

Project Plan Overview

Program	<i>Emergency Health and Nutrition Assistance</i>		
Project	<i>Provision of life-saving humanitarian health and nutrition services in Kandahar province, Afghanistan</i>		
Project period	31 March 2020 – 30 March 2021 (365 days)		
Organisation		Project Officer in Tokyo	

The below section will be updated once the budget is finalized

JPF Subsidies	46,386,517JPY	92%	Government Assistance JPY / Private Funds JPY		
Direct project cost	30,817,174JPY	66.44(%)	\	Japan (Tokyo)	Project country (Afghanistan/Kandahar)
Indirect project cost	15,569,343JPY	33.56(%)			
Other fund	4,028,407 JPY	8%	Tokyo staff	0.6MM	0MM
Total project cost	50,414,924 JPY	\	Staff in Afghanistan (International + National staff)	\	6.49MM

Project Objective	Increase equitable access to and utilization of health and nutrition services amongst vulnerable populations conflict affected IDPs, returnees and underserved host communities, particularly children in two hard to reach districts (Zerai and Panjwayee) of Kandahar province.	
Project Overview	Three emergency mobile health and nutrition teams will be established to provide primary and reproductive health care services, treat severely malnourished girls and boys (6-59 months), promote infant and young child feeding (IYCF), and facilitate psychosocial support services, in two hard to reach districts (Zerai and Panjwayee) of Kandahar province -- prioritized by humanitarian access group (HAG) for humanitarian response in 2020	
Project Outline		Beneficiary (For each outcome)
1. Primary and reproductive health, and psychosocial support services will be provided to targeted populations by emergency mobile health and nutrition teams.		27,000 people (conflict affected IDPs, returnees and underserved host communities in hard to reach areas): 5,144 children under 5 (2,457 F; 2,687 M); 9,626 children aged 6-17 (4,779 F; 4,847 M); 12,230 over 18 (6,276 F; 5,954 M)
2. Cases of severe acute malnutrition (SAM) among girls and boys aged 6 to 59 months old will be identified and treated by emergency mobile health and nutrition teams. Additionally, IYCF practices will be promoted amongst pregnant and lactating women (PLW) and caregivers.		2-1. 4,886 children under 5 ¹ 2-2. 1728 pregnant and lactating women ²

¹ Out of 5,144 under five-year-old children(estimate), 95% is set as a target

² Out of 2,160 PLW(estimate), 80% is set as a target

Overall Project Objective	Reduce morbidity and mortality amongst conflict affected IDPs, returnees and underserved host communities in hard to reach areas			
Current situation (before commencement of the project)	Expected outcomes (At the completion of the project)	Target level (indicators of project outcomes) and validation methods	Activities for project outcomes	<ul style="list-style-type: none"> ✓ Prerequisites ✧ Risks and external factors
I. Inadequate access, especially for children, to primary health care and psychosocial support services due to low availability of health services, substantial distance from health facilities, low capacity of the staff to provide quality services, cultural barriers, low awareness on health seeking behaviors	I. Increased equitable access to gender sensitive primary health care, psychosocial support, and reproductive health care services for 27,000 IDPs, returnees and underserved communities	<p>Indicator 1.1: # of health consultations provided by emergency mobile health and nutrition teams (MHT)</p> <p>Target: 37,125³</p> <p>Means of verification: Monthly integrated activity report (MIAR)/Health management information system (HMIS)</p> <p>Indicator 1.2: # of under five children who received treatment for acute respiratory infections, diarrhea and malaria</p> <p>Target: 4,480⁴</p> <p>Means of verification: MIAR/HMIS</p> <p>Indicator 1.3: # of individuals attended 2 or more psychosocial support sessions</p> <p>Target: 1,733⁵</p>	<p>I.1: Establish, staff and equip three emergency mobile health and nutrition teams with male and female personnel, essential drugs, medical and non-medical supplies</p> <p>I.2: Based on the training needs assessment, provide in-service training to emergency mobile health and nutrition teams (male and female) staff</p> <p>I.3: Provide gender sensitive primary health care services, with a focus on immunization, psychosocial support, child and reproductive health</p>	<ul style="list-style-type: none"> ✓ Security: No significant deterioration of the security situation in the project impact areas that will prevent access to beneficiaries without risking the lives of the staff. ✓ Political dynamics: Local political dynamics and military presence do not attempt to negatively influence the implementation of the project. ✓ National political

³ total population covered by 3 MHT (27,000) will receive one and half time consultation during 11 months of operation [27,000x 1.5 x 11/12]

⁴ Out of 5,144 under five-year-old children(estimate), 95% will receive one time consultation during 11 months of operation [5,144x 95% x 11/12]

⁵ Twenty-five percent of women at reproductive age (number estimated: 5,400) and 10% of male aged 18 and above (number estimated: 5,400) receive two or more times consultation during 11 months of operation [(1350+540)x11/12]

and, and low capacity of the staff to provide quality services.		<p>Means of verification: Consultation records for psychosocial support services</p> <p>Indicator 1.4: # of community awareness raising campaigns</p> <p>Target: 6</p> <p>Means of verification: Campaign report</p>	<p>1.4: Conduct community and facility-based awareness raising sessions to promote health seeking behaviours with the focus on IYCF, reproductive and child health, hygiene and mental health</p>	<p>hurdles: Changes in the political situation may negatively affect the project including limiting access by rising bureaucratic hurdles or limit access to some parts of the population (e.g. women or a particular ethnic group).</p>
<p>2. High prevalence of global acute malnutrition (13.6%) and stunting (55.4%) due to inadequate access to health, nutrition and lack of knowledge on the recommended breastfeeding practices, maternal nutrition and importance of diverse food.</p>	<p>2. Increased equitable access to nutrition services and information for the management of acute malnutrition among under five girls and boys, and PLW and increased prevention of such cases through increased knowledge.</p>	<p>Indicator 2.1: # of under five children and PLW screened for acute malnutrition and referred for treatment</p> <p>Target: U5 children: 4,866⁶; PLW: 2,052⁷</p> <p>Means of verification: Screening tools/Project progress report</p> <p>Indicator 2.2: # of children (6-59 months) admitted for treatment of SAM</p> <p>Target: 387⁸</p> <p>Means of verification: Integrated management of acute malnutrition (IMAM) report</p> <p>Indicator 2.3 :# of PLW who received IYCF counseling</p> <p>Target: 1,728²</p> <p>Means of verification: IYCF counseling</p>	<p>2.1: Conduct nutrition screening and referral of under five children (boys and girls) and PLW in the targeted locations of emergency mobile health and nutrition teams</p> <p>2.2: Provide gender-sensitive services for the management of SAM to children aged 6-59 months (boys and girls) through emergency mobile health and nutrition teams</p> <p>2.3: Provide IYCF in emergency services</p> <p>2.4: Provide micronutrient supplementation and deworming to</p>	<p>hurdles: Changes in the political situation may negatively affect the project including limiting access by rising bureaucratic hurdles or limit access to some parts of the population (e.g. women or a particular ethnic group).</p> <p>✧ Deterioration of a situation/security affect project implementation.</p> <p>✧ Coordination: Local and regional coordination processes are ineffective and assistances are not coordinated and not provided timely.</p>

⁶ Out of 5,144 under five-year-old children(estimate), 95% is set as a target

⁷ Out of 2,160 PLW(estimated 8% of total population), 95% is set as a target

⁸ Out of 455 under five-year-old children who are severely malnourished (estimate), 85% is set as a target

		<p>report</p> <p>Indicator 2.4: # of PLW and under five children provided with micronutrient</p> <p>Means of verification: Micronutrient supplementation report</p> <p>Target: PLW: 2,052⁹; U5 children: 1,542¹⁰</p>	<p>women of reproductive age and under five children</p>	
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⁹ Out of 2,160 PLW(estimated 8% of total population), 95% is set as a target

¹⁰ Out of 1,814 under five-year-old children identified global acute malnutrition(estimate), 85% is set as a target

Operation Time Schedule (Monthly)

Activity	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021
Outcome 1: Increased equitable access to gender sensitive primary health care, psychosocial support and reproductive health care services for IDPs, returnees and underserved communities												
1.1: Establish, staff and equip three emergency mobile health and nutrition teams with male and female personnel, essential drugs, medical and non-medical supplies		→										
1.2: Based on the training needs assessment, provide in-service training to emergency mobile health and nutrition teams (male and female) staff			→									
1.3: Provide gender sensitive primary health care services, with a focus on immunization, psychosocial support, child and reproductive health												→
1.4: Conduct community and facility-based awareness raising sessions to promote health seeking behaviours with the focus on IYCF, reproductive and child health, hygiene and mental health												→
Outcome 2: Increased equitable access to nutrition services and information for the management of acute malnutrition among under five girls and boys, and PLW and increased prevention of such cases through increased knowledge												
2.1: Conduct nutrition screening and referral of under five children (boys and girls) and PLW in the targeted locations of emergency mobile health and nutrition teams												→
2.2: Provide gender-sensitive services for the management of SAM to children aged 6-59 months (boys and girls) through emergency mobile health and nutrition teams												→
2.3: Provide IYCF in emergency services												→
2.4: Provide micronutrient supplementation and deworming to women of reproductive age and under five children												→

