

Requesting Organization :	United Nations Children's Fund					
Allocation Type :	2017 3rd Reserve Allocation - UNICEF					
Primary Cluster	Sub Cluster	Percentage				
NUTRITION		100.00				
		100				
Project Title :	Provision of therapeutic supplies (RUTF, F-75, F-100 and ReSoMal) for severely acute malnourished children age 0-59 months in 45 hard to reach districts of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces.					
Allocation Type Category :	Core activities					
OPS Details						
Project Code :		Fund Project Code :	AFG-17/3481/RA3/N/UN/7319			
Cluster :		Project Budget in US\$:	2,501,675.52			
Planned project duration :	12 months	Priority:				
Planned Start Date :	01/11/2017	Planned End Date :	31/10/2018			
Actual Start Date:	01/11/2017	Actual End Date:	31/10/2018			
Project Summary :	<p>As part of the strategic response plan, the Afghanistan Nutrition Cluster has identified the needs for provision of life saving activities in underserved and hard to reach areas where severe needs existed through the Integrated Management of Acute Malnutrition (IMAM) approach in 45 districts of 11 high priority provinces of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni as a priority intervention. In addition to that, the cluster has also identified the need of RUTF, formula milk F-75 and F-100 (F-75 and F-100 only for 15% completed total SAM cases) for IMAM programme implementation by different partners. Since Outpatient Department and Inpatient Department for treatment of Severe Acute Malnutrition (OPD-SAM and IPD-SAM) are an integral component of IMAM, hence provision of both services will be implemented simultaneously with the OPD -MAM services, where applicable in some areas as an integrated manner through CHF funding from this proposal.</p> <p>Hence the current CHF proposal aims to address nutrition supplies need mentioned above for IMAM/ SAM implementation by both BPHS and CHF partners for portion of SAM under five children in 45 hard to reach districts of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces where currently there is no IMAM services. The estimated RUTF supply is around 34,743 cartons, 842 cartons of F-75, 1,954 cartons of F-100 and 270 cartons of ReSoMal (for complicated cases) in the mentioned provinces.</p> <p>As part of the nutrition response UNICEF is seeking USD 2,023,749.97 from CHF to provide live saving therapeutic supplies of RUTF, F-75, F-100 and ReSoMaL to partners for treatment of 45,082 (24,344 girls and 20,738 boys) Severely Acute Malnourished under five children in targeted districts provinces. UNICEF will procure the nutrition supplies through it is own mechanism. These supplies will be stored at national and regional UNICEF warehouses. This project is meant to cover the therapeutic supply needs of CHF funded projects 12 months long in 45 critical priority districts. If the duration is limited for six month, procurement and delivery of supply will not be possible given the limited storage capacity of partners/ provinces. Based on agreement between UNICEF and Public Nutrition Directorate (PND) of Ministry of Public Health (MoPH), 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 implementing partners (IPs) until provincial level. The implementing CHF and BPHS partners (ACF, AHDS, HNI-TPO, NCA, ORCD, PU-AMI, YHDO, and BRAC-AYSO) will be fully responsible to make sure that RUTF, F-75, F-100 and ReSoMal are used in the OPD-SAM and IPD-SAM sites and report to PND, nutrition cluster, UNICEF and OCHA as per agency requirement. The activities will be implemented through the health facilities and mobile nutrition teams in the targeted provinces. The overall objective of the intervention is to contribute to the reduction of morbidity and mortality amongst under five year children. UNICEF will closely coordinate with PND and implementing CHF partners for nutrition supply (RUTF, F-75, F-100 and ReSoMal) 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.</p>					
Direct beneficiaries :						
	Men	Women	Boys	Girls	Total	
	0	0	20,738	24,344	45,082	
Other Beneficiaries :						
	Beneficiary name	Men	Women	Boys	Girls	Total
	Host Communities	0	0	20,738	24,344	45,082

Indirect Beneficiaries :

The entire family members and care providers of the target under five children who will be admitted for SAM treatment in the target areas, are the indirect beneficiaries that will benefit from the IMAM services, as the program will have a component of health education and awareness raising (including IYCF, health and hygiene) activities as part of community mobilization. The IMAM programme also has psychosocial activities targeting the caretakers of the enrolled SAM children.

Catchment Population:

The entire population living within the catchment areas of those health facilities and mobile teams that will provide SAM treatment services, will be targeted through the community mobilization component of the IMAM activities. In general, the communities of these areas will benefit from the strengthening of health systems for delivery of IMAM services.

Link with allocation strategy :

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 45,082 severe acute malnutrition children in the focused areas (45 hard to reach districts) of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces. Treatment of SAM is one of the main public nutrition strategies of Ministry of Public Health (MoPH). Public Nutrition Directorate of MoPH and respective provincial BPHS/EPHS NGOs that 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.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
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Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount
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Organization focal point :

Name	Title	Email	Phone
Ahmad Nawid Qarizada	Nutrition Specialist	anqarizada@unicef.org	0093730717633
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BACKGROUND**1. Humanitarian context analysis**

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 to deteriorate nutrition situation, primarily of under-five children, the most vulnerable age group. The 45 districts of Almaar, Andkhoy, Garzewan and Pahstoon Kot in Faryab province; Geero, Moqor, Waghaz and Wali Moh in Ghazni province; Shaheed, Garm Seir, Lashkar Gaah, Nad Ali, Nawzaad, Rig-e-Khansheen and Sangeen in Helmand province; Arghestaan, Ghorak, Khakriz, Maiwand, Nish, Shah Wali Kot, and Zgheray in Kandahar province; Bar Kunar, Dara-e-Paich, Ghazi Aabad, Khaas Kunar, Marah Warah, Shegal and Wata Poor in Kunar province; Chahar Darah, Dashte Archee, Hazrat Imam Sahib, Khanabad and Qalaye Zaal in Kunduz; Chaparral, Khogyani and Sorkh Road in Nangarhar province; Orgoon in Paktika province; Khowaja Ghaar in Takhar province; Chorah, Deh Rawood, Khaas Uruzgan, TereenKot and Shaheed Hasaas in Urozgan province and lastly Day Chopan and Shah Joy in Zabul province identified as the most venerable districts due to insecurity, where people do not have enough access to primary social and health and nutrition services. 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 severe acute malnutrition. Looking at the high needs, the current nutrition services are inadequate, and it is hence deemed important and necessary to provide IMAM services to cover portion of SAM under five children in the mentioned target districts. It is therefore estimated that 38,320 (85% of target) children will be admitted for SAM treatment in OPD-SAM service and an estimated of 6,762 (15% of target) SAM children with complication in IPD-SAM service.

2. Needs assessment

The Nutrition Cluster has identified the provision of comprehensive IMAM services for people in need in 45 hard to reach districts in Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces as an immediate priority. Currently, the provinces have not enough capacity in terms of provision of adequate IMAM therapeutic supplies to address the need of SAM treatment in a systematic manner in the targeted areas. Therefore, there is need of therapeutic supplies to be provided by UNICEF to IMAM IPs, but the current UNICEF pipeline and stock are not enough to fulfil the demand of nutrition therapeutic supplies to be provided to IMAM IPs to implement OPD-SAM and IPD-SAM services in the target areas.

The current CHF proposal is focused on an urgent need for nutrition humanitarian response for the under-five SAM children of 45 hard to reach districts in Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces. The CHF proposed budget will cover to address RUTF need for 38,320 of SAM under five children without complication and therapeutic formula milk of F-75 and F-100 and the ReSoMal for an estimated of 6,762 SAM under-five with complication in the target areas mentioned.

The mentioned caseload is calculated based on National Nutrition Survey (NNS) 2013 and SMART surveys conducted in 2016 and 2017. Due to the lack of budget and capacity no national nutrition survey has been conducted since 2013, while only some SMART surveys have been conducted in some of the provinces. Therefore, the SAM caseload in the targeted districts of Faryab, Takhar, Kunduz, Helmand, Zabul, Urozgan, Kunar, Paktika and Ghazni provinces calculated based on National Nutrition Survey 2013, while the SAM caseload in the targeted districts of Nangarhar and Kandahar provinces calculated based on the recent SMART surveys conducted in 2016 and 2017. The caseload estimated using the standard formula with 2.6 correction factor which multiplied to the percentage of children under five and to the prevalence of SAM.

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 38,320 children under five years old with SAM without complication and an estimated of 6,762 SAM under-five children with complication that will be enrolled in the OPD-SAM and IPD-SAM programme, respectively as per the national IMAM guidelines. 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 hard to reach areas. 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.

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 coordination with CHF and BPHS partners (ACF, AHDS, HNI-TPO, NCA, ORCD, PU-AMI, YHDO, and BRAC-AYSO). In addition, the services of OPD-SAM will be delivered in close coordination with the provision of OPD-MAM services (supported by other partners). This project is meant to cover the therapeutic supply needs of CHF funded projects 12 months long in 45 critical priority districts. If the duration is limited for six month, procurement and delivery of supply will not be possible given the limited storage capacity of partners/ provinces. 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. Awareness raising on IYCF and maternal nutrition will be provided to all the targeted communities with particular attention to caregivers and PLWs. IMAM services 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

Contribution to Cluster/Sector Objectives : For objective 2, essential therapeutic supply will be procured and used for treatment of 45,082 children under the age of five years with SAM in target areas of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni.

Outcome 1

45,082 under five years old children with SAM are treated in 11 provinces of of Faryab, Takhar, Kunduz, Helmand, Kandahar, Zabul, Urozgan, Nangarhar, Kunar, Paktika and Ghazni provinces linked to humanitarian nutrition response.

Output 1.1

Description

Essential nutrition supplies (RUTF and Therapeutic milks F-75 and F-100 and the ReSoMal) are procured and distributed to implementing partners in a timely manner

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	Number of existing humanitarian stocks relocated for F-75 to high conflict-risk areas.					210
Means of Verification : Stock Report							
Indicator 1.1.2	NUTRITION	Number of existing humanitarian stocks relocated for F-100 to high conflict-risk areas.					488
Means of Verification : Stock report							
Indicator 1.1.3	NUTRITION	Number of existing humanitarian stocks relocated for ReSoMaL to high conflict-risk areas.					67
Means of Verification : Stock Report							
Indicator 1.1.4	NUTRITION	Number of F-75 stocks procured for high conflict-risk areas.					842
Means of Verification : Stock Report							
Indicator 1.1.5	NUTRITION	Number of F-100 stocks procured for high conflict-risk areas.					1,954
Means of Verification : Stock Report							
Indicator 1.1.6	NUTRITION	Number of ReSoMaL stocks procured for high conflict-risk areas.					270
Means of Verification : Stock Report							
Indicator 1.1.7	NUTRITION	RA3 - Enabling Action (Decentralisation of Stocks) - Number of existing humanitarian stocks relocated to high conflict-risk areas	0	0	0	0	8,685
Means of Verification : Stock Report of existing RUTF supplies relocated to high conflict - risk areas.							
Indicator 1.1.8	NUTRITION	RA3- Enabling Action (Decentralisation of Stocks) - Number of stocks procured for high conflict-risk areas					34,743
Means of Verification : Stock report for RUTF stocks procured							
Activities							
Activity 1.1.1							
Standard Activity : RA3- Decentralisation of existing stockpiles into high conflict-risk areas							
Distribute SAM supplies to implementing NGOs in-order to timely respond to the critical needs using existing stock of supplies.							
Activity 1.1.2							
Standard Activity : RA3 - Procurement of stocks for high conflict-risk areas but not for replenishment of stocks moved to these areas.							
Procurement of SAM therapeutic supplies and dispatching as per need on quarterly basis.							
Activity 1.1.3							
Standard Activity : Not Selected							
Monitor the monthly utilization of the SAM therapeutic supplies through the national nutrition reporting database.							
Additional Targets : The caregivers of the 45,082 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 and IPD-SAM treatment services will be also targeted through the community mobilization component of the IMAM activities. In general, the communities of these areas will benefit from the IMAM services.							

M & R

Monitoring & Reporting plan

UNICEF uses the agreed nutrition cluster monitoring and evaluation strategy for monitoring and evaluating the nutrition activities in the country. There are agreed cluster reporting templates in which all partners report to PND-MoPH and the cluster on a monthly basis. All partner data is captured in a nutrition programme database for all results including supplies usage as part of the Nutrition information system for the country. UNICEF will use the bottleneck analysis to address any factors that will hinder acceptable contact and effective coverage of targeted children through enhancing increased availability, accessibility and acceptability of the SAM treatment and preventive services. UNICEF will work with partners and government counterparts to ensure quality nutrition service delivery. UNICEF will also use the end user monitoring strategy, which aims at assessing the quality appropriateness and use of UNICEF strategic supply input to program implementation in the interest of the children. The monitoring involves a team of UNICEF programme and supplies team as well as MoPH and partners. UNICEF together with PND-MoPH are undertaking a RUTF supply chain management capacity building of BPHS/EPHs NGOs and MoPH to improve supply estimation, efficiency, integration, accountability and responsiveness of the therapeutic supplies .

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Distribute SAM supplies to implementing NGOs in-order to timely respond to the critical needs using existing stock of supplies.	2017											X	
	2018												
Activity 1.1.2: Procurement of SAM therapeutic supplies and dispatching as per need on quarterly basis.	2017												X
	2018			X			X			X			
Activity 1.1.3: Monitor the monthly utilization of the SAM therapeutic supplies through the national nutrition reporting database.	2017											X	X
	2018	X	X	X	X	X	X	X	X	X	X		

OTHER INFO

Accountability to Affected Populations

UNICEF will work very closely with other partners 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 additionally so as to ensure its accountability to women, boys and girls and the general population within the project area. UNICEF will achieve high quality of services by making sure that increased participation of communities is there. This will be done by using the accepted and available means of communication with the communities. 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 is based on gender and age analysis. The project takes into account presence of men and women in the area of community mobilization and community screening of under five years old children and will ensure that women are represented in higher ratios. Community involvement especially women in the community mobilization, and screening of under 5 children are critical as they will be counseled on the importance of nutrition screening and active health seeking behavior to avoid severe nutrition conditions of their children. All decision makers such as fathers and grandparents will also be included in the community mobilization and awareness raising activities. In addition to this, the monthly statistic reports will have gender and age group disaggregation. UNICEF and PND will use the reports of end user monitoring for assuring the supplies are actually reaching the right beneficiaries. Due diligence will be maintained for ensuring that the programme will not have any adverse environmental effects. Adequate provisions on how to protect, store, and safely dispose of the empty sachets of RUTF, F-75 and F-100 and the ReSoMal include keeping RUTF out of reach of people, rodents, insects and sunlit and should be kept in a covered pot or closed cupboard which is part of the supply management system. The empty packets will be returned for safe disposal using appropriate disposal methods to the health facility.

Implementation Plan

UNICEF will use the current therapeutic supplies from the existed stock in-order to ensure the service delivery start as per workplan. Then, UNICEF will procure the supplies necessary for OPD-SAM and IPD-SAM services using CHF contribution and will balance the distributed supplies. These supplies will be initially placed in UNICEF warehouse in Kabul. Afterwards in coordination with PND the implanting partners will submit their quarterly RUTF supply need. This project is meant to cover the therapeutic supply needs of CHF funded projects 12 months long in 45 critical priority districts. If the duration is limited for six month, procurement and delivery of supply will not be possible given the limited storage capacity of partners/ provinces. PND will send these supply requests to UNICEF for further process. UNICEF and PND 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. UNICEF will get gender disaggregated data and reports from PND on a monthly basis. The implementing partners will also fill the gap in the area of IYCF through building skills of community health workers to counsel and support mothers on IYCF to improve breastfeeding and complementary feeding practices. Due diligence will be maintained for ensuring that the programme will not have any adverse environmental effects. Systems will be developed for the appropriate collection and safe disposal of wastes generated by the programme, including empty sachets of Therapeutic feeds to prevent/mitigate the negative environmental effects. Adequate provisions on how to protect, store, and safely dispose of the empty sachets of RUTF include keeping RUTF out of reach of people, rodents, insects and sun. It should be kept in a covered pot or closed cupboard. The empty packets will be returned for safe disposal using appropriate disposal methods.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Public Health, Public Nutrition Directorate; and Provincial Public Health Directorate (PPHD) of MoPH	UNICEF will coordinate the monitoring/supportive supervision, coordinating the supply requests and reports with public nutrition directorate of MoPH at the national level and with Provincial Public Health Directorate (PPHD) at the provincial level.
World Food Program (WFP)	Treatment and prevention of Moderate Acute Malnutrition (MAM) for children 6-50 months of age and PLW in the targeted areas with WFP.
World Health Organization (WHO)	Coordinate the monitoring of Severe Acute Malnutrition (SAM) service delivery with WHO.
National and Regional Nutrition Cluster	UNICEF will coordinate the activities with nutrition cluster at the national and regional levels
National and Regional OCHA Offices	UNICEF will also coordinate the targeting beneficiaries and progress report with OCHA. Also follow up on access constraint in targeted areas.
Implementing Partners	Coordination on timely nutrition supply management and implementation/ utilization. Also in provision of progress report.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The need assessment for the proposed interventions contain an adequate gender and age analysis and is adapted to the specific needs and capacities of different gender and age groups. All men, women and children will be target of community mobilization component of the project where they will be able to make good nutrition choices and seek nutrition services when required. This proposal is addressing the most vulnerable children both boys and girls below 5 years of age exposed to the risk of malnutrition. It will also contribute in raising awareness among caregivers and service providers to ensure that rights of boys and girls to nutrition care specifically to nutrition services are realized. During implementation of the project, more female health workers will be involved, and encouraged to participate in nutrition service provision. The project will also mobilize and advocate for increased female involvement in nutrition service provision as well as resources to support breastfeeding mothers, consider nutrition need of pregnant and lactating mothers, and that boys and girls children both have equal access to nutritious foods and nutrition services when it is needed. UNICEF is committed in ensuring that gender equality and equity issues are well addressed in all projects in Afghanistan. This project will advocate and ensure that all men and women receive nutrition information; such as during community mobilization activities men will be involved in Breastfeeding promotion and counselling activities with special emphasis on male participation focuses on supporting women to make the right nutrition choices.

Protection Mainstreaming

The proposed interventions will be carried out in a non-discriminatory way protecting safety, dignity and integrity of the beneficiaries who receive the services and their 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. The target communities will actively participate the community mobilization discussions. Equity and gender equality is among the main UNICEF principles; hence, the provinces and population with higher need are top focus and priority in terms of service delivery.

Country Specific Information

Safety and Security

The programming environment in Afghanistan remains complex. The year 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. UNICEF will distribute the therapeutic supplies in the targeted provinces through regional offices (from Kandahar for south region, from Herat for west region, from Nengarhar for east region, from Balkh for north region and from Kabul to central region targeted provinces. UNICEF recruited one local staff in all provinces called nutrition extenders and continued to maintain its neutrality. Nutrition extenders have built strong relationship with community to ensure community acceptance and to minimize threats and risks for monitoring of supplies utilization.

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. UNICEF is also supporting the cost of monitoring and supportive supervision of PND technical staffs' as well as the Provincial Nutrition Officers (PNO) and nutrition extenders to make sure their presence in the field and ensure access.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Nutrition officer	D	1	10,000.00	12	50.00	60,000.00
	<i>This includes 50% 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>						
	Section Total						60,000.00
2. Supplies, Commodities, Materials							
2.1	Therapeutic spread (RUTF)	D	34743	45.00	1	100.00	1,563,435.00
	<i>The calculation is based on the assumption that one child will consume on an average of 136 sachets (150/ carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.</i>						
2.2	Therapeutic Milk F-75	D	842	61.33	1	100.00	51,639.86
	<i>The calculation is based on the assumption that one child will consume on an average of 14 sachets (120/ carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.</i>						
2.3	Therapeutic Milk F-100	D	1954	71.49	1	100.00	139,691.46
	<i>The calculation is based on the assumption that one child will consume on an average of 26 sachets (90/ carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.</i>						

2.4	ReSoMaL	D	270	16.67	1	100.00	4,500.90
<p><i>The calculation is based on the assumption that one child will consume on an average of 4 sachets (100/ carton) during the entire duration of treatment. Unit costs are drawn from UNICEF supply division catalogue.</i></p>							
Section Total							1,759,267.22
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
4. Contractual Services							
4.1	Supply freight cost	D	1759815.3	1.00	1	15.00	263,972.30
<p><i>This is cost of offshore supply calculated as 15% of the total supply cost</i></p>							
Section Total							263,972.30
5. Travel							
5.1	Monitoring and supportive supervision	D	10000	1.00	1	100.00	10,000.00
<p><i>This cost cover the monitoring and supportive supervision cost of 11 targeted provinces which are going to be done by 11 provincial nutrition officers, PND staff, and UNICEF.</i></p>							
Section Total							10,000.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
7. General Operating and Other Direct Costs							
7.1	Security Support Cost	S	1	992,532.00	1	11.10	110,171.05
<p><i>This budget will contribute to the cost of security guards (international armed guards, canine unit and Afghan national guards) in Kandahar and Jalalabad. The total security contract value per annum for Kandahar and Jalalabad compounds is US\$992,532 - Kandahar (US\$552,420) and Jalalabad (US\$440,112). The CHF will contribute 11% of the costs for the year.</i></p> <p><i>The fluid security situation and inadequate national capacity for service delivery and monitoring has significantly increased the cost of doing business in Afghanistan. Functioning in such an environment imposes, among other things, a very high standard on UNICEF and partners for security procedures and logistics to ensure the best possible security for personnel and property.</i></p>							
7.2	Operational Support Cost	S	1	1,320,360.00	1	5.56	73,412.02
<p><i>This includes costs of renting offices in Kabul, Kandahar and Jalalabad (in line with the minimum operating security standard). The office rent for the three location is US\$1,320,360 (Kandahar US\$72,000, Jalalabad US\$48,360 and Kabul/central region (US \$1,200,000). While UNICEF's own resources continue to provide a major share of these costs, these are increasingly inadequate to meet the funding needs for operations. Through this proposal, CHF will contributed 5.56% of the entire need.</i></p>							
7.3	Logistic Support Cost	S	1	593,520.00	1	10.31	61,191.91
<p><i>This includes the cost for warehousing and related costs at national and two regional offices (Kandahar and Jalalabad) – which US\$593,520 per annum. Through this proposal we are covering 10.31% of the total need.</i></p>							
Section Total							244,774.98
SubTotal			1,807,628.30				2,338,014.50
Direct							2,093,239.52
Support							244,774.98
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							163,661.02
Total Cost							2,501,675.52

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nangarhar -> Surkhrod	3			589	691	1,280	
Nangarhar -> Khogyani	3			639	749	1,388	
Nangarhar -> Chaparhar	1			295	346	641	
Ghazni -> Walimuhammad-e-Shahid	1			131	153	284	
Ghazni -> Waghaz	1			250	294	544	
Ghazni -> Giro	1			237	279	516	
Ghazni -> Muqur	2			327	383	710	
Kunar -> Watapur	1			292	342	634	
Kunar -> Marawara	1			218	256	474	
Kunar -> Shigal Wa sheltan	1			128	150	278	
Kunar -> Dara-e-Pech	3			582	684	1,266	
Kunar -> Khaskunar	2			373	438	811	
Kunar -> Barkunar	1			234	275	509	
Kunar -> Ghaziabad	1			199	234	433	
Takhar -> Khwajaghar	1			286	336	622	
Kunduz -> Emamsaheb	4			894	1,050	1,944	
Kunduz -> Qala-e-Zal	1			311	365	676	
Kunduz -> Chardarah	2			326	382	708	
Kunduz -> Khanabad	3			611	717	1,328	
Kunduz -> Dasht-e-Archi	2			376	441	817	
Uruzgan -> Tirinkot	8			1,879	2,206	4,085	
Uruzgan -> Chora	4			934	1,097	2,031	
Uruzgan -> Shahid-e-Hassas	5			1,078	1,266	2,344	
Uruzgan -> Dehrawud	5			1,118	1,312	2,430	
Uruzgan -> Khasuruzgan	5			1,033	1,213	2,246	
Zabul -> Shahjoy	2			435	511	946	
Zabul -> Daychopan	1			293	345	638	
Paktika -> Urgun	2			363	426	789	
Faryab -> Pashtunkot	2			473	555	1,028	
Faryab -> Almar	1			176	207	383	
Faryab -> Garziwan	1			190	223	413	
Faryab -> Bilcheragh	1			131	153	284	
Hilmand -> Lashkargah	5			1,206	1,417	2,623	
Hilmand -> Nad-e-Ali	5			1,053	1,235	2,288	
Hilmand -> Sangin	3			690	811	1,501	
Hilmand -> Nawzad	3			587	690	1,277	
Hilmand -> Garmser	4			1,015	1,191	2,206	
Hilmand -> Reg	1			304	357	661	
Kandahar -> Zheray	1			154	180	334	
Kandahar -> Shahwalikot	1			78	91	169	

Kandahar -> Khakrez	1		41	48	89
Kandahar -> Maywand	1		105	124	229
Kandahar -> Arghestan	1		62	72	134
Kandahar -> Nesh	1		24	28	52
Kandahar -> Ghorak	1		18	21	39

Documents

Category Name	Document Description
Project Supporting Documents	Afghanistan NNS - 2013.pdf
Project Supporting Documents	SMART - Nengarhar (December 2016) - ACF.pdf
Project Supporting Documents	SMART - Kandahar (Feb 2017) InterSOS.pdf
Budget Documents	UNICEF-CHF2-SAM Caseload - Supply & Budget Calculation.xlsx
Budget Documents	UNICEF Catalogue - Price (Snapshot).docx
Budget Documents	UNICEF Monitoring cost breakdown CHF-2 .xlsx
Budget Documents	UNICEF Catalogue - ReSoMaL Cost (Screenshot).docx
Grant Agreement	Allocation Letter-UNICEF 7319 Signed by HC and IP.pdf