

Requesting Organization :	World Food Programme				
Allocation Type :	2015 2nd CHF Standard Allocation / Call for Proposals				
Primary Cluster	Sub Cluster	Percentage			
NUTRITION		100.00			
		100			
Project Title :	PRRO 200447 - Assistance to Address Food Insecurity and Undernutrition				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	AFG-15/3481/SA2/N/UN/431		
Cluster :		Project Budget in US\$:	1,100,016.09		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/11/2015	Planned End Date :	31/10/2016		
Actual Start Date:	01/11/2015	Actual End Date:	31/10/2016		
Project Summary :	<p>WFP's Targeted Supplementary Feeding Programmes - or Outpatient Department - Moderate Acute Malnutrition (OPD-MAM) - are an integral component in the Integrated Management of Acute Malnutrition (IMAM) approach. The TSFPs are integrated with UNICEF's Outpatient and Inpatient Therapeutic Feeding Programmes for the treatment of severe acute malnutrition (SAM), also called OPD-SAM and IPD-SAM in both the 17-prioritised provinces and the remaining provinces under WFP's PRRO 200447. With linkages from the community to health facilities, the TSFPs ensure that MAM children can be identified early and treated in their homes using specialised nutritious foods. The WFP TSFPs maximize the impact of IMAM by treating MAM children before they become severely malnourished. This proposal emphasizes the delivery of MAM treatment activities by WFP and its national and international NGO Cooperating Partners, through the Government's Basic Package of Health Services. Utilizing findings of the 2013 National Nutrition Survey, 2014-15 small scale localized/district-level nutrition surveys, and the 2015 Seasonal Food Security Assessment, the TSFPs are implemented in the highest priority districts of the 17 most vulnerable provinces as identified by MOPH, WFP, UNICEF, and the Nutrition Cluster and WFP ensures that the highest needs are covered by the programme. Comparing to National Nutrition Survey 2013, the recent localized small scale nutrition surveys (SMART) conducted in 2014-15 showed some increase or decrease in GAM rates, for example the GAM prevalence in Ghor province showed by NNS-2013 was 5.3% whilst the 2015 SMART survey showed it 9.2%, and for Hilmand province NNS-2013 GAM prevalence was 14.5% and SMART 2015 showed 2.7%. It is also mentionable that all of the SMART surveys are covering only few districts in a province, so representative only to the surveyed districts. Number of beneficiaries are calculated based on standard calculation formula using the total population, proportion of children age 6-59 months in total population, prevalence and incidence of MAM in children age 6-59 months, and programme coverage. It is mentionable that the total number of planned MAM children in the mentioned 17 provinces including Gulan camp are much higher and this CHF will cover only the gaps.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	0	15,403	14,799	30,202
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Refugees	0	0	0	0	0
Other	0	0	0	0	0
Indirect Beneficiaries :					
All caregivers and household (family) members will indirectly benefit from the treatment of MAM children, as the TSFP activities include nutrition and health education, including counselling on optimal infant and young child feeding practices and care, sanitation and hygiene.					
Catchment Population:					
The catchment population comprises all of the households within the communities situated in the catchment areas covered by the health facilities where the TSFP services are provided.					
Link with allocation strategy :					

This funding request is closely aligned with the identified priorities of the CHF Standard Allocation Strategy under Envelope 7 by ensuring the availability of sufficient Specialised Nutritious Foods (Ready-to-use Supplementary Food or RUSF), and an effective and complete treatment for each MAM child. This design achieves a maximum coverage of the programmatic MAM caseload in the priority districts and provinces identified by the Ministry of Public Health, WFP, UNICEF and the Nutrition Cluster, using findings of the 2013 National Nutrition Survey, 2014-15 localized/district-level nutrition surveys, and the 2015 Seasonal Food Security Assessment. The project activities are in-line with the operational reach of WFP Afghanistan reach under its Protracted Relief and Recovery Operation (PRRO) 200447. For the purposes of this proposal, only MAM treatment support is considered, and no request is made for the treatment of acutely malnourished pregnant and lactating women (PLW), which is the other critical activity under TSFP. This request will cover projected MAM needs in the prioritized areas for one year from the date of disbursement according to the funding duration. The most critical threat to WFP's life-saving treatment of MAM children is a disruption in supply of RUSF during their average 3-month period of treatment; the potential for MAM children defaulting from treatment when the RUSF is unavailable is also a major risk.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
PU-AMI	International NGO	4,242.73
SCA	International NGO	9,546.14
IMC	International NGO	530.34
AADA	National NGO	9,015.80
OHPM	National NGO	9,015.80
ACTD	National NGO	3,182.05
ORCD	National NGO	1,060.68
MMRCA	National NGO	1,060.68
CAF	National NGO	3,182.05
AKF/AKHS	International NGO	3,182.05
MOVE	National NGO	1,060.68
AHDS	National NGO	3,182.05
HADAAF	National NGO	530.34
SAF	National NGO	530.34
BARAN	National NGO	3,712.39
		53,034.12

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

Other Funding Source	Other Funding Amount

Organization focal point :

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BACKGROUND

1. Humanitarian context analysis

Afghanistan has been severely affected by the repercussions of more than three decades of conflict. Already one of the poorest countries in the world, conditions of extreme poverty prevail and more than one-third of its population are too poor to access the few basic services, leading to serious nutrition risks experienced by the most vulnerable-women and children. The levels of hunger and undernutrition in Afghanistan remain persistently and unacceptably high. One of the ten countries in the world with the highest burden of undernourished children, many thousands of children die needlessly each year because they lack access to adequate food and nutrition. According to the National Risk and Vulnerability Assessment 2011-12, approximately 36 percent of the population live in absolute poverty and cannot meet their basic needs. Food insecurity affects large numbers of vulnerable Afghan households. Around 7.6 million people or 31 percent are food insecure, with an estimated 2.2 million (8.5 percent) very severely food insecure, and 3.1 million (12 percent) moderately food insecure. The context of maternal and child nutrition status in Afghanistan is characterised by a high prevalence of undernutrition that also includes micronutrient deficiencies due to inadequate dietary intake, frequent infections and poor maternal outcomes. The National Nutrition Survey 2013 showed that 41 percent of the country's children under five-years of age were chronically malnourished (stunted), almost ten percent were acutely malnourished (wasted) and some 25 percent were underweight. Maternal undernutrition was equally concerning with nine percent of women of reproductive age undernourished by mean body mass index (BMI) <18.5. Underweight women are more likely to give birth to low birth weight babies at higher risk of neonatal and infant death and stunted growth. An estimated nine percent of adolescent girls aged ten to 19 years were also found to be underweight by BMI. Approximately 45 percent of children aged six to 59 months and 40 percent of women aged 15 to 49 years were anaemic, of which 26 percent of children and 24 percent of women were also iron deficient. Iron-deficiency anaemia in children under two years is strongly associated with irreparable brain and physical development. Vitamin A deficiency was exceedingly high amongst children under-five years (50 percent), as was a deficiency in vitamin D (81 percent).

2. Needs assessment

Under its PRRO 200447, WFP will assist up to 3.7 million people in 184 of Afghanistan's districts. The National Risk and Vulnerability Assessment 2011-2012, and the National Nutrition Survey 2013 are the primary basis for geographic and beneficiary targeting in the PRRO 200447. An Integrated Context Analysis, which triangulated food insecurity prevalence between 2007-08 and 2011-12, and the 2015 Seasonal Food Security Assessment are additional targeting references. Findings from future nutrition and food security surveys and assessments by WFP and other agencies, and consultations with affected communities, will be used to refine both geographical targeting and beneficiary numbers. The beneficiary caseloads for WFP's TSFP interventions are derived using provincial-level MAM rates from the National Nutrition Survey 2013, and small scale 2014-15 localised/district-level nutrition surveys, as well as operational reach determined in consultation with the Ministry of Public Health and WFP partners. The recent small scale nutrition (SMART) surveys conducted in 2014-15 are covering only few districts in a province, so representative only to these districts. The findings of these surveys showed some increase or decrease in GAM rates comparing to NNS 2013, for example the GAM prevalence in Ghor province showed by NNS-2013 was 5.3% whilst the 2015 SMART survey showed it 9.2%, and for Hilmand province NNS-2013 GAM prevalence was 14.5% but SMART 2015 showed 2.7%, although the program is always adjusted based on emerging needs. The Nutrition Cluster's prioritization of the 17 most highly vulnerable provinces with SAM rates exceeding a globally-defined emergency level (>3 percent) strongly informs this funding request.

3. Description Of Beneficiaries

Aligned with the criteria set forth by the MOPH National IMAM Guidelines, beneficiaries of the WFP TSFPs are children aged 6 to 59 months (girls and boys) with moderate acute malnutrition who are identified using mid-upper arm circumference (MUAC) measurements (MUAC =>115 mm and <125 mm) or weight-for height (>-3 z-scores and & <-2 z-scores), without nutritional oedema or medical complications. The MAM caseload under this proposal will be from the targeted districts and provinces identified as highest priority due to critical levels of SAM, and those areas in which WFP's operational reach extends.

4. Grant Request Justification

From end-January 2016, WFP will face severe pipeline breaks in RUSF. Availability of RUSF is critical to continuity and success of MAM treatment; therefore, it is vital to have a secured supply of RUSF if MAM children are to be successfully and timely treated, and for the TSFP programmes to have their intended impact. Any break in supply will result in the (primarily female) caregivers failing to bring their MAM children (girls and boys) for regular TSFP treatment in the catchment areas' health facility. With a RUSF procurement lead time of approximately three to four months for the supplies to arrive in-country, funds are urgently needed to ensure a continuous supply of RUSF for the WFP nutrition activities. WFP has a strong track record of successfully implementing TSFPs both in Afghanistan and globally, often in the most challenging contexts. Immediately when the CHF funds are confirmed, WFP will commence purchase of the RUSF to cover its continuing needs.

5. Complementarity

The proposed activities focus on the treatment of MAM children, which also helps to prevent deterioration of these children into severe acute malnutrition (SAM); thus, strengthening linkages with all components of IMAM and, in particular, the treatment of SAM through UNICEF-supported IMAM activities. These activities are in-line with the MOPH national nutrition policy and guidelines, and adhere to global standards. The proposed CHF support will complement WFP's commitment towards supporting the MOPH in the provision of quality, life-saving nutrition services for children under-five years of age with acute malnutrition. WFP nutrition activities simultaneously treat acutely malnourished pregnant and lactating women through the same TSFP / IMAM health facilities. These acutely malnourished women receive a monthly treatment consisting of fortified wheat flour, pulses, fortified vegetable oil, iodised salt and multiple micronutrient tablets; the ration is designed to meet their caloric requirements, as well as a providing a proportion to the household food needs. In 2015, WFP is targeting over 97,000 acutely malnourished pregnant and lactating women, reaching a total of 264,000 family members (beneficiaries). Long-term planning to cover the MAM gaps is underscored by a strengthened Nutrition Cluster Advocacy Strategy aimed at both government and development partners, which emphasizes the critical importance of nutrition and the prevention and treatment of MAM (as a precursor to SAM). The sustainability and continuation of TSFPs without CHF funding in future is, under this funding window, addressed primarily by larger contributions that equally address both the treatment of MAM children and acutely malnourished PLW countrywide and throughout the year.

LOGICAL FRAMEWORK

Overall project objective

To treat moderate acute malnutrition, and prevent severe acute malnutrition, in children aged 6-59 months in areas identified as having a high prevalence of acute malnutrition and high food insecurity.

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 : Through provision of RUSF to MAM children aged six to 59 months, over an average treatment course of up to three months, and the associated care provided by WFP Cooperating Partners who are also the BPHS implementers. It can be anticipated that the prevalence of moderate acute malnutrition will be lowered, and that those cases that are identified through screening, will receive the treatment necessary to make a full recovery (assumption: supply of RUSF available to cover a full 3-month treatment cycle). Overall improved access to nutrition services will also be enhanced in at-risk communities living in areas targeted under this proposal.							
Outcome 1							
Stabilized or reduced undernutrition among children aged 6 to 59 months							
Output 1.1							
Description							
RUSF distributed in sufficient quantity in a timely manner to targeted beneficiaries							
Assumptions & Risks							
No deterioration in regional/national stability; availability and sufficient capacity of cooperating partners; adequate access to target communities; capacity of RUSF suppliers to produce and deliver within agreed timeline.							
Activities							
Activity 1.1.1							
Ongoing procurement and delivery of RUSF to WFP's TSFP partners							
Activity 1.1.2							
Identify TSFP beneficiaries (girls & boys) through MUAC screening in communities and health care facilities							
Activity 1.1.3							
Provide a bi-monthly (every two weeks) treatment course of RUSF, and associated care, to each admitted MAM child (girls and boys) until discharged as cured							
Activity 1.1.4							
Deliver nutrition & health education and communication sessions, primarily to female caregivers, in support of optimal Infant and Young Child Feeding and care practices, and health growth and development							
Activity 1.1.5							
Collect monthly TSFP programme performance reports, disaggregated by sex/gender & age, for analysis and timely response							
Activity 1.1.6							
Carry out regular M&E of TSFPs and, wherever possible, undertake joint monitoring missions by WFP and partners, including MOPH and UNICEF							
Activity 1.1.7							
Provide technical support to strengthen capacity of TSFP providers (female & male) in collaboration with MOPH, UNICEF and the Nutrition Cluster							
Activity 1.1.8							
Coordinate and collaborate MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of MAM and SAM needs for their joint and coherent supplementary and therapeutic treatment.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	% of MAM boys and girls aged 6-59 months discharged cured from TSFP					75
Means of Verification : Cooperating partner reports and WFP M&E reports Sphere Target >75% (denominator is total number of MAM children discharged)							
Indicator 1.1.2	NUTRITION	% of quantity of specialized nutritious food distributed against the plan					100
Means of Verification : Cooperating partner reports and WFP M&E reports Target is 100 percent of commodity timely procured by March 2016							
Indicator 1.1.3	NUTRITION	Timely procurement of RUSF (Procurement and receipt of supplies within 3 months)					100
Means of Verification : % of RUSF delivered to implementing partner Procurement timeline will be provided							
Indicator 1.1.4	NUTRITION	Number of admitted MAM boys and girls aged 6-59 months with MAM receiving RUSF					30,202

Means of Verification : Cooperating partner reports and WFP M&E reports											
Indicator 1.1.5	NUTRITION	Percentage of boys and girls 6-59 months MAM deaths in line with SPHERE standards						1	2	3	
Means of Verification : Cooperating partner reports and WFP M&E reports Target: < 3% (denominator is total number of MAM children discharged)											
Indicator 1.1.6	NUTRITION	Percentage of MAM boys and girls aged 6-59 months defaulted from TSFP Sphere									15
Means of Verification : Cooperating Partner monthly OPD-MAM reports to MOPH, and WFP M&E reports Target: < 15% (denominator is total number of MAM children discharged)											
Indicator 1.1.7	NUTRITION	Percentage of children screened for acute malnutrition in communities and health facilities									50
Means of Verification : Cooperating partner report The target of 50% is set up following the consultation with the UNICEF. (The denominator is the total number of children aged 0 to 59 months in the targeted areas.)											
Indicator 1.1.8	NUTRITION	Percentage of PAT monitoring visits done (plan vs actual)									80
Means of Verification : Monitoring reports by PATs (denominator is total number of monitoring visits planned)											
Post Distribution Monitoring (PDM): 372 sample size at 95% confidence level -80% implementation ratio: 300 PDMs											
Activity Monitoring: 313 sites -80% implementation rate : 250 site visits for AM											
Additional Targets :											

M & R

Monitoring & Reporting plan

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

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Ongoing procurement and delivery of RUSF to WFP's TSFP partners	2015											X	X
	2016	X											
Activity 1.1.2: Identify TSFP beneficiaries (girls & boys) through MUAC screening in communities and health care facilities	2015												
	2016		X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Provide a bi-monthly (every two weeks) treatment course of RUSF, and associated care, to each admitted MAM child (girls and boys) until discharged as cured	2015												
	2016		X	X	X	X	X	X	X	X	X		
Activity 1.1.4: Deliver nutrition & health education and communication sessions, primarily to female caregivers, in support of optimal Infant and Young Child Feeding and care practices, and health growth and development	2015												
	2016		X	X	X	X	X	X	X	X	X		
Activity 1.1.5: Collect monthly TSFP programme performance reports, disaggregated by sex/gender & age, for analysis and timely response	2015												
	2016		X	X	X	X	X	X	X	X	X		
Activity 1.1.6: Carry out regular M&E of TSFPs and, wherever possible, undertake joint monitoring missions by WFP and partners, including MOPH and UNICEF	2015												
	2016		X	X	X	X	X	X	X	X	X		

Activity 1.1.7: Provide technical support to strengthen capacity of TSFP providers (female & male) in collaboration with MOPH, UNICEF and the Nutrition Cluster	2015																			
	2016		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.8: Coordinate and collaborate MOPH, UNICEF and the Nutrition Cluster to ensure coherent coverage of MAM and SAM needs for their joint and coherent supplementary and therapeutic treatment.	2015																			
	2016		X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

OTHER INFO

Accountability to Affected Populations

WFP staff and cooperating partners provide affected people with information they need in a timely manner, ensuring beneficiaries can participate in programme design and implementation, and having safe and effective mechanisms for feedback and complaints.

The details of WFP's practice

Information provision: It means providing accurate, timely and accessible information to affected people about WFP's assistance, including programme objectives, targeting criteria, and their entitlements and rights.

Participation: It means enabling affected people, including the most marginalised, to play an active role in the design, implementation, and monitoring and evaluation of a project. This can be done through community consultations and focus group discussions with women, men, boys and girls, and making sure that the most vulnerable and marginalised have a voice.

Complaints and feedback mechanisms (CFMs): WFP maintains a national hotline, which enables beneficiaries to raise any concern or offer feedback on WFP programmes and operations, with an element of anonymity. The hotline is operated by both female and male staff, in line with Afghan cultural protocol. Similarly, WFP cooperating partners ensure a helpdesk is available at distribution points, ensuring a continuous open dialogue with WFP's beneficiaries. WFP field monitors and WFP PAT monitors likewise offer an opportunity to raise any concerns during monitoring.

Implementation Plan

The WFP TSFPs are implemented throughout the country in partnership with the MOPH Public Nutrition Department, and in 2015, 23 international and national BPHS-implementing NGOs, who are also Nutrition Cluster members. The TSFPs as an integral component of IMAM are implemented in close collaboration with UNICEF and WHO. The TSFP activities will be delivered by WFP's Cooperating Partners through BPHS health facility sites. The RUSF will be procured in Pakistan in order to shorten shipping time. The logistics unit in WFP Pakistan will facilitate its procurement as well as transportation from Pakistan to Afghanistan. In Afghanistan, it will be transported and delivered by WFP to each partner at an agreed warehouse site, either provincially or at district-level, according to signed Field Level Agreements. Children will be screened for MAM in the community by Community Health Workers, and in health facilities by BPHS staff. Children identified as either MAM or SAM will be referred to the appropriate treatment programme (OPD-MAM, OPD-SAM, or IPD-SAM), as indicated. Through WFP's Cooperating Partners, MAM children will be treated with bi-monthly (every two weeks) rations of RUSF, totaling approximately 2.76 kg per MAM child per month. Along with receiving routine health and nutrition check-ups and appropriate medical care of the MAM children, their caregivers will receive nutrition, health and hygiene education and communication activities, which emphasize optimal Infant and Young Child Feeding practices and care. WFP will provide the necessary TSFP technical support and capacity enhancement of the BPHS government staff and NGOs, facilitating both TSFP training, supportive supervision, and the provision of technical backstopping to its partners to strengthen monitoring through an established field presence of programme monitors. The TSFP (OPD-MAM) and OPD/IPD SAM services will complement each other, and provide a comprehensive IMAM response for acute malnutrition in children under-five years in CHF-funded districts and provinces.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
PU-AMI	IMAM/BPHS NGO Partner
Save the Children	IMAM/BPHS NGO Partner
SCA	IMAM/BPHS NGO Partner
UNICEF	UN Agency/Nutrition Lead Agency
WHO	UN Agency/Nationally assigned IPD-SAM Agency
Ministry of Public Health-Nutrition	Line Ministry and oversight of BPHS
AADA	IMAM/BPHS NGO Partner
AHDS	IMAM/BPHS NGO Partner
AKF/AKHS	IMAM/BPHS NGO Partner
CAF	IMAM/BPHS NGO Partner
HADAAF	IMAM/BPHS NGO Partner
HHAAWC	IMAM/BPHS NGO Partner
HN-TPO	IMAM/BPHS NGO Partner
IMC	IMAM/BPHS NGO Partner
MOVE	IMAM/BPHS NGO Partner
SAF	IMAM/BPHS NGO Partner
ACTD	IMAM/BPHS NGO Partner

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 WFP project is designed to contribute to gender equality primarily through: i) improving women's access to BPHS services; working with influential members of the communities, and with both male and female household members, to raise their awareness of the importance of adequate nutrition during the first 1000 days of life, and the need to ensure regular MUAC screening of pregnant and lactating women in order to protect their health and nutritional status, which lower the risk of perinatal complications, and of delivering malnourished infants; ii) Engaging men in maternal and child nutrition protection: as an integral component of Activity 1.1.4, WFP, through its implementing partners will work within the targeted communities to increase the awareness of, and contribution to, of male family members in optimal maternal and child nutrition and health; iii) Enabling participation: through community consultations and discussions with women, male family members, and influential community leaders (both male and female), key Infant and Young Child Feeding and care practices will be promoted, especially to mothers and women of reproductive age in the targeted programme areas; iv) Addressing key health seeking behaviours: physical and cultural barriers that are discouraging women from seeking treatment and/or preventing female caregivers from bringing their malnourished children to the TSFPs will be taken into consideration using the same consultative process as (iii), in order to increase programmatic coverage and lower the potential for high defaulter rate; v) Gender-disaggregated data collection: in order to monitor the gender features of nutritional insecurity and risks of malnutrition, the WFP and MOPH reporting system will use gender and age disaggregated data enabling WFP to monitor the gender-ratio of children admitted into the TSFPs, and to follow-up on any apparent imbalance (Activities 1.1.2 and 1.1.5). In providing gender-responsive nutrition services, WFP endeavours to ensure that mothers and caregivers face less discrimination and barriers in accessing essential treatment services for themselves and for their children. At a broader level, WFP's Gender Policy 2015-2020 (attached), and Humanitarian Protection Policy 2012 (attached) details how gender and protection actions are mainstreamed into PRRO activities.

Environmental Marker: The RUSF packaging is plastic and not biodegradable, but WFP is exploring ways to help CPs and beneficiaries manage their disposal. However, given the limited scale of this issue, the impact on the environment is minimal ('medium impact' is too strong). After pursuing the available information at humanitarian response, we have selected the marker that we feel closest captures the reality.

Protection Mainstreaming

WFP's TSFP 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. The TSFP activities will be delivered with a view towards avoiding mobilization plans and discussions. The provinces with the highest rates of SAM are prioritized for IMAM interventions, and a priority for WFP to deliver access to treatment for MAM.

Country Specific Information**Safety and Security**

The UNSMS SRM policy in Afghanistan identifies threats and enables operational continuity through protocols providing for staff movements, defensive measures and adherence to directives. Ninety-five percent of staff have completed security training; deep-field staff receive additional training. WFP participates in the United Nations security management team and implements all of its recommendations. Coordination of food movements will be carried out to mitigate reduced access to targeted beneficiaries. Travel to 'no go' areas will be undertaken only with approval of the United Nations designated official and/or Under Secretary General of the United Nations Department of Safety and Security (UNDSS). Standard operating procedures for safe distribution by CPs are in place and a safe distribution module is part of their training. All WFP facilities comply with Minimum Operating Security Standards (MOSS) and will continue to be staffed by security guards subject to any restrictions placed by the designated official and/or Under Secretary General, UNDSS. Security-related compliance and access assurance will increase the direct support costs of the operation beyond normal levels.

Access

WFP will oversee third-party monitoring of assistance in areas where access by United Nations staff is restricted, and to complement those areas where WFP has staff presence. WFP will continue to ensure strict adherence to security directives. Access to beneficiaries remains a major challenge that can affect the ability of WFP and its partners to monitor assistance effectively. The lack of female monitors to access female beneficiaries also is a constraints. To circumvent these problems, WFP will work with partners to ensure access to monitor operations and contractually oblige third party monitoring teams (PATs) to recruit female monitors. The PATs operate through a scope of work, which is an integral part of their contractual agreement with WFP, and that ensures accountability and adherence to expected standards.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Programme Officer (Nutrition)-NOC	D	1	6,787.69	12	15%	12,217.84
	<i>The Programme Officer is responsible to support WFP field offices and cooperating partners for proper designing and implementation of the project, as well as ensure required coordination at central level.</i>						
1.2	Sr. Programme Assistant (Nutrition) -GS7	D	1	4,562.94	12	15%	8,213.29
	<i>At the WFP field office level Sr. Programme Assistant is responsible to support the cooperating partner in designing of the project, and ensure day to day implementation, oversight and coordination of the project</i>						
1.3	Programme Assistant (Nutrition)-GS5	D	1	3,457.15	12	15%	6,222.87

	<i>At the WFP field office level Sr. Programme Assistant is responsible to support the cooperating partner in designing of the project, and ensure day to day implementation, oversight and coordination of the project</i>						
1.4	Logistics Assistant*6 for 6 WHS-GS5	S	6	3,865.42	12	1%	1,391.55
	<i>Logistic assistants are responsible for logistical arrangements of relevant supplies.</i>						
1.5	Food Aid Monitors Monitor *8-GS5	D	8	3,457.00	12	15%	49,780.80
	<i>Unit cost for this budget is only US\$518.57. Based on WFP budget for a GS5 for 3457.15, charged at 15%=518.57</i>						
1.6	Admin. Assistant @ GS4	S	1	2,956.00	12	15%	5,320.80
	<i>Admin. Assistant is responsible for the relevant administrative arrangement</i>						
1.7	Drivers for Project Implementation Area *6	S	6	2,278.72	12	15%	24,610.18
	<i>Drivers are responsible in transporting project staff especially for monitoring and coordination purposes</i>						
1.8	Q and Q and Super intendant	D	276.36	13.50	1	100%	3,730.86
	<i>The quality and quantity of food commodity will be verified by Super intendant.</i>						
	Section Total						111,488.19
Supplies, Commodities, Materials							
2.1	Food Costs: 276.36 MT	D	276.36	2,363.48	1	100%	653,171.33
	<i>Estimated tonnage is 276.36 MT WFP sets up the unit cost based on previous purchases.</i>						
2.2	External Transport Cost	D	276.36	76.00	1	100%	21,003.36
	<i>WFP sets up the unit cost based on most recent available market rate.</i>						
2.3	Inland Transportation, storage and handling	D	276.36	188.27	1	100%	52,030.30
	<i>LTSH is the local transport, storage and handling. Lumpsum calculated here factors all costs involved in receiving good from regional markets. WFP sets up the unit cost based on most recent market rate.</i>						
2.4	Insurance	S	276.36	4.19	1	100%	1,157.95
	<i></i>						
	Section Total						727,362.94
Contractual Services							
4.1	PAT Monitors-All AOs. For 16 monitors	D	16	250.00	9	100%	36,000.00
	<i>The unit cost provided here is related to this specific activity, monitoring. Hence charged at 100% PAT (Project Assistance Team) monitors are outsource monitors, responsible for monitoring of project implementation especially in the areas where WFP monitors have access issues. WFP allocates two PATs for two area offices each and three PATs for four area offices with bigger operations.</i>						
	Section Total						36,000.00
Travel							
5.1	Staff Travel Cost (Field missions, Monitoring, 16 staff for 27 days)	D	16	98.00	27	100%	42,336.00
	<i>The unit cost provided here is related to this specific activity, travel requirements. Hence charged at 100%. Domestic flight tickets including UNHAS traveling to the project sites and staff DSA necessary for field mission and monitoring.</i>						
	Section Total						42,336.00
Transfers and Grants to Counterparts							
6.1	Administrative staff	S	1	375.01	12	100%	4,500.12
	<i>Thess are the costs related to distribution of respective commodity/Qty. The unit cost provided is calculated for this specific qty only. Administrative staff is responsible for the required admin tasks.</i>						
6.2	Programme staff	D	1	2,163.00	12	100%	25,956.00

	<i>Programme staff is responsible for project implementation.</i>						
6.3	Travel	D	1	126.13	12	100%	1,513.56
	<i>Travel cost for monitoring and supervision of the project.</i>						
6.4	Training	D	1	149.92	12	100%	1,799.04
	<i>Cost for relevant trainings and capacity building of project staff.</i>						
6.5	Rental of facility	S	1	25.52	12	100%	306.24
6.6	Utilities	S	1	39.43	12	100%	473.16
6.7	Communications fees	S	1	70.13	12	100%	841.56
	<i>Communication cost is covering mainly mobile credit cards, and sometimes internet and is used for required communication.</i>						
6.8	Office supplies	S	1	34.47	12	100%	413.64
6.9	Office security	S	1	18.75	12	100%	225.00
6.10	Handling, casual labour	D	1	118.54	12	100%	1,422.48
	<i>Loading and offloading cost of RUSF</i>						
6.11	Warehouse staff	D	1	356.23	12	100%	4,274.76
	<i>Warehouse staff is responsible for warehousing and managing food commodities</i>						
6.12	Warehouse rental	S	1	242.67	12	100%	2,912.04
	<i>Warehouse is required for storage of food commodities.</i>						
6.13	Pallets	D	1	2.30	12	100%	27.60
	<i>Pallets are required for food stacking in the warehouse.</i>						
6.14	Computer equipment for commodity tracking	S	1	37.00	12	100%	444.00
	<i>Some cooperating partners need computer for commodity tracking and reporting.</i>						
6.15	Light vehicles	S	1	130.98	12	100%	1,571.76
	<i>Some cooperating partners need light vehicles for monitoring and coordination of project activities.</i>						
6.16	Office furnishing and other equipment	S	1	586.65	12	100%	7,039.80
	<i>Some cooperating partners need some furniture such as desk, chair, cupboard for the project related purpose.</i>						
6.17	Management fee	S	1	313.37	1	100%	313.37
	<i>It is part of our agreement with the partners, and the cost is identified separately. If required, can be inserted along with other budget lines.</i>						
	Section Total						54,034.13
General Operating and Other Direct Costs							
7.1	Office supplies and other consumables	S	1	149,908.00	12	1%	17,988.96
	<i>It is the cost related to our main office and sub offices involved in implementing this activity/qty purchased under this contribution.</i>						
7.2	Office rental for 1 month	S	1	37,155.74	12	1%	5,439.60
	<i>This is an average office rental cost. It is already cost shared, percentage at 1%.</i>						
7.3	Communications and IT services (Office)	S	1	67,953.00	12	1%	8,154.36

	<i>This is an average communication/IT services cost. It is already cost shared, percentage at 1%.</i>						
7.4	Vehicle running costs and maintenance-6 Vehicles	S	6	350.67	12	100%	25,248.24
	<i>For vehicles, unit cost used as 100%, is already cost shared, the actual cost is around US\$2,104/vehicle.</i>						
	Section Total						56,831.16
SubTotal			1,463.80				1,028,052.42
Direct							919,700.09
Support							108,352.33
PSC Cost							
PSC Cost Percent							7%
PSC Amount							71,963.67
Total Cost							1,100,016.09
Grand Total CHF Cost							1,100,016.09
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Wardak	9						
Nangarhar	13						
Laghman	9						
Ghazni	4						
Paktya	6						
Kunar	8						
Nuristan	1						
Badakhshan	12						
Samangan	4						
Uruzgan	6						
Zabul	1						
Paktika	3						
Khost	8						
Badghis	2						
Hilmand	6						
Kandahar	7						
Nimroz	1						
Documents							
Category Name				Document Description			
Project Supporting Documents				WFP Afghanistan PRRO 200447.pdf			
Project Supporting Documents				WFP Humanitarian Protection Policy.pdf			

Project Supporting Documents	WFP Gender Policy (2015-2020).pdf
Project Supporting Documents	WFP Gender Policy Corporate Action Plan (2010-2011).pdf
Signed Project documents	WFP 431 Grant Agreement.pdf