



Organization	ACF (Action Contre la Faim)		
Project Title	Strengthening nutrition interventions design, monitoring and evaluation in Afghanistan		
CHF Code	AFG-14/S1/N/INGO/231		
Primary Cluster	NUTRITION	Secondary Cluster	None
CHF Allocation	1st Round Standard Allocation	Allocation Category Type	Field activities
Project Budget	932,683.94	Project Duration	12 months
Planned Start Date	01/07/2014	Planned End Date	30/06/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

**Project Summary**

The project will provide data to inform programming design, interventions monitoring and evaluation. SMART (Standardized Monitoring and Assessment in Relief and Transition) anthropometric and mortality survey will be implemented linking nutrition and health where applicable to encourage a convergence of efforts in response to humanitarian needs. Depending on the need analysis and ground capacity, the possibility to include IYCF (Infant and Young Child Feeding) study at the same time than SMART data collection will be considered as well. RNA (Rapid Nutrition Assessment) will be conducted to provide a rough estimate of acute under-nutrition prevalence when emergencies over small zones and populations are concerned. Using data available (when any), planning of whether SMART or RNA will be carefully coordinated with the nutrition cluster to ensure coherence as well as comparison of nutritional data over time. Nutrition/health implementer capacity will be key criteria for prioritizing ACF support to one area or another. Implementers with no previous experience and capacity in conducting nutrition survey will be the first target of this project to increase in country capacity and autonomy development toward a greater sustainability. ACF will closely support implementers throughout the whole survey stages. In addition, ACF will conduct SQUEAC evaluations (Semi Quantitative Evaluation of Access and Coverage) in areas where IMAM (Integrated Management of Acute Malnutrition) is implemented. SQUEAC identify barriers and boosters for access and coverage resulting in informing better the effectiveness of nutrition interventions. ACF will follow the whole process from preparation until reporting while involving in the field nutrition activities' implementers for the sake of ownership and capacity building. In the Afghan context, protracted crisis for decades, building up a long term perspective while answering humanitarian needs is crucial. Within this framework, ACF will not only ensure project results, but also lessons learnt and will reconstitute the project experience to the humanitarian community and to governmental bodies, such as MoPH (Ministry of Public Health)/PND (Public Nutrition Department). After years of humanitarian aid, defining ways to develop sustainability based on the existing system to absorb recurrent shock impacting the Afghan population is an ongoing process. This project can feed the development of monitoring of the nutrition situation in the country as well as the effectiveness of curative and preventive aspects of nutrition activities. Project participants & stakeholders feedback on the project experience will be encouraged, inputs gathered, analyzed and widely shared by ACF.

	Men	Women	Boys	Girls	Total
Beneficiary Summary	181	130	0	0	311
<b>Total beneficiaries include the following:</b>					
Aid Agencies	181	130	0	0	311

Indirect Beneficiaries	The project will benefit indirectly to:	Catchment Population	Non applicable (NA). The catchment population of the project will depend on the catchment population of the health and nutrition activities' implementers for whom ACF will bring its support to monitor the population nutritional status, crude mortality rate and/or IMAM program coverage (barriers and boosters).
	<ol style="list-style-type: none"> <li>Vulnerable population, males and females, living in the catchment areas of SMARTs and RNAs which data will be used for assistance and aid programming or emergency support;</li> <li>Populations, males and females, using health services with IMAM by indicating boosters and barriers to better quality and coverage/access to SAM management through SQUEACs.</li> <li>Afghan population as overall by advocating evidence and surveillance based national policies and strategic programming.</li> </ol>		

**Link with the Allocation Strategy**

The proposed project is linked with the CHF (Common Humanitarian Fund) allocation strategy objective 3: Improved information management (IM) and strategic assessments of acute need in priority areas. The different outputs will feed nutrition and health cluster cooperation in terms of combine needs assessment and analysis. They will support the objectives 1 & 2 of the allocation strategy (1/ Increasing life-saving healthcare, 2/ Life-saving action: treatment of acute malnourished in the most underserved, conflict affected provinces) by informing better program design, monitoring and evaluation. In addition, nutrition causes being multi-sectorial, nutrition related data produced throughout the project will complement other sectors assessments results and help in defining better the nutrition dynamic within the most vulnerable areas of Afghanistan. Furthermore, the potential scale of the project, linked with the nutrition and health actors applying for the objective 1&2 of the allocation strategy, will support in country capacity building in performing assessment and evaluation in the field of health and nutrition. Throughout the project, populations' gender specificities as well as status such as IDP (Internally Displaced People) will be taken into account in the implementation of activities and different analysis produced.

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

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

In 2013, a National Nutrition Survey (NNS) have been undertaken by MoPH, preventive medicine directorate, PND (Public Nutrition Department) with the support of UNICEF and key technical advisors from different organizations including ACF members of the TAG (Technical Advisory Group). Results are still under validation process and will help in defining the nutrition situation evolution since 2004 when last National Nutrition Survey was conducted. However, in the Afghan context, local specific dynamics have to be closely monitored. The lack of regularly updated data on the nutrition situation limits the scope and the relevance of actions undertaken. Indeed, currently very few nutrition interventions include regular systematic monitoring through SMART surveys or RNA which resulting in difficulties to design the most appropriate response. It is particularly true in priority districts defined for CHF. Furthermore, besides some exceptions, the levels of needs met by IMAM interventions are not investigated. The main reason is lack of local knowledge and capacity to conduct access and coverage evaluations. Effectiveness of

	<p>interventions is therefore unknown and re-adjustments possibilities for greater performances limited. Afghanistan is moving forward a greater IMAM implementation within the available health structures. BPHS (Basic Package of Health Services) implementers, including some organizations who applied for this first CHF allocation, propose to increase IMAM geographical coverage in their zones through BPHS. Due to various reasons IMAM history in country has gone through different stages and levels of implementation. The lack of commonly adopted National IMAM Guidelines (only recently approved and disseminated by PND, in March 2014) made that implementers had to cope by using different implementation models. Now, this guideline will help in mainstreaming a common implementing strategy within BPHS. However, today the existing different approaches are still to be evaluated. The proposed SQUEACs will be a great opportunity to define how far current needs of the population are addressed.</p>
<p><b>2. Grant Request Justification.</b></p>	<p>The proposed project is in line with information management objective of the CHF allocation strategy which is to improve information management strategic assessments of acute need in priority areas. The results of the project will contribute to CHF and interested organizations in providing need based assistance to most urgent needs. The grant request also will address to the need of capacity building of managers and field based staffs from humanitarian actors implementing health and nutrition specific lifesaving interventions which has been identified by the nutrition cluster and it is a part of CHAP response action plan. In that regards, ACF is in capacity to fill up the most urgent gaps in terms of monitoring and evaluation using SMART methodology for nutrition surveys and SQUEAC methodology for IMAM coverage evaluation. The CHF grant on the information management envelope is appropriate to bring out the information on malnutrition status of the CHF priority areas of Afghanistan.</p>
<p><b>3. Description Of Beneficiaries</b></p>	<p>The direct beneficiaries of the project will be the managers and field based staffs from humanitarian actors implementing health and nutrition specific lifesaving interventions (objective 2 of the allocation strategy). Also, the organizations funded by CHF for health and nutrition activities implementation will also benefit from the project. The selection of organizations and priority areas will follow the CHF allocation process and will be coordinated with the nutrition and health cluster. First, ACF will present the project in nutrition and health clusters to inform the leadership and members about planned activities and outcomes. Second, ACF and nutrition and health cluster leads will have a meeting with all selected CHF implementers who incorporated assessments and evaluations in their proposal, to detail the modalities of coordination of interventions, putting the emphasis on conditions to carry out project activities. In particular, ACF will introduce its methods in partnership</p>
<p><b>4. Needs assessment.</b> Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (with whom consulted, how and when?). List any baseline data</p>	<p>In priority districts defined for the first CHF allocation strategy by the Nutrition and Health cluster, the need to monitor nutritional status of the population is crucial in order to put activities at scale. Since the CHAP process was implemented in Afghanistan, in the Humanitarian need overview (HNO), identification of nutrition vulnerability is based upon a set of proxy indicators from other sectors (FS, WASH and Health) as under-nutrition prevalence is not available in most of the areas. The NNS results conducted in 2013 are not yet published and the anthropometric nutrition results from MISC (2010- 2011) were discarded. Nutrition and health implementers do not have all the same profile in terms of capacity. The nutrition cluster 2014 response action plan as well as GNC (Global Nutrition Cluster) action plan has as objective to map existing capacities and gaps. The Assessment Working Group (AWG), initiated by the cluster in 2011, has been revived in March 2014 and started a process to support the cluster on that direction. While it is quite clear that capacity building is still needed in Afghanistan at a large scale, prioritizing the most acute and urgent areas based on the implementers needs is necessary to make the best use of resources available. The HNO 2014 already highlights this need. The proposed project will be implemented in close collaboration with the nutrition cluster and supported by the AWG (lead by ACF) with the objective of fulfilling the most urgent gaps in the identification and the monitoring of highly vulnerable population pockets. The project will participate in the nutrition cluster HNO assessment planning: SMART surveys in worst areas. The assessment of malnutrition is part of the Public nutrition pillar of BPHS (2010 version) along with the prevention of malnutrition. Partners contracted to implement BPHS have to conduct nutrition surveys "at district or provincial level for purposes of baseline, monitoring, and evaluation or in case of obvious deterioration in nutritional situation" (BPHS, 2010). However, to date, very few BPHS implementers have been able to develop technical and financial capacities to conduct nutrition surveys. Afghanistan Nutrition cluster put great efforts to develop in country capacity since 2011. ACF has been an active partner of the cluster in that direction. Beneficiaries from these cluster's capacity building projects have, for the most active, carried out nutrition assessments (SMART surveys) in their intervention areas in 2011 (together with ACF) and in 2012. However they remain in minority. The data available at districts or province level with regards to nutrition population status are still very limited and their frequency irregular. The existing gap to inform programming is striking. Furthermore, unclear remain the process of approval of survey results in order to discard low quality data, PND capacity still remain to be supported. A RNA method has been elaborated in Afghanistan by AWG in 2011. Since, the method has been tested and is to be approved by MoPH. The recommendations after the last tests in Kabul informal Settlements (KIS) were that the method has still to be tested in rural zones in enclaves or highly insecure zones as well as during emergencies (Refer annex1). There is great need to finalize that work giving the opportunity to have standardized method adapted to Afghanistan context. Regarding IMAM coverage evaluations, except Oxfam Novib (with Valid International) in Balkh in 2010 and ACF in KIS in 2012 and 2013, none of the IMAM programs coverage has been evaluated. Thus, after several years of IMAM, its coverage in terms of needs met is unknown. The SQUEAC is low resourceful method to evaluate barriers and boosters to access as well as coverage estimation of the SAM cases living in community and covered by the program. Many nutrition actors in Afghanistan are not aware about the method and do not invest in SQUEAC capacity development.</p>
<p><b>5. Activities.</b> List and describe the activities that your organization is currently implementing to address these needs</p>	<p>The project starts on the 1st of July 2014 as all CHF funded nutrition/health implementers will start their project in May/June and it is important to do not plan additional activities during this busy period. From July while projects are on track, health and nutrition implementer will be more available to engage in the planning and coordination phase with ACF and the nutrition cluster. In addition to this, current security situation because of election that might hinder our capacity to coordinate with the partners and also the starting time in July will give enough time to have experts on board for the assessment and evaluations. Through the proposed action, ACF will implement 8 SMARTs, 6 RNAs and 8 SQUEACs in most vulnerable areas. The time, place/zone and the partners to conduct SMARTs and the SQUEACs in this project will be defined in coordination with Nutrition and health Cluster and following criteria set up by the cluster members. CHF and CHAP 2014 priority zones might be one of these criteria. Another essential criterion for SQUEACs will be of course the existence of IMAM. The zones, places and partners to conduct RNAs will be determined by AWG within PND and linked with the cluster. The AWG will check whether the method was properly implemented and will approve the results. MoPH-PND is a chair of AWG while ACF is a lead. Each and every exercise will be closely supported by the project, under ACF's responsibility: partner staffs training, field data collection and data entry, report writing and disseminations after approval from Nutrition Cluster and AWG. Thus, together with fulfilling nutrition information gaps in the most vulnerable zones of Afghanistan, capacity gaps will continue to be addressed and quality standards as well as clear results' approving process will be achieved. By the end of the project, these activities will be converging toward a workshop gathering nutrition stakeholders to collect their inputs, analysis, recommendations and complete them with ACF experience in order to produce lessons learnt and way forward in this key field. A report documenting this experience will be circulated between workshop participants for their inputs and published and disseminated afterward. Possible advocacy activities will be developed during (when emergency, additional funding needed, reconsidering policies etc.) and by the end of the project.</p>

<p><b>LOGICAL FRAMEWORK</b></p>	
<p><b>Overall project objective</b></p>	<p>To improve the assessment of the nutrition situation of the most vulnerable populations (Boys and Girls below 5 years old and PLWs) and to evaluate the access and coverage of IMAM (Integrated Management of Acute Malnutrition) activities in Afghanistan. ACF will implement anthropometric and mortality survey and/or rapid nutrition assessment (RNA) in collaboration with nutrition and health cluster's partners on the ground. To inform response strategy for Severe Acute malnutrition (SAM) cases, where IMAM implemented, ACF will conduct SQUEAC (Semi-Quantitative Evaluation of Access and Coverage) evaluation and produce recommendations.</p>

**Logical Framework details for NUTRITION**

Cluster objectives	Strategic objectives (SRP)	Percentage of activities
Objective 3. The nutrition cluster has addressed critical capacity gaps to ensure timely assessment, response and monitoring of emergency nutrition interventions.	1. Providing emergency health care and prioritizing access to critical services	100

<p><b>Outcome 1</b></p>	<p>The assessment of the nutritional status of a population in emergency is developed in the most vulnerable areas in Afghanistan.</p> <p>In high priority districts defined by the nutrition and health cluster in March 2014, to orientate and monitor the emergency responses developed by cluster members, ACF will propose its support to conduct SMART surveys and/or RNA. These assessments will aim at providing an accurate update of population nutritional status and thus support programming.</p>	
<p><b>Code</b></p>	<p><b>Description</b></p>	<p><b>Assumptions &amp; Risks</b></p>
<p><b>Output 1.1</b></p>	<p>Implementation of 8 SMART nutrition anthropometric and mortality survey and 6 RNA in priorities areas of Afghanistan by ACF in collaboration with nutrition/health service providers</p> <p>Acute under-nutrition prevalence for children under 5 will be assessed as well as underweight and stunting prevalence (with data desegregated by gender and age group). In addition, children below 6 months age and pregnant and lactating women nutritional status will be assessed. Crude mortality rate will be assessed where needed and where capacity to address potential alerting results is available or possible to develop. Based on nutrition and health cluster needs in assessment, data on vitamin A supplementation and measles vaccination may be added. Where feasible, Infant and young child feeding (IYCF) core indicators will be added.</p>	<ul style="list-style-type: none"> <li>o MoPH do not cancel its MoU with ACF</li> <li>o Signed MoU between MoPH and nutrition cluster for RNA conduction as per today available methodology</li> <li>o UNICEF provides measurement tools needed for the project</li> <li>o WFP provides measurement tools needed for the project</li> <li>o Nutrition and health clusters ensure coordination and nutrition/health providers involvement in the project</li> <li>o Health/nutrition service providers supported for SMART/RNA facilitate ACF teams safe accommodations and work environment</li> <li>o Health/nutrition service providers supported for SMART/RNA detach staffs</li> </ul>

A minimum of 8 SMART surveys will be conducted. When the context will not allow to carry out SMART survey, RNA will be performed (minimum of 6) based on the methodology existing in the nutrition cluster (not yet approved by MoPH). The RNA will be replaced by a SMART where possible and vice versa. The global target of these 2 types of assessment might evolve with more SMART than planned done if feasible based on the context. For RNA, ACF expertise will be made available to the nutrition cluster and PND to move this methodology forward, its use not being yet endorsed by the MoPH.

- and/or facilitate recruitment if needed for the training and data collection
- o AWG members remain active and committed
- o Robbery or destruction of assets do not occur
- o No massive outbreak occurs
- o No major climatic shock
- o Nutrition/health service providers contracts with MoPH and CHF do not end before the end of the project.
- o Weather and security conditions enable minimum access to field

**Indicators**

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Nutrition Cluster members including MOPH/DOPH trained in NIE/SQEAC/SMART/RNA respectively.					95					190
<b>Means of Verification:</b>		<ul style="list-style-type: none"> <li>o ACF SMART and/or RNA pre-survey training pre and post test</li> <li>o ACF SMART survey preliminary reports</li> <li>o ACF SMART and/or survey final reports</li> </ul>										
Indicator 1.1.2	NUTRITION	Number of SMART surveys conducted = 8					3					8
<b>Means of Verification:</b>		ACF SMART survey reports										
Indicator 1.1.3	NUTRITION	Total number of RNAs conducted = 6					3					6
<b>Means of Verification:</b>		ACF RNA report										

**Activities**

Activity 1.1.1	<p>Definition with the nutrition and health clusters through their respective coordinator of the areas to be surveyed, the indicators, the partner and the timing to be targeted.</p> <p>Access including security, partner capacity and acceptance will have to be taken into account while the methodology to be used for the assessment (SMART versus RNA) and the indicators will be defined. A realistic balance will have to be found between risks versus benefits while planning the assessments (to ensure high quality results). In areas where SMART surveys have been conducted already in the past the timing of the 2014-2015 survey will have to be planned to increase possibilities of comparison (same period of the year). To ensure ownership of the process using ACF as facilitator to get data on population nutritional status, the cluster will facilitate partners' involvement in the priority districts for supporting staffing, training and movement during the whole assessment process.</p> <p>To optimize the use of CHF resources, targets prioritization will have to be made; ACF will support nutrition cluster members having none or very low capacity to conduct assessments on their own. These partners' assessments will be given priority in the planning for SMART surveys for example.</p> <p>With regards to RNA, the tool objectives and limits will have to be respected. AWG will guarantee eventual misuse of the method. Its use will be done for small geographical areas in limited population such as IDPs and mainly aiming at assessing emergency needs (quick onset disasters). In difficult security context, when SMART will be impossible, the tool will be considered to provide a confidence interval estimate and compared with a problem scale.</p> <p>To articulate the CHF information management funded activities with the already planned surveys, the AWG will play a key role in mapping who is planning what and where during this period. An update of this information will be systematically added in the AWG agenda to ensure consistency and proper gap filling through the proposed project avoiding duplication and ensure flexibility and answering priorities that they may arise during the project</p>
Activity 1.1.2	<p>Implementation of nutrition assessments in priority areas in collaboration with nutrition and health cluster partners in the field.</p> <p>ACF will be responsible of preparing SMART surveys or RNA for the targeted areas, train partners' managers and field staffs, prepare and follow up standardization and field tests as well as ensuring data collection quality. The nutrition cluster will support in facilitating UNICEF to loan survey tools (10 sets of measuring boards, electronic weighing scales and colored MUAC) as well as WFP in kind donation for PLW measurements tools (MJAC). ACF will invite partners to dedicate staffs for the assessment for its whole duration (managerial and field staffs based in the targeted districts or recruitment supported by partners when necessary). An average per assessment of 2 partners' manager staffs and 10 local staffs (M &amp; F) will participate. An ACF SMART expert expatriate assisted by a translator and a deputy will be in charge of the process. The SMART expert will be the Program manager of the overall project.</p> <p>ACF will have specific staffing requirements from partners. These requirements are based on lessons learnt from previous project using the same settings. For the implementation partners' staffs will have to fit with the following minimum criteria:</p> <ul style="list-style-type: none"> <li>- Being able to write and read</li> <li>- Having access to field targeted area for data collection – local staffs with knowledge of the field and local language.</li> <li>- Being available (recruitment if needed of data collectors) for the whole period from training to the end of data collection. It is important not to have turnover during the exercise to ensure consistency in capacity building process and in data collection.</li> <li>- Gender balance. The data collection required team composed of a minimum of one male and one female. This is particularly important in the afghan context to ensure access to the field and access to the household women and children.</li> </ul> <p>In addition, partners will have to take part into survey organization, especially in facilitating organization of training, better access and transportation of their staffs during the whole process. ACF will apply its own financial rules and regulations when needed but will allow partners' involvement to sustain ownership of the process.</p> <p>Security checks will be carried out during projects/partners selection in order to identify whether or not and, if yes, how the project can be implemented in partnership, taking into account partners' security procedures and effective management.</p> <p>Access including security, partner capacity and acceptance will have to be taken into account. The results of first security checks will be taken into consideration to select or not the partners/projects to support. This information will appear in the MOU to be signed with each partner prior to implementation. This document will also contain the modalities of field security assessments and monitoring to be conducted during implementation itself.</p> <p>The security manager under close supervision of deputy head of logistic department will define with technical team and partners the types of access necessary to reach the technical results. The assessment carried out in the field will verify access at several levels and for several categories of activities and staff. Depending on the results, ACF will chose in which communities, districts and cities the staff can operate. If priority areas are not accessible at all and the methodologies used cannot adapt to this extend, ACF will step back and implement activities in other areas, taking into considerations the relevancy in terms of vulnerability.</p> <p>After the assessment, security team will share the level of access reachable, in order to define the areas of activities and the modalities, together with technical team. The assessment team will produce a short guideline before implementation of each survey, including security rules to follow by ACF and partner during the next steps.</p>
Activity 1.1.3	<p>Timely production of assessment report including recommendations.</p> <p>After having ensured the data collection quality, ACF will be responsible of analyzing the results. Reports will be made available to nutrition and health cluster (including PND) and field implementers to orientate timely and appropriate response as well as to feed impact analysis of projects running aiming at impacting mortality and morbidity linked with under-nutrition. For RNA, the final report will be made available in a week after completion of the data collection. For SMART, the preliminary results report is expected to be delivered by ACF within the 2 weeks after data collection. The final SMART report will be made available shortly after including context, results for each indicator collected as well discussion and recommendations.</p> <p>Both preliminary and final reports of the assessment (SMART survey or RNA) will be going through ACF validation process up to ACF-France Headquarter level prior dissemination.</p> <p>In addition, the AWG will be involved by ACF, as lead of the group, in reviewing the results. The main objective will be to develop the know-how of its members for review and approve results, especially PND assessment focal point. The long term vision being PND taking the lead on ensuring reliability of results. This process will facilitate endorsement of results by the partners in the priorities areas as well as by PND, facilitating programming.</p>

<b>Outcome 2</b>	<p>Identified barriers and boosters for access and coverage of SAM cases to treatment (IMAM) in the most vulnerable areas of Afghanistan.</p> <p>To date there are very limited understanding on how far IMAM is covering needs within the catchment areas of such activities. In emergency setting it is crucial to evaluate how far activities in place answer to need and to identify the levers for an improved access and coverage.</p> <p>ACF will define SQUEAC implementation areas with nutrition cluster once CHF implementation partners are defined to support the organizations in monitoring their activities performance and cost efficiency (in zones covered by treatment) and defining quick-win and feasible key re-adjustments in implementation when needed.</p>	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 2.1</b>	<p>Implementation of 8 SQUEAC evaluations where IMAM program running in priority areas of Afghanistan in collaboration with nutrition service providers.</p> <p>Evaluation of the access and coverage of IMAM activities will be performed using SQUEAC methodology. SQUEAC provides a full analysis of nutrition activities, identifies barriers and design boosters to access and therefore coverage.</p> <p>The effectiveness of the treatment for severe acute malnutrition is derived from the cure rate achieved in clinical treatment and through the achievement of high case coverage within the catchment areas of health facilities/sites offering treatment. High treatment coverage may be achieved through a range of community mobilization activities that increase program uptake (high admissions) and adherence (low defaulting). Identifying booster and barriers to access can help implementation readjustment to ensure better coverage.</p>	<ul style="list-style-type: none"> <li>o MoPH do not cancel its MoU with ACF</li> <li>o Signed MoU between MoPH and nutrition cluster for SQUEAC conduction</li> <li>o UNICEF provides measurement tools needed for the project</li> <li>o Nutrition and health clusters ensure coordination and nutrition/health providers involvement in the project</li> <li>o Health/nutrition service providers supported for SQUEAC facilitate ACF teams safe accommodations and work environment</li> <li>o Health/nutrition service providers supported for SQUEAC detach staffs and/or facilitate recruitment if needed for the training and data collection</li> <li>o Robbery or destruction of assets do not occur</li> <li>o No massive outbreak occurs</li> <li>o No major climatic shock</li> <li>o Nutrition/health service providers contracts with MoPH and CHF do not end before the end of the project.</li> <li>o Weather and security conditions enable minimum access to field</li> </ul>

**Indicators**

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	Nutrition Cluster members including MoPH/DOPH trained in NIE/SQUEAC/SMART/RNA respectively.					48					96
<b>Means of Verification:</b>		ACF SQUEAC final reports										
Indicator 2.1.2	NUTRITION	Number of SQUEAC conducted = 10					2					10
<b>Means of Verification:</b>		ACF SQUEAC report										

**Activities**

Activity 2.1.1	<p>Definition with the nutrition clusters members of the IMAM activities to be evaluated based on estimated catchment areas in the priority districts defined.</p> <p>To support the ownership of the process using ACF as facilitator to get information on access and coverage of IMAM activities, the cluster will facilitate partners' involvement in the priority districts for supporting access to IMAM data, key informants, staffing, training and movement during the whole evaluation process.</p>
Activity 2.1.2	<p>Implementation of SQUEAC evaluation in priority areas in collaboration with nutrition cluster partners in the field.</p> <p>ACF will be responsible of conducting the 3 stages of the evaluation as per the methodology. Partner organization managers as well as local staffs will be involved in each of the steps for the sake of capacity building.</p> <p>For stage 1, the identification of areas of high and low coverage using routine program data and qualitative data collection from key informant (staffs, beneficiaries, elders, etc) will require a high collaboration and involvement together with ACF of the IMAM implementer. Hypothesis will be generated and tested through stage 2 both stages generating barriers and boosters for access. Stage 3, producing the percentage of coverage of IMAM activities will be performed through large scale surveys. However, as per SQUEAC guidance, this stage may not be systematically implemented balancing risks versus benefit in some particularly sensitive areas.</p> <p>The implementation of SQUEAC will be under the overall support of a SQUEAC Expert (expatriate) having Afghan deputy and a translator. In addition close links will be set with the CMN, involving partners in the communication, for greater sustainability on a long run. This linkage is important to be developed since the CMN can provide a punctual field and/or remote support even after the project in case partners are willing to continue SQUEACs after this first experience with ACF. As CMN member, ACF promotes the scaling up of SQUEAC internationally. Worldwide ACF already developed a strong expertise in SQUEAC. This expertise and the link with the CMN will be made available to develop and then strengthen Afghanistan nutrition stakeholders' participation towards improving quality, access and coverage of SAM treatment at national level.</p> <p>Staffing requirements from partners and security and finance management conditions are the same as explained above (Activity 1.1.2).</p>
Activity 2.1.3	<p>Timely production of SQUEAC evaluation report including recommendations.</p> <p>A final report will be made available to nutrition cluster (including PND) and field implementers within a month after stages completion to orientate timely re-adjustments as well as to feed overall cost-effectiveness analysis of IMAM activities implementation. Indeed, those SQUEAC reports will include lessons learnt, limitations, best practices, barriers and boosters for access and coverage and can be a reference for IMAM activities in other areas. To ensure high quality evaluation, throughout the whole process, A SQUEAC expert expatriate will be in charge assisted by a translator and a deputy.</p> <p>The involvement of key managers' staffs from the partner team during the evaluation is crucial to ensure results are accepted and endorsed by stakeholders, especially BPHS implementers running IMAM. The question of access and coverage being sensible in some areas, this point is critical. An advocacy of adopting SQUEAC method as one of MoPH monitoring tool would be supported.</p>

<b>Outcome 3</b>	<p>Improved capitalization and lessons learnt on monitoring and evaluation using SMART/RNA and SQUEAC for further scaling up.</p> <p>SMART is yet to be systematically included as a monitoring tool for need assessment and program impact. RNA methodology is yet to be validated by MoPH while being needed in specific contexts. The nutrition cluster could use the proposed project to support the RNA validation and systematic inclusion of under-nutrition prevalence estimation through SMART or RNA within nutrition interventions. Program coverage is one of the most useful and reliable indicators for measuring the performance of IMAM activities. There are many indicators (e.g. cure rates) to measure effectiveness, but only coverage provides a reliable measure of impact by measuring the proportion of needs met by an intervention. SQUEAC method has provided the means. The real challenge is now to make it more accessible to all. The proposed project will feed further reflection for scaling up in Afghanistan.</p>	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 3.1</b>	<p>Provision of lessons learnt and recommendations for SMART/RNA and SQUEAC evaluation scaling up in Afghanistan.</p> <p>All reports produced during the project duration following SMART survey, RNA and SQUEAC evaluation as well as the experiences developed by ACF depending context, partners, timing, coordination, etc will serve lessons learning process. Further recommendations will be developed with regards to scaling up the use of these tools in Afghanistan aiming at an improved monitoring</p>	<ul style="list-style-type: none"> <li>o Assumptions and risks of outputs 1.1 and 2.1 do not occurs</li> <li>o MoPH do not cancel its MoU with ACF</li> <li>o Nutrition and health clusters ensure coordination and nutrition/health providers involvement in the project</li> </ul>

and evaluation of nutrition interventions and thus an improved effectiveness.

Indicators												
Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	Nutrition Cluster members including MOPH/DOPH trained in NIE/SQEAC/SMART/RNA respectively.					0					25
<b>Means of Verification:</b>		<ul style="list-style-type: none"> <li>o ACF Workshop attendance list</li> <li>o ACF Workshop report</li> <li>o ACF Project capitalization report</li> </ul>										
Indicator 3.1.2	NUTRITION	Number of restitution workshop conducted = 1					0					1
<b>Means of Verification:</b>		ACF workshop attendance list										

Activities	
Activity 3.1.1	<p>Organization of a restitution workshop at the end of the project to present lessons learnt and recommendations for future scaling up with regards to monitoring and evaluation of Nutrition and interventions in Afghanistan.</p> <p>In order to ensure experience sharing and lessons learning process, a workshop will be organized at the end of the project gathering key staffs from nutrition interventions implementers having been supported by ACF for the conduction of nutrition assessment (SMART/RNA) or evaluation (SQUEAC). In addition, nutrition and health cluster's members will be invited to provide their inputs as well as the MoPH-FND.</p> <p>This workshop will aim at looking at data produced during the project, defining how far they were used by the nutrition and health actors to define re-adjust their interventions and how far they could be useful while being collected systematically.</p>
Activity 3.1.2	<p>Production of a project capitalization report and dissemination to nutrition/health stakeholders in Afghanistan.</p> <p>The challenging context of Afghanistan implies building up on each initiative to increase capacities and develop adapted strategies in answering humanitarian needs in the most cost effective manner.</p> <p>From the SMART, RNA, SQUEAC implementation and the restitution workshop analysis, a capitalization report will be produced including lessons learnt and recommendations for scaling up in Afghanistan.</p> <p>This report will be shared and circulated with key nutrition and health stakeholders including MoPH and nutrition cluster and could support advocacy objective for the inclusion of routine SQUEACs as requirement to IMAM implementers and as indicator in cluster's SAM management follow up.</p>

**WORK PLAN**

Project workplan for activities defined in the Logical framework	Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
		<p><b>Activity 1.1.1</b> Definition with the nutrition and health clusters through their respective coordinator of the areas to be surveyed, the indicators, the partner and the timing to be targeted.</p> <p>Access including security, partner capacity and acceptance will have to be taken into account while the methodology to be used for the assessment (SMART versus RNA) and the indicators will be defined. A realistic balance will have to be found between risks versus benefits while planning the assessments (to ensure high quality results). In areas where SMART surveys have been conducted already in the past the timing of the 2014-2015 survey will have to be planned to increase possibilities of comparison (same period of the year). To ensure ownership of the process using ACF as facilitator to get data on population nutritional status, the cluster will facilitate partners' involvement in the priority districts for supporting staffing, training and movement during the whole assessment process.</p> <p>To optimize the use of CHF resources, targets prioritization will have to be made; ACF will support nutrition cluster members having none or very low capacity to conduct assessments on their own. These partners' assessments will be given priority in the planning for SMART surveys for example.</p> <p>With regards to RNA, the tool objectives and limits will have to be respected. AWG will guarantee eventual misuse of the method. Its use will be done for small geographical areas in limited population such as IDPs and mainly aiming at assessing emergency needs (quick onset disasters). In difficult security context, when SMART will be impossible, the tool will be considered to provide a confidence interval estimate and compared with a problem scale.</p> <p>To articulate the CHF information management funded activities with the already planned surveys, the AWG will play a key role in mapping who is planning what and where during this period. An update of this information will be systematically added in the AWG agenda to ensure consistency and proper gap filling through the proposed project avoiding duplication and ensure flexibility and answering priorities that they may arise during the project</p>	X	X	X	X	X	X	X	X	X	X	X
<p><b>Activity 1.1.2</b> Implementation of nutrition assessments in priority areas in collaboration with nutrition and health cluster partners in the field.</p> <p>ACF will be responsible of preparing SMART surveys or RNA for the targeted areas, train partners' managers and field staffs, prepare and follow up standardization and field tests as well as ensuring data collection quality. The nutrition cluster will support in facilitating UNICEF to loan survey tools (10 sets of measuring boards, electronic weighing scales and colored MJAC) as well as WFP in kind donation for PLW measurements tools (MJAC). ACF will invite partners to dedicate staffs for the assessment for its whole duration (managerial and field staffs based in the targeted districts or recruitment supported by partners when necessary). An average per assessment of 2 partners' manager staffs and 10 local staffs (M &amp; F) will participate. An ACF SMART expert expatriate assisted by a translator and a deputy will be in charge of the process. The SMART expert will be the Program manager of the overall project.</p> <p>ACF will have specific staffing requirements from partners. These requirements are based on lessons learnt from previous project using the same settings. For the implementation partners' staffs will have to fit with the following minimum criteria:</p> <ul style="list-style-type: none"> <li>- Being able to write and read</li> <li>- Having access to field targeted area for data collection – local staffs with knowledge of the field and local language.</li> <li>- Being available (recruitment if needed of data collectors) for the whole period from training to the end of data collection. It is important not to have turnover during the exercise to ensure consistency in capacity building process and in data collection.</li> <li>- Gender balance. The data collection required team composed of a minimum of one male and one female. This is particularly important in the Afghan context to ensure access to the field and access to the household women</li> </ul>	X	X	X	X	X	X	X	X	X	X	X	X	X





- Being available (recruitment if needed of data collectors) for the whole period from training to the end of data collection. It is important not to have turnover during the exercise to ensure consistency in capacity building process and in data collection.

- Gender balance. The data collection required team composed of a minimum of one male and one female. This is particularly important in the Afghan context to ensure access to the field and access to the household women and children.

In addition, partners will have to take part into survey organization, especially in facilitating organization of training, better access and transportation of their staffs during the whole process. ACF will apply its own financial rules and regulations when needed but will allow partners' involvement to sustain ownership of the process.

Security checks will be carried out during projects/partners selection in order to identify whether or not and, if yes, how the project can be implemented in partnership, taking into account partners' security procedures and effective management.

Access including security, partner capacity and acceptance will have to be taken into account. The results of first security checks will be taken into consideration to select or not the partners/projects to support. This information will appear in the MOU to be signed with each partner prior to implementation. This document will also contain the modalities of field security assessments and monitoring to be conducted during implementation itself.

The security manager under close supervision of deputy head of logistic department will define with technical team and partners the types of access necessary to reach the technical results. The assessment carried out in the field will verify access at several levels and for several categories of activities and staff. Depending on the results, ACF will choose in which communities, districts and cities the staff can operate. If priority areas are not accessible at all and the methodologies used cannot adapt to this extent, ACF will step back and implement activities in other areas, taking into considerations the relevancy in terms of vulnerability.

After the assessment, security team will share the level of access reachable, in order to define the areas of activities and the modalities, together with technical team. The assessment team will produce a short guideline before implementation of each survey, including security rules to follow by ACF and partner during the next steps.

**Activity 1.1.3:** Timely production of assessment report including recommendations.

After having ensured the data collection quality, ACF will be responsible of analyzing the results. Reports will be made available to nutrition and health cluster (including PND) and field implementers to orientate timely and appropriate response as well as to feed impact analysis of projects running aiming at impacting mortality and morbidity linked with under-nutrition. For RNA, the final report will be made available in a week after completion of the data collection. For SMART, the preliminary results report is expected to be delivered by ACF within the 2 weeks after data collection. The final SMART report will be made available shortly after including context, results for each indicator collected as well discussion and recommendations.

Both preliminary and final reports of the assessment (SMART survey or RNA) will be going through ACF validation process up to ACF-France Headquarter level prior dissemination.

In addition, the AWG will be involved by ACF, as lead of the group, in reviewing the results. The main objective will be to develop the know-how of its members for review and approve results, especially PND assessment focal point. The long term vision being PND taking the lead on ensuring reliability of results. This process will facilitate endorsement of results by the partners in the priorities areas as well as by PND, facilitating programming.

**Activity 2.1.1:** Definition with the nutrition clusters members of the IMAM activities to be evaluated based on estimated catchment areas in the priority districts defined.

To support the ownership of the process using ACF as facilitator to get information on access and coverage of IMAM activities, the cluster will facilitate partners' involvement in the priority districts for supporting access to IMAM data, key informants, staffing, training and movement during the whole evaluation process.

**Activity 2.1.2:** Implementation of SQUEAC evaluation in priority areas in collaboration with nutrition cluster partners in the field.

ACF will be responsible of conducting the 3 stages of the evaluation as per the methodology. Partner organization managers as well as local staffs will be involved in each of the steps for the sake of capacity building.

For stage 1, the identification of areas of high and low coverage using routine program data and qualitative data collection from key informant (staffs, beneficiaries, elders, etc) will require a high collaboration and involvement together with ACF of the IMAM implementer. Hypothesis will be generated and tested through stage 2 both stages generating barriers and boosters for access. Stage 3, producing the percentage of coverage of IMAM activities will be performed through large scale surveys. However, as per SQUEAC guidance, this stage may not be systematically implemented balancing risks versus benefit in some particularly sensitive areas.

The implementation of SQUEAC will be under the overall support of a SQUEAC Expert (expatriate) having Afghan deputy and a translator. In addition close links will be set with the CMN, involving partners in the communication, for greater sustainability on a long run. This linkage is important to be developed since the CMN can provide a punctual field and/or remote support even after the project in case partners are willing to continue SQUEACs after this first experience with ACF. As CMN member, ACF promotes the scaling up of SQUEAC internationally. Worldwide ACF already developed a strong expertise in SQUEAC. This expertise and the link with the CMN will be made available to develop and then strengthen Afghanistan nutrition stakeholders' participation towards improving quality, access and coverage of SAM treatment at national level.

Staffing requirements from partners and security and finance management conditions are the same as explained above (Activity 1.1.2).

**Activity 2.1.3:** Timely production of SQUEAC evaluation report including recommendations.

A final report will be made available to nutrition cluster (including PND) and field implementers within a month after stages completion to orientate timely re-adjustments as well as to feed overall cost-effectiveness analysis of IMAM activities implementation. Indeed, those SQUEAC reports will include lessons learnt, limitations, best practices, barriers and boosters for access and coverage and can be a reference for IMAM activities in other areas. To ensure high quality evaluation, throughout the whole process, A SQUEAC expert expatriate will be in charge assisted by a translator and a deputy.

The involvement of key managers' staffs from the partner team during the evaluation is crucial to ensure results are accepted and endorsed by stakeholders, especially BPHS implementers running IMAM. The question of access and coverage being sensible in some areas, this point is critical. An advocacy of adopting SQUEAC method as one of MoPH monitoring tool would be supported.

**Activity 3.1.1:** Organization of a restitution workshop at the end of the project to present lessons learnt and recommendations for future scaling up with regards to monitoring and evaluation of Nutrition and interventions in Afghanistan.

In order to ensure experience sharing and lessons learning process, a workshop will be organized at the end of the project gathering key staffs from nutrition interventions implementers having been supported by ACF for the conduction of nutrition assessment (SMART/RNA) or evaluation (SQUEAC). In addition, nutrition and health cluster's members will be invited to provide their inputs as well as the MoPH-PND.

This workshop will aim at looking at data produced during the project, defining how far they were used by the nutrition and health actors to define re-adjust their interventions and how far they could be useful while being collected systematically.

**Activity 3.1.2:** Production of a project capitalization report and dissemination to nutrition/health stakeholders in Afghanistan.

The challenging context of Afghanistan implies building up on each initiative to increase capacities and develop adapted strategies in answering humanitarian needs in the most cost effective manner.

From the SMART, RNA, SQUEAC implementation and the restitution workshop analysis, a capitalization report will be produced including lessons learnt and recommendations for scaling up in Afghanistan.

This report will be shared and circulated with key nutrition and health stakeholders including MoPH and nutrition cluster and could support advocacy objective for the inclusion of routine SQUEACs as requirement to IMAM implementers and as indicator in cluster's SAM management follow up.

Cross Cutting Issues

Data from assessments and activities will be disaggregated by sex in order to monitor specific needs are responded to. Gender equality and the empowerment of women are considered by ACF as permanent transversal objectives in its interventions. In the proposed project, the gender equity will be supported transversally.

	Analysis of assessment results and evaluation will take into consideration gender specificity to ensure appropriate response and re-adjustments from nutrition/health service providers. ACF will aim to ensure the gender equality in: staffing and remuneration, activities in communities and through capacity building in link with surveillance and evaluation. ACF will ensure its collaborator for the project (other aid organizations) to take gender into consideration facilitating access to women in ACF project activities, especially in data collection for both SQUEAC evaluation and SMART survey where gender balance in each team will be required. However, ACF security team will ensure integration/participation of women in activities and staff will not breach do no harm principle. The modalities of field activities will be adapted to local perceptions and barriers to avoid putting staff and population at risk. With regards to environment, ACF takes seriously into account possible activities' impact. The organization will ensure to rationalize as much as possible transportation of its staffs to the project location as well as transportation of field team to surveyed areas. Anticipated planning will be developed to ease transportation management. In addition, material used for the training and the data collection will be taking into account needs versus impact on the environment through careful planning to limit waste of resources particularly with regards to photocopies/paper sheet use
Gender Marker of the Project	The project is designed to contribute significantly to gender equality
Environment Marker of the Project	A: Neutral Impact on environment with No mitigation
Safety and Security	As detailed in the various security related ACF guidelines provided to CHF Afghanistan for capacity assessment process, ACF systematically bases its activities and the presence of its staff members in the field on a Risk Analysis. This risk analysis leads to the establishment of a Local Security Plan (created within the frame of the National Security Plan) which is particular to every single local security context (or paradigm). The establishment of each local Risk Analysis is ultimately placed under the responsibility of the Country Director, and generally delegated (for its operational side) to the Logistics Coordinator. At local level, this responsibility is delegated to the Field Coordinators and (for its operational side) to the Base Logistics. In the specially tensed context of Afghanistan, the Logistics Coordinator can count on: - Internally, the assistance of a Deputy Logistics Coordinator, a Security Officer and an Assistant Security Officer who continuously monitor national and local contexts (with the support of each bases' security focal points management as explained above). - Externally, the collaboration with an extended network of humanitarian, institutional and private partners. ACF security strategies rely mostly on acceptance that can be gained through communication of organizational humanitarian and impartial mandate and actions. Key actors in the communities are identified through security mapping and contacted in order to get their approval and their support in negotiating access to field sites and population. Behaviors and strict observance of deontology are considered as key to get and maintain acceptance of the population. Security checks are carried out for all recruitments. However, ACF includes also components of protection, in order to reduce impacts of threats that are not dependent on acceptance strategies and tactics (such as criminal activities). Offices, guesthouses, field working sites are assessed prior to base creation or activities and safety and security are afterwards monitored regularly. In general, ACF implements projects and runs activities with a low profile attitude, in order to avoid high exposure to several common threats in Afghanistan such as kidnappings (of both expatriates and Afghans), targeted attacks, theft, and intimidation. But again, in some areas, visibility, if well communicated, can protect efficiently staff and assets. To mitigate other risks such as illegal checkpoints, IEDs, or being caught in security incidents (being wrong place wrong time), ACF teams follow strict movement procedures (security checks before travels, communication of all movements to radio operators etc.). All vehicles and equipment should be checked and fulfill quality criteria prior to utilization.
Access	The very specificity of this proposal in terms of safety and security management is that ACF does not know where its teams will operate since this will rely on the requests for support made by its partners. Other specificities of the safety and security management for the staff members operating within the frame of this proposal will be that: - They will be conjointly in charge of the field implementation (especially the data collection through partner's staffs); - They will not be based in ACF bases or premises, but rather in partners bases or premises; - They will possibly operate in areas (Provinces and/or Districts) where ACF has no base or premises, nor (possibly) any updated Risk Analysis or Local Security Plan (at least at the time of the writing of this document). For these reasons and prior to the approval for any launching of an activity in the working areas with its partners, ACF will: - Assess the partner's analysis of the local context (through documentation provided by the partner, and interview with the partner's staff members); - Conduct its own local security assessment (through interviews and field visits where possible); - Conduct its own basic Risk Analysis (including specific risks linked to potential partnership); - Establish its own local minimum security rules; - Validate the compatibility of the partner's security rules, protection measures (including equipment, premises, vehicles) and acceptance within community with its own rules and criteria; - Validate or not the feasibility of ACF teams visits to the partners: o Provincial office(s); o District office(s); o Other specific working areas.

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
1.1	SQUEAC EXPERT Salaried expatriate position. For Salary details refer Annex 2, 5,6,7 (in the document section) The SQUEAC expert will be in charge of the overall implementation of the 8 SQUEAC planned in the project from planning to final reporting. He/she will be reporting to the program manager.	1	7655	12	100%	91,860.00
1.2	NUTRITION SURVEY PROGRAM MANAGER Salaried expatriate positions, For Salary details refer Annex 2, 5,6,7 (in the documents section) The Program manager will be in charge of the overall management of the CHF funded project and as well lead SMART/RNA. He/she will ensure the link with the nutrition and health clusters for assessment and evaluation planning. In addition he/she will be the technical focal point of partnership development with future partners for whom ACF will support for SMART and/or RNA and/or SQUEAC implementation. In addition he/she will be in charge of the overall implementation of the SMART and RNA planned in the project from planning to final reporting. He/she will be representing ACF as lead of the AWG. To ensure the quality of the different results as well as the quality of capacity building he/she will be supported by the SQUEAC expert for the SQUEAC implementation considering the volume of the project in terms of number of assessment/evaluation to be implemented, the collaboration with the clusters and the management of partnership with a large range of implementers.	1	7655	12	100%	91,860.00
1.3	ADVOCACY OFFICER Salaried expatriate positions. For Salary details refer Annex 2, 5,6,7 (in the documents section). He/she will be support the program manager responsible for the outcome 3 activities in close collaboration with external stakeholders as well as ACF health and nutrition teams CHF funded. This position is funded through other sources for 8 months as per today. The advocacy officer will spend a certain % of time throughout the project to support technical teams and extract essence of the project for advocacy purposes. CHF fund will cover 2 months of this position funding.	1	7655	2	100%	15,310.00
1.4	NUTRITION HEAD OF DEPARTMENT Salaried expatriate positions. For Salary details refer Annex 2, 5,6,7 (in the documents section) The head of Nutrition/health department will be responsible for supporting the CHF funded technical teams. He/she will ensure the coordination at national level and ACF representation. He/she will be responsible for finalization of reports and liaison with validation from ACF HQ.	1	7655	3	100%	22,965.00
1.5	EXPATRIATE SUPPORT TEAM Salaried expatriate positions. For Salary details refer Annex 2, 5,6,7 (in the documents section) They will be responsible of the fulfillment of the project objectives through monitoring, supervision, coordination as development of internal policy in accordance with the donor guidelines.	1	7655	6	100%	45,930.00
1.6	NUTRITION ASSISTANT Grade: TL3B The assistant head of Nutrition/health department will be responsible for assisting the head of Nutrition/health department in monitoring and supporting CHF funded project, in the coordination at national level and ACF representation. The salary correspondence to the gross salary + taxes. The gross salary components are: basic salary (variable in function of grade/level), medical allowance, housing allowance, transport allowance, seniority if any, relocation allowance for field staff if any, night shift allowance if any.	1	621.06	6	100%	3,726.36
1.7	SQUEAC PROGRAM TEAM Grade: Deputy PM: ML1B, Translator: TL3B, Surveyor: TL1B The SQUEAC program team consists of; 1 SQUEAC Deputy PM, 1 SQUEAC Translator, 10 SQUEAC Surveyors. The role of each of the positions is; SQUEAC Deputy PM: He/she will be responsible to support the SQUEAC expert for the overall implementation of the SQUEAC evaluation SQUEAC Translator: To ensure training proposed and tools used are adapted to the partner field team local language, the translator will be in charge of translating all material used for SQUEAC implementation. In addition, he/she will be in charge of facilitating translating communication from the expatriate SQUEAC expert to the local teams during the whole length of each SQUEAC implementation. SQUEAC Surveyors: They will be responsible for the data collection. These staffs will be partner staffs supported financially by ACF (CHF funded) or ACF staff depending on the context and the partners' possibility. The salary correspondence to the gross salary + taxes. The gross salary components are: basic salary (variable in function of grade/level), medical allowance, housing allowance, transport allowance, seniority if any, relocation allowance for field staff if any, night shift allowance if any.	1	4951.57	12	100%	59,418.84
1.8	SMART / RNA PROGRAM TEAM Grade: Deputy PM: ML1B, Translator: TL3B, Surveyor: TL1B The SMART program team consists of; 1 SMART Deputy PM, 1 SMART Translator, 10 SMART Surveyors. The role of each of the	1	4951.57	12	100%	59,418.84

positions is; SMART Deputy PM: He/she will be responsible to support the Program manager for the overall implementation of the SMART/RNA. SMART Translator: To ensure training proposed and tools used are adapted to the partner field team local language, the translator will be in charge of translating all material used for SMART/RNA implementation. In addition, he/she will be in charge of facilitating translating communication from the expatriate Program manager to the local teams during the whole length of each SMART implementation. SMART Surveyors: They will be responsible for the data collection. These staffs will be partner staffs supported financially by ACF (CHF funded) or ACF staffs depending on the context and the partners' possibility. The salary correspondence to the gross salary + taxes. The gross salary components are: basic salary (variable in function of grade/level), medical allowance, housing allowance, transport allowance, seniority if any, relocation allowance for field staff if any, night shift allowance if any.

1.9	CAPITAL LOG ADMIN TEAM	1	30136.4	3	100%	90,409.20
Grade: Various This support team will be responsible of the logistics, security, HR, administrative issues and accountancy local management in order to ensure to the program staff a full support in their respective domain of expertise to fulfill the requirements of the program implementation.						
1.10	BASE LOG/ADMIN TEAM	1	8769.77	3	100%	26,309.31
Grade: Various This support team will be responsible of the logistics, security, HR, administrative issues and accountancy local management in order to ensure to the program staff a full support in their respective domain of expertise to fulfill the requirements of the program implementation.						
<b>Section Total</b>						507,207.54

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
2.1	CAPITAL OFFICE RENTAL & CHARGES	1	6883.12	3	100%	20,649.36
This financial line is the sum of different elements. For each office the costs have been calculated with actual rates and they represent: office rental and related charges.						
2.2	CAPITAL STATIONNARIES & SUPPLIES	1	1324.68	3	100%	3,974.04
This financial line has been calculated with actual rates and represent few costs : fuel, maintenance and spare parts, administrative fees for each vehicles.						
2.3	CAPITAL COMMUNICATION & IT COSTS	1	3906	3	100%	11,718.00
2.4	CAPITAL OTHER OFFICE RUNNING COSTS	1	3444.16	3	100%	10,332.48
2.5	BASE OFFICE/STORAGE RENTAL & CHARGES	1	1726.62	3	100%	5,179.86
2.6	BASE STATIONNARIES & SUPPLIES	1	264.94	3	100%	794.82
2.7	BASE COMMUNICATION & IT COSTS	1	1130.57	3	100%	3,391.71
2.8	BASE OTHER OFFICE RUNNING COSTS	1	706.49	3	100%	2,119.47
2.9	ADMINISTRATIVE COSTS	1	2529.25	3	100%	7,587.75
2.10	KABUL VEHICLE RUNNING COST	1	3090.91	3	100%	9,272.73
<b>Section Total</b>						75,020.22

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
3.1	THURAYA	3	1088	1	100%	3,264.00
One of the main ACF security rules relies on monitoring constantly communication of field teams with the central radio. This equipment allows maintaining the communication even when commercial networks do not operate.						
3.2	LAPTOP	7	1224	1	100%	8,568.00
For field team						
3.3	VIDEO PROJECTOR	1	680	1	100%	680.00
For meetings and training sessions						
3.4	PRINTER COPIER	1	2040	1	100%	2,040.00
Meetings and project implementation (survey forms)						
3.5	CAMERA / GPS	3	264.94	1	100%	794.82
Field teams during implementation. The GPS function also allows to take GPS position without having to handle such a sensitive device as a GPS in public.						
3.6	SECURITY EQUIPMENT	1	5000	1	100%	5,000.00
These security equipment will be adjusted after having determined the working areas, and depending on the local context and the implemented security rules. It may be visibility equipment, communication equipment, first aid kits or other security equipment / tools.						
<b>Section Total</b>						20,346.82

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
4.1	PROGRAM RENTAL CAR	2	1501.3	8	100%	24,020.80
This is contractual service Car rental for Supervision SMART/RNA: 8 months Car rental for Supervision SQUEAC: 8 months The unit number corresponds to the needs estimated to meet the objectives of the project. The unit cost have been calculated on the actual rates						
<b>Section Total</b>						24,020.80

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
5.1					

INTERNAL FLIGHTS	110	800	1	100%	88,000.00
Flight Kabul – Field – Kabul for monitoring and supervision of SMART/RNA : 70 round trips Flight Kabul – Field – Kabul for monitoring and supervision of SQUEAC: 40 round trips The unit number corresponds to the needs estimated to meet the objectives of the project. The unit cost have been calculated on the actual rates, using UNHAS & PACTEC rates.					
<b>Section Total</b>					88,000.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
<b>Section Total</b>					0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost	
7.1	SMART / RNA CAPACITY BUILDING AND IMPLEMENTATION SUPPORT Refer Annex 3 (in the document section)	14	10265.79	1	100%	143,721.06
7.2	SQUEAC CAPACITY BUILDING AND IMPLEMENTATION SUPPORT Refer Annex 3 (in the document section)	8	1009.96	1	100%	8,079.68
7.3	RESTITUTION AND LESSONS LEARNT WORKSHOP Refer Annex 3 (in the document section)	1	2000.08	1	100%	2,000.08
<b>Section Total</b>					153,800.82	

**Sub Total Direct Cost** 868,396.21

**Indirect Programme Support Cost PSC rate** (insert percentage, not to exceed 7 per cent) 7%

**Audit Cost** (For NGO, in percent) 0.376674611918067%

**PSC Amount** 60,787.73

Quarterly Budget Details for PSC Amount	2014		2015		Total
	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00

**Total CHF Cost** 929,183.94

**LOCATIONS**

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Paktya -> Zurmat						0	10
Paktya -> Lija Ahmad Khel						0	
Paktya -> Alikhel (Jaji)						0	
Paktya -> Janikhel						0	
Paktya -> Chamkani						0	
Kunar -> Asadabad						0	26
Kunar -> Narang						0	
Kunar -> Sarkani						0	
Kunar -> Maraw ara						0	
Kunar -> Shigal Wa sheltan						0	
Kunar -> Dara-e-Pech						0	
Kunar -> Chaw kay						0	
Kunar -> Khaskunar						0	
Kunar -> Dangam						0	
Kunar -> Barkunar						0	
Kunar -> Ghaziabad						0	
Kunar -> Chapadara						0	
Kunar -> Nurgal						0	
Kunar -> Nari						0	
Nuristan -> Mandol						0	12
Nuristan -> Duab						0	
Nuristan -> Nurgeram						0	
Nuristan -> Wama						0	
Nuristan -> Waygal						0	
Nuristan -> Kamdesh						0	
Badakhshan -> Kohestan						0	12

Badakhshan -> Raghestan						0	
Badakhshan -> Darayem						0	
Badakhshan -> Shuhada						0	
Badakhshan -> Khw ahan						0	
Badakhshan -> Jorm						0	
Paktika -> Wazakhah						0	4
Paktika -> Bermel						0	
Khost -> Khost(Matun)						0	14
Khost -> Sabari						0	
Khost -> Mandozayi						0	
Khost -> Tani						0	
Khost -> Gurbuz						0	
Khost -> Terezayi						0	
Khost -> Qalandar						0	
Farah -> Purchaman						0	2
Hilmand -> Nahr-e-Saraj						0	8
Hilmand -> Nad-e-Ali						0	
Hilmand -> Naw a-e-Barakzaiy						0	
Hilmand -> Garmser						0	
Kandahar -> Kandahar						0	12
Kandahar -> Arghandab						0	
Kandahar -> Panjw ayi						0	
Kandahar -> Daman						0	
Kandahar -> Mayw and						0	
Kandahar -> Spinboldak						0	
Logar -> Pul-e- Alam						0	

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

#### DOCUMENTS

##### Document Description

1. Annex 2 Calculation of monthly average expat cost ACF.PDF
2. Annex 3 General Operating and other direct cost.pdf
3. Annex 1 DRAFT RNA Post RNA test November 2012 update.doc
4. OCHA Finance Comments Preliminary Submission Project AFG 231.docx
5. Annex 5 ACF - Attestation CME 2012 EN.pdf
6. Calculation of real expatriate average costs - Eng.pdf
7. Rules.pdf
8. Acronyms.docx
9. Budget Narrative.pdf