

<b>Requesting Organization :</b>	United Nations Children's Fund			
<b>Allocation Type :</b>	1st Standard Allocation			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
NUTRITION		100.00		
		<b>100</b>		
<b>Project Title :</b>	The Procurement and Provision of Nutrition and RUTF Supplies for OPD SAM Programmes in the High Priority Provinces			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	AFG-17/3481/1SA/N/UN/5194	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	2,294,574.43	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/05/2017	<b>Planned End Date :</b>	30/04/2018	
<b>Actual Start Date:</b>	01/05/2017	<b>Actual End Date:</b>	30/04/2018	
<b>Project Summary :</b>	<p>As part of the strategic response plan, the Afghanistan Nutrition Cluster has identified the provision of life saving comprehensive Integrated Management of Acute Malnutrition (IMAM) programming in Kabul Province as a priority intervention in 2017. In addition to that, the cluster has also identified the need of RUTF for a number of nutrition partners for IMAM scale up in IDPs (Kabul/KIS, Herat and Helmand), refugees (Khost), returnees (Nangarhar) and white areas (Kandahar). Since Outpatient Department for Severe Acute Malnutrition (OPD-SAM) is an integral component of IMAM, hence the OPD SAM programme will be implemented simultaneously with the OPD -MAM in the targeted areas in an integrated manner through CHF funding from this proposal.</p> <p>Hence the current CHF proposal aims to address RUTF supply and non-consumable items for IMAM scale up in Kabul province, both in rural and city districts where currently there is no IMAM services and for RUTF for IPDs, returnees and refugees in Herat, Kandahar, Helmand, Khost, Paktia and Nangarhar provinces. The estimated RUTF supply for Kabul province is around 18,000 cartons, 50 boxes of Measuring Boards, 100 electronic scales and 100 packs of MUAC tapes and similarly 15,000 cartons of RUTF for IDPs, Refugees and returnees nutrition response in Kabul, Helmand, Kandahar, Herat, Nangarhar, Khost and Paktika provinces.</p> <p>As part of the nutrition response UNICEF is seeking USD 2,420,631 from CHF to provide live saving therapeutic supplies of RUTF along with the required anthropometric equipment for treatment of 33,000 (17,820 girls and 15,180 boys) Severely Acute Malnourished under five children.</p> <p>UNICEF will procure the nutrition supplies through its own mechanism. These supplies will be stored at national and regional UNICEF warehouse. Based on agreement between UNICEF and Public Nutrition Department (PND), PND is responsible to receive, review and forward the supply requests to UNICEF on quarterly basis. Afterwards, UNICEF review the requests and process the delivery of requested supplies to IPs until provincial level. The implementing NGO partners (ACF, Medair, ACTD, AADA, WV, MOVE and HNI-TPO) will be fully responsible to make sure that RUTF and other nutrition supplies are used in the OPD-SAM sites and report to PND, nutrition cluster, UNICEF and OCHA as per agency requirement. The activities will be implemented through the health facilities (list attached) in the targeted provinces. The overall objective of the intervention is to contribute to the reduction of morbidity and mortality amongst children 6 – 59 months. UNICEF will closely coordinate with PND and implementing NGOs partners for supply RUTF and other nutrition supplies management including distribution and monitoring. This coordination includes the co- management of supply release through PND request with great involvement of all Provincial Nutrition Officers at provincial level. The IPs for OPD-SAM in Kabul city (ACF and Medair) are identified by PND-MoPH, for Kabul rural the IP is MOVE, the existing BPHS NGO by MoPH and for other provinces the IPs are the also the BPHS IPs providing health and nutrition services through MoPH contract (all BPHS IPs have a signed contract with MoPH for provision of health and nutrition services in the country)</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
0	0	15,180	17,820	33,000

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	0	0	8,280	9,720	18,000
Internally Displaced People	0	0	5,750	6,750	12,500
Refugees	0	0	1,150	1,350	2,500

**Indirect Beneficiaries :**

The entire family members and care providers of the target under five children will admit for SAM treatment in the rural and urban settlements in Kabul province will benefit from the activities as the program will have a component of health education and awareness (including IYCF health and hygiene) raising as part of community mobilization. The SAM programme also has psychosocial activities targeting the caretakers of the enrolled SAM children.

**Catchment Population:**

The entire population living within the catchment area of OPD-SAM health facilities that will provide SAM treatment services, will be the targeted through the community mobilization component of the IMAM activities which are implemented by IPs. In general, the communities of these areas will benefit from the strengthening of health systems for delivery of OPD-SAM. There will be 49 health facilities in Kabul city, 16 health facility in Kabul rural districts

**Link with allocation strategy :**

This proposal is in line with the CHF standard allocation strategy 2017 envelope one i.e Increasing access to life saving basic health and nutrition services. The proposed activities are also in line with the HRP and CHF strategic objectives and prioritization. The supplies procured through CHF support will contribute to the total needs for treatment of 33,000 severe acute malnutrition children in the focused areas of Kabul and for IMAM scale up in IDPs (Kabul/KIS, Herat and Helmand), refugees (Khost), returnees (Nangarhar) and white areas (Kandahar). 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. This proposal mainly focus on provision of life saving IMAM services in the targeted areas as part of a convergence of efforts from other sectors including primarily Health and WASH and hygiene promotion. In addition, the activities in this proposal are aligned with the activities mentioned in the first priority area of nutrition cluster proprieties: 1. Establishment of IMAM programme in Kabul province (rural and city districts) and provision of RUTF supplies in IDPs, Refugees & returnees locations.

**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
Shah Mahmood Nasiri	Nutrition Officer	snasiri@unicef.org	0798507627
Piyali Mustaphi	Head of Nutrion Section	pmustaphi@unicef.org	0798507620

**BACKGROUND****1. Humanitarian context analysis**

Kabul is the capital city of Afghanistan situated in the Kabul province. It has an estimated population of over 4.5 million people. According to the Central Statistics Office, most of the population (around 85 percent) resides in Kabul city (urban area), while 15 percent live in the remaining 14 districts of Kabul province. The ongoing fragile situation and insecurity in the country along with the limited availability of livelihood and employment opportunities and insufficient basic social services resulted in the migration of population from provinces to Kabul. As a result, the population movements have augmented the already stretched Kabul city. Similarly with the incoming of huge numbers of returnees from neighboring countries (Pakistan, and to a lesser extent, Iran) and about one fourth of these returnees are estimated to be settling in Kabul makes the humanitarian situation more critical. Many of them, the returnees and internally displaced persons (IDPs) coming to Kabul city and the surrounding districts, have settled across all over the city districts (KIS). Besides their clear needs for food, clean water, and healthcare services, they are also in need of livelihood and this makes the children under five more vulnerable and prone to severe acute malnutrition. Therefore, this trend increases the need for urgent live saving humanitarian services, particularly nutrition interventions for treatment of acute malnutrition. Currently in Kabul, only few in-patient (IPD-SAM) centers for treatment of severe acute malnutrition with complicated cases are operating and in the absence of OPD-SAM, these IPD-SAM facilities are overburdened to cater the needs. Looking at the high needs, the current nutrition services are inadequate, and it is hence deemed important and necessary to scale-up IMAM services within Kabul city and its rural districts. In addition, the IMAM scale up in IDPs (Kabul/KIS, Herat and Helmand), refugees (Khost), returnees (Nangarhar) and white areas (Kandahar) is also needed to reduce morbidity and mortality in the returnee and refugee populations. It is therefore estimated that 15,000 children will be admitted for SAM treatment due the scale up in 2017 (nutrition cluster priorities paper 2017).

**2. Needs assessment**

The Nutrition Cluster has identified the establishment of a comprehensive IMAM services in Kabul Province as an immediate priority in 2017. The cluster estimates about 45,000 children aged 0-59 months will be in need of severe acute malnutrition (SAM) treatment, 85,000 children aged 6-59 months will need treatment for moderate acute malnutrition (MAM) and 62,500 PLWs will need treatment for acute malnutrition in 2017. Currently, the province has no systematic provision of IMAM services and the only nutrition services provided in Kabul City are for severely malnourished children through few inpatient treatment (IPD-SAM) sites. In addition, about 24% of all returnees from Pakistan are likely to be settling in Kabul that will further increase the demand for severe acute malnutrition treatment services.

The current CHF proposal is focused on an urgent need for nutrition humanitarian response for IDPs, refugees and returnees high influx from Pakistan (Kandahar, Helmand, Herat, Nangarhar, Kabul and Khost provinces) as well as for the establishment of IMAM programme in Kabul province (urban and city districts) where there is no OPD-SAM and OPD-MAM services. The existing 6 IPD-SAM center in Kabul city and in the rural districts are not enough capable to fulfill the need due to high burden of SAM that has been envisaged. The CHF proposed budget will cover to address RUTF need for 33,000 of SAM caseload in the target provinces mentioned. The RUTF need for Kabul province is 18,000 cartons and 15,000 cartons for the IDPs, refugees and returnees nutrition response. In addition to RUTF, there is need for anthropometry equipment mainly for Kabul city districts' health facilities. 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 and WFP targeting priorities for 2017 are based on agreed nutritional vulnerability, informed primarily by NNS 2013.

### **3. Description Of Beneficiaries**

The target beneficiaries in the focused CHF target areas include 33,000 children under five years old with SAM including girls (17,821) and boys (15,179) that will be enrolled in the OPD-SAM programme as per the national IMAM guidelines. 18,707 beneficiaries are targeted for Kabul province, from which 15,107 children 6-59 months children will be targeted for Kabul city and 3,600 children 6-59 months are targeted for Kabul rural districts. The remaining 14,293 SAM 6-59 months will be targeted for other provinces, 1) Kandahar, 3520 children 6-59 months, 2) Herat city 568 children 6-59 months, 3) Helmand (Lashkargah district) 1850 children 6-59 months, 4) Nangarhar Jalalabad, 6003 children 6-59 months, 5) Khost, a) Gurbuz district, 940 children 6-59 months and Khost b) Matan district 1,412 children 6-59 months. The target beneficiaries duly considered gender issues. These children will be reached with the lifesaving treatment services close to the doorsteps of communities.

### **4. Grant Request Justification**

In early 2017 the Nutrition Cluster in tandem with partners and donors agreed upon and identified the dire need of IMAM services in Kabul province. Hence, this was put forth and agreed as one of the priority interventions/areas for the nutrition cluster in 2017 to reduce mortality and morbidity in children and thereby reducing the burden on the existing health system. One of the key and life-saving component of the (IMAM) includes the treatment of severely acute malnourished girls and boys aged 6 – 59 months and hence save lives of these children. These life-saving interventions are/will be complementary with the MAM treatment of children and PLWs supported by WFP and other implementing partners and since these activities along with the community awareness component will be implemented in an integrated fashion it is deemed that they will have long term positive effect on the lives of people. Kabul is one of the provinces with the highest population of IDPs and returnees. In addition funding through this project will also lead to IMAM scale up in IDPs (Kabul/KIS, Herat and Helmand), refugees (Khost), returnees (Nangarhar) and white areas (Kandahar) as per the agreed and identified priority interventions for the cluster for 2017.

### **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. These activities are in line with the national guidelines and will be delivered through the existing health care delivery outlets. In addition, the services of OPD-SAM will be delivered in close coordination with the provision of OPD-MAM services (supported by other partners). 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 and PND will provide the required technical support to IPs such as ACF, Medair, WV, AADA, HNI-TPO, MOVE and ACTD on promotion of IYCF and maternal nutrition that will be implemented by IPs in the targeted communities with particular attention to caregivers and PLWs. Provision of nutrition supplies by UNICEF for IMAM services (OPD-SAM) will be complementary to the regular health services at the health facilities of the government

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To reduce SAM prevalence and mortality from severe acute malnutrition (SAM) in children under five years old in targeted areas

NUTRITION							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Objective 2: The incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women		SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law			100		
<b>Contribution to Cluster/Sector Objectives :</b> For objective 2, essential therapeutic supply will be procured and used for treatment of 33000 children under the age of five years with SAM in Kabul province as well as the IDPs, refugees and returnees. Addressing this problem will contribute to the cluster objective of "The incidence of acute malnutrition and related deaths is reduced through IMAM services".							
<b>Outcome 1</b>							
33,000 children 6-59 months children are treated with SAM in the targeted provinces (15,107 in Kabul urban and 3600 in Kabul rural, 3520 in Kandahar, 568 in Herat ,1850 in Helmand, 6003 in Nangarhar 2352 in Khost)							
<b>Output 1.1</b>							
<b>Description</b>							
Essential nutrition supplies (RUTF and anthropometry equipment ) are procured and distributed to implementing partners in a timely manner							
<b>Assumptions &amp; Risks</b>							
Global demand is able to cope with timely production and delivery of required supplies. Border closer may affect the timely delivery of supplies							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	SA1-Envelope One: Number of supplies procured for the treatment of SAM in children under 5 in Kabul province and white areas					33,000
<b>Means of Verification</b> : - Monthly IMAM statistics reports - End user monitoring reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Procurement of supplies for SAM treatment of children aged 0-59 months (IMAM scale up in Kabul province for IDPs, refugees, returnees and white areas).</b>							
Procurement of nutrition supplies including RUTF and anthropometry equipment							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Procurement of supplies for SAM treatment of children aged 0-59 months (IMAM scale up in Kabul province for IDPs, refugees, returnees and white areas).</b>							
Distribution of RUTF and other essential nutrition supplies to IPS (ACF, Medair, AADA, WV, ACTD, MOVE, HNI-TPO) based on PND quarterly request to UNICEF which PND received from IPS. Then UNICEF will deliver the quarterly supply to IPs.							
The IPs for OPD-SAM in Kabul city (ACF and Medair) are identified by PND-MoPH, for Kabul rural the IP is MOVE, the existing BPHS NGO by MoPH and for other provinces( the names are mentioned in the relevant sections) the IPs are the also the BPHS IPs providing health and nutrition services through MoPH contract (all BPHS IPs have a signed contract with MoPH for provision of health and nutrition services in the country)							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Procurement of supplies for SAM treatment of children aged 0-59 months (IMAM scale up in Kabul province for IDPs, refugees, returnees and white areas).</b>							
UNICEF and coordination with PND will monitor OPD-SAM implementation and supply utilization at OPD-SAM sites and end user level. UNICEF will submit report to UNOCHA							
<b>Additional Targets</b> : The caregivers of the 33,000 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 that provide OPD-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 strategy for monitoring of nutrition programmes in the country. There are agreed cluster reporting templates in which all partners report to PND-MoPH, OCHA (HFU) and the nutrition cluster on a quarterly basis. All partner implementing data is captured in nutrition programme database at PND level for all results including supplies utilization 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, PND, Provincial Nutrition Officers (PNOs)-MoPH and UNICEF field staff will perform a quality monitoring and supportive supervision at OPD-SAM sites including end users monitoring which aims at assessing the quality appropriateness and use of UNICEF strategic supply input to program implementation in the interest of the children. UNICEF is also considering the third party monitoring mechanism to monitor some of the hard to reach areas where UNICEF, PND and PNOs are not able to go. The third party monitors trained by UNICEF nutrition officers in each zone on nutrition specific intervention to monitor and report on quarterly basis. A checklist for third party monitoring has been developed to be used for this purposes. The third party monitoring mechanism has been arranged based on a contract between UNICEF and third party monitor partners.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement of nutrition supplies including RUTF and anthropometry equipment	2017					X					X		
	2018												
Activity 1.1.2: Distribution of RUTF and other essential nutrition supplies to IPS (ACF, Medair, AADA, WV, ACTD, MOVE, HNI-TPO) based on PND quarterly request to UNICEF which PND received from IPS. Then UNICEF will deliver the quarterly supply to IPs.  The IPs for OPD-SAM in Kabul city (ACF and Medair) are identified by PND-MoPH, for Kabul rural the IP is MOVE, the existing BPHS NGO by MoPH and for other provinces( the names are mentioned in the relevant sections) the IPs are the also the BPHS IPs providing health and nutrition services through MoPH contract (all BPHS IPs have a singed contract with MoPH for provision of health and nutrition services in the country)	2017					X			X			X	
	2018		X										
Activity 1.1.3: UNICEF and coordination with PND will monitor OPD-SAM implementation and supply utilization at OPD-SAM sites and end user level. UNICEF will submit report to UNOCHA	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								

**OTHER INFO**

**Accountability to Affected Populations**

UNICEF will work very closely and coordinated with PND to encourage the IPs (ACF, MOVE, ACTD, WV, HNI-TPO, Medair, AADA) who will implemented the OPD-SAM in the target areas for timely dissemination of information about the IMAM services in the project areas so that the communities are aware of the available nutrition services, and in addition to ensure its accountability to women, boys and girls and the general population within the project areas. This will be done by IPs (names mentioned before) using the accepted and available means of communication with the communities. UNICEF in coordination with PND and IPs will achieve high quality of services by making sure that enough nutrition supplies and monitoring/supportive supervision in OPD-SAM service delivery sites are available. The proposed project is highly gender and age-sensitive, considering gender equality for effective programming with assurance that all affected members of the target population have equal access to services and the targeted actions are based on gender and age analysis. UNICEF will make sure and coordinate with PND to encourage the IPs to take into account the 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 especially women in the community mobilization, and screening of under 5 children are critical as they will be counselled by IPs on the importance of nutrition screening and active health seeking behavior to avoid severe nutrition conditions of their children. IPs will make sure all decision makers such as fathers and grandparents will be included in the community mobilization and awareness raising activities. UNICEF and PND will follow with the IPs on 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. Caregivers will be requested to return the empty RUTF sachets for a safe disposal using appropriate disposal methods in the health facilities. UNICEF and PND will use the reports of end user monitoring for assuring the supplies are actually reaching the right beneficiaries.

**Implementation Plan**

UNICEF will procure the supplies necessary for OPD-SAM through its own procurement mechanism. These supplies will be initially placed in UNICEF Kabul and regional warehouses. Afterwards in coordination with PND the implementing partners (ACF, Medair, AADA, ACTD, WV, MOVE and HNI-TPO) will submit their quarterly RUTF and other supply need to PND. PND will send these supply requests to UNICEF for further process. UNICEF will process the delivery of supplies to IPs at provincial level on quarterly basis. UNICEF, PND and PNOs will closely monitor the implementation of OPD-SAM services in the targeted areas to make sure that the supplies are used appropriately and to make sure that there is no any gap or shortage of supplies at OPD-SAM sites. In addition, UNICEF will monitor the activities at facility level. In addition UNICEF will monitor the activity by third party monitoring mechanism where UNICEF and PND staff due to security reasons can not go. The third party monitoring mechanism has been arranged based on contract signed between UNICEF and the third party monitoring partners. UNICEF nutrition officers in each zone trained the third party monitors on nutrition specific intervention. They are reporting to UNICEF on quarterly basis. A checklist for third party monitoring has been developed to be used for this purposes. UNICEF will get gender-disaggregated data on implementation of activity from PND on a monthly basis, which PND receive from IPs. UNICEF will review the report and will share with OCHA and nutrition cluster on biannual basis. UNICEF and PND will also technically support the implementing partners (mentioned above) in the area of IYCF. UNICEF and PND will closely follow up with the IPS to make sure that an appropriate waste collection and safe disposal including empty sachets of RUTF is in place to prevent/mitigate the negative environmental effects. UNICEF and PND will encourage the IPs on 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. Caregivers will be requested to return the empty RUTF sachets for a safe disposal using appropriate disposal methods in the health facilities. UNICEF will coordination the activity with OCHA, nutrition cluster, PND and IPs on a timely manner.

#### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
WFP	Treatment and prevention of MAM for children under five and PLW in the target areas
NGO implementing partners who gets the funding for implementation of OPD-SAM services in the target areas	Coordination on timely nutrition supply management and implementation of quality OPD-SAM services
Public Nutrition Department (PND)-MoPH	Monitoring/supportive supervision, coordinating the supply requests and reports

#### **Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

#### **Gender Marker Of The Project**

4-Not applicable - Only used for very small number of projects, such as "support services"

#### **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 by IPs where they will be able to make good nutrition choices and seek nutrition services when required. This proposal is addressing to fulfil the needs of nutrition supply to 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. During implementation of the project, more female health workers will be involved, and encouraged to participate in nutrition service provision. UNICEF and PND will request the IPs to work closely with communities of the target area to 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 to make sure and coordinate with IPs that gender equality and equity issues are well addressed in all projects sites. 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.

#### **Protection Mainstreaming**

UNICEF will ensure and coordinate with PND that 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 caregivers. 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 and implementing partners. 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. UNICEF will follow up with IPs that the target communities will actively participate the community mobilization discussions

#### **Country Specific Information**

##### **Safety and Security**

The programming environment in Afghanistan remains complex. The year 2017 will remain crucial year for the continued stability of Afghanistan. However, 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, UNICEF will use the third party monitoring access mechanism to fill the gap where UNICEF staff could not conduct the monitoring activities (detailed description on third party monitoring mechanism was provided in relevant section) . UNICEF is also supporting the cost of monitoring and supportive supervision of PND technical staffs' as well as the Provincial Nutrition Officers (PNO) on quarterly basis to make sure their presence in the field and ensure access. The monitoring plan will be development in a joint consulation with UNICEF, PND and PNOs at national and regional levels. UNICEF is accountable and will make sure to get IPs' (ACF, Medair, AADA, ACTD, WV, MOVE and HNI-TPO) quarterly supply request including one month buffer stock (the one month buffer stock will always be available as contingency stock with IPs to address the supply need in any supply chain breakdown) . Afterwards UNICEF will process the delivery of supplies to IPs at provincial level. UNICEF, PND and PNOs will closely monitor the implementation of OPD-SAM services in the targeted areas and will make sure that the supplies are used appropriately and will make sure that there is no any gap or shortage of supplies at OPD-SAM sites. UNICEF supply support is align with humanitarian principles, equity, needs- based, and respect the impartiality

## 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	1	5,100.00	12	30.00	18,360.00
	<i>This includes 30% salary costs (National) calculated at NOC 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 target areas. The SM will also be responsible for nutrition programme coordination, general programme management</i>						
	<b>Section Total</b>						<b>18,360.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Therapeutic spread (RUTF)	D	33000	47.00	1	100.00	1,551,000.00
	<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 the updated UNICEF supply division catalogue.</i>						
	<b>Section Total</b>						<b>1,551,000.00</b>
<b>Equipment</b>							
3.1	Anthropometry measuring boards for children box of 2 per box Portable baby/child L-hgt mea.syst/SET-2	D	50	164.65	1	100.00	8,232.50
	<i>The calculation is based on PND-MoPH estimation for non-consumable or anthropometry items requirement per health facility for one year (2 measuring boards per health facility in one year). There are 50 health facilities planned to have OPD-SAM services in Kabul city districts. Unit costs are drawn from the updated UNICEF supply division catalogue.</i>						
3.2	Scale,electronic,mother/child,150kgx100g/each	D	100	129.19	1	100.00	12,919.00
	<i>The calculation is based on PND-MoPH estimation for non-consumable or anthropometry items requirement per health facility for one year (2 electronic scale per health facility in one year). There are 50 health facilities planned to have OPD-SAM services in Kabul city districts. Unit costs are drawn from the updated UNICEF supply division catalogue.</i>						
3.3	MUAC,Child 11.5 Red/PAC-50	D	100	3.41	1	100.00	341.00
	<i>The calculation is based on PND-MoPH estimation for non-consumable or anthropometry items requirement per health facility for one year (2 packs of MUAC tapes per health facility in one year). There are 50 health facilities planned to have OPD-SAM services in Kabul city districts. Unit costs are drawn from the updated UNICEF supply division catalogue.</i>						
	<b>Section Total</b>						<b>21,492.50</b>
<b>Contractual Services</b>							
4.1	Supply freight cost	D	1	1,572,492.50	1	15.00	235,873.88
	<i>This is cost of offshore supply calculated as 15% of the total supply cost</i>						
4.2	Supply in country transportation cost	D	1	1,572,492.50	1	4.00	62,899.70
	<i>This is cost for the in country supply transportation which has been calculated as 4% of the total supply cost</i>						
	<b>Section Total</b>						<b>298,773.58</b>
<b>Travel</b>							
5.1	Monitoring and supportive supervision	D	1	50,000.00	1	20.00	10,000.00

<p><i>This includes the 20% of the total nutrition monitoring and supportive supervision cost of \$50000 for PND, PNOs and UNICEF including 3rd party monitoring activities which include OPD-SAM activities as well as the end user monitoring as explained in the body of the proposal supportive supervision and monitoring of treatment and management of SAM children.</i></p> <p><i>Budget breakdown by category:</i></p> <p><i>1- PND-MoPH cost: estimated \$13800 (this cost will cover the DSA and transportation cost of 8 PND technical staff traveling to filed from Kabul for monitoring and supportive supervision)</i></p> <p><i>2- Provincial nutrition officer MoPH: \$ 21750 (this cost will cover the DSA and transportation cost of 30 Provincial Nutrition Officers (PNO) of MoPH traveling to filed within the province districts for monitoring and supportive supervision)</i></p> <p><i>3- UNICEF and third party cost: \$ 14450 (this cost will cover the DSA and transportation cost of 6 UNICEF technical staffs and partial cost of 3rd party monitoring traveling to filed for monitoring and supportive supervision)</i></p>							
<b>Section Total</b>							<b>10,000.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Security Support Cost	S	1	8,161.00	12	100.00	97,932.00
<i>Hire of security services for premises and armed escorts</i>							
7.2	Operational Support Cost	S	1	12,242.00	12	100.00	146,904.00
<i>Administrative costs (rental/lease of three warehouses (US\$95,326) and utilities (US\$51,575))</i>							
<b>Section Total</b>							<b>244,836.00</b>
<b>SubTotal</b>				33,256.00			<b>2,144,462.08</b>
Direct							1,899,626.08
Support							244,836.00
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							150,112.35
<b>Total Cost</b>							<b>2,294,574.43</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	
Kabul -> Kabul	55			8,280	9,720	18,000	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Kabul -> Bagrami	2			325	382	707	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Nangarhar -> Jalalabad	18			2,761	3,242	6,003	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Khost -> Khost(Matun)	4			650	762	1,412	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Khost -> Gurbuz	3			432	508	940	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Hirat -> Herat	2			261	307	568	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Hilmand -> Lashkargah	6			851	999	1,850	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
Kandahar -> Kandahar	10			1,619	1,901	3,520	Activity 1.1.1 : Procurement of nutrition supplies including RUTF and anthropometry equipment
<b>Documents</b>							
Category Name		Document Description					
Project Supporting Documents		list of HF's for OPD-SAM- Kabul City-Zones1and2.xlsx					
Project Supporting Documents		Supply calculation for 15000 cartons.xlsx					
Project Supporting Documents		Nutrition supply catalogue for CHF proposal.docx					

Project Supporting Documents	Nutrition supply catalogue for CHF proposal.docx
Project Supporting Documents	UNICEF Monitoring cost breakdownn .xlsx
Project Supporting Documents	UNICEF Operating costs breakdown.xlsx
Project Supporting Documents	Call Centre - Contact List Template 1SA 2017.xlsx
Project Supporting Documents	CHF-Afghanistan - Communications and Visibility Guidelines.02.2017.pdf
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners.pdf
Grant Agreement	5194_AL_signed.pdf