

Project Proposal

Organization	WFP (World Food Programme)				
Project Title	PRRO 200447 - Assistance to Address Food Insecurity and Undernutrition				
Fund Code	AFG-15/O580/SA1/N/UN/352				
Cluster	Primary cluster			Sub cluster	
	NUTRITION			None	
Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals		Allocation Category Type		
Project budget in US\$	2,000,000.27		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	WFP's Targeted Supplementary Feeding Programmes (TSFPs) – or Outpatient Department – Moderate Acute Malnutrition (OPD-MAM) - are an integral component in the Integrated Management of Acute Malnutrition (IMAM) approach. The TSFPs (OPD-MAM) are integrated with UNICEF's Outpatient and Inpatient Therapeutic Feeding Programmes (OPD-SAM, IPD-SAM), whenever and wherever possible, with linkages from the community to health facilities, ensuring that children can be identified early and treated in their homes using specialised nutritious foods. WFP's TSFPs (OPD-MAM) maximize the impact of IMAM by treating children with moderate acute malnutrition (MAM) before they become severely malnourished, whilst providing recuperative support to those treated for severe acute malnutrition (SAM). This proposal emphasizes the delivery of MAM treatment activities by WFP and its national and international NGO Cooperating Partners through the Basic Package of Health Services. Utilizing the national Nutrition Survey (NNS) 2013 findings, the TSFPs (OPD-MAM) are implemented in the highest priority districts and provinces as identified by MOPH, WFP, UNICEF, and the Nutrition Cluster.				
Direct beneficiaries		Men	Women	Boys	Girls
	Beneficiary Summary	0	0	22297	21423
	Total beneficiaries include the following:				
Indirect Beneficiaries	All caregivers and household (family) members will indirectly benefit from the treatment of MAM children, as the TSFP activities include nutrition and health education, including counselling on optimal infant and young child feeding practices and care, sanitation and hygiene.		Catchment Population	The catchment population comprises all of the households within the communities situated in the catchment areas covered by the health facilities where the TSFP services are provided.	
Link with the Allocation Strategy	This funding request is designed to closely align with the identified priorities of the CHF Standard Allocation Strategy under Envelope 3 by both ensuring the availability of sufficient specialised nutritious foods (ready-to-use supplementary food or RUSF), and ensuring an effective and complete treatment for each child with moderate acute malnutrition; thus, achieving a maximum coverage of the programmatic OPD-MAM caseload in the priority districts and provinces identified by the MOPH, WFP, UNICEF and the Nutrition Cluster by utilizing findings of the National Nutrition Survey 2013, and in-line with WFP's operational reach under its PRRO 200447 (attached). For the purposes of this proposal, only treatment support for MAM children is considered - no request is made for treatment of acutely malnourished pregnant and lactating women (PLW). The request is to cover projected MAM needs in CHF-prioritised areas for one year from date of disbursement according to the provided timeline. The greatest threat to successful treatment of MAM children is a break in commodity supply during their 3-month period of treatment, during which the potential for defaulting is also high.				
Sub-Grants to Implementing Partners	Partner Name	Partner Type	Budget in US\$	Other funding Secured For the Same Project (to date)	
	PU-AMI	International NGO	7,440.00		
	Save the Children	International NGO	7,440.00		
	SCA	International NGO	7,440.00		
	AADA	National NGO	7,440.00		
	AHDS	National NGO	7,440.00		
	AKF/AKHS	International NGO	7,440.00		
	CAF	National NGO	7,440.00		
	HADAAF	National NGO	7,440.00		
	HHAAWC	National NGO	7,440.00		
	HN-TPO	International NGO	7,440.00		
	IMC	International NGO	7,440.00		
	MOVE	National NGO	7,440.00		
	SAF	National NGO	7,440.00		
	ACTD	National NGO	7,439.00		
		104,159.00			
Organization focal point contact details	Name	Title	Phone	Email	
	Brian Gray	Head of Programme	+93706004840	brian.gray@wfp.org	

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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	Afghanistan has been severely affected by the repercussions of more than three decades of conflict. Already one of the poorest countries in the world, conditions of extreme poverty prevail and more than one-third of its population are too poor to access the few basic services, leading to serious nutrition risks experienced by the most vulnerable - women and children. The levels of hunger and undernutrition in Afghanistan remain persistently and unacceptably high. One of the ten countries in the world with the highest burden of undernourished children, many thousands of children die needlessly each year because they lack access to adequate food and nutrition. According to the National Risk and Vulnerability Assessment (NRVA) 2011-12, 36% of the population live in absolute poverty and cannot meet their basic needs. Food insecurity affects large numbers of vulnerable Afghan households. Around 7.6 million people (30.1%) are food insecure, with an estimated 2.2 million (8.5%) very severely, 2.4 million (9.5%) severely, and 3.1 million (12.2%) moderately food insecure. The context of maternal and child nutrition status in Afghanistan is characterised by a high prevalence of malnutrition that also includes micronutrient deficiencies due to inadequate dietary intake, frequent infections and poor maternal outcomes. The NNS 2013 showed that 40.9% of the country's children under five-years of age were chronically malnourished (stunted), 9.5% were acutely malnourished (wasted) and 24.6% underweight. Maternal undernutrition was equally concerning with 9.2% of women of reproductive age undernourished by mean body mass index (BMI) <18.5. Underweight women are more likely to give birth to low birth weight babies at higher risk of neonatal and infant death and stunted growth. An estimated 9.5% of adolescent girls aged ten to 19 years were also found to be underweight by BMI. Approximately 44.9% of children 6-59 months of age and 40.4% of women aged 15 to 49 years are anaemic, of which 26.1% of children and 24% of women were also iron deficient. Iron-deficiency anaemia in children under two years is strongly associated with irreparable brain and physical development. Vitamin A deficiency is exceedingly high amongst children under-five years (50.4%), as is vitamin D (81%).
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. Indicate references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	Under its PRRO 2014-16 (see, attached PRRO 200447), WFP will assist up to 3.7 million people in 184 of Afghanistan's districts. The findings of the NNS 2013, and the National Risk and Vulnerability Analysis 2011-12 (NRVA 2011-12) are the primary basis for geographic and beneficiary targeting in the PRRO. An Integrated Context Analysis (see attached ICA), which triangulated food insecurity prevalence between 2007-08 and 2011-12, frequency and severity of natural disasters and environmental degradation from 1951 to 2010, and the probability of occurrence of droughts and floods from 2011 to 2015 is, as appropriate, an additional targeting reference. Results of current and future nutrition and food security surveys and assessments by WFP and other agencies, and consultations with affected communities, will be used to refine both geographical targeting and beneficiary numbers. Beneficiary caseloads for WFP's TSFP interventions (OPD-MAM) are estimated using provincial-level MAM rates (NNS 2013) and any other relevant district-level nutrition surveys, as well as operational reach determined in consultation with the MoPH and WFP partners. The Nutrition Cluster's prioritisation of the 17 most highly vulnerable provinces with SAM rates >3% strongly informs this funding request (see, attached 2015_TSFP projects_20150311.xml and IMAM 2015_Joint_UNICEF+WFP+MOPH+NCC_message.pdf).
3. Description Of Beneficiaries	Aligned with the criteria set forth by the MOPH National IMAM Guidelines, beneficiaries of the WFP TSFPs (OPD-MAM) are children aged 6 to 59 months (girls and boys) with moderate acute malnutrition, identified using mid-upper arm circumference (MUAC) measurements (MUAC <115mm to <125mm) or weight-for-height (<-3 z-scores to <-2 z-scores), without oedema or medical complications. MAM children will be targeted in districts and provinces identified as high priority due to serious and critical levels of SAM (NNS 2013), and those in which WFP's operational reach extends. Agreed national thresholds for SAM rates will be used, and provinces with SAM prevalence >3% targeted as the highest priority for IMAM response.
4. Grant Request Justification.	WFP Afghanistan currently has no guaranteed funding beyond June 2015, and under existing forecasts, WFP will face severe pipeline breaks, particularly in RUSF supply from July 2015. Availability of RUSF is critical to continuity of treatment and, therefore, is vital if MAM children are to be properly and timely treated and cured in order for the TSFP programmes to have their intended impact. Any break in supply can lead to the primarily female caregivers failing to bring their MAM children (girls and boys) for regular treatment at TSFP health facilities. With a procurement lead time of three to four months for RUSF supplies to arrive in-country, funds are urgently needed to ensure a continuous supply of RUSF for the WFP nutrition activities. WFP has a strong track record of successfully implementing TSFPs (OPD-MAM) both in Afghanistan and globally, often in the most challenging contexts. As soon as CHF funds are confirmed, WFP can commence purchase to cover its continuing needs, with re-newed supplies arriving in-country in three to four months.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	The proposed activities focus on the treatment of MAM children, which also helps to prevent deterioration of these children into severe acute malnutrition (SAM); thus, strengthening linkages with all components of IMAM and, in particular, the treatment of SAM through UNICEF-supported IMAM activities. These activities are in-line with the MOPH national nutrition policy and guidelines, and adhere to global standards. The proposed CHF support will complement WFP's commitment towards supporting the MOPH in the provision of quality, life-saving nutrition services for children under-five years of age with acute malnutrition. WFP nutrition activities simultaneously target acutely malnourished pregnant and lactating women (PLWs) through the same treatment centres. These women receive a monthly ration of fortified wheat flour, pulses, vegetable oil and salt designed to meet their own caloric requirements, as well as a proportion of the regular household food needs. In 2015, WFP is targeting over 97,000 PLWs for assistance - and through the monthly ration a total of over 242,500 beneficiaries.

LOGICAL FRAMEWORK

Overall project objective	To treat moderate acute malnutrition, and prevent severe acute malnutrition, in children aged 6-59 months in areas identified as having a high prevalence of acute malnutrition and high food insecurity.
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Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. The incidence of acute malnutrition and related deaths is reduced through Integrated management of acute malnutrition (IPD SAM, OPD-SAM, OPD MAM, community outreach) among boys and girls 0-59month, pregnant and lactating women	1. Excess morbidity and mortality reduced	100

Outcome 1	Stabilized or reduced undernutrition among children aged six to 59 months	
Code	Description	Assumptions & Risks
Output 1.1	RUSF distributed in sufficient quantity in a timely manner to targeted beneficiaries	No deterioration in regional/national stability; availability and sufficient capacity of cooperating partners; adequate access to target communities; capacity of RUSF supplier to produce and deliver within agreed timeline.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of OPD MAM boys and girls 0-59 months discharged cured					32790
	Means of Verification:	Cooperating partner reports and WFP M&E reports Target >75% (baseline as per Logframe in PRRO project document attached)					
Indicator 1.1.2	NUTRITION	Number of OPD MAM boys and girls 0-59 months discharged deaths					3
	Means of Verification:	Cooperating partner reports and WFP M&E reports - Sphere standard for "discharged deaths" is <3% (baseline as per Logframe in PRRO project document attached)					
Indicator 1.1.3	NUTRITION	% of quantity of specialised nutritious food distributed against the plan					100
	Means of Verification:	Cooperating partner reports and WFP M&E reports - target is 100 percent of commodity timely procured by August 2015					
Indicator 1.1.4	NUTRITION	Number of MAM children aged 6-59 months (girls & boys) receiving specialised nutritious food assistance against the plan					43720
	Means of Verification:	Cooperating partner reports and WFP M&E reports					
Indicator 1.1.5	NUTRITION	Timely procurement of RUSF for delivery to CPs					100
	Means of Verification:	Procurement timeline is attached in Documents section % of RUSF delivered to implementing partner (by Sept 2015)					

Indicator 1.1.6	NUTRITION	Number of IPD & OPD SAM boys and girls 0-59 months discharged defaulters																6558
Means of Verification:		Cooperating Partner reports and WFP M&E reports (baseline as per Logframe in PRRO project document attached - <15 percent)																
Activities																		
Activity 1.1.1	Ongoing procurement and delivery of RUSF to WFP's TSFP (OPD/MAM) partners																	
Activity 1.1.2	Identify TSFP beneficiaries (girls & boys) through MUAC screening in communities and health care facilities																	
Activity 1.1.3	Provide a bi-weekly ration of RUSF, and associated care, to each admitted MAM child (girls and boys) until discharged as cured																	
Activity 1.1.4	Deliver nutrition & health education and communication sessions, primarily to female caregivers, in support of optimal IYCF and care practices, and healthy growth and development																	
Activity 1.1.5	Collect monthly TSFP (OPD-MAM) programme performance reports, disaggregated by sex/gender & age, for analysis and timely response																	
Activity 1.1.6	Carry out regular M&E of TSFPs (OPD-MAM) and, wherever possible, undertake joint monitoring missions by WFP and partners, including MOPH and UNICEF																	
Activity 1.1.7	Provide technical support to strengthen capacity of TSFP (OPD-MAM) providers (female & male) in collaboration with MOPH, UNICEF and the Nutrition Cluster																	
Activity 1.1.8	Coordinate with MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of supplementary and therapeutic needs for the joint treatment of MAM and SAM																	

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
		2015						X	X	X	X	X	X	X
Activity 1.1.1 Ongoing procurement and delivery of RUSF to WFP's TSFP (OPD/MAM) partners		2015					X	X	X	X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.2 Identify TSFP beneficiaries (girls & boys) through MUAC screening in communities and health care facilities		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.3 Provide a bi-weekly ration of RUSF, and associated care, to each admitted MAM child (girls and boys) until discharged as cured		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.4 Deliver nutrition & health education and communication sessions, primarily to female caregivers, in support of optimal IYCF and care practices, and healthy growth and development		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.5 Collect monthly TSFP (OPD-MAM) programme performance reports, disaggregated by sex/gender & age, for analysis and timely response		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.6 Carry out regular M&E of TSFPs (OPD-MAM) and, wherever possible, undertake joint monitoring missions by WFP and partners, including MOPH and UNICEF		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.7 Provide technical support to strengthen capacity of TSFP (OPD-MAM) providers (female & male) in collaboration with MOPH, UNICEF and the Nutrition Cluster		2015								X	X	X	X	X
		2016	X	X	X	X								
Activity 1.1.8 Coordinate with MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of supplementary and therapeutic needs for the joint treatment of MAM and SAM		2015								X	X	X	X	X
		2016	X	X	X	X								

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.	Using standardized, MOPH-endorsed reporting formats, monthly statistical programme performance reports will be submitted by partners to WFP, Nutrition Cluster and the Public Nutrition Department (PND) of MOPH. TSFP data will be validated/vetted by WFP nutrition focal points and entered into WFP database systems by the data-entry staff. Simultaneously, the Nutrition cluster and PND receive the same data electronically from CPs which is input to the national nutrition database. Data analysis is automated in these systems to produce global summary results, detailed in the Logframe; this will be supplemented with any relevant calculations. WFP, the Nutrition Cluster and PND will prepare reports for the period of TSFP (OPD-MAM) activities. It is expected the TSFPs (OPD-MAM) will be effectively managed and >90% of all sites will meet or exceed Sphere standards (>75% cured; <3% died; <15% defaulters) on a monthly basis. All WFP activities are subject to the agency's robust reporting requirements. WFP's M&E toolkits will be used for regular TSFP (OPD-MAM) monitoring, ongoing evaluation and data collection. Trained WFP monitors (female and male) and WFP Programme Assistance Teams (PATs) will carry out the monitoring and data collection. The PATs are NGOs contracted by WFP to provide monitoring coverage, i.e. for food distribution and to collect data from activity sites where UN staff cannot go. Despite the insecurity, WFP's long-term nutrition partnerships with BPHS NGOs, national/international NGOs and the provincial DOPH enables access to remote and insecure districts. WFP provides intensive training for all TSFP monitoring staff, ensuring high data quality and compliance to survey design/data collection methods. Wherever possible, TSFP joint monitoring will be undertaken by WFP and its partners, as well as with MOPH and UNICEF.
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OTHER INFORMATION

Accountability to Affected Populations	WFP's Gender and Protection Strategy 2013 details how gender and protection actions are mainstreamed into PRRO activities; this is further detailed in a draft action plan that advocates regular, field-level, 'do no harm' analyses to identify and address protection issues and ensure the use of gender- and protection-based indicators to evaluate implementation of WFP's Gender Policy (2009), Corporate Action Plan (2010-2011), and Humanitarian Protection Policy (2012). There is no discernible gender difference in TSFP (OPD-MAM) admissions or MAM prevalence rates; however, by targeting girls and boys for direct assistance, even if as a result of physiological factors, WFP's nutrition programmes contribute to the advancement of gender equality.														
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	The WFP TSFPs (OPD-MAM) are implemented in partnership with the MOPH Public Nutrition Department, up to 23 international and national BPHS-implementing NGOs, who are also Nutrition Cluster members, and in close collaboration with UNICEF and WHO. The TSFP (OPD-MAM) activities will be delivered by WFP's Cooperating Partners through BPHS clinic sites. The RUSF will be transported by WFP and delivered to each partner at an agreed warehouse site, either provincially or at district-level, according to signed Field Level Agreements. Children will be screened for malnutrition - in the community by Community Health Workers and at health clinics by BPHS staff - and referred to the appropriate treatment programme (OPD-MAM or OPD/IPD-SAM), as needed. Through WFP's Cooperating Partners, MAM children will be treated with bi-weekly rations of RUSF (approximately 2.76 kg/child/month), along with receiving routine check-ups and appropriate medical care. Caregivers will receive nutrition, health and hygiene education and communication activities, which emphasize optimal infant and young child feeding practices and care. WFP will provide the necessary technical support and capacity enhancement of the BPHS government staff and NGOs, facilitating both training, supportive supervision, and will continue to provide technical backstopping to its partners to strengthen monitoring through an established field presence of programme monitors. The TSFP (OPD-MAM) and OPD/IPD SAM services will complement each other, and provide a comprehensive IMAM response for acute malnutrition in children under-five years in CHF-targeted districts and provinces.														
Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>1. PU-AMI</td> <td>IMAM / BPHS NGO partner</td> </tr> <tr> <td>2. Save the Children</td> <td>IMAM / BPHS NGO partner</td> </tr> <tr> <td>3. SCA</td> <td>IMAM / BPHS NGO partner</td> </tr> <tr> <td>4. UNICEF</td> <td>UN Agency / Nutrition Lead Agency</td> </tr> <tr> <td>5. WHO</td> <td>UN Agency / Nationally assigned IPD-SAM Agency</td> </tr> <tr> <td>6. Ministry of Public Health -</td> <td>Line Ministry and oversight of BPHS</td> </tr> </tbody> </table>	Name of the organization	Areas/activities of collaboration and rationale	1. PU-AMI	IMAM / BPHS NGO partner	2. Save the Children	IMAM / BPHS NGO partner	3. SCA	IMAM / BPHS NGO partner	4. UNICEF	UN Agency / Nutrition Lead Agency	5. WHO	UN Agency / Nationally assigned IPD-SAM Agency	6. Ministry of Public Health -	Line Ministry and oversight of BPHS
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	Nutrition	
	7. AADA	IMAM / BPHS NGO partner
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	15. MOVE	IMAM / BPHS NGO partner
	16. SAF	IMAM / BPHS NGO partner
	17. ACTD	IMAM / BPHS NGO partner
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	<p>The WFP project is designed to contribute to gender equality primarily through: i) Improving women's access to BPHS services: working with influential members of the communities, and with both male and female household members, to raise their awareness of the importance of adequate nutrition during the 1000 Days, and the need to ensure regular MUAC screening of pregnant and lactating women in order to protect their health and nutritional status, which lower the risks of perinatal complications, and of delivering malnourished infants; ii) Engaging men in maternal and child nutrition protection: as an integral component of Activity 1.1.4, WFP, through its implementing partners will work within the targeted communities to increase the awareness of, and contribution to, of male family members in optimal maternal and child nutrition and health; iii) Enabling participation: through community consultations and discussions with women, male family members, and influential community leaders (both male and female), key infant and young child feeding and care practices will be promoted, especially to mothers and women of reproductive age in the targeted programme areas; iv) Addressing key health seeking behaviours: physical and cultural barriers that are discouraging women from seeking treatment and/or preventing female caregivers from bringing their malnourished children to the supplementary feeding programmes will be taken into consideration using the same consultative process as (iii), in order to increase programmatic coverage and lower the potential for high defaulter rates; (v) Gender-disaggregated data collection: in order to monitor the gender features of nutritional insecurity and risks of malnutrition, the WFP and MOPH reporting system will use gender and age disaggregated data enabling WFP to monitor the gender-ratio of children admitted into the feeding programmes, and to follow-up on any apparent imbalance (Activities 1.1.2 and 1.1.5). In providing gender-responsive nutrition services, WFP endeavours to ensure that mothers and caregivers face less discrimination and barriers in accessing essential treatment services for themselves and for their children. At a broader level, the WFP Afghanistan Gender and Protection Strategy 2013 (attached) details how gender and protection actions are mainstreamed into PRRO activities; this is further detailed in a [draft] action plan that advocates regular, field-level, 'do no harm' analyses to identify and address protection issues and ensure the use of gender and protection-based indicators to evaluate implementation of WFP's Gender Policy 2009 (attached), Corporate Action Plan 2010-2011 (attached), and Humanitarian Protection Policy 2012 (attached). A new gender policy 2015-2020 has been drafted and will be presented to the WFP Executive Board on 1 April 2015.</p> <p>Environment Marker: The RUSF packaging is plastic and not biodegradable, but WFP is exploring ways to help CPs and beneficiaries manage their disposal. However, given the limited scale of this issue, the impact on the environment is minimal ('medium impact' is too strong). After perusing the available information at humanitarianresponse.info we have selected the marker that we feel closest captures the reality.</p>	
Protection Mainstreaming	WFP's TSFP activities are carried out in a non-discriminatory manner, emphasising the safety, dignity and integrity of the caregivers (primarily women) and children (boys and girls) beneficiaries who receive the nutrition services. WFP's protection approach to nutrition activities is consistent with humanitarian principles and human rights-based programming whilst encompassing internationally-recognized human rights, including the right to health & nutrition services. The TSFP activities will be delivered with a view towards avoiding and/or minimising unintended negative consequences. The targeted communities will be encouraged to actively participate in all community mobilisation plans and discussions. The provinces with the highest rates of SAM are prioritised for IMAM interventions, and a priority for WFP to deliver access to treatment for IMAM.	
Safety and Security	The UNSMS SRM policy in Afghanistan identifies threats and enables operational continuity through protocols providing for staff movements, defensive measures and adherence to directives. Ninety-five percent of staff have completed mandatory security training; deep-field staff receive additional training. WFP participates in the United Nations security management team and implements all of its recommendations. Coordination of food movements will be carried out to mitigate reduced access to targeted beneficiaries. Travel to 'no go' areas will be undertaken only with approval of the United Nations designated official and/or the Under Secretary General of the United Nations Department of Safety and Security (UNDSS). Standard operating procedures for safe distributions by CPs are in place and a safe distribution module is part of their training. All WFP facilities comply with Minimum Operating Security Standards (MOSS) and will continue to be staffed by security guards subject to any restrictions placed by the designated official and/or the Under Secretary General, UNDSS. Security-related compliance and access assurance will increase the direct support costs of the operation beyond normal levels.	
Access	WFP will oversee third-party monitoring of assistance in areas where access by United Nations staff is restricted, and to complement those areas where WFP has staff presence. WFP will implement its access strategy (see, attached) and continue to ensure strict adherence to security directives. Access to beneficiaries remains a major challenge that can affect the ability of WFP and its partners to monitor assistance effectively. The lack of female monitors to access female beneficiaries also is a constraint. To circumvent these problems, WFP will work with partners to ensure access to monitor operations and contractually oblige third party monitoring teams (PATs) to recruit female monitors. The PATs operate through a scope of work, which is an integral part of their contractual agreement with WFP, and that ensures accountability and adherence to expected standards.	

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	Programme Officer (Nutrition) NOC @25%	D	1	6788	12	25.00%	20,364.00
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
1.2	Senior Programme Assistant (Nutrition) GS7 @25%	D	1	4563	12	25.00%	13,689.00
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
1.3	Programme Assistant (Nutrition) GS5 @25%	D	1	3457	12	25.00%	10,371.00
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
1.4	Logistic Assistant * 6 for 6 warehouses GS5 @0.5%	S	6	3865	12	0.50%	1,391.40
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
1.5	Food Aid Monitor * 14 GS% @20%	D	14	3457.43	12	20.00%	116,169.65
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan. This is based on 6 for Kabul Area Office, 3 for Jalalabad, 3 for Mazar and 3 for Kandahar. WFP monitors will be deployed in districts where access is possible - this fluctuates considerably according to the prevailing security situation.						
1.6	Driver for project implementation area * 6 @20%	S	6	2278	12	20.00%	32,803.20
	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
1.7	Administration Assistant GS4 @25%	D	1	2956	12	25.00%	8,868.00

	Percentage of salary by staff working directly on implementation of nutrition programmes in CHF districts under this grant, as per standard WFP implementation of nutrition projects in Afghanistan						
	Section Total						203,656.25
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	Food costs (1 metric ton)	D	362	3377	1	100.00%	1,222,474.00
	Project document budgeted cost for international purchase and delivery to port in France						
2.2	External transport cost	D	362	101.66	1	100.00%	36,800.92
	Project document budgeted rate for international transport from France						
2.3	Inland transportation, storage and handling	D	362	224.7	1	100.00%	81,341.40
	Project document budgeted rate for inland transportation, storage and handling						
	Section Total						1,340,616.32
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
	Section Total						0.00
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
4.1	Project Assistance Teams (PAT) Monitor * 24 - for all Area/Sub Offices	D	24	301.71	12	100.00%	86,892.48
	Essential third party contractors for monitoring areas inaccessible to WFP staff						
	Section Total						86,892.48
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	Staff travel (field missions, monitoring) * 20 staff for 24 days	D	20	98	24	100.00%	47,040.00
	Essential field visits by WFP staff to monitor operations where access possible over project duration - costing based on current UN DSA rates for outside Kabul (DSA is US98 per person per day) 20 person x 24 mission days x US98 = 47,040.00						
	Section Total						47,040.00
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	Administrative staff	S	1	665.89	12	100.00%	7,990.68
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.2	Programme staff	D	1	4090.8	12	100.00%	49,089.60
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.3	Travel	D	1	223.97	12	100.00%	2,687.64
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.4	Training	S	1	6.12	12	100.00%	73.44
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.5	Facility rent	S	1	45.32	12	100.00%	543.84
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.6	Utilities	S	1	70.02	12	100.00%	840.24
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.7	Communication fees	S	1	124.54	12	100.00%	1,494.48
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.8	Office supplies	S	1	61.21	12	100.00%	734.52
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.9	Office security	S	1	33.3	12	100.00%	399.60
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.10	Handling, casual labour	D	1	210.48	12	100.00%	2,525.76
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.11	Warehouse staff	D	1	632.55	12	100.00%	7,590.60
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.12	Warehouse rent	S	1	430.9	12	100.00%	5,170.80
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.13	Pallets	D	1	4.08	12	100.00%	48.96
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.14	Computer equipment for commodity tracking	S	1	114.04	12	100.00%	1,368.48

	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.15	Vehicles	S	1	232.59	12	100.00%	2,791.08
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.16	Computer and communications equipment	S	1	124.54	12	100.00%	1,494.48
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.17	Office furnishing and other equipment	S	1	1041.71	12	100.00%	12,500.52
	Estimation based on current FLA costs for implementation of WFP nutrition projects in Afghanistan						
6.18	Management fee	S	1	567.84	12	100.00%	6,814.08
	Standard CP management fee at 7 percent. This is a cost to WFP which has to be considered when establishing the overall 7 percent management fee						
	Section Total						104,158.80

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	Office supplies and other consumables @ 2.5%	S	1	21156	12	2.50%	6,346.80
	Stationary and other recurring office expenses						
7.2	Office rent for 1 month @ 2.5%	S	1	110860	12	2.50%	33,258.00
	Minimised proportional rate for WFP office costs in support of CHF implementation						
7.3	Communications and IT services @ 2.5%	S	1	40705	12	2.50%	12,211.50
	Connectivity costs and support services provided by WFP ICT across offices concerned with CHF implementation						
7.4	Vehicle running costs and maintenance * 6 vehicles	S	6	395.47	12	100.00%	28,473.84
	Estimation of requirements for CHF implementation - two cars for three Area Offices						
7.5	QandQ and superintendant	D	362	13.5	1	100.00%	4,887.00
	Standard charge for commodity purchase						
7.6	Insurance	S	362	4.47	1	100.00%	1,618.14
	Standard charge for commodity purchase						
	Section Total						86,795.28

Sub Total Direct Cost 1,869,159.13

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

Audit Cost (For NGO, in percent)

PSC Amount 130,841.14

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

Total Fund Project Cost 2,000,000.27

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Wardak	9			2000	1922	3922	
Nangarhar	13			3007	2889	5896	
Laghman	9			2085	2004	4089	
Ghazni	12			2781	2672	5453	
Paktya	5			1126	1082	2208	
Kunar	5			1033	992	2025	
Nuristan	1			299	287	586	
Badakhshan	11			2512	2413	4925	
Samangan	3			551	573	1124	
Uruzgan	6			1251	1202	2453	
Zabul	1			272	262	534	
Paktika	3			595	572	1167	
Khost	6			1413	1358	2771	
Badghis	2			420	404	824	
Hilmand	6			1264	1214	2478	
Kandahar	7			1463	1406	2869	
Nimroz	1			202	194	396	

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
Wardak	9

Nangarhar	13
Laghman	9
Ghazni	12
Paktya	5
Kunar	5
Nuristan	1
Badakhshan	11
Samangan	3
Uruzgan	6
Zabul	1
Paktika	3
Khost	6
Badghis	2
Hilmand	6
Kandahar	7
Nimroz	1

DOCUMENTS**Document Description**

1. WFP Afghanistan PRRO 200447.pdf
2. WFP Humanitarian Protection Policy.pdf
3. WFP Gender Policy Corporate Action Plan 2010-2011.pdf
4. WFP Gender Policy.pdf
5. RUSF.pdf
6. WFP Unit Costing - RUSF.docx
7. FLA Budget Template.xlsx
8. FLA Budget Template.xlsx
9. FLA Budget Template.xlsx
10. AL WFP 381 352 signed.pdf

