



Project Proposal

Organization	ACTD (Afghanistan Center for Training and Development)		
Project Title	Provision of Nutrition services to most vulnerable communities in priority districts of Helmand and Paktya provinces		
CHF Code	AFG-14/S1/N/NGO/248		
Primary Cluster	NUTRITION	Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	
Project Budget	465,713.25	Project Duration	12 months
Planned Start Date	01/06/2014	Planned End Date	31/05/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary
 ACTD is the main BPHS implementer in targeted districts for implementation of this project in Helmand and Paktya provinces. This project "provision of nutrition services to most vulnerable communities in priority districts of Helmand and Paktya provinces" will be implemented in high and very high priority districts according to CHAP 2014 Ranking; five high and very high priority districts in Helmand province (Sangin, Naw zad, Gramsir, Baghran and Reg) and six high and very high priority districts in Paktya province (Sayed karam, Laja Ahmak khieel, Ali khieel, Jani khieel, Chamkani and Dand w a patan). This project focus on the nutrition cluster objectives 1 and 2. 1. Integrated interventions that provide treatment of acute malnutrition in children of less than five years of age, pregnant and lactating women and other vulnerable groups of the population. 2. Provide services on prevention of malnutrition to vulnerable groups of the community with particular emphasis on children of less than five years of age and pregnant and lactating women. . This project will provide access to 6829 SAM and 8630 MAM children under five and 5580 pregnant and lactating women (PLWs). This project will also focus on improving access of women and young boys and girls through community based approach, availability of female health providers at Health Facilities, awareness raising among the health and village shura members and involvement of men to support women and children for access to the nutrition services. The project also aim to work on capacity building of BPHS staff and Provincial Public Health Directorate teams' capacity in management of nutrition projects in both provinces. ACTD will build the capacity of health facility staff to provide quality nutrition services according to nutrition cluster objective. ACTD will work in close cooperation with shock holders. The project will be run in cooperation with the community and specific attention will be paid to community empowerment on screening, referrals, case finding, and health education through the Community Health Workers (CHWs), family health action group (FHAGs) and other stakeholders (e.g. Health Shura members, local authorities) in the area. ACTD has contract with WFP for SFP program in Helmand province and is going to single PCA with UNICEF for supply of RUTF and RUSF as well. Proposed cure activities of the projects are: 1) Establishment of 31 OTP and 31 SFP sites in 31 health facilities in both provinces. 2) Establishment of 7 Stabilization centers, one in each district of both provinces. 3) Support to already established TFUs in Jaji and Chamkani District Hospitals of Paktya province, and Gramsir DH in Helmand province. 4) Support to Community Based Health Care services through hiring of health educators in the BHCs and CHCs to focus on training of CHWs.

	Men	Women	Boys	Girls	Total
Beneficiary Summary	276	5675	7750	7750	21,451
Total beneficiaries include the following:					
Children under 5	0	0	7750	7750	15500
Pregnant and Lactating Women	0	5580	0	0	5580
Trainers, Promoters, Caretakers, committee members, etc.	276	95	0	0	371

Indirect Beneficiaries	Indirect beneficiaries will be the family members of direct beneficiary. The estimated number of direct beneficiaries is 150,157 calculated based on 7 members per household.	Catchment Population	Catchment populations is total number of people living in catchment areas of targeted Health Facilities. The estimated population for the project is 226,400
-------------------------------	---	----------------------	--

Link with the Allocation Strategy
 Proposed project "Provision of Nutrition services in most vulnerable communities in priority districts of Helmand and Paktya Provinces" is implementation life-saving interventions in the field of nutrition targeting most vulnerable groups of people in the society (women and children) living in high and very high priority districts according to CHAP 2014 Ranking in highly insecure provinces of Paktya and Helmand. Most of the districts are in high priorities both for nutrition and health needs with score of 5 based on district priorities by health and nutrition clusters. The project will contribute to decrease in morbidities and mortalities related to malnutrition among children and PLWs related. The project will work through; i) Scale up coverage of integrated interventions that provide treatment of acute malnutrition in children <5, pregnant and lactating women and other vulnerable groups in the highest priority Districts through establishment of 31 OTPs, 31 SFPs, 7 SCs and support of 2 TFUs working in the districts; ii) Scale up of programs that provide services on prevention of under nutrition in vulnerable groups of the in the highest priority Districts with particular emphasis on <5 year old children and pregnant and lactating women through trainings of 300 CHWs and employing 31 Health Educators responsible for health education at health facility and community level. Moreover the health educators will regularly follow CHWs activities in the field in provision of Key IYCF messages to women especially to PLWs and caregivers. They will also follow already working FHAGs through provision of support and on the job training and provision of IEC materials. Proposed OTPs, SFPs and SCs in the project will be closely linked with the BPHS health facilities, where BPHS health facility staff will be involved in screening of the patients, health education to the patients and also referring patients to higher level health facilities (SCs and TFUs) where needed. Similarly CHS of BPHS project and Health Educator of nutrition project will jointly work at community level for follow up with HPs for active case finding and referral of malnourished children and women to HF for treatment. Prevalence of malnutrition among children of less than five years of age and among Pregnant and Lactating Women is high. Women have very less access to health services, and to good quality of food. Women usually eat poor quality food even in well off families, as according to local customs, men are served with good quality of food and women and children usually get food after men and guests. Women and children are often fed with food remained from men and from guests. In Paktya most of the districts are mountainous, where agriculture products are very less and the family do not have access to vegetables, fruits, where in Helmand most of the families usually grow Potatoes in their fields and is a common dish of the families with no diversification in meals. Due to insecurity, IDPs because of active fight in some districts, poor diet of women and children and unavailability of nutrition services in public health facilities, there is need of intervention of introducing nutrition services according to the cluster objectives in public health facilities and communities for treatment of acute malnutrition and prevention, and to provide access to girls and boys U5 and pregnant and lactating women to the nutrition services. The project will also focus on IYCF in communities through training of CHWs and follow up with already working FHAGs. Health Educators and nursing staff will ensure access of women of child bearing age and caregivers of under five children to key IYCF messages both at HF and community level. The project will be linked with emergency services project proposed in both provinces for CHF funding in both provinces.

Implementing Partners	Other funding Secured For the Same Project (to date)		
Organization primary focal point contact details	Name: Title: Telephone: E-mail:		
Organization secondary focal point contact details	Name	Title	Phone
			Email

Dr. Shah Maqsood Sahebzada	Health Director	0779195484	dhealth.actd@gmail.com
----------------------------	-----------------	------------	------------------------

BACKGROUND INFORMATION

<p>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)</p>	<p>Aim of this project is to address nutritional need of communities living in priority districts in Helmand and Paktia provinces. Nutrition status in children and Pregnant and Lactating Women is a critical public health issue in Helmand and Paktia provinces, which have high malnutrition burden. Survey results from Sept 2011 by Oxfam (funded by UNICEF/WFP) in Paktia, show s nutrition status of 5-59 M of age GAM rate 17.15 (13.6-21.2%), stunting 38.6% (35.2-42.1%), wasting of 17.1% and Exclusive Breast feed in children 0-24 M 62.9 %. MUAC (<23 cm) in PLWs is 31.3% and MUAC (<21cm) 7.0%. General community knowledge 17.6% IYCF key practices. Although no data from nutrition survey/assessment is available from Helmand how ever referring to high prevalence of SAM and MAM indicated in health and nutrition cluster prioritization list by district and prevalence of EPI target diseases (confirmed measles and AFP cases) the targeted areas are among the high priority district for emergency interventions. This is mainly due to low awareness among mothers and care givers, early marriages, low family planning and poor dietary practices, long term insecurity, active fight, discrimination in feeding women of Child Bearing Age, low economy and less access to the health services. ACTD is implementing BPHS SEHAT project in all districts of Helmand province, and BPHS PCH project in Paktia province. BPHS SEHAT Health Facilities are providing nutrition services based on their routine activities plan. In order to contribute in reduction of nutrition related mortality and morbidity among mothers and children and reduce prevalence of stunting among children according to the cluster objective, the integration of IMAM in SEHAT project will have significant effect on nutrition status of women and children. So there is need to increase number of child care givers adopting IYCF practices, to strength case management of Sever Acute Malnutrition, increase available coverage and access to therapeutic feeding at Health Facilities and community, to monitor nutrition situation of children and Pregnant and Lactating Women; therefor SFP, OTP, IYCF and WASH activities will significantly support the nutrition program</p>
<p>2. Grant Request Justification.</p>	<p>Through this project ACTD will address existing gaps in health services delivery related to provision of nutrition package to the people in targeted districts in both provinces. ACTD will focus on case identification, admission to OTP for treatment, referral of complicated cases to SCs/TFUs, and strengthening of community based health care system through capacity building and follow up. Malnutrition remained a chronic problem in Afghanistan. Low literacy rate, poor economy, unavailability of complete package of nutrition services in public sector, low awareness and discrimination in feeding practices especially for women of reproductive health age is among the major factors resulted in malnutrition of women and children. The targeted districts in Helmand and Paktia provinces are among the very high priority district according to CHAP 2014 Ranking, and among the poor and insecure districts which have low access for women and young boys and girls, especially pregnant women to quality nutrition services. For improving nutrition status of the children and women of child bearing ages, considerable efforts need to be put into practice. There is need of awareness raising among the general community, capacity building of health facility and management personal and Provincial Nutrition Department of Provincial Public Health Directorates team. As well IYCF is not integrated in CBHC services, and IMAM services has not been integrated in BPHS 2005 (PHC projects) so for. ACTD is implementing BPHS in targeted district. The project will function through a network of 31 health facilities (3 district hospitals, 9 CHCs, 19 BHCs, and 150 health posts). As well ACTD has good experience of implementation health project in such area since long time. Through this funding ACTD aims to address nutrition needs of high priority districts of both provinces through treatment at Health Facilities level, preventive activities at facilities and at community level through launching and supporting IYCF activities. As well gaps in capacity building of health facilities staff, PND staff, CHWs and FHAGs will be addressed by this project. Supportive supervision, M&E and feedback on nutrition services planned in the project will strengthen implementation of IMAM activities in BPHS health facilities. ACTD is implementing BPHS projects and submitted proposal for Emergency health services to CHF funding in the same districts of both province.</p>
<p>3. Description Of Beneficiaries</p>	<p>The main beneficiaries according to the cluster objective will be girls and boys under five years; and pregnant and lactating women in very high and high priority districts covered by this project in Helmand and Paktia provinces. Approximately 6,829 SAM and 8,630 MAM children under five and 5,580 pregnant and lactating women will get benefited directly from the program interventions (this number of beneficiaries is calculated from the data of last year nutrition projects implemented by ACTD in Paktia and Helmand province. An increase of 10% has been made to the data from last year. As well approximately 300 Community Health workers, 71 Health facility staff and management staff of ACTD and PHD; and 150,157 family members of SAM and MAM children and PLWs will indirectly get benefited from the project planned activities.</p>
<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 whom, how and when?). List any baseline data</p>	<p>ACTD has an extensive experience of implementation of health and nutrition projects in deferent provinces of the country. Low staff setting at HFs, low knowledge of CHWs especially female CHWs about nutrition services, lack of trained staff especially female, unfamiliarity of community with the nutrition services, short duration of the projects, delay in supply and weak monitoring of the project in some areas and the most important unavailability of specific and enough budget for nutrition services were the main gaps of the previous nutrition projects. Low literacy rate, poor economy, unavailability of nutrition service in public sector, low awareness and discrimination in feeding practices especially for women of reproductive health age is among the major factors resulted in malnutrition of women and children. The targeted districts in Helmand and Paktia provinces are among the very high priority district according to CHAP 2014 Ranking, and among the poor and insecure districts which have low access for women and young boys and girls, especially pregnant women to quality nutrition services. Nutrition status in children and Pregnant and Lactating Women is a critical public health issue in Helmand and Paktia provinces, which have high malnutrition burden. Survey results from Sept 2011 by Oxfam (funded by UNICEF/WFP) in Paktia show s nutrition status of 5-59 M of age GAM rate 17.15 (13.6-21.2%), stunting 38.6% (35.2-42.1%), wasting of 17.1% and Exclusive Breast feed in children 0-24 M 62.9 %. MUAC (<23 cm) in PLWs is 31.3% and MUAC (<21cm) 7.0%. General community knowledge 17.6% IYCF key practices. Although no data from nutrition survey/assessment is available from Helmand how ever referring to high prevalence of SAM and MAM indicated in health and nutrition cluster prioritization list by district and prevalence of EPI target diseases (confirmed measles and AFP cases) the targeted areas are among the high priority district for emergency interventions. considerable life-saving efforts need to be put into practice to reduce morbidity and mortality in children <5 and PLWs. This project proposed for funding form CHF will enable ACTD to fill the highlighted gaps by ensuring therapeutic and preventive nutrition services to the girls and boys U5 and pregnant and lactating women according to the cluster objectives in the high priority districts of Helmand and Paktia provinces. Data from previous project reviewed during assessment of the provinces show s higher number of malnourished children attended, admitted and treated cases were girls. This either indicate high proportion of girls verses boys in communities or high prevalence of malnutrition among girls. The data show s 43:47 (M:F ratio).</p>
<p>5. Activities. List and describe the activities that your organization is currently implementing to address these needs</p>	<p>The activities for this project is designed to treat and prevent SAM and MAM in vulnerable groups according to the cluster objective and in gender sensitive manner. The activities are proposed for Infant and Young Child Feeding (IYCF), Supplementary Feeding Program (SFP), Outpatient Therapeutic Program, Inpatient Therapeutic Program and water sanitation and hygiene practices: These activities are: establishment of 31 OTP and SFP sites in 31 health facilities in both provinces; establishment of 7 Stabilization centers in CHCs one in each district of both provinces; support to already established TFUs in Jaji and Chamkani District Hospitals of Paktia and 1 DH in Garamsir in Helmand province; support to Community Based Health Care services through hiring of 31 health educators in the BHCs and CHCs to focus on training of male and female CHWs. Procurement and supply of necessary medical and non-medical equipment and stationary to the sites; Hire 25 Nurses and 31 health educators for targeted HFs; Community orientation and mobilization; Provision of HE material to HPs on IYCF and orientation for staff on IEC Material; Community education on IYCF to the people (male, female and children), active screening of children to identify malnutrition in children and pregnant and lactating women by male and female CHWs, discourage using and marketing of Breast Milk Substitutes through health facilities and local market, Admission and discharge of children based on standard criteria, Management of complications by the assigned female and male nurses, Train facility based staff both male and female on basic hygiene practices; the program implementation will be regularly supervised and monitored on monthly basis as routine by nutrition supervisor to ensure program efficiency and effectiveness. Health educator will work with community elders, Uamas and key decision makers on community mobilization, trust building and involvement of community members in monitoring of the project planned activities. The community elders will also be sensitized on priority needs of women health with special focus on nutrition needs of women and girls with special focus on nutrition of lactating and pregnant women. This way the project will contribute in improving access of women and girls to health and nutrition services.</p>

LOGICAL FRAMEWORK

<p>Overall project objective</p>	<p>To reduce avoidable morbidity and mortality related to malnutrition among children of U5 and Pregnant and Lactating Women living in very high and high priority districts of Helmand and Paktya provinces.</p>
---	---

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	100

Outcome 1	Description	Assumptions & Risks
Code		
Output 1.1	Health facilities provide OTP, SFP and Stabilization services to malnourished children and pregnant and lactating women of their catchment area.	a. Security in the Province allows for access to all areas, b. Recruitment of staff especially female is possible c. Cooperation of the local communities available
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	31 OTP and SFP sites and 7 SCs established in 31 health facilities in 11 districts in Helmand and Paktia provinces.					31					31
		Means of Verification: monthly report, quarterly report, supervision/monitoring report,										
Indicator 1.1.2	NUTRITION	# of under-five boys and girls and PLW admitted					10540					14756
		Means of Verification: monthly HF report, quarterly report										
Indicator 1.1.3	NUTRITION	Number of health facility staff provided with training on nutrition services					71					71
		Means of Verification: Training records, attendance sheets										

Activities

Activity 1.1.1	Establish and run 31 OTPs, 31 SFPs and 7 SCs in targeted health facilities
Activity 1.1.2	Provide orientation and training to 71 HF staff (56 M and 15 female) on nutrition service
Activity 1.1.3	31 OTP and SFP sites admit malnourished children of <5 years and PLWs

Output 1.2	CHWs (male/female) and HFs staff(male/female) provided IYCF messages to pregnant and lactating mothers and caregivers.	Security allow s mobility of patients Communities cooperation
-------------------	--	---

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 1.2.1	NUTRITION	Number of HF staff and CHWs trained on IYCF					371					371
		Means of Verification: Training report, monthly HF report										
Indicator 1.2.2	NUTRITION	Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)					2790					3906
		Means of Verification: Health facility and HFs monthly activities report										

Activities

Activity 1.2.1	training and orientation of HFs staff (56 male/ 15 female) and CHWs (male/female) on IYCF and usage of IEC materials
Activity 1.2.2	provide health education program at HF and HP level
Activity 1.2.3	supply of IEC materials to HFs and HPs

Outcome 2	Prevalence of acute malnutrition in U5 (boys and girls) and PLW is reduced in most at risk communities.
------------------	---

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

Output 2.1	OTP (SAM) and SFP (MAM) discharge recovered according to SPHERE standards
-------------------	---

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	Death rate in line with SPHERE standards					5					5
		Means of Verification: monthly statistic reports										
Indicator 2.1.2	NUTRITION	Proportion cured in line with SPHERE standards					75					75
		Means of Verification: OTP monthly activities report										

Activities

Activity 2.1.1	Active case finding (MAM and SAM) at health facility level and in communities.
Activity 2.1.2	Increase referral of SAM and MAM from community to HF and cases with complication and odema to stabilization center

Output 2.2	Breast feeding mothers of targeted acutely malnourished infant <6 months, and pregnant women MUAC <230mm received SFP ration and have access to key IYCF messages.
-------------------	--

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 2.2.1	NUTRITION	Number of breast feeding mother of infant <6 months and pregnant women MUAC <230mm received SFP ration					2790					3906
		Means of Verification: monthly SFP reports, monthly statistic reports										

1. PHU team	Coordination for smooth implementation of project
2. MSF	Collaboration for referring patients to central TFU (PH)
3. HNI	Collaboration for referring patients to TFU (PH)
4. UNICEF	Collaboration in receiving supplies
5. WFP	Collaboration for receiving food for SFP and Monitoring of the project

Outline how the project supports the gender theme
 Women empowerment is a long term and multi-faceted goal however based on our experiences and understanding of gender issues, this project interventions will build positive impacts for women and the malnourished children without consideration of their age and sex, in the long-run, will contribute to be healthy towards their empowerment through involvement of men to contribute towards care of sick and malurished children and excessive need of PLWs. Beneficiaries' discrimination will be eliminated by ensuring transparent practices and through joint monitoring of activities. Due consideration will be given to ensure the security and protection of women, the disabled, elderly persons and children. Men will be engaged and motivated to support women and children for access to nutrition services, where those with authority and power over resources are predominantly male. Since the population targeted are vulnerable and their needs are basic essentials, we are expecting comparatively fewer numbers of disputes than normal. Other protection assurances from Community and Health Facilities will include security, determining safe timing / location of food commodities distribution, responding to unfavorable workplace incident and treatment / support for women and children (e.g. pregnant women, breastfeeding women).

Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> Activity 1.1.1: Establish and run 31 OTPs, 31 SFPs and 7 SCs in targeted health facilities
	<input checked="" type="checkbox"/> Activity 1.1.2: Provide orientation and training to 71 HF staff (56 M and 15 female) on nutrition service
	<input checked="" type="checkbox"/> Activity 1.1.3: 31 OTP and SFP sites admit malnourished children of <5 years and PLWs
	<input checked="" type="checkbox"/> Activity 1.2.1: training and orientation of HF staff (56 male/ 15 female) and CHWs (male/female) on IYCF and usage of IEC materials
	<input checked="" type="checkbox"/> Activity 1.2.2: provide health education program at HF and HP level
	<input checked="" type="checkbox"/> Activity 1.2.3: supply of IEC materials to HF and HPs
	<input checked="" type="checkbox"/> Activity 2.1.1: Active case finding (MAM and SAM) at health facility level and in communities.
	<input checked="" type="checkbox"/> Activity 2.1.2: Increase referral of SAM and MAM from community to HF and cases with complication and odema to stabilization center
	<input checked="" type="checkbox"/> Activity 2.2.1: provide SFP ration to breast feeding mothers and pregnant women MUAC<230mm
	<input checked="" type="checkbox"/> Activity 2.2.2: Active screening of PLWs at health facility and community level
	<input checked="" type="checkbox"/> Activity 2.2.3: Admission of PLWs with MUAC less 23 cm into SFP project for treatment.
	<input checked="" type="checkbox"/> Activity 2.2.4: provide MNT to PLWs with MUAC of less than 23 cm

Cross Cutting Issues
 ACTD will aim to achieve gender equity in services provision, considering the importance of organizing culturally appropriate and acceptable services for mothers and their children. Continuing targeting women remains a significant challenge, especially in the Afghan context, when those with authority and power over resources are predominantly male. ACTD will ensure that the needs of women of reproductive age are adequately and sensitively addressed. Men will be engaged and motivate to support their family (women and children) for access to nutrition service. Implementation of the project will be based on needs of the population, the project will target population at risk of malnutrition (pregnant and lactating mothers, boys and girls with malnutrition). Emphasis will made on assessing nutrition status of girls and boys, level of anemia and ways for prevention and treatment of malnutrition and anemia. During the planned training and during supportive supervisory visits to HF and HPs, female health staff and CHWs will be encouraged to actively search for malnutrition in women and young girls for treatment and referral for treatment. For involvement and screening of women with malnutrition at community level, FHAGs will be trained on screening and on Key IYCF messages and practices. ACTD will ensure an appropriate privacy for women through existing separate waiting areas within HF and increase access to female health workers by women. Additionally, all collected data will be dis-aggregated and reviewed to ensure sufficient access for women. The project have zero intoxication affect to the environment, planned activities will not affect the environment and humanitarian setting. This issue will be considered in training, orientation sessions and during supervisions of the project activities. All disposed off products (Packets etc) will be disposed off safely through dumping/incineration at the health facility level.

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
 The project activities will be implemented in very high and high priority districts in Helmand and Paktia provinces which are insecure districts as well. Population living in targeted districts are living under stressful conditions resulted from unstable security condition and active fighting. Although attacks on HF from government and antigovernment has been seen during previous years, however the project will run through already existing infra-structure of BPHS health facilities and CBHC. Fortunately all health facilities stationed in the area are active, have good working relation with communities, and have functioning health shura. Members of the health shura are from near and far villages of the catchment area of the HF. ACTD will involve community elders and other stakeholders in the area in project activities, they will be oriented on objectives of the project and on details of the planned activities. Local stakeholders will be involved in implementation plan of the project. Try will be made to find and hire staff from the local area, however in case of unavailability of staff, staff hired will be oriented or local norms and culture. CHWs working in the villages are from the community and are safe to move from place to place for provision nutrition services (screening and active case finding) activities in the communities. Village level shuras will be involved in project activities, shura members and religious leaders will be involved and oriented on project activities in order to obtain their trust and support in smooth implementation, avoid being targeted and conflicts.

Access
 ACTD has been implementing BPHS services in Helmand and Paktia provinces since October 2009. The organization have good understanding of the local context including stakeholders. Through availability of active HF, active health shura, active health posts and village shura, the organization has its presence in all targeted districts. The organization has also developed trusting relation with the local stakeholders in remote areas. For improving access of children U5 and pregnant and lactating women to quality nutrition services, the organization will further improve coordination with all stakeholders. The project will be launched in close coordination and developing understanding with all stakeholders including community health shuras and provincial public health directorate. In order to further improve access of people to nutrition services at community level, CHWs will be trained for provision and ensuring timely referrals of the target groups to the health facilities.

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	Health Senior Program Manager	1	2800	12	20%	6,720.00
	Planning, coordination, reporting, supervision, monitoring and technical support from MO					
1.2	Project Focal Point Main Office (Kabul)	1	900	12	100%	10,800.00
	Fully dedicated to CHF project at main office level. Responsible to Planning, supervision, monitoring, reporting, attend meetings, coordination, planning trainings, develop MOUs, maintain					

	coordination with partners and other stakeholders. Compile reports and submission to Nutrition cluster.					
1.3	Project officer/Trainer Project office	1	800	12	100%	9,600.00
	Planning, implementation, coordination at project office level, reporting, training, data analysis and feed back					
1.4	Accountant Main Office	1	800	12	50%	4,800.00
	Fully dedicated to CHF project, responsible for accounting of the expenses CHF projects (health and nutrition). 50% of the salary will be charged to CHF project health and 50% to CHF Nutrition project. This person will check financial documents, provide feedback for allocable and allow ability of booked expenses. Collect monthly reports from field and hard copies of financial documents. Follow cash transfer, budget flow with program people. Compiling financial reports and submission to donor. Participate in finance related meetings at Kabul level. Conduct field monitoring of finance related issues.					
1.5	Admin finance Officer project office	2	750	12	50%	9,000.00
	Fully dedicated to CHF activities to take care of project activities in both provinces. 50% of salary charged for health project and 50% will be charged for Nutrition project. This person will be responsible for taking care of day to day expenses, book keeping, part of procurement committee at field office level, Contract preparation for hired staff, prepare monthly attendance report, payrolls, payment of salaries. Compile report and submit it to MO. Bank and cash reconciliations, supply to health facilities.					
1.6	IMAM Nurses HF's	25	320	12	100%	96,000.00
	Responsible for care of admitted patients in SCs, screening, admission and food distribution					
1.7	Health Educators	31	300	12	100%	111,600.00
	Health education at HF, IYCF activities at community, supervision and training of CHWs and FHAGs, reporting collection and submission to project office. Screening and food distribution					
1.8	M&E officer (Project Office)	2	800	12	50%	9,600.00
	2 staff budgeted, 1 for each project office, fully dedicated to CHF funded projects, responsible for monitoring of Health and Nutrition activities under CHF budget. 50% charge to Health and 50% to nutrition project funded by CHF. M&E officer will monitor activities of the health facilities, training activities and field activities. Conduct monitoring visits to the health facilities, collect findings, prepare report and share it with project focal point and with visited HF's. In coordination with field office and health facility team prepare action plan for improving the gaps and follow the progress during next monitoring visits along with detailed monitoring of the activities. To be part of the monitoring visits jointly with main office team and with PHD team.					
	Section Total					258,120.00

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	
2.1	Transportation cost for RUSF and RUTF	4	6000	1	24,000.00	
	This cost reflects transportation cost of food material from organization provincial office/center of district to the 31 health facilities located in 11 remote located districts. Secondary transportation of food materials from sub office to the health facilities. 6000 transportation cost once per quarter for all health facilities (Paktia BPHS and Helmand SEHAT). However transportation cost for SFP secondary transportation has not budgeted under SEHAT.					
2.2	Stationery	31	300	12	16,740.00	
	All stationery items, cleaning materials and items related in health facilities (electrify bulb, lock, socket, etc). Only half of HF's are budgeted here and half in nutrition budget.					
2.3	Heating cost SCs and HF's	31	500	5	11,625.00	
	Heating cost for keeping SCs and screening and distribution rooms warm during winter (4 Months). Include fuel and equipments					
2.4	Warehouse rent	25	120	12	36,000.00	
	Rent of warehouse for storage of SFP commodities in health facilities, as 25 health facilities do not have space for storage.					
	Section Total				88,365.00	

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	Office furniture	20	300	1	6,000.00	
	Cupboard, chair, bench for patient attendants, writing table for 7 stabilization centers and 31 OTPs and SFPs. Include Office table and chair and cupboard for CHF project staff in Project office. Based on need total 20 sites has been budgeted here					
3.2	Purchase of MUAC	500	0	2	0.00	
	Will be provided by UNICEF in kind					
3.3	H board and Weight scale	25	0	2	0.00	
	Will be provided by UNICEF in kind					
3.4	Laptop computer with printer	3	1000	1	3,000.00	
	For use of Focal Points (1 in Main office and 1+1 FP and M&E in project office)					
	Section Total				9,000.00	

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
	Section Total				0.00

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 cost during monitoring Main office	4	410	2	3,280.00	
	Travel cost for 4 person visiting project office each quarter from Main Officer for support and monitoring from different sections (technical, finance and Admin/logistics Departments). Two visits per year charged to CHF health project and 2 visits will be charged to CHF nutrition project. Unit cost = Helmand (return ticket 200 usd + local transportation 30 USD+ 60 Per diem 6 days @ 10/day (290 USD)) and Paktia= 60 USD transportation, 60 USD Perdiem (120)					
5.2	Travel during monitoring Project office	6	30	12	2,160.00	
	Per diem project office staff during travel to field activities for establishment, coordination, supplies, training, supervision and monitoring, report collection and salary payments. (6 person					

	every month with stay in field 3-4 days/each visit).=(6 person @5 USD/personx6 days)= (30)						
5.3	Rental vehicle	2	1000	12		100%	24,000.00
	for monitoring, supervision, coordination, training and supplies, report collection. 1 vehicle for each project.						
	Section Total						29,440.00

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
	Section Total				0.00

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	Breat feed counseling coards for MWs	40	25	6	100%	6,000.00	
	Training of Midwives and nurses for 6 days on breast feeding.(25 USD includes two way transportation to NGO project office, daily food cost, refreshment, stationery, handouts etc).						
7.2	IYCF training for CHWs	300	12	6	100%	21,600.00	
	Training for 80 female and 220 male CHWs on IYCF key messages. (12 dollars includes = 4 USD Transportation to CHW 4 USD food, 1 USD refreshment and 3 USD stationery and handouts).						
7.3	Baby friendly hospital initiatives	40	25	6	100%	6,000.00	
	Training of Midwives and nurses for 6 days on breast feeding.(25 USD includes two way transportation to NGO project office, daily food cost, refreshment, stationery, handouts etc).						
7.4	SFP training	40	25	3	100%	3,000.00	
	Training for HFs staff for 3 days on SFP.(Two way transportation to NGO project office, accommodation, food, refreshment, stationery, hand outs etc)						
7.5	OTP training	40	25	3	100%	3,000.00	
	Training for HFs staff for 3 days on OTP.(Two way transportation to NGO project office, accommodation, food, refreshment, stationery, hand outs etc).						
7.6	Trainer fee	28	50	2	100%	2,800.00	
	ACTD will use its available resources for conducting the trainings according to the plan, however due to high number of trainings and extra expertise that will be needed to deliver the trainings at project level and according to the approved curriculum, ACTD will use support from professionals in delivering planned training according to the plan. Cost for each trainer is budgeted USD 50 for 28 days for two trainers.						
7.7	Training of Health Educators on IYCF	31	25	6	100%	4,650.00	
	6 days training for Health Educators on basic concept of IMAM, SFP and on IYCF.(25 USD includes two way transportation to NGO project office, daily food cost, refreshment, stationery, handouts etc).						
	Section Total					47,050.00	

Sub Total Direct Cost 431,975.00

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

Audit Cost (For NGO, in percent) 0.757226237023712%

PSC Amount 30,238.25

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 462,213.25

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Paktya -> Sayedkaram			1415	1886	1886	5187	10
Paktya -> Lija Ahmad Khel			1014	1352	1352	3718	7
Paktya -> Alikhel (Jaji)			1428	1904	1904	5236	11
Paktya -> Janikhel			1454	1938	1938	5330	11
Paktya -> Chamkani			1012	1350	1350	3712	8
Paktya -> Dand w a Patan			1122	1496	1496	4114	8
Hilmand -> Sangin			1249	1666	1666	4581	9
Hilmand -> Naw zad			1152	1536	1536	4224	9
Hilmand -> Garmser			1541	2055	2055	5651	11
Hilmand -> Baghran			1188	1584	1584	4356	9
Hilmand -> Reg			1008	1344	1344	3696	7

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 248.docx
2. List of Acronyms.docx