

# Project Proposal

Organization	IMC-UK (International Medical Corps UK)		
Project Title	Prevention and Treatment of Acute Malnutrition in Paktika and Nuristan Provinces		
Fund Code	AFG-14/SA2/N/INGO/275		
Primary Cluster	NUTRITION	Secondary Cluster	None
Allocation Type	2nd Round of Standard Allocation / Call for Proposals	Allocation Category Type	Field activities
Project Budget	427,597.87	Project Duration	12 months
Planned Start Date	01/12/2014	Planned End Date	30/11/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

	Men	Women	Boys	Girls	Total
Beneficiary Summary	97699	97559	22843	22843	240,944
<b>Total beneficiaries include the following:</b>					
Internally Displaced People	0	0	0	0	0
Refugees	0	230	461	462	1153
Host Communities	0	814	1887	1887	4588
Other	317	177	0	0	494
Internally Displaced People	0	0	0	0	0
Refugees	20910	21930	4080	4080	51000
Host Communities	239577	239577	45634	45633	570421
Other	317	177	0	0	494

Indirect Beneficiaries	indirect beneficiaries are mothers of SAM and MAM children who come to the health facility who receive counseling also 20,000 nomad population who benefit from the facilities	Catchment Population	240944
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Implementing Partners	Other funding Secured For the Same Project (to date)	Source	US\$
		CHF Nutrition and Health Round 1	1,062,852.63
			1,062,852.63

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Organization secondary focal point contact details	
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## BACKGROUND INFORMATION

**1. Project rationale.** 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 government opposition groups from across the border. The geographical terrain of the Nuristan province has made it mostly inaccessible to basic health services including nutrition services for the male and female children and women. Paktika is a remote province located in the south eastern region and has a long and uncontrolled border with the most insecure part (North Waziristan) of Pakistan, which results in frequent infiltration of anti-government elements and recurrent clashes between these elements and Afghan military forces. Currently, a military operation has been ongoing by Pakistani military in North Waziristan and this situation has led to a huge movement of families crossing the border to Paktika and Khost provinces of Afghanistan. According to the UNCHR report issued on Aug 27, 6,375 refugee families have settled in Paktika province particularly in Barmal, Sarobi, Urgon, Naka and Zirok districts. International Medical Corps (IMC) has had a long presence in the province and is currently providing Basic Package of Health Services (BPHS) and the Essential Package of Health Services (EPHS) under PCH contract of Ministry of Public Health (MoPH). The PCH projects could not fulfill the needs of community for provision of nutrition services based on BPHS 2010. PHC projects include 7 OPD SAM/OPD MAM and 2 SCs, supported through vertical funding by UNICEF and WFP. The ongoing CHF project brings the opportunity to extend OPD SAM/OPD MAM to 4 more sites in very remote and insecure districts of Paktika province. As the BPHS/EPHS implementer in Paktika and Nuristan, IMC technical staff has access to all health facilities (HFs) and conducts regular supportive supervision and monitoring. IMC has also maintained good coordination with community, the Paktika Provincial Public Health Director (PPHD) and other stakeholders in the province, as well as with the HFs. Moreover, the provincial level emergency response committee (ERC), which convenes its coordination meetings on a quarterly basis, is organized and chaired by the IMC provincial team. Finally, IMC is proposing to implement nutrition programs in the same target districts where there are no nutrition services under SEHAT / PCH and CHF first round fund allocation. (For more details see the annex (CHF 2en R Nut Break down for Nur&Pakti\_revised) attached.) The target communities will benefit from the continuity and quality of care that is offered by IMC.

**2. 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

In Afghanistan the malnutrition rates for both acute and chronic malnutrition are among the highest in the world. The finding of National Nutrition Survey 2013 revealed that the malnutrition rates among children 0-59 months of age at national level were as follows; stunting (HAZ <-2SD) 40.9% (95% CI 39.3- 42.5), wasting (WHZ <-2SD) 9.5% (95% CI 8.73-10.4). Provincial variations in the prevalence of wasting ranged from 3.7% in the province of Faryab to 21.6% in Uruzgan. In nine provinces more than 15% of children aged 0-59 months were wasted as per WHO Classifications. Nuristan province is the third among these nine with GAM prevalence of 19.4%, Paktika is reported to have a SAM prevalence rate of 4%, which, according to WHO classification, is high. The GAM in Paktika is 8.7%. The nutritional status of adolescent girls (10-19 years) was assessed for the first time in Afghanistan in the NNS 2013. Findings of the survey reported that, among women of reproductive age (15-49 years); at national level 9.2% (95% CI 8.1-10.3) of women were thin or undernourished (BMI <18.5 kg/m). In Nuristan, The 2013 cluster analysis identified eastern Nuristan as having high vulnerability with regard to the WASH. Nuristan is a high ranking province needing WASH activities as it is prone to displacement, disease outbreaks, flash flood, drought, and other natural disasters. Moreover, according to the NNS from 2013, only 28.5% of women reported washing their hands with soap after defecation in Nuristan and only 35.6% of women reported washing their hands with soap after defecation in Paktika. 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 children < 5 years and PLWs for acute malnutrition. WFP OPD MAM project covers children <5 years and PLWs for MAM in five out of 25 health facilities. CHF first round funding extended sites from five to eight HFs and as well as the OTPs sites from 14 to 16. The first CHF also offered OPD SAM/OPD MAM services in Barmal and Wazakhwa, two of the most vulnerable districts in Paktika, which are extremely in high risk of food insecurity and malnutrition. The existence gaps for the treatment of acute malnutrition in both province will be covered through the second round of CHF standard allocation. The treatment facilities will be extended to more districts in both Nuristan and Paktika province. CHF second round funding will increase 20 more nutrition sites and WASH activities will be integrated with health and nutrition activities in the targeted HFs in both provinces.

**3. Activities.** List and describe the activities that your organization is currently implementing to address these needs

IMC runs all of the HFs in Nuristan and Paktika. The ongoing CHF first round project is responding to the needs identified by IMC during the period between 2007 and 2013, but there is still need to extend the nutrition activities further to other districts of both Nuristan and Paktika provinces as seen by the results of NNS 2013. IMC will increase access to and utilization of quality nutrition services and increase the capacities of the HFs, CHWs and communities for the prevention and management of acute malnutrition and increase access of communities to safe drinking water, latrine and hand washing facilities inside of health facilities. The project will be implemented through existing SCs, OPD SAM /OPD MAM sites at 25 HFs and 116 HPs of target districts of Nuristan and 8 HFs and 97 HP of target districts of Paktika. IMC will construct 28 latrines, 15 bio sand filter and 8 hand washing facilities in Paktika and 19 latrines, 9 filter and 8 hand washing facilities in

Nuristan province. Community health workers will also increase IMAM program coverage through active case finding at the community level. IMC will raise the awareness of the community on hand washing and hygiene promotion, promoting immunization, promoting healthy food consumption, explaining the importance of growth monitoring, promoting exclusive breast feeding and early initiation of breast feeding, educating on correct complementary feeding practices, and promoting the importance of micronutrient supplementation to PLW and children. IMC will also promote growth monitoring at HF's and at the community level by providing training to the HF staff and as well as to CHWs. Proper GMP tools developed by MoPH will be supplied to HF and CHWs. IMC will increase two SC for treatment of severe acute malnutrition with complications in both provinces, 12 additional OPD MAM sites and 6 additional OPD SAM sites will be established to increase access to and utilization of nutrition services in both provinces. CHWs will also be trained on hygiene promotion and IYCF. CHSS and nutrition staff will be trained on MMNP distribution in targeted districts and MMNP supply will be provided by UNICEF. HF's shura members will also receive one day training on prevention of malnutrition. Target HF's will admit SAM children with complications to SCs, SAM children with no complication in OPD SAM and MAM children in the OPD MAM under the IMAM program, which is part of the basic health services provided by the HF's. UNICEF and WFP will provide food supplements (RUTF, F-75 and F-100, ReSoMal, for the management of SAM at SCs and OPD SAM and provide RUSF, wheat, vegetable oil, pulses, iodized salt and MNT tablets for the treatment of MAM for SFP sites through two separate agreements with UNICEF and WFP. This project will increase access of community and HF's staff to safe drinking water, latrines and hand washing facilities with soap inside the health centers through construction of bio sand filter systems. Safe latrines and hand washing facilities will be available inside of the HF for both staff and patients. IMC will conduct IMAM and GMP trainings to health workers (doctors, nurses and midwives, community health supervisors and nutrition nurses) on nutrition topics including screening, therapeutic and clinical management of acutely malnourished children and growth monitoring promotion. The trainings will follow MOPH guidelines and the IMCI curriculum. Training for HF staff will focus on the clinical aspects of acute malnutrition while CHWs will be trained on the promotion of nutrition messages, screening and referrals of patients. CHWs will be trained to actively screen for children with acute malnutrition using the MUAC tape and categorize them in terms of moderate and severe malnutrition and further refer them to the HF's for further anthropometric assessment followed by treatment including micronutrients. HF staff will be trained to screen and treat acutely malnourished pat

**LOGICAL FRAMEWORK**

**Overall project objective** To provide quality prevention and treatment of acute malnutrition for children under 5 and PLWs in Nuristan and Paktika in 12 months

**Logical Framework details for NUTRITION**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. Prevalence of acute malnutrition in U5 and PLW is reduced in most at risk communities.	Providing emergency health care and prioritizing access to critical services	100

<b>Outcome 1</b>	Improved access of the children <5 years and pregnant and lactating women to the treatment of acute malnutrition and integrated WASH interventions in Nuristan and Paktika Provinces.	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 1.1</b>	establish 20 new treatment sites in Nuristan and Paktika for screening , growth monitoring and provide facility based treatment for children U/5 and PLW .	security , unavailability of supplies

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	# of children 6-59 months screened					15383
	<b>Means of Verification:</b>	Health facility report , M&E report					
Indicator 1.1.2	NUTRITION	# of CHWs male and female trained on nutrition education					239
	<b>Means of Verification:</b>	training report , training attendance sheet , M&E report					
Indicator 1.1.3	NUTRITION	# of CHWs trained on early detection, referral and treatment of children under five and PLWs					103
	<b>Means of Verification:</b>	training report , attendance sheet , M&E report					
Indicator 1.1.4	NUTRITION	No of SAM boys and girls admitted					2387
	<b>Means of Verification:</b>	statistic report					
Indicator 1.1.5	NUTRITION	No MAM boys and girls admitted					2311
	<b>Means of Verification:</b>	Clinic report					
Indicator 1.1.6	NUTRITION	No PLW admitted					1044
	<b>Means of Verification:</b>	clinic records					
Indicator 1.1.7	NUTRITION	Proportion cured in line with SPHERE standards					75
	<b>Means of Verification:</b>	Statistic report					
Indicator 1.1.8	NUTRITION	Death rate in line with SPHERE standards					10
	<b>Means of Verification:</b>	statistic report					
Indicator 1.1.9	NUTRITION	No of health staff was assessed for Training Need					52
	<b>Means of Verification:</b>	TNA checklists , M&E report					

**Activities**

Activity 1.1.1	Screening of children under five in newly established HF's to identify children with SAM and MAM and admitted to the program
Activity 1.1.2	To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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	Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW).
Activity 1.1.4	Assess the capacity of male and female health staff at the health facilities through TNA

<b>Outcome 2</b>	Increased prevention of malnutrition through training of communities on IYCF/ hygiene and other nutrition aspects	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 2.1</b>	Target beneficiaries have been reached by these community awareness sessions on	security , weather condition , trained staff

IYCF/hygiene promotion and nutrition prevention.

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	# mothers reached with IYCF support					1044
		<b>Means of Verification:</b> Health facility record , CHWs monthly report , M&E report					
Indicator 2.1.2	NUTRITION	No. of boys, girls 6-23 month old reached with MNPS					19397
		<b>Means of Verification:</b> Health facility record , CHWs report , M&E report					
Indicator 2.1.3	NUTRITION	# of CHWs received C-IYCF training					239
		<b>Means of Verification:</b> training report , training attendance sheet , M&E report					
Indicator 2.1.4	NUTRITION	No of community health shura received training sessions on malnutrition prevention					133
		<b>Means of Verification:</b> training report , attendance sheet					
Indicator 2.1.5	NUTRITION	No of Health Facility Staff received GMP/IMAM training					52
		<b>Means of Verification:</b> Training report					
Indicator 2.1.6	NUTRITION	No of CHSs and CHWs received MMNP distribution training					280
		<b>Means of Verification:</b> Training report					

**Activities**

Activity 2.1.1	Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups.
Activity 2.1.2	Conduct training sessions on malnutrition prevention for 133 community health shura.
Activity 2.1.3	Micronutrients Powder (MNP) distribution to 19397 children 6-23 months.
Activity 2.1.4	52 health facility staff receive GMP/ IMAM training

**Outcome 3** increased access of communities to safe drinking water, latrine and hand washing facilities inside of health facilities.

Code	Description	Assumptions & Risks
<b>Output 3.1</b>	Availability of safe drinking water, latrine and hand washing facilities inside of health centers.	trained staff , materials , security , weather , water source

**Indicators**

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	WATER, SANITATION AND HYGIENE	Proportion of the target affected population that has equitable access to safe drinking water interventions					240944
		<b>Means of Verification:</b> M&E report , clinic register					
Indicator 3.1.2	WATER, SANITATION AND HYGIENE	Proportion of target population benefiting from hygiene and sanitation promotion activities and/ or messages that address key behaviours, misconceptions and are targeting at all user groups					240944
		<b>Means of Verification:</b> clinic record , M&E records					
Indicator 3.1.3	WATER, SANITATION AND HYGIENE	No of latrines were constructed					47
		<b>Means of Verification:</b> M&E report , activity completion report					
Indicator 3.1.4	WATER, SANITATION AND HYGIENE	No of Bio sand filter system constructed					24
		<b>Means of Verification:</b> M&E report , activity completion report					
Indicator 3.1.5	WATER, SANITATION AND HYGIENE	No of hand washing facilities were constructed					16
		<b>Means of Verification:</b> M&E report , activity completion report					
Indicator 3.1.6	WATER, SANITATION AND HYGIENE	No of male and female CHWS received hygiene promotion training					103
		<b>Means of Verification:</b> training report , attendance sheet , M&R report					

**Activities**

Activity 3.1.1	construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed
Activity 3.1.2	Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces
Activity 3.1.3	Construction of 47 latrines inside of health facilities and availability of soap

**WORK PLAN**

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Screening of children under five in newly established HF's to identify children with SAM and MAM and admitted to the program	2014												
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2 To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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.	2014												
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3 Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW).	2014												
	2015			X	X	X	X						
Activity 2.1.1 Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups.	2014												
	2015				X	X	X	X	X	X	X	X	
Activity 2.1.2 Conduct training sessions on malnutrition prevention for 133 community health shura.	2014												
	2015	X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.3 Micronutrients Powder (MNP) distribution to 19397 children 6-23 months.	2014												
	2015				X								
Activity 3.1.1 construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	2014												
	2015			X	X	X	X	X					
Activity 3.1.2 Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	2014												
	2015			X	X	X							
Activity 3.1.3 Construction of 47 latrines inside of health facilities and availability of soap	2014												
	2015			X	X	X	X						
Activity 1.1.4 Assess the capacity of male and female health staff at the health facilities through TNA	2014												
	2015	X	X										
Activity 2.1.4 52 health facility staff receive GMP/ IMAM training	2014												
	2015			X	X	X							

**M & E DETAILS**

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

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. IMC will assess the capacity of male and female health staff at health facility and project levels through training need assessment (TNA) and trainings will be organized on (IMAM), Growth monitoring and promotion, Active case finding. IMC will also provide training on hygiene promotion to the CHWs and community health shura members. IMC has already completed an assessment to ensure existence of safe drinking water /latrines and hand washing facilities in all health centers IMC will implement wash activities in all districts of both provinces, while the OPD SAM/OPD MAM/SCs will be implemented in Paroon, Mandol, Nurgerm, Kamedesh, districts) of Nuristan Provinces and OPD SAM/OPD MAM/SCs in (Gomal, Khair Khot, Khoshman, Urgon, Yahyakhil and Ziruk districts) of Paktika province. Construction and rehabilitation of safe latrine inside of the HF's will be done by the WASH officer in both Nuristan and Paktika provinces. IMC will hire qualified WASH Officers, to build latrines, hand washing facilities and bio sand filter system in targeted HF's.) Medicines, medical/non medical equipment will be provided, nutrition supplies and equipment for anthropometric measurements, used for nutrition services 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, including PPHD, WHO, UNICEF and WFP. IMC attends the monthly Provincial Health Coordination Committee Meeting (PHCC). IMC also attends the Provincial Development Committee (PDC) which are convened on a monthly basis and chaired by the governor or deputy governor. IMC will have coordination meeting with WFP at Kabul level for provision of supplies for PLWs in the targeted HF's of CHF projects. IMC will have a FLA (Field Level Agreement) for both Nuristan and Paktika provinces. In Nuristan, IMC has processed the agreements with WFP and UNICEF, based on which, WFP and UNICEF is supporting SFP (only 5 sites), 14 (OTPs) and 3 SCs respectively by provision of food commodities to 6-59 months children and PLWs for acute malnutrition. Children with moderate acute malnutrition will be provided with plumpy'sup and will be discharged when fully recovered after approximately 2 months. Children who have been admitted in the inpatient care 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 when they reach the established exit criteria for OTP. The upcoming second round of CHF project will be able to establish one more SC and 6 OPD MAM in Nuristan and 6 OPD SAM/OPD MAM and one SC in Paktika province. 47 latrines (28 in Nuristan + 19 in Paktika), 24 Hand washing facilities (9 Nur+ 15 Pak) and 16 bio filter systems (8 Nur+ 8Pak) will be constructed in both provinces. Training activities are not included in BPHS, UNICEF and WFP agreements with no budget allocation; therefore, CHF second round will build the capacity of health facility staff, Community health workers, and community 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 material of latrine, hand washing and bio sand filter system and as well as plastic sachets, single-use syringes, used bandages, bodily tissues, etc. During implementation of this project, IMC will make adequate provision for the safe collection and disposal of WASH/medical waste from humanitarian operations, particularly from hospitals and clinics.

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

Within the first month of the project, International Medical Corps will work with stakeholders to develop a comprehensive monitoring plan to monitor the project activities and collect data. Monitoring plans will include a workplan for M&E activities, a thorough review of the expected outcomes and indicators, a clear explanation of how indicators will be measured, and how the project will ensure quality programmatic data collection. For monthly statistical reports data will be collected for the following: a) number of new cases enrolled in OPD SAM, OPD MAM and admitted as in-patient in SC/TFU; b) new and total admissions (by gender and age group) clearly distinguishing between new admissions and referrals from other elements of the program (TFU, OPD SAM,OPD MAM) or returning defaulters; c) exits (i.e., cured, deaths, defaulters, referred out, non-cured) and the total number of children in the program at the end of each month; and, d) admissions by category (MUAC, weight for height, edema). IMC will provide quarterly, semiannual and final reports to CHF through the online GMS system to OCHA. International Medical Corps has a robust monitoring tool that includes a logic model in order to ensure monitoring 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 (OPD SAM monitoring, inpatient monitoring, OPD MAM, IYCF program and micronutrient program checklists) will be used to evaluate the quality of services and staff capabilities during monitoring visits and provide feedback to the field staff. The project staff includes an M&E Officer who will oversee all of the monitoring activities for the project, including routine monitoring. The M&E Officer will also lead the effort to develop the project management plan and detailed M&E plan. Joint monitoring visits with PPHD or PNO will be organized. IMC will provide quarterly, semiannual and final reports to CHF through the online GMS system to OCHA. 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.

**OTHER INFORMATION**

Coordination with other Organizations in project area

Organization	Activity
1. Coordination with PPHD	attend regular PHCC meeting, provide orientation on project, invite PPHD for Grant Opening meeting
2. Coordination with UNICEF, WHO at national and provincial level and regional level	attend all Nutrition and health cluster meetings, share progress reports
3. Coordination with Public Nutrition Department of MOPH	share project, attend all meetings, share all training plan

	4. Coordination ACF for assessment of nutrition situation in both provinces	attend meetings , workshops for coverage assessment
	5. Coordination with WFP	Attend all coordination meetings
Outline how the project supports the gender theme	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 and will try to 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 and attended by men. To help solve this issue, International Medical Corps will 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. IMC will construct gender-disaggregated latrines, Hand washing facilities will be provided equally to both male and female staff and patient inside of the HF. IMC will establish bio sand filter systems inside the HFs and provide space for female that they can use the safe drinking water from the system.	
Select (tick) activities that supports the gender theme	<input checked="" type="checkbox"/> <b>Activity 1.1.1:</b> Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program <input checked="" type="checkbox"/> <b>Activity 1.1.2:</b> To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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. <input checked="" type="checkbox"/> <b>Activity 1.1.3:</b> Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). <input type="checkbox"/> <b>Activity 1.1.4:</b> Assess the capacity of male and female health staff at the health facilities through TNA <input checked="" type="checkbox"/> <b>Activity 2.1.1:</b> Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. <input checked="" type="checkbox"/> <b>Activity 2.1.2:</b> Conduct training sessions on malnutrition prevention for 133 community health shura. <input checked="" type="checkbox"/> <b>Activity 2.1.3:</b> Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. <input type="checkbox"/> <b>Activity 2.1.4:</b> 52 health facility staff receive GMP/ IMAM training <input checked="" type="checkbox"/> <b>Activity 3.1.1:</b> construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed <input checked="" type="checkbox"/> <b>Activity 3.1.2:</b> Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces <input checked="" type="checkbox"/> <b>Activity 3.1.3:</b> Construction of 47 latrines inside of health facilities and availability of soap	
Cross Cutting Issues	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 offered 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 workers at the 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 working to increase the level of awareness through training of female community health workers to the communities on availability of nutrition services at the health facilities. Nutrition programs should be implemented with all cross-cutting issues in mind, and by linking the nutrition project to the health project.	
Gender Marker of the Project	The project is designed to contribute significantly to gender equality	
Environment Marker of the Project	A+: Neutral Impact on environment with mitigation or enhancement	
Safety and Security	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 working 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 expatriate staff 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 results-based 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 to detect and treat 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 creating linkages 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 external 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 instructions or 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 transit. 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 Medical 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 management team in the capital city	
Access	IMC has already been working in Paktika and Nuristan through implementation of SEHAT-I and PCH health projects funded by MOPH ,therefore ,has access to all sites which have been proposed	

**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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Country Director	S	1	19390	12	3.00%	6,980.40
	It is estimated that 3% of the CD's time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.						
1.2	Finance and Administration Director	S	1	17923	12	3.00%	6,452.28
	It is estimated that 3% of the FAD's time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.						
1.3	Security Manager	S	1	15315	12	3.00%	5,513.40
	It is estimated that 3% of the FAD's time will be devoted for this project. The cost includes basic salaries, fringes, hardship, food allowance, housing etc. in accordance with IMC HR policies.						
1.4	Nutrition Coordinator	D	1	2427	6	50.00%	7,281.00
	The nutrition coordinator is the main focal point for all project activities in Nuristan and Paktika and will be in charge of overall supervision and coordination of all project activities and will represent IMC in the cluster meetings.						
1.5	HMIS/M & E Officer	S	1	866	6	100.00%	5,196.00
	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 all project activities.						

1.6	Project Manager	D	1	1600	12	100.00%	19,200.00
In-charge of the day to day supervision and coordination of the activities in Paktika and Nuristan and will report directly to the Nutrition coordinator.							
1.7	Project Officer	D	2	1300	6	100.00%	15,600.00
In-charge of planning and organizing all the coordination at the field and with the project manager. 2 Project officers for Nutrition activities will be covered by this project for 6 months.							
1.8	Trainers/Cluster Field officers	D	4	866	6	100.00%	20,784.00
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. The trainer will be 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. They will be covered by this project for 6 months as the first 6 months are covering by CHF first round.							
1.9	Food distributors	D	12	200	12	100.00%	28,800.00
Additional food distributors will be hired for 12 months.							
1.10	Nutrition Nurse	D	8	350	12	100.00%	33,600.00
In-charge of nutrition activities in the health facilities both for Paktika and Nuristan.							
1.11	Storekeepers/Guards	S	6	200	6	100.00%	7,200.00
The current storekeeper and guards will continue under this project and will be covered for 6 months							
1.12	WASH officer	D	2	1300	12	100.00%	31,200.00
In-charge of planning and organizing all the coordination at the field and with the project manager. 2 WASH Officers for the full 12 months. 1 for Nuristan and 1 for Paktika							
1.13	Finance Manager	S	1	2426.6	12	5.00%	1,455.96
It is estimated that 5% of the FM's time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
1.14	Logistic Manager	S	1	1323.6	12	5.00%	794.16
It is estimated that 5% of the LM's time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
1.15	Medical Director	S	1	3860.5	12	5.00%	2,316.30
It is estimated that 5% of the MD's time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
1.16	HR Manager	S	1	2426.6	12	5.00%	1,455.96
It is estimated that 5% of the HR Manager's time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
1.17	Admin / Liaison Officer	S	1	1103	12	5.00%	661.80
It is estimated that 5% of the ALO's time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
1.18	Guards / Cleaners	S	3	386.05	12	5.00%	694.89
It is estimated that 5% of the 3 Guard/cleaners' time will be devoted for this project. The cost includes basic salaries, Employee Assistance, Lunch cost in accordance with IMC HR policies.							
<b>Section Total</b>							195,186.15

**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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	IMAM/Growth Monitoring and Promotion (GMP) training	D	52	162	1	100.00%	8,424.00
Training on IMAM/GMP of health facilities' staff consists of doctors, nurses and midwives ( 21 for Nuristan and 31 for Paktika ). This will be 5-days training and per diem will cover for travel days as well for a total of 7 days @ \$16 or \$112 plus average transport costs \$50.							
2.2	Active case finding training for CHWs	D	103	16	1	100.00%	1,648.00
ACF training for 103 CHWs ( 26 Nuristan , 77 Paktika ) for Nuristan and Paktika for 2 days. CHWs are paid half of the regular per diem rates of HF staff which is around \$8/day.							
2.3	Growth monitoring promotion (GMP) training to CHWs	D	50	24	1	100.00%	1,200.00
GMP training will be given to 50 CHWs ( 20 Nuristan , 30 Paktika ) for 3 days.							
2.4	IYCF/Hygiene training	D	239	32	1	100.00%	7,648.00
Training on IYCF and hygiene for CHWs ( 128 Nuristan , 111 Paktika ). This will be 4-days training.							
2.5	Nutrition prevention training to Shura members	D	133	8	1	100.00%	1,064.00
This basic nutrition prevention training is a 1 day training will be given to Shura members ( 35 Nuristan , 98 Paktika ) in target areas.							
2.6	MNP distribution training	D	2	8500	1	100.00%	17,000.00
Micro-nutrient powder distribution training for CHWs and CHS for 2 days TOT and 6 days campaign to distribute MNPs both for Paktika and Nuristan. Please see attached detailed breakdown of estimated costs.							
2.7	IPD SAM equipment	D	3	1000	1	100.00%	3,000.00
2 for new stabilization center equipment will be purchased for both provinces and 1 for Sharan PH. The detailed list is attached for additional information.							
2.8	HMIS tools	D	1	4000	1	100.00%	4,000.00
for HMIS stationeries, tools, as per MoPH standard. List of HMIS tools is attached.							
2.9	Latrine construction/rehabilitation	D	47	750	1	100.00%	35,250.00
IMC proposes to construct and/or rehabilitate new and existing latrines in Nuristan and Paktika for a total of 47 . The breakdown of the number of latrines to be constructed and rehabilitated is included in that attached WASH assessment spreadsheets for Nuristan and Paktika. 19 Latrines will be built in Nuristan and 28 in Paktika. 47 Latrines x \$ 750 = \$ 35,250							
2.10	Handwashing facilities	D	16	500	1	100.00%	8,000.00
IN addition to the latrines and bio-sand filters, IMC also proposed to construct hand washing facilities, the details of which is also in the WASH assessment reports.							
2.11	Active Case Finding	D	103	16	12	100.00%	19,776.00
103 volunteers will be hired and each volunteer will be responsible to measure 100 children in one month in his/her village go from house to house, they will do active screening once in the week and will be paid 4USD per day(4USD X.4=16) X 103 X 12 = \$19,776.							
<b>Section Total</b>							107,010.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to	Total Cost
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						CHF / ERF	
3.1	Furnitures (3 Desks, 3 Revolving Chairs, 3 Cupboards)	S	3	500	1	100.00%	1,500.00
	The cost of furniture in the provincial offices in Nuristan and Paktika for the project staff.						
3.2	Mobile Phones w/camera	S	3	120	1	100.00%	360.00
	For use of program staff in coordinating, monitoring and reporting the day to day activities of the project.						
3.3	Laptop Computers	S	3	800	1	100.00%	2,400.00
	The cost includes standard specification of a laptop available in Afghanistan.						
	<b>Section Total</b>						4,260.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Bio-sand filter system	D	24	100	1	100.00%	2,400.00
	IMC also proposed to provide bio-sand filter system based on the attached WASH assessments reports.						
4.2	Vehicle rent for program activities	D	2	1200	12	100.00%	28,800.00
	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 includes costs of driver, fuel and maintenance.						
	<b>Section Total</b>						31,200.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	International Airfare	S	3	1500	1	3.00%	135.00
	This is for the annual leave ticket of international staff (Country Director, Finance Admin Director and Security Manager) charged to this project. 3 Persons x \$ 1,500 x 1 Year x 3% = \$135						
5.2	Local travel tickets	D	3	450	6	100.00%	8,100.00
	This is for the cost of regional or local travel to the provincial offices						
5.3	Visa/Departure Taxes/ Work Permits	S	3	500	2	3.00%	90.00
	visa for expats and work permit for expats and local						
5.4	National staff per diem	D	6	240	12	100.00%	17,280.00
	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 to travel at an average of 15 days per month at \$16 dollars per diem rate.						
	<b>Section Total</b>						25,605.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	<b>Section Total</b>						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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Office Rent/Maintenance/Utilities	S	1	13000	12	5.00%	7,800.00
	Proportionate amount of rent, maintenance and utilities of Kabul, Jalalabad and Paktika offices. 5% of Kabul \$8,500; Jalalabad \$2,500 and Paktika \$2,000 will be charged to this project as a proportionate share of other direct costs.						
7.2	Warehouse Rent/Maintenance/Utilities	D	1	300	6	100.00%	1,800.00
	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.						
7.3	Vehicle fuel, maintenance, insurance and registration	S	2	760	12	5.00%	912.00
	Includes all related costs of vehicles used by the program staff in monitoring, supervision, traveling to and from the targeted areas.						
7.4	Equipment repairs and maintenance	S	1	800	12	5.00%	480.00
	Costs to cover for repairs and maintenance of equipment used in the project.						
7.5	Software Licenses	S	1	10000	1	5.00%	500.00
	This includes license of accounting software used in recording project expenditures. Reports are also generated through this software.						
7.6	Office supplies	S	1	2000	12	5.00%	1,200.00
	Stationery and supplies and other consumables used for the project. 5% of Kabul \$1,000; Jalalabad \$500 and Paktika \$500 will be charged to this project as a proportionate share of other direct costs.						
7.7	Bank Charges	S	2	200	12	100.00%	4,800.00
	Bank account maintenance fees, and cash facilitation charges for the transfer of money to the field offices.						
7.8	Generator/heating fuel/firewood for cooking	S	2	400	12	100.00%	9,600.00
	Generator and heating fuel used in country and field offices. A proportionate amount is charged for this project.						
7.9	Communications including top-up cards	D	2	250	12	100.00%	6,000.00
	top up cards for mobile phones directly used for the project staff - Nutrition coordinator \$30, Training officers \$20 each, HMIS and M & E \$20 each, Field officers \$20 each, and management and technical support staff \$90.						
	<b>Section Total</b>						33,092.00

**Sub Total Direct Cost**

396,353.15

Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)							7%
Audit Cost (For NGO, in percent)							0.825281202190428%
PSC Amount							27,744.72
Total Fund Project Cost							424,097.87
<b>LOCATIONS</b>							
Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Nuristan -> Poruns	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	2735	2714	637	637	6723	8
Nuristan -> Mandol	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	3349	3349	926	926	8550	6
Nuristan -> Duab	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	1559	1559	357	357	3832	7
Nuristan -> Nurgeram	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	6480	6480	1520	1520	16000	7
Nuristan -> Wama	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	2207	2207	518	518	5450	7
Nuristan -> Waygal	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	3929	3929	922	922	9702	6

	Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap						
Nuristan -> Kamdesh	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	5042	5042	1183	1183	12450	7
Nuristan -> Barg-e-Matal	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	3220	3220	755	755	7950	4
Paktika						0	
Paktika -> Sharan	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	10024	10024	2351	2351	24750	8
Paktika -> Matakhan	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	5002	5002	1173	1173	12350	4
Paktika -> Yosufkhel	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 : Conduct basic and refresher training on nutrition/growth monitoring for male and female health facility workers and for CHWs on nutrition education and early detection, referral and treatment of children under five years and pregnant and lactating women (PLW). Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	2693	2693	632	632	6650	5
Paktika -> Sarrazah(Sarhawzah)	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	4637	4637	1088	1088	11450	3
Paktika -> Yahyakhel	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	3483	3483	817	817	8600	5
Paktika -> Sarobi	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring and provision of facility based treatment to the children 6-59 months	2500	2500	584	584	6168	4

	and pregnant and lactating women on acute malnutrition at the target health facilities. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap						
Paktika -> Urgun	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	11057	11057	2594	2594	27302	3
Paktika -> Naka	Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	2491	2491	584	584	6150	1
Paktika -> Janikhel	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura.	799	799	1126	1126	3850	7
Paktika -> Wazakhah	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	4637	4637	1088	1088	11450	2
Paktika -> Wormamay	Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	689	689	162	162	1702	1
Paktika -> Bermel	Activity 1.1.2 : To operate the old and newly established treatment facilities (OPD SAM/OPD MAM/IPD SAM) functional for the screen/growth monitoring 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 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	6966	6966	1634	1634	17200	1
Paktika -> Ziruk	Activity 1.1.1 : Screening of children under five in newly established HFs to identify children with SAM and MAM and admitted to the program Activity 2.1.1 : Community IYCF training to the 239 CHWs at health post level use the national C-IYCF package of MoPH. CHWs will train mothers who can then also lead nutrition education through mother to mother support groups. Activity 2.1.2 : Conduct training sessions on malnutrition prevention for 133 community health shura. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed	3868	3868	907	907	9550	1
Paktika -> Dila	Activity 3.1.2 : Hygiene promotion training to 239 CHWs at HP level and 133 health shura members at HF level in both Paktika and Nuristan provinces	2521	2521			5042	1
Paktika -> Turwo (Tarwe)	Activity 2.1.3 : Micronutrients Powder (MNP) distribution to 19397 children 6-23 months. Activity 3.1.1 : construction of 24 bio sand filter system and 16 hand washing facility in health facilities where needed  Activity 3.1.3 : Construction of 47 latrines inside of health facilities and availability of soap	504	504	95	95	1198	2

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

#### DOCUMENTS

Document Description
1. CHF 2R.xlsx
2. SC equipment list.xlsx
3. Paktika.xlsx
4. Nuristan.xlsx
5. NUR revised 02072014.xlsx
6. Paktika 1000days comp-micro plan02072014.xlsx
7. revised.xlsx
8. Nuristan+Paktika Caseload & BNFs.xlsx
9. IMC Program Monitoring Tool 2013.xlsx
10. Report NNS Afghanistan 2013 (July 26-14).pdf
11. IMC CHF2 Budget Comments 09102014.xlsx
12. RBM - CHF Consolidated Log frame - Nutrition - 2014 (BLANK).docx
13. IMC.docx
14. BOQ for the Latrines-Oct-21-2014.xlsx