

<b>Requesting Organization :</b>	United Nations Children's Fund			
<b>Allocation Type :</b>	2015 2nd CHF Standard Allocation / Call for Proposals			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	Continue Integrated management of severe acute malnourished (SAM) in children under five in vulnerable communities of the targeted provinces of Afghanistan			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-15/3481/SA2/N/UN/400	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	1,100,628.12	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/11/2015	<b>Planned End Date :</b>	31/10/2016	
<b>Actual Start Date:</b>	01/11/2015	<b>Actual End Date:</b>	31/10/2016	
<b>Project Summary :</b>	<p>This contribution from CHF will enable UNICEF to support treatment of severe acute malnutrition (SAM) among under 5 children as part of the Integrated Management of Acute Malnutrition (IMAM) in 17 provinces with poor nutrition and nutrition related indicators. The humanitarian needs analysis by the Nutrition Cluster is primarily informed by 2013 National Nutrition Survey (NNS2013), the recent Nutrition localised surveys, coverage assessments, nutrition database as well as the combined multi-cluster need and vulnerability index. In 2015, the top 17 provinces with Severe Acute Malnutrition (SAM) rate above 3% is the focus of nutrition cluster. These are the provinces identified eligible for provision of timely and quality services for treatment of acute malnutrition.</p> <p>UNICEF in 2015 targeted 155,279 children with SAM (30% of the overall burden) considering partners' capacity, accessibility, and resource availability. The focus is mainly high burden provinces with a SAM prevalence of above 3%.</p> <p>The entire burden in 17 CHF target provinces amount to 208,306 out of which UNICEF will cover 14,790 cases using the proposed CHF fund. The remaining gap will be covered through different funding sources.</p> <p>UNICEF is seeking USD 1,100,628.12 from CHF to provide the most necessary therapeutic supplies for treatment of 14,790 Severely Acute Malnourished under five children. Considering the lead time of minimum three to four months to get the supply in the country, UNICEF requests one year time to be able to provide treatment services to the propose number of children with SAM. In the meantime, UNICEF will use the available supply and will replenish with CHF procured supply once it is in place. UNICEF envisages covering the entire CHF case burden by advocating for resources and other active resource mobilization efforts.</p> <p>The propositioning plan of supply by UNICEF in its zonal warehouses and in some of partners' warehouses made the supply dispatch process faster and helped to minimize the number of partners with supply shortage during early 2015. Partners have been provided with supplies for a 6 months period and asked to request supplies when they still have at least a 1 month buffer stock. Since early 2015, the nutrition supply is co-managed between UNICEF and MoPH (PND) in line with the existing practice for other health commodities. UNICEF transport supply to implementing partners up to provincial level on a quarterly bases after receiving the partners' reviewed and collated supply request through PND. This system is ensuring that programmes do not face breaks in treatment.</p> <p>UNICEF and WFP jointly planned to work together in the 17 target provinces in all accessible districts in the same health facilities through the same implementing partners. The main purpose is to provide holistic and integrated services for SAM and MAM. A map of UNICEF-WFP joint planning is uploaded under the document tab. The UNICEF nutrition officers in the regions, together with government PNOs, and BPHS implementer will carry out periodic monitoring at partner warehousing facilities as well as end user monitoring. They also have responsibility for overall programme coordination and management including end user supply monitoring at their respective provinces.</p> <p>UNICEF will closely coordinate with PND and BPHS NGOs in the respective CHF target provinces for supply management including distribution and monitoring. This coordination includes the co management of supply release through PND with great involvement of all Provincial Nutrition Officers at provincial level.</p> <p>The indicator used to monitor the treatment progress is " Number of SAM boys and girls 0-59 months discharged cured " which is based on the global SPHERE standards cured rate for treatment of SAM is greater than 75%.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
0	0	7,543	7,247	14,790

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	0	0	0	0	0

**Indirect Beneficiaries :**

The entire family members of the target under five children for SAM treatment during the course of the project will benefit from the activities as the program will have a component of health education and awareness raising as part of community mobilization. The SAM programme also has psychosocial activities targeting the caretakers of the enrolled SAM children. The direct beneficiaries depend on the total amount of procured supply; however, they will also benefit from other available services in the community such as Water Sanitation, Shelter, and cash transfer if available in the catchment area.

**Catchment Population:**

The entire population living within the catchment area of the clinics which provide SAM treatment services will be targeted through the community mobilization component of the IMAM activities. In general the communities of these areas will benefit from the strengthening of health systems for delivery of IMAM services.

**Link with allocation strategy :**

The Nutrition status of children Under 5 (0-59 months) in Afghanistan was assessed in 2013 by the National nutrition Survey 2013, (NNS 2013), which is the most recent nutrition situation information in the country. According to NNS 2013 malnutrition prevalence estimates, approximately 1.2 million children under five-years of age require treatment for acute malnutrition annually. Of these children, approximately 517,596 will require treatment for Severe Acute Malnutrition (SAM). Around 10 per cent of SAM cases present with medical complications, amounting to approximately 50,000 acutely malnourished children requiring specialized inpatient care. The supplies procured through CHF support will contribute to the total needs for treatment of 14,790 severe acute malnutrition children from both In patient and Outpatient facilities depending on the extent of malnutrition in the child. Treatment of SAM is one of the main public nutrition strategies of Ministry of Public Health (MoPH). Public Nutrition Department of MoPH and respective provincial BPHS/EPHS NGOs support implementation of the activities at provincial and district hospitals as well as at community level. The Provincial Nutrition Officers (PNO) will provide oversight and supportive supervision for all interventions implemented in the respective provinces with support from UNICEF zonal nutrition officers. WHO also provides technical support in developing capacity for implementation and monitoring of nutrition interventions. This approach is in line with the proposed strategy of the Nutrition cluster and will complement the action plans of BPHS and NGO partners contributing towards the nutrition response to emergencies. The proposed activities are also in line with the HRP and CHF strategic objectives and prioritization. This proposal mainly focus on provision of life saving IMAM services as part of a convergence of efforts from other sectors including primarily Health and WASH and hygiene promotion .

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Piyali Mustaphi	Cheif Nutrition	pmustaphi@unicef.org	0093(0)798507620
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**BACKGROUND****1. Humanitarian context analysis**

Over 30 years of conflict in Afghanistan have contributed to the widespread poverty and destitution of the citizenry, particularly women and children. Compounding issues of poverty and years of human rights violations and social inequity have resulted in some of the worst health statistics for women and children. Besides poverty, poor child feeding and caring practices is another underlying cause of malnutrition in Afghanistan. For example, mothers have too little time to take care of their young children, they often feed children under the age of six months foods other than breast milk even though exclusive breastfeeding is the best source of nutrients and the best protection against many infectious and chronic diseases.

In line with the global recommendations, and as outlined in the 2015-2019 UNICEF and Government of Afghanistan Country Programme, UNICEF is contributing to the under nutrition in most deprived provinces and areas through ensuring equity focused services.

The high malnutrition rates in Afghanistan requires high investment and renewed focus and call for the urgent implementation of interventions to reduce their occurrence or ameliorate their consequences. The 2013 National Nutrition Survey (NNS) of Afghanistan highlights alarming levels of malnutrition in the country with pockets of elevated global acute malnutrition (GAM) and severe acute malnutrition (SAM) rates, higher than the emergency threshold, which necessitates urgent attention. Based on NNS 2013, 9.5 % of children are wasted with 4% severely acutely malnourished which puts them at serious risk of disease and death. According to NNS 2013 malnutrition prevalence estimates, approximately 1.2 million children under five-years of age require treatment for acute malnutrition annually. Of these children, approximately 517,596 will require treatment for Severe Acute Malnutrition (SAM). Around 10 per cent of SAM cases present with medical complications, amounting to approximately 50,000 acutely malnourished children requiring specialized inpatient care. The National nutrition Survey 2013 also highlighted very high rates of stunting in addition to the very high rates of acute malnutrition (SAM and GAM), which can seriously impede economic growth and the development of human capital. Based on the NNS 2013, about half of the children under 5 (40.9%) are stunted, one in every four children (24.6 %) is underweight. However, the results of the localized nutrition assessments that have so far been conducted in several provinces of the country shows a general improvement in the nutrition situation compared to national nutrition 2013 results. This could partly be attributed to the on-going humanitarian responses in these areas. In August /September 2015 for example SMART nutrition surveys were conducted in Nuristan ( W/H Z score-GAM-14.6%, SAM-2.5%), Kunar (W/H Z-score-GAM-11.8% , SAM-2.3%), Nangarhar(W/H Z-score- GAM-5.6%, SAM-0.6%), Hilmand (W/H Z-score- GAM- 2.7%, SAM- 0.0%), Paktika (W/H Z-score- GAM- 6.1%, SAM- 0.8%), Paktya (W/H Z-score-GAM- 5.2%, SAM-0.6%), Khost(W/H Z-score-GAM-6.5%, SAM-0.8%), and Kandahar (W/H z-score-GAM-9.8%, SAM-2.2%).

Based on humanitarian need analysis by the Nutrition Cluster considering all information available including the result of the localized surveys, 17 provinces with SAM rate above 3% are selected for provision of acute malnutrition treatment. Some of these provinces are high in terms of being conflict -affected and also housing IDPs and refugees. This project will enable UNICEF to provide the nutrition supplies to nutrition sector partners providing nutrition services. This CHF support will benefit 14,790 SAM children in the 17 provinces out of the total 208,306 SAM burden. UNICEF will cover the remaining gap in the CHF targeted provinces through other resources.

## **2. Needs assessment**

Diseases, conflict, lack of safe drinking water, and poor child feeding and caring practices are among the main underlying causes of malnutrition in Afghanistan. In addition, poverty seriously affect the availability of adequate amount of nutritious food for the most vulnerable population. Non-availability of food in markets, difficult access to markets due to lack of transportation, and insufficient financial resources are all factors contributing to the food insecurity of the most vulnerable populations. Afghanistan is also a disaster prone country with areas of insecurity, which puts the population at further risk of mortality and morbidity. The Northern provinces experienced severe flooding and Badakhshan province had landslides. The Khost and Paktika provinces faced internally displaced refugees due to conflict. The country has very high rate of acute malnutrition. The years of conflict and insecurity have had an impact on the ability of households to access essential health and nutrition services. In addition to challenges on the supply side related to nutrition supplies , demand side issues such as low socio-economic status, poor health seeking behaviours and poor child feeding and caring practices are also important contributors to the high rates of malnutrition in Afghanistan. Hence, the problem calls for an urgent response, which would need great support of all donors. In 2015, the top 17 provinces with Severe Acute Malnutrition (SAM) rate above 3% is the focus of nutrition cluster all of which are identified eligible for provision of timely and quality services for treatment of acute malnutrition. The supply procured through the support from CHF will contribute to the total need identified through analysis of humanitarian needs by the Nutrition Cluster, primarily informed by the NNS 2013 as well as the combined multi-cluster needs and vulnerability index. The total SAM burden in the 17 provinces identified in need of treatment amounts to 208,306. Out of which, the CHF proposed budget will cover 14,790 (7)% cases. UNICEF envisages that the SAM management supported by UNICEF and MAM management supported by WFP will complement each other through implementation in the same areas. UNICEF, WFP and Public Nutrition Department of MoPH and nutrition cluster conducted joint IMAM planning for 2015 in order to harmonize treatment of acute malnutrition and implement IMAM as a package of service. UNICEF and WFP targeting priorities for 2015 are based on agreed nutritional vulnerability, informed primarily by NNS 2013.

## **3. Description Of Beneficiaries**

The direct target beneficiaries include 14,790 children under five years old with SAM. This number corresponds to the total amount of supply under the proposed CHF fund. The supply includes therapeutic Milk F-100 and F-75 which is required for those targeted beneficiaries that are expected to have health complications and require Inpatient treatment. Therefore, the target children will be reached with the lifesaving treatment services both at facility and community levels for inpatient and outpatient treatment respectively. Supply calculation table for the target beneficiaries are attached under document tab.

## **4. Grant Request Justification**

An increased need of nutrition treatment services in the country was highlighted by NNS 2013. Based on the current coverage it is clear that only a small proportion of the need is covered. UNICEF scaled up nutrition treatment services from the 2014 target of 98,900 to a Humanitarian Response Plan (HRP) target of 155,279 children in 2015, and an estimated 10% increase in 2016. This target though only 30% of the overall need, is a realistic target given challenges of partner capacity to scale up, insecurity hampering access, accessibility to health services given the geographical layout of some of the provinces in the country, financial constraints to cover the need as well as socio-cultural aspects to treatment services. The basic package of health services (BPHS) which is supporting the government and partners to provide health and nutrition services in the country does not provide funding for supplies hence UNICEF, as the leading agency for nutrition in the country advocating for protection and promotion of children rights and well being, support the provision of supplies and equipment for SAM management to all BPHS implementer. UNICEF also responds in emergencies including the conflict related emergencies to protect the rights of children in coordination with the government, UN partners and humanitarian agencies. Key component of this proposal, therefore, is provision of life saving therapeutic feeding supply such as RUTF, and therapeutic Milk for which UNICEF is the only entity in the country to purchase and provide it to the implementing partners. Therefore, treatment of SAM both at facility and community level is dependent upon UNICEF for pipeline supplies. UNICEF has comparative advantage of globally recognized procurement services enabling governments and other counterparts to benefit from the organization's considerable experience in procurement. The proposed fund from CHF will cover 14,790 cases out of the available gap in the 17 target provinces..

## **5. Complementarity**

The proposed activities include treatment of Severe Acute Malnourished children (SAM) to reduce malnutrition among children with focus on strengthening linkage between SAM and MAM Prevention of Acute Malnutrition. Also to ensure availability of supply in the country throughout the year including with a 3 months buffer stock, and timely supply delivery to the partners. UNICEF and WFP together with PND and Nutrition Cluster conducted joint IMAM planning in 2015 to harmonize treatment of Acute malnutrition and implement IMAM as a package of service. This joint planning will be updated for 2016 targets to ensure SAM and MAM complementarity. The 17 target provinces are the first priority provinces where UNICEF and WFP will work together in all accessible districts, in the same health facilities through the same implementing partner. These activities are in line with the national policy and guidelines and also conform to global cluster and regional requirements. The proposed support from CHF will complement UNICEF commitment to support government of Afghanistan for provision of quality lifesaving nutrition services to children under five years old with SAM. UNICEF has secured fund from other sources including Japan, Korea and OFDA for nutrition capacity building for facility and community level nutrition focal points including on IMAM to strengthen the skills, competencies and abilities of the implementing partners staff to provide quality nutrition services to women and children.

## LOGICAL FRAMEWORK

### Overall project objective

To contribute to the reduction of SAM prevalence and mortality from severe acute malnutrition (SAM) in children under five years old in 17 very high" priority provinces identified by high level of Severe Acute Malnutrition (SAM), rates above 3%.

## 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

**Contribution to Cluster/Sector Objectives :** For objective 1, essential therapeutic supply will be procured and used for treatment of 14,790 children under the age of five years with SAM in nine high risk provinces. Addressing this problem in the nine "very high" priority provinces will contribute to the cluster objective of "The incidence of acute malnutrition and related deaths is reduced through IMAM services".

### Outcome 1

14,790 under five years old children (7543 boys and 7247 girls) with SAM are treated in priority provinces

### Output 1.1

#### Description

Essential therapeutic supply (RUTF, F-100, and F-75) are procured in a timely manner

#### Assumptions & Risks

Global demand is able to cope with timely production and delivery of the required supply

#### Activities

##### Activity 1.1.1

Planning and procurement of lifesaving therapeutic supply

##### Activity 1.1.2

distribution and monitoring of supply at the end user level

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Percentage of quantity of RUTF (specialized SAM nutritious food) distributed					100

**Means of Verification :** monthly report of IPs and stock report

Indicator 1.1.2	NUTRITION	Percentage of quantity of F100 distributed					100
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**Means of Verification :** monthly IP report and stock report

Indicator 1.1.3	NUTRITION	Percentage of quantity of F75 distributed					100
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**Means of Verification :** monthly report of IPs and stock report

Indicator 1.1.4	NUTRITION	Timely procurement of RUTF (Procurement and receipt of supplies within 3 months).					100
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**Means of Verification :** UNICEF stock report

### Output 1.2

#### Description

Lifesaving treatment provided to under five years old children with SAM

#### Assumptions & Risks

Health facilities in the target provinces are open and skilled staff are available to provide the services

#### Activities

##### Activity 1.2.1

Provision of lifesaving treatment to target under five years old children with SAM							
<b>Activity 1.2.2</b>							
Health education and breastfeeding counselling to the caregivers of target children enrolled in programme							
<b>Activity 1.2.3</b>							
Conduct field visits to monitor the progress, identify issues on the ground and take action							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	NUTRITION	Percentage of boys and girls 0-59 months with SAM cured			0	0	75
<b>Means of Verification</b> : monthly statistic report of IPs and PND nutrition database, % of children cured/children admitted							
Indicator 1.2.2	NUTRITION	Percentage of children screened for malnutrition at community and facility level					50
<b>Means of Verification</b> : monthly progress report of partners, # of children screened/total burden in the catchment area							
Indicator 1.2.3	NUTRITION	Percentage of boys and girls 0-59 months with SAM admitted (receiving specialized Food supplements)			0	0	80
<b>Means of Verification</b> : monthly statistic report of IPs and PND nutrition database							
Indicator 1.2.4	NUTRITION	Percentage of boys and girls 0-59 months with SAM defaulted			0	0	15
<b>Means of Verification</b> : Monthly statistic report of IP and PND database, % of defaulted/children discharged							
Indicator 1.2.5	NUTRITION	Percentage of boys and girls 0-59 months SAM deaths in line with SPHERE standards			0	0	10
<b>Means of Verification</b> : IPs monthly statistic report and PND database, % of children died/children discharged							
Indicator 1.2.6	NUTRITION	number of field monitoring visits by UNICEF nutrition officers per province					34
<b>Means of Verification</b> : Monitoring reports, minimum 2 visit per province amount to 34 visits in all 17 provinces							
<b>Additional Targets</b> : The care givers of the 14,790 under five children targeted for SAM treatment will benefit from the activities as the programme will have a component of health education and awareness raising. The population living within the catchment area of the clinics which provide SAM treatment services will be also targeted through the community mobilization component of the IMAM activities. In general the communities of these areas will benefit from the IMAM services.							

## M & R

### Monitoring & Reporting plan

UNICEF uses the agreed nutrition cluster monitoring and evaluation strategy for monitoring and evaluating the nutrition programmes in the country. There are agreed cluster reporting templates in which all partners report to MoPH and the cluster on a monthly basis. All partner data is captured in a nutrition programme database for all results including supplies usage as part of the Nutrition information system for the country. UNICEF will use the bottleneck analysis to address any factors that will hinder acceptable contact and effective coverage of targeted children through enhancing increased availability, accessibility and acceptability of the SAM treatment and preventive services. UNICEF will work with partners and government counterparts to ensure quality nutrition service delivery. At provincial level UNICEF nutrition officers and government PNO and BPHS implementers will develop an agreed monitoring plan. This plan will be implemented jointly with involvement of WFP and WHO depending on availability. UNICEF is also considering adopting a third party monitoring mechanism to monitor some of the hard to reach areas. UNICEF will use the end user monitoring strategy which aims at assessing the quality, impact, appropriateness and use of UNICEF strategic supply input to program implementation in the interest of the children. The monitoring involves a team of UNICEF programme and supplies team as well as MoPH and partners. The result and finding of the recently conducted a RUTF supply chain assessment by UNICEF and MoPH informed improved measures in terms of efficiency, integration, accountability and responsiveness of the RUTF supply chain. UNICEF will also use the result of the planned SMART and SQUAEC surveys which will be conducted by ACF and respective BPHS NGOS in the CHF target provinces to track the progress.

### **Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Planning and procurement of lifesaving therapeutic supply	2015											X	X
	2016	X	X										
Activity 1.1.2: distribution and monitoring of supply at the end user level	2015											X	X
	2016	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.1: Provision of lifesaving treatment to target under five years old children with SAM	2015											X	X
	2016	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.2: Health education and breastfeeding counselling to the caregivers of target children enrolled in programme	2015											X	X
	2016	X	X	X	X	X	X	X	X	X	X		

Activity 1.2.3: Conduct field visits to monitor the progress, identify issues on the ground and take action	2015																X	X
	2016	X	X	X	X	X	X	X	X	X	X	X	X	X				

**OTHER INFO**

**Accountability to Affected Populations**

The beneficiaries and their caretakers will be visited and interviewed during the monthly monitoring visits to consider their need and suggestion for programme improvement. The proposed project consider gender equality to the possible extent for effective programming with assurance that all affected members of the target population have equal access to services and the targeted actions is based on gender and age analysis. The project takes into account presence of men and women in the area of community mobilization and community screening of under five years old children and will ensure that women are represented in higher ratios. Community involvement specially women in the community mobilization, and screening of under 5 children are critical as they will be counseled on the importance of nutrition screening and active health seeking behavior to avoid severe nutrition conditions of their children. All decision makers such as fathers and grandparents will also be included in the community mobilization and awareness raising activities. In addition to this, the monthly statistic reports will have gender and age-group disaggregation.

Due diligence will be maintained for ensuring that the programme will not have any adverse environmental effects. Systems will be developed for the appropriate collection and safe disposal of wastes generated by the programme, including empty sachets of Therapeutic feeds to prevent/mitigate the negative environmental effects. Adequate provisions on how to protect, store, and safely dispose of the empty sachets of RUTF include keeping RUTF out of reach of people, rodents, insects and sun. It should be kept in a covered pot or closed cupboard. The empty packets will be returned for safe disposal using appropriate disposal methods.

**Implementation Plan**

The implementation of planned activities will be based on the agreed Work Plan between UNICEF and Government of Afghanistan. Nutrition services are mainly provided by BPHS NGOs with support of PND at national level and Provincial Nutrition Officers at provincial level. UNICEF will procure, and distribute the supply to the implementing partners up to provincial level based on PND request on a quarterly bases. Through provision of therapeutic supply, UNICEF will fill the major gap in treatment of SAM in the BPHS nutrition program. Implementing partners including BPHS and none BPHS NGOs are responsible to provide nutrition treatment services to under five years old children with SAM. UNICEF jointly with PND and other UN agencies will monitor and supervise the programme including end user supply utilization. The proposed intervention is in line with the National Public Nutrition Policy and Strategy and the strategic Plan for the Ministry of Public Health.

UNICEF in coordination with WFP coherent coverage of therapeutic and supplementary needs for the care of SAM and MAM. So in the areas they both operate, the beneficiaries will receive convergent SAM and MAM services, efficiently and timely.

The project will empower the community with appropriate knowledge and practices, and using other resources will build capacity of health workers to identify, treat and prevent malnutrition in a sustainable way. As part of community mobilization, all women and men will be involved in the entire process of awareness raising, community screening of children, and seeking nutrition services when required. UNICEF will also fill the gap in the area of IYCF in BPHS through building skills of community health workers to counsel and support mothers on IYCF to improve breastfeeding and complementary feeding practices.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
WHO	oversight and monitoring of program
PND/MoPH and PNOs, and BPHS IPs in the CHF target provinces	Provision of lifesaving treatment supply and project monitoring
WFP	Prevention and treatment of MAM

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

1-The project is designed to contribute in some limited way to gender equality

**Justify Chosen Gender Marker Code**

The need assessment for the proposed interventions contain an adequate gender and age analysis and is adapted to the specific needs and capacities of different gender and age groups. All men, women and children will be target of community mobilization component of the project where they will be able to make good nutrition choices and seek nutrition services when required. This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of malnutrition. It will also contribute in raising awareness among caregivers and service providers to ensure that rights of boys and girls to nutrition care specifically to nutrition services are realized. Poverty contribute to malnutrition and equally affect the population including men, women, boys and girls. Child feeding and caring practices are among underlying causes of malnutrition in Afghanistan; however, the NNS 2013 indicated that there is no any significant difference in feeding practices between boys and girls. The project will mobilize and advocate for increased female involvement in nutrition service provision as well as resources to support breastfeeding mothers, consider nutrition need of pregnant and lactating mothers, and that boys and girls children both have equal access to nutritious foods and nutrition services when it is needed. UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in Afghanistan. This project will advocate and ensure that all men and women receive nutrition information; such as during community mobilization activities men will be involved in Breastfeeding promotion and counselling activities with special emphasis on male participation focuses on supporting women to make the right nutrition choices. In the meantime, the project will also address the cultural barriers against women access to the health facilities through programme sensitization addressing mainly men and community elders who are predominantly men in Afghan context.

**Protection Mainstreaming**

The proposed interventions will be carried out in a non-discriminatory way protecting safety, dignity and integrity of the beneficiaries who receive the services and their care givers. The protection approach to nutrition services is consistent with humanitarian principles and human rights-based programming and encompasses a variety of internationally recognized human-rights, and not just the right to health services. The proposed interventions will be delivered in a way to avoid or minimize unintended negative consequences/ impact and the service providers are committed to a 'do no harm' approach to programming. Equity, accountability to affected populations, participation and empowerment of beneficiaries are principles incorporated into all stages of implementing any nutrition services by UNICEF and government of Afghanistan. The target communities will actively participate the community mobilization discussions, and raise their needs. Equity and gender equality is among the main UNICEF principles, hence, the provinces and population with higher need are top focus and priority in terms of service delivery.

### Country Specific Information

#### Safety and Security

The programming environment in Afghanistan remains complex. The year 2016 is expected to be crucial year for the continued stability of Afghanistan. The significant implication of withdrawal of international combat forces from the country will continue to have great implication for development, which will affect the delivery of services including health and nutrition and in a number of provinces access to health facilities might be interrupted due to reinforced conflict. Consequently, the evolving security situation, poor infrastructure, rugged terrain and inadequate national capacity for basic service delivery and monitoring creates formidable challenges when targeting the most vulnerable children and families. The environment imposes among other things, a higher standard on UNICEF for security procedures and logistics, equipment and supervisory support for effective programme delivery. The cost of regular operations such as administration, travel, human and financial resource management, and knowledge management also increase due to fewer service providers, very limited infrastructure and systems.

#### Access

UNICEF has a national office with a nutrition team along with five regional offices and eight outpost offices with full time nutrition and/or technical staff. These offices and their staff ensure continuous support and access sub nationally. UNICEF for monitoring and supervision of activities at field levels, has its system in place to enable staff to access the project areas where it is possible. This include security assessment and clearance, and availability of security support during travel if required.

In addition, the project will be implemented by BPHS NGOs and government, who have access in all 34 provinces, and the majority of districts. Majority of the BPHS technical staff are recruited locally so they have added value in terms of access to the local communities.

### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Nutrition Officer	D	2	4,800.00	12	50%	57,600.00
	<i>This includes 50% salary costs (National) calculated at NOB level (standard UN rates) along with all incentives provided by the UN system. The incumbents will be responsible for implementation of UNICEF nutrition interventions in eastern and central regions and will also support the regional Cluster Coordinator for coordination of the Nutrition cluster activities.</i>						
	<b>Section Total</b>						<b>57,600.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Therapeutic Spread Sachet (RUTF)	D	14791	54.00	1	100%	798,714.00
	<i>The calculation is based on the assumption that one child will consume on an average of 150 sachets (1 carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.</i>						
2.2	Therapeutic Milk F75	D	271	61.51	1	100%	16,669.21
	<i>The calculation is based on the assumption that some of the total SAM children, ie. 3254 children will require inpatient care before outpatient care, which is derived from programme records of previous implementation. It is estimated that each child will require 10 sachets. Unit costs are drawn from UNICEF supply division catalogue.</i>						
2.3	Therapeutic Milk F100	D	363	59.20	1	100%	21,489.60
	<i>The calculation is based on the assumption that some of the total SAM children, ie. 3254 children will require inpatient care before outpatient care, which is derived from programme records of previous implementation. It is estimated that each child will require 10 sachets. Unit costs are drawn from UNICEF supply division catalogue.</i>						
	<b>Section Total</b>						<b>836,872.81</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Security Support Cost	S	1	33,538.00	12	15%	60,368.40
	<i>This budget is primarily to cover cost for maintaining security and includes a monthly cost of USD 11,303.00 for security cost of National and four regional offices. The fluid security situation and inadequate national capacity for service delivery and monitoring has significantly increased the cost of doing business in Afghanistan. Functioning in such an environment imposes, among other things, a very high standard on UNICEF and partners for security procedures and logistics to ensure the best possible security for personnel and property.</i>						

7.2	Operational Support Cost	S	1	22,359.00	12	15%	40,246.20
<p><i>This includes costs of offices and accommodations in Kabul and the provinces (inline with the minimum operating security standard) (40%), field office and maintenance (20%), vehicle running and maintenance costs (20%), and communication costs (20%). While UNICEF's own resources continue to provide a major share of these costs, these are increasingly inadequate to meet the funding needs for operations. Through this proposal we are covering 15% of the entire need.</i></p>							
7.3	Logistic Support Cost	S	1	11,179.00	12	25%	33,537.00
<p><i>This includes a monthly cost of USD 6,280 for warehousing and related costs at national and four regional offices. Through this proposal we are covering 25% of the total need. - the 7.3 can't move under supply line as it is a just an estimated support cost and a component of the office overall operational/support cost. This was discussed and agreed in the previous rounds of CHF proposals as well</i></p>							
<b>Section Total</b>							<b>134,151.60</b>
<b>SubTotal</b>			15,430.00				<b>1,028,624.41</b>
Direct							894,472.81
Support							134,151.60
<b>PSC Cost</b>							
PSC Cost Percent							7%
PSC Amount							72,003.71
<b>Total Cost</b>							<b>1,100,628.12</b>
<b>Grand Total CHF Cost</b>							<b>1,100,628.12</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Wardak	5						
Nangarhar	6						
Laghman	5						
Ghazni	6						
Paktya	6						
Kunar	6						
Nuristan	6						
Badakhshan	7						
Samangan	6						
Uruzgan	5						
Zabul	5						
Paktika	6						
Khost	7						
Badghis	5						
Hilmand	7						
Kandahar	7						
Nimroz	5						

Documents	
Category Name	Document Description
Project Supporting Documents	IPs.pdf
Project Supporting Documents	IPs.pdf
Project Supporting Documents	PROVINCES.pdf
Project Supporting Documents	NFR on UNICEF Nutrition supplies provision to BPHS partners and PND.pdf
Project Supporting Documents	Assessments.xlsx
Project Supporting Documents	Supply calculation table.xlsx
Project Supporting Documents	Copy of BPHS-EPHS partners 2015.xlsx
Project Supporting Documents	MAM caseloads.docx
Project Supporting Documents	17 provinces.xlsx
Signed Project documents	UNICEF 400 Grant Agreement.pdf