

Project Plan Overview

Program	Afghanistan Humanitarian Response (Emergency)				
Project	Integrated humanitarian response in Balkh Province through Food Security, Nutrition & WASH interventions to the communities				
Start date	1/2/2022	End date	31/8/2022	Period	212days
Organisation (Partner organizations)				Focal point in Tokyo (Email)	

JPF Fund	68,322,298JPY	100%	Government Assistance JPY / Private Funds JPY		
Direct project cost	46,991,488JPY	(68.8%)		Japan (Tokyo)	Project country Balkh, Afghanistan
Indirect project cost	21,330,810JPY	(31.2%)			
Self Fund (including other funds)	0JPY	0%	International staff (from XXXapan )	1.1 MM	MM
Total project cost	68,322,298JPY		Local staff		31 MM

Project Outcome	Reduce vulnerability of the targeted households in Balkh province through integrated intervention to improve the Food Security, nutrition and WASH situation of the vulnerable population.
Project Overview	<p>Xxxxxxx in line with HRP, in the year 2021 - 2022 through its Food Security and Livelihood efforts aims to reach households with poor or borderline FCS along with those having high or medium rCSI scores and community members living in the 'emergency' or 'crisis' (IPC 3 and IPC 4) levels of food insecurity in the Northern Province of Balkh.</p> <p>In addition, safe drinking water, proper sanitation and good hygiene practice in Afghanistan continues to be limited and it is still among the lowest country in the world. Due to the scale and spread of COVID 19, pandemic, Afghanistan is one of the significantly affected country due to its weak health system and limited capacity to deal with. In combination with weak health system, the hygiene practice and awareness are poor. As per JMP report 2017, it is estimated that 29 per cent of the total population in rural areas have no access to hand washing with soap and the hand washing is not widely practiced. The average coverage is 38% but in rural areas this coverage is reduced to 29%.</p> <p>To support these households XXX-A proposes an integrated emergency food assistance, nutrition</p>

	<p>and hygiene promotion response. Through this project, targeted households will receive unconditional Cash assistance for three months and hygiene kits to enable them survive the financial stress and the Cash transfers will be complemented with awareness raising and information sharing sessions in the communities to inform beneficiaries about the purpose of Cash. To further reduce the exposure of poor households to COVID 19 and help caregivers improve the nutrition situation of their children, XXX-A will consider awareness raising activities on hygiene, COVID 19 prevention and IYCF. The awareness raising activities will be implemented in the form of house to house and community-based demonstration sessions and household visits.</p>
<p style="text-align: center;">Project Outline</p> <ul style="list-style-type: none"> <li>- Describes the outline of each component.</li> <li>- Align with the expected outputs and activities for project outputs in the log frame below.</li> </ul>	<p style="text-align: center;">Beneficiary</p> <p>Divide direct and indirect beneficiaries. Please write the average # of people in each HH when using # of HHs in this section.</p>
<p>1. Improved access to basic food by most vulnerable households through cash distribution</p>	<p>Target: 600 HHs (4,200 individuals)</p>
<p>2. Improved awareness on personal, environmental, menstrual and food and water hygiene/nutrition practices in the selected vulnerable communities</p>	<ul style="list-style-type: none"> <li>- Number of Community Health Workers trained on IYCF and hygiene promotion (50 CHWs), Number of Community Hygiene Promoters (CHPs) trained on hygiene promotion (20 CHPs)</li> <li>- Number of people reached through community-based hygiene promotion and demonstration sessions (36,000 individuals)</li> </ul> <p>This includes BNFs who participated activities below.</p> <ul style="list-style-type: none"> <li>- Number of households that received hygiene kits to support prevention of COVID-19 (400HH, 2,800 individuals)</li> <li>- Number of mothers/caregivers trained on IYCF and hygiene promotion (3,360 individuals)</li> <li>- Number of caregivers and their children benefited from community-based nutrition demonstration and complementary feeding sessions. (200 caregivers)</li> </ul>

Log Frame

<p>Current situation (before the commencement of the project)</p>	<p>Targeted outcomes <i>Effects achieved through the output of project intervention.</i></p> <p>Reduce vulnerability of the targeted households in Balkh province through integrated intervention to improve the Food Security, nutrition and WASH situation of the vulnerable population.</p>	<p>Indicator/target level to measure achievement of outcome (validation methods) <i>Setting initial outcomes, which can be described as short-term and direct benefits, is mandatory. Setting final outcomes, which can be described as medium- to long-term development effect, is recommended.</i></p> <ol style="list-style-type: none"> <li>Percentage of households with acceptable Food Consumption Score (FCS) Target: &gt; 80% out of 600HHs (Baseline survey, PDM)</li> <li>% of the targeted beneficiaries of community-based hygiene promotion and demonstration sessions who demonstrate the hygiene practice as per daily based (the behavior changed) Target: 50% of 36,000 beneficiaries (Pre/post survey, session reports)</li> <li>Proportion of 6-23 months old children whose caregivers participate in food demonstration session, and who receive foods from 4 or more food groups. Target: 25% increase over the baseline (Pre/post survey)</li> </ol>		
<p><b>Current situation (before the commencement of the project)</b></p> <p>1. In Balkh more than 323,000 people almost 35% of its overall population live in IPC 3 and 233,000 people almost 40% of population in the urban setting are living in IPC 3 levels of food</p>	<p><b>Targeted outputs</b></p> <p>1. Improved access to basic food by households falling under IPC 3 level</p>	<p><b>Indicator/target level to measure achievement of outputs (validation methods)</b></p> <p>Indicator 1-1-1: Number of HHs received cash for food. Target: 600 HHs Mean of Verification: Payment and Cash Transfer Authorization (CTA) report</p>	<p><b>Activities for project outputs</b></p> <p>1.1 Geographical targeting, community sensitization and beneficiary's selection.</p> <p>1.2 Conducting market price monitoring for the commodities in the food basket on two occasions at the start of the project and right before the 3rd distribution.</p> <p>1.3 Transfer of unconditional cash to the selected beneficiaries. For 3</p>	<p>✓ <b>Prerequisites</b> ◇ <b>Risks</b></p> <p><b>Security:</b> XXXX x XXX will leverage its local and national relationships as well as its initial activity of community mobilization to ensure access to hard to reach and</p>

insecurity <sup>1</sup> .			months  1.4 Base line survey and Post distribution monitoring.	most in need communities in the target provinces. XXXX x XXX is also
2. Safe drinking water proper sanitation and good hygiene practice in Afghanistan continues to be limited and it is still among the lowest country in the world. Due to the scale and spread of COVID 19 pandemic, Afghanistan is one of the significantly affected country due to its weak health system and limited capacity to deal with. in combination with weak health system, the hygiene practice and awareness are poor. Also, Exposure of poor households to COVID 19 and vulnerability of children to MAM due to lack of awareness of hygiene and feeding practices. Out of 34	2. Improved Hygiene and nutrition/IYCF awareness and hygiene kit distribution	<p>Indicator 2-1-1: Number of Community Health Workers trained on IYCF and hygiene promotion Target: 50 CHWs Means of verification: Training attendance sheet</p> <p>Indicator 2-1-2: Number of Community Hygiene Promoters (CHPs) trained on hygiene promotion Target: 20 (10 females, 10 males) Mean of Verification: Training Report</p> <p>Indicator 2-1-3: Number of people reached through community-based hygiene promotion and demonstration sessions Target: 36,000 Means of verification: CHP Home to Home Visits Report</p>	<p>2.1: Selection and training of CHWs and CHPs on IYCF and hygiene promotion.</p> <p>2.2: Distribution of dignity and hygiene kits and Community-based hygiene promotion and demonstration session.</p> <p>2.3: Messaging on prevention of COVID 19 and hygiene practices through local radio stations and posters</p> <p>2.4: IYCF best practices and hygiene promotion sessions for community members.</p> <p>2.5: Food demonstration sessions to caregivers of children with MAM</p>	<p>an active participant of the Humanitarian Access Group and sits on the Joint Operating Principles Working Group which ensures that access negotiations follow agreed-upon OCHA guidelines and are escalated through OCHA when necessary.</p> <p><b>Political dynamics:</b> Local and national political dynamics does not pose any</p>

<sup>1</sup> <sup>1</sup> Based on a project made by IPC food insecurity Analysis for the months of June – November 2021  
For submission to Japan Platform

<p>provinces, 27 provinces – including Balkh province is in the emergency level threshold of acute malnutrition (GAM rate of 15% or the GAM rate of 10-14.9% with aggravating factors) and prioritized for the HRP 2021. Based on Nutrition Cluster severity ranking, in Balkh, GAM rate is estimated at 14 % with IPC 3+ of 50%, considerable number of conflicts induced displacement, and low coverage of full immunization (41%).</p>		<p>Indicator 2-1-4: Number of participants who demonstrate knowledge and understanding of hand washing session Target: 80% Means of verification: pre/post assessment, session reports</p> <p>Indicator 2.1-5: Number of households that received dignity or hygiene kits to support prevention of COVID-19 Target: 400 HHs, 2,800 individuals Means of verification: Kits distribution list</p> <p>Indicator 2-1-6: Number of mothers trained on IYCF and hygiene promotion Target: 3,360 Means of verification: Attendance sheets</p> <p>Indicator2-1-7: Number of caregivers and their children benefited from community-based nutrition demonstration and complementary feeding sessions. Target: 200 Caregivers Means of verification: Attendee list</p>	<p>and complementary feeding session.</p>	<p>negative influence on the implementation of the project.</p> <p><b>Procurement:</b> XXXX x XXX Afghanistan has an active framework agreement with two mobile money service providers and no significant delays are expected in the procurement processes.</p> <p><b>Coordination:</b> Local and regional coordination processes remain effective to ensure provision of timely and coordinated assistance.</p>
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*\* The target values (indicators for measuring results) and activities for outputs are better to be referred from the "indicators" and "key actions" set out in the Sphere Standards, INEE Minimum Standards and other standard and meet the respective standards.*

## Project Progress Check

(Planned activity on the first line and results/alteration on the second line for each activity)

Activity	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7
<b>Component 1: Emergency food assistance through CTP</b>							
1.1: Geographical targeting, community sensitization and beneficiary's selection.	X	X	X				
1.2: Conducting market price monitoring for the commodities in the food basket.		X					
1.3: Transfer of unconditional cash to the selected beneficiaries.				X	X	X	
1.4: Baseline survey and Post distribution monitoring	X				X	X	X
<b>Component 2: Awareness raising of community members on hygiene Promotion and Practices, Nutrition and IYCF</b>							
2.1: Selection and training of CHWs and CHPs on IYCF and hygiene promotion.	X	X					
2.2: Distribution of dignity and hygiene kits and Community-based hygiene promotion and demonstration session.		x	X	X	X	X	X
2.3: Messaging on prevention of COVID 19 and hygiene practices through local radio stations and posters			X	X	X	X	X
2.4: IYCF best practices and nutrition promotion sessions for community members.			X	X	X	X	
2.5: Food demonstration sessions to caregivers of children with MAM and complementary feeding session.				X	X	X	X