Project Proposal

Organization	PU-AMI (PREMIERE-URGENCE-AIDE-MEDICALE-INTERNATIONALE)		
Project Title	Life-saving action through the implementation of an Integrated Management of Acute Malnutrition (IMAM) project in all districts of Kunar province.		
CHF Code	AFG-14/S1/N/INGO/251		
Primary Cluster	NUTRITION	Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	
Project Budget	460,100.00	Project Duration	12 months
Planned Start Date	01/06/2014	Planned End Date	31/05/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary

PU-AMI w ill target the most vulnerable groups in Kunar through an integrated and multi-sectoral intervention aimed at treating malnutrition and ultimately saving lives. Specifically, the project's strategy is based on the prevention and management of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) for boys and girls under five and pregnant and lactating w omen (PLWs), the scaling-up of the basic health care services through the improvement of w ater and sanitation infrastructures in Health Facilities, counseling services, and training of health w orkers, and the improvement of collection and analysis of nutrition data in Kunar province.

Project Beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	412	1796	2532	2301	**7,041**
Total beneficiaries include the following:					
Children under 5	0	0	2532	2301	4833
Pregnant and Lactating Women	0	1464	0	0	1464
Trainers, Promoters, Caretakers, committee members, etc.	412	332	0	0	744

Indirect Beneficiaries	**271,891**- Total coverage population that will benefit from the sanitation infrastructure rehabilitation in the 17 Health Facilities.	Catchment Population	**430,890** – Total population of Kunar province (Central Statistic Organization – CSO data, 2014)

Link w ith the Allocation Strategy

The project aims at saving lives through the treatment of Acute Malnutrition (AM) and the prevention of under nutrition for the most vulnerable groups in Kunar province, one of the most underserved, conflict affected province (2 districts are among the 10 priority districts in the Common Humanitarian Action Plan - CHAP 2014 Needs index). It answ ers to one CHAP 2014 Strategic priority: providing emergency health care and prioritize access to critical services, through the provision of SAM and MAM treatments, for the most vulnerable groups. It w ill also indirectly contribute to the second CHAP priority – responding to conflict IDP and returning refugee needs, indirectly, through the general improvement of health care services, notably in nutrition emergency answ er, and by covering the entire province. As mentioned in the Final Allocation Strategy, the number of Health Facilities (HFs) that provided malnutrition treatment in 2013 w as approximately 1/3 of the total number of HFs. In some of the most populous provinces, less than one in 10 children w ho are likely to have acute malnutrition w ere brought forw ard and treated in 2013. There is an urgent need to both scale up coverage and increase effectiveness, particularly in the provinces w ith the highest burden and poorest access and service provision, among w hich Kunar province. The overall objective of the project is to reduce the mortality and morbidity among pregnant and lactating w omen and children under 5 in Kunar province. The Nutrition proposed intervention w ill be conducted in PU-AMI Health Facility netw ork, and w ill be included in the overall BPHS health care system provided. Nutrition is a health cross-cutting issue at Health Facility and Community level.

Implementing Partners		Other funding Secured For the Same Project (to date)	

Organization primary focal point contact details

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BACKGROUND INFORMATION

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

The Eastern Region, including Kunar Province, has seen a deteriorating security situation, ranging from International Military Forces (IMF) air strikes, Armed Opposition Group (AOG) and Afghan forces ground engagements to cross-border shelling. Kunar is ranked as the second province most in need of humanitarian assistance under the Needs Index ranking (CHAP 2014). Furthermore, in the new ly developed Humanitarian Risk Profile, Kunar is listed as the top Province in the country, including current risks and risk of escalation (UN Humanitarian Needs Overview 2014). Issues of access, localized conflicts and internal displacement of people aw ay from insecure areas have escalated vulnerabilities in some sectors, w ith specific needs in many districts. Under-nutrition of children under five and pregnant and lactating w omen is a critical public health issue in Afghanistan. Chronic malnutrition among Afghan children is one of the highest in the w orld. This is mainly due to the w idespread household food insecurity caused by recurrent droughts, floods, insecurity and high food prices occurring during the last few years. More than half (54%) of Afghan children under five years old are stunted (chronically malnourished) and over a third (34%) are underw eight. Around 72% of children under five suffer from deficiency of key micro-nutrients (such as iron and iodine). Kunar province follow s the same scheme of malnutrition (Source: Ministry of Economy, Poverty and Food Security in Afghanistan, Feb 2012). The situation in Kunar can be defined as a nutritional emergency, considering the 12.1% of GAM rate, and external factors that can contribute to a rapid w orsening of the nutrition situation: 1) poor w ater and sanitation, and bad hygiene practices, 2) area vulnerable to natural disaster, 3) volatile insecurity that may lead to reduce/avoid movement of the population to seek care/decrease access to health facilities, 4) increase of internal displacement population, 5) difficult access to health facility for commodities supply because of security and bad geographical access. In the Eastern region, malnutrition is a multifactor issue, possibly due to a high incidence of infection such as diarrhea that increase directly the malnutrition status, the lack of w ater and sanitation systems in households and health facilities, household food insecurity, low literacy rates (26% of total population) that lead to improper hygiene care, lack of breastfeeding practices and traditional barriers that cause inappropriate utilization of health services. (Source: PU-AMI Anthropometric Survey, 2012 – See Appendix 1) The provincial nutrition data, based on the anthropometric nutrition survey conducted by PU-AMI in 2012, indicates that the nutrition situation in Kunar province is poor, as a consequence of existing aggravating factors such as difficult access to the treatment, low nutrition aw areness, low rate of literacy, etc., and w ith a Global Acute Malnutrition (GAM) rate of 12.1% (10.1 - 14.3 95% C.I) - 58% of boys and 42% of girls, Severe Acute Malnutrition rate of 1.2% (0.6 - 2.2 95% C.I) - 64% of boys and 36% of girls, and Moderate Acute Malnutrition rate of 10.9 (9.0 - 13.1 95% C.I.) - 58% of boys and 42% of girls. The presence of AOGs and the on-going conflict reinforce the already deep poverty of the population and are paired w ith under-developed infrastructure and low economic indicators. The targeted area is very mountainous, w ith steep sides and rugged valleys, w hich does not allow high-end agricultural production. Thus,

	although 74% of population relies on agriculture, the income derived from it is hardly sufficient to support their families.
2. Grant Request Justification.	Première Urgence - Aide Médicale Internationale (PU-AMI, formerly AMI) has been working in Afghanistan since 1980. PU-AMI has a long history of various medical project implementation including Basic Package of Health Services (BPHS) and Essential Package of Hospital Services (EPHS) in Laghman, Samangan, Daykundi and Kunar (since 2004). It is currently BHPS/EPHS implementer in Kunar province, and BPHS Implementer in Daykundi province. In addition to BPHS/EPHS, PU-AMI is the only INGO implementing nutrition-related projects in Kunar province and works in partnership with UNICEF, WFP, WHO, ECHO, and the Global Fund for the implementation of complementary health programs in Kunar. After having successfully integrated Community Management of Acute Malnutrition (CMAM) program into Kunar BPHS project in August 2012, PU-AMI is still considering the implementation of Targeted Supplementary Feeding Programme (TSFP) as a part of complex approach of improving the health situation in the entire province. Prevention of under-nutrition is one of the components of the nutrition policy of the BPHS/EPHS. PU-AMI will remain BPHS/EPHS implementer until December 2016. As such, PU-AMI is currently running 43 health centers in Kunar province (including 4 clinics running under WHO funds): 1 Provincial Hospital (PH), 1 District Hospital (DH), 8 Comprehensive Health Centers (CHCs), 17 Basic Health Centers (BHCs), 11 Sub-Health Centers (SHCs), 1 prison clinic, and 1 Mobile Health Team (covering remote areas) and therefore already has all the logistic means to implement efficiently such project. Food supply will be stocked at province capital and in selected HFs. Detection and referral of patients presenting SAM is being included within the BPHS and EPHS policy, the same system will be applied for admission and exit criteria of TSFP. The long-term presence of PU-AMI in Kunar province (since 1994) is a very strong asset to ensure the support from local officials and the community participation in the project. PU-AMI has benefited greatly from the expertise of key health professionals who have been working with the organization for more than a decade. PU-AMI relies on the existing network of 542 health facility staff and 586 Community Health Workers (CHWs) working in the province in all districts and from the expertise developed in Kunar on health development programs and emergency response since 1994. The presence of CHWs in all districts and a comprehensive supervision by PU-AMI teams at village level ensures the participation of the community in the design of the action. Feedback from staff, CHWs, local authorities, and health Shuras on the current projects is key to learn from the previous experience and are taken into account in the future projects. BPHS and EPHS programs implemented by PU-AMI ranked second at the latest Balance Score Card evaluation for the services provided in 2012-2013. As an organization with strong experience in nutrition related programming, PU-AMI has been selected to implement a nutritional preventive intervention for children 0-24 months through the support of WHO and the Public Nutrition Department (PND) of the Ministry of Public Health (MoPH), with the implementation of Growth Monitoring and Promotion (GMP) at HF level. The aim of the GM for children 0-24 months is the early detection and treatment of Acute and Chronic malnutrition and to provide appropriate counseling to mothers to promote children's growth. Gaps have been identified by the HF directors and the teams in the field, in terms of nutrition care service, both regarding the treatment of MAM and SAM (food distribution for MAM boys and girls under 5 and PLWs, distribution of complementary food, access to SCs throughout the province), and the prevention of malnutrition (WASH infrastructures in the HFs). PU-AMI teams are in close contact and work in close partnerships with the community leaders since 2004, when the NGO started to be BPHS/EPHS implementer.
3. Description Of Beneficiaries	The main beneficiaries of the actions will be the community members affected by malnutrition in Kunar province – specifically children and pregnant and lactating women who are the most affected public by acute malnutrition (see 4. Needs assessment) – that can access the health facility network (PH, DH, CHC, BHC) and the health workers at community and health facility level. Kunar province is a very insecure area and the access to basic health care remains a challenge in most districts for the population, especially for female patients who can hardly access health services provided by male staff. As the proposed action relies partially on CHWs, it ensures a comprehensive approach of the access to HFs to women and children. The CHWs and health facility staff will also beneficiate from the proposed project, as they will be trained in several aspects of Nutrition and WASH, in order to better answer to the nutritional challenges at stake in Kunar province's HFs.
4. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	Geographically speaking, Kunar is a rural and mountainous province, with some areas difficult to access during the winter months. The road network of the province is poor. However the main road Jalalabad – Asad Abad is paved and in a good condition. The control over the border with Pakistan is limited in Kunar, explaining partly the high insecurity of the area. In term of gender analysis, while PU-AMI's Nutrition actions aim at supporting the needs of all age and gender groups, under the proposed intervention, particular attention will be given to boys and girls under five and pregnant and lactating women since children are most rapidly and more drastically affected by undernutrition and pregnant and lactating women can play a crucial role in reducing the intergenerational transmission of malnutrition. Although men are not directly targeted under the proposed action, they will indirectly benefit from the project, through the economic support linked with the food distribution and through the WASH improvements. The provincial nutrition data, based on anthropometric nutrition survey conducted by PU-AMI in 2012, indicates that the nutrition situation is poor in Kunar province as a consequence of the existing aggravating factors such as access to the treatment, low nutrition awareness, low rate of literacy, etc. The Infant and Young Child Feeding (IYCF) practices need significant improvement, as exclusive breast feeding should be the first priority of all nutrition education programmes. The stunting rate remains higher, and is always out of the focus of interventions considering it is impossible to be properly addressed in such complicated situation. It might be the reason of neglecting this intervention. Besides, the component of Water, Sanitation and Hygiene (WASH) must be taken into account as an integrated intervention of the nutrition programs. PU-AMI conducted a rapid WASH assessment of its health facilities in November 2013 and in February 2014. It was raised by the HF Directors that a number of HFs in Kunar have inadequate water and sanitation infrastructures and need improvements (see Appendix 6 – WASH needs assessment). In order to improve access to the malnutrition treatment, it is necessary to cover the 8 remaining districts not currently covered by the WFP program through 14 Targeted Supplementary Feeding Programme centres (TSFP centres) at PH, DH, CHC and BHC levels. A need has been identified for another Stabilization Center by PU-AMI teams in Kunar. It is also necessary to ensure adequate water and sanitation of health facilities implementing CMAM, and provide the community with basic dignity kits for handwashing. The proposed project (see Appendix 5 – Map of proposed actions to CHF) will build on PU-AMI effort to reduce child mortality and morbidity in Kunar, through an integrated approach, including health, nutrition and WASH components. The project will ensure the provision of essential preventive and curative nutrition interventions through a collaboration with WFP, with UNICEF for IMAM-related food and MMNP distribution, with IMC for Gender Based Violence activities and with WHO for Growth Monitoring in order to reduce mortality and morbidity rates. With the water, sanitation and hygiene promotion activities, we address one of the main causes of malnutrition.
5. Activities. List and describe the activities that your organization is currently implementing to address these needs	PU-AMI is currently running several nutrition-related projects covering whole Kunar with BPHS, WFP and UNICEF (see Appendix 3 – Summary of Nutrition Actions in Kunar and Appendix 4 – Map of PU-AMI Nutrition actions in Kunar): - MAM is fully covered in 7 districts (Asmar, Asadabad, Chawkay, Dara-e-Pech, Nurgal, Narang, KhasKunar) through a WFP-TSFP project, for 1414 PLWs and 5344 under 5 children (2545 girls/2799 boys); - SAM without complication is covered under BPHS (space, staff, and operational costs) and will be covered through a PCA with UNICEF for in-kind donation of food. 4,175 SAM Children (1988 girls/2187 boys) are expected to be treated; - SAM treatments with complication are covered in 3 districts (Ghaziabad and Dangam – Manogai SC will open in 2014) through BPHS Stabilization Centers. 4,175 SAM Children (1988 girls/2187 boys) are expected to be treated within BPHS with close cooperation with UNICEF (through food distribution); - IYCF is fully covered by BPHS (space, staff, trainings and operational costs); - WASH: basic hand washing equipment will be provided to 16 HFs, trainings on hand washing provided to 297 CHW and 94 HF staff (34 women/60 men) through a UNICEF PCA soon to be signed; rehabilitation of water supply systems and latrines in 3 HFs through a ECHO project in Kunar. The CHF proposed action will aim at filling the remaining gaps not supported by BPHS and the other nutrition projects, in term of malnutrition management, nutrition surveillance and M&E, targeting PLW and children under 5 in the province, using the experience and best practices gained by PU-AMI from the CMAM projects implementation in Kunar and being careful not to duplicate the activities. Therefore, the gaps remaining from BPHS are mainly in term of AM management, Active Case finding and defaulter tracing, and rehabilitation of WASH infrastructures in HFs. The gaps identified in the aforementioned Nutrition projects and answered through the CHF proposal are: - Treatment of MAM: full coverage of TSFP in 8 remaining districts through distribution of supplementary food for MAM PLW and children under 5 for an estimated total amount of food of 792 MT (See Appendix 2 – Beneficiaries and Food Calculation) and distribution of Calcium supplementation and deworming for PLWs in the province (25853 PLWs - 6% of total population). However, due to budgetary and logistical constraints, we will only cover AM PLWs (2878 PLWS). - Treatment of SAM with complication: Implementation of a SC in Asmar CHC for inpatient management of SAM children, which will become part of the overall health care system in Kunar province. The SC aims to provide in-patient care services to three districts (Asmar, Dangam and Ghaziabad), Asmar CHC acting as central point to provide inpatient care for the other districts which are far from Asadabad Therapeutic Feeding Unit (TFU). As the 3 SCs are located in the Western region of Kunar province (please see Appendix 4 included), a need for a 4th SC in the eastern part of Kunar was identified, in Asmar CHC. The expected caseload is estimated at around 90 SAM children (43 girls and 47 boys); - Treatment of SAM without complication: MMNPs distribution for home fortification for 20682 6-23 months children in all province; - Community based approach: In order to improve the coverage of the program and reduce default rate, and since active case funding and default tracing is not yet being implemented, it will be conducted in 2 pilot districts (Sarkani and Shigal), through CHWs who will screen people and trace defaulters at community level; - IYCF: no gaps identified; - WASH o Latrine rehabilitation/construction in 17 HFs o Trainings of 289 CHWs on hand washing promotion o Distribution of 3000 dignity kits (for PLWs in all districts) - Strengthening of National capacity in malnutrition management and surveillance, through trainings and surveys (with ACF)
LOGICAL FRAMEWORK	
Overall project objective	Nutrition-related mortality and morbidity among pregnant and lactating women and boys and girls under five years old is reduced

Logical Framework details for NUTRITION

Cluster objectives	Strategic objectives(SRP)	Percentage of activities
Objective 1. Access to and utilization of quality nutrition services for management of acute malnutrition in all communities including those affected by conflict and natural disaster through static and mobile facilities.	1. Providing emergency health care and prioritizing access to critical services	40

Objective 2. Boys, girls and PLW have access to evidence-based and feasible nutrition and nutrition related resilience activities to avoid deterioration to malnutrition.	1. Providing emergency health care and prioritizing access to critical services	40
Objective 3. The nutrition cluster has addressed critical capacity gaps to ensure timely assessment, response and monitoring of emergency nutrition interventions.	1. Providing emergency health care and prioritizing access to critical services	20

Outcome 1	Scale-up the coverage of integrated intervention for treatment of Acute Malnutrition in boys and girls under five, PLWs and other vulnerable groups	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Malnutrition care and treatment is available and provided to boys and girls under five years old and PLWs in whole Kunar province	- The road access allows the delivery of food, medical and non medical items - The security conditions allow the staff to work - WFP or another UN Agency provides in-kind donation of food

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	# of under-five boys and girls and PLW admitted					3149					6297
Means of Verification:		Statistic Report										
Indicator 1.1.2	NUTRITION	59 HF staff and 327 CHWs trained on TSFP					386					386
Means of Verification:		Training report Attendance sheet										
Indicator 1.1.3	NUTRITION	14 Functional TSPF sites functional within by 1 month of the project and remain functional until the end of the project					14					14
Means of Verification:		Facility Statistic Report										
Indicator 1.1.4	NUTRITION	More than 2532 MAM boys under five years old and more that 2301 girls under five years old admitted in TSFP by the end of the project					2417					4833
Means of Verification:		SFP Report										
Indicator 1.1.5	NUTRITION	More than 1464 MAM PLWs admitted in TSFP by the end of the project					732					1464
Means of Verification:		SFP Report										
Indicator 1.1.6	NUTRITION	14 Health facilities in 8 districts of Kunar province have food supplied for TSFP and ready for distribution (for an approximate total of 792 MT)					396					792
Means of Verification:		TSFP Statistic reports Stock report										
Indicator 1.1.7	NUTRITION	90 SAM children (43 girls and 47 boys) admitted in Asmar SC by the end of the project					45					90
Means of Verification:		Facility Statistic Report										
Indicator 1.1.8	NUTRITION	Cure rate, death rate and default rate for MAM PLWS and children under 5 are in line with SPHERE standards. (The target mentioned is the cure rate target but the other rates will also be monitored - Death rate : <3%; default rate <15%)					75					75
Means of Verification:		Statistic Report										
Indicator 1.1.9	NUTRITION	Cure rate, death rate and default rate in OTP/SC and SFP are in line with SPHERE standards. (The target mentioned if the cure rate target but the other rates will also be monitored - death rate : <3%; default rate : <15%)					75					75
Means of Verification:		Statistic Report										
Indicator 1.1.10	NUTRITION	At least 93600 6-59 months children screened at community level by CHWs by active case finding by CHWs in Shigal and Sarkani districts (78 CHWs x 100 children x 12 months)					46800					93600
Means of Verification:		Screening register										

Activities

Activity 1.1.1	Trainings on TSFP for the relevant Health Facility and Health Post staff
Activity 1.1.2	Set-up of 14 Health Facilities located in 8 districts of Kunar province not yet covered with equipment, material and recruitment of male and female food distributors
Activity 1.1.3	Management of Moderate Acute Malnutrition in 14 Health Facilities in 8 districts of Kunar province not yet covered, with supply of food commodities for TSFP for PLWs and boys and girls under 5.
Activity 1.1.4	Set-up of a Stabilization Center in Asmar CHC, with equipment, material, and recruitment of one nurse and one pediatrician
Activity 1.1.5	Admission of 90 0-59 months boys and girls having SAM with complication
Activity 1.1.6	ToT of 25 CHS (23 men and 2 women) and training of 327 CHWs (163 women and 164 men) on MUAC screening,on active case finding and on defaulter tracing to maximize the programme coverage
Activity 1.1.7	78 CHWs (43 men and 35 women) screen the community a household level during the 12 month project in Shigal and Sarkani districts

Outcome 2	Scale-up the programs that provide services on prevention of under-nutrition in vulnerable goups, with particular emphasis on boys and girls under 5 and PLWs

Code	Description	Assumptions & Risks
Output 2.1	Early detection of malnutrition and prevention are provided at district level through Health Facilities capacity building, the promotion of prevention practices to the target groups (in Chapa Dara, Marawara, Shigal, Dangam, Sarkani, Wata Pur, Nari and Ghazi Abad), and minimization of micronutrient deficiency	- The Health workers are able to go to the training facility - UNICEF provides in-kind donation of Micro-Nutrient Powder

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	Proportion cured in line with SPHERE standards					75					75
Means of Verification:		Statistic Report										
Indicator 2.1.2	NUTRITION	327 CHWS and 59 HFs staff receive a training on adequate complimentary feeding using local products (food demonstration)					386					386
Means of Verification:		Training report, attendance sheets										
Indicator 2.1.3	NUTRITION	25 CHS and 586 CHWs trained on multiple micro-nutrient powder distribution					611					611
Means of Verification:		Training report, attendance sheet										
Indicator 2.1.4	NUTRITION	40 midwives trained on delayed cord clamping and on counselling on breast feeding.					40					40
Means of Verification:		Training report, attendance sheets										
Indicator 2.1.5	NUTRITION	More than 50% of PLWs receive a nutrition education session					7756					15512
Means of Verification:		training report										
Indicator 2.1.6	NUTRITION	More than 20% of children under 5 years old and PLWs screened at community level					9480					18959
Means of Verification:		Facility Statistic Report										
Indicator 2.1.7	NUTRITION	More than 12% of Acute Malnourished children under five years old and PLWs are referred to TSFP by CHWs					5688					11375
Means of Verification:		TSFP report										

Activities

Activity 2.1.1	Training of 40 midwives on delayed cord clamping and on counselling on breast feeding
Activity 2.1.2	ToT of 25 CHS and training of 586 CHWs on distribution of multiple micro-nutrient powders.
Activity 2.1.3	Promotion of systematic referral from Health Post to Health Facility by male and female CHWs
Activity 2.1.4	Provision of Education sessions toward the community using IEC material and distribution of multiple micro-nutrient powders and deworming
Activity 2.1.5	Provision and distribution of : - calcium supplementation and deworming for pregnant women - multiple micro-nutrients powders for children 6-23 months

Code	Description	Assumptions & Risks
Output 2.2	Prevention is provided at district level, through the improvement of hygiene practices and sanitation conditions	- WASH equipment available in the marker - the security and weather conditions allow the delivery of the WASH equipment - UNICEF provides support on WASH training and IEC materials

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.2.1	WATER, SANITATION AND HYGIENE	289 CHWs are trained on hand-washing practices					289					289
Means of Verification:		Training report, attendance sheets										
Indicator 2.2.2	WATER, SANITATION AND HYGIENE	30 health facility staff and 586 CHWs trained on safe disposal of faeces					616					616
Means of Verification:		Training report, attendance sheet										
Indicator 2.2.3	WATER, SANITATION AND HYGIENE	17 Health Facilities in Kunar rehabilitated in term of WASH infrastructures					17					17
Means of Verification:		Purchase Requests, Photos, Engineer report										
Indicator 2.2.4	WATER, SANITATION AND HYGIENE	3000 dignity kits distributed to MAM PLWs					1500					3000
Means of Verification:		Purchase request, distribution sheet										
Indicator 2.2.5	WATER, SANITATION AND HYGIENE	Proportion of target population beneficiating from hygiene and sanitation promotion activities and/ or messages that address key behaviours, misconceptions and are targeting at all user groups					30					60

Means of Verification:	Training/HE report

Activities

Activity 2.2.1	Construction / rehabilitation of toilets / latrines for men and w omen in 17 Health Centers
Activity 2.2.2	Distribution of basic equipment (hygiene kits) for hand w ashing to AM PLWs according to SPHERE standarads
Activity 2.2.3	Training on safe disposal of faeces to health facilities staff, CHS, guards, health educators and CHWs
Activity 2.2.4	Training of identified health facilities staff on latrine use and management (maintenance)

WORK PLAN

Project w orkplan for activities defined in the Logical framew ork

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Trainings on TSFP for the relevant Health Facility and Health Post staff			X									
Activity 1.1.2 Set-up of 14 Health Facilities located in 8 districts of Kunar province not yet covered w ith equipment, material and recruitment of male and female food distributors	X	X	X									
Activity 1.1.3 Management of Moderate Acute Malnutrition in 14 Health Facilities in 8 districts of Kunar province not yet covered, w ith supply of food commodities for TSFP for PLWs and boys and girls under 5.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4 Set-up of a Stabilization Center in Asmar CHC, w ith equipment, material, and recruitment of one nurse and one pediatrician	X	X										
Activity 1.1.5 Admission of 90 0-59 months boys and girls having SAM w ith complication	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.6 ToT of 25 CHS (23 men and 2 w omen) and training of 327 CHWs (163 w omen and 164 men) on MUAC screening,on active case finding and on defaulter tracing to maximize the programme coverage	X	X										
Activity 1.1.7 78 CHWs (43 men and 35 w omen) screen the community a household level during the 12 month project in Shigal and Sarkani districts	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.1 Training of 40 midw ives on delayed cord clamping and on counselling on breast feeding				X								
Activity 2.1.2 ToT of 25 CHS and training of 586 CHWs on distribution of multiple micro-nutrient pow ders.				X	X							
Activity 2.1.3 Promotion of systematic referral from Health Post to Health Facility by male and female CHWs	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.4 Provision of Education sessions tow ard the community using IEC material and distribution of multiple micro-nutrient pow ders and dew orming			X	X	X	X	X	X	X	X	X	X
Activity 2.1.5 Provision and distribution of : - calcium supplementation and dew orming for pregnant w omen - multiple micro-nutrients pow ders for children 6-23 months					X	X	X					
Activity 2.2.1 Construction / rehabilitation of toilets / latrines for men and w omen in 17 Health Centers			X	X	X	X	X					
Activity 2.2.2 Distribution of basic equipment (hygiene kits) for hand w ashing to AM PLWs according to SPHERE standarads				X	X	X						
Activity 2.2.3 Training on safe disposal of faeces to health facilities staff, CHS, guards, health educators and CHWs					X	X						
Activity 2.2.4 Training of identified health facilities staff on latrine use and management (maintenance)							X					

M & E DETAILS

Implementation: Describe for each activity how you plan to implement it and w ho is carrying out w hat.

As mentioned in the Nutrition Cluster allocation strategy, the provision of therapeutic feeding to children under-five cannot be conducted as a stand-alone intervention, w hile lifesaving, is inadequate to reduce the significant and life-threatening burden of acute malnutrition in Afghanistan and needs to be associated w ith other interventions, w hich are both preventive and life-saving measures. The project answ ers to the 3 strategic objectives described in the Nutrition Cluster priorities: 1. The treatment of acute malnutrition for children under 5 and PLWs w ill be undertaken through the distribution of TSFP, and the establishment of a new SC. 2. The prevention of malnutrition of vulnerable groups w ill be undertaken through providing IYCF counseling in 8 districts, the distribution of calcium supplementation and dew orming tablets to pregnant w omen, MMNPs supplementation to children 6-23 months, the rehabilitation of sanitation infrastructures in 17 health centers in Kunar, trainings on WASH, and distribution if dignity kits. 3. The M&E component w ill be strengthened through the routine monitoring and supervision of the project, and the organizations of trainings on nutrition surveys. The capacity of national staff w ill be strengthened through collaboration w ith ACF. 2 SQUEAC Surveys w ill be conducted in the w hole province (one in August 2014, and one in May 2015) and 2 RNAs in Chapa Dara and Dara-i-Pech w ill be conducted throughout the project (one in September and one in February). The project implementation strategy is based on: 1) The establishment and running of 14 TSFP sites, provision of trainings and mobilization of actors involved in the BPHS/EPHS detection and management of malnutrition, as w ell as community aw areness to reduce infant and maternal moderate malnutrition. The supply of TSFP food to enable an effective and efficient management of infant and maternal moderate malnutrition (the estimated amount of food required to cover the 8 district is: 40 MT of Ready-to-Use Supplementary Food (RUSF) and 752 MT of food rations (comprising Wheat Flour, Pulses, Fortified Oil, Iodized Salt an MT) for a global amount of 792 MT of food – See Appendix 2). The establishment of a new Stabilization Center in Asmar CHC, recruitment of a Nurse and a Pediatrician, supply of drugs, medical and non medical equipment. 2) Trainings to the health facility and community member staff, to build their capacities on detection and prevention of malnutrition and on promotion of IYCF practices and hygiene. The distribution of complementary food to the community. The rehabilitation of sanitation infrastructure and distribution of basic dignity kits to PLWs. 3) Monitoring and supervision of the nutrition programme. Conduction of 2 RNAs (in 2 Kunar districts among the of the top 20 high priority districts identified by the Nutrition Cluster). Conduction of 2 SQUEAC Survey in the entire Kunar province. The key partners and their responsibilities under the proposed action are: - WFP or another UN Agency to provide food items to PU-AMI w ith the quantities required and on time. - UNICEF to provide in-kind donation of MNPs to complete the SAM treatments offered through BPHS, to provide trainings on IYCF and hand w ashing to the HF staff in Kunar (PH, DH, BHC and CHC level), and to half of the CHWs in the province. - ACF to support the running of PU-AMI's RNA and SQUEAC Surveys in Kunar. - The medical staff of Kunar BPHS/EPHS projects: detecting MAM and AM and providing access to MAM treatment through appropriate quality health care, and effective food distribution. The resources required are: - Medical and program human resources at PU-AMI level in Kabul office, Jalalabad Liaison office, Asadabad Base, and the TSFP sites. - Support human resources at PU-AMI level in Kabul, Asad Abad and TSFP sites (Administration, Finance, HR, Logistic). - Human resources for food distribution. - Transportation resources. - Storage resources.

Monitoring: Describe how you w ill monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interview s, suggestion box etc.) in order to collect data and how you w ill store data. Explain the frequency type

Monitoring w ill be conducted as per below , provided that the security situation does not severely deteriorate : Direct Monitoring by PU-AMI staff: - A Nutrition assistant recruited for the proposed action. He w ill supervise all activities on regular/monthly basis and ensure the quality of the project. Other PU-AMI staff (BPHS cluster supervisors) w ill also supervise the project for quality improvement - The Project Manager and National Nutrition Manager w ill conduct field visits on a regular basis. They w ill ensure the timely implementation of the activities - The Mother and Child Health supervisor w ill also do monitoring and check the PLWs admitted upon on guideline criteria - The WASH Engineer w ill conduct a detailed WASH needs assessment in the HFs of the province, supervise all the w ash construction/rehabilitation activities, and w rite a final report on his activities. He w ill be assisted by 2 Logisticians - The East Program Coordinator (expatriate) w ill be responsible for the overall supervision of the implementation of the project at base level, including all related programmatic, logistics, administrative and security

and protocol of reporting (how often do you report about w hat to w hom?). State if, w hen and how you plan to evaluate your project .	activities - On a monthly basis, all HF Directors meet in Asadabad. At this occasion, they hand in reports, discuss issues/challenges, get updated about other projects and discuss referral mechanisms. It is the only w ay to monitor the clinics w hich are inaccessible or hard to access - Continuous supervision of the activities w ill be done through the Community Health Supervisors (CHS). They w ill supervise the CHWs responsible for community mobilization and community aw areness through nutrition health education sessions and screening of children under 5 through MUAC at Health Post level as w ell as during family visits. The data on nutrition education w ill be included in the supervision reports, as w ell as LHC meetings minutes and training reports - Quarterly visits from Kabul Coordination team (HR, Finance, Logistics, Medical) Indirect Monitoring The GCMU department of the MoPH is doing monitoring visits on regular basis (generally from monthly to bi-annually) : District Health Officers (MoPH staff) are w orking in very close coordination w ith PU-AMI staff and share their information and data. The TSFP component w ill be evaluated through an already designed PU-AMI Health Facility monitoring checklist that w ill update an internal database. PU-AMI w ill send monthly reports (to OCHA, WFP, the Nutrition Cluster and the MoPH) using endorsed MoPH reporting format and providing the follow ing information: - Number of beneficiaries admitted in each TSFP site, by age and gender - Admissions by category (MUAC, Weight for Height, oedema) - Number of new cases enrolled in OTP, SFP and admitted as in-patient in SC/TFU - New and total admissions (by gender and age group) clearly distinguishing betw een new admissions and referrals from other elements of the programme (TFU, OTP,SFP) or returning defaulters - Number of defaulter cases, deaths, cured, non cured, transfers, referred-out, non-response in each TSFP site, by age and gender and the total month end number of children in the programme - Food stocks, losses and distribution figures per food commodity, and beneficiary number by gender - Short narrative information including a brief explanation on TSFP/OTP/SC performances, distribution arrangements, operational difficulties (if any), and measures taken to address them, causes of commodity losses and steps taken to reduce losses, acceptability of the food commodities, comments on the achieved results, how the overall situation is expected to develop The trainings w ill be monitored through supervision of the attendance sheets and training reports All WASH activities w ill be supervised and monitored by the WASH Engineer w ho w ill report to the Project manager on a monthly basis about the progress of his w ork, and w ho w ill draft a final report on the constructions and rehabilitation of latrines in the HFs

OTHER INFORMATION

Coordination w ith other Organizations in project area

Organization	Activity
1. WFP	Implementation of Targeted Supplementary Feeding Programme (TSFP) in 7 districts of Kunar province
2. UNICEF	Integrated Management of Acute Malnutrition (IMAM) w ith infant and young child feeding in all districts of Kunar Province
3. WHO	7 HFs and Vaccination Services
4. ECHO	Emergency life-saving medical intervention for conflict-affected populations in Kunar province
5. MoPH - SEHAT	BPHS / EPHS Implementation
6. ACF	Coordination w ith PU-AMI in RNA and SQUEAC Surveys
7. UNICEF	IMAM project : Provision of Basic w ater equipment and trainings of CHWs and HF staff on handw ashing practices

Outline how the project supports the gender theme	Gender analysis is crucial to understand the social and gender dynamics that can help or hinder aid effectiveness. Mothers have a crucial role to play in nutrition notably because they are the one that prepare food and feed the children, and usually the ones w ho bring their children to the health facilities. Fathers also play an important role in nutrition, as they are referring and accompanying their w ife and children to Health Posts or Health Facilities and are usually the one going to the market to buy food. The gender-based approach is a central pillar of PU-AMI health services in Kunar, since it remains very difficult in the area for female patients to have access to health services provided by male staff, and recruiting female educated female staff remains a challenge. Therefore, a gender-based approached is currently used w ithin the implemented programs to ensure the provision of health services to w omen and young children. 274 out of the 586 CHWs are w omen. As the proposed action relies partially on CHWs, it ensures a comprehensive approach of the situation of displaced people as w ell as access to w omen and children. Discussions have been initiated w ith the MoPH to provide gender-aw areness trainings at community level and gender-aw areness trainings and the development of the role of CHWs for social inclusion of marginalized populations. PU-AMI has also put a lot of efforts in Kunar to ensure the availability of female health staff at provincial level as w ell as at health facilities level. Female health staff are currently available in the hospital (nurses and midw ives), and midw ives are also w orking at health facility level (43 out of 115 professional health w orkers in Kunar are w omen - doctor, nurse and midw ives). The gender-aw areness approach w ill develop the possibilities of recruitment of female staff w ithin the communities, as part of the BPHS guidelines on gender-equality. The approach w ill be integrated and done at different level, from the Health Facility Shura-e-Sehi untill the Health Post Shura-e-Sehi w ith the support of the Community Health Workers. In CHWs trainings on adequate complementary feeding, on MUAC screening, on MNP distribution and on sanitation, the target w ill be to train 40% of females. PU-AMI w ill include one training for midw ives (on Delayed Cord Clamping and counseling on breastfeeding). All trainings w ill be gender-tailored. The SQUEAC Surveys and Rapid Nutrition Assessments w ill include a gender analysis that w ill identify male and female separately and the gender gaps that need to be addressed. Regarding the Latrine rehabilitation/construction, the project w ill endeavor to make available one latrine/toilet for men and one for w omen, in each targeted HF.

Select (tick) activities that supports the gender theme

Ticked	Activity
☐	**Activity 1.1.1:** Trainings on TSFP for the relevant Health Facility and Health Post staff
☐	**Activity 1.1.2:** Set-up of 14 Health Facilities located in 8 districts of Kunar province not yet covered w ith equipment, material and recruitment of male and female food distributors
☑	**Activity 1.1.3:** Management of Moderate Acute Malnutrition in 14 Health Facilities in 8 districts of Kunar province not yet covered, w ith supply of food commodities for TSFP for PLWs and boys and girls under 5.
☐	**Activity 1.1.4:** Set-up of a Stabilization Center in Asmar CHC, w ith equipment, material, and recruitment of one nurse and one pediatrician
☑	**Activity 1.1.5:** Admission of 90 0-59 months boys and girls having SAM w ith complication
☑	**Activity 1.1.6:** ToT of 25 CHS (23 men and 2 w omen) and training of 327 CHWs (163 w omen and 164 men) on MUAC screening,on active case finding and on defaulter tracing to maximize the programme coverage
☑	**Activity 1.1.7:** 78 CHWs (43 men and 35 w omen) screen the community a household level during the 12 month project in Shigal and Sarkani districts
☑	**Activity 2.1.1:** Training of 40 midw ives on delayed cord clamping and on counselling on breast feeding
☑	**Activity 2.1.2:** ToT of 25 CHS and training of 586 CHWs on distribution of multiple micro-nutrient pow ders.
☑	**Activity 2.1.3:** Promotion of systematic referral from Health Post to Health Facility by male and female CHWs
☑	**Activity 2.1.4:** Provision of Education sessions tow ard the community using IEC material and distribution of multiple micro-nutrient pow ders and dew orming
☑	**Activity 2.1.5:** Provision and distribution of : - calcium supplementation and dew orming for pregnant w omen - multiple micro-nutrients pow ders for children 6-23 months
☑	**Activity 2.2.1:** Construction / rehabilitation of toilets / latrines for men and w omen in 17 Health Centers
☑	**Activity 2.2.2:** Distribution of basic equipment (hygiene kits) for hand w ashing to AM PLWs according to SPHERE standarads
☐	**Activity 2.2.3:** Training on safe disposal of faeces to health facilities staff, CHS, guards, health educators and CHWs
☐	**Activity 2.2.4:** Training of identified health facilities staff on latrine use and management (maintenance)

Cross Cutting Issues	HIV HIV/AIDS prevention, treatment and control are key ongoing activities under BPHS in Kunar, in all BHCs, CHCs, DH and PH. The screening for Sexual Transmitted Infections and referral already exists and w ill be strengthened throughout the BPHS implementation. One nurse w ill be identified in each CHC and DH as HIV counselor. Pregnant w omen present at MCH consultations and considered suspected for STI w ill be screened and referred to the DH/PH to receive counseling and testing in the VCCT center. Therefore, by filling the gap of TSFP in more than half of the province, all BHCs and CHCs w ill offer both screening for STI and counseling, and supplementary food. ENVIRONMENT Waste management is a strong concern under BPHS. PU-AMI strictly follow s the Infection Prevention

	Guidelines of MoPH in each clinic. All HFs have the following waste management equipment and facilities: safety box for sharp materials (needles and surgical blades), buckets for general and infectious waste, incinerators for burning infectious solid waste and holes for the burying organic waste, incinerated materials and non infected sharp materials like vials and ampoules. Solid Waste Management is well understood and integrated at HF level, and will be further formalized by the establishment of Infection prevention committee in each HF to meet on monthly basis for the management of waste, to address environmental protection awareness training and procedures. Besides, to avoid troubles linked with power cuts and huge fuel consumption, solar system energy panels will be provided at HF level. It will ensure a sustainable, cost-effective and environment-friendly way of supplying energy for the DH and CHCs. Food distribution implies providing plastic sachets and containers that need to be properly recycled or recuperated. Their safe disposal, including those from RUTF and RUSF, will be taken into account in the proposed action, through regular briefings to food distributors to encourage the beneficiaries to re-use their containers, a limited distribution of sachets, and bins at disposal in each HF to collect the plastic sachets. Prior to the latrine construction/rehabilitation, the WASH Engineer will conduct a proper WASH needs assessment in the selected HFs of the province, to ensure the latrines will be appropriately designed, built and located to meet the SPHERE requirements. The latrines will have to be easy to use, keep clean and not present a health hazard to the environment. Thanks to the coordination with UNICEF and ECHO projects, the latrines will provide water for hand washing and/or for flushing. Besides, the latrines will allow for the disposal of women's menstrual hygiene materials and the necessary privacy to wash and dry menstrual hygiene materials. WASH WASH has fundamental role in improving nutritional outcomes. Given its direct impact on infectious diseases, WASH is important to prevent malnutrition. The impact of persistent diarrhea on nutrition-related poverty and the effect of malnutrition on susceptibility to infectious diarrhea are reinforcing elements of the same vicious cycle, especially amongst children. In 2008, the WHO estimated that 50% of malnutrition was associated with repeated diarrhea or intestinal worm infections as a result of unsafe water, inadequate sanitation or insufficient hygiene. Diarrhea, largely caused by a lack of safe water supply and sanitation structure and a lack of hygiene practices, is a leading cause of death in children under 5. Waste is collected by trucks in clinics with septic tanks. During the project, sanitation facilities will be improved in selected HFs, and the staff will be trained in latrine maintenance. In order to avoid possible contamination of ground/surface water, flush toilets will be built/rehabilitated and connected in all HFs having a septic tank. For 3 HFs without a septic tank, traditional latrines will be built, making sure there will be no risk of pollution and/or contamination.
Gender Marker of the Project	The project is designed to contribute in some limited way to gender equality
Environment Marker of the Project	B+: Medium environmental impact with mitigation(sector guidance)
Safety and Security	PU-AMI interventions will take place in Kunar province, where a range of dangerous incidents take place on very regular basis. The presence of international troops, national army and several armed opposition groups contribute to an overall unstable environment. The major roads remain relatively safe during day time and become unsafe at night fall. According to the International NGO Safety Organization (INSO), AOG attacks in Kunar Province increased by 12 % in the first 10 months of 2013 compared to 2012. Aerial bombardment, Afghan National Security Forces (ANSF) against AOG ground engagements, rocket and mortar attacks, and Improvised Explosive Devices (IEDs) remain the main risks of collateral damage to civilians in the Province. In 2013, similarly to 2012, more than three AOG incidents took place per day on average in Kunar. Despite the challenging security context, the activities of PU-AMI in the area are currently not hampered by the security situation. This is mainly due to the fact that PU-AMI has been continuously present and active in Kunar Province since 1994, and with some of PU-AMI staff still working in PU-AMI projects in Kunar today, enables PU-AMI to have a strong acceptance from all the local communities of the province. The fact that 100% of PU-AMI health facilities are functional today illustrates well this acceptance. PU-AMI has basic security rules for each of its bases, containing security procedures as well as regulations for proper behavior, restrictions, persons in charge, and contact lists. Security and evacuation plans for Kunar base and Jalalabad liaison office are being updated on a very regular basis. In addition, PU-AMI has security and contingency plans specific to Kunar and Jalalabad respectively, and the staff has been trained on those procedures. Security management is split chiefly between the project managers, the expatriate Field Coordinator in Jalalabad, a security focal point for Kunar, with support given as needed by the Logistics Coordinator in Kabul. The field visits of expatriates in Kunar are organized under strict security rules under headquarters supervision. Routine supervision is organized by all provincial medical team members, and the Community Health Supervisors supervise the CHWs on a regular basis. Most of the team members have been working in the area for many years and learnt how to mitigate the risks through constant discussions and negotiations with community leaders and community Shura-e-Sehi. Depending on security clearance, joint monitoring visits could be organized with the main stakeholders of the Nutrition projects in Kunar.
Access	Due to PU-AMI""s long-standing presence and acceptance in Kunar Province by local leaders, communities, as well as local government authorities, overall access and ability to monitor programs and health facilities is possible. Furthermore, during the last year of overall projects implementation in Kunar, there have not been any significant issues with access and ability to monitor activities. The access to the field is maintained through the links PU-AMI has built with the community throughout the years. The PU-AMI Jalalabad Liaison Office, opened in May 2013 with an expatriate Field Coordinator, has significantly strengthened the ability to coordinate and collaborate with other actors in the Eastern Region. It makes it possible to meet with project staff on a regular basis (from weekly to monthly), and to organize trainings when those are not possible in Asadabad. It provides a logical point from which to do visit to Asadabad, or for Kabul staff to meet with the Program staff if Asadabad is not accessible. Kunar staff, particularly the Project Manager will meet with the field coordinator on a weekly to bi-weekly basis, with roughly three quarters of the meetings held in Jalalabad and one quarter in Asadabad. Should the security situation improve, this can be changed to a more equal split. At national level, the security situation is constantly monitored, in particular concerning Kabul where PU-AMI Head Office is located; to analyze how a security incident could potentially negatively affect the programming. This is also relevant concerning the movements between Kabul and Kunar Province. Indeed, Kunar is located in the north eastern region of Afghanistan; transport goes through globally unsecure areas. As the security situation is constantly changing, a list of HFs accessible for national and expatriate staff has been established. It is updated monthly by the Kunar Security Focal Point (please see Appendix 7 in the documents uploaded). It is monitored on a daily basis with numerous communication channels between staff, local communities and other actors in the Province (by email, phone, skype, etc). Monitoring remains a challenge in some districts of the program implementation. Specifically, Quro BHC (Watapur District) is a location where Afghan national staff cannot currently access to monitor the activities of the health clinics. Some WASH activities had initially been planned in this Health Center. However, the access to this HC being currently impossible for the WASH Engineer, the logisticians and for the M&E teams, the HF has been removed from the Implementation plan. Every month, all HF Directors are meeting in Asadabad, in order to report on the activity progress and issues faced in their health center. It is an opportunity for HFs directors to exchange about the issues they face, and the solution they can find, and one of the ways to monitor the activities of the HF, when PU-AMI supervision staff cannot go directly there. Depending on the possible access in the HFs, the monitoring by PU-AMI staff is done on monthly, bi-monthly or quarterly basis. When direct monitoring by PU-AMI staff is impossible, monitoring could be done by District Health Officers (who are MoPH staffs), who work in very close collaboration with PU-AMI staff.

BUDGET

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
1.1	Expatriate support staff	4	5210.603	2	100%	41,684.82
	PU-AMI has settled a procedure for the allocation of shared costs, and this method has been used to define the support costs in this budget. Defining an allocation method for shared costs allows us to distribute across budgets, expenses that cannot be entirely attributed to one specific project. These costs must therefore be shared in a fair and transparent manner by donors (in other words, fairly distributed using an allocation key for each expense). These shared mission costs include in particular: - Wage costs (head of mission, head administrator, mission logistician, administrative assistants, logistics, drivers, etc.); - General mission costs (rent, communication, etc.). This method first requires the creation of allocation keys that correspond to a ratio for cost allocation across the various projects of a mission. These keys change as the mission progresses according to the increase or decrease in the number of projects. The allocation keys are then used during the budgeting process when proposing a new project. The allocation keys make it possible to determine what amount of shared costs must be budgeted in a new project. Allocation keys allow expenses to be allocated to donors up to a certain amount determined when the budgets are created. For a specific budget line, the calculation of this amount is based on fair allocation and can be traced back to the estimated total amount to be spent. In this budget, this method allowed us to determine the number of month to be allocated to the CHF budget, representing 1,5 or 2 months, in function of the budget line, regarding the duration of the project and the total amount requested. Expatriates Support Staff budget line represents: salaries, perdiem, medical care and life insurance, staff training, and R&R costs. International staff costs are in accordance with PU-AMI personnel salary structure and policy. Head of Mission, Administration and Finance Coordinator, Logistic Coordinator and Grant Manager are budgeted for 1.5 months, based on the allocation for shared costs method. (see budget breakdown for details)					
1.2	Expatriate programme staff	2	3851.348	2	100%	15,405.39
	Expatriates Program Staff budget line represents: salaries, perdiem, medical care and life insurance, staff training, and R&R costs. International staff costs are in accordance with PU-AMI personnel salary structure and policy. Medical Coordinator is budgeted for 2 months and Medical Advisor is budgeted for one month, based on the allocation for shared costs method.					
1.3	HQ support staff	2	1639.249	1	100%	3,278.50
	Field visits from HQ will be necessary to ensure monitoring and follow up of the activities. 2 visits for the main managers of the Operational Desk are planned. The two visits will include salaries while on the field, perdiem and insurances.					
1.4	National Support coordination staff	48	472.5858	2	100%	45,368.24
	National Support Staff budget line represents: salaries, national taxes, hardship and national medical care and life insurance. National personnel costs are based on the PU-AMI Afghanistan					

	national salary scale. National staffs are hired follow ing PU-AMI policy and internal manual of procedures. Admin team, logistic team, HR team, Medical team and Security team are budgeted for 1.5 months, based on the allocation for shared costs method.					
1.5	National Support Base - Kunar staff	24	417.6001	2	100%	20,044.80
	National Support Base Staff budget line represents: salaries, national taxes, hardship and national medical care and life insurance. National personnel costs are based on the PU-AMI Afghanistan national salary scale. National staffs are hired follow ing PU-AMI policy and internal manual of procedures. Admin team, logistic team, HR team, Medical team and Security team are budgeted for 2 months, based on the allocation for shared costs method.					
1.6	National programme staff - Kunar base	21	272.9592	10	100%	57,321.43
	National Program Staff budget line represents: salaries, national taxes, hardship and national medical care and life insurance. National personnel costs are based on the PU-AMI Afghanistan national salary scale. National staffs are hired follow ing PU-AMI policy and internal manual of procedures. Pedetrician, Nurse, PM, Assistant Nutrition, Food distributors, Database officer are budgeted betw een 6 and 12 months in function of the needs of the activities.					
1.7	Other benefits - National staff	1	4012.857	2	100%	8,025.71
	National personnel costs are based on the PU-AMI Afghanistan national salary scale. Others benefits for National Staff are including Daily w orkers both in the field and in Kabul, medical expenses, trainings for National staff, meal allow ances and National staff insurances paid at HQ level. These benefits are budgeted for the program staff during their w ork period and for the support staff during the financed period.					
	Section Total					191,128.90

2 **Supplies, Commodities, Materials** *(please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
2.1	Rental GH Coordination - Kabul	1	4237.07	2	100%	8,474.14
	PU-AMI has settled a procedure for the allocation of shared costs, and this method has been used to define the support costs in this budget. Defining an allocation method for shared costs allow s us to distribute across budgets, expenses that cannot be entirely attributed to one specific project. These costs must therefore be shared in a fair and transparent manner by donors (in other w ords, fairly distributed using an allocation key for each expense). These shared mission costs include in particular: - Wage costs (head of mission, head administrator, mission logistician, administrative assistants, logistics, drivers, etc.); - General mission costs (rent, communication, etc.). This method first requires the creation of allocation keys that correspond to a ratio for cost allocation across the various projects of a mission. These keys change as the mission progresses according to the increase or decrease in the number of projects. The allocation keys are then used during the budgeting process w hen proposing a new project. The allocation keys make it possible to determine w hat amount of shared costs must be budgeted in a new project. Allocation keys allow expenses to be allocated to donors up to a certain amount determined w hen the budgets are created. For a specific budget line, the calculation of this amount is based on fair allocation and can be traced back to the estimated total amount to be spent. In this budget, this method allow ed us to determine the number of month to be allocated to the CHF budget, representing 1,5 or 2 months, in function of the budget line, regarding the duration of the project and the total amount requested. The rent for the GH in Kabul is budgeted for 1.5 months, based on the allocation for shared costs method.					
2.2	Rental Office Coordination - Kabul	1	2383.93	2	100%	4,767.86
	The rent for the Office in Kabul is budgeted for 1.5 months, based on the allocation for shared costs method.					
2.3	Rental GH Base	1	892.8571	2	100%	1,785.71
	The rent for GH in Province is budgeted for 2 months, based on the allocation for shared costs method.					
2.4	Rental Office base	1	1339.285	2	100%	2,678.57
	The rent for Office in Province is budgeted for 2 months, based on the allocation for shared costs method.					
2.5	Running costs - Coordination Kabul	1	2651.79	2	100%	5,303.58
	The running costs for the Coordination office and GH include: Office repair, maintenance, furniture, little equipments, stationary, charges (gas, electricity, w ater), bank expenses, administrative expenses for Kabul. These running costs are budgeted for 1.5 months, based on the allocation for shared costs method.					
2.6	Running costs - Base	1	3129.48	2	100%	6,258.96
	The running costs for the Base office and GH include: Office repair, maintenance, furniture, little equipment, stationery, charges (gas, electricity, w ater). These running costs are budgeted for 2 months, based on the allocation for shared costs method.					
2.7	Comnication costs - Coordination Kabul	1	1352.68	2	100%	2,705.36
	These costs include: Mobile phones credit, internet connection for Kabul staff linked w ith the project. These communication costs are budgeted for 1.5 months, based on the allocation for shared costs method.					
2.8	Communication costs- Base	1	971.4285	2	100%	1,942.86
	These cost include: Mobile phones credit, internet connexion, Thuraya credit for the staff linked w ith the project. These communication costs are budgeted for 2 months, based on the allocation for shared costs method.					
2.9	Vehicle costs - Coordination Kabul	1	3241.07	2	100%	6,482.14
	These cost include: Rental cars, running costs cars for daily movements of staff. These running costs are budgeted for 1.5 months, based on the allocation for shared costs method.					
2.10	Vehicle costs - Base	1	3303.571	2	100%	6,607.14
	These cost include: Rental cars, running costs cars for daily movements of staff. These running costs are budgeted for 2 months, based on the allocation for shared costs method.					
	Section Total					47,006.32

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
3.1	Communication equipment	10	63.6507	1	100%	636.51
	10 Phones for staff linked w ith the project					
3.2	IT Equipment	11	524.0909	1	100%	5,765.00
	3 Laptops, 1 desktop, 2 printers 5 UPS for staff linked w ith the project and 1 camera for Monitoring & Evaluation					
3.3	Security Equipment	1	3350	1	100%	3,350.00
	Training for team, housing protection (anti blast, gates, barbw ires) for Kabul and Base, and Security cases, security supplies (tools, first aid kits, jerry cans...) for Kabul and Base					
	Section Total					9,751.51

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	Section Total				0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
5.1	Transportation of Expatriate Staff	6	1408.333	1	100%	8,450.00
	6 Expatriates w orking on the project x 1 flight (+ additional costs) Europe - Afghanistan					
5.2	Transportation of HQ support staff	2	1861.785	1	100%	3,723.57
	2 field visit to support/monitor the project x 1 flight (+ additional costs) Europe - Afghanistan and inside country travel (Province travel)					
5.3	Transportation of National Staff	1	600	2	100%	1,200.00
	Includes daily transport allow ances for National staff w hen moving from Coordination to field or the opposite and taxi/rental costs for these movements					
	Section Total					13,373.57

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	Section Total				0.00

7 **General Operating and Other Direct Costs** *(please include general operating expenses and other direct costs for project implementation)*

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
7.1	Trainings for HF staff	1	2088.931	12	100%	25,067.17
	Including: - TSFP training for 59 Health Facility Staff (3-days) and 327 CHWs (1-day) for a total amount of 4017.9 USD, - Nutrition Education training for 327 CHWs (1 day) covering 8 districts for a total amount of 2014.55 USD (incl. stationery, food, transportation and accommodation allow ance), - Training of midw ives on Delayed Cord Clamping and counseling on breastfeeding (3-days) for a total amount of 2067.86 USD (incl. stationery, food, transportation and accommodation allow ance), - Training of 25 CHS (3-day) and 586 CHWs (1-day) on MMNP distribution, for a total amount of 4445.87 USD (incl. stationery, food, transportation and accommodation allow ance), - Training on MUAC and Active Case Finding of 25 CHS (3-day) and 327 CHWs (1-day) for 8 districts, for a total amount of 3127.61 USD (incl. stationery, food, transportation and accommodation allow ance), - Training on Handw ashing for 289 CHWs (1-day) (the rest being trained under a UNICEF project) for a total amount of 4443.38 USD (incl. stationery, food, transportation and accommodation allow ance), - Training on safe disposal of faeces for 30 HF staff (3-day) and 586 CHWs (1-day) for a total amount of 4950 USD (incl. stationery, food, transportation and accommodation allow ance).					
7.2	IEC tools	1	3000	1	100%	3,000.00
	IEC tools for the education session to the community by CHWs					
7.3	Nutrition-related activities	1	5049.11	12	100%	60,589.32
	Including: - Implementation of TSFP in 14 health facilities in 8 districts in Kunar: based on the estimation for the current WFP project implemented in 7 districts in Kunar, for a total amount of 2922.5 USD including travel cost for coordination and monitoring of staff; distribution costs - bags and containers; truck transportation costs for secondary transportation and offloading/onloading costs; the costs related w ith the recruitment of food distributors are included in budget chapter 1.5, - Purchase of Calcium Supplementation pills in all districts for a total amount of 6371.02 USD for 5170 PLWs, - Purchase of Dew orming pills in all districts, for a total amount of 1495.80 USD for 5170 PLWs, - Incentives of CHWs for MMNP distribution : 4 USD x 5 days x 586 CHWs for all Kunar province, for a total amount of 11720 USD, based on PU-AMI internal procedures , that correspond to the Public Nutrition Department guidelines of the MoPH, - Incentives of CHWs for Active Case Finding : 78 CHWs (for 2 pilot districts - Shigal and Sarkani) x 30 USD x 12 months, for a total amount of 28080 USD, based on PU-AMI internal procedures on per diem, - Establishment of a Stabilization Center in Asmar CHC : the cost of the medical and non-medical equipment are according to the WHO standard costs for an estimated amount of 10000 USD.					
7.4	WASH-related activities	17	2349.475	1	100%	39,941.08
	Costs for construction and rehabilitation of latrines/flush toilets in 17 HFs including equipment, material, and labor cost (skilled and unskilled w orkers, plumber)					
7.5	Dignity Kits	3000	9.821428	1	100%	29,464.28
	Including bucket, pot, soap, tow el and menstrual hygiene material					
7.6	Transportation for the aid activities	1	7017.86	1	100%	7,017.86
	Including: - Transportation for Calcium and Dew orming pills, 2 trips planned (as per expected volume), for a total amount of 1142.86 USD, - Transportation for MMNP pow ers, 2 trips planned (as per expected volume), for a total amount of 571.43 USD, - Transportation of Stabilization Center medical and non-medical equipment, as per WHO standard costs of transportation, for a total amount of 2000 USD, - Transportation of Dignity Kits, 1 trip planned (as per expected volume) for a total amount of 892.86 USD, - Monitoring and Evaluation staff transportation, representing the equivalent of 3 months of car rental for the w hole project, for a total amount of 2410.71 USD.					
7.7	Visibility actions	1	388.977	1	100%	388.98
	Stickers, panels					
	Section Total					165,468.69

Sub Total Direct Cost	426,728.97
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.766535260621989%
PSC Amount	29,871.03

Quarterly Budget Details for PSC Amount

2014			2015		Total
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total CHF Cost	456,600.00

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Kunar -> Asadabad						0	4
Kunar -> Watapur						0	9
Kunar -> Narang						0	4
Kunar -> Sarkani						0	9
Kunar -> Marawara						0	9
Kunar -> Shigal Wa sheltan						0	9
Kunar -> Dara-e-Pech						0	4
Kunar -> Chawkay						0	4
Kunar -> Khaskunar						0	4
Kunar -> Dangam						0	4
Kunar -> Barkunar						0	9
Kunar -> Ghaziabad						0	9
Kunar -> Chapadara						0	9
Kunar -> Nurgal						0	4
Kunar -> Nari						0	9

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

DOCUMENTS

Document Description
1. Appendix 1 PUAMI Anthropomeric Survey 2012
2. Appendix 2 PUAMI Beneficiaries and Food Calculation
3. Appendix 3 PUAMI Summary Nutrition Actions Kunar
4. Appendix 7 PUAMI HFs Access
5. OCHA Finance Comments Preliminary Submission Project AFG 251.docx
6. Appendix 4 Map of PUAMI Nutrition Activities Kunar
7. Appendix 8 List of accronyms
8. Appendix 5 Map of proposed intervention under CHF proposal
9. Appendix 10 PUAMI Budget Breakdown
10. Appendix 6 WASH needs assessment
11. Appendix 9 Description of Beneficiaries