Project Proposal

Organization	ACF (Action Contre la Faim)
Project Title	Strengthening nutrition interventions design, monitoring and evaluation in Afghanistan.
Fund Code	AFG-15/O580/SA1/N/INGO/327

Cluster	Primary cluster	Sub cluster
	NUTRITION	None

Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type	
Project budget in US$	443,500.00	Planned project duration	12 months
Planned Start Date	01/05/2015	Planned End Date	30/04/2016
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary	The primary goal of strengthening nutrition interventions, design, monitoring and evaluation in Afghanistan is to provide the basis for a comprehensive nutrition-related action program through the collection of relevant data that are regular, informative, coordinated, timely, reliable and effectively and efficiently disseminated.
	An important attribute of this program is the capacity of the nutrition implementers to be able to conduct quality nutrition assessments on a regular basis.
	The information collected through these nutrition assessments is aimed at providing an adequate basis for government and donor decision making and policy formulation, for planning of nutrition programs, and for decisions on priorities and resource allocation.
	The first step in strengthening nutrition interventions, design, monitoring and evaluation is to determine the existing gaps that need to be addressed to ensure there is adequate, accurate and timely information for policy making and resource allocation in the nutrition sector by all relevant stakeholders.
	ACF has identified that there are gaps in nutrition assessments in Afghanistan with regards to human resources, financial and technical capacity of BPHS, PND and other nutrition actors to implement regular nutrition assessments.
	Based on these gaps this program aims at building and enhancing these nutrition stakeholders (BPHS partners, PND etc.) capacity through a set of trainings offered at different levels of the country (National; Provincial) but primarily targeting field level staff, as well as direct technical and financial support for implementation of the survey/evaluation.
	The design of this follow up project builds on the lessons learnt from the first phase with regards to (i) partnership management (identification of partners, standardization of budgets, costs incurred for partners), and (ii) capacity building strategy (provision of enumerator-level training only as a barrier to real capacitation of partners for future assessments).
	The revised capacity building and partnership is expected to ensure a more sustainable and regular approach of providing nutrition information to be used for strategy and policy makers in the country.

Direct beneficiaries		Men	Women	Boys	Girls	Total
	Beneficiary Summary	115	45	0	0	160
	Total beneficiaries include the following:					
	Other	115	45	0	0	160

Indirect Beneficiaries	Indirect beneficiaries will be the children under five and pregnant and lactating women screened during SMART surveys or Rapid Nutrition assessments, as well as local health authorities, who will benefit from accurate and updated nutrition data to support allocation of resources and programming. Considering the average number of children and PLW screened during a SMART surveys, it is expected that SMART surveys will indirectly benefit: - 3,900 Children under-5 screened (approximately 600 children screened per SMART survey, 250 per RNA, and 100 per SQUEAC) - 1,500 Pregnant and Lactating Women screened for under-nutrition (approximately 300 women screened per SMART survey) Other indirect beneficiaries include the 51 members of the Nutrition Cluster who will benefit from availability of updated and quality nutrition data (all reports will be shared through the Nutrition Cluster). Likewise, local government authorities will indirectly benefit from the intervention in gaining evidence-based understanding of the nutrition situation in their province (i.e. Provincial Public Health Directorate - PPHD and Provincial Nutrition Officer - PNO). Other partners operating in the areas will also have access to the results of these surveys and evaluation and also benefit from the availability of nutrition data, even if not working in the field of nutrition or health.	Catchment Population	Non applicable (NA). The catchment population of the project will depend on the catchment population of the targeted districts for the SMART surveys, and of the nutrition activities which will be assessed under the SQUEAC evaluation. The coverage of the surveys/assessment, and actual catchment population will be defined for each province at the beginning of the assessment, depending on the number of districts covered (while partners were identified prior to the beginning of the project, the selection of the districts where assessments will be conducted will be discussed with partners during project inception).

Link with the Allocation Strategy	The proposed project aligns with the allocation strategy priority #5 of "Improving information management (IM) and strategic assessments in priority areas". Through the provision of high quality, accurate and reliable data in the field of nutrition, ACF intends to directly contribute to the Strategic Response Plan priority of "reducing excess morbidity and mortality", by supporting improved allocation and use of resources towards areas most affected by under-nutrition, and evidence based planning. The project will contribute to the following outcome indicators of the nutrition envelope of the allocation strategy: - Number of SMART assessment conducted (5), - Number of SQUEAC assessment conducted (4), - Number of RNA conducted (2), - Number of children screened (estimated at 3,900)

Sub-Grants to Implementing Partners	Partner Name	Partner Type	Budget in US$	Other funding Secured For the Same Project (to date)	
	MOVE	National NGO	13,178.10		
	HADAAF	National NGO	23,934.72		
	SCA	International NGO	53,494.23		
	MMRCA	National NGO	23,934.72		
			114,541.77		

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented	Over the last 20 years, Afghanistan has made significant progress in reducing maternal and child mortality: between 1990 and 2010, the under-five mortality rate has dropped from 176 to 99 deaths per 1,000 live births. Despite improvements, Afghanistan's under-five mortality rate is still one of the highest child mortality rates in the world (UNICEF, 2014). A leading cause of child morbidity, under-nutrition is estimated to account for as much as 45% of under-five deaths in Afghanistan. In the 2015 Consolidated Humanitarian Appeal (CHAP) for Afghanistan, under-nutrition ranks first amongst the humanitarian priorities of the country. Since the release of the 2013 National Nutrition Survey indicating high rates of acute malnutrition, momentum has grown amongst donors, policy-makers, and humanitarian agencies on the urgency of expanding nutrition services in Afghanistan - to account for its major contribution to the burden of child morbidity and mortality. Building on this momentum, stakeholders have over the last year successfully mobilized resources for expanding and improving nutrition service delivery across the country. In 2014, the financial requirements of the Nutrition Cluster were funded at 97% (FTS-OCHA). In this process of expanding nutrition services, lack of accurate and updated nutrition data has revealed a major barrier to making informed decisions on where to allocate resources, and how to effectively increase coverage and enhance quality of IMAM services. This challenge of unavailable, incomplete, or inaccurate data applies to both (i) routine data/monitoring; (ii) nutrition assessments, and (iii) coverage evaluation. In the absence of such data to inform policy-makers, donors, and implementing partners' decisions, the risk of inappropriate or inefficient allocation of resources is high, with subsequent limited outcomes towards expanding quality nutrition services. Acknowledging this gap in nutrition data and information, the Nutrition Cluster has defined for the 2015 CHAF the following Strategic Objective 3: "Timely quality community and facility-based nutrition information is made available for program monitoring and decision making through regular nutrition surveys, rapid assessments, coverage assessments […]". Taking on Cluster's recommendations, CHF has defined as strategic objective for the first standard allocation to "support to the collection of high quality, accurate and relevant evidence to inform and support effective humanitarian response and enable ethical and accountable use of limited resources."
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	According to 2010 BPHS guidelines, implementing partners bear the primary responsibility for conducting regular nutrition assessments to estimate the prevalence of under-nutrition. Since 2010 however, very few BPHS partners have conducted nutrition surveys, for (i) lack of ownership of the nutrition package – which was only introduced in BPHS guidelines in 2010, (ii) lack of financial resources (costs of nutrition assessments are not accounted for in the budget of BPHS partner), and (iii) lack of technical capacity (very low skills amongst BPHS management staff on nutrition in general, and nutrition surveys in particular). As of 2015, nutrition stakeholders, including donors, government authorities (MoPH, PND, GCMU), and BPHS partners continue to rely on 2013 National Nutrition Survey (NNS) data to allocate resources and determine geographical priorities. For nutrition assessments to effectively support prioritization of resources and informed programming decisions, it is recommended that they be conducted at least once a year. In Afghanistan however, for lack of financial resources and technical capacity, nutrition surveys are conducted on a multi-year basis, which significantly undermines their contribution to ensuring that the national nutrition response is meeting the needs of the population. For 2015 programming, donors and BPHS partners have set their targets (number of SAM children to reach), evaluated their supply needs, and budgeted based on 2013 National Nutrition Survey's data. Yet, as evidenced by the SMART surveys conducted by ACF under current CHF grant, these data do no longer reflect the reality of needs on the ground (see below paragraph 3). Within 2 years, the nutritional situation of under-5 has significantly evolved. Continuing to refer to NNS data for programming in 2015 induces high risk of wrong targeting and poor implementation of nutrition services, for (i) resources are channeled primarily to "priority areas" that do no longer qualify as emergencies in 2015, and (ii) BPHS are under a lot of pressure to reach unrealistic targets, hence are focusing on quantity as opposed to investing on improving quality of services. For accurate programming, it is recommended that nutrition prevalence be systematically assessed against coverage of IMAM services - to identify potential gaps and support evidence based decisions for increasing access to SAM treatment in areas of acute needs. Developed by Coverage Monitoring Network (CMN), and rolled out for the first time in Afghanistan in 2014 by ACF; the SQUEAC methodology provides the aforementioned information on coverage of SAM treatment, and barriers/boosters for access. In the process of expanding nutrition services, it is instrumental that partners be capacitated to conduct regular SQUEAC evaluations, for they provide highly valuable information on the barriers to access, and evidence based recommendations on how to increase coverage. Results of the first SQUEACs conducted by ACF in partnership with BPHS implementers supports the need for conducting localized coverage evaluations, for they tend to challenge general assumptions with regards to how to expand SAM treatment: on 3 occasions, the hypothesized barriers and boosters to access identified by the BPHS nutrition teams on the ground were rejected during field survey, during which unforeseen barriers and boosters were identified, and backed by strong evidence. Where field staff would rank distance and presence of Community Health Workers as the main barriers/boosters to access SAM treatment services, the SQUEAC revealed that lack of community knowledge (on under-nutrition and presence of services) was by far the main obstacle to increasing coverage
3. Description Of Beneficiaries	Direct beneficiaries will be partner staff trained and capacitated on how to conduct SMART surveys, RNAs, and SQUEAC Assessment. For calculation of beneficiary figures, ACF used the standard team composition of SQUEAC - 15 staff - and assumed an average coverage of 5 districts for SMART surveys, giving a team of 20 staff. Considering the target set for SMARTs (5), RNAs (2), and SQUEACs (4), ACF expects this nutrition surveillance project to directly benefit 160 staff. For SMART and SQUEAC surveys, it is highly recommended - where possible - to have female staff amongst the team, to allow reaching women, and facilitate the administration of questionnaires on infant and young child feeding practices (for SMART surveys). The actual number of women per SMART/SQUEAC team is highly dependent on the context, and the capacity of partners to hire female having access to the field in difficult/insecure environments. The number of female staff ACF expects to reach through this capacity building project was estimated at 45, based on prior experience. For more information on beneficiary calculation, please refer to annexes. Amongst them, ACF make a distinction between staff durably capacitated, i.e. core staff from partners trained as survey managers (10) for SMART surveys, as well as key nutrition, field-based staff from partners who will be taking the lead on the implementation of survey with ACF technical support; and staff not durably capacitated because out-sourced by partners. For each survey, ACF expects to capacitate at least 2 field-based nutrition staff of partner NGOs on how to conduct SMART and SQUEAC assessments. For calculation of beneficiaries, it is assumed that RNA will be conducted after the SMART surveys with the same 2 survey managers from partner organization and enumerators from the SMART team. To avoid double counting, RNA Supervisors were not counted as beneficiaries, as they were already accounted for in the calculation of beneficiaries for SMART surveys. In total, ACF expects that this capacity building project will directly benefit 18 core, field-based staff of partners (i.e. 2 core staff*4 SQUEAC + 2 core staff*5 SMARTs). The 10 survey managers were not added to again avoid double counting, as they will be the one leading the SMART surveys. Indirect beneficiaries will be (i) all members of the Nutrition Cluster who will benefit from availability of updated and quality nutrition data (all reports will be shared through the Nutrition Cluster), (ii) local government authorities who will gain better understanding of the nutrition situation in their province (i.e. Provincial Public Health Directorate - PPHD and Provincial Nutrition Officer - PNO), and (iii) children under 5 and Pregnant and Lactating Women having their nutritional status assessed during SMART/RNAs. Other partners operating in the areas will also have access to the results of these surveys and evaluation and also benefit from the availability of nutrition data, even if not working in the field of nutrition or health. Below is the estimated number of children under 5 and PLW who will be screened for under-nutrition: - 3,900 Children under-5 screened for under-nutrition - 1,5 00 Pregnant and Lactating Women screened for under-nutrition
4. Grant Request Justification.	With the financial support of CHF, ACF started in 2014 a project aimed at improving the assessment of the nutrition situation of the most vulnerable populations (through SMART surveys) and evaluating the access and coverage of IMAM (using SQUEAC methodology). In an effort to strengthen the system, all surveys and evaluation were conducted in partnership with BPHS implementers or nutrition partners – with ACF providing technical and financial support. Out of the 13 provinces ranked as high priority by the Nutrition Cluster based on the results of the NNS, this first project covered 10, including 8 with SMART surveys, and 10 with SQUEAC evaluations. Evidence drawn from the nutrition surveys conducted by ACF in partnership with BPHS implementers or nutrition partners (SCI) in 2014- 2015 supports the need for regular, localized, and high quality nutrition assessments. In the 2 provinces covered (Nangahar and Helmand), the rates of acute malnutrition found by ACF and partners greatly differs from the ones reported by the NNS. Linked to timing (2014-2015 versus 2013 for the NNS), sampling (district level versus provincial level for the NNS), and quality (as measured by the confidence interval), these discrepancies shed light on the importance of conducting regular nutrition surveys - with high quality standards. Results of the SQUEAC assessments also revealed instrumental for identifying areas with low coverage of IMAM services, and understanding the barriers and boosters for accessing these services. Amongst nutrition stakeholders, including donors, UN agencies, and NGOs, ACF has observed quick uptake of the findings, and growing demand for additional coverage assessments. As of today, ACF remains the only nutrition partner having rolled out the SQUEAC methodology in Afghanistan (with the support of the Coverage Monitoring Network - CMN), and as such remains the technical referent . Building on these positive achievements, and increasing demand for nutrition data, ACF is proposing a follow up to the current CHF grant, for conducting additional SMART, RNAs and SQUEAC. The aim is to expand coverage to provinces not targeted under current project, and continue the process of capacity building of BPHS and nutrition partners. Drawing from the lessons learnt from current project, ACF has revise its capacity building strategy, with the aim of empowering partners to progressively take the lead the implementation of surveys, and reducing the need for external support. This enhanced capacitation process will primarily apply to SMART and RNA methodologies; ACF acknowledging that SQUEAC remains too new as a methodology to envision significant gains in partner's autonomy to carry out such evaluation in this second phase. Amongst the challenges faced during the first year was the limited scope of the training, which focused on enumerator training. Alone, enumerator-level training cannot capacitate partner organizations to conduct a full SMART/RNA/SQUEAC assessment independently. With such a strategy, external support to partners would be continuously needed, and sustainability of the capacitating process very limited. To account for this challenge, ACF has sought to revise its capacity building strategy to primarily target partners' senior level - field - staff for SMART Survey Manager training- which will allow adequate capacitation of partners towards more autonomy and less external support. Adopting such a strategy will also address the following challenges: (i) partner staff unavailability and (ii) staff outsourcing. Because SMART surveys and SQUEAC assessments require the mobilization of large teams, unavailability of staff, and subsequent outsourcing will remain unavoidable. Building the capacity of high-level field nutrition staff, will help overcome these 2 challenges for the knowledge on how to conduct a survey, including how to train enumerators (which is where

	partners outsource staff), will remain within the organization.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	**Complementarity with the National Nutrition Surveillance System** Along with community-based sentinel sites, mass screenings, admission data from feeding centers, and data from health clinics, repeated anthropometric surveys (SMART) are one of the (possible) components of a national nutrition surveillance system. Provided they are conducted on a regular basis, and achieve high quality standards, SMART surveys feed into national nutrition surveillance systems, through the production of population-representatives estimates of prevalence of under-nutrition. Early 2014, UNICEF, WHO and PND, with the financial support of DFATD, launched a National Nutrition Surveillance System. While still being refined by partners, the methodology retained for the NNSS builds upon health facility and community based data, and makes no mention of nutrition surveys (for it is requires advanced technical knowledge and mobilization of large financial and human resources). The SMART surveys conducted under this CHF project will contribute to the NNSS by allowing comparison of data, to reach the most accurate estimation of levels of malnutrition across the country. To ensure complementarity, ACF Nutrition Surveillance manager will be actively coordinating with NNSS stakeholders, participate to NNSS meetings, and provide technical support when and where needed. **Complementarity with routine monitoring** Routine data (health facility report) are meant to support informed decision making as to where and when to conduct SMART surveys and SQUEAC assessments. While completeness, timeliness, and accuracy of routine data remain low, ACF will analyze these data in the process of selecting the provinces for implementing SQUEAC and SMART. On the other hand, results of the SQUEAC and SMART survey conducted under the proposed project will allow critical analysis of routine nutrition data reported by PND through UNICEF, and identify potential shortfalls in reporting. For instance on many occasions during SQUEAC assessments, the teams observed that discharged criteria in SAM treatment services were not properly applied by health staff, resulting in poor quality of implementation and wrong reporting. These results will be assessed against what BPHS partners report to the HMIS and to PND, to identify potential shortfalls and need for support on routine data reporting. **Complementarity with SLEAC project (UNICEF-funded)** On March 2015, ACF started a SLEAC (Simplified LQAS Evaluation of Access and Coverage) project, funded by UNICEF, which consists in the implementation of 5 SLEACs across the country. Contrarily to the SQUEAC methodology, the SLEAC does not provide an estimate of coverage, but only identifies a category of classification that would best describe the coverage of the assessed unit (e.g. low, moderate, high). The rationale is to use the SLEAC to identify districts achieving low and high coverage, and the SQUEAC methodology to investigate the reasons for observed coverage (E. Gueverra, S. Guerrero, M. Myatt). One of the expected outcomes of the SLEAC project is hence to advise partners on where to conduct SQUEACs. As much as possible, if timing allows, ACF will hence use the results of the SLEAC to select districts where SQUEAC should be implemented with partners. Using the results of the SLEAC to advise on the targeting of SQUEAC however demands that a certain flexibility be retained as to where to conduct the SQUEAC under the proposed project.

LOGICAL FRAMEWORK

Overall project objective	To strengthen the capacity of nutrition stakeholders to conduct nutrition assessments to support comprehensive nutrition-related action programming (including research), through the collection of relevant data that are regular, informative, coordinated, timely, reliable and effectively and efficiently disseminated.

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 3. Timely quality community and facility-based nutrition information is made available for program me monitoring and decision making through regular nutrition surveys, rapid assessments, coverage assessments, and operational research	1. Excess morbidity and mortality reduced	100

Outcome 1	In-country capacity for conducting nutrition assessments is durably improved through capacitation and certification of survey managers

Code	Description	Assumptions & Risks
Output 1.1	Training of 10 survey managers on SMART methodology	ecurity does not deteriorate in target areas and allow access to field teams. The Nutrition Cluster and PND support and facilitate the implementation of the project. Partners remain committed throughout the project and actively participate to training.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of staff of Cluster's organizations trained and certified survey managers					10
	Means of Verification:	Training lists and certificates Updated database shared through Cluster For the training of survey manager, ACF has planned to train 2 field-level staff from partner organizations (5), i.e. a total of 10 staff. Considering the skills required, and to ensure proper capacitation over the long term, ACF has purposely limited the number of trainees for Survey Manager level course. These same staff will then be supported in the field for practicing the theoretical skills acquired and effectively implementing SMART surveys or RNAs.					
Indicator 1.1.2	NUTRITION	Number of Health Professionals that have improved skills in nutrition practises					18
	Means of Verification:	Training lists and certificates Updated database shared through Cluster This was calculated based on the number of core staff from partner organizations who will participate to the implementation of the different surveys. As explained below, ACF expects to capacitate at least 2 field-based nutrition staff of partner NGOs on how to conduct SMART and SQUEAC surveys. Initially, this number was calculated assuming 2 core staff * 11 surveys (4 SQUEACs, 5 SMARTs and 2 RNAs), i.e. 22 staff. Considering the above regarding the counting of beneficiaries, the 2 core staff for the 2 RNAs have been removed from the total beneficiaries, assuming they will be the same as for the SMARTs. The revised number of beneficiaries is hence 18 staff - as per the table above. Other participants to the survey, i.e. team leaders and enumerators outsourced by partners were not included for ACF reckon that they will not durably be capacitated on how to conduct surveys – only these 18 Health Staff will. This should not be considered as a limitation of the project, but as a normal feature of nutrition surveys.					
Indicator 1.1.3	NUTRITION	Percentage increase in trainees' knowledge on SMART based on pre/post test results					50
	Means of Verification:	Pre/Post tests					

Activities

Activity 1.1.1	Activity 1.1.1 Identification of senior level field nutrition staff qualifying for SMART Manager Training Building on the lessons learnt during the first phase of the project and prior experience of ACF in conducting high level training on SMART methodology in Afghanistan; ACF has decided to revise its capacity building strategy as follow: (i) Need to go beyond enumerator-level training and provide Survey Manager training During the first phase of the CHF project, the training offered during surveys and assessments focused only on enumerator training. To address the limitation of such an approach in durably capacitating local resources in conducting SMART surveys, ACF has sought to provide Survey Manager level training in the second phase of the project. The aim is to build senior nutrition staff capacity to plan and cost SMART surveys, recruit and train enumerators, define the sampling, conduct standardization test, and ensure application of survey field procedures. This will allow proper capacity building with the objective of decreasing the need for external support in future surveys. (ii) Targeting of field staff versus central level staff for Survey Manager training Field staffs should be the primary target of capacity building for they are the one in position to actually conduct SMART survey in the future. In 2012, ACF facilitated a Training of Trainers on SMART methodology for 22 senior staff from Kabul (see report attached in Annex), with the support of ACF Canada SMART Master Trainers. Because of inappropriate targeting, the impact of the training on enhancing national capacity to conduct SMART surveys remained limited, for most participants belonged to organization's

	main office, and as such were not in position to reuse the knowledge imparted in the future. Amongst senior staff capacitated as Survey Manager, very few actually used their knowledge and implemented SMART in the following 3 years (less than 5 out of 22). Building on these lessons, ACF will, under the phase 2 of the project, primarily target senior staff for Survey Manager level training, with a strong focus on sub-national capacity building of field staff.
Activity 1.1.2	Activity 1.1.2 Conduction of Formal Training for SMART Survey Manager level Amongst partners identified for this project and key nutrition actors possessing already some level of technical expertise on conducting SMART surveys, 10 field-based nutrition staff (e.g. BPHS Nutrition Focal Points) will be identified for Survey Manager level training. Criteria for participating to the training will be (i) field based nutrition position, (ii) relevant position within the organization to manage SMART surveys, and (iii) prior experience in conducting nutrition assessments (as an add-on). The training for SMART Managers will be conducted by ACF SMART Expert for a duration of 5 days This formal training will follow ACF Canada SMART standardized training course, which covers the following: (i) Overview of Nutrition and Mortality Survey, (ii) Survey teams, (iii) Sampling, (iv) Survey field procedures, (v) Anthropometry, (vi) Standardization test, (vii) Plausibility check for anthropometry, (viii) Mortality, (ix) Interpretation of results and Reporting. Acknowledging the need to complement formal with practical training to certify a SMART Survey Manager, ACF will seek to have partners targeted under the current project mobilize these Survey Managers. Upon successful completion of the survey in the field, including planning, recruitment, training of enumerators, supervision of data collection, data quality checks, data entry and preliminary report writing, ACF will issue certificates to qualifying Survey Managers. The list of certified Managers will then be shared with partners through the Cluster. Pre and post tests will be conducted to assess the effectiveness of the training in enhancing technical knowledge of trainees.

Outcome 2	The nutritional status of the population is assessed by partners in 5 provinces using SMART and RNA methodology.

Code	Description	Assumptions & Risks
Output 2.1	Implementation of 5 nutrition anthropometric and mortality survey and 2 RNA in priority areas of Afghanistan	Security does not deteriorate in target areas and allow access to field teams. The Nutrition Cluster supports and facilitates the implementation of the project. PND endorses the project Partners remain committed throughout the project and actively participate to training

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	Number of SMART assessments conducted					5
	Means of Verification:	Memorandum of Understanding signed with partners for SMART implementation Attendance lists for SMART training and payment sheets for SMART team members SMART Preliminary and Final Reports disseminated through the Cluste					
Indicator 2.1.2	NUTRITION	Number of RNA assessments conducted					2
	Means of Verification:	Memorandum of Understanding signed with partners for implementation of RNA Attendance lists of RNA trainees and payment sheets for RNA team members RNA Report produced and disseminated through the Nutrition Cluster					
Indicator 2.1.3	NUTRITION	Quality assurance standards developed for SMART and RNA					1
	Means of Verification:	Methodology for national quality assurance National Standard Operating Procedures for Nutrition					
Indicator 2.1.4	NUTRITION	Full SMART reports are disseminated through the Cluster within a month after completion of data collection					5
	Means of Verification:	SMART Survey Reports AIMWG Minutes Nutrition Cluster minutes					
Indicator 2.1.5	NUTRITION	RNA Reports are disseminated through the Cluster within one week after completion of data collection					2
	Means of Verification:	RNA Reports AIMWG Minutes Nutrition Cluster Minutes					

Activities

Activity 2.1.1	Activity 2.1.1 Identification of priority areas for conducting SMART surveys and Rapid Nutrition Assessments (RNAs) Based on discussions with partners and the Nutrition Cluster Coordinator, the following provinces have been selected for implementation of SMART surveys: Wardak, Laghman, Zabul,Ghazni and Badghis. The prioritization was made on the following criteria: (i) SAM rates reported by the National Nutrition Survey (NNS, 2013) as above emergency thresholds, (ii) lack of technical capacity of BPHS partners to implement SMART and absence of nutrition partner to support them in doing nutrition surveys (like Save the Children, Aga Khan, and World Vision), and (iii) request from BPHS partners to be part of the first phase of the CHF, showing some level of commitment. The target for the number of SMART, SQUEAC and RNAs to conduct has been calculated according to the overall budget/financial resources available, and recommendations from the SRC to scale down the scope of the project. During proposal writing stage, discussions with partners have already been engaged, through the National Nutrition Cluster. An email (attached in Annex) has been circulated to identify partners on the 2nd of April, clarifying the objectives of the project, the level of support to be provided by ACF, and involvement requested from the partner. All concerned BPHS partner have already answered positively and expressed interest and commitment towards partnering with ACF for implementing SQUEAC and SMART surveys. ACF will now closely follow up with partners and timely share information regarding MoUs, budget, and planning to maintain the momentum and secure their committments until the commencement of the project. The identification of priority districts in selected provinces will be performed during project inception in coordination with partners. For SMART surveys, the following criteria will be considered: (i) Security/access to the field, (ii) Coverage of districts by anthropometric surveys conducted by ACF or any other nutrition partner in 2014 and first half of 2015, (iii) Population density and caseload of malnourished children admitted in 2014 (based on PND/UNICEF annual report), and (iv) Presence or aggravation of risk-factors of under nutrition in some provinces throughout 2014-2015 (following natural disasters or deterioration of security conditions).While prioritizing districts not covered by nutrition surveys in 2014/2015, ACF will advise the Nutrition Cluster to conduct new surveys in areas where high rates of under-nutrition were found during 2014/2015 surveys, to ensure close monitoring of the situation, and allow for comparison of prevalence over time. On average 5 districts per province were covered during SMART surveys done in the first phase of the project (Nangarhar, Helmand, Paktika) – depending on security and access. Coverage in terms of population varied greatly depending on field access (75% of the population during SMART survey in Nangarhar, versus 22.8% in Helmand SMART). As per the lessons learnt during the first phase of the project, ACF will encourage the use of Rapid Nutrition Assessments to assess the nutrition situation in areas difficult to access. Considering that the 5 provinces selected are insecure with very challenging field access, ACF would like to use the RNA as a complement to the SMART methodology, which will only cover accessible/safe districts in targeted provinces. In the event of natural disaster or conflict-induced emergency in other provinces of the country, ACF would like to retain the flexibility of conducting RNA outside of the selected provinces, as the need arises, and based on Cluster recommendations.
Activity 2.1.2	Activity 2.1.2 Signing of MoU with partners to define technical, administrative and logistic arrangements During the first months of the project, ACF will engage in bilateral discussions with partners to define and agree on responsibilities for survey implementation, and survey costs. The general terms of the agreement will remain similar to the current one, with the partners endorsing the responsibility for all logistic arrangements and human resources management (recruitment, payment); and ACF for technical capacity building and financial support. In the precedent program on nutrition surveillance, ACF conducted an orientation workshop on the CHF project, which eventually appeared of limited impact on the level of commitment of partners. Following this induction workshop, ACF conducted regular information sessions within the framework of the AIMWG, to further explain roles and responsibilities of each party, and present the Memorandum of Understanding. Later on, ACF engaged in bilateral discussions with each partners around the MoU, during which new questions and demands continued to be raised despite many efforts of communication early in the program. Based on this experience, ACF is planning to conduct an informal orientation meeting at the beginning of the project with selected partners, and continue to use the AIMWG working group as a forum to discuss with partners - in addition to bilateral

discussions.

Acknowledging that the financial capacity of partners to undertake SMART surveys will remain a constraint, ACF will continue to financially support partners, through allocation of budget covering human resources and logistics necessary to implementation. Based on the lessons learnt during the first phase of the project, ACF will establish standard rates applying to all partners - while retaining a certain level of flexibility to account for disparities in local contexts.

Building on past experience, ACF will - in addition to covering costs for enumerators, team leaders and marhams - also provision funds for minimum 3 Supervisors per survey, assuming partners are, on average, in capacity to provide only 2 out of the required 5. To avoid double-funding of partner staff, ACF will however not cover the cost of these 2 supervisors, to the exception of training costs and perdiem when necessary.

To avoid delays in entry/analysis of data and subsequently in report writing, ACF will also cover the costs for 2 data entry, to be recruited by the partner and based in the field, for the 10 days of data collection. This will ensure timely quality check, data entry and analysis, and eventually timely dissemination of the preliminary report. Upon needs, ACF would also cover the costs for recruiting a translator (for expatriate SMART Officer).

The payment modalities are defined in the Memorandum of Understanding signed between ACF and partners, as follow: upon signature of the MoU, and reception of the cash request filled by the partner, release of the first instalment by ACF on partner's bank account, amounting 70% of the total budget. The disbursement of the remaining 30% is done after completion of the survey, upon reception and validation of the financial documents received from the partner to justify expenditures incurred on the budget.

The validation of partner's supporting documents is done by ACF Internal Auditor, who evaluates compliance of the partner with ACF logistic and financial procedures. For more information, please refer to the MoU and Annexes attached, including Procurement Partnership Management, and Financial Partnership Management.

Activity 2.1.3	**Activity 2.1.3. Implementation of SMART surveys and RNA by partner with technical support from ACF** As part of its new capacity building strategy, ACF will seek to empower and support partners to take the lead on the process of SMART implementation, from the methodology (questionnaire, sampling), to data collection, entry, analysis and preliminary report writing. During previous project, ACF staff was acting as SMART Manager, directly providing training to supervisors and enumerators in the field, although with compulsory participation of senior level partner field staff in a bid to enhance their capacity. Under the proposed project, the SMART Managers trained during project inception will be the one implementing surveys, with ACF acting as technical backstopping. Following the formal training provided to partner's nutrition field staff at central level, ACF will hence provide field-level practical training to Survey Managers for the implementation of one SMART survey in selected districts of their province. Capacitated during the formal training, Survey Managers will be supported to take the lead and conduct the 5 days theoretical training for enumerators and supervisors will be led by the partner Survey Manager, with job shadowing by ACF SMART expert. Partner Survey Manager will also be responsible for planning field work and supervising data collection, including quality checks, and data entry on ENA software. For RNA as well, ACF will seek to mobilize Survey Managers (RNA Methodology is part of the Survey Manager training), who will be responsible for planning the survey, recruiting the team, supervising data collection, and writing the draft report. This will be all the more easy that RNAs should be conducted in the same provinces as the SMART, allowing the Survey Manager to conduct the RNA after the SMART, with the same human resources (as done in Helmand province under current CHF). For SMART survey, ACF considered the average number of districts covered under current CHF (5) to calculate the number of staff to be trained. For a coverage of 5 districts, a SMART survey requires the mobilization of 5 supervisors, 5 team leaders, and 10 enumerators (1 male and 1 female when possible). The breakdown of beneficiaries for each position is displayed in the table above. The number of staff actually targeted will be verified against attendance lists to the SMART training, and daily worker payment sheets that the partner will provide to ACF at the end of the survey to justify expenses. An RNA requires the deployment of 2 team of 8 people - i.e. a total of 16 staffs for implementation. The number of female staff to be hired depends on the methodology retained (e.g. whether IYCF indicators are included or not in the questionnaire). The number of staff actually targeted will be verified against attendance lists to the RNA training, and daily worker payment sheets that the partner will provide to ACF at the end of the assessment. As previously mentioned, it is expected that RNA teams be pulled from SMART teams, hence were not counted as beneficiaries to avoid double-counting.
Activity 2.1.4	Activity 2.1.4 Production and dissemination of reports through National and Sub-national Clusters The processing of shadowing partner's Survey Manager will extend to preliminary report writing, for which ACF SMART experts will provide continuous hands-on support. Considering the advanced technical knowledge required for writing the full report (senior nutritionist or epidemiologist background necessary), and based on prior experience in supporting partners for SMART report writing in Afghanistan (in 2012), ACF will keep the lead on writing the full report, while working in close collaboration and inputs/review/validation with partners. This will ensure timely production and dissemination of the report to the Nutrition Cluster. As co-chair of the AIMWG, ACF will work for 2015 on establishing quality assurance mechanisms for SMART and RNA data. As developed under Result 4, the aim is to ensure the existence of a formalized and cluster-approved feedback system and process of validation of nutrition data produced under SMART and RNAs - by a restricted pool of experts. In line with this approach, and following the current process of validation; results of the SMART and RNAs, after validation by ACF and partners, will be presented to the AIMWG, for review and endorsement. Upon validation by the AIMWG, reports will be disseminated through the Cluster. For SMART surveys, preliminary report will be released one week after the completion of data collection, while final report will be shared within one month through the AIMWG. For RNA, the report will be produced and shared within a week. As partners will be more involved than before in report writing (until the preliminary report stage), and will have more ownership of the overall survey, results will be presented jointly by ACF and the partner to the Cluster. Acknowledging the need to channel down the results to provincial level, ACF will encourage partners to disseminate the report at sub-national level, through the Provincial Clusters and relevant health and nutrition authorities. The Deputy Nutrition Cluster, seconded by ACF to the National Cluster in a bid to strengthen field-level coordination, will be responsible for following up on the presentation of results to sub-national level Clusters, by partner's SMART managers when possible.
Activity 2.1.5	Activity 2.1.5 Development of quality assurance mechanisms for SMART and RNA within the AIMWG The Global Nutrition Report, Actions and Accountability to accelerate world's progress on nutrition (2014) highlights two important gaps to be fulfilled in order to continue progress on tackling under nutrition: 1) Investment in quality nutrition data and 2) strengthening the accountability in Nutrition. The report points out the impact of low quality of nutrition data, lack of standardized indicators and methodology to measure them. The issues of improved programming and coverage of nutrition interventions based on low quality data was related to the question of tracking progress and accountability. In the process of rolling out SMART, RNA methodologies in Afghanistan, it is essential that quality control mechanisms be established to ensure the value of data being released. As of today, the AIMWG is in charge of reviewing and validating the results of nutrition assessments and evaluation conducted across the country. The process for quality assurance within the AIMWG is however not clearly defined, and no formalized processes or mechanisms have been established at this stage to ensure value of the data produced by partners and adherence to high quality standards. In addition to lack of clear guidelines for quality assurance; the membership of the AIMWG poses additional challenges in terms of efficiency of the current, yet formalized process of validation of data and results: the large membership and low technical capacity of the AIMWG today is a barrier to establishing appropriate quality assurance mechanisms for methodologies that most partners in the country are not yet acquainted with. To address this challenge, and develop highly needed quality assurance mechanisms for nutrition surveys and assessments, ACF is, as Co-Lead to the AIMWG, proposing to lead the process of creating quality assurance and validation steps. The aim is, through the establishment of a review committee comprising experts in nutrition surveillance and monitoring, to ensure technical rigor and neutrality of the analysis and results produced by partners. Possessing sound expertise and experience in nutrition assessments, ACF, through active involvement of technical partners, will seek to build a technical consensus around transparent standardized quality control system for nutrition assessment and surveys. ACF will build on partners' experience and its own expertise to develop this process, with the support of international experts working on quality assurance for nutrition surveys. After having reached a technical consensus on quality assurance mechanisms for nutrition assessments, ACF will use the proposed project for testing, with partners, these mechanisms. Where necessary, adjustments will be made to the initial process, to ensure sound quality and validity of data produced. Necessary amendments will systematically be discussed and agreed upon with partners through the AIMWG, and communicated to the Nutrition Cluster. Based on the results of the piloting of quality assurance mechanism, ACF, and if momentum increases, the Cluster, will use evidence to advocate for the inclusion of these mechanisms in PND Standard Operating Procedures for Nutrition – recently released and covering nutrition assessment (SMART and RNA).

Outcome 3	Coverage of SAM services and barriers and boosters for access are evaluated in 4 IMAM programs using SQUEAC methodology	
Code	**Description**	**Assumptions & Risks**
Output 3.1	Implementation of 4 SQUEAC evaluations in priority areas of Afghanistan identified by the Cluster.	Security does not deteriorate in target areas and allow access to field teams Security does not deteriorate in target areas and allow access to field teams. The Nutrition Cluster and PND support and facilitate the implementation of the project. Partners remain committed throughout the project and actively participate to training

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	Number of partner staff trained on SQUEAC					8
	Means of Verification:	Trainings lists SQUEAC reports					
Indicator 3.1.2	NUTRITION	Number of SQUEAC assessments conducted					4
	Means of Verification:	SQUEAC reports					

Indicator 3.1.3	NUTRITION	Quality assurance standards developed for SQUEAC				1
	Means of Verification:	Methodology for national quality assurance National Standard Operating Procedures for Nutrition				
Indicator 3.1.4	NUTRITION	Full SQUEAC reports are disseminated through the Cluster within one month after the end of data collection				4
	Means of Verification:	SQUEAC Reports AIMWG Minutes Nutrition Cluster Minutes				

Activities

Activity 3.1.1	Activity 3.1.1 Identification of priority areas for conducting SQUEAC evaluations SQUEAC will be implemented in the same provinces targeted for SMART surveys and RNA, to allow for comprehensive analysis of needs and gaps, and support informed decision making on the BPHS partner on the ground as to where and how to expand nutrition services within the province. The coverage of SQUEAC (e.g. number of districts) will be discussed bilaterally with partners during project inception, considering access and review of secondary data.
Activity 3.1.2	ctivity 3.1.2 Signing of MoU with partners to define technical, administrative and logistic arrangements During the first months of the project, ACF will engage in bilateral discussions with partners to define and agree on responsibilities for survey implementation, and survey costs. The general terms of the agreement will remain similar to the current one, with the partners endorsing the responsibility for all logistic arrangements and human resources management (recruitment, payment); and ACF for technical capacity building and financial support. Acknowledging that the financial capacity of partners to undertake SQUEAC assessment will remain a constraint, ACF will continue to financially support partners, through allocation of budget covering human resources and logistics necessary to implementation. Based on the lessons learnt during the first phase of the project, ACF will establish standard rates applying to all partners - while retaining a certain level of flexibility to account for disparities in local contexts. Building on past experience, ACF will - in addition to covering costs for enumerators, team leaders and marhams - also provision funds for minimum 3 Supervisors per survey, assuming partners are, on average, in capacity to provide only 2 out of the required 5. To avoid double-funding of partner staff, ACF will however not cover the cost of these 2 supervisors, to the exception of training costs and perdiem when necessary.
Activity 3.1.3	Activity 3.1.3 Implementation of SQUEAC evaluations by partner with technical support from ACF Considering that the SQUEAC Methodology has only been rolled out for one year in Afghanistan, ACF does not foresee the opportunity at this stage for applying the same capacity building strategy as proposed for SMART surveys. Knowledge and capacity on SQUEAC remains today too low to envision giving the same level of responsibility to the partner in implementing the SQUEAC – all the more as BPHS implementers targeted under this project are new partners, and never received prior orientation or training on SQUEAC. The technical support provided by ACF will hence cover the entire process, from review of secondary data (to be collected and consolidated by partners), to training of the team and actual implementation of the SQUEAC, following the same modalities as the current CHF project. ACF Expatriate or national SQUEAC Expert will be present in the field to orientate and capacitate partners throughout the evaluation, and will lead the process of report writing. Based on prior experience, ACF foresee that an average of 2 Nutrition staff of partners will participate in the evaluation, and be capacitated on how to do a SQUEAC. While ACF will bear the responsibility for writing the report, the validation of findings and recommendations will be conducted in the field at the end of the evaluation, with relevant BPHS partner staff, in a bid to foster ownership of the results and informed decision making based on the recommendations. For SQUEAC assessments, the number of staff required is fixed, regardless of the geographical area covered. The implementation of a SQUEAC requires a team of 5 team leaders and 10 enumerators, amongst which female (the assumption used for calculation of beneficiaries is that partners would be able to recruit 50% of enumerators as female - based on experience from current CHF). Likewise, the number of staff actually targeted will be verified against attendance lists to the SQUEAC training, and daily worker payment sheets that the partner will provide to ACF at the end of the assessment.
Activity 3.1.4	Activity 3.1.4 Production and dissemination of reports through National and Sub-national Clusters As mentioned in 3.1.3, ACF will be responsible for producing the SQUEAC report, with active involvement of the partner for review/validation prior external dissemination. For SQUEAC evaluations, draft report will be released 10 days after the completion of the survey, while the full report should be completed within the following month. In an attempt to capacitate partner staff on SQUEAC, and encourage ownership of the findings, results will be presented jointly by ACF and the partner to the AIMWG, and to the Cluster. As co-chair of the AIMWG, ACF will work for 2015 on establishing quality assurance mechanisms for SQUEAC. As developed under Result 4, the aim is to ensure the existence of a formalized and cluster-approved feedback system and process of validation of SQUEAC evaluation - by a restricted pool of experts. In line with this approach, and following the current process of validation results of the SQUEAC will be presented to the AIMWG, for review and endorsement. Upon validation by the AIMWG, reports will be disseminated through the Cluster. Acknowledging the need to channel down the results to provincial level, ACF will encourage partners to disseminate the report at sub-national level, through the Provincial Clusters and relevant health and nutrition authorities. The Deputy Nutrition Cluster, seconded by ACF to the National Cluster in a bid to strengthen field-level coordination, will be responsible for following up on the presentation of results to sub-national level Clusters, by partner's staff involved in the SQUEAC when possible,
Activity 3.1.5	Activity 3.1.5 Development of quality assurance mechanisms for SQUEAC within the AIMWG The Global Nutrition Report, Actions and Accountability to accelerate world's progress on nutrition (2014) highlights two important gaps to be fulfilled in order to continue progress on tackling under nutrition: 1) Investment in quality nutrition data and 2) strengthening the accountability in Nutrition. The report points out the impact of low quality of nutrition data, lack of standardized indicators and methodology to measure them. The issues of improved programming and coverage of nutrition interventions based on low quality data was related to the question of tracking progress and accountability. In the process of rolling out SQUEAC methodology in Afghanistan, it is essential that quality control mechanisms be established to ensure the value of data being released. As of today, the AIMWG is in charge of reviewing and validating the results of nutrition assessments and evaluation conducted across the country. The process for quality assurance within the AIMWG is however not clearly defined, and no formalized processes or mechanisms have been established at this stage to ensure value of the data produced by partners and adherence to high quality standards. In addition to lack of clear guidelines for quality assurance; the membership of the AIMWG poses additional challenges in terms of efficiency of the current, yet formalized process of validation of data and results: the large membership and low technical capacity of the AIMWG today is a barrier to establishing appropriate quality assurance mechanisms for methodologies that most partners in the country are not yet acquainted with. To address this challenge, and develop highly needed quality assurance mechanisms for nutrition surveys and assessments, ACF is, as Co-Lead to the AIMWG, proposing to lead the process of creating quality assurance and validation steps. The aim is, through the establishment of a review committee comprising experts in nutrition surveillance and monitoring, to ensure technical rigor and neutrality of the analysis and results produced by partners. Possessing sound expertise and experience in nutrition assessments, ACF, through active involvement of technical partners, will seek to build a technical consensus around transparent standardized quality control system for nutrition assessment and surveys. ACF will build on partners' experience and its own expertise to develop this process, with the support of international experts working on quality assurance for nutrition surveys. After having reached a technical consensus on quality assurance mechanisms for nutrition assessments, ACF will use the proposed project for testing, with partners, these mechanisms. Where necessary, adjustments will be made to the initial process, to ensure sound quality and validity of data produced. Necessary amendments will systematically be discussed and agreed upon with partners through the AIMWG, and communicated to the Nutrition Cluster. Based on the results of the piloting of quality assurance mechanism, ACF, and if momentum increases, the Cluster, will use evidence to advocate for the inclusion of these mechanisms in PND Standard Operating Procedures for Nutrition – recently released and including reference to coverage assessment (SQUEAC).
Activity 3.1.6	Activity 3.1.5 Development of quality assurance mechanisms for SQUEAC within the AIMWG The Global Nutrition Report, Actions and Accountability to accelerate world's progress on nutrition (2014) highlights two important gaps to be fulfilled in order to continue progress on tackling under nutrition: 1) Investment in quality nutrition data and 2) strengthening the accountability in Nutrition. The report points out the impact of low quality of nutrition data, lack of standardized indicators and methodology to measure them. The issues of improved programming and coverage of nutrition interventions based on low quality data was related to the question of tracking progress and accountability. In the process of rolling out SQUEAC methodology in Afghanistan, it is essential that quality control mechanisms be established to ensure the value of data being released. As of today, the AIMWG is in charge of reviewing and validating the results of nutrition assessments and evaluation conducted across the country. The process for quality assurance within the AIMWG is however not clearly defined, and no formalized processes or mechanisms have been established at this stage to ensure value of the data produced by partners and adherence to high quality standards. In addition to lack of clear guidelines for quality assurance; the membership of the AIMWG poses additional challenges in terms of efficiency of the current, yet formalized process of validation of data and results: the large membership and low technical capacity of the AIMWG today is a barrier to establishing appropriate quality assurance mechanisms for methodologies that most partners in the country are not yet acquainted with. To address this challenge, and develop highly needed quality assurance mechanisms for nutrition surveys and assessments, ACF is, as Co-Lead to the AIMWG, proposing to lead the process of creating quality assurance and validation steps. The aim is, through the establishment of a review committee comprising experts in nutrition surveillance and monitoring, to ensure technical rigor and neutrality of the analysis and results produced by partners. Possessing sound expertise and experience in nutrition assessments, ACF, through active involvement of technical partners, will seek to build a technical consensus around transparent standardized quality control system for nutrition assessment and surveys. ACF will build on partners' experience and its own expertise to develop this process, with the support of international experts working on quality assurance for nutrition surveys. After having reached a technical consensus on quality assurance mechanisms for nutrition assessments, ACF will use the proposed project for testing, with partners, these mechanisms. Where necessary, adjustments will be made to the initial process, to ensure sound quality and validity of data produced. Necessary amendments will systematically be discussed and agreed upon with partners through the AIMWG, and communicated to the Nutrition Cluster. Based on the results of the piloting of quality assurance mechanism, ACF, and if momentum increases, the Cluster, will use evidence to advocate for the inclusion of these mechanisms in PND Standard Operating Procedures for Nutrition – recently released and including reference to coverage assessment (SQUEAC).

WORK PLAN

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
	Activity 1.1.1 Activity 1.1.1 Identification of senior level field nutrition staff qualifying for SMART Manager Training Building on the lessons learnt during the first phase of the project and prior experience of ACF in conducting high level training on SMART methodology in Afghanistan; ACF has decided to revise its capacity building strategy as follow: (i) Need to go beyond enumerator-level training and provide Survey Manager training During the first phase of the CHF project, the training offered during surveys and assessments focused only on enumerator training. To address the limitation of such an approach in durably capacitating local resources in conducting SMART surveys, ACF has sought to provide Survey Manager level training in the second phase of the project. The aim is to build senior nutrition staff capacity to plan and cost SMART surveys, recruit and train enumerators, define the sampling, conduct standardization test, and ensure application of survey field procedures. This will allow proper capacity building with the objective of decreasing the need for external support in future surveys.	2015								X				
	(ii) Targeting of field staff versus central level staff for Survey Manager training Field staffs should be the primary target of capacity building for they are the one in position to actually conduct SMART survey in the future. In 2012, ACF facilitated a Training of Trainers on SMART methodology for 22 senior staff from Kabul (see report attached in Annex), with the support of ACF Canada SMART Master Trainers. Because of inappropriate targeting, the impact of the training on enhancing national capacity to conduct SMART surveys remained limited, for most participants belonged to organization's main office, and as such were not in position to reuse the knowledge imparted in the future. Amongst senior staff capacitated as Survey Manager, very few actually used their knowledge and implemented SMART in the following 3 years (less than 5 out of 22). Building on these lessons, ACF will, under the phase 2 of the project, primarily target senior staff for Survey Manager level training, with a strong focus on sub-national capacity building of field staff.	2016												
	Activity 1.1.2 Activity 1.1.2 Conduction of Formal Training for SMART Survey Manager level Amongst partners identified for this project and key nutrition actors possessing already some level of technical expertise on conducting SMART surveys, 10 field-based nutrition staff (e.g. BPHS Nutrition Focal Points) will be identified for Survey Manager level training. Criteria for participating to the training will be (i) field based nutrition position, (ii) relevant position within the organization to manage SMART surveys, and (iii) prior experience in conducting nutrition assessments (as an add-on). The training for SMART Managers will be conducted by ACF SMART Expert for a duration of 5 days This formal training will follow ACF Canada SMART standardized training course, which covers the following: (i) Overview of Nutrition and Mortality Survey, (ii) Survey teams, (iii) Sampling, (iv) Survey field procedures, (v) Anthropometry, (vi) Standardization test, (vii) Plausibility check for anthropometry, (viii) Mortality, (ix) Interpretation of results and Reporting.	2015									X			
	Acknowledging the need to complement formal with practical training to certify a SMART Survey Manager, ACF will seek to have partners targeted under the current project mobilize these Survey Managers. Upon successful completion of the survey in the field, including planning, recruitment, training of enumerators, supervision of data collection, data quality checks, data entry and preliminary report writing, ACF will issue certificates to qualifying Survey Managers. The list of certified Managers will then be shared with partners through the Cluster. Pre and post tests will be conducted to assess the effectiveness of the training in enhancing technical knowledge of trainees.	2016												
	Activity 2.1.1 Activity 2.1.1 Identification of priority areas for conducting SMART surveys and Rapid Nutrition Assessments (RNAs) Based on discussions with partners and the Nutrition Cluster Coordinator, the following provinces have been selected for implementation of SMART surveys: Wardak, Laghman, Zabul,Ghazni and Badghis. The prioritization was made on the following criteria: (i) SAM rates reported by the National Nutrition Survey (NNS, 2013) as above emergency thresholds, (ii) lack of technical capacity of BPHS partners to implement SMART and absence of nutrition partner to support them in doing nutrition surveys (like Save the Children, Aga Khan, and World Vision), and (iii) request from BPHS partners to be part of the first phase of the CHF, showing some level of commitment. The target for the number of SMART, SQUEAC and RNAs to conduct has been calculated according to the overall budget/financial resources available, and recommendations from the SRC to scale down the scope of the project. During proposal writing stage, discussions with partners have already been engaged, through the National Nutrition Cluster. An email (attached in Annex) has been circulated to identify partners on the 2nd of April, clarifying the objectives of the project, the level of support to be provided by ACF, and involvement requested from the partner. All concerned BPHS partner have already answered positively and expressed interest and commitment towards partnering with ACF for implementing SQUEAC and SMART surveys. ACF will now closely follow up with partners and timely share information regarding MoUs, budget, and planning to maintain the momentum and secure their committments until the commencement of the project. The identification of priority districts in selected provinces will be performed during project inception in coordination with partners. For SMART surveys, the following criteria will be considered: (i) Security/access to the field, (ii)	2015								X	X			
	Coverage of districts by anthropometric surveys conducted by ACF or any other nutrition partner in 2014 and first half of 2015, (iii) Population density and caseload of malnourished children admitted in 2014 (based on PND/UNICEF annual report), and (iv) Presence or aggravation of risk-factors of under nutrition in some provinces throughout 2014-2015 (following natural disasters or deterioration of security conditions).While prioritizing districts not covered by nutrition surveys in 2014/2015, ACF will advise the Nutrition Cluster to conduct new surveys in areas where high rates of under-nutrition were found during 2014/2015 surveys, to ensure close monitoring of the situation, and allow for comparison of prevalence over time. On average 5 districts per province were covered during SMART surveys done in the first phase of the project (Nangarhar, Helmand, Paktika) – depending on security and access. Coverage in terms of population varied greatly depending on field access (75% of the population during SMART survey in Nangarhar, versus 22.8% in Helmand SMART). As per the lessons learnt during the first phase of the project, ACF will encourage the use of Rapid Nutrition Assessments to assess the nutrition situation in areas difficult to access. Considering that the 5 provinces selected are insecure with very challenging field access, ACF would like to use the RNA as a complement to the SMART methodology, which will only	2016												

cover accessible/safe districts in targeted provinces. In the event of natural disaster or conflict-induced emergency in other provinces of the country, ACF would like to retain the flexibility of conducting RNA outside of the selected provinces, as the need arises, and based on Cluster recommendations.

Activity 2.1.2 Activity 2.1.2 Signing of MoU with partners to define technical, administrative and logistic arrangements — 2015

During the first months of the project, ACF will engage in bilateral discussions with partners to define and agree on responsibilities for survey implementation, and survey costs. The general terms of the agreement will remain similar to the current one, with the partners endorsing the responsibility for all logistic arrangements and human resources management (recruitment, payment); and ACF for technical capacity building and financial support.

In the precedent program on nutrition surveillance, ACF conducted an orientation workshop on the CHF project, which eventually appeared of limited impact on the level of commitment of partners. Following this induction workshop, ACF conducted regular information sessions within the framework of the AIMWG, to further explain roles and responsibilities of each party, and present the Memorandum of Understanding. Later on, ACF engaged in bilateral discussions with each partners around the MoU, during which new questions and demands continued to be raised despite many efforts of communication early in the program. Based on this experience, ACF is planning to conduct an informal orientation meeting at the beginning of the project with selected partners, and continue to use the AIMWG working group as a forum to discuss with partners - in addition to bilateral discussions.

Acknowledging that the financial capacity of partners to undertake SMART surveys will remain a constraint, ACF will continue to financially support partners, through allocation of budget covering human resources and logistics necessary to implementation. Based on the lessons learnt during the first phase of the project, ACF will establish standard rates applying to all partners - while retaining a certain level of flexibility to account for disparities in local contexts. — 2016

Building on past experience, ACF will - in addition to covering costs for enumerators, team leaders and marhams - also provision funds for minimum 3 Supervisors per survey, assuming partners are, on average, in capacity to provide only 2 out of the required 5. To avoid double-funding of partner staff, ACF will however not cover the cost of these 2 supervisors, to the exception of training costs and perdiem when necessary.

To avoid delays in entry/analysis of data and subsequently in report writing, ACF will also cover the costs for 2 data entry, to be recruited by the partner and based in the field, for the 10 days of data collection. This will ensure timely quality check, data entry and analysis, and eventually timely dissemination of the preliminary report. Upon needs, ACF would also cover the costs for recruiting a translator (for expatriate SMART Officer).

The payment modalities are defined in the Memorandum of Understanding signed between ACF and partners, as follow: upon signature of the MoU, and reception of the cash request filled by the partner, release of the first instalment by ACF on partner's bank account, amounting 70% of the total budget. The disbursement of the remaining 30% is done after completion of the survey, upon reception and validation of the financial documents received from the partner to justify expenditures incurred on the budget.

The validation of partner's supporting documents is done by ACF Internal Auditor, who evaluates compliance of the partner with ACF logistic and financial procedures. For more information, please refer to the MoU and Annexes attached, including Procurement Partnership Management, and Financial Partnership Management.

Activity 2.1.3 Activity 2.1.3. Implementation of SMART surveys and RNA by partner with technical support from ACF — 2015

As part of its new capacity building strategy, ACF will seek to empower and support partners to take the lead on the process of SMART implementation, from the methodology (questionnaire, sampling), to data collection, entry, analysis and preliminary report writing. During previous project, ACF staff was acting as SMART Manager, directly providing training to supervisors and enumerators in the field, although with compulsory participation of senior level partner field staff in a bid to enhance their capacity. Under the proposed project, the SMART Managers trained during project inception will be the one implementing surveys, with ACF acting as technical backstopping.

Following the formal training provided to partner's nutrition field staff at central level, ACF will hence provide field-level practical training to Survey Managers for the implementation of one SMART survey in selected districts of their province. Capacitated during the formal training, Survey Managers will be supported to take the lead and conduct the 5 days theoretical training for enumerators and supervisors will be led by the partner Survey Manager, with job shadowing by ACF SMART expert. Partner Survey Manager will also be responsible for planning field work and supervising data collection, including quality checks, and data entry on ENA software.

For RNA as well, ACF will seek to mobilize Survey Managers (RNA Methodology is part of the Survey Manager training), who will be responsible for planning the survey, recruiting the team, supervising data collection, and writing the draft report. This will be all the more easy that RNAs should be conducted in the same provinces as the SMART, allowing the Survey Manager to conduct the RNA after the SMART, with the same human resources (as done in Helmand province under current CHF). — 2016

For SMART survey, ACF considered the average number of districts covered under current CHF (5) to calculate the number of staff to be trained. For a coverage of 5 districts, a SMART survey requires the mobilization of 5 supervisors, 5 team leaders, and 10 enumerators (1 male and 1 female when possible). The breakdown of beneficiaries for each position is displayed in the table above. The number of staff actually targeted will be verified against attendance lists to the SMART training, and daily worker payment sheets that the partner will provide to ACF at the end of the survey to justify expenses. An RNA requires the deployment of 2 team of 8 people - i.e. a total of 16 staffs for implementation. The number of female staff to be hired depends on the methodology retained (e.g. whether IYCF indicators are included or not in the questionnaire). The number of staff actually targeted will be verified against attendance lists to the RNA training, and daily worker payment sheets that the partner will provide to ACF at the end of the assessment. As previously mentioned, it is expected that RNA teams be pulled from SMART teams, hence were not counted as beneficiaries to avoid double-counting.

Activity 2.1.4 Activity 2.1.4 Production and dissemination of reports through National and Sub-national Clusters — 2015

The processing of shadowing partner's Survey Manager will extend to preliminary report writing, for which ACF SMART experts will provide continuous hands-on support. Considering the advanced technical knowledge required for writing the full report (senior nutritionist or epidemiologist background necessary), and based on prior experience in

Activity	Year												
Activity 2.1.2 Signing of MoU	2015										X	X	X
	2016												
Activity 2.1.3 Implementation of SMART surveys and RNA	2015										X	X	X
	2016	X	X	X	X								
Activity 2.1.4 Production and dissemination of reports	2015											X	X

Description	Year												
supporting partners for SMART report writing in Afghanistan (in 2012), ACF will keep the lead on writing the full report, while working in close collaboration and inputs/review/validation with partners. This will ensure timely production and dissemination of the report to the Nutrition Cluster. As co-chair of the AIMWG, ACF will work for 2015 on establishing quality assurance mechanisms for SMART and RNA data. As developed under Result 4, the aim is to ensure the existence of a formalized and cluster-approved feedback system and process of validation of nutrition data produced under SMART and RNAs - by a restricted pool of experts. In line with this approach, and following the current process of validation; results of the SMART and RNAs, after validation by ACF and partners, will be presented to the AIMWG, for review and endorsement. Upon validation by the AIMWG, reports will be disseminated through the Cluster. For SMART surveys, preliminary report will be released one week after the completion of data collection, while final report will be shared within one month through the AIMWG. For RNA, the report will be produced and shared within a week. As partners will be more involved than before in report writing (until the preliminary report stage), and will have more ownership of the overall survey, results will be presented jointly by ACF and the partner to the AIMWG, and to the Cluster. Acknowledging the need to channel down the results to provincial level, ACF will encourage partners to disseminate the report at sub-national level, through the Provincial Clusters and relevant health and nutrition authorities. The Deputy Nutrition Cluster, seconded by ACF to the National Cluster in a bid to strengthen field-level coordination, will be responsible for following up on the presentation of results to sub-national level Clusters, by partner's SMART managers when possible.	2016	X	X	X	X								
Activity 3.1.1 Activity 3.1.1 Identification of priority areas for conducting SQUEAC evaluations SQUEAC will be implemented in the same provinces targeted for SMART surveys and RNA, to allow for comprehensive analysis of needs and gaps, and support informed decision making of the BPHS partner on the ground as to where and how to expand nutrition services within the province. The	2015									X	X		
coverage of SQUEAC (e.g. number of districts) will be discussed bilaterally with partners during project inception, considering access and review of secondary data.	2016												
Activity 3.1.2 ctivity 3.1.2 Signing of MoU with partners to define technical, administrative and logistic arrangements During the first months of the project, ACF will engage in bilateral discussions with partners to define and agree on responsibilities for survey implementation, and survey costs. The general terms of the agreement will remain similar to the current one, with the partners endorsing the responsibility for all logistic arrangements and human resources management (recruitment, payment); and ACF for technical capacity building and financial support. Acknowledging that the financial capacity of partners to undertake SQUEAC assessment will remain a constraint, ACF will continue to financially support partners, through allocation of budget covering human resources and	2015									X	X	X	
logistics necessary to implementation. Based on the lessons learnt during the first phase of the project, ACF will establish standard rates applying to all partners - while retaining a certain level of flexibility to account for disparities in local contexts. Building on past experience, ACF will - in addition to covering costs for enumerators, team leaders and marhams - also provision funds for minimum 3 Supervisors per survey, assuming partners are, on average, in capacity to provide only 2 out of the required 5. To avoid double-funding of partner staff, ACF will however not cover the cost of these 2 supervisors, to the exception of training costs and perdiem when necessary.	2016												
Activity 3.1.3 Activity 3.1.3 Implementation of SQUEAC evaluations by partner with technical support from ACF Considering that the SQUEAC Methodology has only been rolled out for one year in Afghanistan, ACF does not foresee the opportunity at this stage for applying the same capacity building strategy as proposed for SMART surveys. Knowledge and capacity on SQUEAC remains today too low to envision giving the same level of responsibility to the partner in implementing the SQUEAC – all the more as BPHS implementers targeted under this project are new partners, and never received prior orientation or training on SQUEAC. The technical support provided by ACF will hence cover the entire process, from review of secondary data (to be collected and consolidated by partners), to training of the team and actual implementation of the SQUEAC, following the same modalities as the current CHF project. ACF Expatriate or national SQUEAC Expert will be present in the field to orientate and capacitate partners throughout the evaluation, and will lead the process of report writing.	2015										X	X	X
Based on prior experience, ACF foresee that an average of 2 Nutrition staff of partners will participate in the evaluation, and be capacitated on how to do a SQUEAC. While ACF will bear the responsibility for writing the report, validation of findings and recommendations will be conducted in the field at the end of the evaluation, with relevant BPHS partner staff, in a bid to foster ownership of the results and informed decision making based on the recommendations. For SQUEAC assessments, the number of staff required is fixed, regardless of the geographical area covered. The implementation of a SQUEAC requires a team of 5 team leaders and 10 enumerators, amongst which female (the assumption used for calculation of beneficiaries is that partners would be able to recruit 50% of enumerators as female - based on experience from current CHF). Likewise, the number of staff actually targeted will be verified against attendance lists to the SQUEAC training, and daily worker payment sheets that the partner will provide to ACF at the end of the assessment.	2016	X	X	X	X								
Activity 3.1.4 Activity 3.1.4 Production and dissemination of reports through National and Sub-national Clusters As mentioned in 3.1.3, ACF will be responsible for producing the SQUEAC report, with active involvement of the partner for review/validation prior external dissemination. For SQUEAC evaluations, draft report will be released 10 days after the completion of the survey, while the full report should be completed within the following month. In an attempt to capacitate partner staff on SQUEAC, and encourage ownership of the findings, results will be presented jointly by ACF and the partner to the AIMWG, and to the Cluster. As co-chair of the AIMWG, ACF will work for 2015 on establishing quality assurance mechanisms for SQUEAC. As developed under Result 4, the aim is to ensure the existence of a formalized and cluster-approved feedback	2015											X	X
system and process of validation of SQUEAC evaluation - by a restricted pool of experts. In line with this approach, and following the current process of validation results of the SQUEAC will be presented to the AIMWG, for review and endorsement. Upon validation by the AIMWG, reports will be disseminated through the Cluster. Acknowledging the need to channel down the results to provincial level, ACF	2016	X	X	X	X								

will encourage partners to disseminate the report at sub-national level, through the Provincial Clusters and relevant health and nutrition authorities. The Deputy Nutrition Cluster, seconded by ACF to the National Cluster in a bid to strengthen field-level coordination, will be responsible for following up on the presentation of results to sub-national level Clusters, by partner's staff involved in the SQUEAC when possible,

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	Since 2013, ACF has resumed permanent staff field presence, both national and expatriate, and is no longer relying on remote management, except for small scale areas where only local partners can access. The overall responsibility for project monitoring lies with the Nutrition Surveillance expert, who collects, reviews, and consolidates data from his/her team. The monitoring system in ACF entails different levels of review/control/validation, from the capital (by the Expatriate Nutrition and Health Coordinator) to Headquarters (by the Technical Nutrition Referent). ACF possesses a wide range of monitoring tools for tracking program implementation. For this program, ACF will use standard monitoring tools, as well as sector-specific ones, to monitor both outputs and outcomes. Standard tools to be used will rather be outcome oriented, and include (i) weekly progress reports (indicating achievements versus objectives), and (ii) monthly Activity Progress Reports (APRs). Key feature of ACF monitoring system, the APRs provide information on activities performed and number of beneficiaries reached within the month - using indicators of the LFA as a reference. Following the framework established during the first CHF project with the National Nutrition Cluster, ACF will regularly report to the AIMWG and the Cluster on progress, achievement, and challenges. As previously mentioned, all reports produced under this project will be shared through the National and Sub-national Clusters, as well as relevant health authorities at Provincial (Provincial Public Health Directorate and Public Nutrition Officer), and District levels. All reports will also be shared with CHF.

OTHER INFORMATION

Accountability to Affected Populations	ACF will foster accountability to affected populations through provision of timely and detailed information to respondents to the survey on the purpose of the survey, and the use of results. As much as possible, ACF will encourage partners to feedback to communities on the results of the survey, although acknowledging the many challenges to actually doing so, in terms of access, resources needed, and workload.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	To avoid any double funding with current CHF grant - for which a NCE of 2 months has been requested - ACF will only start activities upon completion of year one objectives, i.e. from September 2015. Considering the scope of the project, as well as the financial coverage of ongoing CHF project, human and logistic resources have been budgeted for 7 months only. To retain the flexibility of starting before September, depending on the resources available and progress on current CHF project, ACF has kept the contractual starting date at 1st of May 2015.

Coordination with other Organizations in project area	**Name of the organization**	**Areas/activities of collaboration and rationale**
	1. Public Provincial Health Directorate - PPHD	The PPHD will be timely informed about the willingness of partners to conduct SMART, RNA and/or SQUEAC in their province of operation. The partner will be responsible for sharing information with the PPHD on the objectives of the surveys, and facilitate, where possible, its participation to the training/implementation. Upon validation by the AIMWG, results of the different nutrition surveys/coverage assessments will be shared with PPHD by the BPHS partner. For SQUEAC, BPHS partners will seek to facilitate the participation of the PPHD to the last day of the assessment (more if possible), where results and recommendations are discussed and endorsed by the team responsible for carrying out the assessment. This will help foster ownership and maximize the chances of PPHD taking on recommendations or following up on BPHS partner for effectively implementing these recommendations.
	2. Provincial Nutrition Officer - PNO	BPHS partners will be responsible for timely communicating and actively involving the Provincial Nutrition Officer. As part of the financial support provided to BPHS partner, ACF covers daily allowance for PNO, in a bid to encourage his participation to the survey. From experience however, ACF reckon PNO usually have high workload and competing priorities which prevent them from participating to the training and/or implementation of the surveys or coverage assessments. Committed to build the capacity of PND at central level, and PNOs at provincial level to carry out nutrition assessment, ACF will place due emphasis on PNO participation during preliminary discussions with partners, and closely follow up communication between BPHS partner and PNO during the implementation, to maximize the chances of participation and/or ownership of the survey/assessment.
	3. Swedish Committee for Afghanistan - SCA	SEHAT 2/BPHS partner in Wardak and Laghman until 2016, SCA will be financially and technically supported by ACF for the implementation of a SMART survey and SQUEAC evaluation in selected districts of the province. The roles and responsibilities of each party will be defined in the MoU, but essentially entail, for SCA: (i) to provide security information and all relevant secondary data to support the selection of accessible districts in the province, (ii) to liaise and timely share information with relevant public authorities, including PPHD and PNO (see below), (iii) to identify 2 core staff to lead the training and implementation of the survey with support from ACF and recruit additional staff as requested for each survey, (iv) to arrange all necessary logistic means required for the implementation of the survey (with the financial support of ACF), and (v) ensure proper dissemination of results to relevant authorities in the province (upon validation by the AIMWG).
	4. MOVE	SEHAT 2/ renewed BPHS partner in Badghis, MOVE will be financially and technically supported by ACF for the implementation of a SMART survey and SQUEAC evaluation in selected districts of the province. The roles and responsibilities of each party will be defined in the MoU, but essentially entail, for MOVE: (i) to provide security information and all relevant secondary data to support the selection of accessible districts in the province, (ii) to liaise and timely share information with relevant public authorities, including PPHD and PNO (see below), (iii) to identify 2 core staff to lead the training and implementation of the survey with support from ACF and recruit additional staff as requested for each survey, (iv) to arrange all necessary logistic means required for the implementation of the survey (with the financial support of ACF), and (v) ensure proper dissemination of results to relevant authorities in the province (upon validation by the AIMWG).
	5. HADAAF	SEHAT 2/Renewed BPHS partner in Zabul, HADAAF will be financially and technically supported by ACF for the implementation of a SMART survey and SQUEAC evaluation in selected districts of the province. The roles and responsibilities of each party will be defined in the MoU, but essentially entail, for HADAAF: (i) to provide security information and all relevant secondary data to support the selection of accessible districts in the province, (ii) to liaise and timely share information with relevant public authorities, including PPHD and PNO (see below), (iii) to identify 2 core staff to lead the training and implementation of the survey with support from ACF and recruit additional staff as requested for each survey, (iv) to arrange all necessary logistic means required for the implementation of the survey (with the financial support of ACF), and (v) ensure proper dissemination of results to relevant authorities in the province (upon validation by the AIMWG).
	6. MMRCA	SEHAT 2/BPHS partner in Ghazni until 2016, MMRCA will be financially and technically supported by ACF for the implementation of a SMART survey and SQUEAC evaluation in selected districts of the province. The roles and responsibilities of each party will be defined in the MoU, but essentially entail, for MMRCA: (i) to provide security information and all relevant secondary data to support the selection of accessible districts in the province, (ii) to liaise and timely share information with relevant public authorities, including PPHD and PNO (see below), (iii) to identify 2 core staff to lead the training and implementation of the survey with support from ACF and recruit additional staff as requested for each survey, (iv) to arrange all necessary logistic means required for the implementation of the survey (with the financial support of ACF), and (v) ensure proper dissemination of results to relevant authorities in the province (upon validation by the AIMWG).

Environmental Marker Code	A: Neutral Impact on environment with No mitigation
Gender Marker Code	1-The project is designed to contribute in some limited way to gender equality
Justify Chosen Gender Marker Code	Direct beneficiary of the proposed intervention will be partner's staff skilled in Nutrition, who will benefit from ACF technical support and increase their capacity to carry out nutrition assessments and coverage evaluation. Because the project entails working through partners, ACF will not be in a position to mainstream gender in the selection of staff to be trained – a decision which belongs to the partner organization. Based on experience, ACF reckon that most management position in Afghanistan are filled by men – hence foresee that only few female staff will benefit from the proposed intervention. ACF also acknowledges the constraints faced by women in Afghanistan for travelling, which is however a key requirement/prerequisite for staff to be trained under this project (both amongst partner staff, and PND). Accounting for these cultural factors, ACF anticipates that the project will only contribute "in some limited way to gender equality", hence attributed a gender code of 1. Only in the recruitment of enumerators for implementation of survey will ACF mainstream gender and support the participation of women, by (i) making the recruitment of female staff mandatory to the partner for the enumerator team (will be included in the MoU), and (ii) covering the extra costs for marham when needed to ensure inclusion of women.
Protection Mainstreaming	Because the project does not entail delivering any in-kind or in-cash assistance to targeted population, the risk of harm is minimized. To avoid causing any harm linked with the random selection of villages/clusters and households to be interviewed and children to be screened (which could create jealousy or stigmatize those included or excluded from the sampling), field teams will be adequately briefed on how to communicate to community leaders and targeted individuals with regards to the selection. Because the methodology implies purposive sampling, it is not possible to strictly adhere to the principle of equality, as not all community members will have the same chance to participate in the assessment. However, in training the teams and supervising data collection, ACF and partners will ensure that the principles of

		dignity and respect are effectively applied and reflect in the interaction between enumerators and interviewees, and in the question asked. Protection will be further mainstreamed by systematically asking consent of the person to participate in the survey, after thorough explanation of the objective and stakes. The enumerator will also ensure the discussion taking place and results of individual interviews will remain confidential, and commit to respecting social norms (e.g. in interacting with women and conducting caretaker interviews, enumerators will pay due attention to ensuring a man (normally the husband) is present throughout the interview).
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. 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 Logisticians. 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, including BPHS partners in areas where ACF does not have operations. 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 check points, 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. Under CHF project, ACF is deploying national and expatriate teams in areas where the mission does not have any operational presence. For this reason, ACF heavily relies on partners, and its internal security network (e.g. INSO, other International NGOs) to assess security conditions, and staff safety. Depending on the outcome of this preliminary security assessment, ACF will allow or not the presence of expatriate in the field. To overcome this challenge, every expatriate position is seconded with a national one. Once in the province, ACF team complies with the security rules and guidance of partner hosting staff, whether UN Organizations (e.g.UNAMA in Gardez) or International NGOs.
Access		During the first project, security revealed a major constraint, with most of the areas identified as priority for conducting surveys being highly insecure, with difficult and irregular access to the field. This revealed all the more a challenge that the project was meant to target "vulnerable areas", which are very often prone to conflict and insecurity, and inaccessible - sometimes even to BPHS staff (e.g. Helmand). Yet, these areas are those which have potential to display higher rates of under-nutrition. To account for this challenge, ACF has selected RNA as the best method of surveying inaccessible and insecure areas. A combination of SMART and RNA will provide more data for areas that can't be accessed through normal SMART surveys. This does not guarantee full access to the inaccessible areas, but it broadens the geographical scope of coverage to better understand the levels of malnutrition in the selected provinces. Also, in provinces where access is difficult, ACF encourages partner staff to recruit enumerators from the targeted districts, to foster access and acceptance by communities. To support this approach, ACF covers the transport costs for enumerators from their area of origin to the capital where the training is organized (including for marham). The drawback can sometimes be the lack of skills of enumerators recruited, which needs to be constantly balanced against the opportunity of accessing remote 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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Nutrition Surveillance Expert	D	1	6642.57	8	100.00%	53,140.56
	The expatriate nutrition surveillance expert, possessing technical expertise in nutrition assessments, coverage evaluation, will be responsible for overall management of the project. He/she will be co-chairing the Assessment and Information Management Working Group. He/she will be in charge of establishing and managing partnerships, providing technical support to the SMART and SQUEAC teams, and writing reports.Upon needs, he/she will go to the field to provide on the job support to ACF or partner teams.						
1.2	SQUEAC Officer	D	1	6642.57	6	100.00%	39,855.42
	The expatriate SQUEAC Officer will technical support the national team and nutrition partners to roll out SQUEAC methodology in Afghanistan. He/she will be going to the field to provide training to partner staff and support SQUEAC teams throughout the implementation, as well as be responsible for report writing, in collaboration with partners.						
1.3	SMART Program Manager	D	1	1606.03	8	100.00%	12,848.24
	The National SMART Program Manager will be responsible for providing formal training and on the job support to partner SMART survey managers for conducting SMARTs and RNAs. He will provide on the job support to partners throughout the implementation, and for preliminay report writing.						
1.4	Deputy SMART PM	D	1	1065.7	8	100.00%	8,525.60
	The Deputy SMART Program Manager will be assisting the SMART PM especially with regards to partnership management. Trained and capacitated on SMART management, he/she will act as replacement in the absence of SMART PM and provide technical support to partners where needed.						
1.5	Deputy SQUEAC Officer	D	1	1058.14	6	100.00%	6,348.84
	The Deputy SQUEAC Officer will be capacitated by the expatriate SQUEAC Officer to provide technical support to partners. The SQUEAC methodology being only rolled out since 2014 in Afghanistan, ACF reckons it is necessary to keep one expatriate to continue to capacity build national staff and partners' capacity. With job shadowing from the Expatriate SQUEAC Expert, the Deputy SQUEAC Officer will be conducting training to partners and support implementation.						
1.6	Field Perdiem	D	1	2585.11	1	100.00%	2,585.11
	The line covers the perdiem costs for the following position: PND Secondment staff, SMART Program Manager, SMART Deputy Program Manager, and Deputy SQUEAC Officer, for the 5 SMART and SQUEAC planned, assuming approximately 22 days of field presence for SMART and SQUEAC.						
1.7	Program Coordination Translator	D	1	720.95	1	100.00%	720.95
	Based in Kabul, the translator supports all departments in the mission						
1.8	Program Coordination Data Entry Analyst	D	1	575.27	1	100.00%	575.27
	Based in Kabul, the data entry supports all departments in the mission						
1.9	NUT Head of Department	D	1	6642.57	2	100.00%	13,285.14
	The expatriate Nutrition Head of Department will be providing technical support and guidance to the project team, for validation of methodology and results						
1.10	Deputy Head of NUT Department	D	1	1376.71	2	100.00%	2,753.42
	The Deputy Head of Nutrition Department assists the Nutrition Head of Department in external coordination, partnership management, and reporting						
1.11	Advocacy Officer	D	1	6642.57	2	100.00%	13,285.14
	The expatriate Advocacy Officer will be using field-evidence gathered from the project and results of the different surveys and assessment to support ACF and Cluster advocacy strategy for improving nutrition service delivery in Afghanistan, including improving availability of updated, and good quality nutrition data to support informed programming.						
1.12	Assessment, Monitoring and Evaluation Team	D	1	3562.6	1	100.00%	3,562.60

	The AME team is responsible for support technical departments in conducting assessments, developing monitoring and evaluation tools and carrying monitoring and evaluation visits. The AME will also support the establishment of accountability systems towards beneficiaries (hotline), and contribute to capitalization on the mission.						
1.13	Assessment Monitoring and Evaluation HoD	D	1	6642.57	3	100.00%	19,927.71
	The expatriate AME Head of Department will lead the AME team in carrying the above mentioned tasks.						
1.14	Country Kabul Program Support Team	S	1	2331.3	4	100.00%	9,325.20
	4 months of logistician/administrator to support the implementation of the program, including partnership management (for financial and logistic components), security assessment in provinces targeted, and logistic arrangements for ACF team moving to the field (including flights, accomodation, etc.)						
1.15	Coordination Operation Support Expat team	S	4	6642.57	1	100.00%	26,570.28
	1 month of expatriate coordination, including administration/finance, logistics, and human resources coordinators, as well as country director and deputy country director to support the implementation of the program and external coordination						
1.16	Coordination Support Team	S	1	29666.84	1	100.00%	29,666.84
	1 month of Kabul support team, including administration/finance, logistics and human resources departments who will be supporting the implementation of the program. See Annex 4 for details.						
1.17	ACF Staff Training	S	1	3012.96	1	100.00%	3,012.96
	ACF is committed to build the capacity of its national team, and to this end provides, every year, training to management level staff,from other organizations, in-country or abroad (within the region)						
1.18	Flying Nutrition Expert	D	1	1326.83	6	100.00%	7,960.98
	The national Flying Nutrition Expert is based in Kabul with regular field trips to technically support nutrition team on the ground (provide training and active supervision) and monitor the quality of nutrition projects implemented. He has been budgeted for 6 months based on his/her expected contribution to the project						
	Section Total						253,950.26

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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Manager level training on SMART (ACF)	D	1	3214.43	1	100.00%	3,214.43
	The Manager Level Training will be animated by ACF SMART experts of Afghanistan mission. The training will last for 2 weeks, and target approximately 10 nutrition field staff from partner organizations. Training costs covered by ACF include lunch/refreshment, room rental, stationary, and print out of SMART Manager handout. At the end of the training, participants will undertake a post-test, based on which they will be certified (depending on the score) as survey managers.						
2.2	Implementation of SMART &amp;amp;amp; SQUEAC (ACF)	D	1	5350.02	1	100.00%	5,350.02
	For the implementation of SMART and SQUEAC, ACF will channel funds through partners to the exception of the following: accommodation for expatriate (as they will be traveling in areas where ACF has no operational presence), and transport of SMART equipment (height boards and scales) from Kabul to the field.						
	Section Total						8,564.45

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Laptop	D	2	1030.74	1	100.00%	2,061.48
	Laptop for Nutrition Surveillance Expert, and SQUEAC Officer						
3.2	Security &amp;amp;amp; Energy Equipment	D	1	2000	1	100.00%	2,000.00
	Upgrading and maintenance of security (including house and office rehabilitation, construction/upgrading of safe rooms, etc...) and energy equipment (energy kit to ensure proper use and maintenance of IT material and safety of personnel)						
	Section Total						4,061.48

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	Section Total						0.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Internal Flights	D	4	360	8	100.00%	11,520.00
	Flight costs were calculated based on 5 round trips for 2 SMART Experts, 4 round trips for 2 SQUEAC Officer (national and expatriate), and 2 round trips for 1 SMART Expert for conducting the RNA - for an average cost of 360 USD per round trip.Additional flight costs were provisionned for Monitoring visits of ACF Nutrition Head of Department, Advocacy Officer, and other coordination program staff.						
	Section Total						11,520.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
6.1	Implementation of SMART (Partner)	D	5	13178.1	1	100.00%	65,890.50
	ACF will sub-contract the implementation of SMART surveys to partners, through the allocation of financial resources (defined in the MoU signed at the beginning of the project). Costs covered by ACF for SMART implementation include: (i) human resources (daily allowance for Provincial Nutrition Officer, supervisors, team leaders, enumerators, marhams, translator and data entry - calculated on the assumption that 5 districts would be covered by province), (ii) logistic costs (car rental for implementation of the SMART and ACF supervision), and (iii) training costs (stationary, lunch/refreshment). Detailed budget for SMART implementation is available in Annex.						
6.2	Implementation of SQUEAC (Partner)	D	4	10756.62	1	100.00%	43,026.48
	ACF will sub-contract the implementation of SQUEAC Evaluation to partners, through the allocation of financial resources (defined in the MoU signed at the beginning of the project). Costs covered by ACF for SQUEAC implementation include: (i) human resources (daily allowance for Provincial Nutrition Officer, supervisors, team leaders, enumerators, marhams, and translator - the number of SQUEAC team members is fixed regardless of the coverage), (ii) logistic costs (car rental for implementation of SQUEAC and ACF supervision), and (iii) training costs (stationary, lunch/refreshment). Detailed budget for SQUEAC implementation is available in Annex.						
6.3	Implementation of RNAs (Partner)	D	2	2812.39	1	100.00%	5,624.78
	ACF will sub-contract the implementation of RNA Evaluation to partners, through the allocation of financial resources (defined in the MoU signed at the beginning of the project). Costs covered by ACF for RNA implementation include: (i) human resources (daily allowance for Provincial Nutrition Officer, supervisors, team leaders, enumerators, marhams, and translator - the number of SQUEAC team members is fixed regardless of the coverage), (ii) logistic costs (car rental for implementation of RNA and ACF supervision), and (iii) training costs (stationary,						

lunch/refreshment). Detailed budget for RNA implementation is available in Annex.

	Section Total						114,541.76

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Coordination Office (rental, running costs, communication costs)	S	1	17060.39	1	100.00%	17,060.39
	1 month cost for coordination office including office rental, running costs and communication costs. See Annex 4 for details.						
7.2	Coordination Vehicles Running Costs	S	1	1516.61	1	100.00%	1,516.61
	1 month running costs for one vehicle including fuel. See Annex 4 for details.						
	Section Total						18,577.00

Sub Total Direct Cost	411,214.95
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.795454545454545%
PSC Amount	28,785.05

Quarterly Budget Details for PSC Amount	2015			2016		Total
	Q2	Q3	Q4	Q1	Q2	
	0.00	0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	440,000.00

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Kabul	5	10				10	
Wardak	25	31	4			35	
Laghman	17	31	4			35	
Ghazni	18	31	4			35	
Zabul	25	31	4			35	
Badghis	10	34	4			38	

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

Admin Location1	Percentage
Kabul	5
Wardak	25
Laghman	17
Ghazni	18
Zabul	25
Badghis	10

DOCUMENTS

Document Description
1. CHF LFA D5J Surveillance.docx_DELETE
2. CHF LFA D5J Surveillance .pdf_DELETE
3. CHF Paper.pdf
4. Annex 1_Detailed budget for nutrition assessments.pdf_DELETE
5. Annex 1_Detailed budget for nutrition assessments_VF.docx_DELETE
6. Beneficiary Figures Breakdown.docx
7. Implementation Plan CHF Surveillance.xlsx
8. FV.xls
9. VF.docx
10. Support Costs breakdown.xls