

## Project Proposal

Organization	MEDAIR (MEDAIR)		
Project Title	Provision of IMAM services for vulnerable populations in Districts of Kandahar - Kandahar City, Maiwand, Arghistan, Shah Wali Kot and Takhtapol area within Daman.		
Fund Code	AFG-14/SA2/N/INGO/264		
Primary Cluster	NUTRITION	Secondary Cluster	None
Allocation Type	2nd Round of Standard Allocation / Call for Proposals	Allocation Category Type	
Project Budget	662,906.29	Project Duration	12 months
Planned Start Date	01/12/2014	Planned End Date	30/11/2015
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Beneficiaries		<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>	
	Beneficiary Summary	102	8676	4974	5387	19,139	
	<b>Total beneficiaries include the following:</b>						
	Other	0	0	1651	1788	3439	
	Other	102	489	0	0	591	
	Other	0	0	3323	3599	6922	
Other	0	8187	0	0	8187		

Indirect Beneficiaries	37,786: 10,843 family members of children enrolled in nutrition programmes in the four rural districts of Kandahar who are anticipated to benefit from the healthier practices of their care givers. 26,943 family members of mother's group participants in Kandahar City who are anticipated to benefit from the healthier practices of the mothers group participants	Catchment Population	The new mobile nutrition units will have a catchment population of 80,379 based on total catchment population figures for health mobile units; approximately half of the 38,738 Maiwand catchment population, half of the 42,789 Sha Wali Kot catchment population, the 29,330 catchment population of Arghistan and 10,282 in the catchment population of Takhtapol. Caseload numbers are based on 60% coverage over 10 months of implementation, with an estimated SAM caseload of 1512 cases and estimated MAM caseload of 1927 cases in children under five years using the latest NNS SAM rate and SCI SMART survey MAM rate, in these districts estimated to be at risk by MUAC measurement. For mother's groups in Kandahar City the catchment population is 23,486 women in the programming area.
------------------------	--	----------------------	---

Implementing Partners	Other funding Secured For the Same Project (to date)	Source	US\$
		CHF Round 1	526,145.00
		Other Medair Donors	194,642.23
			720,787.23

Organization primary focal point contact details	<b>Name:</b> Kieren Barnes <b>Title:</b> Country Director <b>Telephone:</b> +93799337581 <b>E-mail:</b> cd-afg@medair.org
--	--

Organization secondary focal point contact details	Name	Title	Phone	Email
	Natalie Page	Nutrition Advisor	+93705364828	healthnutadvy-afg@medair.org
	Maarten Fontein	Head of Country Programme	+41786005233	maarten.fontein@medair.org

<b>BACKGROUND INFORMATION</b>	
<b>1. Project rationale.</b> Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)	Kandahar province has been ranked in the CHAP 2014 as one of the top three provinces with the highest humanitarian health needs due to severely limited access to health and nutrition services. Access to lifesaving health and nutrition services is especially limited for those living in the rural districts throughout Kandahar province. The most recent data from the 2013 National Nutrition Survey (NNS) reports the current global acute malnutrition (GAM) rate for Kandahar province at 13.5%, compared to the national average of 9.5%. Severe Acute Malnutrition (SAM) rates of 8.4% were the seventh highest in the country according to the NNS report. With increasing displacement, outbreaks and severely limited access to health and nutrition services in rural areas of Kandahar province, the stage is set for a nutritional emergency. Without strengthened IMAM programming and mobile nutrition sites to increase access to emergency nutritional services targeted at vulnerable groups unnecessary deaths will occur. Currently only 2.5% of malnourished children in Afghanistan are registered in an ongoing nutrition programme. Of those registered, 48.4% are registered in an Inpatient Department for Severe Acute Malnutrition (IPD SAM). Access to these services is limited in rural areas. Key health and nutrition messaging leading to prevention and earlier identification of malnutrition and therefore treatment would reduce the number of admissions to IPD SAM and the need to access treatment outside of the community.
<b>2. Needs assessment.</b> Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data	Medair Afghanistan conducted an exploratory mission to Kandahar Province in February/March 2014 to assess the broad humanitarian needs, identify gaps, coordinate with other humanitarian actors and explore the feasibility of Medair establishing operations in Kandahar. Subsequently a nutrition programme was commenced by Medair in May 2014 to address the gaps in coverage of existing nutrition services in the Kandahar city areas. Additionally, in August 2014, Medair conducted a household WASH assessment in the catchment area of the existing Medair nutrition programming sites. Key informant interviews were held with the Ministry of Health, UN agencies and local and national NGOs in Kandahar who all highlighted critical maternal and child health and nutrition gaps and underserved areas in Kandahar. MoPH particularly highlighted the need for nutrition services to be included in their current mobile health units servicing 6 districts within Kandahar Province. Additional information was collected through coordination with nutrition actors in the region to attempt to further clarify areas currently covered by IMAM activities in the existing health facilities and determine the areas with the largest gaps. Data from the 2013 NNS was reviewed by the Medair Afghanistan team and Medair HQ Health and Nutrition Technical Specialists to further delineate the nutritional needs and most suitable nutritional technical design. This information was combined with Medair's prior knowledge and experience designing and implementing IMAM programmes in other areas of Afghanistan, Badakshan Province, as well as with current knowledge gained from programming in Kandahar city, to help determine feasibility and priorities. A more detailed nutritional assessment is planned in the initial stages of the project, dependent upon access and community acceptance. Medair will work alongside MoPH mobile health units to provide IMAM services to locations currently being visited by MoPH mobile teams. Some key findings of the Medair assessments and secondary data review, as relates to nutrition, are as follows: GAM rates in Kandahar District are estimated to be close to emergency thresholds with estimated caseloads from the 2013 NNS indicating 13.5% of children under five years will need treatment for GAM. SAM rates of 8.4% were the seventh highest in the country according to the NNS report. The national average GAM rate is 9.5%. A SMART survey conducted in July 2014 by Save the Children International (SCI) and supported by Medair nutrition team workers shows MAM rates as high as 10.7%. Medair plans to expand the current programming in peri-urban areas to include new districts in Kandahar Province. This expansion will be supported from the Kandahar base and support staff and facilities shared by both programmes. The expansion of the nutrition activities will lead to greater coverage of nutrition services in rural areas. Currently only 2.5% of malnourished children in Afghanistan are registered in an ongoing nutrition programme. Of those registered, 48.4% are registered in an IPD SAM. Access to these services is limited for those residing in rural locations. Key health and nutrition messaging leading to prevention and earlier identification of malnutrition and therefore prompt treatment, would reduce the number of admissions to IPD SAM and the need to access treatment outside of rural locations. Local and international agency sources report gaps in sufficient coverage of acute and moderate malnutrition prevention and treatment services in the Kandahar District (UNICEF). Prior national and regional nutrition surveys in Afghanistan have revealed inadequate IYCF and health seeking behaviours, such as only 58% exclusive breastfeeding of infants 0-6 months being 58.4% in 2013 compared to 54.3% nationally

in 2010 (2013 NNS and MICS 2010/2011). Medair plan to expand community based programming, delivered at household level in the peri-urban programming areas

**3. Activities.** List and describe the activities that your organization is currently implementing to address these needs

Medair has implemented both decentralised and integrated IMAM programmes in Afghanistan in the recent past and currently operates in multiple chronic complex emergencies in other countries. The technical approach Medair will take in this project to address the need for expansion of coverage of both IMAM services and improvement of IYCF practices and health seeking at the household level will be the following: Treatment of acute malnutrition through: - Community based Outpatient Departments for Severe Acute Malnutrition and Moderate Acute Malnutrition (OPD SAM / OPD MAM) with referrals to IPD SAM for boys and girls under 5 - Expansion of current programming from peri-urban locations to rural districts within Kandahar from common support base in Kandahar city - Treatment of coexisting illnesses for enrolled children—linked to existing MoPH mobile health units for referrals. - Strengthening of IMAM referrals and treatment through training and supervision of nutrition workers - Nutrition extension workers to provide follow-up for defaulter or non-cure cases - Training of nutrition staff to provide quality nutrition services Promotion of IYCF practices through: - Expansion of the current community level programming through the use of mother's groups in Kandahar city to increase coverage of key messages - Training of new nutrition staff, community volunteers and nutrition extension workers - Community volunteers and nutrition extension workers to conduct screening at household level and early detection and treatment of malnourished boys and girls under 5 years Procurement of RUTF and RUSF contingency supply through IDA, as per contingency supply for current Medair nutrition programme. Medair is currently seeking funding to fill the RUSF supply gap for treatment of MAM cases in the current nutrition programme, as well as to pre-procure supplies for treatment of MAM cases in this proposal whilst awaiting supply from WFP. Medair has engaged in dialogue with both WFP and UNICEF central and regional offices with favourable outcomes. Medair has a current PCA agreement with UNICEF regarding supply of RUTF for routine programming, outside of the contingency supply. Decentralised IMAM programming alongside facility based IMAM is recommended as best practice by the Global Nutrition Cluster and UN agencies when high caseloads exist and access to treatment is a problem as identified in the Kandahar Province context. Cascade systems utilising mothers groups has been shown by Medair and other NGOs to result in sustained behaviour change and improved IYCF practices and is considered one of the few BCC methods with measurable results globally. For more detailed information on activities please see the list of activities in the logical framework. In the months of November and December 2014 Medair will recruit and train new programme staff to deliver nutrition services in new programming areas, as well as establish contacts with communities. Implementation of nutrition programming will not occur in 2015 by which time when Medair will have received RUTF and pre-positioned RUSF will be available in the likelihood that WFP supplies will not yet be in-country.

#### LOGICAL FRAMEWORK

##### Overall project objective

Improved access to and utilisation of quality nutrition services for management of acute malnutrition in communities, including those affected by conflict and natural disasters, through mobile facilities in Kandahar Province – Maiwand, Arghistan, Shah Wali Kot, Daman and areas of Kandahar City.

##### Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. Prevalence of acute malnutrition in U5 and PLW is reduced in most at risk communities.	Providing emergency health care and prioritizing access to critical services	70
Objective 2. Boys, girls and PLW have access to evidence-based and feasible nutrition and nutrition related resilience activities to avoid deterioration to malnutrition.	Providing emergency health care and prioritizing access to critical services	30

Outcome 1	Increased quality of and access to life saving nutrition services for boys and girls under five with acute malnutrition prioritising at risk communities		
Code	Description	Assumptions & Risks	
Output 1.1	Prevalence of acute malnutrition in under five children and pregnant and lactating women is reduced in at risk communities	The output is based on the assumption that beneficiaries who are not currently utilising local health care facilities due to security, financial and cultural reasons would be more likely and able to access mobile units which can reach beneficiaries more directly. Due to the volatile security situation in Kandahar province, access could at times disrupt project implementation therefore Medair would focus on strong community relations and acceptance in all areas of delivery. Provision of services will be highly dependent on community agreements and timely receipt of WFP and UNICEF supplies.	

#### Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of mobile treatment sites supported in target districts to screen and provide treatment to U5 children on acute malnutrition					91
	<b>Means of Verification:</b>	Weekly mobile clinic reports OPD SAM and OPD MAM monthly reports submitted Monthly reports submitted by Nutrition Extension Workers					
Indicator 1.1.2	NUTRITION	Number of U5 boys and girls admitted for SAM treatment					1512
	<b>Means of Verification:</b>	Weekly clinic reports and data OPD SAM monthly reports Referrals to IPD SAM					
Indicator 1.1.3	NUTRITION	Number of U5 boys and girls admitted for MAM treatment					1927
	<b>Means of Verification:</b>	OPD MAM monthly reports Referrals to IPD SAM					
Indicator 1.1.4	NUTRITION	Proportion cured in line with SPHERE standards					75
	<b>Means of Verification:</b>	Weekly Clinic Reports Monthly OPD SAM and OPD MAM reports Beneficiary Lists SPHERE standard 75% cured (MAM is 1445 cured based on caseload estimates and SAM is 1134 cured based on caseload estimates)					
Indicator 1.1.5	NUTRITION	Death rate in line with SPHERE standards					10
	<b>Means of Verification:</b>	Weekly Clinic Reports Monthly OPD SAM and OPD MAM Report Transfers from IPD SAM SPHERE <10% SAM (151 cases based on 10 month caseload calculation) and <3% MAM (58 cases based on 10 month caseload)					
Indicator 1.1.6	NUTRITION	Indicator 1.1.5 NUTRITION # of monthly nutrition reports including ongoing gender and age analysis and comparisons to baseline SADD					12
	<b>Means of Verification:</b>	Weekly clinic reports Monthly OPD SAM and OPD MAM reports NNS and SCI SMART survey					

#### Activities

Activity 1.1.1	Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts)
Activity 1.1.2	Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts
Activity 1.1.3	Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts

Activity 1.1.4	Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM
Activity 1.1.5	Collect and analyze sex, disaggregated data (SADD) on enrolled boys, girls, and women compare to SADD in KHR nutritional surveys to inform programme adjustments as needed.

<b>Outcome 2</b>	Increased community awareness and practice of nutrition and health promoting behaviours including infant and young child feeding (IYCF) practices	
<b>Code</b>	<b>Description</b>	<b>Assumptions &amp; Risks</b>
<b>Output 2.1</b>	Provision of IYCF support and health promotion services through promotional activities at mobile nutrition sites and expansion of Mother's Groups in existing programme areas in Kandahar city	Medair will seek able and willing lead mothers who will work as volunteers and receive training to achieve Output 2. Culture and insecurity could impact lead mother's availability and participation however through the use of mobile units this will reduce the need for lead mothers to travel outside their direct communities. Medair will also seek to employ local female project staff to gain community acceptance and encourage participation.

Indicators							
Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	# mothers reached with IYCF support					8187
	<b>Means of Verification:</b>	Monthly Review of Lead mother records and BCC report					
Indicator 2.1.2	NUTRITION	Number of health professionals and community workers trained and that have improved skills in nutrition practices (IMAM, breastfeeding, active case finding, OPD MAM and OPD SAM, IYCF)					591
	<b>Means of Verification:</b>	Training reports Monthly reports submitted by nutrition extension workers, volunteers and nutrition teams					
Indicator 2.1.3	NUTRITION	# of children 6-59 months screened					6922
	<b>Means of Verification:</b>	monthly clinic reports monthly nutrition extension worker reports monthly community volunteer reports This is 60% of total U5 population in new project catchment area (screening in current project is reported under that project objective)					
Indicator 2.1.4	NUTRITION	NUTRITION # of focus group discussions held with women, men boys and girls on nutritional needs, constraints, concerns and capacities					12
	<b>Means of Verification:</b>	Focus group discussion reports					

Activities	
Activity 2.1.1	Promote infant and young child feeding (IYCF) practices through community outreach and 48 mothers groups in 8 mobile nutrition clinic outreach areas of Kandahar City
Activity 2.1.2	Promote infant and young child feeding (IYCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas
Activity 2.1.3	Provide training for new mobile nutrition staff (IMAM, breastfeeding, active case finding, OPD MAM and OPD SAM, IYCF and gender sensitive service delivery)
Activity 2.1.4	Provide training for nutrition extension workers and volunteers (breastfeeding, active case finding, defaulter tracing, screening, IYCF and gender sensitive service delivery)
Activity 2.1.5	Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings.
Activity 2.1.6	MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers
Activity 2.1.7	MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers
Activity 2.1.8	Conduct focus group discussions with mothers groups, men, boys and girls of diverse backgrounds on needs, constraints, concerns and capacities related to new and ongoing nutrition activities

**WORK PLAN**

Project workplan for activities defined in the Logical framework	Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts)	2014													X
	2015	X												
Activity 1.1.2 Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts	2014													
	2015		X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3 Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts	2014													
	2015		X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.1 Promote infant and young child feeding (IYCF) practices through community outreach and 48 mothers groups in 8 mobile nutrition clinic outreach areas of Kandahar City	2014													X
	2015	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.2 Promote infant and young child feeding (IYCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas	2014													
	2015		X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.3 Provide training for new mobile nutrition staff (IMAM, breastfeeding, active case finding, OPD MAM and OPD SAM, IYCF and gender sensitive service delivery)	2014													X
	2015	X	X											
Activity 2.1.4 Provide training for nutrition extension workers and volunteers (breastfeeding, active case finding, defaulter tracing, screening, IYCF and gender sensitive service delivery)	2014													X
	2015	X	X											
Activity 2.1.5 Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings.	2014													X
	2015	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4 Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM	2014													
	2015		X	X	X	X								
Activity 2.1.6 MUAC screening of children 6-59 months for SAM by	2014													X

nutrition extension workers and/or community volunteers	2015	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.7 MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	2014													X
	2015	X	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.5 Collect and analyze sex, disaggregated data (SADD) on enrolled boys, girls, and women compare to SADD in KHR nutritional surveys to inform programme adjustments as needed.	2014													
	2015		X	X	X	X	X	X	X	X	X	X	X	
Activity 2.1.8 Conduct focus group discussions with mothers groups, men, boys and girls of diverse backgrounds on needs, constraints, concerns and capacities related to new and ongoing nutrition activities	2014													X
	2015	X	X	X	X	X	X	X	X	X	X	X	X	

**M & E DETAILS**

**Implementation:** Describe for each activity how you plan to implement it and who is carrying out what.

Medair intends to directly implement programme activities in Maiwand, Arghistan, Shah Wali Kot and Daman (specifically Takhtapol area) districts in coordination with the MoPH and other agencies providing complementary services. Currently the MoPH provide health care services using a mobile health unit but do not have capacity to provide nutrition services. Medair will provide the nutrition component of the mobile clinic services in specific areas, following a security analysis of the current MoPH programming mobile sites. MoPH provide services in areas where health and nutrition needs are not currently met through the BPHS. Medair will be implementing the programme through internationally and nationally recruited staff based in Kandahar. Medair's team will consist of nutrition specialists, nurses and logisticians. Community workers, working alongside Medair's nutrition team, will be recruited and trained to assist with nutrition activities, specifically follow up of defaulters, SAM case management and community screening. In the new programming areas Medair will recruit up to ninety one nutrition extension workers for the follow up of defaulter tracing and screening. Initially men will be recruited to these positions but Medair will assess the feasibility of engaging female community members to work as nutrition extension workers from a community acceptance and literacy point of view. Where possible, Medair will coordinate training and supervision with district health and nutrition staff. The extension of the Mother's Groups in the current Medair nutrition programme will be coordinated using the already established teams and management systems, with the addition of a senior supervisor position responsible for managing the large network of volunteers. The additional mother's groups and extension workers will be used to reach a larger number of mother's and children under 5 years. Heterogeneous populations within the semi-urban setting of Kandahar City require smaller more closely geographically located mother's groups. The twelve nutrition extension workers will be paired, male and female, to work at each of the Medair mobile nutrition clinic sites. Additionally up to four hundred and eighty female volunteers will be trained to provide targeted IYCF messaging and screening of children under five years and PLW at household level. Three thousand eight hundred and forty nine households have been targeted to receive the IYCF messaging through the network of volunteers. Medair has consulted with UNICEF, WFP, MoPH and current nutrition actors SCI at both central and regional levels. Discussions with all actors were held in Kabul and Kandahar regarding Medair beginning programming in Kandahar. Medair has an agreement with MoPH regarding site selection and has collaborated with SCI on the SMART survey conducted in July 2014.

**Monitoring:** Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project.

Medair carries out monthly routine monitoring and supervision of IMAM programmes at all intervention sites using QIVC and supervisor checklists adapted from national and international guidelines. Medair will also use qualitative data from focus group discussions to identify key barriers to practicing healthy IYCF practices and care seeking. Caregivers selected at random will complete exit interviews at nutrition mobile clinic sites to ensure key messages around treatment regimens are understood. Nutrition managers will monitor weekly and monthly nutritional data and activities including tracking of all proposed indicators and activities. External reports will also be reviewed by nutrition technical advisors in the field and/or at the Medair HQ to measure quality performance indicators and to identify trends or gender gaps that may exist within service provision. Beneficiary feedback systems will be set up and regular community meetings held, to obtain beneficiary feedback from both men and women. Medair will continue to use the MoPH standard reporting format and online system for submission of monthly reports and expand this to include new mobile nutrition sites. Applications for clinic numbers have been submitted to MoPH to enable access to the online reporting system. More specifically daily tally sheets and nutrition registers will be used by mobile IMAM teams with minimum weekly data entry into a customised nutrition information system such as the MRP—Minimum Reporting Package for Emergency Supplementary and Therapeutic Feeding Programmes. At least monthly the Nutrition Supervisor will conduct quality audits in line with Fanta/Valid guidelines and Sphere indicators to calculate and analyse key performance indicators including age and sex disaggregation of total admissions by category, referrals/transfers, all Sphere discharge outcome indicators, and other key global nutrition metrics. This information will be shared with the mobile outreach teams and corrective adjustments where needed will be taken as the programme is implemented. As part of the mothers' group network, a tally sheet system will be rolled out for regular reporting by lead mothers (pictorial), with review by the nutrition extension workers and discussion at fortnightly meetings. This information will be collated and reviewed from all outreach catchment areas at least monthly by the nutrition project manager and eventually reviewed at least quarterly by the nutrition advisor. Results of the analysis will be shared at least monthly with lead mothers during regular meetings.

**OTHER INFORMATION**

Coordination with other Organizations in project area

Organization	Activity
1. UNICEF and WFP	Coordination and contractual agreements will need to be established for the timely provision of necessary nutritional equipment, RUSF/RUTF supplies, warehousing and food products as well as regularly reporting.
2. ICRC	Discussion of establishment of a referral network for SAM patients with complications to the Mirwais Hospital FTU
3. Save The Children and ADHS	Previous coordination on IMAM sites supported at health facilities in Kandahar City and potential expansion sites in 2014/5 at Knadahar and Kabul level. Discussions on locations with greatest access gaps for mobile outreach locations and coordination of a referral system for children with SAM with complications. Ongoing coordination at Kandahar level to review achievements, challenges and joint problem solving to improve nutrition service coverage for the district. Collaboration with SAVE in the SAMRT survey conducted in Kandahar City in June 2014.
4. Ministry of Public Health	Coordination with MoPH to identify key gaps and priorities in nutrition services in Kandahar Ditrict. Disucssions regarding programme design and treatment of SAM cases specifically in the current scheduling of mobile health units.
5. ACF	Coordination and support to ACF for SMART and SQUEAC surveys in project areas where appropriate.

Outline how the project supports the gender theme

• Although additional needs assessment information will be obtained, focus group discussions with men, women, boys and girls to determine barriers to accessing services, as well as in community meetings for setting up and monitoring services, will be conducted. As PLW and boys and girls under 5 have different nutritional needs in regards to their nutritional status and have been found to be more at risk, these groups have been preferentially targeted to improve gender imbalance. Staff both in the mobile outreach teams as well as in the mother's groups network will consist of men and women to enable female participation and to help overcome some of the cultural barriers in measuring women and discussing IYCF issues, etc. All trainings conducted by Medair will include a gender sensitive service delivery component. The OPD SAM and OPD MAM services provided have been specifically designed to meet the nutritional needs of boys/girls and pregnant and lactating women. Data collected will include sex and age-disaggregated data and will be routinely analysed with programming adjusted as needed.

Select (tick) activities that supports the gender theme

<input type="checkbox"/>	<b>Activity 1.1.1:</b> Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts)
<input checked="" type="checkbox"/>	<b>Activity 1.1.2:</b> Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts
<input checked="" type="checkbox"/>	<b>Activity 1.1.3:</b> Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts
<input checked="" type="checkbox"/>	<b>Activity 1.1.4:</b> Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM
<input type="checkbox"/>	<b>Activity 1.1.5:</b> Collect and analyze sex, disaggregated data (SADD) on enrolled boys, girls, and women compare to SADD in KHR nutritional surveys to inform programme adjustments as needed.
<input checked="" type="checkbox"/>	<b>Activity 2.1.1:</b> Promote infant and young child feeding (IYCF) practices through community outreach and 48 mothers groups in 8 mobile nutrition clinic outreach areas of Kandahar City
<input checked="" type="checkbox"/>	<b>Activity 2.1.2:</b> Promote infant and young child feeding (IYCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas
<input checked="" type="checkbox"/>	<b>Activity 2.1.3:</b> Provide training for new mobile nutrition staff (IMAM, breastfeeding, active case finding, OPD MAM and OPD SAM, IYCF and gender sensitive service delivery)
<input checked="" type="checkbox"/>	<b>Activity 2.1.4:</b> Provide training for nutrition extension workers and volunteers (breastfeeding, active case finding, defaulter tracing, screening, IYCF and gender sensitive service delivery)
<input checked="" type="checkbox"/>	<b>Activity 2.1.5:</b> Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings.

<input checked="" type="checkbox"/>	<b>Activity 2.1.6:</b> MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers
<input checked="" type="checkbox"/>	<b>Activity 2.1.7:</b> MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers
<input type="checkbox"/>	<b>Activity 2.1.8:</b> Conduct focus group discussions with mothers groups, men, boys and girls of diverse backgrounds on needs, constraints, concerns and capacities related to new and ongoing nutrition activities
Cross Cutting Issues	Men and women will be consulted in the design, implementation and evaluation of the program to ensure their needs as well as those of girls and boys are addressed. The special needs, such as increased mortality and lower baseline health and nutrition status, of women who are often marginalised will be addressed through the programme. Women will be especially recruited along with men to staff the mobile units and women's groups will be utilised to encourage healthier care-seeking and nutritional behaviours at the household level. All volunteers will be female to ensure IYCF and key health and hygiene messages are delivered in a culturally appropriate way. Feedback from both men and women will be monitored through exit interviews and data collected will be disaggregated by sex and age. Medair strives to implement activities that have as little detrimental effect on the natural environment as possible. During interventions staff are trained on appropriate medical waste management and women's group topics will include promoting the use of clean water, proper sanitation habits and the importance of a healthy environment.
Gender Marker of the Project	The project is designed to contribute significantly to gender equality
Environment Marker of the Project	A+: Neutral Impact on environment with mitigation or enhancement
Safety and Security	The security situation within the surrounding districts of Kandahar city is volatile, with various power brokers vying for control and dominance. The key actors operating within these districts are the Afghan National Security Forces (ANSF), the International Military Forces (IMF), Armed Opposition Groups (AOG), specifically the Taliban, and Armed Criminal Groups (ACG) largely involved with opium drug trade. In the identified project areas, the IMF presence is generally limited to Daman with their relative proximity to the Kandahar Airfield (KAF). Taktahpol, within Daman District, is a relatively stable areas with low AOG incidents. AOGs have a presence in all planned project areas, but maintain strong influence in Maiwand, Shah Wali Kot and Arghistan districts, and there are frequent clashes with the ANSF. The ANSF are present in all planned project areas, with strong control of the district administrative centres (DAC) and main highways running throughout the province. The secondary roads within the surrounding districts, where the bulk of project activities will take place, are much more contested between AOG, ACG and the ANSF. Medair employs a low-profile, community acceptance approach to security in Kandahar province. Key stakeholders such as district governors, community elders and village leaders will be approached and their input included in all project related activities. As the Kandahar Department of Public Health (DoPH) is currently involved in mobile health clinics in all planned project areas, their collaboration will be helpful in gaining information related to the current security situation. MoPH has already been conducting mobile health related activities in sites for over twelve months in some locations. Medair will also be open to dialogue with non-governmental elements operating in project areas to ensure project staff safety while transiting in and out of these districts. Medair employs the use of local, low-profile vehicles and Kandahari staff for all project-related activities in project sites. The Security Officer based in Kandahar will regularly communicate with nominated community leaders to assess security risks on a day to day basis. Security training is provided for all project vehicle drivers and project staff. A Security Officer will be appointed and responsible for project and base monitoring, reporting and information gathering. Furthermore, contacting key stakeholders in project sites prior to project team arrival will promote communication and safety for Medair staff traveling to these project areas.
Access	For nutrition project implementation, access to districts surrounding Kandahar city is a complex and continually changing dynamic, with various power brokers operating within the region. Medair will engage a community acceptance approach to working in Maiwand, Shah Wali Kot, Arghistan and Daman (Taktahpol area) Districts. Before establishing project sites in these areas, Medair will engage communities in dialogue, to establish community willingness to participate in nutrition activities and allow the presence of mobile nutrition teams. Gaining of community acceptance realises an element of community responsibility for the nutrition teams to be able to conduct their work in a safe and secure environment and that communities will do their best to inform Medair staff of changes that may impact the travel to and from their communities, or the working environment within the community. Medair will employ local staff from Kandahar in the mobile nutrition teams, to ensure access to communities and to present as low a profile as possible when working in the project sites. Extension workers recruited for the nutrition programmes will be local recruits from within each community. This will help to increase acceptance of Medair in new areas and to improve information flow between Medair and communities. Mother's groups within the Kandahar City project areas will be established to promote nutrition activities as well as increase acceptance of Medair in these project areas. Recruitment of local nutrition extension workers and establishing mother's groups has proven essential in increasing knowledge of Medair nutrition programme activities in communities. This has led to increased access to beneficiaries, who otherwise would have been unaware of nutrition services. Medair will apply early lessons learnt from the current nutrition programme in Kandahar, in terms of gaining access to communities through already established community links, when expanding the mother's group network in Kandahar City. For the selection of mobile nutrition sites, Medair's access is benefited by the Kandahar Department of Public Health (DoPH) involvement in these communities. All Medair proposed nutrition project sites have DoPH representation, with community acceptance being established for their mobile health teams currently implementing within these communities. Medair will complement the existing services delivered by these established mobile health teams by providing IMAM services that will lead to increased access to life-saving nutrition services in rural communities. Medair's access strategy of community acceptance to project sites must be firmly in place before nutrition activities can be implemented.

**BUDGET****1 Staff and Other Personnel Costs** (please itemize costs of staff, consultants and other personnel to be recruited directly by the implementing partner for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	International Project Staff Kandahar Salaries and benefits  Quantity unit based on 3 staff Includes gross salaries, staff insurance, retirement benefits, risk benefits and income tax for the following staff directly involved in the implementation of the project: - 1 NUTRITION Project Manager, Medair grade B1, oversees Project management and implementation - 1 NUTRITION Project Manager, Medair grade A, supervises mobile teams and CMAM activities. Staff works 50% on this Project - 1 NUTRITION Advisor, Medair grade B2, provides monitoring and evaluation, ensures technical quality of programme delivery 12 month @ 50% For more details see: MEDAIR CHF 2nd Round Budget Annex	D	3	3668	6	100.00%	66,024.00
1.2	International Project Staff Kandahar salaries and benefits  Includes gross salaries, staff insurance, retirement benefits, risk benefits and income tax for the following staff directly involved in the implementation of the project: - 1 Project Coordinator, Medair grade B2, coordinates projects in Kandahar - 1 Project Support Manager, Medair grade A, supports Projects in Kandahar For more details see: MEDAIR CHF 2nd Round Budget Annex	D	2	3704.57	12	38.00%	33,785.68
1.3	International support staff salaries and benefits  Quantity unit based on 10 staff Includes gross salaries, staff insurance, retirement benefits, risk benefits and income tax. Unit cost is based on the average for the following staff who dedicate a portion of their time to support project implementation from the KBL base and HQ - Country Director (KBL) Medair Grade C, Provides monitoring and evaluation, ensures delivery of programme and communications with donor representatives - Finance Manager (KBL) Medair Grade B1, Reviews monthly project financial expenses and documentation assist in production of project report - Logistics Manager (KBL) Medair Grade B1, oversees logistics for entire Medair country programme including monitoring procurement, stock management and ensuring procedures are followed for projects - Food Security Advisor (KBL) Medair grade B2, Coordinates with relevant programmes to enhance comprehensive programming, including monitoring and evaluation of projects. - Deputy Country Director Medair Grade B2, Provides oversight for country support functions, deputizes for Country Director, is security focal point for Kabul base. - Communications Officer, Medair Grade A, Prepares project communications for fundraising unit in Medair HQ w - Programme Funding Manager, Medair Grade, manages the GMS and donor relations for projects including coordination of interim and final reports. HQ support staff (working directly to support AFG projects): - Head of Country Programme has oversight for entire Medair programme in Afghanistan, monitors and evaluates projects. - HR Officer, Processes international staff recruitment for projects - Logistics Officer, provides oversight of logistic functions for projects, provides monitoring and evaluation - Finance Officer, Processes monthly project financial reports and assists with donor reporting For more details see: MEDAIR CHF 2nd Round Budget Annex	S	10	3074.92	12	11.00%	40,588.94
1.4	National Project Staff Kandahar salaries and benefits  Quantity unit based on 10 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 6 Nurses, Medair Grade 4a, provides direct nutrition treatment and education to beneficiaries in the field sites - 2 NUTRITION Supervisor, Medair Grade 4a, oversees all aspects of the operation of the nutrition program in the field sites, including planning, directing, assessing, implementing and evaluation - 1 Data Entry assistant Grade 5, uploads important nutrition data for each patient - 1 Security & Admin Officer, Medair grade 4a, (at 50%) collects important security information for field sites, liaises with local stakeholders in the field and also in Kandahar city. For more details see: MEDAIR CHF 2nd Round Budget Annex	D	10	857.5	12	100.00%	102,900.00
1.5	National Project Staff Kandahar salaries and benefits  Quantity unit based on 10 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 1 Logs Officer, Medair Grade 4a, manages the procurement and stock management activities for a broad range of commodities and services for the project and ensures monitoring and compliance practices are being implemented - 1 Finance & HR Officer, Medair grade 4a, manages the day to day finance for the project in Kandahar including support for recruitment of project staff - 6 Security Guards, Medair grade 9, provides security at the Kandahar base - 1 Cook, Medair grades 9, provides meals for project and support staff in Kandahar - 1 Cleaner for 2 days per week, Medair grade 10, cleans the Kandahar base For more details see: MEDAIR CHF 2nd Round Budget Annex	D	10	491.81	12	38.00%	22,426.54
1.6							

	National Support Staff salaries and benefits	S	23	538.39	12	11.00%	16,345.52
	Quantity unit based on 23 staff Includes gross salaries and income tax. Unit cost is based on the average for the following staff, who dedicate a portion of their time to support the implementation of the project from the Kabul base - 3 Logistics Officer, Medair Grade 4a, Fleet management and distance procurement for projects - 1 Logistics assistant, Medair Grade 5, assists with base procurement - 1 Finance Officer, Medair Grade 4a, Processes monthly project documents, cashier for procurement and field teams - 1 HR officer, Medair Grade 4a, oversees Afghanistan recruitment process for project staff - 1 Admin Officer Medair Grade 4a, security focal point and translator - 1 Admin Assistant Medair Grade 5, field flight bookings, basic office admin tasks - 1 Base Helper Medair Grade 10, - 6 Kabul base guards, Medair Grade 9, Responsible for base security in Kabul - 6 Drivers Medair Grade 8, transports all staff for work-related purposes - 1 Cook, Medair Grade 9, cooks 5 lunches a week for staff at the base - 1 Cleaner Medair Grade 10, works full time cleaning the base For more details see: MEDAIR CHF 2nd Round Budget Annex						
1.7	Other project staff costs	D	6	7103.86	1	61.00%	26,000.13
	Includes: - Medical expenses - Visas and work permits for international staff working for the Project - Trainings for expat and national project staff - Food & lodging for project staff - Other personnel expenses (R&R) for international Staff For more details see: MEDAIR CHF 2nd Round Budget Annex						
1.8	Other support staff costs	S	6	10726.25	1	11.00%	7,079.33
	Includes: - Medical expenses - Visas and work permits for international staff working for the Project - Trainings for expat and national project staff - Food & lodging for project staff - Other personnel expenses (R&R) for international Staff For more details see: MEDAIR CHF 2nd Round Budget Annex						
1.9	Casual Labour	D	1	49.66	12	38.00%	226.45
	Causal labour for non-beneficiary items						
1.10	Casual labour	S	1	82.18	12	11.00%	108.48
	Casual labour for support base and shipping						
	<b>Section Total</b>						315,485.06

**2 Supplies, Commodities, Materials** (please itemize direct and indirect costs of consumables to be purchased under the project, including associated transportation, freight, storage and distribution costs)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Distributions	D	4	6215.25	1	100.00%	24,861.00
	Soap Water purification tablets 6 weeks supply RUTF 2 month supply RUSF For BOQ see MEDAIR CHF 2nd Round Budget Annex						
2.2	Value Added Services - Medicines and Medical Supplies	D	1	5400	1	100.00%	5,400.00
	Medicines in IMAM guidelines for treatment SAM/MAM - to include if additional needed for management of SAM by community workers						
2.3	Value Added Services - Consumable Supplies	D	4	12553	1	100.00%	50,212.00
	Consumable supplies for mobile teams Medical supplies ofr mobile teams Stationary supplies for mobile teams Stationary supplies for BCC promoters For BOQ see MEDAIR CHF 2nd Round Budget Annex						
2.4	Value Added Services - Furniture and accessories	D	1	700	1	100.00%	700.00
	Chairs, tables for mobile clinic (1 x \$350) Chairs, tables for BCC activities (2 x 175)						
2.5	Value Added Services - Incentives	D	103	29.92	10	100.00%	30,817.60
	BCC Promoter Nutrition Support Workers For details see MEDAIR CHF 2nd Round Budget Annex						
2.6	Value Added Services - Transport	D	6	5211.17	1	100.00%	31,267.02
	Air transport of Contingency supplies (RUTF/RUSF coming from Europe \$24,429) Air transport of Medicines (to 3 districts in Kandahar \$1,948) - Transport - cargo surface (3'000) Surface transport of Contingency supplies and Medicines - Transport - people Referral transport costs for SAM cases (\$930) BCC Promoter Couple, travel \$10 per couple per month- (\$480 total) BCC Promoter Couple, phone credit \$10 per couple per month- (\$480 total)						
2.7	Training for Project Staff, Promoters and the Lead Mothers	D	5	1900	1	100.00%	9,500.00
	IEC training, promotion materials, refreshments supplies for Care Groups, Nutrition extension workers For BOQ see MEDAIR CHF 2nd Round Budget Annex						
	<b>Section Total</b>						152,757.62

**3 Equipment** (please itemize costs of non-consumables to be purchased under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	General Operating Expenses - Equipment Maintenance	D	14	25.99	12	49.00%	2,139.50
	Items include the following: Com - phones (cell phone & landline) Com - Thuraya/sat phones House - air conditioner/cooler House - household equipment (e.g fridge/stove/washing machine) IT - Netbooks IT - desktop IT - laptop IT - network equipment IT - printer/scanner/copier Office - air conditioner/cooler Power - generator Power - UPS/regulator For details see MEDAIR CHF 2nd Round Budget Annex						
3.2	General Operating Expense - Equipment Purchase	D	10	570.56	1	73.00%	4,165.09
	Items include the following: Com - phones (cell phone & landline) House - household equipment (e.g fridge/stove/washing machine) IT - desktop IT - Netbook IT - printer/scanner/copier Power - UPS/regulator For BOQ see MEDAIR CHF 2nd Round Budget Annex						
3.3	General Operating Expenses - Equipment Maintenance	S	13	77	12	11.00%	1,321.32
	Items include the following: Com - phones (cell phone & landline) Com - Thuraya/sat phones Com - VHF House - household equipment (e.g fridge/stove/washing machine) IT - desktop IT - laptop IT - network equipment IT - printer/scanner/copier Power - generator Power - other Vehicles - car 2x4 Vehicles - car 4x4 For details see MEDAIR CHF 2nd Round Budget Annex						
3.4	General Operating Expense - Equipment Purchase	S	48	20.96	1	11.00%	110.67
	Items include the following: Com - phones (cell phone & landline) House - water coolers IT - printer/scanner/copier Power - UPS/regulator For details see MEDAIR CHF 2nd Round Budget Annex						
3.5	Fuel	D	1	397.27	12	38.00%	1,811.55
	Fuel for Kandahar Generators						
3.6	Fuel	S	3	295.85	12	11.00%	1,171.57
	Fuel for Kabul generators and vehicles						
3.7	Project Equipment Depreciation	D	3	187.71	12	38.00%	2,567.87
	Includes Laptop and generators						
3.8	Support Equipment Depreciation	S	5	226.03	12	11.00%	1,491.80
	Includes support laptops and vehicles						
	<b>Section Total</b>						14,779.36

**4 Contractual Services** (please list works and services to be contracted under the project)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent	Total Cost
------	-------------------------	-------	---------------	-----------	----------	---------	------------

							Charged to CHF / ERF	
4.1	Project Equipment rental	D	2	3351.74	12		81.00%	65,157.83
	Project rental vehicles including driver, fuel, maintenance							
	<b>Section Total</b>							65,157.82

**5 Travel** (please itemize travel costs of staff, consultants and other personnel for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Ground travel for project staff	D	5	12	12	100.00%	720.00
	Quantity unit based on 5 Kandahar staff Taxi costs and train tickets outside of country for 5 expat Kandahar based staff when getting their visas and train tickets to HQ briefing						
5.2	Ground travel for support staff out of country	S	1	39.73	12	38.00%	181.17
	Taxi costs outside of country for staff when getting their visas and train tickets to HQ briefing						
5.3	Ground travel for project staff in country	D	12	20.54	12	11.00%	325.35
	Quantity unit based on 8 support staff Taxi costs for 4 Afghan support staff in Kabul,						
5.4	Continental Flights for Kandahar based staff	D	4	137.5	12	100.00%	6,600.00
	Quantity unit based on 4 flights per month for staff 100% relate to the Project, staff include NUT Project Manager and NUT Manager - 2 Afghan Jet flights, - 2 UNHAS flight per month						
5.5	Continental flights for Kandahar based staff	D	6	248.3	12	38.00%	6,793.49
	Quantity unit based on 6 flights per month for Project Coordinator and Project Support Manager - 4 Afghan Jet flights - 2 UNHAS flights per month						
5.6	Continental Flights for Support Staff	S	10	483.22	1	11.00%	531.54
	Quantity unit based on 18 flights for support staff (10.85% charged directly to the Project) - 10 round trips flight between KBL and KHR for expat staff on UNHAS						
5.7	Intercontinental flights for Kandahar based staff	D	3	1666.67	1	100.00%	5,000.01
	Quantity unit based on 1 flight per project staff - 1 flight per full time international staff relate 100% to the Project - 2 international staff 100% & 1 international staff 50%: 2.5 flights in total						
5.8	Intercontinental Flights for support staff	D	3	1820.84	1	38.00%	2,075.76
	Intercontinental flights for Project Coordinator, Project Support Manager and a flight for training purposes						
5.9	Intercontinental Flights for support staff	S	8	2366.81	1	11.00%	2,082.79
	Quantity unit based on 8 flights for support staff - 8 intercontinental flights for expat staff starting and ending contracts, plus conference flights						
	<b>Section Total</b>						24,310.11

**6 Transfers and Grants to Counterparts** (please list transfers and sub-grants to project implementing partners)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	<b>Section Total</b>						0.00

**7 General Operating and Other Direct Costs** (please include general operating expenses and other direct costs for project implementation)

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Security Expenses	D	33	224.77	5	35.00%	12,980.47
	24/7 Tracking Service Subscription Base security maintenance First Aid kits, Fire Extinguishers, Locks First Aid Training For IRS and NRS - Personal security and security managemnt For KBL house and office (VHF, Thuraya, docking stations, etc. as needed) GPS tracking running costs KBL base security repairs (walls, doors, lighting, extinguisher refills etc.) KBL base supplies (smoke/CO detectors, extinguishers, locks, etc.) KBL exterior improvements (guard quarters, screening, gate reinforcement, etc.) KBL guard supplies (flashlights, whistles, etc.) KBL saferoom and access upgrades Personal security training Security construction Security supplies for base Security supplies for staff Security supplies for vehicles Thuraya XT For BOQ see MEDAIR CHF 2nd Round Budget Annex						
7.2	Facility Expenses	S	17	312.7	12	29.00%	18,499.33
	Base construction Chairs and tables, stove for tea, toshaks Consumables for Kandahar base Furniture for house Furniture for office Kabul base Kabul house Kabul office Kabul electricity Kabul house (light bulbs, TP, soap, and other consumables) Kabul house general repairs (plumbing, electrical, structural, etc.) Kabul office (light bulbs, TP, soap, and other consumables) Kabul office general repairs (plumbing, electrical, structural, etc.) Kandahar base maintenance Kandhar base utilities Mains electricity Rent for Kandhar base For BOQ see MEDAIR CHF 2nd Round Budget Annex						
7.3	General Kandahar Office supplies and subscriptions	D	3	68.77	12	38.00%	940.77
	Dish TV subscription Printer cartidges Supplies for KHR office For BOQ see MEDAIR CHF 2nd Round Budget Annex						
7.4	General Project Communications	D	6	222.01	12	38.00%	6,074.19
	1 phone for BCC driver 4 phones Dongle credit for backup internet access Phone credit for staff Thuraya running costs VSAT internet service For BOQ see MEDAIR CHF 2nd Round Budget Annex						
7.5	General Support Office Supplies	S	1	325.44	12	11.00%	429.58
	Kabul office supplies						
7.6	General Support Office Communications	S	4	520.21	12	11.00%	2,746.71
	Base Thuraya fees and usage Credit for phones Landline PACTEC satellite internet						
7.7	General Support Office ACBAR Membership fees	S	1	3944.69	1	11.00%	433.92
	ACBAR Membership						
7.8	Delivery Expense	D	1	688.26	12	11.00%	908.50
	These costs are related to delivery of project (logistics, finance, programming) documents from Afghanistan to HQ for purposes of archiving and storage in case of future audits.						
7.9	Financial Expenses for Kandahar	D	1	493.09	12	11.00%	650.88
	Bank account and transfer fees for moving funds to Kandahar Base						
7.10	Financial expenses for support bases	S	1	24.83	12	38.00%	113.22

Bank account and transfer fees for moving funds from HQ to Afghanistan	
<b>Section Total</b>	43,777.58
<b>Sub Total Direct Cost</b>	616,267.56
<b>Indirect Programme Support Cost PSC rate (insert percentage, not to exceed 7 per cent)</b>	7%
<b>Audit Cost (For NGO, in percent)</b>	0.530780499530873%
<b>PSC Amount</b>	43,138.73
<b>Total Fund Project Cost</b>	659,406.29

**LOCATIONS**

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Kandahar -> Kandahar	Activity 2.1.1 : Promote infant and young child feeding (YCF) practices through community outreach and 48 mothers groups in 8 mobile nutrition clinic outreach areas of Kandahar City Activity 2.1.3 : Provide training for new mobile nutrition staff (IMAM, breastfeeding, active case finding, OPD MAM and OPD SAM, YCF and gender sensitive service delivery) Activity 2.1.4 : Provide training for nutrition extension workers and volunteers (breastfeeding, active case finding, defaulter tracing, screening, YCF and gender sensitive service delivery) Activity 2.1.5 : Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings. Activity 2.1.6 : MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers Activity 2.1.7 : MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	6	4326			4332	20
Kandahar -> Daman	Activity 1.1.1 : Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts) Activity 1.1.2 : Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts Activity 1.1.3 : Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts Activity 1.1.4 : Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM Activity 2.1.2 : Promote infant and young child feeding (YCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas Activity 2.1.5 : Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings. Activity 2.1.6 : MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers Activity 2.1.7 : MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	32	654	420	473	1579	25
Kandahar -> Shahwalkot	Activity 1.1.1 : Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts) Activity 1.1.2 : Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts Activity 1.1.3 : Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts Activity 1.1.4 : Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM Activity 2.1.2 : Promote infant and young child feeding (YCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas Activity 2.1.5 : Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings. Activity 2.1.6 : MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers Activity 2.1.7 : MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	15	1359	872	984	3230	15
Kandahar -> Maywand	Activity 1.1.1 : Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts) Activity 1.1.2 : Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts Activity 1.1.3 : Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts Activity 1.1.4 : Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM Activity 2.1.2 : Promote infant and young child feeding (YCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas Activity 2.1.5 : Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings. Activity 2.1.6 : MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers Activity 2.1.7 : MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	12	1215	778	878	2883	15
Kandahar -> Arghistan	Activity 1.1.1 : Identify communities accessing services from mobile health units (due to lack of access to BPHS health facilities in four districts) Activity 1.1.2 : Provide outpatient treatment of SAM for children 6-59 months using three mobile units in four districts Activity 1.1.3 : Provide outpatient treatment of MAM for children 6-59 months using three mobile units in four districts Activity 1.1.4 : Strengthen existing referral system for SAM patients with complications requiring inpatient care at IPD SAM Activity 2.1.2 : Promote infant and young child feeding (YCF) practices through community outreach with nutrition extension workers and at all mobile nutrition sites in new project areas Activity 2.1.5 : Conduct ongoing supervision of nutrition extension workers and/or community volunteers through fortnightly meetings. Activity 2.1.6 : MUAC screening of children 6-59 months for SAM by nutrition extension workers and/or community volunteers Activity 2.1.7 : MUAC screening of children 6-59 months for MAM by nutrition extension workers and/or community volunteers	32	1330	1169	1317	3848	25

**Project Locations** (first admin location where activities will be implemented. If the project is covering more than one State please indicate percentage per State)

**DOCUMENTS**

Document Description
1. MEDAIR CHF2 Budget Comments 09102014.xlsx
2. RBM - CHF Consolidated Log frame - Nutrition - 2014 (BLANK).docx
3. MEDAIR CHF 2nd Round Budget ANNEX.xlsx
4. MEDAIR CHF 2nd Round Budget ANNEX updated 23rd Oct 2014.xlsx
5. 271014.xlsx

