OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Action Contre la Faim
Allocation Type :	1st Standard Allocation

Primary Cluster	Sub Cluster	Percentage
NUTRITION		100.00
		100

Project Title :	Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul city (southern and western zones)
Allocation Type Category :	Field activities

OPS Details

Project Code :		**Fund Project Code :**	AFG-17/3481/1SA/N/INGO/5146
Cluster :		**Project Budget in US$:**	629,861.18
Planned project duration :	12 months	**Priority:**	
Planned Start Date :	01/05/2017	**Planned End Date :**	30/04/2018
Actual Start Date:	01/05/2017	**Actual End Date:**	30/04/2018

Project Summary :

This proposal is designed to address the 1st allocation from CHF 2017 with regards to: Establishment of IMAM program in Kabul city, west and South part. This project aims to scale up and strengthen IMAM program in Kabul where there is no management of acute malnutrition except in 6 hospitals with Therapeutics Feeding Unit, with inpatient but no outpatient. Kabul population is 3,329,885 including 632 680 U5 children with risk of deterioration of nutritional status. In addition to the city population under HFs coverage, conflict displacement is increasing, with more than 137,000 people displaced in Afghanistan since the beginning of 2016, representing a 16% increase compared to the same period last year. A recent Rapid Nutrition Assessment conducted in the KIS indicated emergency levels burden of malnutrition under 5 children is: GAM 21.9%, SAM 5.9%.
Nutrition national survey (NNS) done in 2013 shows the following results at national level: GAM 9.5%, SAM 5.5% and MAM 4% (standing at 6.5% at Kabul level)
The Nutrition Cluster estimates 45,000 children aged 0-59 months will be in need of severe acute malnutrition (SAM) treatment, 85,000 children aged 6-59 months will be in need of moderate acute malnutrition (MAM) treatment and 62,500 pregnant and lactating women will be in need of malnutrition treatment in 2017 (NNS 2013). In addition, about 24% of returnees from Pakistan are settling in Kabul further increasing number of people in need of acute malnutrition treatment.
ACF will focus on implementing the activities and strengthening the capacities of the health facilities through both facility based intervention (by reinforcing the health and nutrition service delivery points with nutrition) and community based intervention (through volunteers' female screeners' approach, who will also roll out MUAC by mothers approach and promoters men who will work with the Mullah and community leaders). This project will integrate management of acute malnutrition with raising level of awareness in communities.
ACF recognizes the high importance of implementing IMAM program in each health facility of the country. This is implemented partly in few provinces but not in Kabul province. ACF has experience in strengthening health structure with IMAM program, with ongoing program in Ghor province and past experience in Balkh province. To cover the emergency gap in IMAM management, ACF is covering 48 KIS in Kabul with the mobiles clinics. The link will be done with the mobiles activities and the scaling up of IMAM program and at the end of the mobile clinic some children will be referred to the HFs with IMAM activities.
ACF intends to support the 26 health structures in the West and South parts; another NGO will be selected by CHF to implement IMAM program in the East and North of the province. All the geographic areas will be covered to give children and PLW access to under acute malnutrition treatment.
An assessment will be conducted to assess the different needs of HFs to scale up the activities; ACF will support them in the procurement requests for supplies to PND (UNICEF CHF call), calculation of the need for WFP (LFA between ACF and WFP) and managing the activities. With the experience on IMAM implementation, ACF will support the HF through the different steps of the scale up and strengthen the HF staff capacities through training and on the job mentoring. It will be very important to have a strong support and a program implementation of quality. It will have an impact on the quality of the care and on the development and good perception of program in the area. It will also have an impact on the access or on the barrier of the program in the city. The approach for the community management is different in the city compare to a rural area. The structure of CHW, FHGD and shura are almost non-existent. ACF will approach the community through radio messages and female volunteers going door to door doing screening and training mothers on MUAC.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
70	12,054	6,941	7,827	26,892

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Other	70	12,054	6,941	7,827	26,892

Indirect Beneficiaries :

Among the other beneficiaries is population of Kabul in general especially the households where mothers who will be trained on MUAC visit and disseminate the IYCF messages and somehow sensitized mothers care givers and other members of the households on health and nutrition and convince them to visit HFs if a child or PLW is malnourished in family. The project also has a component of radio messages of IMAM services availability in different health facilities which reached to not only radio listeners of Kabul but also to the population of areas where the radio will be having coverage network. This will increase the knowledge base of population and positively affects their nutrition service seeking behaviors in long run.
Project will not only be building capacities of health facility staff to deliver IMAM services but also make efforts to advocate for system strengthening at provincial level with PPHD and at central level to make sure supplies are available and MoPH takes the responsibility to integrate IMAM in health service package, so in the long run the project strengthen the health and nutrition service delivery system indirectly.

Catchment Population:

The catchment populations of the project cover half of the Kabul city, West and South part, coverage of 26 health facilities. The targets are the children under 5 years and the pregnant and lactating women with acute malnutrition. The project is expected to reach 40% of target population of children U5 and PLWs. The total population of the 26 FHs catchment areas is: 1,234,140. As per this total population U5 children are: 234,487, Total SAM: 13,413, Total MAM: 8,290 and PLWs are 25,670.

Link with allocation strategy :

The proposed project aligns with the allocation priority envelope-1 “Increasing access to life saving basic health and nutrition services”. And nutrition objective-2 “The evidence of Acute Malnutrition is reduced through integrated management of SAM among boys, girls and pregnant and lactating women in Kabul province”, Nutrition Objective-3, “to contribute in reduction of morbidity among returnees and refugee through preventive nutrition program in Kabul province” and Nutrition Objective-4, “enhance partners’ capacity to advocate for and respond in scale to nutrition in emergency”.
ACF intends to directly contribute to the HRP 2017 SO4, “Humanitarian conditions in hard-to-access areas in Afghanistan are improved”.
The project directly support health and nutrition objectives in the 1st CHF allocation 2017 as well as contribute meeting IDPs and returnees health, nutrition and WASH areas through life saving Nutrition and WASH interventions in Kabul province.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Salah Daraghmeh	Country Director	cd@af.missions-acf.org	+92 (0) 799566128
Marie Petry	Health and Nutrition Head of Department	nuthod@af.missions-acf.org	+93 (0) 766776332
Anne Roussel	Finance And Admin Head of Department	admin@af.missions-acf.org	+93 (0) 797272766

BACKGROUND

1. Humanitarian context analysis

The continued deepening and geographic spread of the conflict, with increasingly constrained access to basic services in all over the country including Kabul and a massive return of refugees and undocumented Afghans in the second half of 2016, whom about 24% of them settled in Kabul, has prompted a 13% increase in the number of people in need of humanitarian assistance in 2017 – approximately 9.3 million people.
Based on Nutrition Cluster estimations, 45,000 children aged 0-59 months will be in need of severe acute malnutrition (SAM) treatment, 85,000 children aged 6-59 months will be in need of moderate acute malnutrition (MAM) treatment and 62,500 pregnant and lactating women will be in need of malnutrition treatment in 2017 in Kabul province (NNS 2013). In addition, about 24% of all returnees from Pakistan are settling in Kabul further increasing number of people in need of acute malnutrition treatment.
The nutrition services (MAM treatment, SAM treatment, IYCF and community outreach) in other provinces are the responsibility of BPHS IP while in Kabul province only IPD - SAM treatment is provided with a very limited scale through 6 inpatient treatment sites. No outpatient program provided for children with SAM and MAM, as well as PLW with acute malnutrition. It is, therefore, the first priority of Nutrition Cluster is to scale up and strengthen Integrated Management of Acute Malnutrition programs in Kabul city and all districts of Kabul province.
Through second CHF allocations funding for 2016, ACF got funding for IMAM scale up in Kabul Informal Settlements that will admit about 1122 SAM children while the remaining need will be targeted by CHF 1st allocation of 2017. Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul, procurement of supplies for MAM treatment in 34,000 children aged 6-59 and acute malnutrition treatment in 25,000 PLW and procurement of supplies for 18,000 SAM treatment in Kabul province is planned to be covered under CHF 1st allocation for 2017.
To address the enormous humanitarian assistance needs, resources are limited. Out of planned USD550 million in HRP-2017, only 22 million (5%) has received till end of January-17. It is important to allocate resources to most pressing needs and basic life-saving humanitarian interventions. This project will be contributing through life saving health and nutrition services requirement to Kabul province population where nutrition indicators are further deteriorated due to IDPs and returnees influx in the province since last year

2. Needs assessment

Since 2001, Kabul city population has significantly been increasing due to returnees of different origin: former immigrants, returnees and internally displaced people coming from rural and insecure zones of Afghanistan. Most of them who could afford, purchased houses and/or lands and build houses while few of them settled in the informal camps naming as Kabul informal settlements (KIS). Central Statistics Organization of Afghanistan estimates the population of Kabul city to be 3817241 for 2016 – 2017 which rank the Kabul city as the most populated city among the other cities in the country. With the growing population, Kabul city lacks the required health services to response the existing needs specially in covering the malnourished children U5 and PLWs.
There is a lack of capacity and quality information to humanitarian sector to properly analyze the priorities and design humanitarian action to meet needs with proper allocation of scare resources in Afghanistan. Both the HRP process and the response to humanitarian emergencies are weakened by information gaps, lack of confidence in available data and divergent approaches to identify and categorize needs. A comprehensive study to determine the exact health and nutrition services needs in whole Kabul city is not conducted yet although ACF conducted some studies in Kabul Informal settlements (KIS) in different periods of time that could be used to estimate the nutritional situation in whole Kabul city. ACF has also planned to conduct SMART assessments in 17 provinces of country including Kabul province.
The food security assessment, conducted in the KIS in November 2015, shows a high food insecurity situation among the population in KIS. Food insecurity based on the food consumption score and food-based coping strategies is estimated at 80% (6,314 households) of the total 7,982 IDP households. Among them, an estimated 3,788 households (or 48%) are severely food insecure, and another 2,525 households (32%) are moderately food insecure. The Rapid Nutrition assessment conducted in March 2016 in the KIS indicated emergency levels burden of malnutrition among the IDP population (Combined GAM of 21.9% and SAM of 5.9%). SAM levels were found to be higher than the 3% emergency level threshold for Afghanistan. Additionally high incidence rates of diarrhea and ARI at 60.2% and 47.2% respectively were reported among children less than 5 years. The nutritional situation in Kabul province based on the NNS 2013 shows that, among children 0 – 59 months the prevalence of stunting 29.8%, wasting 6.5% and underweight 18%.
Nutrition Cluster estimates that 45,000 children aged 0-59 months will be in need of severe acute malnutrition (SAM) treatment, 85,000 children aged 6-59 months will be in need of moderate acute malnutrition (MAM) treatment and 62,500 pregnant and lactating women will be in need of malnutrition treatment in Kabul province in 2017 (NNS 2013).
Considering the needs explained above and the lack of nutrition activities in Kabul, influenced the PND and other actors to start IMAM activities in the HFs of Kabul city. Total of 50 HFs existing in the urban Kabul are divided in to two zones. Zone 1 to cover 23 HFs from north and east of the city with 1892755 populations under catchment area while the Zone 2 to cover 26 HFs from sought and west of the city with 1315000 population in the catchment area.

3. Description Of Beneficiaries

Based on the Central Statistics Organization (CSO) estimations, the population of Kabul city will be 3817241 for 2016 – 2017. To provide health services to this number of population, beside 15 – 16 tertiary hospitals, there are around 50 HFs from the level of BHCs to the level of DHs in different districts.

The primary beneficiary of the proposed intervention will be children under-5 years suffering from acute malnutrition, SAM and MAM children and PLW will be identified from active (community) and passive (health facility) screening, using weight for height and MUAC cut-off as criteria for admission. Depending on their status, children will be admitted in Outpatient Therapeutic Program for treatment or Supplementary feeding program. Severely malnourished children with complications will be referred to the Therapeutic Feeding Center in Kabul hospitals. Pregnant and lactating women will be admitted in Outpatient Therapeutic program. The number of admissions estimates by the PND and nutrition cluster calculate (based on NNS) is 6248 SAM, 8519 MAM and 11957 PLW. The second beneficiaries staffs of health facility will receive on the job training and a refreshment on IMAM program, 141 staffs will receive capacity building on IMAM and 26 volunteers on detection of acute malnutrition by MUAC. The project will also trained 9400 mothers on MAUC so they do screening and refer to their nearby health facilities the malnourished children U5 and pregnant and lactating women. To have a sustainability of the IMAM program a strong focus will be on capacity building of the Health facility staffs.

Beneficiary breakdown is as follow:
SAM Children: 2,937 boys + 3,311 girls = 6,248 total
MAM Children: 4,004 boys + 4,515 girls = 8,519 total
PLWs: 11,957 women = 11,957 total
HF Staff Trained, Volunteers and Store Keeper: 70 men + 71 women = 141 total

4. Grant Request Justification

ACF is among the leading nutrition program implementing partners in Afghanistan which is implementing in health, nutrition and WASH interventions in Balkh, Ghor, Helmand and Kabul KIS area with CHF, SIDA and GAC funding. With the financial support of CHF, since 2014 ACF works to improve the assessment of the nutrition situation of the most vulnerable populations and evaluating the access and coverage of IMAM. To strengthen the BPHS IPs capacities to ensure sustainability, All surveys and evaluations are conducted in partnership with BPHS IP or nutrition partners with ACF providing technical and financial support. So far, assessments were done in 12 provinces using SMART and SQUEAC methodologies: the rates of acute malnutrition found greatly differ from the ones reported by the NNS in 2013. Linked to timing (2014-2016 versus 2013), and quality (as measured by the confidence interval), these discrepancies shed light on the importance of conducting regular nutrition surveys with high quality standards. Results of the SQUEAC assessments were instrumental to identify areas with low coverage of IMAM services and understand the barriers to access them. ACF observed a quick uptake of the findings and growing demand for additional coverage assessments among stakeholders.
ACF was also involved in standardizing and developing a quality assurance process for nutrition assessments under the 2n allocation of CHF 2015. In March 2016, a 3-days data clinic was organized in collaboration with PND and AIM-WG to standardize the way assessments are conducted, expand the scope of nutrition assessments, add value for money by including key multi-sectorial indicators; fill in the gap of non-existent or unreliable data of nutrition- sensitive sectors and standardize the tools and methodologies for integrated assessments. The outcomes were: an agreed and harmonized approach to conduct assessments, clearly defined indicators from Nutrition, WASH, FSAC and Health clusters, development of standardized questionnaires, and a harmonized approach to analyze, validate and use the data collected. ACF could also test the integrated SMART assessment in April 2016 in Panjshir, in coordination with the PND, MoPH and the Nutrition Cluster.
Finally, ACF was involved in strengthening the internal Nutrition Cluster coordination through close collaboration with the NNSS, leading to an integrated SMART survey in Herat in May 2016. As of today, ACF is the only partner with experience in multi-sectorial assessments and in SMART methodology in Afghanistan, as such, it remains the technical referent. To build on these positive achievements and answer to the increasing demand for multi sectorial data. ACF is implementing CHF-funded two projects to conduct 9 SMART, 5 RNAs and 6 SQUEAC in Afghanistan. ACF proposes to conduct additional integrated SMART, SQUEAC and Rapid surveys to continue addressing the information gap, enhance the information sharing and, more specifically for the nutrition sector, create a more sustainable model of assessment capacity in the country through the RAT and on-the-job training BPHS partner staff in 12 remaining provinces of Afghanistan.
So far, Kabul province was without IMAM services coverage. Nutrition indicators shows there are 45,000 children U5 in needs of nutrition services. The IDPs and returnees influx in Kabul KIS deteriorated the situation further. PND decided with nutrition IP to start IMAM services in Kabul and CHF included the province as top priority in its 1st allocation in 2017. ACF is implementing a CHF funded project in Kabul KIS areas with four mobile units, supplemented by a project of WFP on MAM management and ACF funded WASH project to integrate nutrition and WASH program for better results. This project supporting 26 HFs will further strengthen capacity of HF staff and develop a referral system from community to service delivery points to enhance access and improve nutrition indicator in the province

5. Complementarity

Under CHF 2nd allocation for 2016, ACF is implementing a project as Emergency Response to reduce morbidity and mortality associated with critical rates of Global Acute Malnutrition amongst under-five children in IDP populations of Kabul Province to provide IMCI + SAM treatment services to inhabitants of Kabul informal Settlements inside Kabul city through 4 mobile units. The project started on October 2016 and will last till September 2017. The aim of this project is to bridge critical gaps in Basic Package of Health Services (BPHS) treatment of acute malnutrition and prevent further deterioration of nutritional status in the IDP population of Kabul informal settlements. Under this project a total of 3000 children U5 is planned to be covered for IMCI services and 1122 children will receive SAM treatment.
ACF also implementing a Targeted Supplementary Feeding Program for treatment of Moderate Acute Malnourished (MAM) children age 6-59 months and Acute Malnourished Pregnant & Lactating Women (AM-PLW) from WFP in Kabul Informal settlements. Under this project a total of 1014 MAM children and 841 AM-PLWs will be covered. The project under WFP will also last till end of September 2017. ACF is also implementing a WASH project under its own funding to support Kabul KIS nutrition interventions through which hygiene kits and Biao Sand Filters are being distributed at households' level with a component of hygiene promotion to supplement malnutrition prevention in integration with nutrition and health services.
This project to establish and strengthen IMAM service delivery at health facility levels in 26 HFs in South-West of Kabul province will be supplemented by ACF existing experience and projects being implemented in Kabul KIS area. The mobile units and communities will be linked with HFs to enhance access of beneficiaries to health facilities and improve their nutrition and health seeking behaviors. The community level WASH interventions will also support health and nutrition indicators in the province. To further supplement this project and mainstream both project activities to avoid duplication of beneficiaries, the mobile in program beneficiaries will be shifted to HFs closer to their residence to continue their treatment. During the implementation of both projects, to avoid double admission all children registered at mobile sites will be given a bracelet if they visit any HF, they will not be registered again.

LOGICAL FRAMEWORK

Overall project objective

To contribute reducing child morbidity and mortality related to malnutrition through establishment of IMAM program to treat SAM children U5 and PLWs in South-West part of Kabul city.

NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women	SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law	100

Contribution to Cluster/Sector Objectives : The proposed intervention will directly contribute to Nutrition Cluster Strategic Objective #2: "The incidence of acute malnutrition is reducing through Integrate Management of Acute Malnutrition among boys, girls and pregnant and lactating Women" and the Objective #3 Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventive nutrition programs (Kabul Province) . this project is aimed at addressing at Humanitarian respond plan Strategy Objective 2 SO2 Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law Through establishment of OPD-SAM and OPD-MAM site in Kabul zone-2 (West and South).

Outcome 1

Reduced the mortality and morbidity through IMAM services' package implementation among boys, girls and PLWs in South-West part of Kabul city

Output 1.1

Description

IMAM services are scale up in the different Health facilities and the children U5 and pregnant and lactating women have access to the treatment of severe acute malnutrition (SAM and MAM) through OPD side.

ACF aims to increase access to nutrition services in West and South Kabul city by integrating IMAM in 26 health facilities service delivery system. The lens is to establish and ensure access and quality on outpatient nutrition services where the populations have access only to inpatient treatment. ACF will aims to ensure a quality of care through training and supervising health facilities staffs on IMAM. The OPD IMAM activities will be launch in June as per existing plan and there is no delays in provision of RUTF and RUSF and super cereals.

Assumptions & Risks

Political situation in the country and the region allows ACF to implement its program, Security remains manageable enough for project implementation
No force major natural disasters and disease outbreaks during the project implementation
No major economic crises
No major fluctuation in the exchange rate
Resources are available in the country
Relevant national (MOPH) and local (PPHD, and Health facility)authorities approve and support the project implementation
Targeted communities and health facility staffs understand the mandate of ACF, accept their presence on the area, and actively participate in the project
Relevant authorities (government and non-government) accept their presence on the area, and actively participate in the project
Radio agree passing awareness message
Supply are done on time by the WFP and UNICEF (through PND)
No Major shortage on medicines for the systematic SAM treatment

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	MOU signed with the MOPH to define IMAM service implementation in integration with health services					1
Means of Verification : Memorandum of Understanding signed							
Indicator 1.1.2	NUTRITION	LFA signed with WFP on MAM management and supplies provision					1
Means of Verification : MOU signed, supplies received, MAM program intervention in HFs							
Indicator 1.1.3	NUTRITION	SA1-Envelope One: Number of integrated OPD-SAM and OPD sites established in Kabul province					26
Means of Verification : Sites visits, supervision report, monitoring reports, Site data base							
Indicator 1.1.4	NUTRITION	SA1-Envelope One: Number and proportion of severely acutely malnourished boys and girls 0-59 months admitted for treatment in Kabul province			2,937	3,311	6,248
Means of Verification : site in program register, monthly reports							
Indicator 1.1.5	NUTRITION	SA1-Envelope One: Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment in Kabul province			4,004	4,515	8,519
Means of Verification : site in program register, monthly reports							
Indicator 1.1.6	NUTRITION	Percentage SPHERE Standards Cured rate, achieved n targeted OPD SAM					75
Means of Verification : site in program register, monthly reports Cured rate 75% with 2203 boys (out of 2937) + 2483 girls (out of 3311) = 4686 total (out of 6248)							

Indicator 1.1.7	NUTRITION	Percentage SPHERE Standards Defaulter, achieved in targeted OPD SAM					15
Means of Verification : site in program register, monthly reports							
Indicator 1.1.8	NUTRITION	Percentage SPHERE Standards Death, achieved in targeted OPD SAM less then 10%					10
Means of Verification : site in program register, monthly reports							

Activities

Activity 1.1.1

Standard Activity : Not Selected

Coordination with PPHD on the different activities and responsibility and sign MOU.
Currently Kabul city is not part of the Basic Package of Health Services (BPHS) and is considered to be under the management of MoPH, PPHD. There are 25 health facilities and one hospital in Kabul city West, South part. These health facilities are ranging from Regional Hospitals to sub-health centers. Most of these health facilities have less staffs than HFs under BPHS managing by NGO and some don't have nurse. After discussion done during the nutrition cluster it was decided to add a nurse in the Health facility without nurse to ensure a quality implementation in the scale up SAM and MAM nutrition activities.
PPHD and PNO will be invited as trainers to the refresher IMAM training. During the project implementation PNO and PPHD technical staff will be regularly participate at the supervision and capacity building of the staffs in the different health facilities. This joint supervision will involve them in the implementation to build their ownership of the nutrition activities and future sustainability of the project interventions.

Activity 1.1.2

Standard Activity : Not Selected

Assessment of the health facility, and preparation for the scale up at HFs level
The Health system is consists of hospital, CHC+, CHC (comprehensive health system), BHC (basic health center). These centers have different number of qualified staffs, different building structure, capacity of storage, and equipment. This assessment aims to evaluate each structure and making a plan for the organization to scale up. It will show what is available and what additional support required. The second step will be to design the operational plan, identify the needs from the assessment, like; staff, the procurement plan for the supplies and request to the different organizations (UNICEF, WFP,PND) and need of storage facility/space within HFs.

Activity 1.1.3

Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;

ACF in close coordination with the PPHD HFs staff will implement IMAM OPD activities. SAM and MAM children U5 and PLW acutely malnourished are admitted in program. After screening and sensitization on IYCF, malnourished children and PLWs will be admitted. Beneficiaries will receive medical consultation and the medical treatment when required. The different step of the treatment will be follow according to the IMAM guideline. If the under 5 children have medical complication they will be referred to the hospital. The SAM children will come every week and the MAM children will come every 2 weeks for the treatment. In case of absence or static weight a home visit will be done by the volunteer connected to the HFs. For the PLW on the IMAM guideline the PLW is visiting the HFs every month but depending on the packaging of super cereal.
ACF will provide the consumables items required for the scale up (IMAM register, cards, cup for appetite test…) and will have a buffer stock in case of medicine shortage for systemic SAM treatment. As we have experienced sometimes there is a break of medicine supply chain, ACF doesn't want to affect the systematic treatment of SAM in program children. ACF will put its staff to start the program well from the beginning as well as support staff to build capacities of HF staff of MoPH to ensure sustainability of the IMAM services in integration with health services

Activity 1.1.4

Standard Activity : Not Selected

Informing the population on IMAM access: Awareness of the population on the scale of IMAM management. During last few years ACF conducted mobiles clinic on the SAM management but it was not permanent mobile clinic and it didn't cover all the population of Kabul, the majority of Kabul population is not aware about the benefit of SAM and MAM management.
In rural area and where there's a BPHS partners, a system of community mobilization is implemented on the BPHS package. In Kabul PPHD is managing the health structures and there's no community mobilization system.
IMAM management is scaling up in the health structures of Kabul city and it is a new health activity for the population. It will be important to inform the families on the accessibility for the management of acute malnutrition and the criteria of admission to have an impact and reduce the mortality and morbidity on children under 5.
To inform a major part of the population, ACF will disseminate messages to the population though short radio broadcast and poster on billboard two times during the program at 4 strategic spots. Messages will be transmit to the community through health Shuras. For a more targeted approach, female volunteers' link with the health structure will be doing screening in the catchment areas of HFs and will train mothers to take the MUACs of their own children. This new MUAC by mothers approach.
The IMAM activities target the children and the PLW. Most of the time the mothers have the responsibility of the children' health and they are the person taking the children in the health facility. Most of the mothers stay at home and a way to send them the message is to reach them at home. The radio is a good communication tools to reach them. A short assessment will be done on the different channels having mother female listeners to assess which radio channel should be used. Few times a day a short message will be broadcast to let the listeners know about the IMAM services in targeted health facilities. This activity will be done during one month and will be renew after one month. On regularly base the mothers coming at the HFs will be questioned if they heard the message.
To have a good cooperation from all the community, the promoters will inform the Mullah about the health facility IMAM program and the importance of detection and treatment of malnutrition in catchment. Mullahs will be requested to transmit the information to the men of the communities. This awareness rising activity using the most respected men in communities will be conduct by the additional person/store keeper of the HFs. This additional person is responsible of the stock management, engaging Mullahs and support on passive screening activities.

Activity 1.1.5

Standard Activity : Not Selected

Community Screening: In Kabul city the community management structure is quiet poor and there is no CHW or FHG. With the support of the midwife association, ACF will attach one volunteer female per health Facility. The volunteers will be doing screening at HH levels in catchment of the HF. The HH will be visited and informed by the volunteers on the implementation of the acute malnutrition treatment in HFs. She will screen the children under 5 and the PLW as well. When a child or a PLW identified in admission criteria, she will refer them to HF. During the screening the volunteer will train the mother how to take the MUAC of their child, and she will give her a MUAC tape. Once a week during the visit of ACF team the volunteer will go to the HFs, She will give her report to the ACF supervisors and they will discuss on the different challenges, positive learning points. The list of the children and PLW detected acutely malnourished will be compared with the admission list to see if the referred came to the HFs.
In health facility with shura, health shura will be solicited to give some support for organizing mothers groups. During these meeting groups the mothers will be train on mother MUACS and will receive IYCF messages.
At health facility level every mother with children under 5, the team will ask if the mother was trained how to take the MUAC and if the mother was trained, what was the result of the MUAC. As per the South-West 26 HFs' catchment population, the total estimated number of HHs are 187,857 where ACF will train mother in 5% HHs of this estimated number of HHs. Total Mother will be trained on MUAC will be around 9,400, one each per HH. ACF will try to train these mothers residing far in catchment areas of each HFs. The strategy is to select mother not close to health facilities because they are general not visiting HFs and only visit if they have serious sickness in HHs. Volunteers will train these mother how to take MUAC measurements so they do screen in their respective communities and refer malnourished children U5 to HF close to their resident.
A follow up will be done to the absent and static weight children. To have a good follow up on the absence children or with a static weight, the volunteers will visit the child before is becoming defaulter or to find the reason of the static weigh and giving counselling to the parents and RUTF message.
To support the volunteer, perdiem will be provided. This activity aim to awareness on the new activity acute malnutrition management and to do a pilot on the new strategy Mother-MUAC

Activity 1.1.6

Standard Activity : Procurement of supplies for MAM treatment in children aged 6-59 and acute malnutrition treatment in pregnant and lactating women (PLW) in Kabul province;

Ensure the delivery of nutrition supply to health facilities:
For continuous provision of IMAM services without beak, ACF coordinate with PND, UNICEF and WFP to make sure RUTF, RUSF and super-cereal are available in every health facility. RUTF is provided by UNICEF through PND to all health facilities. ACF will calculate the needs for the scale up of SAM activity per HFs and request PND for RUTF supplies as per caseload of each HF. ACF will supervise the delivery and manage the supplies and report the consumption with HF staff. During the sessions on the job training, ACF will train the HFs staff on the RUTF management and reporting so that they are able to manage once project ends. Supplies will be kept in HFs and ACF will provide wooden warehouse pallet to ensure quality storage and management of RUTF. In some HFs if there's no room for the stock ACF will support the HF to find a room close to the HFs.
MAM Children and PLW supplies will be provide by WFP through a formal agreement between ACF and WFP. IN the same way the calculation of caseload will be done by ACF request WFP for supplies based on that and strong monitoring of the supply management will be put on place to ensure quality management and reporting,
To strengthen human resource and the capacity of HF staff on supply chain management, ACF will support them though a person on stock management. This person will be train on taking measurement to support the HFs staff on screening if the caseload of a HF is high and support of this person is required. He will also support crowd in management, screening and conducting IYCF sessions.
.

Activity 1.1.7

Standard Activity : Not Selected

Advocate to integrate IMAM service package in health service delivery system: ACF will advocate ensuring IMAM services are integrated into health service delivery system in Afghanistan including Kabul province. ACF Advocacy Officer contribute his/her time to this project to advocate with other partner organizations specially IMAM working group, PND, UNICEF and WFP to make it happen. The Advocacy Officer and the senior technical nutrition and health team in ACF coordination staff will be advocating integrating IMAM service package in health service delivery system. They will work with partners, Nutrition Cluster, IMAM working group to influence policy making and to advocate for developing supportive environment and facilities like supplies to make it happen.

Activity 1.1.8

Standard Activity : Not Selected

Communication with health shura
Each Health facility should have a health Shura. Today in Kabul city some health shuras are active, some are missing and some inactive. ACF will contact inactive and active shuras and will support inactive shuras so they can be reactivated. ACF will explain the new activities and will request the health shuras to share information with the community. Quarterly meetings will be organized to share information and receive feedback from the community on IMAM activities.
The volunteers and ACF promoters will request some support from the health shura to disseminate messages to the community to organize mother group for the training on MUAC-mothers activities.

Activity 1.1.9

Standard Activity : Not Selected

Feedback mechanism
As a part of its general policy, ACF will establish a feedback mechanism to enable beneficiaries to make a suggestion or make complaints. ACF will introduce a range of ways that is contextually feasible including introduction of a telephone complaint line, feedback e-mail address for stakeholder and beneficiaries, and interviews with beneficiaries. MEAL Department will oversee the establishment and/or management of the feedback mechanism to ensure that a more formalized system of asking, receiving, processing and responding to the feedback and complaints is, independently, in place.

The feedback mechanism well be clearly communicated to staffs, communities and government institutions about why ACF has a feedback mechanism, what it is for and how it works. As such information sharing about the feedback mechanism will be integrated into the community mobilization of the project. Similarly, MEAL Department will communicate with the target groups about their right to complain and raise their concern how we work. The department will also discuss what constitutes an ACF related and non-ACF related feedback/ complaints and how ACF will deal with such feedback and complaints.

In addition, ACF's MEAL department will conduct regular beneficiary satisfaction survey on sample of beneficiaries particularly women beneficiaries through FGD, individual face to face meeting during monitoring visits at community levels. This will allow beneficiaries with no access to phone or being illiterate to provide their feedback.

As with all feedback mechanisms established, every effort will be made to prevent harm and unintended negative consequences on those making complaints, protect confidentiality and encourage reporting of complaints and concerns in a safe environment.

ACF will provide reports of project related feedback and their management to CHF and FSAC cluster along with periodic narrative reports as agreed between ACF and CHF.

Outcome 2

Health facility staff are trained through formal training, on the job mentoring and supportive supervision

Output 2.1

Description

During implementation of the project activities, ACF will closely support the health facilities and EPHS hospital in different activities. As per PND all HFs' staff have been trained on IMAM initially through another project activity. To make sure HF staffs are on line with IMAM service package and implementation guidelines, ACF conduct re-fresher training for all concern staff and then provide continuous on the job mentoring and technical support to ensure sustainability of IMAM services with health structure even after closing of project interventions. The staffs are capable to calculate the caseload, do the MUAC and manage the nutrition supplies and record the in program patients and develop quality report on daily and monthly basis. The will also be trained on IYCF so that they are able to disseminate messages to mothers and caregivers

Assumptions & Risks

Political situation in the country and the region allows ACF to implement its program
Security remains manageable enough for project implementation
No force major natural disasters and disease outbreaks during the project implementation
No major economic crises
No major fluctuation in the exchange rate
Human Resources are available in the HFs
No important turnover of staff
Relevant national (MOPH) and local (PPHD, and Health facility) authorities approve and support the project implementation
Targeted communities and health facility staffs understand the mandate of ACF, accept their presence in the HFs, and actively participate in the project implementation and capacity building activities.

Indicators

			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	NUTRITION	Number of HF staff trained on IMAM services package					141
Means of Verification : Training reports, participants list							
Indicator 2.1.2	NUTRITION	Number of people receiving on the job training and technical support					167
Means of Verification : Health facility reports, technical support supervision checklists							
Indicator 2.1.3	NUTRITION	Number of mother trained on MUAC measurement of children U5					9,400
Means of Verification : List of mother trained, monthly report							
Indicator 2.1.4	NUTRITION	SA1-Envelope One: Number of staff trained on nutrition in emergencies	100	41			141
Means of Verification : Staff training attendance sheet, training report, Photos							

Activities

Activity 2.1.1

Standard Activity : Not Selected

Conduct Refreshment Training of HF staff on IMAM service package: ADAA is conducting trainings on IMAM services package for all HF and EPHS hospital staffs in Kabul province now under another project. ACF believe the staff will be trained on IMAM SOPs and get enough know how about the service package. To make sure staffs of targeted facilities are on line with guidelines and IMAM implementation protocols in Afghanistan, ACF will conduct refresher training for all concern staff of each health facility. The component of the refresher training will be based on the strength and weaknesses identify during the supervisions. It will also provide the participants an opportunity to share learning, good practices and discuss challenges to develop mitigation strategies together.

Activity 2.1.2

Standard Activity : Not Selected

Build capacities of the staff through on the job support and technical assistance:Health Facility staffs of 26 HFs capacitated on IMAM management through formal training by ADAA and ACF refresher training will be further supported through continuous on the job mentoring and technical assistance. ACF health facility technical support staff like trainers and supervisors and second level technical expert program manager and deputy program manager will be continuously building HF staff capacity and supporting them technically on learning by doing the tasks themselves. They will be trained on IMAM service package, nutrition guidelines and protocols in place in Afghanistan as well as quality record keeping and reporting. The referral system from HFs to EPHS Hospital for SAM children with medical complications will be established and closely monitored by ACF technical staff.
Initially the HFs will need to be extensively supportive because of new start of IMAM services in these sites and huge catchment population. ACF technical support team will be supportive the HF staff regularly to get them ready to manage the work. Once they system is established and the team at HF levels are used to the work routine and reporting then they will be supported on further improvement and program coverage.

Activity 2.1.3

Standard Activity : Not Selected

Training of mother on MUAC: ACF will be selecting one volunteer from the catchment of each health facility. These volunteers then visit the catchment population and train mother at household levels on MUAC to screen their children from time to time and take them to HF close to them if they find them malnourished. Mothers will be train on how to take the MUAC and check the edema of their children. During the session the volunteer will explain the reason and the importance MUAC regularly. They will also be sensitized on nutrition and IYCF. Volunteers will be visiting them to follow up how they are doing MUAC and if they need further support to properly learn it.

Additional Targets :

M & R

Monitoring & Reporting plan

Since 2013, ACF has resumed permanent staff field presence, both national and expatriate, and is no longer relying on remote management, except for small scale areas where only local partners can access. ACF has a proper system of developing project monitoring framework for each project just after approval where Monitoring, Evaluation, Accountability and Learning-MEAL department and nutrition department technical team sit together and develop project M&E framework based on LFA with specific tools and distribute levels of M&E responsibilities among project technical staff including MEAL department. The overall responsibility for project monitoring lies with the Project Manager with direct support and supervision of Deputy Head of Nutrition Department who collects, reviews, and consolidates data from his/her team. The Field Manager charged to different projects in Kabul province and the Health Nutrition Head of Department will provide technical support to direct implementing staff to enhance quality project implementation and reporting. While the MEAL Department based in Kabul will rather be involved in ad-hoc, outcome-focused monitoring, in particular, will seek to assess relevance and impact of the intervention, capture beneficiary satisfaction.
ACF possesses a wide range of monitoring tools for tracking program implementation. For this program, ACF will use standard monitoring tools, as well as sector-specific ones, to monitor both outputs and outcomes. Standard tools to be used will rather be outcome oriented, and include (i) daily and weekly progress reports of treatment, indicating achievements versus planned objectives, and (ii) monthly Activity Progress Reports (APRs). Key feature of ACF monitoring system, the APRs provide information on activities performed and number of beneficiaries reached within the month - using indicators of the LFA as a reference.
To ensure transparency, ACF will coordinate its activities with all the related line actors including PND, national nutrition cluster, OCHA and community influential. The provision of inputs, trainings and services proposed in this project will be coordinated with the local community members and endorsed by the CDC of the targeted community. A project orientation session will be organized with the targeted community to introduce the project scope, objectives, and activities and devise a joint action plan. ACF will facilitate monitoring visits from the PDN and cluster to monitor performance or progress.
As previously mentioned, all reports produced under this project will be shared through the National Nutrition Cluster and will also be shared and mainstreamed with Nutrition Surveillance system to provide quality information for decision making of cluster, CHF and PND as well as higher government authorities.
To allow OCHA perform its “Call Monitoring”, ACF will be sharing, within the project cycle, the final list of beneficiaries of the project, as well as contact details for other project stakeholders, community leaders, and representatives of line ministries in Ghor and Helmand province. Similarly, ACF MEAL and project’s technical staff will undertake regular monitoring and coordination visits to project sites, to provide recommendation on continued process and performance. The reports of the visits will be regularly shared with FSAC cluster and the CHF. At the end of the project, ACF will hold an After Action Review (AAR) session with relevant stakeholders (including community members and beneficiaries) and with the support of MEAL department to identify the strengths and weaknesses and learn from our success and failure and make correction where needed to achieve desired outcome. The result of the AAR will be widely circulated among project stakeholders.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Coordination with PPHD on the different activities and responsibility and sign MOU. Currently Kabul city is not part of the Basic Package of Health Services (BPHS) and is considered to be under the management of MoPH, PPHD. There are 25 health facilities and one hospital in Kabul city West, South part. These health facilities are ranging from Regional Hospitals to sub-health centers. Most of these health facilities have less staffs than HFs under BPHS managing by NGO and some don’t have nurse. After discussion done during the nutrition cluster it was decided to add a nurse in the Health facility without nurse to ensure a quality implementation in the scale up SAM and MAM nutrition activities. PPHD and PNO will be invited as trainers to the refresher IMAM training. During the project implementation PNO and PPHD technical staff will be regularly participate at the supervision and capacity building of the staffs in the different health facilities. This joint supervision will involve them in the implementation to build their ownership of the nutrition activities and future sustainability of the project interventions.	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Assessment of the health facility, and preparation for the scale up at HFs level The Health system is consists of hospital, CHC+, CHC (comprehensive health system), BHC (basic health center). These centers have different number of qualified staffs, different building structure, capacity of storage, and equipment. This assessment aims to evaluate each structure and making a plan for the organization to scale up. It will show what is available and what additional support required. The second step will be to design the operational plan, identify the needs from the assessment, like; staff, the procurement plan for the supplies and request to the different organizations (UNICEF, WFP,PND) and need of storage facility/space within HFs.	2017					X	X						
	2018												

Activity 1.1.3: ACF in close coordination with the PPHD HFs staff will implement IMAM OPD activities. SAM and MAM children U5 and PLW acutely malnourished are admitted in program. After screening and sensitization on IYCF, malnourished children and PLWs will be admitted. Beneficiaries will receive medical consultation and the medical treatment when required. The different step of the treatment will be follow according to the IMAM guideline. If the under 5 children have medical complication they will be referred to the hospital. The SAM children will come every week and the MAM children will come every 2 weeks for the treatment. In case of absence or static weight a home visit will be done by the volunteer connected to the HFs. For the PLW on the IMAM guideline the PLW is visiting the HFs every month but depending on the packaging of super cereal. ACF will provide the consumables items required for the scale up (IMAM register, cards, cup for appetite test…) and will have a buffer stock in case of medicine shortage for systemic SAM treatment. As we have experienced sometimes there is a break of medicine supply chain, ACF doesn't want to affect the systematic treatment of SAM in program children. ACF will put its staff to start the program well from the beginning as well as support staff to build capacities of HF staff of MoPH to ensure sustainability of the IMAM services in integration with health services	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.4: Informing the population on IMAM access: Awareness of the population on the scale of IMAM management. During last few years ACF conducted mobiles clinic on the SAM management but it was not permanent mobile clinic and it didn't cover all the population of Kabul, the majority of Kabul population is not aware about the benefit of SAM and MAM management. In rural area and where there's a BPHS partners, a system of community mobilization is implemented on the BPHS package. In Kabul PPHD is managing the health structures and there's no community mobilization system. IMAM management is scaling up in the health structures of Kabul city and it is a new health activity for the population. It will be important to inform the families on the accessibility for the management of acute malnutrition and the criteria of admission to have an impact and reduce the mortality and morbidity on children under 5. To inform a major part of the population, ACF will disseminate messages to the population though short radio broadcast and poster on billboard two times during the program at 4 strategic spots. Messages will be transmit to the community through health Shuras. For a more targeted approach, female volunteers' link with the health structure will be doing screening in the catchment areas of HFs and will train mothers to take the MUACs of their own children. This new MUAC by mothers approach. The IMAM activities target the children and the PLW. Most of the time the mothers have the responsibility of the children' health and they are the person taking the children in the health facility. Most of the mothers stay at home and a way to send them the message is to reach them at home. The radio is a good communication tools to reach them. A short assessment will be done on the different channels having mother female listeners to assess which radio channel should be used. Few times a day a short message will be broadcast to let the listeners know about the IMAM services in targeted health facilities. This activity will be done during one month and will be renew after one month. On regularly base the mothers coming at the HFs will be questioned if they heard the message. To have a good cooperation from all the community, the promoters will inform the Mullah about the health facility IMAM program and the importance of detection and treatment of malnutrition in catchment. Mullahs will be requested to transmit the information to the men of the communities. This awareness rising activity using the most respected men in communities will be conduct by the additional person/store keeper of the HFs. This additional person is responsible of the stock management, engaging Mullahs and support on passive screening activities.	2017					X	X	X	X	X	X	X	X
	2018	X	X	X									

Activity 1.1.5: Community Screening: In Kabul city the community management structure is quiet poor and there is no CHW or FHG. With the support of the midwife association, ACF will attach one volunteer female per health Facility. The volunteers will be doing screening at HH levels in catchment of the HF. The HH will be visited and informed by the volunteers on the implementation of the acute malnutrition treatment in HFs. She will screen the children under 5 and the PLW as well. When a child or a PLW identified in admission criteria, she will refer them to HF. During the screening the volunteer will train the mother how to take the MUAC of their child, and she will give her a MUAC tape. Once a week during the visit of ACF team the volunteer will go to the HFs, She will give her report to the ACF supervisors and they will discuss on the different challenges, positive learning points. The list of the children and PLW detected acutely malnourished will be compared with the admission list to see if the referred came to the HFs. In health facility with shura, health shura will be solicited to give some support for organizing mothers groups. During these meeting groups the mothers will be train on mother MUACS and will receive IYCF messages. At health facility level every mother with children under 5, the team will ask if the mother was trained how to take the MUAC and if the mother was trained, what was the result of the MUAC. As per the South-West 26 HFs' catchment population, the total estimated number of HHs are 187,857 where ACF will train mother in 5% HHs of this estimated number of HHs. Total Mother will be trained on MUAC will be around 9,400, one each per HH. ACF will try to train these mothers residing far in catchment areas of each HFs. The strategy is to select mother not close to health facilities because they are general not visiting HFs and only visit if they have serious sickness in HHs. Volunteers will train these mother how to take MUAC measurements so they do screen in their respective communities and refer malnourished children U5 to HF close to their resident. A follow up will be done to the absent and static weight children. To have a good follow up on the absence children or with a static weight, the volunteers will visit the child before is becoming defaulter or to find the reason of the static weigh and giving counselling to the parents and RUTF message. To support the volunteer, perdiem will be provided. This activity aim to awareness on the new activity acute malnutrition management and to do a pilot on the new strategy Mother-MUAC	2017								X	X	X	X
	2018	X	X	X	X								
Activity 1.1.6: Ensure the delivery of nutrition supply to health facilities: For continuous provision of IMAM services without beak, ACF coordinate with PND, UNICEF and WFP to make sure RUTF, RUSF and super-cereal are available in every health facility. RUTF is provided by UNICEF through PND to all health facilities. ACF will calculate the needs for the scale up of SAM activity per HFs and request PND for RUTF supplies as per caseload of each HF. ACF will supervise the delivery and manage the supplies and report the consumption with HF staff. During the sessions on the job training, ACF will train the HFs staff on the RUTF management and reporting so that they are able to manage once project ends. Supplies will be kept in HFs and ACF will provide wooden warehouse pallet to ensure quality storage and management of RUTF. In some HFs if there's no room for the stock ACF will support the HF to find a room close to the HFs. MAM Children and PLW supplies will be provide by WFP through a formal agreement between ACF and WFP. IN the same way the calculation of caseload will be done by ACF request WFP for supplies based on that and strong monitoring of the supply management will be put on place to ensure quality management and reporting, To strengthen human resource and the capacity of HF staff on supply chain management, ACF will support them though a person on stock management. This person will be train on taking measurement to support the HFs staff on screening if the caseload of a HF is high and support of this person is required. He will also support crowd in management, screening and conducting IYCF sessions. .	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.7: Advocate to integrate IMAM service package in health service delivery system: ACF will advocate ensuring IMAM services are integrated into health service delivery system in Afghanistan including Kabul province. ACF Advocacy Officer contribute his/her time to this project to advocate with other partner organizations specially IMAM working group, PND, UNICEF and WFP to make it happen. The Advocacy Officer and the senior technical nutrition and health team in ACF coordination staff will be advocating integrating IMAM service package in health service delivery system. They will work with partners, Nutrition Cluster, IMAM working group to influence policy making and to advocate for developing supportive environment and facilities like supplies to make it happen.	2017								X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.8: Communication with health shura Each Health facility should have a health Shura. Today in Kabul city some health shuras are active, some are missing and some inactive. ACF will contact inactive and active shuras and will support inactive shuras so they can be reactivated. ACF will explain the new activities and will request the health shuras to share information with the community. Quarterly meetings will be organized to share information and receive feedback from the community on IMAM activities. The volunteers and ACF promoters will request some support from the health shura to disseminate messages to the community to organize mother group for the training on MUAC-mothers activities.	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								

Activity 1.1.9: Feedback mechanism As a part of its general policy, ACF will establish a feedback mechanism to enable beneficiaries to make a suggestion or make complaints. ACF will introduce a range of ways that is contextually feasible including introduction of a telephone complaint line, feedback e-mail address for stakeholder and beneficiaries, and interviews with beneficiaries. MEAL Department will oversee the establishment and/or management of the feedback mechanism to ensure that a more formalized system of asking, receiving, processing and responding to the feedback and complaints is, independently, in place. The feedback mechanism well be clearly communicated to staffs, communities and government institutions about why ACF has a feedback mechanism, what it is for and how it works. As such information sharing about the feedback mechanism will be integrated into the community mobilization of the project. Similarly, MEAL Department will communicate with the target groups about their right to complain and raise their concern how we work. The department will also discuss what constitutes an ACF related and non-ACF related feedback/ complaints and how ACF will deal with such feedback and complaints. In addition, ACF's MEAL department will conduct regular beneficiary satisfaction survey on sample of beneficiaries particularly women beneficiaries through FGD, individual face to face meeting during monitoring visits at community levels. This will allow beneficiaries with no access to phone or being illiterate to provide their feedback. As with all feedback mechanisms established, every effort will be made to prevent harm and unintended negative consequences on those making complaints, protect confidentiality and encourage reporting of complaints and concerns in a safe environment. ACF will provide reports of project related feedback and their management to CHF and FSAC cluster along with periodic narrative reports as agreed between ACF and CHF.	2017							X	X	X	X	X	X
	2018	X	X	X	X								
Activity 2.1.1: Conduct Refreshment Training of HF staff on IMAM service package: ADAA is conducting trainings on IMAM services package for all HF and EPHS hospital staffs in Kabul province now under another project. ACF believe the staff will be trained on IMAM SOPs and get enough know how about the service package. To make sure staffs of targeted facilities are on line with guidelines and IMAM implementation protocols in Afghanistan, ACF will conduct refresher training for all concern staff of each health facility. The component of the refresher training will be based on the strength and weaknesses identify during the supervisions. It will also provide the participants an opportunity to share learning, good practices and discuss challenges to develop mitigation strategies together.	2017							X	X	X	X		
	2018												
Activity 2.1.2: Build capacities of the staff through on the job support and technical assistance:Health Facility staffs of 26 HFs capacitated on IMAM management through formal training by ADAA and ACF refresher training will be further supported through continuous on the job mentoring and technical assistance. ACF health facility technical support staff like trainers and supervisors and second level technical expert program manager and deputy program manager will be continuously building HF staff capacity and supporting them technically on learning by doing the tasks themselves. They will be trained on IMAM service package, nutrition guidelines and protocols in place in Afghanistan as well as quality record keeping and reporting. The referral system from HFs to EPHS Hospital for SAM children with medical complications will be established and closely monitored by ACF technical staff. Initially the HFs will need to be extensively supportive because of new start of IMAM services in these sites and huge catchment population. ACF technical support team will be supportive the HF staff regularly to get them ready to manage the work. Once they system is established and the team at HF levels are used to the work routine and reporting then they will be supported on further improvement and program coverage.	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 2.1.3: Training of mother on MUAC: ACF will be selecting one volunteer from the catchment of each health facility. These volunteers then visit the catchment population and train mother at household levels on MUAC to screen their children from time to time and take them to HF close to them if they find them malnourished. Mothers will be train on how to take the MUAC and check the edema of their children. During the session the volunteer will explain the reason and the importance MUAC regularly. They will also be sensitized on nutrition and IYCF. Volunteers will be visiting them to follow up how they are doing MUAC and if they need further support to properly learn it.	2017							X	X	X	X	X	X
	2018	X	X	X	X								

OTHER INFO

Accountability to Affected Populations

The project targeting the population of Kabul province South-East zone in catchments of 25 health facilities. ACF will foster accountability to populations and specially the targeted U5 children and PLWs through provision of timely and detailed information on IMAM services in selected health facilities. The project also build capacities of MoPH staff in health facility levels on IMAM package implementation, reporting and quality management of services through formal training and on the job technical support, ACF will be accountable to MoPH for such capacity building activities. At community levels ACF will be training Mother for MUAC and establish a referral system so they refer beneficiaries where they find any child U5 and PLW malnourished in their respective communities. ACF will make of the expected out comes are achieved through proper monitoring and supervision of action. As much as possible, ACF will encourage partners to provide a feedback to the communities on the results of the services, although acknowledging the many challenges to actually do so, in terms resources needed, and workload, ACF has an established system of feedback mechanism in Afghanistan mission. Sharing of results with national cluster coordination and IMAM working group meetings will also be considered to ensure that the necessary actions are taken to the benefit of the communities.
Exit interviews will be routinely conducted with beneficiaries. Thel staff participating in the program will receive orientation on child protection and ethical service delivery. Regular feedback will also routinely be sought informally from community leaders and members of health Shuras.
ACF in collaboration with the IMAM-WG and sector members will ensure constant and timely dissemination of results from the data base and reports we collect from HFs OPD sites and communities, to ensure that they are available to be used in planning at provincial level (case load estimation, target calculations) and at National level. ACF and the IMAM-WG will advocate and closely work with the relevant stakeholders to ensure that the data and findings are utilized for the identification of humanitarian needs, also to the use of HRP, HNO and IPC classification, to prioritize needs and allocate resources based on evidence. The data collected will also be shared with Nutrition Surveillance system at national to provide quality information about the nutrition status in Kabul province.

Implementation Plan

ACF has deigned the project to support MoPH establish and integrate IMAM services package into the existing health service delivery system with an approach to strengthen the system instead of creating new service delivery structures. The IMAM services sites will be established with support of public health department in each of 26 HFs. ACF will build capacities of PPHD staff in selected health facilities through formal trainings, On Job and technical support, to make sure the system is ready to take over and deliver IMAM services in integration with health services in all 25 health facilities. For establishment of OPD-SAM and MAM sites in each health facility, ACF tries to use existing staff so they get training of IMAM implementing by doing it directly, .ACF staffs will support the HFs for implementation of the activities until the MoPH staffs are capable to manage by themselves IMAM activities. The project will also enhance awareness and establish referral system in catchment population of health facilities by training Mother on MUAC, so they raise level of awareness malnutrition of children U5 and PLW as well as to screen and refer the malnourished to health facilities close to their locality.
The implementation is expected to start in May 2017 after formal approval and signing of contract. Just after approval ACF will start recruiting staff and inducting them through proper training. As the meantime of hiring of project staff, a rapid assessment of health facilities will be conducted using ACF existing staff to assess the needs, building structure and space for OPD-sites, storage capacity at HFs' level for supplies and medicine management as well as WASH facilities available. Based on this assessment facility level individual planning will be done with PPHD staff available so we establish OPD-sites and technically support nutrition in close coordination with departmental staff to build the ownership at the start of the project.
ACF will put immediate technical support staff like supervisors, trainers, nurses and community mobilizers and make them responsible to provide direct on job support to health facility staff and community level Mothers/caregivers while at the senior level, program manager, deputy program manager nutrition and WASH will be supervising, monitoring and technically supporting health facility level PPHD and ACF staff with technical guidance and support of Head, Deputy Head of Department and Field Manager. Who will be present at Kabul level to support the project implementation, enhancing program implementation quality, analyzing the data and sharing it with cluster, IMAM working group and National Nutrition Surveillance for further decision making. They with support of Advocacy Officer will be advocating at all level to make sure IMAM services are integrated with health services package and all supportive system is in place to help making this happen practically.
At community level the ACF project team with support of volunteers will be identifying and registering Mother in the catchment of each health facilities. They will be trained on MUAC so they screen children U5 in their respective communities and refer them to health facilities for treatment. A proper referral system will be established from community to health facility and health facility to nutrition stabilization hospitals for SAM and SAM with medical complications. The system will be further strengthening through continuous follow and on the job support and capacity building at all levels.
The channel of data collection on daily basis for treatment will be established from health facility staff to data operator/analysis who will be responsible for data feeding for PND and initial analysis before he/she refer reports to program management for further analysis and further sharing with cluster and IMAM working group.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Name of the organization Ministry of Public Health at central level	ACF will sign an MoU with Ministry of Public Health in coordination with Public Nutrition Department to take the ministry formally on board on different activities of the project for implementation of IMAM package in 25 health facilities in South-East of Kabul province. Ministry of Public Health will write letters to the provincial level public health department to inform them that ACF will be carrying out in targeted HFs so they cooperate and support the project implementation at HF levels.
Public Provincial Health Department (PPHD)	The PPHD Kabul will be timely informed about the project and MOU with MoPH at central level. ACF project staff and senior management health and nutrition department will sit with PPHD management to develop implementation modality and the level of support required from each side. PPHD will be major actor in project implementation and sustainability so their support and ownership will be built from the start and will continuously followed up by sharing of information, progress of project and challenges so ACF and PPHD work together to mitigate them for successful implementation of project.

Implementing partner of IMAM in North West of Kabul	CHF 1st allocation is going to cover Kabul province health facilities through formal clustering of health facilities into two zones. ACF is submitting the proposal for Zone-2 (South-West) of Kabul for 25 health facilities while another implementing partner will be implementing the same package of IMAM services in zone-1, ACF will coordinate with that partner throughout implementation through data sharing, lesson learning and management meetings to make sure both the implementing partners work closely to utilize good practices of each other to achieve the project targets.
Nutrition Cluster and IMAM-WG and other partners	Nutrition Cluster and IMAM-WG will be the guiding focal point during project implementation to support ACF and PND to implement the project. IMAM-WG will receive update from ACF on regular basis and challenges will be discussed in its meeting so we jointly find our solutions.
National Nutrition surveillance System	The national nutrition surveillance system of PND and central level will be coordinating and data management body for all IMAM interventions with that ACF will also share its data to mainstream them in national surveillance system for analysis and decision making at cluster, PND and higher government authorities levels

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

This project has developed with proper gender segregation of direct beneficiaries for treatment of children U5 where almost 50% of targeted SAM and MAM children will be girl children. Another component of the project is directly targeting PLWs where 100% target is women for treatment of malnutrition in PLWs which indirectly support the children of the beneficiaries to prevent malnutrition in their children. The health facility level ACF staff who will be trained on IMAM package implementation and will also be supported through on job training will be 100% women while the PPHD existing staff which they assign to work with ACF staff to learn through training and on the job support, may not be 100% women but ACF will try to coordinate and request where possible to assign female staff for this role as the IMAM staff will be dealing with women at OPD site (Mothers of U5 children or PLW), we expect at least 60% of such staff from PPHD will consist on women. The project will also trained 9400 women//mothers from HFs' catchment areas of all 25 health facilities, it will not only provide a group of mothers in each community to screen children and PLWs but also empower them as guiding focal points in their respective communities who will be linked to their respective health facilities and refer the malnourished children and PLWs to health facilities.

Among the indirect beneficiaries are mother and women who receive nutrition, sensitization from Mothers trained on MUAC and community mobilization part of project activities and the mothers of the children acute malnourished who will receive IYCF message during the treatment at HFs. The WASH component of the project will also be indirectly more beneficial to women as compare to men members of communities as work load for WASH related household level activities and treatment of children who get sick due to water borne diseases, is also women gender role at household level. The project will be collecting and reporting gender segregated reports on case management, staff and mothers trained and sensitized during project implementation. The data of case management will also be analyzed to give decision makers information about girls and boys malnourished so that they focus interventions accordingly to address if there is a gap between genders.

Protection Mainstreaming

This project is to integrate IMAM service in existing health services structure in Kabul province which will be protecting children U5 and PLWs who are among the most vulnerable groups of the society, from malnutrition. As the project does not entail delivering any in-kind or in-cash assistance to targeted population, the risk of harm is minimized. To avoid causing any harm linked with service delivery and selection of villages/clusters and households of Mothers to be trained on MUAC and children to be screened (which could create jealousy or stigmatize those included or excluded from the sampling), field teams will be adequately briefed on how to communicate to community leaders and targeted individuals with regards to the selection and purpose of project interventions. The HHs will get clear communication from staff and radio messaging that IMAM services are available free of cost to all community members who needs the service.
ACF and partners will ensure that the principles of dignity and respect are effectively applied and reflected in the interaction between ACF and HF staff In one hand and between staff and beneficiaries on the other.
Protection will be further mainstreamed by systematically asking beneficiaries about the level of their satisfactions from the staff and services provided to them in health facilities or while interacting with volunteers and community level staff. The service delivery system will also focus on the principle of inclusiveness and equal opportunity for all and "do no harm" principle.
To further ensure protection mainstreaming, ACF has in place inclusive complaint response mechanism (accessible to excluded, most vulnerable groups such as women, children and illiterate), through a range of ways that is contextually feasible including introduction of a telephone complaint line, feedback e-mail address for stakeholder and beneficiaries, and interviews with beneficiaries. The telephone complaint line is hold by a national staff, the MEAL Head of Department, to make sure there is no language constraints.

Country Specific Information

Safety and Security

As detailed in various security-related ACF guidelines provided to CHF Afghanistan for capacity assessment process, ACF systematically bases its activities and the presence of its staff members in the field on a Risk Analysis. This risk analysis leads to the establishment of a Local Security Plan (created within the frame of the National Security Plan) which is specific to every single local security context.

The implementation of each local Risk Analysis is ultimately placed under the responsibility of the Country Director, and generally delegated (for its operational side) to the Logistics Coordinator. At local level, this responsibility is delegated to the Field Coordinators and (for its operational side) to the Base Logicians. In the especially tensed context of Afghanistan, the Logistics Coordinator can count on:
- Internally, the assistance of a Deputy Logistics Coordinator, a Security Officer and an Assistant Security Officer who continuously monitor national and local contexts (with the support of each base's security focal point management as explained above); Externally, the collaboration with an extended network of humanitarian, institutional and private partners, including BPHS partners in areas where ACF does not have operations. At Kabul level we have security management team under logistic coordinator which consists of Security Manager and Access Adviser who are regularly monitoring the situation and share required advisory for program and operational team. For this project this Kabul based security team under direct supervision and guidance of Country Director will be managing the security and supports program team with regular guidelines and advisories.

ACF security strategies rely mostly on acceptance that can be gained through communication of organizational humanitarian and impartial mandate and actions. Key actors in the communities are identified through security mapping and contacted in order to get their approval and their support in negotiating access to field sites and population. Behavior and strict observance of deontology are considered as key to gain and maintain acceptance of the population. Security checks are carried out for all recruitment. However, ACF also includes components of protection, to reduce impacts of threats that are not dependent on acceptance strategies and tactics (such as criminal activities). Offices, guesthouses, and field work sites are assessed before the opening of a site or the launching of the activities, and safety and security are afterwards regularly monitored.
In general, ACF implements projects and runs activities with a low profile attitude, in order to avoid high exposure to several common threats in Afghanistan such as kidnappings (of both expatriates and Afghans), targeted attacks, theft, and intimidation. But again, in some areas, visibility, if well communicated, can protect efficiently staff and assets. To mitigate other risks such as illegal check points, IEDs, or being caught in security incidents (being in wrong place wrong time), ACF teams follow strict movement procedures (security checks before travels, communication of all movements to radio operators etc.). All vehicles and equipment should be checked and fulfill quality criteria prior to utilization.

Access

Based on the previous experience in conducting nutrition interventions in the KIS, ACF has found that the main challenge to access is insecurity. This revealed to be all the more a challenge that the project was meant to target "vulnerable areas", which are very often prone to conflict and insecurity, and can be easy targets. Yet, these areas are those which have potential to display higher rates of under-nutrition, no or low access to health services, and to be the most vulnerable in terms of WASH and food insecurity.
The implementation of each local Risk Analysis is ultimately placed under the responsibility of the Country Director, and generally delegated (for its operational side) to the Logistics Coordinator. The Log Co, supported by access adviser at Kabul level and security manager will be assessing the security situation and develop an specific security plan and access strategy for this project in Kabul province. ACF will design an extensive access strategy based on the following principles: (i) a thorough security assessment is conducted by the ACF head of security department and his team in the planned intervention area (iii) Close consultation and coordination with OCHA focal point for Kabul province to develop the project security plan (iii) active participation in the task force meetings for information sharing and status updates with regards to security (iv) recruitment and engagement of local community members in an effort to increase acceptance hence increasing access (v) actively engaging in community mobilization to ensure transparency of services offered and support provided to the communities.
As contingency plan, ACF team will be building capacities of HF MoPH staff to run the activities which will start from the start for every HFs. ACF will be providing support but the purpose is system strengthening so the HF staff will be trained and oriented how to run the activities will minimum support of ACF during the project period and take the 100% responsibility after end of project period. So far non of selected HFs is any access issue but there are possibilities of access constraint in future keeping the security situation in mind. ACF has remote management support experience in our programming which will be used in any such access issue for this project. HFs' staff will be implementing the project and ACF if not able to support any facility for a period of time, they will be supported remotely. Secondly, the MoPH staff who will be trained from the start and doing joint monitoring and supervision will be supporting such HFs frequently to maintain the quality of program.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Coordination Operation & Support Expat team	S	6	6,804.13	12	8.34	40,857.44
	Provide operational support, coordinating operational activities to support program. Country Coordination Expat Team is consists of the Country Director + Deputy Country Director + Finance Head of Department + HR Head of Department + Logistics Head of Department and one Grant Reporting Officer. They are responsible of overall mission operational and program management, their time cost is charged to this grant. Monthly cost is 6359EUR for each position.						
1.2	Field Manager	D	1	6,804.13	12	25.00	20,412.39
	Providing support on program management, capacity building, support on report and implementation of the activities. He/she will be overall responsible of Kabul based program to ensure integration for better impact. He/she will be working to support all projects in Kabul and his time cost is charged to this grant. Monthly cost is 6359EUR for each position.						
1.3	Advocacy officer	D	1	6,804.13	12	16.67	13,610.98
	Develop and implement the mission advocacy strategy consistent with international advocacy issues pursued by ACF- in order to promote the technical and operational strategy and increase ACF impact by creating political and institutional changes at national level.						
1.4	Nutrition Head of Department	D	1	6,804.13	12	20.00	16,329.91
	Provide technical support to the program, implementation, analyse, monitoring, review strategy						

1.5	Nutrition Deputy Head of Department	D	1	1,459.50	12	20.00	3,502.80
	Provide technical support to the project staff, organize evaluations, survey the medical and nutritional situation and represent ACF.						
1.6	Nutrition Program Manager	D	1	1,599.00	12	100.00	19,188.00
	Define and supervise the implementation of the Nutrition program.						
1.7	Nutrition Deputy Program manager	D	1	1,032.00	12	100.00	12,384.00
	To support the Nutrition response to reduce excess child morbidity and mortality and administrative support to program manager						
1.8	On the job training supervision trainer team	D	12	651.00	12	95.83	89,834.88
	Supervisors and nurses will support the HFs staffs through on the job trianing, refresher training and supervisions for the implementation of IMAM guidelines and in overall management of OPD sites and reporting.						
1.9	Logistics assistant	S	1	514.00	12	100.00	6,168.00
	Support on the management of the nutrition supplies, support to the HFs for the stock management and storage at HF levels						
1.10	Data-entry analyst	D	1	734.00	12	95.83	8,440.71
	Enter nutritional data from the HFs, analyze it initially and submit the report and data base to nutrition technical management team for further analysis and submission to PND and national Nutrition Surveillance						
1.11	Community and Awarness Promoters	D	3	569.00	12	95.83	19,629.82
	Implement the activities to sensitize the communities on IMAM scale up, organize radio broadcast, follow of the screening done by the volunteer and Mother and MUAC strategy and community mobilization by the Mullah						
1.12	Rowing nurses / midwives support HFs	D	20	569.00	12	95.83	130,865.45
	Nurses or Midwifes will rove between the HFs to give support on implementation on IMAM activites (organization OPD SAM, MAM, ensure IYCF messages are given…support on repport.)						
1.13	MEAL Team	D	2	1,321.00	12	16.67	5,285.06
	Coaching to project teams to increase quality in interventions and systematize lessons learned mechanisms Work with all project teams to ensure that projects are implemented in a qualitative manner and those lessons are learned and used to improve,ensure the policy and MEAL plan are follow, undertakes regular field monitoring visits						
1.14	Coordination Support Team	S	1	31,428.00	12	8.34	31,453.14
	Provide logistics, financial and HR management at coordination level in accordance with procedures laid down for the mission and ACF guidelines for provision of the optimum support for the program. Salary includes basic salary + medical insurance + transport allowance + seniority. *The basic salary varies according to the position of the employee in adherence with ACF Function & Salary Grid.* *The Coordination support team is composed of 4 employees for Finance Team + 4 in HR Team + 4 cleaners and or cooks (Office) + 2 in Audit Team + 12 employees for Logistics Team (procurement + mechanics/maintenance + IT + stock management + managers) + Security Team composed of 5 radio operators + 15 watchmen + 7 drivers working on 24H-shift*						
1.15	ACF Staff Training	S	1	82.00	12	100.00	984.00
	To promote and support employee development and organizational effectiveness by providing high-quality training programs. Depending on the type of training opportunity the cost may vary. ACF provides training at field level and also at HQ level that will imply transport and accommodation costs.						
	Section Total						**418,946.58**
Supplies, Commodities, Materials							
2.1	Workshop Training	D	7	2,202.00	1	100.00	15,414.00
	Refreshment training for the staffs of HFs and workshop with the PPHC *To introduce the scale up*						
2.2	Support to HFs for SAM/MAM supply	D	26	361.00	1	100.00	9,386.00
	To support the HFs for the record of the patients and stock: Consumable, register, OPD cards, pallets, rental for warehouse. For the new activities the HFs don't have the nutrition registers and patients cards.						
2.3	Support to health facility: staff + systematic treatment	D	26	230.48	1	100.00	5,992.48
	A significant increase of patient and the systematic treatment will increase the medicine consumption, which was not plan in the calculation of medicines from the HFs. This budget line is for the systematic medicines, the nurses where there's a gap of nurses and the storekeeper/screeners						

2.4	Supervision material	D	1	7,954.30	1	100.00	7,954.30
	Consumables, copies and tablet for the supervision and support to the HFs						
2.5	Sensitization Etablishement IMAM and Mother-MUAC strategy	D	10	5,443.00	1	100.00	54,430.00
	Radio records, billboard, incentive for volunteers to sensitize the community, screen and training of Mohter-MUAC, material for sensitization on the scale up						
2.6	Establish beneficiary and stakeholders complaint mechanisms	D	1	1,011.24	1	100.00	1,011.24
	After action review session of IMAM implementation with different stakeholders.						
	Section Total						**94,188.02**
Equipment							
3.1	Laptop	S	2	935.03	1	100.00	1,870.06
	2 laptops needed for the activities implementation.						
	Section Total						**1,870.06**
Contractual Services							
4.1	Program Rental Car	D	6	744.05	10	100.00	44,643.00
	Cost based on actual rates of rental for 6 vehicles fully charged to CHF during the implementation of the project.						
	Section Total						**44,643.00**
General Operating and Other Direct Costs							
7.1	Coordination Vehicles Running Costs	S	1	5,151.00	12	8.34	5,155.12
	This cost corresponds to the vehicle fleet composed of 12 vehicles with a monthly cost of $5,151 to cover the running & maintenance costs, insurance and depreciation. No purchase of vehicle is budgeted in our projects; ACF runs with its own vehicles which explain the monthly cost for maintenance.						
7.2	Coordination Office (rental, rehab, running costs, communication costs)	S	1	12,924.00	12	15.38	23,852.53
	Cost estimated according to our actual expenses. *This amount covers the commission and fees linked to money transfers, Office and storage rental, office charges, stationaries, mobile, satellite phone and internet consumption and Computer and Equipment maintenance.* *This cost allocations are shared throughout the year among our donors as for support costs. The monthly cost is budgeted the same way according to the base.*						
	Section Total						**29,007.65**
SubTotal			134.00				**588,655.31**
Direct							478,315.02
Support							110,340.29
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							41,205.87
Total Cost							**629,861.18**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul	100	70	12,054	6,941	7,827	26,892	Activity 1.1.1 : Coordination with PPHD on the different activities and responsibility and sign MOU. Currently Kabul city is not part of the Basic Package of Health Services (BPHS) and is considered to be under the management of

MoPH, PPHD. There are 25 health facilities and one hospital in Kabul city West, South part. These health facilities are ranging from Regional Hospitals to sub-health centers. Most of these health facilities have less staffs than HFs under BPHS managing by NGO and some don't have nurse. After discussion done during the nutrition cluster it was decided to add a nurse in the Health facility without nurse to ensure a quality implementation in the scale up SAM and MAM nutrition activities.
PPHD and PNO will be invited as trainers to the refresher IMAM training. During the project implementation PNO and PPHD technical staff will be regularly participate at the supervision and capacity building of the staffs in the different health facilities. This joint supervision will involve them in the implementation to build their ownership of the nutrition activities and future sustainability of the project interventions.

Activity 1.1.2 : Assessment of the health facility, and preparation for the scale up at HFs level
The Health system is consists of hospital, CHC+, CHC (comprehensive health system), BHC (basic health center). These centers have different number of qualified staffs, different building structure, capacity of storage, and equipment. This assessment aims to evaluate each structure and making a plan for the organization to scale up. It will show what is available and what additional support required. The second step will be to design the operational plan, identify the needs from the assessment, like; staff, the procurement plan for the supplies and request to the different organizations (UNICEF, WFP,PND) and need of storage facility/space within HFs.

Activity 1.1.3 : ACF in close coordination with the PPHD HFs staff will implement IMAM OPD activities. SAM and MAM children U5 and PLW acutely malnourished are admitted in program. After screening and sensitization on IYCF, malnourished children and PLWs will be admitted. Beneficiaries will receive medical consultation and the medical treatment when required. The different step of the treatment will be follow according to the IMAM guideline. If the under 5 children have medical complication they will be referred to the hospital. The SAM children will come every week and the MAM children will come every 2 weeks for the treatment. In case of absence or static weight a home visit will be done by the volunteer connected to the HFs. For the PLW on the IMAM guideline the PLW is visiting the HFs every month but depending on the packaging of super cereal.
ACF will provide the consumables items required for the scale up (IMAM register, cards, cup for appetite test…) and will have a buffer stock in case of medicine shortage for systemic SAM treatment. As we have experienced sometimes there is a break of medicine supply chain, ACF doesn't want to affect the systematic treatment of SAM in program children. ACF will put its staff to start the program well from the beginning as well as support staff to build capacities of HF staff of MoPH to ensure sustainability of the IMAM services in integration with health services

Activity 1.1.4 : Informing the population on IMAM access: Awareness of the population on the scale of IMAM management. During last few years ACF conducted mobiles clinic on the SAM management but it was not permanent mobile clinic and it didn't cover all the population of Kabul, the majority of Kabul population is not aware about the benefit of SAM and MAM management.
In rural area and where there's a BPHS partners, a system of community mobilization is implemented on the BPHS package. In Kabul

PPHD is managing the health structures and there's no community mobilization system.
IMAM management is scaling up in the health structures of Kabul city and it is a new health activity for the population. It will be important to inform the families on the accessibility for the management of acute malnutrition and the criteria of admission to have an impact and reduce the mortality and morbidity on children under 5.
To inform a major part of the population, ACF will disseminate messages to the population though short radio broadcast and poster on billboard two times during the program at 4 strategic spots. Messages will be transmit to the community through health Shuras. For a more targeted approach, female volunteers' link with the health structure will be doing screening in the catchment areas of HFs and will train mothers to take the MUACs of their own children. This new MUAC by mothers approach.
The IMAM activities target the children and the PLW. Most of the time the mothers have the responsibility of the children' health and they are the person taking the children in the health facility. Most of the mothers stay at home and a way to send them the message is to reach them at home. The radio is a good communication tools to reach them. A short assessment will be done on the different channels having mother female listeners to assess which radio channel should be used. Few times a day a short message will be broadcast to let the listeners know about the IMAM services in targeted health facilities. This activity will be done during one month and will be renew after one month. On regularly base the mothers coming at the HFs will be questioned if they heard the message.
To have a good cooperation from all the community, the promoters will inform the Mullah about the health facility IMAM program and the importance of detection and treatment of malnutrition in catchment. Mullahs will be requested to transmit the information to the men of the communities. This awareness rising activity using the most respected men in communities will be conduct by the additional person/store keeper of the HFs. This additional person is responsible of the stock management, engaging Mullahs and support on passive screening activities.

Activity 1.1.5 : Community Screening: In Kabul city the community management structure is quiet poor and there is no CHW or FHG. With the support of the midwife association, ACF will attach one volunteer female per health Facility. The volunteers will be doing screening at HH levels in catchment of the HF. The HH will be visited and informed by the volunteers on the implementation of the acute malnutrition treatment in HFs. She will screen the children under 5 and the PLW as well. When a child or a PLW identified in admission criteria, she will refer them to HF. During the screening the volunteer will train the mother how to take the MUAC of their child, and she will give her a MUAC tape. Once a week during the visit of ACF team the volunteer will go to the HFs, She will give her report to the ACF supervisors and they will discuss on the different challenges, positive learning points. The list of the children and PLW detected acutely malnourished will be compared with the admission list to see if the referred came to the HFs.
In health facility with shura, health shura will be solicited to give some support for organizing mothers groups. During these meeting groups the mothers will be train on mother MUACS and will receive IYCF messages.
At health facility level every mother with children under 5, the team will ask if the mother was trained how to take the MUAC and if the mother

was trained, what was the result of the MUAC. As per the South-West 26 HFs' catchment population, the total estimated number of HHs are 187,857 where ACF will train mother in 5% HHs of this estimated number of HHs. Total Mother will be trained on MUAC will be around 9,400, one each per HH. ACF will try to train these mothers residing far in catchment areas of each HFs. The strategy is to select mother not close to health facilities because they are general not visiting HFs and only visit if they have serious sickness in HHs. Volunteers will train these mother how to take MUAC measurements so they do screen in their respective communities and refer malnourished children U5 to HF close to their resident.
A follow up will be done to the absent and static weight children. To have a good follow up on the absence children or with a static weight, the volunteers will visit the child before is becoming defaulter or to find the reason of the static weigh and giving counselling to the parents and RUTF message.
To support the volunteer, perdiem will be provided. This activity aim to awareness on the new activity acute malnutrition management and to do a pilot on the new strategy Mother-MUAC

Activity 1.1.6 : Ensure the delivery of nutrition supply to health facilities:
For continuous provision of IMAM services without beak, ACF coordinate with PND, UNICEF and WFP to make sure RUTF, RUSF and super-cereal are available in every health facility. RUTF is provided by UNICEF through PND to all health facilities. ACF will calculate the needs for the scale up of SAM activity per HFs and request PND for RUTF supplies as per caseload of each HF. ACF will supervise the delivery and manage the supplies and report the consumption with HF staff. During the sessions on the job training, ACF will train the HFs staff on the RUTF management and reporting so that they are able to manage once project ends. Supplies will be kept in HFs and ACF will provide wooden warehouse pallet to ensure quality storage and management of RUTF. In some HFs if there's no room for the stock ACF will support the HF to find a room close to the HFs.
MAM Children and PLW supplies will be provide by WFP through a formal agreement between ACF and WFP. IN the same way the calculation of caseload will be done by ACF request WFP for supplies based on that and strong monitoring of the supply management will be put on place to ensure quality management and reporting,
To strengthen human resource and the capacity of HF staff on supply chain management, ACF will support them though a person on stock management. This person will be train on taking measurement to support the HFs staff on screening if the caseload of a HF is high and support of this person is required. He will also support crowd in management, screening and conducting IYCF sessions.
.

Activity 1.1.7 : Advocate to integrate IMAM service package in health service delivery system: ACF will advocate ensuring IMAM services are integrated into health service delivery system in Afghanistan including Kabul province. ACF Advocacy Officer contribute his/her time to this project to advocate with other partner organizations specially IMAM working group, PND, UNICEF and WFP to make it happen. The Advocacy Officer and the senior technical nutrition and health team in ACF coordination staff will be advocating integrating IMAM service package in health service delivery system. They will work with partners, Nutrition Cluster, IMAM working group to influence policy making and to advocate for developing

							supportive environment and facilities like supplies to make it happen. Activity 2.1.1 : Conduct Refreshment Training of HF staff on IMAM service package: ADAA is conducting trainings on IMAM services package for all HF and EPHS hospital staffs in Kabul province now under another project. ACF believe the staff will be trained on IMAM SOPs and get enough know how about the service package. To make sure staffs of targeted facilities are on line with guidelines and IMAM implementation protocols in Afghanistan, ACF will conduct refresher training for all concern staff of each health facility. The component of the refresher training will be based on the strength and weaknesses identify during the supervisions. It will also provide the participants an opportunity to share learning, good practices and discuss challenges to develop mitigation strategies together. Activity 2.1.2 : Build capacities of the staff through on the job support and technical assistance:Health Facility staffs of 26 HFs capacitated on IMAM management through formal training by ADAA and ACF refresher training will be further supported through continuous on the job mentoring and technical assistance. ACF health facility technical support staff like trainers and supervisors and second level technical expert program manager and deputy program manager will be continuously building HF staff capacity and supporting them technically on learning by doing the tasks themselves. They will be trained on IMAM service package, nutrition guidelines and protocols in place in Afghanistan as well as quality record keeping and reporting. The referral system from HFs to EPHS Hospital for SAM children with medical complications will be established and closely monitored by ACF technical staff. Initially the HFs will need to be extensively supportive because of new start of IMAM services in these sites and huge catchment population. ACF technical support team will be supportive the HF staff regularly to get them ready to manage the work. Once they system is established and the team at HF levels are used to the work routine and reporting then they will be supported on further improvement and program coverage. Activity 2.1.3 : Training of mother on MUAC: ACF will be selecting one volunteer from the catchment of each health facility. These volunteers then visit the catchment population and train mother at household levels on MUAC to screen their children from time to time and take them to HF close to them if they find them malnourished. Mothers will be train on how to take the MUAC and check the edema of their children. During the session the volunteer will explain the reason and the importance MUAC regularly. They will also be sensitized on nutrition and IYCF. Volunteers will be visiting them to follow up how they are doing MUAC and if they need further support to properly learn it.

Documents

Category Name	Document Description
Project Supporting Documents	Kabul HFs IMAM implementation (2).jpg
Project Supporting Documents	ACF-CHF-Nutrition Kabul Province Narrative-ProposalR.doc
Project Supporting Documents	Endorsement from Nutrition Cluster.docx
Project Supporting Documents	Report NNS Afghanistan 2013 (July 26-14).pdf
Project Supporting Documents	Call Centre - Contact List Template 1SA 2017.xlsx

Project Supporting Documents	CHF-Afghanistan - Communications and Visibility Guidelines.02.2017.pdf
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners.pdf
Budget Documents	ACF-CHF-Nutrition-Kabul-External-version-Budget-Revised..xlsx
Budget Documents	BoQ Coordination Support team.xlsx
Budget Documents	BoQ Programme activities EA01.xlsx
Budget Documents	BoQ Programme activities EA02.xlsx
Budget Documents	BoQ Programme activities EA03.xlsx
Budget Documents	BoQ Programme activities EA04.xlsx
Budget Documents	BoQ Monthly average cost for expatriate.xlsx
Budget Documents	BoQ Programme activities EA05.xlsx
Budget Documents	BoQ Programme activities EA06.xlsx
Budget Documents	Calculation of monthly average expat cost ACF.pdf
Budget Documents	BoQ Coordination Office v2.xlsx
Budget Documents	BoQ BL 1.8 On the job training supervision trainer team.xlsx
Budget Documents	BoQ coordination operation & support expat team.xlsx
Grant Agreement	5146_Agreement_signed.pdf