identified by IMC during the period between 2007 and 2013 with the decrease of the GAM prevalence among children <5 in Nuristan and Paktika in 12 months through increased access to and utilization of quality nutrition services and increase the capacities of the health facilities and communities for the prevention and management of acute malnutrition. The project will be implemented through existing SCs, OTPs and SFP sites at 25 HF and 155 HF of target districts of 12 HF and 16 HF of target districts of Paktika. IMC will identify and establish FHAGs/IYCF groups in all districts of Nuristan and Paktika. Currently there are 22 functional FHAGs/IYCF groups in Nuristan and Paktika which will be increased to 42. IMC will raise the awareness of the community on hand washing and hygiene promotion, promoting immunization, promoting healthy food consumption, explaining the importance of breastfeeding, promoting exclusive breastfeeding and early initiation of breastfeeding, educating on correct weaning practices, and promoting the importance of micronutrient supplementations. CHWs and HF staff will screen children and PLW, provide treatment for children with SAM and MAM and PLW with MAM and will provide health education on IYCF components to PLW. Also, target SAM children with complications to SC, SAM children with no complication in OTP and MAM children in SFP under CMAM program which is part of the basic health services provided by the HF. WFP will provide food supplements (RUTF, F-75 and F-100, ReSoMal, for the management of SAM at SCs and OTPs and provide RUSF, wheat, edible oil, pulses, iodized salt and MNT tablets for the management of MAM for SFP sites through two separate agreements with the UNICEF and WFP. The project will also conduct weekly food demonstration sessions at the DH, CHC and BHCs or community level in the immediate catchment area of the HF with support of FHAGs/IYCF groups for families. The FHAGs/IYCF groups will determine the most suitable and culturally appropriate venues for these demonstrations to ensure maximum attendance by women and young girls. HF staff and FHAGs/IYCF groups will be able to pass simple messages to the families regarding health, nutrition, balanced diet and awareness of the local population on immunization, IYCF, micronutrient supplementation, growth monitoring at community and HF levels, the existing referral system with available inpatient care and available food. IMC will review existing IEC materials relating to nutrition and will develop/amend as appropriate before distributing to the CHWs and the FHAGs/IYCF groups. The FHAGs/IYCF groups will be trained on participatory nutrition promotion. Efforts will be made to train female health workers in order to ensure access to the women. IMC will conduct basic and refresher trainings to health workers (doctors, nurses and midwives, community Health Supervisors and CHWs) on public nutrition including screening, therapeutic and clinical management of malnourished children. The trainings will follow MOPH guidelines and the IMCI curriculum. Training for HF staff will focus on the clinical aspect of acute malnutrition while CHWs will be trained on the promotion of nutrition messages, screening of patients. The trainings for HF staff will be conducted by IMC nutrition manager and three Nutrition Cluster Supervisors. CHWs will be responsible for the training of CHWs. In particular, CHWs will be trained children for malnutrition using the MUAC tape and categorize them in terms of moderate and severe malnutrition and further refer them to the HF for further anthropometric assessment to screen including micronutrients. HF staff will be trained to screen and treat malnourished patients at the HF level.</p> |

LOGICAL FRAMEWORK

| | |
|---|---|
| <p>Overall project objective</p> | <p>A decrease of GAM prevalence among children under 5 in Nuristan and Paktika in 12 months</p> |
|---|---|

Logical Framework details for NUTRITION

| Cluster objectives | Strategic objectives (SRP) | Percentage |
|--|---|------------|
| 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 | 100 |

| | |
|-------------------------|--|
| <p>Outcome 1</p> | <p>Improved access of the children <5 and pregnant and lactating women for the management of acute malnutrition and integrated interventions that provide treatment for acute malnutrition in Nuristan and Paktika Provinces.</p> |
|-------------------------|--|

| Code | Description | Assumptions & Risks |
|------|-------------|---------------------|
|------|-------------|---------------------|

| | | |
|--------------------------|---|--|
| <p>Output 1.1</p> | <p>Functional nutrition sites (OTP/SC/SFP) in health facilities of Nuristan and Paktika provinces for the management of acute malnutrition in <5 children and pregnant and lactating women are operational</p> | <p>Accessibility to HF, availability of supplies, trained staff, referral by CHWs,</p> |
|--------------------------|---|--|

Indicators

| Code | Cluster | Indicator | Mid Cycle Beneficiaries | | | | Mid-Cycle Target | End Cycle Beneficiaries | | | | |
|-----------------|-----------|--|-------------------------|-------|------|-------|------------------|-------------------------|-------|------|-------|--|
| | | | Men | Women | Boys | Girls | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | NUTRITION | No. of male and female health facility and project based staff, CHWs (male and female), IYCF support group trained on public nutrition. | | | | | 300 | | | | | |
| | | Means of Verification: training reports, supervisory reports | | | | | | | | | | |
| Indicator 1.1.2 | NUTRITION | # of the old and newly established treatment facilities (OTP/SFP/SCs) remained functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities. | | | | | 33 | | | | | |
| | | Means of Verification: nutrition progress reports, supervisory reports | | | | | | | | | | |
| Indicator 1.1.3 | NUTRITION | # of new treatment facilities (OTP/SFP) established in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP. | | | | | 11 | | | | | |
| | | Means of Verification: progress reports, M&E reports | | | | | | | | | | |
| Indicator 1.1.4 | NUTRITION | # of under-five boys and girls and PLW admitted | | | | | 4592 | | | | | |
| | | Means of Verification: Reporting | | | | | | | | | | |

Activities

| | |
|-----------------------|---|
| <p>Activity 1.1.1</p> | <p>To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate malnutrition at OTPs/SFP</p> |
| <p>Activity 1.1.2</p> | <p>To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> |
| <p>Activity 1.1.3</p> | <p>To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> |

| | | |
|-------------------|--|---|
| Output 1.2 | Facility based treatment of acute malnutrition in children <5 and pregnant and lactating women in the target areas (OTP/SC/SFP) of Nuristan and Paktika provinces. | Accessibility to HF's, availability of supplies, trained staff, referral by CHWs, |
|-------------------|--|---|

Indicators

| Code | Cluster | Indicator | Mid Cycle Beneficiaries | | | | Mid-Cycle Target | End Cycle Beneficiaries | | | |
|-------------------------------|-----------|---|-------------------------|-------|------|-------|------------------|-------------------------|-------|------|-------|
| | | | Men | Women | Boys | Girls | | Men | Women | Boys | Girls |
| Indicator 1.2.1 | NUTRITION | # of under-five boys and girls and PLW admitted | | | | | 4592 | | | | |
| Means of Verification: | | HF's records, M&E reports | | | | | | | | | |
| Indicator 1.2.2 | NUTRITION | # of under-five boys with SAM | | | | | 1033 | | | | |
| Means of Verification: | | HF's records, HMIS reports | | | | | | | | | |
| Indicator 1.2.3 | NUTRITION | # of under-five girls with SAM | | | | | 1033 | | | | |
| Means of Verification: | | HF's records, HMIS data | | | | | | | | | |
| Indicator 1.2.4 | NUTRITION | # of under - five boys with MAM | | | | | 878 | | | | |
| Means of Verification: | | HF's records, HMIS data | | | | | | | | | |
| Indicator 1.2.5 | NUTRITION | # of under - five girls with MAM | | | | | 878 | | | | |
| Means of Verification: | | HF's records, HMIS data | | | | | | | | | |
| Indicator 1.2.6 | NUTRITION | # of PLW admitted | | | | | 770 | | | | |
| Means of Verification: | | HF's records, HMIS data | | | | | | | | | |
| Indicator 1.2.7 | NUTRITION | No. of regular feeding demonstrations and participatory cooking sessions conducted for children (male and female) and pregnant and lactating mothers; | | | | | 400 | | | | |
| Means of Verification: | | HF's records, M&E data | | | | | | | | | |

Activities

| | |
|----------------|---|
| Activity 1.2.1 | To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. |
| Activity 1.2.2 | To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. |
| Activity 1.2.3 | To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters |
| Activity 1.2.4 | To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility |

| | | |
|------------------|--|--|
| Outcome 2 | Increased knowledge of communities on IYCF and other nutrition aspects | |
|------------------|--|--|

| | | |
|-------------|--------------------|--------------------------------|
| Code | Description | Assumptions & Risks |
|-------------|--------------------|--------------------------------|

| | | |
|-------------------|--|---|
| Output 2.1 | Target beneficiaries have been reached by these community awareness sessions on IYCF | community willingness, availability of CHWs, security |
|-------------------|--|---|

Indicators

| Code | Cluster | Indicator | Mid Cycle Beneficiaries | | | | Mid-Cycle Target | End Cycle Beneficiaries | | | |
|-------------------------------|-----------|---|-------------------------|-------|------|-------|------------------|-------------------------|-------|------|-------|
| | | | Men | Women | Boys | Girls | | Men | Women | Boys | Girls |
| Indicator 2.1.1 | NUTRITION | No. of boys, girls 6-59 month old reached with Zinc and Vitamin A | | | | | 3600 | | | | |
| Means of Verification: | | HF records, HMIS data, supervisory reports | | | | | | | | | |
| Indicator 2.1.2 | NUTRITION | No. of PLW received with MNT (only disaster affected communities) | | | | | 2060 | | | | |
| Means of Verification: | | HF records, HMIS reports | | | | | | | | | |

Activities

| | |
|----------------|--|
| Activity 2.1.1 | To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. |
| Activity 2.1.2 | To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. |
| Activity 2.1.3 | To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. |

| | | |
|------------------|--|--|
| Outcome 3 | Strengthen collecting, analysing, interpreting and reporting about the nutritional status of the most vulnerable populations, to inform appropriate response strategies. | |
|------------------|--|--|

| | | |
|-------------|--------------------|--------------------------------|
| Code | Description | Assumptions & Risks |
|-------------|--------------------|--------------------------------|

| | | |
|-------------------|---|--|
| Output 3.1 | Monitoring plan to monitor project activities and collect relevant data is developed. | availability of expert staff, security |
|-------------------|---|--|

Indicators

| Code | Cluster | Indicator | Mid Cycle Beneficiaries | | | | Mid-Cycle Target | End Cycle Beneficiaries | | | |
|-------------------------------|-----------|--|-------------------------|-------|------|-------|------------------|-------------------------|-------|------|-------|
| | | | Men | Women | Boys | Girls | | Men | Women | Boys | Girls |
| Indicator 3.1.1 | NUTRITION | Proportion cured in line with SPHERE standards | | | | | 75 | | | | |
| Means of Verification: | | HF records, HMIS data | | | | | | | | | |
| Indicator 3.1.2 | NUTRITION | # of the nutrition treatment facilities monitored. | | | | | 33 | | | | |

| | | | | | | | | |
|-------------------------------|--|--|--|--|--|--|---|--|
| Means of Verification: | | HF records, HMIS data, M&E reports | | | | | | |
| Indicator 3.1.3 | NUTRITION | # of monthly and quarterly reports submitted to Nutrition cluster, FND and PHD | | | | | 8 | |
| Means of Verification: | | HF records, HMIS reports, | | | | | | |
| Activities | | | | | | | | |
| Activity 3.1.1 | To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels | | | | | | | |
| Activity 3.1.2 | To collect, compile, analyze and do data entry in the Nutrition database | | | | | | | |
| Activity 3.1.3 | To submit the monthly, quarterly and final reports to PPHD, FND/MoPH, Nutrition clusters | | | | | | | |
| Activity 3.1.4 | To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMIS and reported. | | | | | | | |
| Activity 3.1.5 | To conduct M&E training for relevant project staff | | | | | | | |

WORK PLAN

| Project workplan for activities defined in the Logical framework | Activity Description (Month) | | | | | | | | | |
|--|--|---|---|---|---|---|---|---|---|---|
| | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| | Activity 1.1.1 To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP | X | X | X | | | | | | |
| | Activity 1.1.2 To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities. | X | X | X | X | X | X | X | X | X |
| | Activity 1.1.3 To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW). | | X | X | X | X | X | X | X | |
| | Activity 1.2.1 To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. | X | X | X | X | X | X | X | X | X |
| | Activity 1.2.2 To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. | X | X | X | X | X | X | X | X | X |
| | Activity 1.2.3 To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters | | | X | X | X | X | X | X | |
| | Activity 1.2.4 To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility | | | X | X | X | X | X | X | |
| | Activity 2.1.1 To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. | X | X | X | X | X | X | X | X | X |
| | Activity 2.1.2 To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. | X | X | X | X | X | X | X | X | X |
| | Activity 2.1.3 To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. | X | X | X | X | X | X | X | X | X |
| | Activity 3.1.1 To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels | | | X | X | X | | | | X |
| | Activity 3.1.2 To collect, compile, analyze and do data entry in the Nutrition database | X | X | X | X | X | X | X | X | X |
| | Activity 3.1.3 To submit the monthly, quarterly and final reports to PPHD, FND/MoPH, Nutrition clusters | X | X | X | X | X | X | X | X | X |
| | Activity 3.1.4 To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMIS and reported. | X | | | | | | | X | |
| | Activity 3.1.5 To conduct M&E training for relevant project staff | | | X | | | | | | |

M & E DETAILS

| | |
|------------------------|---|
| Implementation: | During the first two months of the project, IMC will recruit, orient and deploy the key project staff and coordinate with the PPHD of both provinces on implementation and M&E plans. All the IEC materials sent to MoPH for approval and will be shared with the cluster. IMC will assess the capacity of male and female health staff at health facility and project levels through training need assessment. Trainings will be organized on (IMAM), IYCF Counseling (BFCC), Micronutrient Deficiency Disorder (MDD), Basic Nutrition, and Nutrition in Emergencies to build the capacities of the male and female at 1) national/provincial level 2) health facility level and 3) community level. IMC will hire qualified trainers to conduct the trainings and will use MoPH-approved curricula. If necessary, refresher trainings will also be conducted during the program implementation after capacity assessment. Emergency medicines, medical/nutrition supplies and equipment for anthropometric measurements used for nutrition will be purchased and provided to the health facilities for screening, follow up and treatment of the malnutrition cases. IMC has maintained a positive working relationship with other stakeholders, PPHD, WHO, UNICEF and WFP. IMC attends the monthly Provincial Health Coordination Committee Meeting (PHCC). During this meeting, all the progress made on health service delivery is shared with participants and constructive feedback is provided. It also helps the stakeholders be informed on the projects run by other stakeholders, which in turn, helps prevent overlapping of the activities and attends the Provincial Development Committee (PDC) which are convened on a monthly basis and chaired by the governor or deputy governor. During this meeting, the projects are evaluated and provided to fill the existing gaps. In Nuristan, IMC is in the process of entering into agreements with WFP and UNICEF, based on which, WFP and UNICEF will support SFP (only five sites), 14 (OT SCs respectively by provision of food commodities to 6-59 months children and PLWs for acute malnutrition. WFP Project will be run in only five districts of Nuristan (Paroon, Wama, Waigal, Noor Duaba districts) while UNICEF OTP program will be in all eight districts and SCs will be only in three DHs of 3 districts (Kamdish, Waigal and Duaba). The target districts of Paktika are not covered by programs funded by UNICEF and WFP. Under CHF project, IMC will establish 5 new SFP and 2 new OTP sites in Nuristan and 2 new SFP and 2 new OTP sites in target districts of Paktika. (In close consultation with WFP and Nutrition cluster) Children with moderate acute malnutrition will be provided with plumpy'sup and will be discharged when fully recovered after approximately 2 months who have been admitted in the IPF program will be provided with F75 and F100 and will be discharged to OTP when they have recovered from their medical complications. These children and children who have been directly admitted in the OTP program will receive weekly rations of Plumpy'nut and will be discharged to the SFP program when they reach the established exit criteria for OTP. Trainees are not included in SEHAT BPHS, UNICEF and WFP agreements with no budget allocation; therefore, CHF will build the capacity of health facility staff, Community health workers, IYCF groups and shura members of Nuristan and Paktika provinces. IMC, as part of its applicable policies to safeguard the environment, always takes necessary measures to safely collect and dispose of the waste including but not limited to, plastic sachets, single-use syringes, used bandages, bodily tissues, etc. During implementation of this project, IMC will make adequate provision for the safe collection of medical waste from humanitarian operations, particularly from hospitals and mobile clinics. |
| Monitoring: | International Medical Corps will conduct CHF-funded Nutrition and Health projects for the same target beneficiaries in Nuristan and Paktika Provinces. International Medical Corps is currently implementing IMAM project – funded by UNICEF- and TSFP project – funded by WFP- in Paktika Province. International Medical Corps has also implemented these two projects in Nuristan and is in the process of its contracts with UNICEF and WFP for 2014. International Medical Corps will develop a comprehensive monitoring plan to monitor the project activities and collect the relevant data. Monitoring plans include plans to ensure quality programmatic data collection for monthly statistical reports, including: a) Number of new cases enrolled in OTP, SFP and admitted as in-patient in SC/TFU; b) New admissions (by gender and age group) clearly distinguishing between new admissions and referrals from other elements of the program (TFU, OTP/SFP) or returning defaulters; c) Exits (Cured, defaulters, referred out, non-cured) and the total month end number of children in the program; and d) Admissions by category (MUAC, Weight for Height, edema); The M&E Officer in consultation with the Manager will develop an inclusive monitoring plan to ensure that monitoring of activities is frequent. International Medical Corps has a robust monitoring tool that includes a logic model in order to monitor progress based on the established indicators and objectives and all the related sources of verification such as training reports, health facilities records, meeting minutes, etc. Comprehensive quality assessment checklists (OTP monitoring, inpatient monitoring, SFP, IYCF program and micronutrient program checklists) will be used to evaluate the quality of services and staff capability monitoring visits and provide feedback to the field staff. The project staff includes an M&E/Technical Officer. The M&E Officer will oversee all of the monitoring activities for the project, including monitoring. The M&E officer will also lead the effort to develop project management plan and detailed M&E plan. Joint monitoring visits with PPHD or PNO will be organized. Monthly reports will be submitted to the nutrition cluster. Additionally, quarterly financial and narrative progress reports will be submitted to headquarters with annual internal and external audits for financial management of the project. International Medical Corps will also ensure that health and nutrition programs implemented for CHF are monitored consistently to ensure accuracy in reporting. |

| | |
|--|---|
| <p>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.</p> | |
| <p>OTHER INFORMATION</p> | |
| <p>Coordination with other Organizations in project area</p> | |
| <p>Outline how the project supports the gender theme</p> | <p>While conducting training programs for health facilities staff and community health workers, International Medical Corps will fully observe the proportion of male trainees against female trainees; encourage female staff to participate in the trainings. International Medical Corps is well aware of the cultural sensitivities against women's participations in such trainings which are both conducted by men. To help solve this issue, International Medical Corps will try to recruit qualified female trainers to conduct trainings for female participants. Besides, International Medical Corps will ensure the privacy of the female participants by conducting separate trainings for them, where necessary.</p> |
| <p>Select (tick) activities that supports the gender theme</p> | <ul style="list-style-type: none"> <input type="checkbox"/> Activity 1.1.1: To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe moderate acute malnutrition at OTPs/SFP <input type="checkbox"/> Activity 1.1.2: To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months pregnant and lactating women on acute malnutrition at the target health facilities. <input checked="" type="checkbox"/> Activity 1.1.3: To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and referral and treatment of children under five and pregnant and lactating women (PLW). <input type="checkbox"/> Activity 1.2.1: To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. <input type="checkbox"/> Activity 1.2.2: To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. <input checked="" type="checkbox"/> Activity 1.2.3: To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters <input checked="" type="checkbox"/> Activity 1.2.4: To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility <input checked="" type="checkbox"/> Activity 2.1.1: To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based care with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. <input type="checkbox"/> Activity 2.1.2: To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. <input type="checkbox"/> Activity 2.1.3: To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. <input checked="" type="checkbox"/> Activity 3.1.1: To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels <input type="checkbox"/> Activity 3.1.2: To collect, compile, analyze and do data entry in the Nutrition database <input type="checkbox"/> Activity 3.1.3: To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters <input type="checkbox"/> Activity 3.1.4: To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMIS and reported <input type="checkbox"/> Activity 3.1.5: To conduct M&E training for relevant project staff |
| <p>Cross Cutting Issues</p> | <p>In general, low literacy, combined with traditional beliefs, contributes to poor health-seeking behaviors among people in Afghanistan. This is aggravated by a lack of awareness of nutrition services and difficult access to nutrition services, difficult terrain, insecurity, lack transportation, lack of money for transport and long distances to seek nutrition services and lack of female health worker target health facilities. There are also constraints on young children and women's ability to travel on their own. The proposed project aims to address these issues in a sustainable manner by increasing the level of awareness through training of female community health workers to the boys and girls and men and women on availability of nutrition services at the health facilities, especially for malnutrition, supplementary feeding program (SFP) for moderately acute malnutrition among 6-59 months old children and pregnant and lactating women (PLW), Outpatient Therapeutic Program Stabilization Centers (SCs) for 6-59 months (0-6 months will be admitted as well) old male and female children and referral facilities to the nearest provinces. Nutrition programs should be implemented with cross-cutting issues in mind, and linking the nutrition project to the health project will ensure integrated programming that addresses a variety of beneficiary needs. With respect to environmental issues, no significant negative impacts on the surrounding natural environment are anticipated. However, minimal waste may occur through packaging materials used for dispensing therapeutic supplies. IMC project will develop a comprehensive environment enhancing plan which will be implemented throughout the project duration followed by its integration in the BPHS Project after pre but the plan will be continued in a sustainable manner having positive impact on the environment. IMC conduct regular awareness raising sessions/events at the health facility and community level disposal of the empty bag, containers, packets made of the organic materials of the food/nutritional supplements. IMC-UK will ensure recollection and safe disposal of the plastic/metal made empty containers from the beneficiaries while visiting health facilities for follow up and receiving monthly food commodities/supplements. A schedule for the safe disposal of the organic and non-organic waste will be developed for all health facilities and warehouses. All IMC health facilities have incinerators where non-organic materials will be disposed and the organic materials will be disposed through natural decaying process with resultant natural fertilizer for the plants and trees positively impacting the environment. IMC project will also raise awareness about the importance of plantation and sanitation to avoid contamination of the water reservoirs to prevent faeco-oral transmission of the infections. IMC will set example for the community start of the plantation in or within the immediate catchment areas of the health facilities to motivate the community to improve plantation in Nuristan and Paktika provinces. In terms of mitigation measures that will be implemented to address environmental issues, IMC will train CHWs to report and consult their supervisors in case either the CHWs or the FHAGs come across issues, including environmental factors or threats that they think are hazardous to the community. Based on the nature of the observed challenges, CHWs, supervisors and community health committees may take an appropriate action or report to appropriate authorities for solution. IMC will cooperate and work in collaboration with other sectors for solutions.</p> |
| <p>Gender Marker of the Project</p> | <p>The project is designed to contribute in some limited way to gender equality</p> |
| <p>Environment Marker of the Project</p> | <p>A+: Neutral Impact on environment with mitigation or enhancement</p> |
| <p>Safety and Security</p> | <p>With a continuous presence in Afghanistan since 1984, International Medical Corps is aware of the insecurity throughout Afghanistan and undertakes the necessary precautions to allow operations to continue without impediment in the targeted locations despite their geographical remoteness from Kabul and the difficulties posed by the terrain. International Medical Corps has extensive experience in remote, frontline, conflict-affected areas in Afghanistan. With an experienced human resource base at the local, national, regional and international levels, International Medical Corps is confident in the successful implementation of the interventions proposed above. In remote areas of Afghanistan, especially in Nuristan and Paktika, insecurity poses the greatest risk to full implementation, particularly in terms of access and supervision. Nevertheless, International Medical Corps has a comprehensive security strategy in place and a dedicated security team to manage these risks to staff and beneficiaries and has had considerable success in the past in achieving program objectives without placing staff and beneficiaries in danger. The proposed target districts are areas within which International Medical Corps has had a history of working, and this program will build off the existing relationships and community acceptance that International Medical Corps has worked to establish over the years. In Afghanistan, operational responsibilities are carried out by national and/or local employees to ensure the continued and effective implementation of project activities. International Medical Corps will remotely manage the implementation of project activities. At the field level, the M&E plan will be strictly followed based on the logical framework and work plan. Output, activity and result monitoring will be conducted each month by monitoring of the work plan, visits to the supported health facilities by the national project staff. Given that the primary focus of this project is screening and treatment of malnutrition among the target groups (children and pregnant and lactating mothers) and building the capacity of health facility staff, community health workers and IYCF groups and coordination between the health facility staff and CHWs and IYCF groups in the targeted areas, field staff involved in the day-to-day operations of the project will provide weekly and monthly program, training and operational reports to the relevant department heads. Furthermore, Kabul-based staff will also schedule monitoring visits to the project sites, at least on a quarterly basis. In the event that the security situation worsens during the timeframe of this project and makes travel to and from the project sites too dangerous for supervision and monitoring, International Medical Corps will implement measures to ensure that the project activities at the International Medical Corps offices and supported facilities are supplied and equipped adequately to continue running smoothly for at least a month without support. All field offices and facilities will be supplied with the necessary communication equipment to immediately contact the regional office in Jalalabad and head office in Kabul and receive assistance if/when needed. Basic training and continuous refresher training will be given to staff to minimize risks during travel and prepare them should a security incident occur while they are in the field. International Medical Corps recognizes that the transfer of managerial and monitoring responsibility to local/national staff will not compromise the quality of humanitarian projects. As such International</p> |

| | |
|--------|---|
| | Corps will transfer day-to-day responsibilities to a suitably senior and competent IMC national staff member. Weekly guidance, support and supervision will be provided from the senior manager in the capital city. |
| Access | International Medical Corps has been the leading BPHS implementer in Nuristan and Paktika Provinces for an extended period of time. International Medical Corps staffs are already deployed to all facilities and health posts of these two provinces and have access to all districts. |

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 | |
|------|---|----------|-----------|---------------------|------|
| 1.1 | Country Director | 1 | 18578 | 12 | 3% |
| | It is estimated that 3% of the Country director's time will be devoted for this project. The costs includes basic salaries, fringes, hardship, food allowances, housing, etc. in accordance with policies. | | | | |
| 1.2 | Finance & Admin Director | 1 | 17170 | 12 | 3% |
| | It is estimated that 3% of the Finance director's time will be devoted for this project and will be responsible in ensuring that expenditures are in compliance with the donor and IMC | | | | |
| 1.3 | Security Manager | 1 | 14666 | 12 | 3% |
| | It is estimated that 3% of the Security manager | | | | |
| 1.4 | Nutrition Coordinator | 1 | 2427 | 12 | 100% |
| | The main focal point for all project activities in Nuristan and Paktika. In charge of overall supervision and coordination of all nutrition project activities and will represent IMC in the cluster meetings. | | | | |
| 1.5 | Trainers | 2 | 866 | 12 | 100% |
| | In-charge of planning and organizing the training based on the training plan. The position will be based in the provincial office and will report to the project officer. | | | | |
| 1.6 | Project officers | 2 | 1300 | 12 | 100% |
| | In-charge of planning and organizing all the coordination at the field and with the project coordinator. | | | | |
| 1.7 | Food distributors/storekeepers/guards | 12 | 200 | 12 | 100% |
| | Salaries includes basic and benefits of food distributors, storekeepers and guards in Nuristan and Paktika provinces. | | | | |
| 1.8 | Cluster Field officer | 2 | 866 | 12 | 100% |
| | The field officers will be the staff trained in nutrition to have regular monthly supervisions of the nutrition activities at health facility and health post/community level, establishment of 48 FHAGs/YCFs which needs several frequent meetings with community, CHWs and health committees followed by training of FHAGs on YCF and other nutrition trainings and reporting to the project officer. | | | | |
| 1.9 | Management/technical support staff | 1 | 12298 | 12 | 5% |
| | A percentage of the actual time of involvement of management and technical support staff in supervision, monitoring and providing technical assistance to the project staff in the day to day activities | | | | |
| 1.10 | HMS/M & E Officer | 1 | 866 | 12 | 50% |
| | In-charge of collating and managing the information gathered during the implementation of the project. He/she will also be in charge of monitoring and reporting to the project coordinator the results of activities. | | | | |
| | Section Total | | | | |

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 | |
|------|--|----------|-----------|---------------------|------|
| 2.1 | CMAM | 42 | 162 | 1 | 100% |
| | Training on CMAM of health facilities staff consists of 8 doctors, 16 nurses and 18 midwives. This will be 5-days training and per diem will cover 1 days as well for a total of 7 days @ \$16 or \$112 plus average transport costs \$50. | | | | |
| 2.2 | YCF training | 42 | 162 | 1 | 100% |
| | Training on YCF of health facilities staff consists of 8 doctors, 16 nurses and 18 midwives. This will be 5-days training and per diem will cover 1 days as well for a total of 7 days @ \$16 or \$112 plus average transport costs \$50. | | | | |
| 2.3 | Basic Nutrition training | 12 | 82 | 1 | 100% |
| | Training for 12 Community Health supervisor for 2 days @ \$16/day plus transport costs of \$50 | | | | |
| 2.4 | YCF support group members training | 120 | 16 | 1 | 100% |
| | YCF training will be provided to the 120 Shuras for 1 day @ \$16 per day. | | | | |
| 2.5 | CHW training | 339 | 16 | 1 | 100% |
| | Training for 339 male and female Community health worker's for 1 day @\$16/day | | | | |
| 2.6 | IEC Materials (Posters, signs, radio announcements, etc.) | 1 | 4000 | 1 | 100% |
| | IEC material for awareness raising and messages through local radio | | | | |
| 2.7 | HMS tools | 1 | 4000 | 1 | 100% |
| | for HMS stationeries, tools, as per MoPH standard | | | | |
| 2.8 | Training materials and supplies | 1 | 3000 | 1 | 100% |
| | training materials, teaching aids | | | | |
| 2.9 | Cooking demonstration | 64 | 20 | 12 | 100% |
| | Cooking demonstration will be conducted in 8 sites. It is planned to have 2 cooking demos per week for a total of 8 in a month for a total of 64 cooking demonstrations for the duration of the project. A \$20 for the local food costs and other supplies to be use in demonstrating proper serving of food is included. | | | | |
| 2.10 | Minor renovation | 1 | 3000 | 1 | 100% |
| | renovation of target HFs | | | | |
| 2.11 | Vehicle rent for program activities | 2 | 1200 | 12 | 100% |
| | vehicle rent for carrying of supplies and for transportation of monitors. This is based on actual rental costs in Nuristan and Paktika which is higher than in other provinces due to the security risks. This costs of driver, fuel and maintenance. | | | | |
| 2.12 | Monitoring and Evaluation Training | 15 | 162 | 1 | 100% |

| | | | | | |
|---|---|-----------------|------------------|----------------------------|------|
| | IMC is proposing to conduct monitoring and evaluation training for project staff. It is estimated to have 15 participants for 5 days training + 2 days travel where full per diem will be paid and transportation expenses. | | | | |
| 2.13 | Monitoring and evaluation training consultant The training consultant will be paid around \$300/day for 5 days plus out of pocket expenses of \$500 for a total of \$2,000. | 1 | 2000 | 1 | 100% |
| Section Total | | | | | |
| 3 Equipment (please itemize costs of non-consumables to be purchased under the project) | | | | | |
| Code | Budget Line Description | Quantity | Unit Cost | Duration Recurrence | |
| 3.1 | Furnitures (3 Desks, 3 Revolving Chairs, 3 Cupboards) The cost of furniture in the provincial offices in Nuristan and Paktika for the project staff. | 6 | 500 | 1 | 100% |
| 3.2 | Mobile Phones w/camera For use of program staff in coordinating, monitoring and reporting the day to day activities of the project. | 6 | 120 | 1 | 100% |
| 3.3 | Laptop Computers The cost includes standard specification of a laptop available in Afghanistan. | 6 | 800 | 1 | 100% |
| 3.4 | Printers / Scanner for printing of training materials, reports, etc. of the project | 2 | 500 | 1 | 100% |
| Section Total | | | | | |
| 4 Contractual Services (please list works and services to be contracted under the project) | | | | | |
| Code | Budget Line Description | Quantity | Unit Cost | Duration Recurrence | |
| Section Total | | | | | |
| 5 Travel (please itemize travel costs of staff, consultants and other personnel for project implementation) | | | | | |
| Code | Budget Line Description | Quantity | Unit Cost | Duration Recurrence | |
| 5.1 | International Airfare This is for the annual leave ticket of international staff charged to this project. | 3 | 2500 | 1 | 3% |
| 5.2 | Local travel tickets This is for the cost of regional or local travel to the provincial offices. | 3 | 450 | 2 | 3% |
| 5.3 | Visa/Departure Taxes/ Work Permits visa for expats and work permit for expats and local | 3 | 500 | 2 | 3% |
| 5.4 | National staff per diem National staff per diem includes cost of food and accommodation or daily subsistence allowance of national staff traveling outside of their duty station on official business. The project staff is projected an average of 15 days per month at \$16 dollars per diem rate. | 2 | 240 | 12 | 100% |
| Section Total | | | | | |
| 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 | |
| Section Total | | | | | |
| 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 | |
| 7.1 | Office Rent/Maintenance/Utilities Proportionate amount of rent, maintenance and utilities of Kabul, Jalalabad and Paktika offices. 5% of Kabul \$2,000; Jalalabad \$2,500 and Paktika \$2,000 will be charged to this project as a proportionate share direct costs. | 1 | 6500 | 12 | 5% |
| 7.2 | Warehouse Rent/Maintenance/Utilities Provision for allocation of costs of warehouse rent and utilities in the provincial warehouses of Nuristan. Currently, we don't have enough space in Nuristan to store the supplies hence the provision for this province. | 1 | 300 | 12 | 100% |
| 7.3 | Vehicle fuel, maintenance, insurance and registration Includes all related costs of vehicles used by the program staff in monitoring, supervision, traveling to and from the targeted areas. | 2 | 760 | 12 | 5% |
| 7.4 | Equipment repairs and maintenance Costs to cover for repairs and maintenance of equipment used in the project. | 1 | 800 | 12 | 5% |
| 7.5 | Software Licenses This includes license of accounting software used in recording project expenditures. Reports are also generated through this software. | 1 | 10000 | 1 | 5% |
| 7.6 | Office supplies Stationery and supplies and other consumables used for the project. | 1 | 2000 | 12 | 5% |
| 7.7 | Legal tax/Consultancy Fees Fees paid to tax and legal consultants in ensuring compliance to local laws and regulations. | 1 | 1050 | 12 | 5% |
| 7.8 | Bank Charges Bank account maintenance fees, and cash facilitation charges for the transfer of money to the field offices. | 1 | 200 | 12 | 100% |
| 7.9 | Generator/heating fuel/firewood for cooking Generator and heating fuel used in country and field offices. A proportionate amount is charged for this project. | 2 | 400 | 12 | 100% |
| 7.10 | Communications including top-up cards top up cards for mobile phones directly used for the project staff - Nutrition coordinator \$30, Training officers \$20 each, HMS and M & E \$20 each, Field officers \$20 each, and management and technical | 2 | 250 | 12 | 100% |

| | | | | | | |
|--|---------------------|---|-----|----|--|----|
| | \$90. | | | | | |
| 7.11 | Postage and Courier | 1 | 450 | 12 | | 5% |
| includes percentage charges of postages and courier costs between IMC office in the country and from IMC Afghanistan to IMC HQ | | | | | | |
| Section Total | | | | | | |

Sub Total Direct Cost

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)

Audit Cost (For NGO, in percent)

1.1236

PSC Amount

| Quarterly Budget Details for PSC Amount | 2014 | | | 2015 | | Total |
|---|------|------|------|------|------|-------|
| | Q2 | Q3 | Q4 | Q1 | Q2 | |
| | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | |

Total CHF Cost

LOCATIONS

| Location | Activity | Beneficiary Men | Women | Boy | Girl | Total |
|----------------------|--|-----------------|-------|------|------|-------|
| Nuristan -> Mandol | Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities. Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW). Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported. | 7118 | 8678 | 1852 | 1852 | 19500 |
| Nuristan -> Duab | Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities. Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW). Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported. | 2811 | 3426 | 731 | 732 | 7700 |
| Nuristan -> Nurgeram | Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities. Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW). Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs. Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites. Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines. Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women. Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices. Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported. | 7118 | 8678 | 1852 | 1852 | 19500 |

| | | | | | | | | |
|---------------------|--|-------|-------|------|------|-------|--|--|
| | accurately entered into the HMS and reported. | | | | | | | |
| Nuristan -> Wama | <p>Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP</p> <p>Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> <p>Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> <p>Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs.</p> <p>Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites.</p> <p>Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters</p> <p>Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility</p> <p>Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines.</p> <p>Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women.</p> <p>Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices.</p> <p>Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels</p> <p>Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database</p> <p>Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters</p> <p>Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported.</p> | 3979 | 4851 | 1035 | 1035 | 10900 | | |
| Nuristan -> Waygal | <p>Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP</p> <p>Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> <p>Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> <p>Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs.</p> <p>Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites.</p> <p>Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters</p> <p>Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility</p> <p>Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines.</p> <p>Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women.</p> <p>Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices.</p> <p>Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels</p> <p>Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database</p> <p>Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters</p> <p>Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported.</p> | 7081 | 8633 | 1843 | 1843 | 19400 | | |
| Nuristan -> Kamdesh | <p>Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP</p> <p>Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> <p>Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> <p>Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs.</p> <p>Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites.</p> <p>Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters</p> <p>Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility</p> <p>Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines.</p> <p>Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women.</p> <p>Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices.</p> <p>Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels</p> <p>Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database</p> <p>Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters</p> <p>Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported.</p> | 9089 | 11081 | 2365 | 2365 | 24900 | | |
| Paktika -> Wazakhah | <p>Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP</p> <p>Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> <p>Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> <p>Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs.</p> <p>Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites.</p> <p>Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters</p> <p>Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility</p> <p>Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and women on infant and young child feeding practices through community based and facility based contacts with particular emphasis on the Infant Feeding in Emergency (IFE) guidelines.</p> <p>Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating women.</p> <p>Activity 2.1.3 : To conduct counseling for children and women and men for improved dietary intake and for promotion of hygiene practices.</p> <p>Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels</p> <p>Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database</p> <p>Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters</p> <p>Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMS and reported.</p> | 8359 | 10191 | 2175 | 2175 | 22900 | | |
| Paktika -> Bermal | <p>Activity 1.1.1 : To open new treatment facilities (OTP/SFP) in uncovered areas to screen and provide facility based treatment to the children <5 and pregnant and lactating women for severe and moderate acute malnutrition at OTPs/SFP</p> <p>Activity 1.1.2 : To maintain the old and newly established treatment facilities (OTP/SFP/SCs) functional for the screen and provision of facility based treatment to the children 6-59 months and pregnant and lactating women on acute malnutrition at the target health facilities.</p> <p>Activity 1.1.3 : To conduct basic and refresher training courses on nutrition for male and female health facility and project based staff, CHWs on nutrition promotion and education and early detection, referral and treatment of children under five and pregnant and lactating women (PLW).</p> <p>Activity 1.2.1 : To screen and provide facility based treatment to the children <5 for severe acute malnutrition at OTPs/SCs.</p> <p>Activity 1.2.2 : To screen and provide facility based treatment to the children 6-59 months and pregnant and lactating women on moderate acute malnutrition at the target SFP sites.</p> <p>Activity 1.2.3 : To provide trainings for CHWs on growth screening and referral; provision of nutrition awareness sessions in the communities; and follow up with defaulters</p> | 12556 | 15308 | 3268 | 3268 | 34400 | | |

Activity 1.2.4 : To conduct bi weekly feeding demonstration and participatory cooking demonstration sessions in each health facility
 Activity 2.1.1 : To provide counseling and lay support for boys and girls and men and w omen on infant and young child feeding practices through community based and facility based contacts w ith particular emphasis on the Infant Feeding in Emergency (IFE) guidelines.
 Activity 2.1.2 : To provide Vitamin A supplementation to children <5 and Iron & folic acid or multiple micronutrient supplementation (MNS) to pregnant and lactating w omen.
 Activity 2.1.3 : To conduct counseling for children and w omen and men for improved dietary intake and for promotion of hygiene practices.
 Activity 3.1.1 : To regularly monitor and supervise the nutrition project activities at the health facility, community and provincial levels
 Activity 3.1.2 : To collect, compile, analyze and do data entry in the Nutrition database
 Activity 3.1.3 : To submit the monthly, quarterly and final reports to PPHD, PND/MoPH, Nutrition clusters
 Activity 3.1.4 : To develop and distribute feasible data collection tools for public nutrition for collecting reliable data and ensure data is being accurately entered into the HMIS and reported.

Project Locations (first admin location where CHF activities w ill 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 238.docx
2. IMC Program Monitoring Tool 2013.xlsx
3. Prevention and Treatment of acute malnutrition in Paktika and Nuristan Provinces.docx
4. List of Acronyms for Nutrition.docx