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Beneficiary Summary  276 5675 7750 7750 21,451  Total beneficiaries include the following:  Chidren under 5  Pegnant and Laclating Women  0 5580 0 0 0 7550 7550 15500  Pegnant and Laclating Women  0 5580 0 0 0 371  Trainers, Romoters, Caretakers, committee members, etc.  Indirect Beneficiaries will be the family members of direct beneficiaries in 150,157 calculated based on 7 7  direct beneficiaries in 150,157 calculated based on 7 7  All officiaries and the state of t	Project Ronoficiaries		Cs and CHCs to focus on	training of CHWs.			
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Indirect Beneficiaries  Indire		Pregnant and Lactating Women	0	5580	0	0	5580
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Secured For the Same Project (to date)  Organization primary focal point contact details  Name: Title:  Telephone: E-mail:		interventions in the field of nutrition targeting most vulr according to CHAP 2014 Ranking in highly insecure pr with score of 5 based on district priorities by health an among children and PLWs related. The project will wo children <5, pregnant and lactating women and other support of 2 TFUs working in the districts; ii)Scale up priority Districts with particular emphasis on <5 year of Educators responsible for health education at health for provision of Key IYCF messages to women especially the job training and provision of IEC materials. Propose facility staff will be involved in screening of the patien where needs. Similarly CHS of BPHS project and Heal finding and referral of malnourished children and won Pregnant and Lactating Women is high. Women have well off families, as according to local customs, men and children are often fed with food remained from me and the family do not have access to vegetables, fruit families with no diversification in meals. Due to insecuntrition services in public health facilities, there is nee and communities for treatment of acute malnutrition an services. The project will also focus on IYCF in comm staff will ensure access of women of child bearing ag	nerable groups of people ovinces of Paktia and He not nutrition clusters. The rk through; i) Scale up covulnerable groups in the of programs that provide ald children and pregnant actility and community levered OTPs, SFPs and SCs ts, health education to the Educator of nutrition penen to HFs for treatment. Very less access to heal are served with good quenand from guests. In P.s., where in Helmand mority, IDPs because of acceding the prevention, and to prountities through training of ge and caregivers of unced in both provinces for united to the provinces of acceding the provinces of unced in both provinces for united the provinces for unced in both provinces for uncertainty.	e in the society (wo elmand. Most of the project will contril overage of integrat highest priority Dis e services on preve and lactating won rel. Moreover the has. They will also fo in the project will be the patients and also roject will jointly wo Prevalence of mal th services, and to ality of food and wa aktia most of the di st of the families used tive fight in some do doucing nutrition see vide access to girl of CHWs and follow der five children to	omen and children) of districts are in high oute to decrease in ted interventions the tricts through estate ention of under nutreen through training eath educators will flow already working e closely linked with the tricts through training on the tricts are mountained by the tricts are mountained by the tricts, poor diet of trices according to and the up with already we key IYCF message	living in high and very n priorities both for nut morbidities and mortal at provide treatment of blishment of 31 OTPs, ition in vulnerable grous so f 300 CHWs and eit I regularly follow CHW ng FHAGs through pro the BPHS health faci to higher level health froel to higher level health froel women usually eat usually get food after nous, where agricultures in their fields and is women and children of the cluster objectives pregnant and lactating orking FHAGs. Health	high priority district trition and health ne titles related to maln f acute malnutrition 31 SFPs, 7 SCs and ups of the in the hig mploying 31 Health is activities in the fi vision of support a lilities, where BPHS acilities (SCs and 1 HPs for active cas years of age and a poor quality food e men and guests. We products are ver a common dish of and unavailability food in unavailability food in up to the product of the nutries of the nutries of the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the nutries of the second was a common to the second was a common
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Ur. Shah Maqsood Sahebzada Health Director 0779195484 dhealth.actd@gmail.com

#### BACKGROUND INFORMATION

1. Humanitarian context..

Humanitarian context: Give a specific description of the humanitarian situation in the target region based on new est data available (indicate source) (Maximum of 1500 characters)

Aim of this project is to address nutritional need of communities living in priority districts in Helmand and Paktia provinces. Nutrition status in children and Pregnant and Lactating Women is a critical public health issue in Helmand and Paktia provinces, which have high malnutrition burden. Survey results from Sept 2011 by Oxfam (funded by UNICEF/WFP) in Paktia, shows nutrition status of 5-59 M of age GAM rate 17.15 (13.6-21.2%), stunning 38.6% (35.2-42.1%), wasting of 17.1% and Exclusive Breast feed in children 0-24 M 62.9 %. MUAC (<23 cm) in PLWs is 31.3% and MUAC (<21cm) 7.0%. General community know ledge 17.6% MYCF key practices. Although no data from nutrition survey/assessment is available from Helmand how ever referring to high prevalence of SAM and MAM indicated in health and nutrition cluster prioritization list by district and prevalence of of EPI target diseases (confirmed measles and AFP cases) the targeted areas are among the high priority district for emergency interventions. This is mainly due to low aw areness among mothers and care givers, early marriages, low family planning and poor dietary practices, long term insecurity, active fight, discrimination in feeding women of Child Bearing Age, low economy and less access to the health services. ACTD is implementing BPHS SEHAT project in all districts of Helmand province, and BPHS PCH project in Paktia province. BPHS SEHAT Health Facilities are providing nutrition services based on their routine activities plan. In order to contribute in reduction of nutrition related mortality and morbidity among mothers and children and reduce prevalence of stunting among children according to the cluster objective, the integration of IMAM in SEHAT project will have significant effect on nutrition status of women and children. So there is need to increase number of child care givers adopting IYCF practices, to strength case management of Sever Acute Malnutrition, increase availably coverage and access to therapeutic feeding at Health Facilities and community,

#### 2. Grant Request Justification.

Through this project ACTD will address existing gaps in health services delivery related to provision of nutrition package to the people in targeted districts in both provinces. ACTD will focus on . case identification, admission to OTP for treatment, referral of complicated cases to SCs/TFUs, and strengthening of community based health care system through capacity building and follow up. Malnutrition remained a chronic problem in Afghanistan. Low literacy rate, poor economy, unavailability of complete package of nutrition services in public sect bor, low aw areness and discrimination in feeding practices especially for women of reproductive health age is among the major factors resulted in malnutrition of women and children. The targeted districts in Helmand and Paktia provinces are among the v, ery high priority district according to CHAP 2014 Ranking, and among the poor and insecure districts which have low access for women and young boys and girls, especially pregnant women to quality nutrition services. For improving nutrition status of the children and womern of child bearing ages, considerable efforts need to be put into practice. There is need of aw areness raising among the general community, capacity building of health facility and management personal and Provincial Nutrition Department of Provincial Public Health Directorates team. As well IYCF is not integrated in CBHC services, and IMAM services has not been integrated in BPHS 2005 (PHC projects) so for. ACTD is implementing BPHS in targeted district. The project will function through a network of 31 health facilities (3 district hospitals, 9 CHCs, 19 BHCs, and 150 health posts). As well ACTD has good experience of implementation health project in such area since long time. Through this funding ACTD aims to address nutrition needs of high priority districts of both provinces through treatment at Health Facilities level, preventive activities at Facilities and at community level through launching and supporting IYCF activities. As well gaps in capac

#### 3. Description Of Beneficiaries

The main beneficiaries according to the cluster objective will be girls and boys under five years; and pregnant and lactating women in very high and high priority districts covered by this project in Helmand and Paktia provinces. Approximately 6,829 SAM and 8,630 MAM children under five and 5,580 pregnant and lactating women will get benefited directly from the program interventions (this number of beneficiaries is calculated from the data of last year nutrition projects implemented by ACTD in Paktia and Helmand province. An increase of 10% has been made to the data from last year. As well approximately 300 Community Health workers, 71 Health facility staff and management staff of ACTD and PHD; and 150,157 family members of SAM and MAM children and PLWs will indirectly get benefited from the project planned activities.

4. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (w ho consulted w hom, how and w hen?). List any baseline data

ACTD has an extensive experience of implementation of health and nutrition projects in deferent provinces of the country. Low staff setting at HFs, low knowledge of CHWs especially female CHWs about nutrition services, lack of trained staff especially female, unfamiliarity of community with the nutrition services, short duration of the projects, delay in supply and weak monitoring of the project in some areas and the most important unavailability of specific and enough budget for nutrition services were the main gaps of the previous nutrition projects. Low literacy rate, poor economy, unavailability of nutrition service in public sector, low aw areness and discrimination in feeding practices especially for women of reproductive health age is among the major factors resulted in malnutrition of women and children. The targeted districts in Helmand and Paktia provinces are among the very high priority district according to CHAP 2014 Ranking, and among the poor and insecure districts which have low access for women and young boys and girls, especially pregnant women to quality nutrition services. Nutrition status in children and Pregnant and Lactating Women is a critical public health issue in Helmand and Paktia provinces, which have high malnutrition burden. Survey results from Sept 2011 by Oxfam (funded by UNICEF/WFP) in Paktia shows nutrition status of 5-59 M of age GAM rate 17.15 (13.6-21.2%), stunning 38.6% (35.2-42.1%), w asting of 17.1% and Exclusive Breast feed in children 0-24 M 62.9 %. MUAC (<23 cm) in PLWs is 31.3% and MUAC (<21cm) 7.0%. General community knowledge 17.6% IYCF key practices. Although no data from nutrition survey/assessment is available from Helmand how ever referring to high prevalence of SAM and MAM indicated in health and nutrition cluster prioritization list by district and prevalence of EPI target diseases (confirmed measles and AFP cases) the targeted areas are among the high priority district for emergency interventions. considerable life-saving efforts need to be put into practice to reduce morbidity and mortality in children <5 and PLWs. This project proposed for funding form CHF will enable ACTD to fill the highlighted gaps by ensuring therapeutic and preventive nutrition services to the girls and boys U5 and pregnant and lactating women according to the cluster objectives in the high priority districts of Helmand and Paktia provinces. Data from previous project reviewed during assessment of the provinces shows higher number of malnourished children attended, admitted and treated cases were girls This either indicate high proportion of girls verses boys in communities or high prevalence of malnutrition among girls. The data shows 43:47 (M:F ratio).

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

The activities for this project is designed to treat and prevent SAM and MAM in vulnerable groups according to the cluster objective and in gender sensitive manner. The activities are proposed for Infant and Young Child Feeding (IYCF), Supplementary Feeding Program (SFP), Outpatient Therapeutic Program, Inpatient Therapeutic Program and water sanitation and hygiene practices: These activities are: establishment of 31 OTP and SFP sites in 31 health facilities in both provinces; establishment of 7 Stabilization centers in CHCs one in each district of both provinces; support to already established TFUs in Jaji and Chamkani District Hospitals of Paktia and 1 DH in Garamsir in Helmand province; support to Community Based Health Care services through hirring of 31 health educators in the BHCs and CHCs to focus on training of male and female CHWs. Procurement and supply of necessary medical and non-medical equipment and stationary to the sites; Hire 25 Nurses and 31 health educators for targeted HFs; Community orientation and mobilization; Provision of HE material to HFs on YCF and orientation for staff on IEC Material; Community education on YCF to the people(male, female and children), active screening of children to identify malnutrition in children and pregnant and lactating women by male and female CHWs, discourage using and marketing of Breast Milk Substitutes through health facilities and local market, Admission and discharge of children based on standard criteria, Management of complications by the assigned female and male nurses, Train facility based staff both male and female on basic hygiene practices; the program implementation will be regularly supervised and monitored on monthly basis as routine by nutrition supervisor to ensure program efficiency and effectiveness. Health educator will work with community elders, Ulamas and key decision makers on community mobilization, trust building and involvement of community members in monitoring of the project planned activities. The community elders will also be

#### LOGICAL FRAMEWORK

#### Overall project objective

To reduce avoidable morbidity and mortality related to malnutrition among children of U5 and Pregnant and Lactating Women living in very high and high priority districts of Helmand and Paktya provinces.

#### Logical Framework details for NUTRITION

Cluster objectives	Strategic objectives(SRP)	Percentage of activities
	Providing emergency health care and prioritizing access to critical services	100

Outcome 1	SAM and MAM Children of <5 Y (boys and girls) and malnourished PLWs living in affected districts,	have access to nutrition and IYCF services at health facilities and community.
Code	Description	Assumptions & Risks
Output 1.1	Health facilities provide OTP, SFP and Stabilization services to malnourished children and pregnant and lactating women of their catchment area.	a. Security in the Province allows for access to all areas, b. Recruitment of staff especially female is possible c. Cooperation of the local communities availble
Indicators		

Code	Cluster	r	Indicator	Mid Cy	cle Benefi	ciaries		Mid-	End Cy		End-		
				Men	Women	Boys	Girls	Cycle Target	Men	Women	Boys	Girls	Cycle
Indicator 1.1.1	NUTRITI	ON	31 OTP and SFP sites and 7 SCs established in 31 health facilities in 11 districts in Helmand and Paktia provinces.					31					31
Mean	ns of Ver	ification:	monthly report, quarterly report, supervision/monitoring report,										
Indicator 1.1.2	NUTRITI	ON	# of under-five boys and girls and PLW admitted					10540					1475
Mean	ns of Ver	ification:	monthly HF repot, quarterly report										
Indicator 1.1.3	NUTRITI	ON	Number of health facility staff provided with training on nutrition services					71					71
Mean	ns of Ver	ification:	Training records, attendance sheets										
Activities	s												
		I											
Activity 1	1.1.1	Establish	and run 31 OTPs, 31 SFPs and 7 SCs in targeted health facilities										
Activity 1	1.1.2	Provide o	rientation and training to 71 HFs staff (56 M and 15 female) on nutriti	on service	Э								
Activity 1	1.1.3	31 OTP a	nd SFP sites admit malnourished children of <5 years and PLWs										
Activity 1	1.1.3	CHWs (ma	nd SFP sites admit malnourished children of <5 years and PLWs  le/female) and HFs staff(male/female) provided IYCF messages to p  others and caregivers.	regnant ar	nd	Security	allows m	obility of pa	tients Co	mmunities c	ooperatio	on	
		CHWs (ma	le/female) and HFs staff(male/female) provided YCF messages to p	regnant ar	nd	Security	allows mo	obility of pa	tients Co	mmunities c	ooperatio	on	
itput 1.2		CHWs (ma lactating m	le/female) and HFs staff(male/female) provided YCF messages to p		nd cle Benefic	•	allows mo	Mid-		ommunities c		on	
itput 1.2	rs	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided IYCF messages to p others and caregivers.			ciaries	allows mo				ciaries	Girls	Cycl
itput 1.2	rs Cluster	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided IYCF messages to p others and caregivers.	Mid Cy	cle Benefic	ciaries		Mid- Cycle	End Cy	rcle Benefi	ciaries		Cycl
Indicator Code Indicator 1.2.1	Cluster	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided IYCF messages to p others and caregivers.	Mid Cy	cle Benefic	ciaries		Mid- Cycle Target	End Cy	rcle Benefi	ciaries		End- Cycl Targ
Indicator Code Indicator 1.2.1	Cluster  NUTRITI	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided IYCF messages to p others and caregivers.  Indicator  Number of HF staff and CHWs trained on IYCF	Mid Cy	cle Benefic	ciaries		Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2	Cluster  NUTRITI	CHWs (malactating m	le/female) and HFs staff(male/female) provided IYCF messages to p others and caregivers.  Indicator  Number of HF staff and CHWs trained on IYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding	Mid Cy	cle Benefic	ciaries		Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2	Cluster  NUTRITI  NUTRITI  NUTRITI	CHWs (malactating m	le/female) and HFs staff(male/female) provided IYCF messages to pothers and caregivers.  Indicator  Number of HF staff and CHWs trained on IYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)	Mid Cy	cle Benefic	ciaries		Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean	NUTRITI	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided IYCF messages to pothers and caregivers.  Indicator  Number of HF staff and CHWs trained on IYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)	Mid Cy Men	cle Benefic	Boys	Girls	Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean	NUTRITION S OF VER	CHWs (ma lactating m	le/female) and HFs staff(male/female) provided MYCF messages to pothers and caregivers.  Indicator  Number of HF staff and CHWs trained on MYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)  Health facility and HPs monthly activities report	Mid Cy Men	cle Benefic	Boys	Girls	Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean Activities	NUTRITI NUTRITI NUTRITI NUTRITI S 1.2.1	CHWs (malactating m	Indicator  Indicator  Number of HF staff and CHWs trained on IYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)  Health facility and HPs monthly activities report	Mid Cy Men	cle Benefic	Boys	Girls	Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean Activities Activity 1 Activity 1	NUTRITI NUTRITI NUTRITI NUTRITI S 1.2.1	CHWs (malactating m	Indicator  Indicator  Number of HF staff and CHWs trained on IYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)  Health facility and HPs monthly activities report  and orientation of HFs staff (56 male/ 15 female) and CHWs (male/femealth education program at HF and HP level  IEC materials to HFs and HPs	Mid Cy Men	Cle Benefic Women	Boys  Boys	Girls	Mid- Cycle Target	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean Activities Activity 1 Activity 1 Activity 1	NUTRITI NUTRITI NUTRITI NUTRITI S 1.2.1	CHWs (malactating m	le/female) and HFs staff(male/female) provided MYCF messages to pothers and caregivers.  Indicator  Number of HF staff and CHWs trained on MYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)  Health facility and HPs monthly activities report  Indicator  Ind	Mid Cy Men	Cle Benefic Women	Boys  ge of IEC	Girls materials	Mid-Cycle Target 371	End Cy	rcle Benefi	ciaries		Cycl Targ 371
Indicator Code Indicator 1.2.1 Mean Indicator 1.2.2 Mean Activities Activity 1 Activity 1	NUTRITI NUTRITI NUTRITI NUTRITI S 1.2.1	CHWs (malactating m	le/female) and HFs staff(male/female) provided MYCF messages to pothers and caregivers.  Indicator  Number of HF staff and CHWs trained on MYCF  Training report, monthly HF report  Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)  Health facility and HPs monthly activities report  Indicator  Ind	Mid Cy Men  male) on IY	Cle Benefic Women	Boys  ge of IEC	Girls	Mid-Cycle Target 371	End Cy	rcle Benefi	ciaries		Cycl Targ 371

Code	Cluster	Indicator	Mid Cy	cle Benefic	ciaries		Mid- Cycle	End Cy	End- Cycle			
			Men	Women	Boys	Girls	Target	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Death rate in line with SPHERE standards					5					5
Mean	s of Verification:	monthly statistic reports										
Indicator 2.1.2	NUTRITION	Proportion cured in line with SPHERE standards					75					75
Means of Verification:		OTP monthly activities report										

#### Activities

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

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

#### Indicators

Code	Cluster	Indicator	Mid Cyc	le Benefic	ciaries		Mid- Cycle					
			Men	Women	Boys	Girls	Target	Men	Women	Boys	Girls	Cycle Target
Indicator 2.2.1	NUTRITION	Number of breast feeding mother of infant <6 months and pregnant w omen MUAC <230mm received SFP ration					2790					3906
Means of Verification:		monthly SFP reports, monthly statistic reports										

Indicator 2.2.2	NUTRITION	Number of Supplementary Feeding programs sites active in targeted dsitricts					31					31
Means of Verification:		Monthly activities report										
Indicator 2.2.3	NUTRITION	No. of PLW received with MNT (only disaster affected communities)					500					800
Means of Verification:		monthly statistic report										

#### Activities

Activity 2.2.1	provide SFP ration to breast feeding mothers and pregnant women MUAC<230mm
Activity 2.2.2	Active screening of PLWs at health facility and community level
Activity 2.2.3	Admission of PLWs with MUAC less 23 cm into SFP project for treatment.
Activity 2.2.4	provide MNT to PLWs with MUAC of less then 23 cm

#### WORK PLAN

Project w orkplan for activities defined in the Logical framew ork

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Establish and run 31 OTPs, 31 SFPs and 7 SCs in targeted health facilities	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	×
Activity 1.1.2 Provide orientation and training to 71 HFs staff (56 M and 15 female) on nutrition service	Х	Х	Х									
Activity 1.1.3 31 OTP and SFP sites admit malnourished children of <5 years and PLWs	Х	Х	Х	Х	Х	х	х	х	х	Х	х	Х
Activity 1.2.1 training and orientation of HFs staff (56 male/ 15 female) and CHWs (male/female) on IYCF and usage of IEC materials	Х	х	х	х								
Activity 1.2.2 provide health education program at HF and HP level	Х	Х	Х	Х	Х	х	х	х	х	Х	х	Х
Activity 1.2.3 supply of IEC materials to HFs and HPs	Х	Х	Х	Х	Х	х	х	х	х	Х	х	Х
Activity 2.1.1 Active case finding (MAM and SAM) at health facility level and in communities.	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Activity 2.1.2 Increase referral of SAM and MAM from community to HF and cases with complication and odema to stabilization center	Х	х	х	х	Х	х	X	X	X	Х	Х	X
Activity 2.2.1 provide SFP ration to breast feeding mothers and pregnant women MUAC<230mm	Х	Х	х	х	Х	Х	Х	Х	Х	х	Х	Х
Activity 2.2.2 Active screening of PLWs at health facility and community level	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х
Activity 2.2.3 Admission of PLWs with MUAC less 23 cm into SFP project for treatment.	Х	Х	Х	Х	Х	Х	Х	Х	Х	Х	х	Х
Activity 2.2.4 provide MNT to PLWs with MUAC of less then 23 cm	Х	Х	Х	x	х	x	х	х	х	Х	Х	×

#### M & EDETAILS

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

The project will be implemented by independent team in each province. The team assigned will take care of the project planned activities based on plan. The project team will be supported by project focal point in main office. ACTD health team in the provinces headed by project manager will support project team in smooth implementation of the project. The project team assigned for implementation of this project will entertain full support of admin/HR, technical, training, logistics, finance and other related section both at head office and project offices. Project manager of health projects in provinces will lead the team in implementation of the project in the province. Health facilities and HPs will be used as service delivery points for the project proposed activities. The project activities will be coordinated with stakeholders by presenting the project details in PHCC on monthly bases. Targeted HFs will be provided with necessary staffing, equipment, furniture for establishment of OTP, SC and SFP sites for service delivery. Staff of HFs, Project team & PND will be oriented on project key concepts for delivery of good quality of the services. HF Staff & PND team will receive training on nutrition based on approved MoPH guidelines. Regular supportive supervision and monitoring will be conducted from the health facilities and CBHC and timely feedback will be provide for corrective actions. For further linking of community with Health Post and Health Facilities, FHAGs will be oriented trained on key IYCF messages and on cross cutting issues including feeding practices for women (Pregnant and lactating). Through liaison with UNICEF and WFP, health facilities will be supplied with RUTF and RUSF. Supply of registers, reporting tools. Implementation plan: Infant and Young Child Feeding: HF staff will be trained on IYCF, the topic will be refreshed during the project period through on the job trainings and in case of need refresher trainings. CHWs, FHAGs members & community shura will also be trained on IYCF. Following are key activities: a) Initiate breastfeeding within the first hour after birth by the midwives; b)Provide counselling on lactation including appropriate position and attachment, importance of BF and hygiene practices to mothers' right after delivery; c) Promote continued breastfeeding until 2 years old and beyond, introduction of solid/semisolid food at 6 months; d)Food demonstration sessions at HF and as well as at HP level. Outpatient treatment of MAM: The targeted children and PLWs will be admitted and discharged according to the IMAM criteria (children age 6-59 months with MUAC11.5cm to 12.5cm with no complication, and PLW with MUAC less than 23cm). The staff will provide them with appropriate treatment until children and PLWs reach the exit criteria. Outpatient Treatment for SAM: The targeted children will be admitted and discharged according to the IMAM criteria (children age 6-59 months with MUAC < 115mm or W/H < -3Z score, with no complication). The staff will provide them with appropriate treatment such as RUTF and routine drugs, until children reach the exit criteria. Inpatient Treatment of SAM: The required medical and nutritional treatment will be provided to the children by the staff that has already been trained on in-patient care. UNICEF will provide F75/F100 and Resomal on regular basis which make the essential supply of stabilization center. Children will be admitted to SC according to the IMAM guideline and will be transferred to the nearest OTP/SFP when the complication disappears. Water, Sanitation and Hygiene Practices (WASH): HFs staffs are assigned to conduct HE sessions according to the monthly HE plan including the following WASH related topics: a) Promotion of hand washing with soap before eating and after toilet;b) Importance of safe drinking water, and identify safe water sources; c) Water purification procedure at household level (boiling, chlorine solution & UV  $\mbox{\it Ra}$ 

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.

For effective monitoring of the project planned activities, the monitoring process from project activities will be started right from community to have an eye on the project implementation based on the plan that have been shared with the community shura and community elders. Similarly health facility incharge (MD/Nurse) will monitor project implementation at the HF and community level, through direct observation, using checklists and analysis of monthly and weekly reports from HPs and HF. Project tam in the province will conduct monitoring of the project activities based on the action plan developed for the monitoring. The supervisors and focal point will monitor the progress of the project bi monthly and will share their findings with the IMAM Nurse, HE and health facility incharge for corrective actions. Special attention of the monitoring team will be assessing the project progress, identify the weaknesses in project implementation and share it with person responsible. The purpose of monitoring will be tracking of implementation of project planned activities in line with project objectives and project plan in order to implement the project activities in line to the plan. Joint monitoring visits with PHD team and ACTD team from main office will also be planned based on agreed schedule with PHD teams preferably one in two months, for ensuring quality implementation of planned services. Monitoring and tracking of the state of individual children is essential to ensure appropriate treatment and follow up and to ensure that children are not lost during the follow up. Standards reporting formats recommended by nutrition cluster will be adopted for submission of project reports on monthly basis. Health educator will collect reports from community and submit it to nutrition and IMAM Nurse at HFs on monthly basis for checking and compilation. Health Facilities reports will be prepared on monthly bases by IMAM Nurse at HF and will receive guarterly narrative activities report for analysis and reviews of the project pr

#### OTHER INFORMATION

Coordination with other Organizations in project area

Organization	Activity
4 DID444	Coordination for annoth involumentation of project

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

## Outline how the project supports the gender theme

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

## Select (tick) activities that supports the gender theme

Activity 1.1.1: Establish and run 31 OTPs, 31 SFPs and 7 SCs in targeted health facilities

Activity 1.1.2: Provide orientation and training to 71 HFs staff (56 M and 15 female) on nutrition service

Activity 1.1.3: 31 OTP and SFP sites admit malnourished children of <5 years and PLWs

Activity 1.2.1: training and orientation of HFs staff (56 male/ 15 female) and CHWs (male/female) on IYCF and usage of IEC materials

Activity 1.2.2: provide health education program at HF and HP level

Activity 1.2.3: supply of IEC materials to HFs and HPs

Activity 2.1.1: Active case finding (MAM and SAM) at health facility level and in communities.

Activity 2.1.2: Increase referral of SAM and MAM from community to HF and cases with complication and odema to stabilization center

Activity 2.2.1: provide SFP ration to breast feeding mothers and pregnant women MUAC<230mm

Activity 2.2.2: Active screening of PLWs at health facility and community level

Activity 2.2.3: Admission of PLWs with MUAC less 23 cm into SFP project for treatment.

#### Cross Cutting Issues

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

#### Gender Marker of the Project

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

Activity 2.2.4: provide MNT to PLWs with MUAC of less then 23 cm

#### Environment Marker of the Project

A+: Neutral Impact on environment with mitigation or enhancement

#### Safety and Security

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

#### Access

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

#### BUDGET

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cos	
1.1	Health Senior Program Manager	1	2800	12	20%	6,720.00
	Planning, coordination, reporting, supervision, monitoring and technical support from MO					
1.2	Project Focal Point Main Office (Kabul)	1	900	12	100%	10,800.00
	Fully dedicated to CHF project at main office level. Responsible to Planning, supervision, m	onitoring, reporting	g, attend mee	etings, coordination, pla	nning trainings, develop MOUs, r	maintain

1.3	Project officer/Trainer Project office		800	12	100%	9,600.0			
	Planning, implementation, coordination at project office level, reporting, training			12	10070	3,000.0			
1.4	Accountant Main Office	·		12	50%	4,800.0			
	Fully dedicated to CHF project, responsible for accounting of the expenses Ch Nutrition project. This person will check financial documents, provide feedback financial documents. Follow cash transfer, budget flow with program people. Conduct field monitoring of finance related issues.	urged to CHF project healt onthly reports from field a	h and 50% to CHF and hard copies of						
1.5	Admin finance Officer project office		750	12	50%	9,000.0			
	Fully dedicated to CHF activities to take care of project activities in both provinces. 50% of salary charged for health project and 50% will be charged for Nutrition project. This pe responsible for taking care of day to day expenses, book keeping, part of procurement committee at field office level, Contract preparation for hired staff, prepare monthly attend payrolls, payment of salaries. Compile report and submit it to MO. Bank and cash reconciliations, supply to health facilities.								
1.6	IMAM Nurses HFs	2	320	12	100%	96,000.0			
	Responsible for care of admitted patients in SCs, screening, admission and fo	od distribution							
1.7	Heath Ecducators	3	300	12	100%	111,600.0			
	Health education at HF, IYCF activities at community, supervision and training of	of CHWs and FHAGs, report	ng collection a	and submission to pr	oject office. Screening a	nd food distribution			
1.8	M&E officer (Project Office)		2 800	12	50%	9,600.0			
	2 staff budgeted, 1 for each project office, fully dedicated to CHF funded proje 50% to nutrition project funded by CHF. M&E officer will monitor activities of th findings, prepare report and share it with project focal point and with visited H the progress during next monitoring visits along with detailed monitoring of the	t monitoring visits to the harmonic pare action plan for impro	nealth facilities, collect oving the gaps and follow						
	Section Total					258,120.0			
	es, Commodities, Materials (please itemize direct and indirect costs of co ibution costs)	onsumables to be purcha	sed under th	ne project, includir	ng associated transpor	tation, freight, storage			
Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cos			
2.1	Transportation cost for RUSF and RUTF		6000	1	100%	24,000.0			
	This cost reflects transportation cost of food material from organization provin transportation of food materials from sub office to the health facilities. 6000 transportation cost for SFP secondary transportation has not budgeted under	ansportation cost once per o							
2.2	Stationery	3	300	12	15%	16,740.0			
			000	12	1370	10,740.00			
	All stationery items, cleaning materials and items related in health facilities (ele								
2.3	All stationery items, cleaning materials and items related in health facilities (ele Heating cost SCs and HFs		Only half of I	HFs are budgeted he		udget.			
2.3	<u> </u>	ctrify bulb, lock, socket, etc	Only half of I	HFs are budgeted he	ere and half in nutrition bu	udget.			
	Heating cost SCs and HFs	ctrify bulb, lock, socket, etc	Only half of I	HFs are budgeted he	ere and half in nutrition bu				
	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ	Only half of I 500 e fuel and equ	HFs are budgeted he 5 ipments	ere and half in nutrition bu	ndget. 11,625.0			
	Heating cost SCs and HFs Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ	Only half of I 500 e fuel and equ	HFs are budgeted he 5 ipments	ere and half in nutrition bu	ndget. 11,625.0			
2.4	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warmduring Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 h	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s	Only half of I 500 e fuel and equ	HFs are budgeted he 5 ipments	ere and half in nutrition bu	11,625.0 36,000.0			
2.4	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 heat Section Total	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s	Only half of I 500 e fuel and equ	HFs are budgeted he 5 ipments	ere and half in nutrition bu	11,625.0 36,000.0			
2.4 Equipm	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 h  Section Total  nent (please itemize costs of non-consumables to be purchased under the	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 sealth facilities do not have s	Only half of I 500 e fuel and equ 5 120 pace for stora	HFs are budgeted he 5 ipments 12 ge.	ere and half in nutrition bu	36,000.0 88,365.0			
	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 h  Section Total  nent (please itemize costs of non-consumables to be purchased under the Budget Line Description  Office furniture  Cupboard, chair, bench for patient attendants, writing table for 7 stabilization of the stabilizati	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s the project) Quantity 2	Only half of I  500 e fuel and equ  120 Dace for stora  Unit Cost  300	HFs are budgeted he 5 ipments 12 ge.  Duration Recurrence 1	15%  100%	36,000.00  Total Cos 6,000.00			
2.4 Equipm Code 3.1	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 h  Section Total  Tent (please itemize costs of non-consumables to be purchased under the Budget Line Description  Office furniture  Cupboard, chair, bench for patient attendants, writing table for 7 stabilization of office. Based on need total 20 sites has been budgeted here	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s the project) Quantity 2 centers and 31 OTPs and Sf	Only half of I 500 e fuel and equ 5 120 pace for stora Unit Cost 300 Ps. Include Of	In the same budgeted here.  It is a property to the same budgeted here.  It is a property to the same budgeted here.  It is a property to the same budgeted here.  Duration Recurrence  I fice table and chair	100% and cupboard for CHF pr	11,625.00 36,000.00 88,365.00 Total Cos 6,000.00 oject staff in Project			
Equipm Code 3.1	Heating cost SCs and HFs Heating cost for keeping SCs and screening and distribution rooms warm durid Warehouse rent Rent of warehouse for storage of SFP commodities in health facilities, as 25 h Section Total nent (please itemize costs of non-consumables to be purchased under the Budget Line Description  Office furniture Cupboard, chair, bench for patient attendants, writing table for 7 stabilization of office. Based on need total 20 sites has been budgeted here Purchase of MUAC	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s the project) Quantity 2	Only half of I 500 e fuel and equ 5 120 pace for stora Unit Cost 300 Ps. Include Of	HFs are budgeted he 5 ipments 12 ge.  Duration Recurrence 1	15%  100%	11,625.00 36,000.00 88,365.00 Total Cos 6,000.00 oject staff in Project			
2.4 Equipm Code 3.1	Heating cost SCs and HFs  Heating cost for keeping SCs and screening and distribution rooms warm during Warehouse rent  Rent of warehouse for storage of SFP commodities in health facilities, as 25 h.  Section Total  nent (please itemize costs of non-consumables to be purchased under the Budget Line Description  Office furniture  Cupboard, chair, bench for patient attendants, writing table for 7 stabilization of office. Based on need total 20 sites has been budgeted here  Purchase of MUAC  Will be provided by UNICEF in kind	ctrify bulb, lock, socket, etc.  3  ng w inter (4 Months). Includ  2  ealth facilities do not have so  ee project)  Quantity  2  centers and 31 OTPs and Sf	Only half of I  500 e fuel and equ  120 pace for stora  Unit Cost  300 Ps. Include Of	HFs are budgeted he 5 ipments 12 ge.  Duration Recurrence 1 fice table and chair 2	100% and cupboard for CHF pr	11,625.00 36,000.00 88,365.00 <b>Total Cos</b> 6,000.00 oject staff in Project			
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2.4 Equipm Code 3.1 3.2 3.3 3.4 Contra	Heating cost SCs and HFs Heating cost for keeping SCs and screening and distribution rooms warm durit Warehouse rent Rent of warehouse for storage of SFP commodities in health facilities, as 25 h Section Total nent (please itemize costs of non-consumables to be purchased under the Budget Line Description  Office furniture Cupboard, chair, bench for patient attendants, writing table for 7 stabilization of fice. Based on need total 20 sites has been budgeted here Purchase of MUAC Will be provided by UNICEF in kind H board and Weight scale Will be provided by UNICEF in kind Laptop computer with printer For use of Focal Points (1 in Main office and 1+1 FP and M&E in project office) Section Total  ctual Services (please list works and services to be contracted under the	ctrify bulb, lock, socket, etc.  3 ng w inter (4 Months). Includ 2 ealth facilities do not have s the project)  Quantity  2 centers and 31 OTPs and Sf 50 2	Only half of I  500 e fuel and equ  5 120 bace for stora  Unit Cost  0 300 Ps. Include Of  0 0	Duration Recurrence  1  2  2	100%  100%  100%	11,625.00 36,000.00 88,365.00  Total Cos 6,000.00 0ject staff in Project 0.00 3,000.00			
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	every month with stay in f	field 3-4 days/e	ach visit	t).=[ (6 person @	05 USD/personx6	days)= (30)								
5.3	Rental vehicle						2	1000	12		100%		24,000.00	
	for monitoing, supervision	,coordination, to	raining ar	nd supplies, rep	ort collection. 1 ve	hicle for eac	ch project.							
	Section Total												29,440.00	
6 Transfers	and Grants to Counter	parts (please	list tran	nsfers and sub	-grants to projec	t impleme	nting partne	ers)						
Code	de Budget Line Description			Qua	ntity	Unit Cost	Duration Recurre		Total Cos		Total Cost			
	Section Total												0.00	
7 General C	Operating and Other Dire	ect Costs (ple	ease inc	clude general (	operating expen	ses and oth	her direct co	osts for pro	iect imple	ementation)				
Code	Budget Line Descriptio	n				Qua	intity	Unit Cost	Duratio Recurre		Total Cost			
7.1	Breat feed counceling coa	ards for MWs					40	25	6		100% 6,000.00			
	Training of Midwives and nurses for 6 days on breast feeding.(25 USD includes two way						portation to	NGO project	office, da	ily food cost,	st, refreshement, stationery, handouts etc).			
7.2	IYCF training for CHWs						300 12 6 100%					21,600.00		
	Training for 80 female and	1 220 male CHM	s on IYC	CF key message	s. ( 12 dollars inclu	udes = 4 USI	D Transporta	ation to CHW	4 USD foo	od, 1 USD refr	eshment and	3 USD stationery and	handouts).	
7.3	Baby friendly hospital initia	atives					40 25 6				100% 6,000.00			
	Training of Midwives and	nurses for 6 da	ays on br	reast feeding.(2	5 USD includes tw	o w ay trans	portation to	NGO project	office, da	ily food cost,	refreshement,	stationery, handouts	etc).	
7.4	SFP training						40 25 3				100%		3,000.00	
	Training for HFs staff for	3 days on SFP.	(Twowa	ay transportation	n to NGO project of	ffice, accom	modation, fo	od, refreshment, stati		onery, hand ou	nery, hand outs etc)			
7.5	OTP training						40	25	3		100%		3,000.00	
	Training for HFs staff for	3 days on OTP.	(Twowa	ay transportatio	n to NGO project o	ffice, accom	nmodation, fo	nodation, food, refreshment, stationery, har			and outs etc).			
7.6	Trainer fee						28	50	2		100%		2,800.00	
	ACTD will use its available resources for conducting the trainings according to the plan, how ever due to high number of trainings and extra expertise that will be needed to delive trainings at project level and according to the approved curriculum, ACTD will use support from professionals in delivering planned training according to the plan. Cost for each training according to the plan is a conditional training according to the plan.													
7.7	budgeted USD 50 for 28 days for two trainers.  Training of Health Educators on IYCF						31 25 6				100% 4,650.00			
	6 days training for Health Educators on basic concept of IMAM, SFP and on IYCF.(25 US					5 USD includ								
	handouts etc).  Section Total												47,050.00	
Sub Total D	Direct Cost												431,975.0	
	ogramme Support Cost	PSC rate (ins	ert nerc	rentage not to	exceed 7 ner ce	ent)							79	
	(For NGO, in percent)	7 00 7410 (		ioniago, noi io	chocou i poi oo	9						0.7572263	2370237129	
PSC Amou	, , ,											0.7 0.7 2202	30,238.2	
						1							30,230.2	
Quarterly Bu Amount	dget Details for PSC	2014			2015		Total							
		Q2	Q3		Q4	Q1	Q2							
		0.00	0.00 0.00		0.00	0.00	0.00		0.00					
Total CHF C	Cost												462,213.2	
LOCATIONS	;													
Location			Activity	Ben	eficiary Men		Women	ı	Воу	Girl	Total	Percentage		
Paktya -> S	ayedkaram						1415		1886	1886	5187	10		
Paktya -> Lija Ahmad Khel							1014		1352	1352	3718	7		
Paktya -> Alikhel (Jaji)							1428		1904	1904	5236	11		
Paktya -> Janikhel							1454		1938	1938	5330	11		
Paktya -> Chamkani							1012		1350	1350	3712	8		
Paktya -> Dand w a Patan							1122		1496	1496	4114	8		
Hilmand -> Sangin							1249		1666	1666	4581	9		
Hilmand -> Naw zad							1152		1536	1536	4224	9		
Hilmand -> Garmser							1541		2055	2055	5651	11		
Hilmand -> Baghran							1188		1584	1584	4356	9		
Hilmand -> Reg							1008		1344	1344	3696	7		
	-													

DOCUMENTS

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

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Docume	ent	Descr	iption

1. OCHA Finance Comments Preliminary Submission Project AFG 248.docx

2. List of Acronyms.docx