

## Project Proposal

Organization	UNICEF (United Nations Children's Fund)																						
Project Title	Strengthening and expansion of integrated management of severe acute malnourished (SAM) in children under five in vulnerable communities in targeted provinces of Afghanistan																						
Fund Code	AFG-15/O580/SA1/N/UN/357																						
Cluster	Primary cluster			Sub cluster																			
	NUTRITION			None																			
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type																					
Project budget in US\$	2,000,637.21	Planned project duration	12 months																				
Planned Start Date	01/05/2015	Planned End Date	30/04/2016																				
OPS Details	OPS Code	OPS Budget	0.00																				
	OPS Project Ranking	OPS Gender Marker																					
Project Summary	<p>Using the proposed CHF fund, UNICEF will support treatment of severe acute malnutrition (SAM) among under 5 children as part of the Integrated Management of Acute Malnutrition (IMAM).</p> <p>The Nutrition status of children Under 5 (0-59 months) in Afghanistan was assessed in 2013 by the National nutrition Survey 2013, (NNS 2013), which is the most recent nutrition situation information in the country. According to NNS 2013 malnutrition prevalence estimates, approximately 1.2 million children under five-years of age require treatment for acute malnutrition annually. Of these children, approximately 517,596 will require treatment for Severe Acute Malnutrition (SAM). Around 10 per cent of SAM cases present with medical complications, amounting to approximately 50,000 acutely malnourished children requiring specialized inpatient care. However constricted by partner capacities, accessibility, and resource availability, the UNICEF's strategy in line with cluster strategy for 2015 will focus on initial expansion of services to reach 155,279 children with SAM (30% of the overall need) focusing mainly in high burden provinces with a SAM prevalence of above 3%.</p> <p>So far UNICEF has secured supplies for about 115,000 children for 2015 remaining with a gap of 40,279 children. The realigned fund from CHF 2014 1st allocation helped UNICEF to secure the aforementioned amount of supply. The entire caseload in nine CHF target provinces amount to 43,734 which is around 28% of the country annual target (caseload/supply table is attached). Out of the total CHF target, UNICEF will cover 19,634 SAM cases using its own resources and remain with 24,100 cases.</p> <p>UNICEF is seeking USD 2,000,637.21 from CHF to provide the most necessary therapeutic supplies for treatment of 24,100 Severely Acute Malnourished under five children. This support from CHF for treatment of 24,100 children will cover 59% of the HRP gap for the cluster target for 2015 (40,279). Considering the lead time of minimum three months to get the supply in the country, UNICEF will use the available supply and will replenish with CHF procured supply once it is in place. UNICEF envisages covering the entire CHF case burden by advocating for resources and other active resource mobilization efforts.</p> <p>Some of the partners faced supply shortage during 2014 due to various reasons including late request from IPs. To respond to this challenge, and reduce programme disruptions due to pipeline breakdowns, UNICEF has already streamlined the supplies request and dispatch processes to make them simpler and faster. Nutrition supplies are being prepositioned in zonal warehouses in the provinces as well as with partners with warehouse capacity. Partners have been provided with supplies for a 6 months period and asked to request supplies when they still have at least a 1 month buffer stock. Since early 2015, the nutrition supply is co-managed between UNICEF and MoPH (PND) in line with the existing practice for other health commodities. BPHS IPs will fill in the request and share with PND for review and collation and based on PND request UNICEF transport supply on quarterly bases to the IPs up to provincial level. This system is ensuring that programmes do not face breaks in treatment. The UNICEF nutrition officers in the regions, together with government PNOs, and BPHS implementers will carry out periodic monitoring at partner warehousing facilities as well as end user monitoring. They also have responsibility for overall programme coordination and management including end user supply monitoring at their respective provinces.</p> <p>UNICEF will closely coordinate with PND and BPHS NGOs in the respective CHF target provinces for supply management including distribution and monitoring. This coordination includes the co management of supply release through PND with great involvement of all Provincial Nutrition Officers at provincial level.</p>																						
Direct beneficiaries	<table border="1"> <thead> <tr> <th></th> <th>Men</th> <th>Women</th> <th>Boys</th> <th>Girls</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Beneficiary Summary</td> <td>0</td> <td>0</td> <td>12291</td> <td>11809</td> <td>24,100</td> </tr> <tr> <td colspan="6"><b>Total beneficiaries include the following:</b></td> </tr> </tbody> </table>						Men	Women	Boys	Girls	Total	Beneficiary Summary	0	0	12291	11809	24,100	<b>Total beneficiaries include the following:</b>					
	Men	Women	Boys	Girls	Total																		
Beneficiary Summary	0	0	12291	11809	24,100																		
<b>Total beneficiaries include the following:</b>																							
Indirect Beneficiaries	The entire family members of the target under five children for SAM treatment in 2015 will benefit from the activities as the program will have a component of health education and awareness raising as part of community mobilization. The SAM programme also has psychosocial activities targeting the caretakers of the enrolled SAM children.	Catchment Population	The entire population living within the catchment area of the clinics which provide SAM treatment services will be targeted through the community mobilization component of the IMAM activities. In general the communities of these areas will benefit from the strengthening of health systems for delivery of IMAM services.																				
Link with the Allocation Strategy	The supplies procured through CHF support will contribute to the total needs for treatment of 155,279 severe acute malnutrition children in the country. Treatment of SAM is one of the main public nutrition strategies of Ministry of Public Health (MoPH). Public Nutrition Department of MoPH and respective provincial BPHS/EPHS NGOs support implementation of the activities at provincial and district hospitals as well as at community level. The Provincial Nutrition Officers (PNO) will provide oversight and supportive supervision for all interventions implemented in the respective provinces. WHO also provides technical support in developing capacity for implementation and monitoring of nutrition interventions. This approach is in line with the proposed strategy of the Nutrition cluster and will complement the action plans of BPHS and NGO partners contributing towards the nutrition response to emergencies. The proposed activities are also in line with the HRP and CHF strategic objectives and prioritization. This proposal mainly focus on provision of life saving IMAM services as part of a convergence of efforts from other sectors including primarily Health and WASH and hygiene promotion. The UNICEF proposal includes activities which covers the first priority area of the CHF as below: 1. Scale up coverage of integrated interventions that provide treatment of acute malnutrition in children under five year, pregnant and lactating women and other vulnerable groups in the highest priority Districts.																						
Sub-Grants to Implementing Partners			Other funding Secured For the Same Project (to date)																				
Organization focal point contact details	Name	Title	Phone	Email																			
	Piyali Mustaphi	Cheif Nutrition	0798507603	pmustaphi@unicef.org																			
	Zakia Maroof	Nutrition Officer	0798507609	zmaroof@unicef.org																			
<b>BACKGROUND INFORMATION</b>																							
1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Under nutrition is an important determinant of maternal and child health highly prevalent in low-income and middle-income countries, resulting in substantial increases in mortality and overall disease burden. Severe wasting, stunting, and intrauterine growth restriction constitutes the largest percentage of any risk factor in children younger than 5 years. These conditions are exacerbated by emergencies. Disruption and displacement of population in emergency situations greatly impacts the health and nutrition status of infants and young children. Malnutrition is one of the major threats to child survival during an emergency and for those who survive it, it can also have tremendous consequences on their cognitive, social, motor skills, physical and emotional development. The 2013 National Nutrition Survey (NNS) of Afghanistan highlights alarming levels of malnutrition in the country with pockets of elevated global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates, higher than the emergency threshold, which necessitates urgent attention. The burden estimates for children 0-59 months with SAM requiring treatment are now revised from the previous estimates of 98,900 to 517,596 (Calculated using prevalence of SAM of 4% in Under 5 children, National Nutrition Survey 2013) annually. The National nutrition Survey 2013 highlighted key results as per the map attached. The NNS 2013 is the most recent nutrition situation information in the country and is being used for planning. From the graph it can be seen that in addition to the very high rates of acute malnutrition (SAM and GAM), Afghanistan also has extremely high rates of chronic malnutrition (stunting), which can seriously impede economic growth and the development of human capital. Based on the NNS 2013, about half of the children under 5 (40.9%) are stunted, one in every four children (24.6 %) is underweight, while 9.5 % of																						

children are wasted, which puts them at serious risk of disease and death. We also face a huge challenge of deficiency of various micronutrients which are vital for health and development in women and children. While 69.4% of Afghan infants are breastfed within one hour of birth and more than half (58.4%) of them are exclusively breastfed (NNS 2013), the IYCF practices in Afghanistan still remain significantly sub-optimal. Only about one third (30.9%) infants aged 6-8 months are given complementary food, which indicate the need for delivery of high-impact nutrition interventions including social and behavior change activities as an integral element for prevention of under nutrition, especially during the critical first 1,000 days. Based on humanitarian need analysis by the Nutrition Cluster, nine provinces out of 17 with SAM rate above 3% are selected for provision of acute malnutrition treatment. Some of these provinces are high in terms of being conflict -affected and also housing IDPs and refugees. This project will enable UNICEF to provide the nutrition supplies to nutrition sector partners providing nutrition services. This CHF support will benefit 24,100 SAM children in the nine provinces out of the total 43,734 SAM cases. UNICEF will cover the remaining SAM cases in the CHF targeted provinces through other resources.

**2. Needs assessment.** Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)

Afghanistan is a disaster prone country with areas of insecurity, which puts the population at further risk of mortality and morbidity. The Northern provinces experienced severe flooding and Badakhshan province had landslides. The Khost and Paktika provinces faced internally displaced refugees due to conflict. The country has very high rate of acute malnutrition. The years of conflict and insecurity have had an impact on the ability of households to access essential health and nutrition services. In addition to challenges on the supply side related to nutrition supplies, demand side issues such as poor health seeking behaviors and Infant feeding practices are also important contributors to the high rates of malnutrition in Afghanistan. Hence, the problem calls for an urgent response, which would need great support of all donors.

In 2015, the top 17 provinces with Severe Acute Malnutrition (SAM) rate above 3% is the focus of nutrition cluster out of which nine provinces are identified eligible for provision of timely and quality services for treatment of acute malnutrition. The supply procured through the support from CHF will contribute to the total need identified through analysis of humanitarian needs by the Nutrition Cluster, primarily informed by the NNS 2013 as well as the combined multi-cluster needs and vulnerability index. The total caseload of SAM children in the nine provinces identified in need of treatment amounts to 43,734. Out of this, 19,634 cases (45%) will be covered by UNICEF using its own supply resources. The CHF proposed budget will cover 24,100 of SAM caseload in the nine provinces (55%). UNICEF has proposals with several donors such as Japan and USAID Food for Peace for therapeutic supply and the realigned CHF fund from the 2014 1st allocation, which secure stock for 115,000 children in country in 2015. UNICEF envisages that the SAM management supported by UNICEF and MAM management supported by WFP will complement each other through implementation in the same areas. UNICEF, WFP and Public Nutrition Department of MoPH and nutrition cluster conducted joint IMAM planning for 2015 in order to harmonize treatment of acute malnutrition and implement IMAM as a package of service. UNICEF and WFP targeting priorities for 2015 are based on agreed nutritional vulnerability, informed primarily by NNS 2013. The joint Memo is attached.

**3. Description Of Beneficiaries**

The target beneficiaries in the nine CHF target provinces include 43,734 children under five years old with SAM including girls and boys. The target beneficiaries duly considered gender issues. These children will be reached with the life saving treatment services both at facility and community levels. UNICEF will cover 19,634 of the target through its own resources and seek CHF support to cover the remaining 24,100 children with SAM through provision of life saving therapeutic supply.

**4. Grant Request Justification.**

The nutrition programme in Afghanistan is delivered mainly through the Basic Package for Health Services (BPHS) NGOs and government with technical support from UN agencies including UNICEF. Currently service provision is through 31 NGOs partners covering 132 In-Patient Department for Severe Acute Malnutrition (IPD-SAM), 600 Out-Patient Department for Severe Acute Malnutrition (OPD-SAM) and 565 Out-Patient department for Moderate Acute Malnutrition (OPD-MAM) sites. Infant and young child feeding promotion (IYCF) is through 873 health facilities where as micronutrient supplementation for children 6-23months is focused in emergency prone provinces across the country. The basic package of health services (BPHS) which is supporting the government and partners to provide health and nutrition services in the country does not provide funding for supplies hence UNICEF has to support the provision of supplies and equipment for SAM management to all BPHS implementers. UNICEF will support partners to increase coverage of SAM treatment services and to complement all MAM treatment services in the country. UNICEF also responds in emergencies including the conflict related emergencies to protect the rights of children in coordination with the government, UN partners and humanitarian agencies. The principle aim of this proposal is provision of life saving therapeutic feeding supply such as RUTF, and therapeutic Milk for which UNICEF is the only entity in the country to purchase and provide it to the implementing partners. Therefore, treatment of SAM both at facility and community level is dependent upon UNICEF for pipeline supplies. UNICEF has comparative advantage of globally recognized procurement services enabling governments and other counterparts to benefit from the organization's considerable experience in procurement.

**5. Complementarity.** Explain how the project will complement previous or ongoing projects/activities implemented by your organization.

The proposed activities include treatment of Severe Acute Malnourished children (SAM) to reduce malnutrition among children with focus on strengthening linkage between SAM and MAM Prevention of Acute Malnutrition. Also to ensure availability of supply in the country throughout the year including with a 3 months buffer stock, and timely supply delivery to the partners. These activities are in line with the national policy and guidelines and also conform to global cluster and regional requirements. The proposed support from CHF will complement UNICEF commitment to support government of Afghanistan for provision of quality life saving nutrition services to children under five years old with SAM. UNICEF has secured fund from other sources including Japan, Korea and OFDA for nutrition capacity building for facility and community level nutrition focal points including on IMAM to strengthen the skills, competencies and abilities of the implementing partners staff to provide quality nutrition services to women and children.

**LOGICAL FRAMEWORK**

**Overall project objective** To reduce SAM prevalence and mortality from severe acute malnutrition (SAM) in children under five years old in 9 "very high" priority provinces identified by high level of Severe Acute Malnutrition (SAM), rates above 3%.

**Logical Framework details for NUTRITION**

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. The incidence of acute malnutrition and related deaths is reduced through Integrated management of acute malnutrition (IPD SAM, OPD-SAM, OPD MAM, community outreach) among boys and girls 0-59month, pregnant and lactating women	1. Excess morbidity and mortality reduced	100

Outcome 1	24,100 under five years old children with SAM are treated in nine priority provinces	
Code	Description	Assumptions & Risks
Output 1.1	Essential therapeutic supply (RUTF, F-100, and F-75) are procured and distributed to IPs in a timely manner	Global demand is able to cope with timely production and delivery of required supply

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of IPD & OPD SAM boys and girls 0-59 months discharged cured					24100
		<b>Means of Verification:</b>	monthly statistics reports of implementing NGOs				
Indicator 1.1.2	NUTRITION	% of IPD & OPD SAM boys and girls 0-59 months defaulted					15
		<b>Means of Verification:</b>	monthly statistic reports of IPs in nutrition database and monitoring reports				
Indicator 1.1.3	NUTRITION	% of RUTF, Milk F-100 and F- 75 available and timely procured (by September 2015).					100
		<b>Means of Verification:</b>	UNICEF supply management and stock report and monthly statistics of IPs				

Activities	
Activity 1.1.1	- Therapeutic supply (RUTF, F-100 and F-75) procurement and distribution
Activity 1.1.2	- Nutrition implementing partners provide quality nutrition services for treatment of SAM to under five years old children in CHF target provinces

**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 - Therapeutic supply (RUTF, F-100 and F-75) procurement and distribution	2015						X	X	X				



and their staff ensure continuous support and access sub nationally. UNICEF for monitoring and supervision of activities at field levels, has its system in place to enable staff to access the project areas where it is possible. This include security assessment and clearance, and availability of security support during travel if required.

In addition, the project will be implemented by BPHS NGOs and government, who have access in all 34 provinces, and the majority of districts. Majority of the BPHS technical staff are recruited locally so they have added value in terms of access to the local communities.

**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	Nutrition officer	D	2	4800	12	50.00%	57,600.00
	This includes 50% salary costs (National) calculated at NOB level (standard UN rates) along with all incentives provided by the UN system. The incumbents will be responsible for implementation of UNICEF nutrition interventions in eastern and central regions and will also support the regional Cluster Coordinator for coordination of the Nutrition cluster activities. They will also be responsible for nutrition programme coordination, training and general programme management including end user monitoring as explained in the body of the proposal.						
	<b>Section Total</b>						57,600.00

**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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Therapeutic spread (RUTF)	D	24100	54	1	100.00%	1,301,400.00
	The calculation is based on the assumption that one child will consume on an average of 150 sachets (1 carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.						
2.2	Therapeutic Milk F 75	D	440	61.51	1	100.00%	27,064.40
	The calculation is based on the assumption that 22% of the total SAM children, ie. 5302 children will require inpatient care, which is derived from programme records of previous implementation. It is estimated that each child will require 10 sachets. Unit costs are drawn from UNICEF supply division catalogue.						
2.3	Therapeutic Milk F 100	D	580	59.2	1	100.00%	34,336.00
	The calculation is based on the assumption that 22% of the total SAM children, ie. 5302 children will require inpatient care, which is derived from programme records of previous implementation. It is estimated that each child will require 10 sachets. Unit costs are drawn from UNICEF supply division catalogue.						
	<b>Section Total</b>						1,362,800.40

**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 CHF / ERF	Total Cost
	<b>Section Total</b>						0.00

**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	Supply freight cost	D	1	204518	1	100.00%	204,518.00
	This is cost of offshore supply calculated as 15% of the total supply cost						
	<b>Section Total</b>						204,518.00

**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
	<b>Section Total</b>						0.00

**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	Security Support Cost	S	1	61209	12	15.00%	110,176.20
	This budget is primarily to cover cost for maintaining security and includes a monthly cost of USD 11,303.00 for security cost of National and four regional offices. The fluid security situation and inadequate national capacity for service delivery and monitoring has significantly increased the cost of doing business in Afghanistan. Functioning in such an environment imposes, among other things, a very high standard on UNICEF and partners for security procedures and logistics to ensure the best possible security for personnel and property.						
7.2	Operational Support Cost	S	1	40806	12	15.00%	73,450.80
	This includes costs of offices and accommodations in Kabul and the provinces (in line with the minimum operating security standard) (40%), field office and maintenance (20%), vehicle running and maintenance costs (20%), and communication costs (20%). While UNICEF's own resources continue to provide a major share of these costs, these are increasingly inadequate to meet the funding needs for operations. Through this proposal we are covering 15% of the entire need.						
7.3	Logistic Support Cost	S	1	20403	12	25.00%	61,209.00
	This includes a monthly cost of USD 6,280 for warehousing and related costs at national and four regional offices. Through this proposal we are covering 25% of the total need.						
	<b>Section Total</b>						244,836.00

<b>Sub Total Direct Cost</b>		1,869,754.40
<b>Indirect Programme Support Cost PSC rate</b> (insert percentage, not to exceed 7 per cent)		7%
<b>Audit Cost</b> (For NGO, in percent)		
<b>PSC Amount</b>		130,882.81

Quarterly Budget Details for PSC Amount	2015			2016		Total
	Q2	Q3	Q4	Q1	Q2	

0.00	0.00	0.00	0.00	0.00	0.00
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**Total Fund Project Cost** 2,000,637.21

**Project Locations**

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Wardak -> Maydanshahr	9					0	
Wardak -> Jalrez						0	
Wardak -> Nerkh						0	
Wardak -> Hesa-e- Awal-e- Behsud						0	
Wardak -> Daymirdad						0	
Wardak -> Chak						0	
Wardak -> Saydabad						0	
Wardak -> Markaz-e-Behsud						0	
Wardak -> Jaghatu						0	
Laghman -> Mehtarlam	5					0	
Laghman -> Alishang						0	
Laghman -> Qarghayi						0	
Laghman -> Alingar						0	
Laghman -> Dawlatshah						0	
Ghazni -> Ghazni	17					0	
Ghazni -> Khwajaumari						0	
Ghazni -> Walimuhammad-e- Shahid						0	
Ghazni -> Waghaz						0	
Ghazni -> Andar						0	
Ghazni -> Dehyak						0	
Ghazni -> Zanakhan						0	
Ghazni -> Rashidan						0	
Ghazni -> Jaghatu						0	
Ghazni -> Qarabagh						0	
Ghazni -> Giro						0	
Ghazni -> Nawur						0	
Ghazni -> Jaghuri						0	
Ghazni -> Muqur						0	
Ghazni -> Abband						0	
Ghazni -> Ajrestan						0	
Ghazni -> Malestan						0	
Ghazni -> Gelan						0	
Ghazni -> Nawa						0	
Paktya -> Gardez	11					0	
Paktya -> Sayedkaram						0	
Paktya -> Ahmadaba						0	
Paktya -> Zurmat						0	
Paktya -> Shawak						0	
Paktya -> Zadrans						0	
Paktya -> Lija Ahmad Khel						0	
Paktya -> Alikhel (Jaji)						0	
Paktya -> Janikhel						0	
Paktya -> Chamkani						0	
Paktya -> Dand wa Patan						0	
Badakhshan -> Fayzabad	25					0	
Badakhshan -> Yaftal-e-Sufia						0	
Badakhshan -> Argo						0	
Badakhshan -> Arghanjkhwa						0	
Badakhshan -> Kohestan						0	
Badakhshan -> Raghistan						0	
Badakhshan -> Yawan						0	
Badakhshan -> Shahr-e-Buzorg						0	
Badakhshan -> Teshkan						0	

Badakhshan -> Darayem									0
Badakhshan -> Khash									0
Badakhshan -> Baharak									0
Badakhshan -> Shuhada									0
Badakhshan -> Shighnan									0
Badakhshan -> Darwaz-e-Balla									0
Badakhshan -> Kofab									0
Badakhshan -> Khwahan									0
Badakhshan -> Keshem									0
Badakhshan -> Tagab									0
Badakhshan -> Yamgan									0
Badakhshan -> Jorm									0
Badakhshan -> Warduj									0
Badakhshan -> Eshkmesh									0
Badakhshan -> Darwaz									0
Badakhshan -> Shaki									0
Badakhshan -> Koran wa Monjan									0
Badakhshan -> Zebak									0
Badakhshan -> Wakhan									0
Samangan -> Aybak	7								0
Samangan -> Hazrat-e- Sultan									0
Samangan -> Feroznakhchir									0
Samangan -> Dara-e- Suf-e- Payin									0
Samangan -> Dara-e Suf-e-Bala									0
Samangan -> Khuram Wa Sarbagh									0
Samangan -> Ruy-e-Duab									0
Zabul -> Qalat	11								0
Zabul -> Arghandab									0
Zabul -> Mizan									0
Zabul -> Tarnak Wa Jaldak									0
Zabul -> Shinkay									0
Zabul -> Shahjoy									0
Zabul -> Kakar									0
Zabul -> Daychopan									0
Zabul -> Atghar									0
Zabul -> Shomulzay									0
Zabul -> Nawbahar									0
Khost -> Khost(Matun)	10								0
Khost -> Sabari									0
Khost -> Musakhel									0
Khost -> Nadirshahkot									0
Khost -> Mandozayi									0
Khost -> Tani									0
Khost -> Gurbuz									0
Khost -> Terezayi									0
Khost -> Qalandar									0
Khost -> Shamal									0
Khost -> Spera									0
Khost -> Bak									0
Khost -> Jajimaydan									0
Nimroz -> Zaranj	5								0
Nimroz -> Kang									0
Nimroz -> Charburjak									0
Nimroz -> Chakhansur									0
Nimroz -> Khashrod									0

**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 9 target provinces caseload.xlsx |
| 2. 3.pdf                                |
| 3. NutCluster.pdf                       |

