

Requesting Organization :	World Food Programme				
Allocation Type :	1st Standard Allocation				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	PRRO 200447 Assistance to Address Food Insecurity and Under Nutrition (Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul city)				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	AFG-17/3481/1SA/N/UN/5212		
Cluster :		Project Budget in US\$:	3,110,556.60		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/05/2017	Planned End Date :	30/04/2018		
Actual Start Date:	01/05/2017	Actual End Date:	30/04/2018		
Project Summary :	<p>Nutrition Cluster has identified the establishment of a comprehensive Integrated Management of Acute Malnutrition (IMAM) programming in Kabul Province as an immediate priority in 2017. The Outpatient Department for Moderate Acute Malnutrition (OPD-MAM) is an integral component of IMAM. The OPD-MAM is integrated with Outpatient Department for severely malnourished children (OPD-SAM).</p> <p>For addressing the identified need, WFP will contribute the procurement and support for the distribution of the required Specialized Nutritious Foods (SNFs), specifically, Ready to Use Supplementary Food (RUSF), Plumpy'Sup, for the treatment of moderate acute malnutrition in children between 6 – 59 months. Plumpy'Sup has as key ingredients, peanuts, sugar, whey, vegetable oil, milk, soy protein, cocoa, vitamin and minerals. Plumpy'Sup is one of the recommended SNFs for treatment of MAM in children 6 – 59 months, while Super Cereal is recommended for the treatment and prevention of acute malnutrition in adults, including pregnant and lactating women (PLW). The key ingredients of Super Cereal are wheat, soya, vitamins and minerals.</p> <p>The identification and admission and discharge of the beneficiary in the programme to whom the SNFs will be provided will be based on the national IMAM guidelines 2014 version. A child is identified and enrolled in the programme based on the national IMAM protocol: when MUAC >11.5 cm and MUAC <12.5 cm and/or weight-for-height (> -3 z-scores to < -2 z-scores), without oedema or medical complications; and discharged from the programme when MUAC is more than 12.5 cm or WFH >-2 z-scores. The average recovery period is three months (90 days). The children enrolled in the programme will receive their daily Plumpy'Sup ration of 92 grams on a bi-weekly basis until they recover. A PLW is enrolled when MUAC is below 23.0 cm and discharged when infant is six months of age. PLW will receive their daily ration of 250 grams of Super Cereal on monthly basis until the infant is six months of age.</p> <p>With this 1st allocation of 2017 CHF grant, WFP will procure and dispatch the SNFs to the selected CHF NGOs IPs for the implementation of the treatment programme in Kabul city. The implementing NGO partners will be fully responsible for the programme implementation under close supervision of WFP, the Public Nutrition Department of the Ministry of Public Health (PND/MoPH), UNICEF and the nutrition cluster members. Under this programme, 238 MT of Plumpy'Sup and 1,265 MT of Super Cereal will be procured for the treatment of an estimated 28,690 children 6-59 months and 21,069 PLW respectively in Kabul city only. The IPs will carry out the treatment programme activities through the PND assessed 49 health facilities of urban Kabul. The overall objective of the intervention is to contribute to the reduction of morbidity and mortality amongst children 6 – 59 months and PLW in Kabul city.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
0	21,069	14,625	14,065	49,759	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Indirect Beneficiaries :					
Mothers and care-givers of the MAM children admitted in the programme will benefit from nutrition education and IYCF counselling.					
Catchment Population:					

Total population of Kabul province, which is around 4.5 million people.

Link with allocation strategy :

This proposal is in line with the CHF standard allocation strategy envelope one: Increasing access to life saving basic health and nutrition services

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
ACF (SW zone)	International NGO	106,440.00
MEDAIR or PU-AMI (NE zone)	International NGO	116,880.00
		223,320.00

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Rachel Fuli	Head of Nutrition	rachel.fuli@wfp.org	+93 706005169
Yasuyuki Misawa	Deputy Head of Programme	yasuyuki.misawa@wfp.org	+93 70 600 4906
Wookjin Hong	Government Partnerships Officer	Wookjin.Hong@wfp.org	+93 70 600 4802

BACKGROUND

1. Humanitarian context analysis

The Afghan capital is located in Kabul province with an estimated total population of over 4.5 million people. According to the Central Statistics Office (CSO), 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 conflict and instability in the country, as well as limited availability of livelihood and employment opportunities and insufficient basic services resulted in the migration of population from provinces to Kabul city mainly.

Population movements have swelled the already stretched Kabul city. With the influx of Afghan returnees from neighboring countries (Pakistan, and to a lesser extent, Iran), one fourth of the returnees are estimated to be settling in Kabul. Many of them, the returnees and internally displaced persons (IDPs) coming to Kabul city and the surrounding districts, have settled into makeshift dwellings all over the city and districts towns. Besides their clear needs for food, clean water, and medical care, they also lack livelihood opportunities. This trend increases the need for humanitarian services, particularly nutrition interventions for treatment of acute malnutrition. Currently in Kabul only few in-patient centers for treatment of severe acute malnutrition cases are operating. Looking at the high needs, the current nutrition services are inadequate, and it is hence felt important and necessary to scale-up IMAM services within Kabul city and its rural districts.

However, with the available envelope for the nutrition cluster, only Kabul city will be covered by the IMAM services for MAM children and PLW with acute malnutrition.

2. Needs assessment

Currently, nutrition services (SAM treatment) in Kabul province is being provided through 3 inpatient treatment sites in Kabul city. So far no outpatient programmes are provided for children with MAM, SAM nor for PLW with acute malnutrition. This means that they do not receive the necessary life saving treatment, which can lead to increased risk of morbidity and mortality, poor child development, especially retrogressive cognitive development that cannot be reversed. It is, therefore, important and necessary to scale up and strengthen IMAM services in Kabul city.

In March 2013 the Ministry of Public Health, WHO and UNICEF began operationalizing a sentinel site-based national nutrition surveillance system (NNSS) in Afghanistan in coordination and partnership with the Basic Package of Health Services (BPHS) and the Essential Package of Hospital Services (EPHS) implementers and other service providers. Funded by the Canadian Department of Foreign Affairs, Trade and Development (DFATD), the project seeks to establish a sentinel site-based nutrition surveillance system that covers all 34 provinces of the count. The NNSS report, issue 4 of May 2016, indicated GAM rate of 11.3%, SAM 6.3% and stunting 23% in the selected sentinel sites of Kabul. Compared to the National Nutrition survey 2013 (NNS 2013) the situation seems to have deteriorated though the NNSS covered only some targeted community-based sentinel sites (HPs). A rapid assessments conducted by ACF in Kabul Informal Settlement (KIS) in January 2016 indicated GAM rate of 12.0% and SAM was 1.9%.

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 three inpatient treatment sites. In addition, about 24% of all returnees from Pakistan are likely to be settling in Kabul which will further increase the demand for acute malnutrition treatment services.

3. Description Of Beneficiaries

The direct beneficiaries for the acute malnutrition treatment programme are children 6-59 months and PLWs. The target group will be selected and enrolled in the programmes based on anthropometric measurements following the standard national IMAM Guidelines.

Children with MUAC >11.5 cm and MUAC <12.5 cm and/or weight-for-height (> -3 z-scores to < -2 z-scores), without oedema or medical complications will be admitted into the treatment programming and will be receiving supplementary food on a bi-weekly basis until their MUAC >12.5 cm and/or weight-for-height >-2 z-scores in two consecutive measurements. PLWs with MUAC < 23 cm will be admitted in the treatment programme and will remain in the programme until the infant is six months of age. If children are found to be severely malnourished, (MUAC < 11.5 cm and/or weight-for-height <-3 z-scores), with or without medical complications, they will be referred for the appropriate therapeutic treatment supported by UNICEF. Children and PLW are admitted and discharged from the programme based on the National IMAM protocol. The children identified with moderate acute malnutrition will receive Plumpy'Sup until they recover. The average length of stay in the treatment programme is 90 days (three months). PLWs will receive Super Cereal, - for an average of 240 days; from the second trimester of pregnancy until the infants is six months of age.

The specialized nutritious foods (SNFs), Plumpy'Sup and Super Cereal, are produced based on WFP technical specifications and ensuring they all meet the Codex Alimentarius Standards. Plumpy'Sup has as key ingredients, peanuts, sugar, whey, vegetable oil, milk, soy protein, cocoa, vitamin and minerals. Plumpy'Sup is one of the recommended SNFs for treatment of MAM in children 6 – 59 months. For PLW, Super Cereal will be provided. The key ingredients of Super Cereal are wheat, soya, vitamins and minerals. Super Cereal is produced mainly in Europe and Africa, e.g. Italy, France, Turkey, South Africa while Plumpy'Sup is mainly procured from France. It takes, on average, three to four months to procure and transport the SNFs from Europe and/or Africa to Afghanistan. However, WFP will make an effort to borrow from available stock in the country in order to avoid late start. Plumpy' sup is packed in 14.7kg (gross) and 13.8kg (net) cartons and each carton has 150 sachets of 92 gms each. Supercereal is generally packed in 25kg (net) bags but with the CHF grant, WFP will buy 10 kgs bags with 10 percent sugar.

With the funds from this grant, WFP will procure a total of 1,503 mts (238 mt of Plumpy'Sup and 1,265 mt of Super Cereal) of SNFs for the treatment of 28,069 MAM-children 6 – 59 months old and 21,096 malnourished PLW in Kabul city only.

4. Grant Request Justification

In January 2017, Nutrition Cluster members identified IMAM services in Kabul province as one of the cluster priority intervention area. The main components of the (IMAM) includes the treatment of MAM in children 6 – 59 months and hence prevent them from falling into severe acute malnutrition and become more at risk of dying; and of PLW to prevent them from developing risks related to pregnancy and lactation and, therefore, to improve the pregnancy outcome and support adequate lactation. These two activities are complementary and if run in the same community have a greater impact. If not treated, children, particularly children under the age of two years, who forms the majority of the children 6 – 59 months with MAM, are at heightened risk of irreversible damage to their brain development and their physical growth, leading to a diminished capacity to learn, poorer performance in school, greater susceptibility to infection and disease and a lifetime of lost earning potential. The health and well-being of a pregnant and lactating woman is directly connected to the growth and health of her infant. Women who are well-nourished before and during pregnancy are less likely to die during childbirth. And by ensuring that mothers are able to breastfeed and babies get only breastmilk for the first six months of life, we can help save the lives of many children. The planned services are hence to provide the lifesaving treatment services to the most vulnerable children and PLWs in the Kabul city.

5. Complementarity

The MAM and AM treatment in children 6 – 59 months and PLW planned under this grant will be implemented as part of the (IMAM) package. The four components of IMAM (Community outreach, OPD-MAM/OPD-AM PLW, OPD-SAM, IPD-SAM) are complementing each other to provide a continuum of services for the target group. All programmatic activities are implemented through the local health structures and systems in the catchment areas. The OTP/SAM will take place together with OPD/MAM in the same HFs. The OTP activities, including the provision of Ready-to-Use Therapeutic Food (Plumpy'Nut) and the systematic medical treatments are conducted on a weekly basis, whereas the OPD/MAM activities, including the distribution of Plumpy'Sup for MAM children, follow up MUAC or WFH measurements will be conducted on bi-weekly basis by the IPs. The services for moderately malnourished PLWs activities, including distribution of Super Cereal and follow up MUAC measurements will be carried out on monthly basis. The numbers of OTP/SAM and OPD/MAM sites and staff per CPs will differ depending on the target population size and needs. Behaviour change communication on IYCF and maternal nutrition will be provided to all the targeted communities with particular attention to PLWs and care givers of children 6 – 59 months admitted in the programme by the IPs. IMAM services will be complementary to the regular health, Water and Sanitation (WASH) and other livelihood services provided by the government and other stakeholders in the city.

LOGICAL FRAMEWORK

Overall project objective

Reduce under-nutrition and break the inter-generational cycle of hunger.

A malnourished mother will give birth to a low birth weight baby; the low birth weight baby will grow as a malnourished child, then to a malnourished teenager, then to a malnourished pregnant woman, and so the cycle continues. This cycle can be broken by ensuring that malnourished pregnant and nursing mothers are treated so they can have babies with normal weights and children who are malnourished are also treated to prevent them from growing as malnourished teenagers and future mothers.

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		
Contribution to Cluster/Sector Objectives : The provision of Plumpy'Sup to MAM children aged six to 59 months, and Super Cereal to AM PLWs as part of the IMAM services. Along with behaviour change communication (BCC) in the targeted priority locations, it can be anticipated that the prevalence of moderate and severe acute malnutrition will be lowered, and those cases that are identified through screening, will receive the treatment necessary to make a full recovery, assuming that the SNFs are available to cover a full treatment cycle and that the SNFs will be used by the targeted beneficiaries as intended. Overall, improved access to nutrition services will be enhanced in at-risk communities living in areas targeted under this proposal.							
Outcome 1							
Stabilized or reduced under nutrition among children aged 6 to 59 months and pregnant and lactating women.							
Output 1.1							
Description							
Specialized nutritious foods distributed in sufficient quantity in a timely manner to targeted beneficiaries.							
Assumptions & Risks							
The SNFs will be procured and transported to Afghanistan on time and the security situation will not deteriorate further							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	SA1-Envelope One: Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment in Kabul province			14,625	14,065	28,690
Means of Verification : Cooperating Partner monthly OPD-MAM reports to MoPH and WFP							
Indicator 1.1.2	NUTRITION	SA1-Envelope One: Number and proportion of acutely malnourished pregnant and lactating women admitted for treatment in Kabul province		21,069		0	21,069
Means of Verification : Cooperating Partner monthly OPD-MAM reports to MoPH and WFP							
Activities							
Activity 1.1.1							
Standard Activity : Not Selected							
Procurement and international transportation of Plumpy'sup and supercereal to Afghanistan							
Activity 1.1.2							
Standard Activity : Not Selected							
Delivery of the SNFs to the distribution sites (49 Health facilities) on monthly basis							
Activity 1.1.3							
Standard Activity : Not Selected							
Coordinate and collaborate with MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of MAM and SAM services							
Activity 1.1.4							
Standard Activity : Not Selected							
Provide guidance to the CPs/IPs for the preparation of proposal & budget for additional support for the MAM component of the IMAM implementation; on the SNF management and handling, on requisition and reporting of the SNFs utilization							
Activity 1.1.5							
Standard Activity : Not Selected							
Prepare SNFs dispatch plans and deliver the requested quantity of the SNFs to the final TSFP distribution sites on monthly basis.							
Activity 1.1.6							
Standard Activity : Not Selected							
Collect monthly TSFP programme performance reports, disaggregated by sex & age, for analysis and timely response							
Activity 1.1.7							
Standard Activity : Not Selected							
Carry out regular monitoring of the TSFPs sites and, wherever possible, undertake joint, WFP and partners, including PND/MOPH and UNICEF monitoring missions							
Activity 1.1.8							

Standard Activity : Not Selected

Provide regular and timely project progress and beneficiary feedback mechanism report to OCHA and the HFU as per the agreed schedule.

Additional Targets :

M & R

Monitoring & Reporting plan

WFP is a recipient of the CHF fund and the IPs ACF and Medair are also CHF partners and received funds the planned activities, IMAM services in Kabul city through 49 health facilities. WFP and the IPs will ensure there is no overlap in the funds allocated for each partie. WFP's main role is the procurement of the specialized nutritious foods for the treatment of MAM children and acutely malnourished pregnant and lactating women. The implementation of the activities at the health facilities and communities will be carried out by the IPs.

Monitoring & Evaluation activities will be carried out in accordance with WFP's Corporate Monitoring & Evaluation Policy guidelines. WFP has developed a checklist that will be used for monitoring the activities versus planned, the respect or not of the protocol (admission, discharge criteria etc.), food storage and use of stock cards and registry, SNF ration size etc. The performance of the project will be closely monitored on the basis of the key indicators established in the Logical Framework. WFP has developed a standard M&E toolkit that is being used for regular monitoring activities and for collecting activities data these tools are in line with PND endorsed tools in the IMAM guidelines.

WFP supported assistance will be monitored directly by trained WFP field staff based in Kabul. In case some parts of Kabul become inaccessible or restricted for UN staff, WFP in consultation with the Nutrition Cluster and OCHA will explore the possibility of the involvement of WFP contracted third party monitors or Programme Assistance Teams (PATs). The PATs are NGOs contracted by WFP to provide monitoring coverage, i.e. for SNFs management and distribution and to collect data from activity sites where WFP staff cannot go.

Efforts will be exerted to ensure joint monitoring with the relevant stakeholders, WFP, PND/MoPH, UNICEF, NGOs IPS are undertaken to the project sites. Data provided on monthly basis by the CPs will be entered in the database housed by PND and WFP. Triangulation of the monthly reports and monitoring data from various sources will be collated and documented to ensure the key project outcome, outputs, and lessons learnt are well documented and owned by the stakeholders.

The performance of the treatment programme will be assessed using standard performance outcome indicators such as cure, defaulter and death rates in accordance with the SPHERE Standards. The IPs will submit monthly statistical programme performance reports to the MoPH Public Nutrition Directorate, WFP, and the Nutrition Cluster, using the standardized, MoPH-endorsed format and the information will be stored in the databases in WFP and PND/MoPH.

Project coordination meetings with the nutrition cluster stakeholders in general and with the CHF partners in particular will take place on a monthly basis and/or as called for to discuss progress in project implementation, identify problems and take corrective measures to ensure efficiency. Coordination meetings will also take place with all involved stakeholders at Kabul city district levels as would be planned by the IPs.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Procurement and international transportation of Plumpy'sup and supercereal to Afghanistan	2017					X	X	X					
	2018												
Activity 1.1.2: Delivery of the SNFs to the distribution sites (49 Health facilities) on monthly basis	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.3: Coordinate and collaborate with MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of MAM and SAM services	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.4: Provide guidance to the CPs/IPs for the preparation of proposal & budget for additional support for the MAM component of the IMAM implementation; on the SNF management and handling, on requisition and reporting of the SNFs utilization	2017					X	X						
	2018												
Activity 1.1.5: Prepare SNFs dispatch plans and deliver the requested quantity of the SNFs to the final TSFP distribution sites on monthly basis.	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.6: Collect monthly TSFP programme performance reports, disaggregated by sex & age, for analysis and timely response	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.7: Carry out regular monitoring of the TSFPs sites and, wherever possible, undertake joint, WFP and partners, including PND/MOPH and UNICEF monitoring missions	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.8: Provide regular and timely project progress and beneficiary feedback mechanism report to OCHA and the HFU as per the agreed schedule.	2017							X			X		
	2018	X			X								

OTHER INFO

Accountability to Affected Populations

WFP is accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. By being more accountable to affected populations – increasing their participation and feedback in programme identification, design, delivery and lesson learning, WFP achieves programmes of higher quality, with greater and more sustainable impact. It increases the space for communities to shape their own recovery and for WFP to better deliver against its commitments to stakeholders, including the people WFP assists and the resource partners who make assistance possible.

Accountability also hinges on establishing effective feedback mechanism channels as well as complaints and response mechanisms, so WFP and its partners know what impact programmes are having on participants and can incorporate feedback or address problems rapidly, including prevention of sexual abuse and exploitation. WFP will ensure, systems of community representation is fair and representative, enabling the most marginalized, vulnerable and affected to have their voice heard.

Complaints and feedback mechanisms (CFMs): WFP maintains a national hotline, which enables beneficiaries, literate and illiterate alike, to raise any concern or offer feedback on the operation, with an element of anonymity. The hotline is operated by both female and male staff, in line with Afghan cultural protocol. Similarly, WFP will ensure that the IPs ensure a helpdesk is available at distribution points (health facilities), ensuring a continuous open dialogue with the beneficiaries. WFP has established a hotline as a feedback and complaints mechanism in all 34 provinces of Afghanistan. Beneficiaries, partners, or anybody else can confidentially call the direct line to provide feedback, comments, or complaints about any of WFP's supported operations. WFP field monitors likewise offer an opportunity to raise any concerns during monitoring. The feedback from the hotline are compiled by WFP compliance unit and information will be shared with the IPs, OCHA and HFU together with the progress and final narrative reports. Complains and/or compliments from the beneficiaries will also be shared at the nutrition cluster and other relevant nutrition meetings.

Implementation Plan

OTHER INFO

Accountability to Affected Populations

WFP is accountable to the women, men, boys and girls whose lives it aims to improve, and places this responsibility at the core of its humanitarian policy. By being more accountable to affected populations – increasing their participation and feedback in programme identification, design, delivery and lesson learning, WFP achieves programmes of higher quality, with greater and more sustainable impact. It increases the space for communities to shape their own recovery and for WFP to better deliver against its commitments to stakeholders, including the people WFP assists and the resource partners who make assistance possible.

Accountability also hinges on establishing effective feedback mechanism channels as well as complaints and response mechanisms, so WFP and its partners know what impact programmes are having on participants and can incorporate feedback or address problems rapidly, including prevention of sexual abuse and exploitation. WFP will ensure, systems of community representation is fair and representative, enabling the most marginalized, vulnerable and affected to have their voice heard.

Complaints and feedback mechanisms (CFMs): WFP maintains a national hotline, which enables beneficiaries, literate and illiterate alike, to raise any concern or offer feedback on the operation, with an element of anonymity. The hotline is operated by both female and male staff, in line with Afghan cultural protocol. Similarly, WFP will ensure that the IPs ensure a helpdesk is available at distribution points (health facilities), ensuring a continuous open dialogue with the beneficiaries. WFP has established a hotline as a feedback and complaints mechanism in all 34 provinces of Afghanistan. Beneficiaries, partners, or anybody else can confidentially call the direct line to provide feedback, comments, or complaints about any of WFP's supported operations. WFP field monitors likewise offer an opportunity to raise any concerns during monitoring. The feedback from the hotline are compiled by WFP compliance unit and information will be shared with the IPs, OCHA and HFU together with the progress and final narrative reports. Complains and/or compliments from the beneficiaries will also be shared at the nutrition cluster and other relevant nutrition meetings.

Implementation Plan

WFP as well as the IPs, will receive funds from CHF 1st allocation. WFP will be responsible for the procurement of the SNFs from Europe, and for the international transportation, in country transportation and dispatches from WFP warehouse in Kabul to the final distribution centers (49 health facilities) in Kabul city through a Field Level Agreement with the IPs. The FLA is important to ensure the IPs accountability of the supplies delivered to the centers for subsequent distribution to the targeted beneficiaries. WFP will ensure there is no duplication of funds with the IPs since they have also applied for the CHF 1st allocation.

The IPs, will be responsible for the overall field level activities that will include but not limited to identification of beneficiaries through anthropometric measurements, regular follow up measurements, the SNFs distribution to the targeted beneficiaries and reporting on the number of beneficiaries admitted in the programme and the quantity of SNFs distributed. The distribution of the specialized nutritious foods will take place in the health 49 health facilities confirmed based on a field assessment by PND. Children enrolled in the programme will receive on packet of 92grams per day and a total of 15 packets per week.

The procurement of supplies will start as soon as funds confirmed by OCHA. However, consider the experience with the recent conflict between Afghanistan and Pakistan which resulted in the closure of the border between the two countries, WFP will use the Iranian corridor to bring the SNFs into Afghanistan. There is the speculation that the b

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	UN Agency/Nutrition Lead Agency and responsible for RUTF supply for SAM
WHO	UN Agency/Nationally assigned IPD-SAM Agency
Public Nutrition Directorate of Ministry of Public Health-Nutrition (PND/MoPH)	Line Ministry and oversight of BPHS
ACF	IMAM/BPHS NGO Partner. ACF will be responsible for the implementation of the IMAM services in the Southern and Western Zone of Kabul city.
MEDAIR or PU-AMI	IMAM/BPHS NGO Partner. The selected INGO will be responsible for the implementation of the IMAM services in the Northern and Eastern Zone of Kabul city.
OCHA	OCHA HFU/ OCHA Kabul Office

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

WFP gender policy developed in 2015 builds on WFP's many successes in the field, where its gender-transformative approach to food assistance programmes and policies helps bridge the gender gap in food security and nutrition. As the product of broad consultations with WFP stakeholders, the policy reflects the collective voice of WFP. Gender-responsive programming improves the effectiveness and sustainability of nutrition interventions in humanitarian emergencies. It better addresses the distinct nutritional risks and vulnerabilities that women, girls, boys and men face in humanitarian crises. To achieve this, all groups will be consulted and their active participation in the programme implementation, monitoring and evaluation will be sought.

In the context of the humanitarian crises to be addressed by the grant, it is acknowledged that women, girls, boys and men face distinct risks with respect to a deterioration of their nutritional status. This is linked to their different age- and sex-related nutritional requirements as well as to gender-related socio-economic and cultural factors. The TSFP will specifically target both boys and girls 6 – 59 months based on their nutritional status as measured by anthropometry hence no bias in the selection based on sex. Those undernourished, both girls and boys will receive the same entitlement and will be followed up in the same manner until their recovery.

PLWs are particularly targeted for TSFP because of the psychosocial vulnerability in pregnant and newly delivered women that has been shown to be associated with a range of long-term problems for the unborn and newborn infants. This is a result of the fact that these are sensitive periods in terms of the impact of the environment on the infant who is rapidly developing.

All the community members, men and women will be involved in the programme management and will also benefit of the behavior change communication (awareness) sessions topics of which will take gender sensitivity into account considering the gender relations in the country. WFP, through its implementing partners will work within the targeted communities to increase awareness of, and contribution to, of male family members in optimal maternal and child nutrition and health. Gender-disaggregated data will be collected in order to monitor the gender features of nutritional insecurity and risks of malnutrition. WFP and its cooperating partners reporting system will also 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.

To ensure women's concerns are properly understood, WFP has adopted some innovative measures, including providing mobile phones numbers to enable women not allowed to leave home to speak to monitors, or identifying a respected woman in the community who can collect information to share with WFP. Also, the beneficiary feedback hotline allows women and men to communicate concerns directly but anonymously to WFP.

Protection Mainstreaming

WFP gender policy developed in 2015 builds on WFP's many successes in the field, where its gender-transformative approach to food assistance programmes and policies helps bridge the gender gap in food security and nutrition. As the product of broad consultations with WFP stakeholders, the policy reflects the collective voice of WFP. Distribution of food during crisis situation that are addressed through established monitoring and control systems in line with standard operating procedure (SOP) of WFP guidelines. Distribution arrangements that will include location and timing will be done in consultation with the community as much as possible in order to minimize protection risks to the beneficiaries. As an additional layer of oversight local committees will be established (comprising of men and women representatives) to monitor distributions and safe return of the beneficiaries to their homes.

WFP's nutrition activities are carried out in a non-discriminatory manner, emphasizing the safety, dignity and integrity of the caregivers (primarily women) and children (boys and girls) beneficiaries who receive 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 and nutrition services.

Distribution arrangements that will include location and timing will be done in consultation with the community as much as possible in order to minimize protection risks to the beneficiaries. As an additional layer of oversight local committees will be established (comprising of men and women representatives) to monitor distributions and safe return of the beneficiaries to their homes.

Country Specific Information

Safety and Security

Afghanistan is overall considered as high-risk country and the threat of violence or serious political disruption is frequent. However, in line with United Nations Department of Safety and Security (UNDSS) policies, WFP will establish an alternate work modality in case of serious threats, which will ensure business continuity. The security situation is closely monitored by UNSMS SRM and WFP offices throughout the country and respects the Minimum Operating Security Standards (MOSS). Standard operating procedures for safe distributions by IPs are in place and a safe distribution module is part of the training of the cooperating partners. UNDSS. Security-related compliance and access assurance will increase the direct support costs of the operation beyond normal levels.

In Kabul urban area, no major security threat is expected as of now. However, in case of security issue threatens the implementation of project, WFP will apply all the possible mitigating measures in cooperation with UNDSS.

Access

In Kabul city, WFP will try as much as possible to directly oversee the operations, WFP will collaborate with a third-party Programme Assistance Monitoring (PAT) in case some of the areas in the city become inaccessible to United Nations staff. Access to beneficiaries remains a major challenge that can affect the ability of WFP and its partners to monitor assistance effectively. However, WFP will, in the event of access issues, put in place its access strategy and continue to ensure the programme runs as planned, with appropriate oversight mechanisms. 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. In the event, an area becomes inaccessible by both WFP and PAT monitors, the topic will be discussed at the Nutrition Cluster, OCHA and PND/ MoPH to find alternative options of assisting the targeted population. At the time of this proposal, Kabul urban is considered to be easily accessible by WFP.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Programme Officer – International P4	D	1	22,937.00	12	30.00	82,573.20
	<i>Percentage of salary, at 30% of staff time, working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The International PO, based in Kabul, is responsible for the overall management of the interventions. The PO will ensure that the activities are implemented as planned and the anticipated results achieved. The PO will further ensure effective coordination with the relevant stakeholders and respond to queries and/or challenges arising in the process of the implementation of the interventions. The PO will also be involved in monitoring and supervision of the activities. The PO will be the Focal Point for the technical nutrition matters and will respond to all questions from the cluster and/or OCHA.</i>						
1.2	Programme Officer (Nutrition)-NOC	D	1	6,950.00	12	30.00	25,020.00
	<i>Percentage of salary, NOC @ 30% of time, of staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The national PO will be responsible for all relevant administrative activities such as the preparation for the Field Level Agreements that includes proposal and budget review and will be involved in the preparation (with support from the international PO) of the training modules. The training will be conducted in local language. Promote coherence of nutrition approaches, in close coordination and collaboration with other UN agencies, notably UNICEF, and represent WFP relevant Thematic Groups, as well as with other key stakeholders at the area and field offices.</i>						
1.3	M&E officer - NOC	D	1	6,950.00	12	50.00	41,700.00
	<i>Percentage of salary, NOC @ 50% of time, of staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The national M&E officer will support planning and implementation of monitoring and evaluation activities on effectiveness of CHF nutrition interventions and also work in close collaboration with WFP monitors as well as CP staff to strengthen the data quality, accuracy and consistency to build credible performance evidence.</i>						
1.4	Field Sr. Programme Assistant (Nutrition) -GS7	D	2	4,800.00	12	75.00	86,400.00
	<i>Percentage of salary (GS7 at 75% of time) by staff, based in WFP CO and Kabul Area Office working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. Liaise with cooperating partners to monitor ongoing projects, ensure effective collaboration, appropriateness and efficiency, and highlight potential risks to project delivery. The WFP Sr. PA/Nutrition will be the direct focal persons to respond to the NGOs and to WFP CO on questions/queries related to the programme implementation. The staff member will be the first contact person to support the NGO in the preparation of the proposal and budget.</i>						
1.5	Logistics Assistant WHS-GS5	S	2	3,457.00	12	25.00	20,742.00
	<i>Percentage of salary by staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The logistics assistants (the CO and, Kabul Area office) provide support to logistics operations and activities, following standard processes and facilitating the effective delivery of food assistance to beneficiaries.</i>						
1.6	Food Aid Monitors -GS5	D	4	3,457.00	12	75.00	124,452.00
	<i>Percentage of salary by staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The field food monitors are responsible for the day-to-day monitoring of the project implementation, measuring progress against project indicators, and conducting the post-distribution monitoring and also review the overall commodity movements such as food deliveries, storage, transport and distribution at the site and verify if the amounts received have been properly recorded. Also work closely with CP staff in the field, and offer guidance to them.</i>						
1.7	Admin. Assistant GS4	S	2	2,956.00	12	25.00	17,736.00
	<i>Percentage of salary by staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The Admin. Assistants (the CO, and Kabul Area office) check the provision of a range of services, including facilities and light vehicle management, travel, protocol related, etc., maintaining information, to contribute to the provision of a safe and comfortable working environment.</i>						
1.8	Drivers for project implementation areas	S	4	2,257.00	12	25.00	27,084.00
	<i>Percentage of salary by staff working directly on implementation of programmes under this grant, as per standard WFP implementation in Afghanistan. The drivers for the CO and Kabul area office provide transportation of authorized personnel and/or delivery of various items/commodities following authorized routing and UN safety and security rules and regulations to ensure safe and efficient services.</i>						
	Section Total						425,707.20
Supplies, Commodities, Materials							
2.1	Food Costs: RUSF (Plumpy Sup)	D	238	2,598.00	1	100.00	618,324.00
	<i>Procurement of RUSF for TSFP – Estimated 28,690 MAM children aged 6 – 59 months will be treated with RUSF 92 grams per day for the period of average 3 months. (28,690 x 92 x 30 days x 3 months/1,000,000 = 237.55 ton) RUSF estimated cost - USD 2,598 per ton – France product (Supplementary Plumpy) was selected due to the lowest price. Please refer to the attached price comparison table. Please note that RUSF is not currently available in Pakistan due to production capacity issues.</i>						
2.2	Food Costs: Supercereal (wheat soya blend)	D	1265	507.00	1	100.00	641,355.00

	<i>Procurement of Spercereal for TSFP – Estimated total 21,096 PLW will be provided with Superereal 250 grams per day for the period of average 8 months. (21,096 x 250 x 30 days x 8 months/1,000,000 = 1,265.76 ton) Supercereal estimated cost - USD 507 per ton.- Turkey product was selected since only Turkey product meets requirement (Wheat soya blen with sugar) with a lower price. Please refer to the attached price comparison table.</i>						
2.3	External Transport Cost: RUSF	D	238	220.0 0	1	100.00	52,360.00
	<i>External Transport Cost for RUSFI – RUSF will be procured from France. Please note that USA product was not selected due to embargo. In order to avoid any impact on boarder closer between Pakistan and Afghanistan, RUSF will be transported to Bandar Abbas, Iran, Please refer to the attached price comparison table</i>						
2.4	External Transport Cost: Supercereal	D	1265	210.0 0	1	100.00	265,650.00
	<i>External Transport Cost for Supercereal – Supercereal will be procured from Turkey. . In order to avoid any impact on boarder closer between Pakistan and Afghanistan, RUSF will be transported to Bandar Abbas, Iran. Please refer to the attached price comparison table.</i>						
2.5	Inland Transportation, storage and handling (LTSH)	D	1488	243.7 3	1	100.00	362,670.24
	<i>Average LTSH – US\$ 243.73 per ton</i>						
	Section Total						1,940,359.24
Transfers and Grants to Counterparts							
6.1	Field Level Agreement (FLA) with ACF for 12 months	S	1	106,4 40.00	1	100.00	106,440.00
	<i>Estimated costs on the FLA between WFP and ACF for implementation of TSFP in South West of Kabul provine (23 clinics). Please refer to the attached separate budget</i>						
6.2	Field Level Agreement (FLA) with Medair for 12 months	S	1	116,8 80.00	1	100.00	116,880.00
	<i>Estimated costs on the FLA between WFP and Medair for implementation of TSFP in North East of Kabul provine (26 clinics). Please refer to the attached separate budget</i>						
	Section Total						223,320.00
General Operating and Other Direct Costs							
7.1	Office supplies and utilities @ 10 %	D	1	49,60 0.00	12	10.00	59,520.00
	<i>Minimised proportional rate for needs for CHF implementation – Office supplies and Utilities charges for CO and field offices</i>						
7.2	Office rental for 12 month @ 10%	D	1	120,0 00.00	12	10.00	144,000.00
	<i>Minimised proportional rate for WFP office costs in support of CHF implementation – Office rents for CO and field offices</i>						
7.3	Communications and IT services (Office) @ 30%	D	1	56,50 0.00	12	15.00	101,700.00
	<i>Connectivity costs and support services provided by WFP ICT across offices concerned with CHF implementation - Communications and IT services for CO and field offices including mobile phone, SAT phone, internet service costs, and corporate VSAT system costs, which are very important for enhanced security.</i>						
7.4	Vehicle running costs and maintenance-6 Vehicles@ 30%	D	4	500.0 0	12	15.00	3,600.00
	<i>Estimation of requirements for CHF implementation - Average costs US\$ 500 per vehicle/month</i>						
7.5	Security upgrades @100%	D	1	8,855 .80	1	100.00	8,855.80
	<i>Minimised proportional rate for needs for CHF implementation for enhanced security</i>						
	Section Total						317,675.80
	SubTotal		4,521.00				2,907,062.24
	Direct						2,618,180.24
	Support						288,882.00
PSC Cost							
	PSC Cost Percent						7.00
	PSC Amount						203,494.36
	Total Cost						3,110,556.60

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul -> Kabul	100		21,069	14,625	14,065	49,759	<p>Activity 1.1.1 : Procurement and international transportation of Plumpy'sup and supercereal to Afghanistan</p> <p>Activity 1.1.2 : Delivery of the SNFs to the distribution sites (49 Health facilities) on monthly basis</p> <p>Activity 1.1.3 : Coordinate and collaborate with MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of MAM and SAM services</p> <p>Activity 1.1.4 : Provide guidance to the CPs/IPs for the preparation of proposal & budget for additional support for the MAM component of the IMAM implementation; on the SNF management and handling, on requisition and reporting of the SNFs utilization</p> <p>Activity 1.1.5 : Prepare SNFs dispatch plans and deliver the requested quantity of the SNFs to the final TSFP distribution sites on monthly basis.</p> <p>Activity 1.1.6 : Collect monthly TSFP programme performance reports, disaggregated by sex & age, for analysis and timely response</p> <p>Activity 1.1.7 : Carry out regular monitoring of the TSFPs sites and, wherever possible, undertake joint, WFP and partners, including PND/MOPH and UNICEF monitoring missions</p>

Documents

Category Name	Document Description
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
Budget Documents	NGO Budget breakdown.xlsx
Budget Documents	Ocean transport for RUSF.docx
Budget Documents	Ocean transport for Super Cereal.docx
Budget Documents	Supply Chain commodity price comparison table for RUSF.docx
Budget Documents	Supply chain commodity price comparison table for Super Cereal.docx
Budget Documents	WFP - CHF Project (BOQ) Budget breakdown 02.04.17.xlsx
Budget Documents	WFP - CHF Project (BOQ) Budget breakdown 03.04.17 (20170403 revised).xlsx
Budget Documents	NGO Budget breakdown (20170403 revised).xlsx
Budget Documents	Ocean transport for RUSF (20170403 revised).docx
Budget Documents	Ocean transport for Super Cereal (20170403 revised).docx
Budget Documents	Supply Chain commodity price comparison table for RUSF (20170403 revised).docx
Budget Documents	Supply Chain commodity price comparison table for RUSF (20170403 revised).docx
Budget Documents	Supply chain commodity price comparison table for Super Cereal (20170403 revised).docx
Grant Agreement	5212_AL_signed.pdf