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|-----------------------------------|--|---------------------------------|-----------------------------|
| Requesting Organization : | Afghan Women Rights Organization | | |
| Allocation Type : | 2022 3rd Reserve Allocation | | |
| Primary Cluster | Sub Cluster | Percentage | |
| NUTRITION | | 100.00 | |
| | | 100 | |
| Project Title : | Mobile Health and Nutrition Services in Sheberghan City of Jowzjan Province | | |
| Allocation Type Category : | | | |
| OPS Details | | | |
| Project Code : | | Fund Project Code : | AFG-22/3481/RA3/N/NGO/23609 |
| Cluster : | | Project Budget in US\$: | 191,628.12 |
| Planned project duration : | 6 Months | Priority: | |
| Planned Start Date : | 01/12/2022 | Planned End Date : | 31/05/2023 |
| Actual Start Date: | 05/12/2022 | Actual End Date: | 04/06/2023 |
| Project Summary : | <p>This project aims to contribute to reduction of child and women morbidity and mortality related to under and malnutrition in Sheberghan city of Jowzjan province. The 2022 IPC Analysis identifies the province in IPC Phase 4 from Jun – Nov 2022 with 127, 572 individuals (20%) classified in IPC 4 and 159,466 individuals (25%) classified in IPC 3. The same analysis identifies the province's urban areas in IPC phase 4 with 32,499 individuals (20%) in IPC 4 and 48,748 (30%) of its population in IPC 3.</p> <p>Through this project, the AWRO proposes to provide Mobile health and Nutrition services in Sheberghan city of Jowzjan province to cover 14000 individuals. Under this project, AWRO proposes to provide two mobile Nutrition teams to:</p> <ul style="list-style-type: none"> • Provide Out-Patient nutrition services to under and malnourished children under 5 years of age (SAM and MAM) and Pregnant and lactating Women (PLW) • Provide necessary primary healthcare services for the target children and PLW to ensure effective treatment of under and malnourishment (diagnosis and primary treatment of children for common childhood diseases) • Refer severe cases of malnutrition with complications to inpatient treatment care centers by the provision of Cash for Nutrition for the eligible Project Participants • Empower the community to detect and prevent under and malnutrition through Family MUAC approach • Promotion of IYCF awareness and counseling • Provision of PSS counseling and Stimulation Sessions Care Practices <p>Specific target areas for the mobile teams will be defined in coordination with the BPHS implementers and the Provincial Public Health Directorate (PPHD) to avoid duplication of services and ensure that the uncovered areas will be targeted to benefit from the services provided.</p> <p>Project Participant Targets: SAM IPD: 50 children SAM OPD: 240 children MAM OPD: 800 children PLW: 400 women Family MUAC Orientation: 5000 women Children Screened: 5000 children IMNCI: 2000 children MIYCN: 100 women, 1500 children PSS Counseling: 400 women</p> <p>In total, 14,000 individuals will be covered under this project.</p> <p>For the provision of Cash for Nutrition, we will contract with an MSP/FSP to transfer the Cash to the eligible Project Participants as introduced by the AWRO. MPSs are available in all parts of the Sheberghan city and accessible to all project participants, there are no barriers for any age group. The MSP system is preferred and endorsed by the communities as the bank systems are more time-taking and complicated. The MSP system is not prone to risks as they take its own transparency and security measures. The leak of data might put the project participants in risks of theft and violence; data will be kept confidential and will be shared with no parties without prior approval of the AHF, OCHA, and the Cluster. AWRO will also agree with the MSP in terms of data protection and the agreement will include a term in this regard.</p> <p>For the nutrition supplies and supplements, AWRO will coordinate agreements with the UNICEF and</p> | | |

WFP to receive the nutrition supplies for undernourished children and PLW.

Direct beneficiaries :

| Men | Women | Boys | Girls | Total |
|-----|-------|-------|-------|--------|
| 0 | 5,910 | 4,045 | 4,045 | 14,000 |

Other Beneficiaries :

| Beneficiary name | Men | Women | Boys | Girls | Total |
|------------------|-----|-------|-------|-------|--------|
| Host Communities | 0 | 5,910 | 4,045 | 4,045 | 14,000 |

Indirect Beneficiaries :

The household members of the supported Project Participants will benefit indirectly from the project.

Catchment Population:

Link with allocation strategy :

The intervention is fully aligned with the HRP SO1: "Timely, multi-sectorial, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity", and with the Nutrition Cluster Objective 1: "Increasing the equitable access and utilization of quality life-saving nutrition services for the early detection and treatment of acute malnutrition for children and PLW affected by acute malnutrition".

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 |
|-------------------------|----------------------------------|----------------------------|-------------------------|
| Mustafa Ahmadi | Head of Programs and Focal Point | mustafa.ahmadi@awro.org.af | +93700189189, 786555561 |
| Sayed Farhadullah Ebadi | Managing Director | director@awro.org.af | +93786126612, 700283443 |

BACKGROUND

1. Humanitarian context analysis

2. Needs assessment

Jowzjan province is classified under the IPC phase 4 in the IPC analysis for Jun - Nov 2022; it is among the provinces with the highest priority given the effect imposed by the drought. 20% of its population (32,499) from the Urban areas is classified in IPC phase 4. The FEWS NET Report for 2022 shows that a seasonal increase in the prevalence of acute respiratory infections, acute malnutrition, and hunger-related mortality is expected through March, and levels are expected to be higher than normal due to the reduced health system capacity and increased food insecurity in the country. Worst affected households not receiving assistance are expected to engage in extreme coping and face Emergency (IPC Phase 4) outcomes, with particular concern for drought-affected areas, urban areas, and hard-to-reach highland areas where livelihood options are more limited.

The Strategy paper for AHF 3rd RA states that a staggering 19 million people (45 per cent of the population) continue to be in crisis or emergency levels of food insecurity (IPC 3+). Of these, 6 million people are at emergency levels of food insecurity (IPC 4), one of the highest numbers globally. There is a strong correlation between areas affected by potential drought and existing food insecurity and malnutrition. It is anticipated that the dire food insecurity situation will be exacerbated by drought and water scarcity. The impact of prolonged dry spells on the food security status in rural areas could trigger an early lean season onset. Increasing food insecurity and limited safe water availability are expected to complicate treatment for moderate acute malnutrition (MAM) and severe acute malnutrition (SAM), and place even more children, pregnant and lactating women (PLW) at risk of worsening health conditions.

The HNO 2022 shows that the massive increase in food insecurity, the precariousness of the socio-economic and political situation, decades of conflict and displacement, droughts, Covid-19 pandemic and unaddressed nutritional needs in the past years have combined to drive a surge in acute malnutrition amongst vulnerable populations. An estimated 4.7 million people will suffer from acute malnutrition in 2022, an increase of 21 per cent from 2021, including 1,078,804 children with SAM, 2,807,452 children with MAM, and 836,657 Pregnant and Lactating Women (PLW) with acute malnutrition. 85 per cent of assessed households reported a barrier to nutrition services. Reasons for limited achievements include that 38 per cent of the health centers do not provide services for SAM children, 55 per cent for MAM, and barely one hundred of mobile teams have been deployed to complement the health facilities in hard-to-reach areas.

Data analysis from the national HMIS/Nutrition database shows that while the number of admissions for SAM in the first semester 2021 was slightly higher than that in 2020, there was a substantial decline in the second part of the year driven by a collapse in access. There are also gendered impacts that restrict women's ability to access nutrition and related services. This spring season corresponds to the top lean season that is estimated from Jan to May and expected peaks of acute malnutrition.

These combined, trigger the urgent need of action by the nutrition actors to respond immediately to close the gap and meet the needs in order to save lives by designing and implementing life-saving interventions.

3. Description Of Beneficiaries

4. Grant Request Justification

Substantial expansion of the nutrition response is required to close the gap, to meet new needs, to save lives and to preserve the development potential of children. Limited access to nutrition and health services is an additional barrier Afghans have to bear with. Despite the objective of the BPHS/EPHS system to provide health services free of charge, WHO figures show that from 2006 to 2018, out of pocket % spending did not improve and even increased slightly from 76.8% to 78.4%. The negative health seeking behavior is further exacerbated by COVID-19, the population being reluctant to go to the referral centers due to fear of stigma and contagion. Indeed, the analysis of admissions in in-patient care for SAM show a decrease of 33% and 3% for out-patient care in Nov 2020 compared to the same period before the pandemic.

The FEWS NET report for 2022 indicates that as the lean season progresses, more HHs will deteriorate to Crisis (IPC 3) in rural and urban areas. However, in the Jun to Sep period, Crisis (IPC Phase 3) outcomes are expected to re-emerge in areas worst impacted by below-average crop and livestock production, resulting in under and malnutrition. Due to political and financial instability in the country, a reduction in investment by private sector and humanitarian actors has reduced activity in construction services, other industries, nutrition and health care. This has resulted in a huge reduction in communities' access to nutrition and healthcare facilities. A seasonal increase in the prevalence of acute respiratory infections, acute malnutrition, and hunger-related mortality is expected through March, and levels are expected to be higher than normal due to the reduced health system capacity and increased food insecurity in the country.

Additionally, long distances, lack of cash, and accommodation for other members of the HHs refrain most of rural and urban HHs from adhering to the referral and counter referral system. The Cash Assistance allows targeted HHs and individuals to access services that can have a positive impact on maternal and child nutrition. These include transportation costs and costs for accommodation. CVA can improve participation in nutrition SBC activities and attendance to priority preventive health services. Further, the increase in HHs income associated with CVA can reduce economic pressures and HHs tensions, in turn increasing the time available for caregiving, enhancing women's decision-making power, and improving psychological well-being, hence indirect health benefits for children as well. The cash modality is accepted, and endorsed by the community representatives considering the contexts. Eligible HHs will receive the cash to cover the costs of referral to inpatient care centers for SAM cases with complications. This will be conditional cash and they must fulfill the requirements as defined for SAM cases with complications; the doctors in the MHNTs will make sure whether the child fulfills the entire requirement for referral or not, and will be required to spend it on the activities related to the treatment of SAM.

The humanitarian needs of the already affected populations will likely be further aggravated in the upcoming months as a result of the drought. Compounding shocks, including the severe drought, COVID-19 and armed conflict have exacerbated protracted nutrition crisis. Urgent Nutrition interventions are needed to meet needs, save lives and to preserve the development potential of children. Approaches that can assist the affected and vulnerable populations, and help to empower the communities to reduce nutrition-related issues are required. Interventions, such as this project, will contribute to the reduction of mortality and morbidity of CU5 and PLW by addressing malnutrition cases as it provides mobile nutrition services to make sure the neediest populations have access to primary health and nutrition.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To reduce child and women morbidity and mortality related to under and malnutrition in Sheberghan city of Jowzjan province.

NUTRITION

| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
|--|---|---------------------------------|
| 2022 HRP Nutrition Outcome 1.2: Increased equitable access and utilization of quality lifesaving nutrition services for early detection and treatment of acute malnutrition in children under five and pregnant and lactating women. | SO1: Timely, multi-sectoral, life-saving, equitable and safe assistance is provided to crisis-affected people of all genders and diversities to reduce mortality and morbidity. | 100 |

Contribution to Cluster/Sector Objectives : AWRO will implement this lifesaving nutrition intervention in the under-served areas, not covered by the BPHS implementers, in Jowzjan province's Sheberghan city. This will contribute to the Cluster objective 1 as it contributes to the increasing of equitable access to nutrition services for early detection and treatment of acute malnutrition for children and PLW affected by malnutrition

Outcome 1

Timely access to quality nutrition services is improved through provision of mobile health and nutrition services

Output 1.1

Description

Nutrition services are implemented in the selected districts, and the children under 5 years of old and PLW have access to the treatment of acute malnutrition (SAM and MAM). 14000 individuals will from all ages received nutrition and health services in Sheberghan city of Jowzjan province.

Assumptions & Risks

The current security situation in the targeted areas of project is not serious. AWRO will involve community elders and district authorities in project planning and implementation which is a positive step for safety and security of project staff. Besides long term working experience, AWRO is undertaking situational and context analysis at provincial and district level, maintains contact and information sharing with field staff on the ground and continues to follow up the security situation with field staff.

ASSUMPTIONS

- Political stability in overall the country
- The security situation in the target areas remain manageable for project implementation
- Communities accept and support the project
- Conflict is not likely to increase in the usual winter season
- Program staff will continue to have all the communities available
- The target areas remain accessible for travel, implementation and monitoring
- The new government support local, international NGOs to have intervention and coordination
- Authorities, at national (MoPH) and local (PPHD) and communities support continuously the project good coordination with the BPHS implementers at provincial level
- Resources and materials remain available at country level with reasonable prices
- Nutrition supplies are delivered on time by UNICEF and WFP
- TFU where to refer complicated SAM cases are functional in each province
- HF where to refer children and women in need of upper health care and mental health care are functional in each province
- Essential medicines, consumables and medical equipment are available in a timely manner
- AWRO will be able to identify a focal point at the referral center to support the cash component
- Transportation means are available for Project Participants eligible for the cash for nutrition and health to reach the referral centers

RISKS

- The local GOV and leaders are not willing to cooperate
- Women are not allowed to participate in project activities due to negative cultural norms
- Natural disaster or any disease outbreak during the project implementation
- Risk of taxation of Project Participants by AOG or the other stakeholders preventing AWRO to have access to targeted villages and communities
- Changes in the political situation that can negatively affect the project including limiting access by rising bureaucratic hurdles or limiting access to some parts of the population
- Risk of BPHS collapse due to political reasons, leading to the decrease of nutrition and health services areas coverage
- Fraud or corruption in distribution of Cash for Nutrition
- Interference in terms of corruption in selection phase where communities may collude with field staff to sign up the wrong' Project Participants, create 'false' Project Participants, or demand that Project Participants hand over a portion of the Cash for Nutrition in exchange for inclusion in the project
- Project Participant inclusion/exclusion errors
- Dress codes of female project participants

NOTE: Please refer to the RISK MANAGEMENT Section for detailed risk management.

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
|---|-----------|--|-------------------------|-------|-------|-------|-----------|
| | | | Men | Women | Boys | Girls | Target |
| Indicator 1.1.1 | NUTRITION | Number of pregnant and lactating women with AM who are admitted for treatment | | 400 | | | 400 |
| Means of Verification : • Project progress reports • MHNT monthly report • OPD-PLW databases • NIS database • Right-holder register and treatment cards • M&E and Field Visit Reports | | | | | | | |
| Indicator 1.1.10 | NUTRITION | % of Project Participants who are satisfied with the assistance received | | | | | 90 |
| Means of Verification : • Project progress reports • M&E and Field Visit Reports • Interviews with Project Participants admitted to the OPD, BSFP, and primary health services program upon discharge • PDM for Project Participants receiving cash for nutrition • CRM Database and Records | | | | | | | |
| Indicator 1.1.11 | NUTRITION | # of girls and boys (6-59 months) screened for acute malnutrition, diagnosed for childhood illnesses, under Nutrition, and basic health services | 0 | 0 | 3,000 | 3,000 | 6,000 |
| Means of Verification : • Project progress reports • MHNT monthly report • Right-holder databases • Right-holder register and treatment cards | | | | | | | |
| Indicator 1.1.12 | NUTRITION | % of complains/feedbacks received through AWAAZ or AWRO hotline that are handled/processed in a safe, accessible and timely manner | | | | | 90 |

| | | | | | | | | |
|--|-----------|---|---|-------|-----|-----|--|-------|
| Means of Verification : • Project progress reports | | | | | | | | |
| • M&E and Field Visit Reports | | | | | | | | |
| • Interviews with Project Participants admitted to the OPD, BSFP, and primary health services program upon discharge | | | | | | | | |
| • PDM for Project Participants receiving cash for nutrition | | | | | | | | |
| • AWRO CRM Database and Report | | | | | | | | |
| • AWAAZ Referrals | | | | | | | | |
| Indicator 1.1.2 | NUTRITION | Number of girls and boys aged 6-59 months with MAM who are admitted for treatment | | | 400 | 400 | | 800 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • OPD-SAM/MAM database | | | | | | | | |
| • NIS database | | | | | | | | |
| • Right-holder register and treatment cards | | | | | | | | |
| Indicator 1.1.3 | NUTRITION | Number of girls and boys aged 6-59 months with SAM who are admitted for treatment | | | 120 | 120 | | 240 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • OPD-SAM database | | | | | | | | |
| • NIS database | | | | | | | | |
| • Right-holder register and treatment cards | | | | | | | | |
| Indicator 1.1.4 | NUTRITION | # of Project Participants benefitting from health services, stimulation session, awareness raising and counseling services on MIYCN and PSS | 0 | 1,400 | 500 | 500 | | 2,400 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • Right-holder databases | | | | | | | | |
| • Right-holder register and treatment cards | | | | | | | | |
| Indicator 1.1.5 | NUTRITION | # of boys and girls with complicated SAM cases referred to IPD care | 0 | 0 | 25 | 25 | | 50 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • M&E Reports | | | | | | | | |
| • Project Participants acknowledgement of receipt | | | | | | | | |
| • PDM & Monitoring Reports | | | | | | | | |
| Indicator 1.1.6 | NUTRITION | # of caregivers/fathers/mothers trained on MUAC screening (Family MUAC approach) | 0 | 4,110 | 0 | 0 | | 4,110 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • M&E and Field Visit Reports | | | | | | | | |
| Indicator 1.1.7 | NUTRITION | % of MAM children discharged as cured as per SPHERE Standards | | | | | | 75 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • OPD-SAM and MAM database | | | | | | | | |
| • Project Participant register and treatment cards | | | | | | | | |
| • National Nutrition Database | | | | | | | | |
| • Discharge forms | | | | | | | | |
| • M&E Reports | | | | | | | | |
| Indicator 1.1.8 | NUTRITION | % of SAM Children discharged as cured as per SPHERE Standards | | | | | | 75 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • OPD-SAM and MAM database | | | | | | | | |
| • Project Participant register and treatment cards | | | | | | | | |
| • National Nutrition Database | | | | | | | | |
| • Discharge forms | | | | | | | | |
| • M&E Reports | | | | | | | | |
| Indicator 1.1.9 | NUTRITION | % of MAM PLW discharged as cured as per SPHERE Standards | | | | | | 75 |
| Means of Verification : • Project progress reports | | | | | | | | |
| • MHNT monthly report | | | | | | | | |
| • OPD-PLW database | | | | | | | | |
| • Project Participant register and treatment cards | | | | | | | | |
| • National Nutrition Database | | | | | | | | |
| • Discharge forms | | | | | | | | |
| • M&E Reports | | | | | | | | |
| Activities | | | | | | | | |
| Activity 1.1.1 | | | | | | | | |
| Standard Activity : Customized Activity | | | | | | | | |

Project MOU

AWRO will share the project MOU after signing and officially informing the Ministry of Economy (MOE), Ministry of Public Health (MOPH) and line departments at the province level and relevant district governments. AWRO will strengthen coordination at the national level and support at the regional and provincial levels where needed. This will include official introduction of AWRO by the MOE to the provincial Department of Economy, and the by MOPH to the departments of public health and other related official institutions.

Activity 1.1.2

Standard Activity : Customized Activity

Coordination with Related institutions

AWRO will take coordination with UNOCHA, Humanitarian Financing Unit, Nutrition cluster, Ministry of Economy (MOEC) / Department of Economy (DOEC), Ministry of Public Health (MOPH) and Provincial Public Health Directorate (PPHD), and Provincial and district authorities in the region as follows:

- Coordinate with the Ministry of Economy for project introduction to receive project introductory letter for provincial DOEC in Bamyan
- Coordinate with all government line departments, the provincial government sectors departments and districts governors
- Coordinate with clusters, UN-OCHA & regional sub clusters
- Coordinate with BPHS, Subnational Cluster Team, NNGOS & INGOS having similar activities in case of same target areas to avoid overlap and duplication
- Coordinate with the WFP and UNICEF to receive the required supplement for BSFP
- Coordinate with the ESNFI and relevant partners to receive and distribute winterization kits

Coordination with the above-mentioned institutions and stakeholders will contribute to the smooth and proper implementation of project activities, and will avoid overlapping of activities and probable issues.

Meetings:

AWRO will participate in all humanitarian response coordination meetings, cluster meetings at national and regional levels for better coordination and smooth implementation of project.

Activity 1.1.3

Standard Activity : Customized Activity

Recruiting and Training Required Staff

The required project staff will be recruited and trained in the project orientation workshop as follow:

- All the position will be formally announced on ACBAR website, shortlisted, interviewed, and selected
- All the selected staff will be provided with orientation and introductory sessions
- Code of conduct, security policies and all other policies will be signed by staff
- Specific project workshop will be arranged for key project staff to be implemented
- The MHNT members will be trained in relevant topics as required
- The staff members will be trained in RCCE skills and approaches in order to enable them to discuss behavioral change around health matters with the community members to encourage more effective behavioral change.
- Organization CRM, AAP, and other necessary topics will be covered during the orientation for the staff members

Activity 1.1.4

Standard Activity : Deployment of mobile health and nutrition teams to unserved communities

Establishment of two Mobile Health and Nutrition Teams (MHNTs)

The MHNTs will comprise of 5 members: One medical Doctor, one midwife, one Nurse, one PSS Counselor, and one vaccinator. Female staffs will be attributed to the PLW and for female caregivers in order to be culturally sensitive. This composition of the MHNTs is not aligned with the MOPH's staffing standards for MHTs since AWRO offers a more restricted package of service that particularly targets children and women.

Each MHNT will cover around 10 villages with each village hosting approximately 100 households, making an estimated catchment population of 7,000 individuals (approximate total of 14,000 individuals by two teams). To-be-targeted villages will be located in white areas and out of the catchment area of static health facilities implemented by SEHATMANDI/BPHS project. The team will be visiting each village twice a month, unless a revised schedule is defined with the communities considering the severity of needs and size of the villages. The MHNTs will agree with the responsible of each village on the suitable place where to install the mobile clinic and the most appropriate schedule to visit the village. Before deploying the teams, AWRO will make sure that all the essential medical equipment and medicines are available. AWRO will seek MOU with the UNICEF and WFP to receive the nutrition supplies for under-nourished children and Pregnant and Lactating Women.

AWRO will train staff to make sure that they offer the services without any discrimination against marginalized groups and Persons with Disabilities (PWDs). In order to ensure meaningful participation of PWDs, AWRO community mobilizers will mobilize the local communities and encourage them to help their disabled family members with receiving the nutrition and health services provided at the MHNTs. AWRO will also make sure that no physical barriers are there in the sites of MHNT during site selection stage.

In order to reduce the risk of COVID-19 infection, AWRO will strengthen IPC measures at MHNTs. The triage will be done separately to patients with COVID-19 related symptoms or other symptoms related to transmissible diseases, and all those presenting COVID-19 related symptoms will be given a mask. All necessary PPE will be provided to the project staff throughout the implementation. To reduce the spread of the virus in the targeted communities, AWRO teams will engage them in prevention activities, taking profit of health and nutrition education sessions in the waiting area to spread MOPH approved information about COVID-19 and RCCE messages for behavioral change and vaccination campaign adherence. The teams will also take profit of all community activities to spread this information and distribute flyers with relevant messages to the participants. All these activities requiring gatherings will be done with strong IPC measures, in open areas, respecting physical distance between participants, hygiene reinforced and patients/participants having COVID-19 related symptoms or other symptoms of transmissible disease handled separately.

TRAINING and ORIENTATION:

The staff will be trained on Integrated Management of Newborn and Childhood Illnesses (IMNCI), Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Feeding (IYCF) practices, Management of Infant and Young Children Nutrition (MIYCN) and Psychosocial Support (PSS) methods. This will be done by professional trainers through a 12-day workshop to ensure high quality services. In addition, the team members and CHWs will receive training and orientation in Project and related topics. The PSS training will be for 12 days while the IMAM and MIYCN trainings will be covered in 6 days

Activity 1.1.5

Standard Activity : Customized Activity

Community Mobilization

The objective and activities of the project including target Project Participants will be explained to the community. The community will be asked for their views, thoughts, and contribution to the implementation of the project and women's participation in the project; their suggestions and feedback will be considered in devising approach and implementation plans.

AWRO will carry out all the activities in coordination with the respective cluster. Information regarding the project will be disseminated among the target population through field staff in cooperation of the village heads, elders, line departments and other influential stakeholders.

PROJECT PARTICIPANT SELECTION:

The community will be involved in project planning and implementation to ensure a participatory approach, and ensure that their thoughts, suggestions and ideas are incorporated in the project approach and implementation, and that the project will be aligned with the context, acceptability, and practical methods within the target communities. Project participants will be identified and selected based on the criteria defined by the Nutrition Cluster and/or criteria developed by the AWRO specifically for this project in approval of the Nutrition cluster.

AWRO will empower the community members, including women, on RCCE and health topics to protect themselves and their family members. Standard RCCE and health messages will be delivered to promote awareness and equip them with information that could contribute to protecting them in terms of health.

Activity 1.1.6

Standard Activity : Customized Activity

Out-Patient treatment of SAM and MAM children under 5 years of old, and under-nourished PLW through MHNTs

The following services will be provided by the AWRO MHNTs:

- Screening of children under 5 years and PLW at the MHNT
- Re-Screening – of children referred to the MHNT by mothers, fathers, caregivers through family MUAC approach
- Contribute to Strengthening malnutrition prevention measures – related mostly to hygiene promotion, care practices awareness and stimulation sessions, MHPSS and IYCF counseling – for the caregivers of malnourished and at risk of malnutrition children and PLW
- Treatment of Severe and Moderate acutely malnourished (SAM and MAM) children under 5 and PLW
- Referral of SAM cases with complications (through cash for nutrition – detailed in below activities)

According to the National IMAM protocol and national micronutrient supplementation guidelines, AWRO will make sure the:

- Verification of children immunization status and refer to nearest EPI if needed
- Verification for all children of common micronutrient deficiencies symptoms and supplementation in indicated
- Routine anthelmintic for children 12-59 months
- Routine anti-biotic for children with SAM
- Pregnant women at second and third trimester and iron supplementation for all pregnant women
- Distribution of Vitamin Supplements to all the target children as per the NC guidelines
- Distribution of Vitamin Supplements to the entire target PLW as per the NC guidelines

Activity 1.1.7

Standard Activity : Customized Activity

Primary Nutrition and Health Care for children U5 and PLW through MHNTs

In order to increase the chances to recovery of children U5 and PLW admitted in OPD, the MHNTs will also offer Basic Health Services (BHS) striving to complement the nutrition package. The following services will be provided:

- Integrated Management of Newborn and Children Illnesses (IMNCI) services for children U5
- Immunization or vaccination of children U5 according to the national EPI calendar and BPHS/SEHATMANDI implementers
- Provision of required supplement for PLWs
- Provision of required supplement for SAM and MAM Children
- Education on Health and Nutrition
- MAM and SAM Treatment for children
- Screening of children under 5 years of old
- Awareness and counseling on MIYCN

This package of Health services will ensure:

- Provision of PSS counseling services for caregivers at the MHNT by the MHPSS counselors.
- Psychological support for caretakers in distress, and for mother and child at risk dyads.
- Identification of protection cases (including GBV) and referral to appropriate services

Female staffs will be allocated to the women patients and for the female caregivers.

It is necessary to mention that non-malnourished children U5 and PLW will also benefit from AWRO health services provided through the MHNTs. Children U5 will be provided with IMNCI consultation and treatment for childhood illnesses. PSS counseling and Education on Health and Nutrition at the MHNTs will benefit all.

Activity 1.1.8

Standard Activity : Customized Activity

Family MUAC approach in MHNT target areas

In order to engage and empower communities through trainings and equipment of Child Upper Arm Circumference (MUAC) tapes to strengthen community surveillance and malnutrition prevention; AWRO will implement family MUAC approach in the villages covered by the MHNTs. AWRO will train and monitor mothers/fathers/caregivers in conducting the MUAC screening and edema check on their children 6-59 months to early detect malnourished children and seek proper care, hence reduce morbidity and mortality related to malnutrition. Mothers/fathers/caregivers will be able to detect children at high risk of malnutrition on time, strengthen the prevention measures for them, and detect those who are malnourished and refer them to the MHNTs for proper treatment.

The Community Health Workers along with the PSS counselors will also strengthen the capacity of mothers/fathers/caregivers on good practices including early initiation of breastfeeding and exclusive breastfeeding up to six months, and the introduction of complementary feeding from six months adapted to the needs of the child. The mothers/fathers/caregivers will also learn about good hygiene practices at community level and in the households, as well as the danger signs that they have to monitor for their children, so that they will know when and where to seek proper care.

These orientation sessions will be devised in compliance to the COVID-19 prevention measures including the reduction of number of participants per session, conducting sessions in wide/open areas, ensuring the availability of hygiene items during the sessions. Mothers/fathers/caregivers will receive MUAC tapes for each household upon the training. In order to ensure monitoring system, the MHNTs will conduct home visits to randomly chosen households on a monthly basis to make sure mothers/fathers/caregivers are practicing MUAC screening in their respective households. The MHNT will check the quality of measurements made at household level, by screening all children referred from the community and reporting the discrepancy between the measurements done and their findings.

Activity 1.1.9

Standard Activity : Customized Activity

Cash for Nutrition, Transportation and Accommodation (SAM with complications)

As per the recent analysis of trends in admissions of SAM children, caregivers cannot afford to take eligible children to inpatient services mainly due to lack of money to pay transportation means, long distances and the impact that the duration of treatment will negatively affect the economy of the household. Supporting the caregivers through transportation and accommodation fees aims to increase adherence and outcome of treatment. Cash will also be provided for the target right-holders to cover Nutrition care related expenses.

In order to ensure and support an effective referral and counter-referral system, AWRO will conduct Cash for Nutrition, Accommodation, and Transportation through the provision of financial assistance to families whose children with SAM with complications are referred to inpatient care. This will support the caregivers and their Mahram during the treatment of the child and help ensure the adherence of families to the treatment up to the recovery of the child. The identification of the target Project Participants will be done according to Nutrition Cluster guidelines for Cash for Nutrition.

During the community mobilization, AWRO teams will collaborate with the local authorities and other technical stakeholders to ensure the acceptance of this approach by the target right-holders. The intervention will be conditional, and through the cash transfer:

- The team will ensure availability of means of transportation and check on its costs prior to the implementation of the approach (during the monitoring) and agree with the local communities on it; right-holder selection and transfer modality
- A Financial Service Provider (FSP) will be selected through an open competition considering the reasonable price, accessibility, Project Participant acceptance, and FSP capacity to undertake the required transfers. The FSP will transfer the defined amount to eligible Project Participants as per the below:

1. Caretakers of children U5 with SAM who fulfill the admission criteria for inpatient treatment services along with at least one of the following criteria, based on the Nutrition Cluster guidance on Cash for Nutrition, Transportation, and Accommodation:

- a. Child or women headed households
- b. Households with one or more than 2 children under 2 years of age
- c. Households headed by or with elderly, chronically ill or disabled

2. The payment will be done in three installments:

- d. 1st installment at point of referral given at place of origin to cover the transportation costs
- e. 2nd installment at admission to inpatient treatment services
- f. 3rd installment during the discharge of the patient

3. The amount will be transferred as below:

- g. 1st installment of 2700 AFN (half of the total transportation and accommodation amount for the mother and the Mahram)
- h. 2nd installment of 4000 AFN (for Nutrition treatment)
- i. 3rd installment of 2000 AFN (the remaining transportation fees and accommodation of Mother and Mahram for 2 days)
- j. The Cash will be delivered through Hawala System by the MSP

AWRO will collaborate with other stakeholders, including the Nutrition cluster and will share lessons learned and case studies for a continuous approach improvement.

AWRO has proper Complaint Response Mechanism (CRM) which will be used to collect complaints and feedbacks. The CRM team will analyze, address, and share with the MHNTs to adjust the intervention when needed.

Activity 1.1.10

Standard Activity : Customized Activity

Awareness raising and Counseling services on Infant and Young Child Feeding (IYCF) / (MIYCN), and on optimal maternal and child care practices, including PSS counseling

The Community Health Workers and doctors in the MHNTs will conduct awareness sessions on IYCF and care practices to increase knowledge of optimal care practices among the community members. They will also encourage the participation of PLW in IYCF counseling and care practices stimulation sessions. PSS counselors will conduct psycho-education sessions for the community members, particularly to the caregivers with children at the risk of malnutrition or malnourished children to familiarize them on the ways caregiver's psychosocial conditions impact on child's wellbeing. Additionally, assisting to identify the common signs of psychosocial conditions and reach out for seeking psychosocial support counseling.

The caregivers of children at the risk of malnutrition or malnourished children will be offered to participate in care practices support through group stimulation sessions aiming at strengthening the bond between the caregiver and child, and ensuring that the children are benefiting from adequate and proper care and treatment.

Activity 1.1.11

Standard Activity : Customized Activity

Monitoring and Evaluation

All activities will be Monitored based on the prepared schedule of implementation. AWRO monitoring team will be involved in all stages of the project, from establishment of the MHNTs to provision of Health and Nutrition services. Monitoring reports will be shared with M&E department. Site visit reports will be shared with UN-OCHA, NUTRITION cluster and key line departments. In addition to this, case studies during assessment, success stories after service and lessons learned will be shared with NUTRITION cluster for future recommendations.

Complaint officers will handle Project Participants' complaints and feedback by introducing AWRO complaint mechanism to the Project Participants; complaints will be reported to the main office; and will be responded to within a week. AWRO staff will observe the process regularly on a weekly basis and ensures the project team is following the procedures properly. Phone numbers of the AWRO complaint staff will be shared with the Project Participants, and will also be shared with other stakeholders. AWRO is registered with the AWAAZ Afghanistan, and the toll-free number of the AWAAZ Afghanistan will be shared with all the Project Participants and stakeholders. All male and female Project Participants will be encouraged to register their complaints, and that their identity will be kept confidential and safe. The complaints received will be registered in a database; the M&E department's related staff will do an inquiry on the registered complaint to find a solution in order to address and prevent such issue in the future. A dedicated female officer for PSEA and M&E will be allocated to provide appropriate and easy-to-access CRM for the female project participants.

PDM will be conducted at the end of the project to evaluate the impact and effectiveness of the project. The PDM will be done in close coordination of the Nutrition Cluster. The PDM will also include RCCE questions to evaluate the level of awareness and effectiveness of the community engagement activities on COVID-19. Standard questions from the RCCE WG will be used.

Activity 1.1.12

Standard Activity : Customized Activity

Reporting

AWRO will prepare and submit reports based on the requirements of the NUTRITION cluster. These reports will include project progress reports, Monitoring and Evaluation reports, financial reports, and any other reports if required by the cluster or related stakeholders such as the government institutions, or other related parties. AWRO will provide monthly reports through the Report-Hub and/or any other channels as required by the Nutrition Cluster. Final project report along with the Financial and M&E reports will be provided through the GMS and email. AWRO will adhere to any reporting requirements by the Nutrition Cluster. AWRO will also report SAM and MAM in NIS database.

Additional Targets :

M & R

Monitoring & Reporting plan

The M&E plan is part of the project work plan. Starting from the Project Participant identification to the end of the project implementation, monitoring will be done according to the devised plans and requirements of the donor. The M&E staff will follow the plan within the project work plan against the agreed project outcomes using the standard tools required by NUTRITION Cluster. M&E staff will be present at each step of the process and will be recording their observations. They will be in close contact with the community, particularly with the right-holders.

M&E manager, technical staff and field M&E staffs will be responsible for monitoring the implementation of activities. In cooperation with the main office M&E, the project field team will conduct technical monitoring to ensure that the planned activities are implemented and reported as per the cluster recommended standards. M&Es will be observing the actual project implementation and will be reporting directly to the M&E manager on their findings requiring review and modification. Reports with timely recommendations and measures for applying will be given to the management to be shared with all the concerned staff. M&E manager will be recommending measures and expecting feedback from the field. M&E/PSEA officer will be a female employee, to ensure females' access.

Besides M&E staff, AWRO field staff in a close coordination with the project right-holders will have a significant role in the project activity monitoring. In case of insecurity to certain project sites, our staff uses mobile phone to collect data and conduct distance monitoring. Observation of the physical site, interviewing Project Participants, group discussions, listening to complaints, and hearing stories will be used for collecting information and data.

AWRO will apply an internal verification system for crosschecking the project information and monitoring performance. The project manager will check all the information and the program and M&E manager will approve them. AWRO management and field staff in coordination with the local authorities, DOPH, and community representatives, will oversee the cash distribution process to make certain that only the entitled right-holders receive assistance. Communication with other stakeholders (non-Project Participants) will also be done by the mentioned staff members.

AWRO will ensure transparency and accountability in implementation of projects and it is obligations towards community and donors. We will conduct PDM of cash and other components of project randomly 10% of Project Participants will be interviewed upon the distribution. We will facilitate the site visit for third party remote monitoring to ensure that monitoring and reporting will be one of key activities and are included in the project's work plan.

AWRO will provide a project completion report to the AHF within a month of project completion. The report will have lessons learnt listed, Project Participant communities' reflections, and recommendations for future programs. AWRO monitoring department will conduct monitoring and will participate in evaluation of the relevant clusters and any other stakeholders may plan after project completion.

AWRO will use monitoring tools as follow:

- CVWG and cluster standard recommended post distribution monitoring template.
- AWRO's own designed and developed M&E tools
- Case studies and success stories templates
- On-site assessment and distribution through participation of M&E team
- Routine reports
- Monthly monitoring and narrative reporting against indicators
- Field monitoring visits and remote monitoring and End line evaluation
- Daily , weekly assessment and selection reports
- Photo from all activities and distribution
- Monthly reporting to the Nutrition Cluster through the Report-Hub platform

AWRO will coordinate with the DOPH to fulfill their reporting requirements and to use the NIS database.

| Workplan | | | | | | | | | | | | | |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
| Activity 1.1.1: Project MOU | 2022 | | | | | | | | | | | | X |
| AWRO will share the project MOU after signing and officially informing the Ministry of Economy (MOE), Ministry of Public Health (MOPH) and line departments at the province level and relevant district governments. AWRO will strengthen coordination at the national level and support at the regional and provincial levels where needed. This will include official introduction of AWRO by the MOE to the provincial Department of Economy, and the by MOPH to the departments of public health and other related official institutions. | 2023 | | | | | | | | | | | | |
| Activity 1.1.10: Awareness raising and Counseling services on Infant and Young Child Feeding (IYCF) / (MIYCN), and on optimal maternal and child care practices, including PSS counseling | 2022 | | | | | | | | | | | | |
| The Community Health Workers and doctors in the MHNTs will conduct awareness sessions on IYCF and care practices to increase knowledge of optimal care practices among the community members. They will also encourage the participation of PLW in IYCF counseling and care practices stimulation sessions. PSS counselors will conduct psycho-education sessions for the community members, particularly to the caregivers with children at the risk of malnutrition or malnourished children to familiarize them on the ways caregiver's psychosocial conditions impact on child's wellbeing. Additionally, assisting to identify the common signs of psychosocial conditions and reach out for seeking psychosocial support counseling. | 2023 | X | X | X | X | X | | | | | | | |
| The caregivers of children at the risk of malnutrition or malnourished children will be offered to participate in care practices support through group stimulation sessions aiming at strengthening the bond between the caregiver and child, and ensuring that the children are benefiting from adequate and proper care and treatment. | | | | | | | | | | | | | |
| Activity 1.1.11: Monitoring and Evaluation | 2022 | | | | | | | | | | | | X |
| All activities will be Monitored based on the prepared schedule of implementation. AWRO monitoring team will be involved in all stages of the project, from establishment of the MHNTs to provision of Health and Nutrition services. Monitoring reports will be shared with M&E department. Site visit reports will be shared with UN-OCHA, NUTRITION cluster and key line departments. In addition to this, case studies during assessment, success stories after service and lessons learned will be shared with NUTRITION cluster for future recommendations. | 2023 | X | X | X | X | X | | | | | | | |
| Complaint officers will handle Project Participants' complaints and feedback by introducing AWRO complaint mechanism to the Project Participants; complaints will be reported to the main office; and will be responded to within a week. AWRO staff will observe the process regularly on a weekly basis and ensures the project team is following the procedures properly. Phone numbers of the AWRO complaint staff will be shared with the Project Participants, and will also be shared with other stakeholders. AWRO is registered with the AWAAZ Afghanistan, and the toll-free number of the AWAAZ Afghanistan will be shared with all the Project Participants and stakeholders. All male and female Project Participants will be encouraged to register their complaints, and that their identity will be kept confidential and safe. The complaints received will be registered in a database; the M&E department's related staff will do an inquiry on the registered complaint to find a solution in order to address and prevent such issue in the future. A dedicated female officer for PSEA and M&E will be allocated to provide appropriate and easy-to-access CRM for the female project participants. | | | | | | | | | | | | | |
| PDM will be conducted at the end of the project to evaluate the impact and effectiveness of the project. The PDM will be done in close coordination of the Nutrition Cluster. The PDM will also include RCCE questions to evaluate the level of awareness and effectiveness of the community engagement activities on COVID-19. Standard questions from the RCCE WG will used. | | | | | | | | | | | | | |
| Activity 1.1.12: Reporting | 2022 | | | | | | | | | | | | X |
| AWRO will prepare and submit reports based on the requirements of the NUTRITION cluster. These reports will include project progress reports, Monitoring and Evaluation reports, financial reports, and any other reports if required by the cluster or related stakeholders such as the government institutions, or other related parties. AWRO will provide monthly reports through the Report-Hub and/or any other channels as required by the Nutrition Cluster. Final project report along with the Financial and M&E reports will be provided through the GMS and email. AWRO will adhere to any reporting requirements by the Nutrition Cluster. AWRO will also report SAM and MAM in NIS database. | 2023 | X | X | X | X | X | | | | | | | |

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| <p>Activity 1.1.2: Coordination with Related institutions</p> <p>AWRO will take coordination with UNOCHA, Humanitarian Financing Unit, Nutrition cluster, Ministry of Economy (MOEC) / Department of Economy (DOEC), Ministry of Public Health (MOPH) and Provincial Public Health Directorate (PPHD), and Provincial and district authorities in the region as follows:</p> <ul style="list-style-type: none"> • Coordinate with the Ministry of Economy for project introduction to receive project introductory letter for provincial DOEC in Bamyan • Coordinate with all government line departments, the provincial government sectors departments and districts governors • Coordinate with clusters, UN-OCHA & regional sub clusters • Coordinate with BPHS, Subnational Cluster Team, NNGOS & INGOS having similar activities in case of same target areas to avoid overlap and duplication • Coordinate with the WFP and UNICEF to receive the required supplement for BSFP • Coordinate with the ESNFI and relevant partners to receive and distribute winterization kits <p>Coordination with the above-mentioned institutions and stakeholders will contribute to the smooth and proper implementation of project activities, and will avoid overlapping of activities and probable issues.</p> <p>Meetings: AWRO will participate in all humanitarian response coordination meetings, cluster meetings at national and regional levels for better coordination and smooth implementation of project.</p> | 2022 | | | | | | | | | | | | | X |
| <p>Activity 1.1.3: Recruiting and Training Required Staff</p> <p>The required project staff will be recruited and trained in the project orientation workshop as follow:</p> <ul style="list-style-type: none"> • All the position will be formally announced on ACBAR website, shortlisted, interviewed, and selected • All the selected staff will be provided with orientation and introductory sessions • Code of conduct, security policies and all other policies will be signed by staff • Specific project workshop will be arranged for key project staff to be implemented • The MHNT members will be trained in relevant topics as required • The staff members will be trained in RCCE skills and approaches in order to enable them to discuss behavioral change around health matters with the community members to encourage more effective behavioral change. • Organization CRM, AAP, and other necessary topics will be covered during the orientation for the staff members | 2023 | X | X | X | X | X | | | | | | | | |
| | 2022 | | | | | | | | | | | | | X |

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| Activity 1.1.4: Establishment of two Mobile Health and Nutrition Teams (MHNTs) | 2022 | | | | | | | | | | | | | X |
| <p>The MHNTs will comprise of 5 members: One medical Doctor, one midwife, one Nurse, one PSS Counselor, and one vaccinator. Female staffs will be attributed to the PLW and for female caregivers in order to be culturally sensitive. This composition of the MHNTs is not aligned with the MOPH's staffing standards for MHTs since AWRO offers a more restricted package of service that particularly targets children and women.</p> <p>Each MHNT will cover around 10 villages with each village hosting approximately 100 households, making an estimated catchment population of 7,000 individuals (approximate total of 14,000 individuals by two teams). To-be-targeted villages will be located in white areas and out of the catchment area of static health facilities implemented by SEHATMANDI/BPHS project. The team will be visiting each village twice a month, unless a revised schedule is defined with the communities considering the severity of needs and size of the villages. The MHNTs will agree with the responsible of each village on the suitable place where to install the mobile clinic and the most appropriate schedule to visit the village. Before deploying the teams, AWRO will make sure that all the essential medical equipment and medicines are available. AWRO will seek MOU with the UNICEF and WFP to receive the nutrition supplies for under-nourished children and Pregnant and Lactating Women.</p> <p>AWRO will train staff to make sure that they offer the services without any discrimination against marginalized groups and Persons with Disabilities (PWDs). In order to ensure meaningful participation of PWDs, AWRO community mobilizers will mobilize the local communities and encourage them to help their disabled family members with receiving the nutrition and health services provided at the MHNTs. AWRO will also make sure that no physical barriers are there in the sites of MHNT during site selection stage.</p> <p>In order to reduce the risk of COVID-19 infection, AWRO will strengthen IPC measures at MHNTs. The triage will be done separately to patients with COVID-19 related symptoms or other symptoms related to transmissible diseases, and all those presenting COVID-19 related symptoms will be given a mask. All necessary PPE will be provided to the project staff throughout the implementation. To reduce the spread of the virus in the targeted communities, AWRO teams will engage them in prevention activities, taking profit of health and nutrition education sessions in the waiting area to spread MOPH approved information about COVID-19 and RCCE messages for behavioral change and vaccination campaign adherence. The teams will also take profit of all community activities to spread this information and distribute flyers with relevant messages to the participants. All these activities requiring gatherings will be done with strong IPC measures, in open areas, respecting physical distance between participants, hygiene reinforced and patients/participants having COVID-19 related symptoms or other symptoms of transmissible disease handled separately.</p> <p>TRAINING and ORIENTATION: The staff will be trained on Integrated Management of Newborn and Childhood Illnesses (IMNCI), Integrated Management of Acute Malnutrition (IMAM), Infant and Young Child Feeding (IYCF) practices, Management of Infant and Young Children Nutrition (MIYCN) and Psychosocial Support (PSS) methods. This will be done by professional trainers through a 12-day workshop to ensure high quality services. In addition, the team members and CHWs will receive training and orientation in Project and related topics. The PSS training will be for 12 days while the IMAM and MIYCN trainings will be covered in 6 days</p> | 2023 | | | | | | | | | | | | | |

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| <p>Activity 1.1.5: Community Mobilization</p> <p>The objective and activities of the project including target Project Participants will be explained to the community. The community will be asked for their views, thoughts, and contribution to the implementation of the project and women's participation in the project; their suggestions and feedback will be considered in devising approach and implementation plans.</p> <p>AWRO will carry out all the activities in coordination with the respective cluster. Information regarding the project will be disseminated among the target population through field staff in cooperation of the village heads, elders, line departments and other influential stakeholders.</p> <p>PROJECT PARTICIPANT SELECTION: The community will be involved in project planning and implementation to ensure a participatory approach, and ensure that their thoughts, suggestions and ideas are incorporated in the project approach and implementation, and that the project will be aligned with the context, acceptability, and practical methods within the target communities. Project participants will be identified and selected based on the criteria defined by the Nutrition Cluster and/or criteria developed by the AWRO specifically for this project in approval of the Nutrition cluster.</p> <p>AWRO will empower the community members, including women, on RCCE and health topics to protect themselves and their family members. Standard RCCE and health messages will be delivered to promote awareness and equip them with information that could contribute to protecting them in terms of health.</p> | 2022 | | | | | | | | | | | | X |
| <p>Activity 1.1.6: Out-Patient treatment of SAM and MAM children under 5 years of old, and under-nourished PLW through MHNTs</p> <p>The following services will be provided by the AWRO MHNTs:</p> <ul style="list-style-type: none"> • Screening of children under 5 years and PLW at the MHNT • Re-Screening – of children referred to the MHNT by mothers, fathers, caregivers through family MUAC approach • Contribute to Strengthening malnutrition prevention measures – related mostly to hygiene promotion, care practices awareness and stimulation sessions, MHPSS and IYCF counseling – for the caregivers of malnourished and at risk of malnutrition children and PLW • Treatment of Severe and Moderate acutely malnourished (SAM and MAM) children under 5 and PLW • Referral of SAM cases with complications (through cash for nutrition – detailed in below activities) <p>According to the National IMAM protocol and national micronutrient supplementation guidelines, AWRO will make sure the:</p> <ul style="list-style-type: none"> • Verification of children immunization status and refer to nearest EPI if needed • Verification for all children of common micronutrient deficiencies symptoms and supplementation in indicated • Routine anthelmintic for children 12-59 months • Routine anti-biotic for children with SAM • Pregnant women at second and third trimester and iron supplementation for all pregnant women • Distribution of Vitamin Supplements to all the target children as per the NC guidelines • Distribution of Vitamin Supplements to the entire target PLW as per the NC guidelines | 2022 | | | | | | | | | | | | |
| | 2023 | X | X | X | X | X | | | | | | | |
| | 2023 | X | X | X | X | X | | | | | | | |

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|--|-------------------------|----------|----------|----------|----------|----------|--|--|--|--|--|--|--|
| <p>Activity 1.1.7: Primary Nutrition and Health Care for children U5 and PLW through MHNTs</p> <p>In order to increase the chances to recovery of children U5 and PLW admitted in OPD, the MHNTs will also offer Basic Health Services (BHS) striving to complement the nutrition package. The following services will be provided:</p> <ul style="list-style-type: none"> • Integrated Management of Newborn and Children Illnesses (IMNCI) services for children U5 • Immunization or vaccination of children U5 according to the national EPI calendar and BPHS/SEHATMANDI implementers • Provision of required supplement for PLWs • Provision of required supplement for SAM and MAM Children • Education on Health and Nutrition • MAM and SAM Treatment for children • Screening of children under 5 years of old • Awareness and counseling on MIYCN <p>This package of Health services will ensure:</p> <ul style="list-style-type: none"> • Provision of PSS counseling services for caregivers at the MHNT by the MHPSS counselors. • Psychological support for caretakers in distress, and for mother and child at risk dyads. • Identification of protection cases (including GBV) and referral to appropriate services <p>Female staffs will be allocated to the women patients and for the female caregivers.</p> <p>It is necessary to mention that non-malnourished children U5 and PLW will also benefit from AWRO health services provided through the MHNTs. Children U5 will be provided with IMNCI consultation and treatment for childhood illnesses. PSS counseling and Education on Health and Nutrition at the MHNTs will benefit all.</p> | <p>2022</p> <p>2023</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | | | | | | | |
| <p>Activity 1.1.8: Family MUAC approach in MHNT target areas</p> <p>In order to engage and empower communities through trainings and equipment of Child Upper Arm Circumference (MUAC) tapes to strengthen community surveillance and malnutrition prevention; AWRO will implement family MUAC approach in the villages covered by the MHNTs. AWRO will train and monitor mothers/fathers/caregivers in conducting the MUAC screening and edema check on their children 6-59 months to early detect malnourished children and seek proper care, hence reduce morbidity and mortality related to malnutrition. Mothers/fathers/caregivers will be able to detect children at high risk of malnutrition on time, strengthen the prevention measures for them, and detect those who are malnourished and refer them to the MHNTs for proper treatment.</p> <p>The Community Health Workers along with the PSS counselors will also strengthen the capacity of mothers/fathers/caregivers on good practices including early initiation of breastfeeding and exclusive breastfeeding up to six months, and the introduction of complementary feeding from six months adapted to the needs of the child. The mothers/fathers/caregivers will also learn about good hygiene practices at community level and in the households, as well as the danger signs that they have to monitor for their children, so that they will know when and where to seek proper care.</p> <p>These orientation sessions will be devised in compliance to the COVID-19 prevention measures including the reduction of number of participants per session, conducting sessions in wide/open areas, ensuring the availability of hygiene items during the sessions. Mothers/fathers/caregivers will receive MUAC tapes for each household upon the training. In order to ensure monitoring system, the MHNTs will conduct home visits to randomly chosen households on a monthly basis to make sure mothers/fathers/caregivers are practicing MUAC screening in their respective households. The MHNT will check the quality of measurements made at household level, by screening all children referred from the community and reporting the discrepancy between the measurements done and their findings.</p> | <p>2022</p> <p>2023</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | <p>X</p> | | | | | | | |

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| Activity 1.1.9: Cash for Nutrition, Transportation and Accommodation (SAM with complications) | 2022 | | | | | | | | | | | | |
| <p>As per the recent analysis of trends in admissions of SAM children, caregivers cannot afford to take eligible children to inpatient services mainly due to lack of money to pay transportation means, long distances and the impact that the duration of treatment will negatively affect the economy of the household. Supporting the caregivers through transportation and accommodation fees aims to increase adherence and outcome of treatment. Cash will also be provided for the target right-holders to cover Nutrition care related expenses.</p> <p>In order to ensure and support an effective referral and counter-referral system, AWRO will conduct Cash for Nutrition, Accommodation, and Transportation through the provision of financial assistance to families whose children with SAM with complications are referred to inpatient care. This will support the caregivers and their Mahram during the treatment of the child and help ensure the adherence of families to the treatment up to the recovery of the child. The identification of the target Project Participants will be done according to Nutrition Cluster guidelines for Cash for Nutrition.</p> <p>During the community mobilization, AWRO teams will collaborate with the local authorities and other technical stakeholders to ensure the acceptance of this approach by the target right-holders. The intervention will be conditional, and through the cash transfer:</p> <ul style="list-style-type: none"> • The team will ensure availability of means of transportation and check on its costs prior to the implementation of the approach (during the monitoring) and agree with the local communities on it; right-holder selection and transfer modality • A Financial Service Provider (FSP) will be selected through an open competition considering the reasonable price, accessibility, Project Participant acceptance, and FSP capacity to undertake the required transfers. The FSP will transfer the defined amount to eligible Project Participants as per the below: <ol style="list-style-type: none"> 1. Caretakers of children U5 with SAM who fulfill the admission criteria for inpatient treatment services along with at least one of the following criteria, based on the Nutrition Cluster guidance on Cash for Nutrition, Transportation, and Accommodation: <ol style="list-style-type: none"> a. Child or women headed households b. Households with one or more than 2 children under 2 years of age c. Households headed by or with elderly, chronically ill or disabled 2. The payment will be done in three installments: <ol style="list-style-type: none"> d. 1st installment at point of referral given at place of origin to cover the transportation costs e. 2nd installment at admission to inpatient treatment services f. 3rd installment during the discharge of the patient 3. The amount will be transferred as below: <ol style="list-style-type: none"> g. 1st installment of 2700 AFN (half of the total transportation and accommodation amount for the mother and the Mahram) h. 2nd installment of 4000 AFN (for Nutrition treatment) i. 3rd installment of 2000 AFN (the remaining transportation fees and accommodation of Mother and Mahram for 2 days) j. The Cash will be delivered through Hawala System by the MSP <p>AWRO will collaborate with other stakeholders, including the Nutrition cluster and will share lessons learned and case studies for a continuous approach improvement.</p> <p>AWRO has proper Complaint Response Mechanism (CRM) which will be used to collect complaints and feedbacks. The CRM team will analyze, address, and share with the MHNTs to adjust the intervention when needed.</p> | 2023 | X | X | X | X | X | | | | | | | |

OTHER INFO

Accountability to Affected Populations

AWRO is committed to all AAP protocols, and will adhere to all humanitarian commitments & Standards. During the community mobilization, AWRO will share project related information with the field staff, related government sectors, and key community figures, in full consideration of data protection measures which affects the right-holders through field visits and project orientation sessions, explaining the target right-holders of project, vulnerability criteria, amount of cash for Nutrition, and services provided by the MHNTs.

Project staff will be trained on data collection methodologies, protection, and regular project activities. An orientation session will be conducted for the target communities to build trust, encourage participation, and introduce project scope, objectives, activities and CRM. AWRO will consult households with PWDs and female or children-headed households to inform them of the project activities, Project Participant selection criteria, and CRM. We will ensure that the preference and suggestions of the Project Participants will be considered and integrated into program planning and implementation.

AWRO will use participatory approaches to ensure that PWDs and PLW are engaged throughout the project lifecycle. AWRO monitors the inclusion of PWDs in all of its projects to ensure equal access and opportunities; we will regularly liaise with community leaders and other related stakeholders such as the official government institutions, protection actors, PWD forums, and etc. to identify PWDs in the target locations and ensure their inclusion. AWRO will use its own developed tools (the database that reflects the PWDs and types) to record PWD data or any other tools as required by the respective cluster or the AAP WG.

Data and right-holder protection will be kept confidential; no data will be shared without a proper consent. Leaks of right-holder personal data have potential to result in individuals being targeted for violence or harassment due to ethnicity, religion, medical history, or just because they have received aid or worked with NGOs. FSP will be required to keep data confidential. Minimum data will be shared with the FSP to minimize risks. AWRO has proper data protection policy endorsed by the HCT during the Due Diligence, which will be applied to this project in terms of data protection.

All stakeholders will be encouraged to report complaints. In addition to the AWAAZ Afghanistan toll-free number, Phone numbers of AWRO complaint officers will also be distributed and complaints are treated confidentially. The complaint persons are always available to answer phone calls and record the complaints. Dedicated female staffs are available in the CRM to respond to female feedbacks and complaints. All project staffs will be oriented on AWRO's COC, PSEA policy, GBV, child safeguarding and safe programming principles. Assessments will be conducted to reflect voices of affected population. The results are incorporated in the monitoring reports. AAP findings will also be reported to the AAP WG on a regular basis.

The CRM will be done through:

- Two-way communication with all stakeholders
- Phone numbers of the complaint officers
- Dedicated female staff member for CRM and PSEA
- Mobile Complaint Box
- PDM, Monitoring Visits, discharge interviews, and FGDs (AWRO will make sure that the key questions are in place in close coordination with the AAP-WG and the Nutrition Cluster)
- Face-to-Face interviews
- AWRO's CRM Dedicated email address (feedback@awro.org.af)
- Any other context-specific feedback mechanisms

AAP CONTINUED IN COMMENTS SECTION BELOW.

Implementation Plan

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|--------------------------|---|
|--------------------------|---|

Environment Marker Of The Project

Gender Marker Of The Project

3- Likely to contribute to gender equality, but without attention to age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

AWRO prioritizes the safety and dignity of right-holders considering the “Do No Harm” principle. We are committed to PSEA, gender and protection mainstream across the project lifecycle to ensure integrity and mainstreaming through following:

- Target right-holders will be identified and discussed with the communities, and all challenges related to the implementation of the intervention will be discussed and mitigation measures will be considered
- Needs assessment will be conducted with collaboration of the local stakeholders and participation of affected people in project target locations and potential threats toward safe inclusion of women, men, boys, girls and persons with disabilities will be identified and appropriate mitigation measures will be put in place to avoid the risk or mitigate its impact over the staff and Project Participants of different sex and age group
- Communication and transparency with the target communities will be maintained throughout the project period
- AWRO will ensure equity in provision of services, and vulnerable groups of people will be given priority in our points of services, including PWDs and PLW. AWRO Crowd Controller will identify this population group in the waiting area of the MHNTs and accompany them to receive immediate care.
- All the services will be provided in a safe manner respecting the culture and religion practices; particular attention will be given to respecting gender sensitivity in the targeted communities; female midwives and PSS counselors will be recruited so that women feel comfortable in accessing services, and awareness raising sessions and meetings with the communities will be separated by gender in line with cultural practices
- AWRO female staff will regularly connect with women and children HHs where possible to facilitate an opportunity to give feedback and to ensure that they will be able to receive the services
- AWRO will ensure that all the staff implementing this project sign and adhere to AWRO Code of Conduct, and agree to the policies of Zero Tolerance for abuse and PSEA
- The project team will ensure safe access to the MHNTs, making sure the provision of services takes place in a central and accessible area
- The AWRO project team will ensure that the schedule of activities is agreed and communicated with the communities
- AWRO M&E team will conduct Project Participant satisfaction monitoring periodically. AWRO will measure the impact of the project on different categories of Project Participants including women, men, boys and girls and PWDs. The selected sample size will be representative of all the categories. AWRO will not only measure the positive but also the negative impact of the project. We will also measure the impact by asking the Project Participants about their satisfaction with the project.

The inclusion of female staff in teams, and community mobilization teams, as well as giving first priority to women and the persons with disability and people with specific needs clearly show that the proposed project is set to ensure equal and impartial access to the assistance with safety and dignity. AWRO will have awareness-raising programs for the empowerment of Project Participants to develop their self-protection capacities and assist people to claim their rights. AWRO will consult, as needed, with the Afghanistan inter-agency PSEA Task Force and align reporting and referral policies with the task force’s SOP for SEA complaints, as endorsed by the HCT.

All project staffs will be oriented on AWRO’s COC, PSEA prevention and response, RCCE, GBV, child safeguarding and safe programming principles. AWRO has focal point to address the PSEA issues and is committed to Zero Tolerance on SEA. AWRO is committed PSEA through a series of measures relating to awareness raising, reporting, investigations, disciplinary actions include:

- Code of conduct
- Community based CRM
- Community awareness
- Staff received PSEA training

Country Specific Information

Safety and Security

Access

Followings can be categorized as the humanitarian access issues:

- NGOS negotiation/communication with Islamic Emirates of Afghanistan (IEA) prior intervention
- Unauthorized individuals interference in implementation
- Political and security situations
- Due to high risk of and poor network problems, lack of telecommunication services
- Blockage of roads due to heavy snowfalls

AWRO has work background of more than 15 years in different regions of Afghanistan, reference to current capacity and other funded projects in target region. In terms of access, AWRO has strong relationships with the target community elders and influential figures; has built a good acceptance and appropriate strategy for its access in Bamyan province due to its longer presence, which will give an upper hand should any issues raised. The project will be started in close coordination and developing understanding with all stakeholders including community elders. AWRO humanitarian access team will negotiate with all stakeholders in a neutral manner and ensure a principled delivery of aid to the most in need Project Participants. Humanitarian principles and JOPs will serve as key code of conduct and basis for AWRO's implementation in this target area. Furthermore, the provincial project staffs will be recruited from among the target community since they have a good acceptance in the field and are already aware of most situations.

The AWRO approach is to have a strong coordination with local actors and influential key elders of the community before, during, and after implementation of the program to ensure sustainability. AWRO has widened acceptance through enough background of 15 years, implementing projects in hard to reach areas of North region including Jowzjan province. AWRO security and field team discuss overall project purpose and vulnerability criteria for humanitarian assistance adhering to humanitarian principles particularly impartiality that AWRO is not going to take any side but is available to provide life-saving responses to needy people in any area and the humanitarian assistance on need-based not to be status based or ignore people due to the factor having association with any party or side.

AWRO team will conduct a security and access assessment before the intervention, which will be accompanied by negotiations with available actors on the ground to gain and maintain the local acceptance; we will use the cooperation of village elders and influential leaders. Religious scholars can play significant role in regard to this as we have previously practiced engaging religious scholars and village elders to maintain and gain acceptance, which has resulted in positive results.

AWRO follows humanitarian principles as per AWRO policy. We have zero tolerance to illegal demands; AWRO will not pay any money to fulfill the illegal demands. AWRO is clearly communicating the message to strictly follow humanitarian principles and the message that no illegal demand could be fulfilled made by any group or party.

In case of facing pressures that do not go away, AWRO will seek the support of respective Cluster and working groups to address the challenge.

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
|---|--|-------|----------|-----------|---------------------|------------------|------------|
| 1. Staff and Other Personnel Costs | | | | | | | |
| 1.1 | AWRO Managing Director | S | 1 | 4,000.00 | 6 | 15.00 | 3,600.00 |
| | <p><i>Stationed in the AWRO Kabul Main Office, the managing director dedicates 15% of his time engaging in project activities such as checking and approving costs, approving recruitments; will attend donor meetings in center and field when required, communication with donor and related stakeholders including de-facto governmental institutions, provide direction and management oversight to the managers. He will receive 600 USD from this project per month which equals to 15% of his total monthly salary which includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</i></p> <p><i>The salary of the Managing director is Gross 4,000 USD per month, from which salary taxes are deductible.</i></p> <p><i>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Director falls in Grade A, Step 5 (High) of the NTA.</i></p> | | | | | | |
| 1.2 | AWRO Deputy Director | S | 1 | 2,800.00 | 6 | 15.00 | 2,520.00 |
| | <p><i>The Deputy technical director will be stationed in AWRO Kabul Main Office and dedicates 15% of her time engaging in weekly staff meeting with project key staffs, checking project progress and M&E reports to make sure that the project is being implemented effectively based on the developed plans, provide management oversight to the managers, consult with the managers when needed, check the progress of the interventions on a regular basis. The Deputy director receives USD 420 (15% of total salary) on a monthly basis from this allocation.</i></p> <p><i>The Gross salary of the Deputy director is Gross 2,800 USD per month, from which salary taxes are deductible</i></p> <p><i>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Technical Deputy Director falls in Grade A, Step 4 (High) of the NTA.</i></p> | | | | | | |
| 1.3 | AWRO Program Manager | S | 1 | 2,200.00 | 6 | 15.00 | 1,980.00 |

| | | | | | | | |
|-----|--|---|---|----------|---|-------|----------|
| | <p>Stationed in AWRO Kabul Main Office, the Program Manager needs to work on the project carrying the following tasks, but not limited to:</p> <ul style="list-style-type: none"> - Provide support and supervision to the project manager - Review and approve project progress reports - Review and approve project methodologies, action and implementation plans - Pay visits to the target fields of the project to make sure that all the activities are going as per the agreed logical framework and donor requirements - Attend the meetings called by the donor and de-facto government institutions to update on progress of the AWRO interventions and activities - Finalize and submit progress narrative reports to the cluster, OCHA, and the AHF - Check the progress of the project activities on a regular basis to ensure compliance and alignment with the project's agreed terms and donor requirements <p>The Program Manager dedicates 20% of his official working time fulfilling the mentioned tasks. He is entitled to be paid USD 440 on a monthly basis from this project budget which equals 20% of his total salary which includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the finance manager is Gross 2,200 USD, of which the salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Program Manager falls in Grade B, Step 3 (High) of the NTA.</p> | | | | | | |
| 1.4 | AWRO Finance Manager | S | 1 | 2,200.00 | 6 | 15.00 | 1,980.00 |
| | <p>Stationed in AWRO Kabul Main Office, the Finance Manager needs to work on project financial management reports, managing concerned staff, ensuring effective relationship with donor, checking costs against budget, approving transactions and payments, provide support and supervision to the finance officers and assistants, check and approve payrolls, check and approve bank transactions, .</p> <p>Therefore, he dedicates 20% of his working time fulfilling the mentioned tasks. He is entitled to be paid USD 440 on a monthly basis from this project budget which equals 20% of his/her total salary which includes transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the finance manager is Gross 2,200 USD, of which the salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Finance Manager falls in Grade B, Step 3 (High) of the NTA.</p> | | | | | | |
| 1.5 | AWRO Administrative & HR Manager | S | 1 | 2,200.00 | 6 | 15.00 | 1,980.00 |
| | <p>The Admin/HR manager will be stationed in Kabul Main office and dedicates 25% of her/his official time for carrying out Administrative and Human Resources-related activities as following, but not limited to:</p> <ul style="list-style-type: none"> - Managing the recruitment of the required staff - Managing the control of time-sheets and attendance records - Support the preparation of the monthly payrolls - Manage personnel activity reports, performance evaluations - Manage inventory controlling, and controlling equipment, issuing inventories and etc. - Manage purchases, approving payments - Provide supervision and support to the administrative and Human Resources teams <p>He/she will be entitled to receive 440 USD per month which equals to 20% of his/her total monthly salary which includes transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the Admin/HR manager is Gross 2,200 USD, of which the salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Admin/HR Manager falls in Grade B, Step 3 (High) of the NTA.</p> | | | | | | |
| 1.6 | AWRO IT Manager | S | 1 | 2,200.00 | 6 | 10.00 | 1,320.00 |
| | <p>The IT Manager will be stationed in AWRO Kabul Main Office and will dedicate 10% of her/his total official time in carrying out IT and database related activities in this project as following, but not limited to:</p> <ul style="list-style-type: none"> - Creation and management of databases - Soft storing of files - Support the team with data entry to the databases - Provision of IT services and facilities to the management and project teams - Provide oversight and manage the data entry <p>She/he is entitled to be paid 220 USD per month from this project which equals to 10% of her/his total monthly salary that includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the IT manager is Gross 2,200 USD, of which the salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the IT Manager falls in Grade B, Step 3 (High) of the NTA.</p> | | | | | | |
| 1.7 | AWRO Cashier | S | 1 | 800.00 | 6 | 15.00 | 720.00 |

| | | | | | | | | |
|------|---|---|---|----------|---|--------|-----------|--|
| | <p>The Cashier will be stationed in AWRO Kabul Main Office, and will dedicate 20% of her official time to carry out the following activities for this project, but not limited to:</p> <ul style="list-style-type: none"> - Prepare cash reports - Collect transaction documents from the field - Carry out cash transfers through bank and Money Service Providers - Carry out cash counts for the project on a regular basis - Control and clear advance payments - Prepare cash vouchers - Other tasks on ad-hoc basis or as instructed by the supervisor <p>She will receive 160 USD on a monthly basis which equals to 20% of her total monthly salary that includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the Cashier is Gross 800 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Cashier falls in Grade D, Step 2 of the NTA.</p> | | | | | | | |
| 1.8 | AWRO Admin / Logistics Officer | S | 1 | 800.00 | 6 | 15.00 | 720.00 | |
| | <p>Stationed in AWRO Kabul Main Office, the Admin/Logistics officer will be responsible for the following tasks under this project, but not limited to:</p> <ul style="list-style-type: none"> - Carry out purchases for the project - Prepare purchase-related documentations - Managing inventories and items - Collecting and transferring of hard documents from and to field office - Exchange hard documents between AWRO and contractual service providers - Provide administrative facilities to the main office staffs involved in this project - Carry out transportation of medical items, medicines, and supplies <p>She/he will dedicate 20% of her/his time carrying out project related activities, and will receive 160 USD from this project on a monthly basis which equals to 20% of her/his total salary that includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The Admin / Logistic Officer's monthly salary is 800 USD gross, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Admin/Logistics Officer falls in Grade D, Step 2 of the NTA.</p> | | | | | | | |
| 1.9 | AWRO Driver | S | 1 | 250.00 | 6 | 15.00 | 225.00 | |
| | <p>The driver will be stationed in AWRO Kabul Main Office to provide transportation facilities to the staff members involved in this project such as picking and dropping employees to their point of interest, and etc.</p> <p>He will receive 50 USD on a monthly basis from this project which equals to 20% of his total monthly salary. His salary includes personal transportation costs, personal internet and mobile top-up cards, health, medical, and salary taxes.</p> <p>The driver's monthly salary is 250 USD gross, from which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Driver falls in Grade H, Step 5 of the NTA.</p> | | | | | | | |
| 1.10 | AWRO Guards and Cleaner | S | 3 | 250.00 | 6 | 15.00 | 675.00 | |
| | <p>2 security guards and 1 cleaner will be charged in the AWRO Kabul main office for 24/7 to provide security facilities including monitoring the authorized entrance and departure of employees, and cleaning of the office premises, providing services to the employees. Therefore, they are entitled to receive USD 37.5 each from this budget which equals to 15% of their monthly salaries that includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>Their monthly gross salary is 250 USD of which the salary taxes will be deducted.</p> <p>AWRO follows National Technical Assistance (NTA) Salary Scale, and the salaries of guards and cleaners fall in Grade H, Step 5 of the NTA.</p> | | | | | | | |
| 1.11 | Project Manager | D | 1 | 2,000.00 | 6 | 100.00 | 12,000.00 | |

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|------|---|---|---|--------|---|--------|----------|
| | <p>Stationed in the Jowzjan field office, the Project Manager dedicates 100% of his official working time to managing this project. His tasks include the following, but not limited to:</p> <ul style="list-style-type: none"> - Preparing the project plans - Developing weekly, monthly, quarterly reports - Ensuring noticeable relationship with donor program team - Controlling the project staff - Documenting of the project activities - Keeping effective relationship with project stakeholders including communities, UN clusters, OCHA-ER, AHF, Nutrition Cluster, and local de-facto government - Managing project risks and mitigation measures - Provide support and supervision to the project field staffs - Manage the overall activities of the project - Respond to donor queries - Participate meetings conducted by the donor, de-facto government authorities, the working groups, clusters, and other stakeholders <p>Therefore, he is entitled to receive USD 2000 salary on a monthly basis that includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical. The Project Manager will be stationed in the target field of the project (Jowzjan Province), and will have regular visits to the AWRO Kabul Main Office.</p> <p>The monthly salary of the Project manager is Gross 2,000 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Project Manager falls in Grade B, Step 2 of the NTA.</p> | | | | | | |
| 1.12 | M&E and PSEA Officer | D | 1 | 800.00 | 6 | 100.00 | 4,800.00 |
| | <p>Stationed at Jowzjan field office, the M&E & PSEA officer will be specifically allocated to monitor the activities of the project, provide supervision to the M&E assistants in the field, collect reports and data, develop reports and plans, and report to the M&E manager on regular basis, provide CRM service for the project female participants, collect PSEA cases to handle, record cases, classify, report, and follow up until resolved. She will have shifting job locations between main office and provincial office. She will be entitled to be paid 800 USD as monthly salary which will include transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the Officer is Gross 800 USD, of which the salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Officer falls in Grade D, Step 3 (High) of the NTA.</p> | | | | | | |
| 1.13 | Nutrition Officer | D | 1 | 800.00 | 6 | 100.00 | 4,800.00 |
| | <p>Stationed at Jowzjan Field office, one Nutrition officer will be hired with the responsibilities of assisting the project manager with managing nutrition related works in this project. They will check the field works on a routine basis; collect updates and reports on nutrition; provide support and advice to the field teams in terms of nutrition, report to the project manager; and provide assistance to the field staff.</p> <p>The officer will be eligible to be paid 800 USD Gross on a monthly basis which includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Officers fall in Grade D, Step 2 of the NTA</p> | | | | | | |
| 1.14 | Project Assistant | D | 1 | 500.00 | 5 | 100.00 | 2,500.00 |
| | <p>Stationed in the Jowzjan field office, The Project Assistant will be hired specifically for this project in Jowzjan province to carry out the following activities in this project, but not limited to:</p> <ul style="list-style-type: none"> - Implementing the planned activities - Preparing the data and information for project progress reports - Providing assistance to project manager - Establishing effective coordination with project right-holders - Collecting data from the field staffs - Tracking data into the project database - Arranging meetings with project key staff - Support the project teams in all activities when required - Assist the project field team in preparation of distribution and treatment cards <p>Therefore, she/he are entitled to be paid Gross 500 USD monthly salary per head which includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the Project Assistant is Gross 500 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Project Assistant falls in Grade E, Step 4 of the NTA.</p> | | | | | | |
| 1.15 | M&E / Data Collecting Assistant | D | 1 | 500.00 | 5 | 100.00 | 2,500.00 |

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|------|--|---|---|--------|---|--------|-----------|--|
| | <p>Stationed in Jowzjan field office, one Monitoring and Evaluation Assistant will be hired specifically for this project in Jowzjan province. The M&E assistant will be responsible for the following activities in this project, but not limited to:</p> <ul style="list-style-type: none"> - Regularly monitor and evaluate the activities of the project to make sure they are aligned and going according to the plans and that the targets will be achieved as per the defined indicators - Monitor and evaluate the activities in terms of quality and quantity - Support the team with Post Distribution Monitoring - Provide data and information to the supervisor for developing M&E reports - Consult and conduct interviews with the project participants to assess their level of satisfaction from the services provided by the AWRO field team - Identify and collect success stories - Record observations and report findings to the supervisor <p>The staff will be hired in Jowzjan province, and will regularly travel to main office to exchange information, and share findings and propose suggestions. They will also be responsible to prepare information and report to the M&E manager. They will be eligible to receive Gross 500 USD per month salary which includes personal transportation costs, personal internet, salary taxes, and medical.</p> <p>The monthly salary of the M&E Assistant is Gross 500 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the M&E Assistant falls in Grade E, Step 4 of the NTA.</p> | | | | | | | |
| 1.16 | Admin / Finance Assistant | D | 1 | 500.00 | 5 | 15.00 | 375.00 | |
| | <p>Stationed in Jowzjan field office, the admin/ finance Assistant will be recruited to specifically work in this project in the Jowzjan field office. The staff will be responsible for the following tasks in this project, but not limited to:</p> <ul style="list-style-type: none"> - Carrying out purchases for the project in field - Preparing purchase documentations - Preparing weekly expense reports and weekly cashbooks - Compiling and providing documents to the supervisor for further process - Providing administrative support to the project field staffs - Managing cash in hand - Preparing meeting minutes - Planning and conducting meetings when required - Control and manage inventories and assets in the Jowzjan field office - Reporting incidents and events to the supervisor <p>She/he will receive a Gross 500 USD per month which includes personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical. 15% of the staff's salary will be charged to this project.</p> <p>The monthly salary of the Admin/Finance Assistant is Gross 500 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Admin/Finance Assistant falls in Grade E, Step 4 of the NTA.</p> | | | | | | | |
| 1.17 | Community Health & Nutrition Workers and Mobilizers (CHW) | D | 6 | 450.00 | 5 | 100.00 | 13,500.00 | |
| | <p>Stationed in the Jowzjan Field office, the Community Health Workers and Mobilizers will be hired in Jowzjan province (the project's target area/field), who will be responsible for community mobilizing, Project Participant selection, help community receive their cash and services, data collection, and filing of Project Participant and project documents. They will receive 450 USD per month which includes transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical. The community health workers will provide awareness and brief orientations to the community members in order to train them, ensure community awareness, and convey the necessary health messages and information. 6 CHWs will be hired (three per each MHNT team) and each will be eligible for a monthly salary of 450 USD Gross which will include personal transportation cost, personal internet & mobile top-up expenses, health insurance, salary taxes and medical.</p> <p>The monthly salary of the Community Health Workers is Gross 450 USD, of which salary taxes are deductible.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Community Health Workers fall in Grade F, Step 4 of the NTA.</p> | | | | | | | |
| 1.18 | Master Trainers | D | 3 | 500.00 | 1 | 100.00 | 1,500.00 | |
| | <p>The master trainers will provide training sessions to the Mobile Health and Nutrition Teams, PSS counselors, and community health workers in the Jowzjan province. Three trainers will be hired for one month to provide the orientation and training sessions.</p> <p>AWRO follows National technical Assistance (NTA) Salary Scale, and the salary of the Master Trainer falls in Grade E, Step 4 of the NTA.</p> | | | | | | | |
| 1.19 | Guards and Cleaners for Jowzjan Field Office | D | 3 | 200.00 | 6 | 15.00 | 540.00 | |
| | <p>Two guards and one cleaner will be hired in the Jowzjan field office to provide security and cleaning services and look after the field office premises.</p> <p>Each of the mentioned staffs will be paid 200 USD per month as salary. 15% of these staffs' salaries is charged to this project.</p> <p>AWRO uses NTA Salary scale and the salaries of these staff members fall in the Grade H, Step 5 of the NTA.</p> | | | | | | | |
| 1.20 | Medical Doctors (MHNTs) | D | 2 | 600.00 | 5 | 100.00 | 6,000.00 | |

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|------|--|---|---|--------|---|--------|----------|
| | <p>Stationed at the MHNTs in Jowzjan province, two medical doctors will be hired (one in each MHNT) in Jowzjan province to carry out the following activities under the Mobile Health and Nutrition Teams, but not limited to:</p> <ul style="list-style-type: none"> - Supervise the screening of children and PLW for malnutrition - Screen children for Childhood Illnesses - Lead the MHNT - Supervise the Mobile Team members - Prepare micro plans for MHNTs' visit to the target locations - Issue prescriptions to the children and PLW covered under the project participants - Prepare MHNT daily and weekly activity reports - Manage all the activities and services provided by the MHNTs in the relevant target locations - Support the team with the Family MUAC orientations and trainings - Other tasks on an ad-hoc basis <p>The Medical Doctor will receive 600\$ gross as a monthly salary; salary taxes will be deducted.</p> <p>AWRO follows the NTA Salary scales and the salary of the Medical Doctor falls in Grade D, Step 2 of the NTA.</p> | | | | | | |
| 1.21 | Midwives (MHNT) | D | 2 | 400.00 | 5 | 100.00 | 4,000.00 |
| | <p>Stationed at the MHNTs in Jowzjan province, two midwives will be hired (one per MHNT) in Jowzjan province to carry out the following activities under the MHNTs, but not limited to:</p> <ul style="list-style-type: none"> - Screen women for malnutrition - Screen women for illnesses - Provide emergency counseling, treatment, and services in terms of ANC/PNC - Support the team with the screening of children for malnutrition - Record the details of the screened women in the relevant documents and database - Supervise the nurse and vaccinator in the MHNT - Assist the MHNTs with carrying out the Family MUAC training and orientations <p>The midwives will receive 400\$ gross as a monthly salary; salary taxes will be deducted.</p> <p>AWRO follows the NTA Salary scale, and the salary of the midwives falls in Grade F Step 4 of the NTA.</p> | | | | | | |
| 1.22 | Nurses (MHNT) | D | 2 | 300.00 | 5 | 100.00 | 3,000.00 |
| | <p>Stationed at the MHNTs in Jowzjan province, two nurses will be hired (one per MHNT) in Jowzjan province to carry out the following activities under the MHNTs, but not limited to:</p> <ul style="list-style-type: none"> - Assist the Medical Doctor with the screening of children and PLW - Assist the Midwives with the screening of PLW and service delivery in terms of health, ANC, and PNC - Screen the project participants in terms of blood pressure, body temperature, etc. - Work as an assistant to medical doctors and midwives - Carry out training and Orientation under the Family MUAC approach - Do the injections and first aid services when required - Other tasks as assigned by the supervisors <p>Each nurse will receive 300\$ gross as a monthly salary; salary taxes will be deducted.</p> <p>AWRO follows the NTA salary scale, and the salary of the nurses falls in Grade F, Step 2 of the NTA.</p> | | | | | | |
| 1.23 | Health promoters / PSS Counselors | D | 2 | 400.00 | 5 | 100.00 | 4,000.00 |
| | <p>Stationed at the MHNTs in the Jowzjan province, two Health Promoters / PSS Counselors (one per MHNT) will be hired in Jowzjan province to carry out the following activities under the MHNTs, but not limited to:</p> <ul style="list-style-type: none"> - Identify women with psychosocial issues - Conduct PSS counseling sessions - Conduct stimulation sessions - Prepare PSS counseling and stimulation sessions plans - Record the covered project participants in the relevant documents and database - Support the team with the Family MUAC Approach - Any other tasks as assigned by the supervisor <p>The PSS Counselors will receive 400\$ gross as a monthly salary; salary taxes will be deducted.</p> <p>AWRO follows the NTA salary scale, and the salary of the PSS counselors falls in Grade F Step 4 of the NTA.</p> | | | | | | |
| 1.24 | Vaccinator | D | 2 | 300.00 | 5 | 100.00 | 3,000.00 |
| | <p>Stationed at the MHNTs in Jowzjan province, two vaccinators will be hired (one per MHNT) in Jowzjan province to carry out the following activities under the MHNTs, but not limited to:</p> <ul style="list-style-type: none"> - Check the children and PLW for vaccination schedules - Refer the non-vaccinated children to the EPI to receive vaccination - Do injections and first aid services when required - Assist the MHNT members with the Family MUAC training and orientations - Assist the MHNTs with managing the medicines allocated for each MHNTs - Provide support to the medical doctor and midwife - Any other tasks as assigned by the supervisor <p>Each Vaccinator will receive 300\$ gross as a monthly salary; salary taxes will be deducted.</p> <p>AWRO follows the NTA salary scale and the salary of the vaccinator falls in Grade F, Step 2 of the NTA.</p> | | | | | | |

| | | | | | | | |
|--|---|----|------|-----------|---|--------|------------------|
| | Section Total | | | | | | 78,235.00 |
| 2. Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Transportation costs for medicines, equipment, and supplies | D | 2 | 500.00 | 1 | 100.00 | 1,000.00 |
| | <p><i>This will cover the costs of procurement and dispatch of medicine and equipment from Kabul to target districts. This will include the costs of carriage of the medicine to ensure safety.</i></p> <p><i>BOQ is attached as "BOQ 2.1"</i></p> | | | | | | |
| 2.2 | AAP, RCCE, IEC, H&N Printing and Provision costs | D | 8000 | 0.50 | 1 | 100.00 | 4,000.00 |
| | <p><i>This line will cover the costs of printing and provision of AAP, RCCE, IEC, and H&N materials to be distributed among the target communities.</i></p> <p><i>BOQ is attached as "BOQ 2.2".</i></p> | | | | | | |
| 2.3 | Cost of Trainings and Orientation Sessions | D | 1 | 12,661.00 | 1 | 100.00 | 12,661.00 |
| | <p><i>This line will cover the costs for the orientation and training sessions for the MHNTs, PSS Counselors, CHWs, project staff, the MHNT members, and Community Mobilization sessions; orientation on MUAC approach, and PSS counseling.</i></p> <p><i>BOQ is attached as "BOQ 2.3".</i></p> | | | | | | |
| 2.4 | Medicines, Equipment, Supplies, and Running costs for the MHNTs | D | 1 | 48,385.70 | 1 | 100.00 | 48,385.70 |
| | <p><i>This line covers the running costs, Equipment, Supplies, and Medicines required for the two mobile teams.</i></p> <p><i>BOQ is attached as "BOQ 2.4".</i></p> | | | | | | |
| 2.5 | Cash Transfer for Nutrition | D | 50 | 100.00 | 1 | 100.00 | 5,000.00 |
| | <p><i>This line covers the costs of Cash for Nutrition for eligible children with SAM complicated cases to refer to the inpatient care centers. Children with complicated SAM cases will be provided with 100\$ as Cash for Nutrition based on the Nutrition Cluster guidelines to cover accommodation and transportation costs for receiving inpatient care to treat the children with SAM.</i></p> <p><i>BOQ is attached as "BOQ 2.5".</i></p> | | | | | | |
| 2.6 | Cash for Nutrition Transfer charges by the MSP | D | 50 | 4.00 | 1 | 100.00 | 200.00 |
| | <p><i>This will cover the costs of transferring of the Cash for Nutrition to the eligible children. 5,000\$ is the total amount allocated for the referral of complicated SAM cases; the MSP will charge 4% as service charges (5,000\$ x 4% = 200 USD).</i></p> <p><i>Per each 100\$ transfer, the MSP will charge 4 USD. There will be total 50 transfers each with a value of 100\$, and the total MSP charges for transferring is 200 USD.</i></p> | | | | | | |
| | Section Total | | | | | | 71,246.70 |
| 3. Equipment | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 |
| | NA | | | | | | |
| | Section Total | | | | | | 0.00 |
| 4. Contractual Services | | | | | | | |
| 4.1 | Rental Cars | S | 4 | 800.00 | 6 | 100.00 | 19,200.00 |
| | <p><i>Four vehicles will be rented to provide transportation facilities to the field staff and Mobile Health and Nutrition Teams and the project staffs for carrying out project related activities. The cars will take the field staff and the MHNTs to the target areas for assessment/survey purposes, provision of Mobile clinic services, distribution, and other project related tasks. Two cars will be allocated for each MHNT to provide facilities. Each car will cost 800 USD per month.</i></p> <p><i>Each MHNT will cover at least 10 Villages. TOYOTA HIACE or 4-RUNNER cars will be hired to fit the mobile clinic teams and equipment in, and since the target coverage areas are difficult to reach and SEDAN cars cannot travel. Four cars are needed to provide separate transportation facilities for the male and female staff members. The provision of separate transportation cars for males and females will benefit in social and cultural, and the De-Facto government acceptability as there will be less sensitivity if separate transportation means are provided for the female staff.</i></p> <p><i>In addition, the teams have to carry a lot of equipment which require big space in car to fit. Allocating two cars will suffice the space needed for the team members and the materials to carry with them.</i></p> | | | | | | |
| | Section Total | | | | | | 19,200.00 |
| 5. Travel | | | | | | | |
| 5.1 | Round Trip Costs | D | 4 | 50.00 | 3 | 100.00 | 600.00 |

| | | | | | | | | |
|--|--|----|---|----------|----|--------|-----------------|--|
| | <p><i>This line will cover the costs for roundtrips for field visits by the management, including the M&E, admin/finance, and program staffs.</i></p> <p><i>The cost will be paid to the traveling employees to cover round trip expenses by road through rental cars and will be cleared based on the bills and invoices provided - meaning that the spent amount will be charged as per the bills/invoices the employees provide to the Finance section of the AWRO in regard to the roundtrip expenses.</i></p> <p><i>BOQ is attached as "BOQ 5.1".</i></p> | | | | | | | |
| 5.2 | Per-Diem | D | 4 | 40.00 | 15 | 100.00 | 2,400.00 | |
| | <p><i>This will cover the per-diem costs for the travelling staff that will pay visit to the target fields for monitoring and evaluation purposes.</i></p> <p><i>BOQ is attached as "BOQ 5.2".</i></p> | | | | | | | |
| 5.3 | Accommodation | D | 4 | 35.00 | 12 | 100.00 | 1,680.00 | |
| | <p><i>This will cover the accommodation costs for the traveling staff that will pay visits to the target fields for monitoring and evaluation purposes.</i></p> <p><i>The amount considered per night in this budget is an estimation based on the market rates in the target location. All the employees will be required to provide supporting documents that will reflect the actual expenses incurred for accommodation purposes. Expenses will be charged to the project budget based on the supporting documents provided.</i></p> <p><i>BOQ is attached as "BOQ 5.3".</i></p> | | | | | | | |
| | Section Total | | | | | | 4,680.00 | |
| 6. Transfers and Grants to Counterparts | | | | | | | | |
| NA | NA | NA | 0 | 0.00 | 0 | 0 | 0.00 | |
| | NA | | | | | | | |
| | Section Total | | | | | | 0.00 | |
| 7. General Operating and Other Direct Costs | | | | | | | | |
| 7.1 | AWRO Main Office Rent | S | 1 | 1,000.00 | 6 | 15.00 | 900.00 | |
| | <i>15% of AWRO's Main Office rent will be charged to this project.</i> | | | | | | | |
| 7.2 | AWRO Main Office Communication Costs | S | 1 | 700.00 | 6 | 15.00 | 630.00 | |
| | <i>15% of AWRO's Main Office Communication Costs will be charged to this project.</i> | | | | | | | |
| 7.3 | AWRO Main Office Stationery Costs | S | 1 | 250.00 | 6 | 15.00 | 225.00 | |
| | <i>15% of AWRO's Main Office Stationery costs will be charged to this project.</i> | | | | | | | |
| 7.4 | AWRO Main Office Utilities | S | 1 | 900.00 | 6 | 15.00 | 810.00 | |
| | <i>15% of the AWRO's Main Office Utilities costs will be charged to this project. Utilities cost include electricity bills, generator fuel, gas, and heating expenses.</i> | | | | | | | |
| 7.5 | AWRO Main Office Vehicle Fuel & Maintenance | S | 1 | 1,000.00 | 6 | 15.00 | 900.00 | |
| | <i>15% of the AWRO's Main Office Vehicle Fuel and Maintenance will be charged to this project.</i> | | | | | | | |
| 7.6 | Jowzjan Field Office Communication Costs | S | 1 | 250.00 | 6 | 100.00 | 1,500.00 | |
| | <p><i>This will cover costs of internet, top-up cards for the field office in the target provinces – Jowzjan. The field office is specifically hired for this project.</i></p> <p><i>BOQ is attached as "BOQ 7.6".</i></p> | | | | | | | |
| 7.7 | Jowzjan Field Office Stationery Costs | S | 1 | 50.00 | 6 | 15.00 | 45.00 | |
| | <i>15% of the Jowzjan Field Office Stationery Costs is charged to this project. Under this line the monthly charges off office stationery, printer cartridges, printing of files, Project Participant selection forms and other project relevant documents will be covered.</i> | | | | | | | |
| 7.8 | Jowzjan Field Office Running Costs | S | 1 | 300.00 | 6 | 15.00 | 270.00 | |
| | <i>15% of the Jowzjan Field Office Running Costs is charged to this project. Under this item the costs for electricity bill, office maintenance, repairing, mineral water, and etc. will be covered for field office in Jowzjan Province.</i> | | | | | | | |
| 7.9 | Jowzjan Field Office Rent and Maintenance Costs | S | 1 | 400.00 | 6 | 15.00 | 360.00 | |

| | | | | | | | |
|-------------------|--|---|----------|--------|---|-------|-------------------|
| | 15% of the Jowzjan Field Office Rent and Maintenance Costs is charged to this project. Under this item, field office rent – which will be specifically rented for this project – and maintenance costs will be covered. | | | | | | |
| 7.10 | Bank Charges and MSP transfer charges | S | 1 | 100.00 | 6 | 15.00 | 90.00 |
| | 15% of the Bank Charges are charged to this project. Under this item AWRO will cover the cash transfer fee through bank and MSP to staff including payroll expenses, and other transfer costs from bank account-to-account. | | | | | | |
| | Section Total | | | | | | 5,730.00 |
| SubTotal | | | 8,170.00 | | | | 179,091.70 |
| Direct | | | | | | | 138,441.70 |
| Support | | | | | | | 40,650.00 |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 12,536.42 |
| Total Cost | | | | | | | 191,628.12 |

| Project Locations | | | | | | | |
|----------------------|--|---|-------|------|-------|-------|---|
| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
| | | Men | Women | Boys | Girls | Total | |
| Jawzjan > Shiberghan | 100.00000 | 0 | 0 | 0 | 0 | 0 | <p>N: Activity 1.1.1: Project MOU</p> <p>AWRO will share the project ...</p> <p>N: Activity 1.1.2: Coordination with Related institutions</p> <p>A...</p> <p>N: Activity 1.1.3: Recruiting and Training Required Staff</p> <p>T...</p> <p>N: Activity 1.1.4: Establishment of two Mobile Health and Nutrition ...</p> <p>N: Activity 1.1.5: Community Mobilization</p> <p>The objective and...</p> <p>N: Activity 1.1.6: Out-Patient treatment of SAM and MAM children und...</p> <p>N: Activity 1.1.7: Primary Nutrition and Health Care for children U5...</p> <p>N: Activity 1.1.8: Family MUAC approach in MHNT target areas</p> <p>N: Activity 1.1.9: Cash for Nutrition, Transportation and Accommodat...</p> <p>N: Activity 1.1.10: Awareness raising and Counseling services on Infa...</p> <p>N: Activity 1.1.11: Monitoring and Evaluation</p> <p>All activities...</p> <p>N: Activity 1.1.12: Reporting</p> <p>AWRO will prepare and submit r...</p> |

| Documents | |
|----------------------------|---------------------------|
| Category Name | Document Description |
| Revision related Documents | Endorsement of AAP WG.jpg |
| Revision related Documents | Endorsement of CVWG.jpg |
| Revision related Documents | Endorsement of HAG WG.jpg |

| | |
|------------------------------|--|
| Revision related Documents | Endorsement of Protection Mainstreaming.jpg |
| Revision related Documents | Endorsement of RCCE WG.jpg |
| Budget Documents | AWRO - All BOQs (Nutrition 23609).xlsx |
| Budget Documents | Summary of AWRO's current Projects and Shared Costs - 01.Nov.2022.xlsx |
| Project Supporting Documents | Cash Transfer and MSP Services Contract - AWRO.pdf |
| Project Supporting Documents | AWRO - HR Manual - AWRO.pdf |
| Project Supporting Documents | List of White Areas Approved by the NCCT and DOPH.xlsx |
| Budget Documents | Summary of AWRO's current Projects and Shared Costs - 01.Nov.2022.xlsx |
| Budget Documents | NTA Salary Scale.jpg |
| Budget Documents | Summary of AWRO's current Projects and Shared Costs - 09.Nov.2022.xlsx |
| Budget Documents | AWRO - All BOQs (Nutrition 23609) - Revised 09.Nov.2022.xlsx |
| Budget Documents | AWRO - All BOQs (Nutrition 23609) - Revised 12.Nov.2022.xlsx |
| Budget Documents | AWRO - All BOQs (Nutrition 23609) - Revised 15.Nov.2022.xlsx |
| Budget Documents | AWRO - All BOQs (Nutrition 23609) - Revised 21.Nov.2022.xlsx |
| Grant Agreement | Grant Agreement_Nut_AWRO_23609_Signed.pdf |