

Requesting Organization :	MEDAIR					
Allocation Type :	1st Standard Allocation					
Primary Cluster	Sub Cluster	Percentage				
NUTRITION		100.00				
		100				
Project Title :	Ensuring access to life saving nutrition services through the establishment of IMAM services in Kabul City (northern and eastern zones)					
Allocation Type Category :						
OPS Details						
Project Code :		Fund Project Code :	AFG-17/3481/1SA/N/INGO/5040			
Cluster :		Project Budget in US\$:	584,551.65			
Planned project duration :	12 months	Priority:				
Planned Start Date :	01/05/2017	Planned End Date :	30/04/2018			
Actual Start Date:	01/05/2017	Actual End Date:	30/04/2018			
Project Summary :	<p>In response to needs identified by the Nutrition Cluster and the Public Nutrition Department, the proposed project aims to address gaps in services for the treatment of acute malnutrition in children under five and pregnant and lactating women (PLW) through establishment of OPD SAM and MAM treatment sites in 23 health facilities in Northern and Eastern Kabul City. Six roving capacity building teams will assist with IMAM program start up and establishment of quality service provision using a staged approach aimed at eventual handover of full implementation responsibilities to permanent facility staff. The project aims to admit 9,111 boys and 10,696 girls under five and 16,042 PLW for treatment of acute malnutrition. The project will also aim to reach 19,808 (4,952 men and 14,856 women) caregivers of children with acute malnutrition and PLW admitted for treatment with health and Infant and Young Child Feeding (IYCF) messaging to address underlying causes of malnutrition. A media campaign will be launched to initiate community mobilization and health Shura members will be trained for more active and sustained community outreach efforts.</p>					
Direct beneficiaries :						
	Men	Women	Boys	Girls	Total	
	5,067	31,013	9,112	10,696	55,888	
Other Beneficiaries :						
	Beneficiary name	Men	Women	Boys	Girls	Total
	Host Communities	3,831	23,444	6,888	8,086	42,249
	Internally Displaced People	269	1,646	484	567	2,966
	Other	967	5,923	1,740	2,043	10,673
Indirect Beneficiaries :						
<p>This project will target a total of 715,738 (317,962 men, 271,074 women, 66,634 boys and 60,068 girls) indirect beneficiaries. This figure represents the family members of acutely malnourished children and Pregnant and Lactating Women (PLW) treated or receiving Infant and Young Child Feeding (IYCF) messaging, as well as men and women living in the northern and eastern zones of Kabul City with the assumption that the project directly or indirectly impacts 40% of the population residing in the area.</p>						
Catchment Population:						
<p>According to data collected by the Public Nutrition Department (PND) of the Ministry of Public Health (MoPH), the total catchment population for the targeted areas of Kabul City is 1,927,755. It is assumed that the project will impact (directly and indirectly) 771,626 people residing in Kabul City (northern and eastern zones).</p>						
Link with allocation strategy :						

The proposed intervention links with Strategic Objective 2; lives are saved by ensuring access to emergency health and protective services, and through advocacy for respect of International Humanitarian Law by ensuring the availability of nutrition services for the growing population of Internally Displaced People (IDPs), returnees, and vulnerable members of the host community in the northern and eastern zones of Kabul City (Nutrition Objectives 2 and 3). Responding to the urgent need for Integrated Management of Acute Malnutrition (IMAM) programming in Kabul Province is the top priority of the Nutrition Cluster for the first allocation of 2017. Specifically the project will:

- Focus on providing therapeutic and supplementary feeding to severely and moderately malnourished children under the age of five years and PLW. The proposed project will also include IYCF promotion targeting both female and male caretakers, PLW, and women with children under five more broadly. This aligns with the response strategy to address the urgent nutrition needs of populations in Kabul.
- Furthermore, the proposed intervention will provide essential services to returnees and IDPs residing in Kabul, which was been highlighted as a specific priority area. The provision of such services will thereby significantly contribute to the Common Humanitarian Fund allocation strategy's key aims of reducing incidence of acute malnutrition through integrated IMAM approaches.
- Support the Nutrition Cluster agreed priorities and objectives, by focusing all project approaches and activities towards life saving services, early identification of malnutrition cases and capacity building of health facilities to integrate nutrition services into routine activities.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Rina Mattinson	Interim Country Director	cd-afg@medair.org	0799337581
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BACKGROUND

1. Humanitarian context analysis

The security situation in Afghanistan continued to deteriorate throughout 2016 with 33 out of 34 provinces recording increases in confrontation between state and non-state actors (2017 Humanitarian Needs Overview Afghanistan). The poor security environment in turn depresses prospects for economic growth. The economic growth rate in Afghanistan is significantly lower than the population growth rate resulting in rising poverty throughout the country (World Bank Afghanistan Development Update October 2016). This is particularly significant in urban centers like Kabul City that tend to attract economic migrants as well as displaced people. The State of Afghan Cities Report (2015) indicates that Kabul City is the political, educational, and financial center of the country with a population four to six times the size of the next largest city. Nearly 80% of Afghanistan's population is under the age of 35 and about 24% of urban Afghan populations are estimated to be between the ages of 15 and 24 (compared to 18% in rural areas) likely as a result of economic and education in migration. However, there are insufficient opportunities to meet the rising demand resulting in high youth unemployment.

As conflict continues to intensify throughout much of the country, at least 450,000 new IDPs are expected to join the swelling numbers of protracted IDPs and returnees throughout Afghanistan. According to IOM, 746,000 undocumented Afghans returned in 2016. Since the start of 2017, an additional 54,032 people have returned from Pakistan and Iran. Moreover, 22,067 people have been verified as displaced since the start of the year (OCHA Afghanistan Weekly Field Report 25/02/17).

Kabul City has grown at an estimated rate of 10% a year for the last decade, largely as a result of in-migration and displacement (GoIRA 2015: State of Afghan Cities Report). Figures reported in the 2017 Humanitarian Needs Overview for Afghanistan indicate that Kabul already hosts 1.88 million people in need of humanitarian assistance, the highest number in any region in Afghanistan. Approximately 100,000 of these are conflict displaced people and 360,000 are returnees. It is anticipated that with the number of internally displaced and returnees will continue to grow, placing further strain on already insufficient services and resources.

2. Needs assessment

Treatment of acute malnutrition in Kabul Province is currently limited to only six inpatient treatment sites for Severe Acute Malnutrition (SAM). Outpatient services for SAM, Moderate Acute Malnutrition (MAM) and acute malnutrition in PLW are not currently available. Nutrition Cluster estimates project 45,000 children under five will be in need of SAM treatment and 85,000 children under five will be in need of MAM treatment in Kabul in 2017. According to PND of MoPH, significantly more girls under five were admitted for treatment of SAM compared to boys under five across Afghanistan (54% to 46%) in 2016, suggesting that the burden of malnutrition will disproportionately affect girls in Kabul City as well. An additional 62,500 PLW will require treatment for acute malnutrition in order to break the intergenerational cycle of malnutrition.

Need for these services are becoming increasingly dire as the population of displaced people and vulnerable returnees continues to grow. A Rapid Nutrition Assessment conducted by ACF in March 2016 in Kabul informal settlements indicated emergency levels of malnutrition among the displaced population (GAM of 21.9%) and SAM levels were found to be higher than the 3% emergency level threshold for Afghanistan (SAM of 5.9%). In congruence with the country-wide admissions data from 2016, ACF also found a higher burden of malnutrition among girls under five. A 2016 Samuel Hall study on displaced youth in Kabul City found that IDPs are 33% more likely, and forced returnees 50% more likely, than those with no migration history to be deprived of basic access to healthcare. This was particularly true for those between 15 to 24 years of age.

Regardless of displacement status, one in ten female respondents lacked the support needed to seek medical care owing to a lack of community ties or available family members to accompany them, and half cited lack of female care providers in Kabul City as an obstacle to seeking care (Samuel Hall 2016). With the population of IDPs and vulnerable returnees on the rise in Kabul, the nutrition situation is expected to deteriorate further and the need for timely gender sensitive IMAM programing for displaced and vulnerable host community women and children is critical.

After a thorough analysis of the malnutrition situation and rapid survey results, the Nutrition Cluster and PND decided to use the 2013 National Nutrition Survey (NNS) result with corrective factor adjustment. All caseloads and expected program coverages stipulated in this proposal were derived from the aforementioned survey result and technical working group meeting decisions. It is agreed that ACF will conduct a full scale Nutrition survey in Kabul city as part of Multi-sectorial SMART Assessments using the CHF grant and this project will use the survey result to adjust SAM/MAM prevalence and caseload calculations during the course of implementation

3. Description Of Beneficiaries

The targeted beneficiaries will be acutely malnourished boys and girls under five and PLW in the northern and eastern zones of Kabul City. The project will also target caregivers of acutely malnourished children and PLW for IYCF promotion, as well as staff from 23 established health facilities for capacity building. Detailed selection criteria include:

- This project intends to improve the nutritional status of malnourished children between 6-59 months and PLW through screening, treatment, and empowerment of community members (such as health Shuras, promoters, caregivers, and community leaders) and health facilities. Children from 6-59 months with bilateral pitting oedema +/++ or severe wasting z-score <-3 and/or MUAC <115mm, and appetite test passed, no medical complication and clinically well will be admitted in OPD SAM. Targeting for MAM will be based on MUAC ≥115mm - < 125mm, no oedema, clinically well and with good appetite. Children completing treatment for SAM will be admitted in OPD MAM. It is assumed that 5-10% of malnourished children will present with medical complication and referred to nearby district hospitals with in-patient pediatric care.
 - Boys: 9,112 (MAM:5,257, SAM:3,855)
 - Girls: 10,696 (MAM:6,171, SAM:4,525)
 - PLW: 16,042 (MAM)
- The project will identify beneficiaries for this program through the use of middle upper arm circumference (MUAC) screening for children 6-59 months and PLW. Caretakers of children under five will be targeted for counselling on key IYCF practices. Medair will also employ public education and awareness campaigns on malnutrition and IYCF through the use of mass media, and train health facility staff in facility and home based counselling. It is anticipated that up to 25% of children admitted for treatment will be accompanied by a male caregiver, so the proposed project will target 4,952 men with IYCF and related messages. Furthermore, 50% of health Shura members will be male.
- Health education will target PLW and mothers with children under five to have the most direct impact on child feeding practices and malnutrition identification. For individual IYCF counselling, caretakers of children enrolled in OPD SAM and OPD MAM programs will be the targeted beneficiaries. At a broader scale, beneficiaries under the proposed project include host community, IDPs and new arrivals in Kabul City.
- During community mobilization activities, all malnourished children and vulnerable households will be identified using the participation of key community figures, model mothers and health Shura members. Beneficiaries of counselling and awareness promotion activities will be identified through health facility, community education and promotion sessions, assessments and discussions. Parents will be the main targets of the program but adolescents will also benefit (especially females) for early sensitization and dissemination of key messages on the 1,000 days window of opportunity. A volunteer identified from the same area will be deployed to coordinate community mobilization activities with close guidance from the roving health assistant.

4. Grant Request Justification

The Nutrition Cluster has identified the establishment of comprehensive IMAM programming in Kabul Province as an immediate priority in 2017. High current caseloads with projections of further arrival of returnees and IDPs to the city catchment area justify a strong need for timely life saving nutrition interventions. Medair will utilize a decade of experience in direct implementation and capacity building for IMAM programs in Afghanistan to build up quality program delivery for the residents of Kabul City with particular attention to vulnerable displaced people and returnees.

In order to ensure a timely response to the pressing humanitarian need for acute malnutrition treatment resulting from existing service gaps and population movements, Medair plans to directly implement IMAM services in 23 health facilities in Kabul City (northern and eastern zones). These health facilities are independently operated and not under the BPHS provider program. Six roving capacity building teams will be established to assist IMAM program start up and quality service delivery. Each facility will be visited daily for the first three weeks for provision of on-the-job trainings, intensive program support and reporting of program outputs. After three weeks, the roving training team will support sites once per week and make sure that nutrition services are integrated and owned by health facilities and their staff. Eight health assistants will closely work with health facilities after initial capacity building and service start-up during OPD SAM/MAM and non OPD SAM/MAM days through roving mechanisms. The capacity building teams will consist of an IMAM trainer, a nurse and a supervisor while service delivery including the community outreach component of IMAM will be supported by roving health assistants (each health assistant covering three facilities). The health assistants will assist health facility staff in screening, registration, and admission of new nutrition cases of OPD SAM/MAM and PLW, and contribute to community mobilization efforts once the health facility staff are adequately trained and confident in service delivery. One stock keeper, recruited with the support of a WFP FLA will be deployed in each health facility to ensure appropriate management of therapeutic food. Medair will be providing these services at all proposed health facilities with strong and uninterrupted technical and logistical support to ensure nutrition needs of children aged 6-59 months and PLW in Kabul are addressed. Through community and facility based IYCF education, this program will also empower both female and male caretakers to improve the well-being of their families.

This nutrition intervention will be integrated into primary health care services provided at each health facility to ensure a comprehensive and sustainable approach to addressing poor nutrition outcomes in communities. In order to ensure sustainability of results, Medair will give emphasis to capacity building of health facility staff and will make sure that all OPD SAM/MAM interventions are integrated into the routine service delivery of facilities through provision of technical and logistical support, joint supportive supervisions and promotion of ownership of the program by health clinics and district hospitals. Women and children are the primary beneficiaries for the proposed intervention, in recognition of their increased risk of malnutrition and the increased long-term impact of malnutrition.

Medair has had an established presence in Kabul City since 1996 and has been providing quality nutrition services in Afghanistan since 2008. Medair has implemented both decentralized and integrated IMAM programs in Afghanistan in the past and currently operates 35 decentralized IMAM treatment sites in Kandahar Province. As a direct implementer of nutrition services, Medair is ideally suited to deliver IMAM services while also providing capacity building and mentorship to health facility staff

5. Complementarity

This project will benefit from the experience gained and support structures developed as a result of Medair's ongoing nutrition programming in Kandahar Province. There is also potential for benefits to programming in Kandahar as a result of nutrition implementation in Kabul. Due to the less restricted security environment in Kabul City, there will be greater opportunity for regular site visits from the international nutrition advisor which will allow for more effective feedback on clinic operations for implementing staff in Kandahar and Kabul. Piloting of new technologies like electronic data collection can be explored with greater ease in Kabul due to contextual differences. If successful, this could pave the way for more efficient and effective use of technology in Kandahar as well.

This project places significant emphasis on capacity building of health facility operators and staff to integrate IMAM services into their ongoing operations with the eventual goal of full handover of implementation responsibilities. Capacity building activities linked to stock management, data collection, community mobilization, and quality monitoring have the potential to positively impact facility operations beyond IMAM programming. The national IMAM guideline and SOP on nutrition services will be used as a reference for the planned capacity building trainings. Nurses, health assistants and other health facility staff will receive standard IMAM training for five days, with medical doctors trained for six days. The training will be conducted in up to three locations (dependent on participant numbers and availability) by certified national level trainers with close collaboration with PND and UNICEF. Furthermore, intensive on the job capacity building is also incorporated in the proposed project.

It is assumed that 5-10% of malnourished children will present with medical complication and be referred to nearby district hospitals with in-patient pediatric care. The project will link with existing district and referral hospitals with In-patient care for appropriate management of malnourished children with medical complications. Referral mechanisms will be set as all children discharged from a stabilization center must attend OTP program at health facility level with close follow up.

Medair has developed the proposed implementation model in close collaboration with ACF (aiming to cover the southern and western zones of Kabul City). Should both organizations be selected for implementation, Medair and ACF will continue a high level of coordination and collaboration that will result in congruent programming and opportunities for sharing lessons learned and best practices. Medair and ACF agree to collaborate in use of radio messages for nutrition service promotion for maximize coverage and efficient use of resources. Moreover, both organizations will follow similar approaches in community mobilization and sensitization. In addition to close collaboration with ACF, Medair will also continue to actively participate in the Nutrition Cluster, relevant technical working groups and task forces at Kabul level in order to avoid resource duplication and allow for productive information sharing.

LOGICAL FRAMEWORK

Overall project objective

Increasing access to life saving basic health and nutrition services.

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			80		
Objective 3: Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programmes		SO2: Lives are saved by ensuring access to emergency health and protective services and through advocacy for respect of International Humanitarian Law			20		
<p>Contribution to Cluster/Sector Objectives : The second Nutrition Cluster objective 'Incidence of acute malnutrition is reduced through Integrated Management of Acute Malnutrition among boys, girls, and pregnant and lactating women (Kabul Province)' will be addressed by Medair through screening for MAM and SAM at health facility level and through conducting mass outreach and screening campaigns in the community. Children aged 6-59 months and PLW are the target population for the screening. Health facilities in collaboration with Medair will treat acute malnutrition in children aged 6-59 months and PLW at the OPD SAM and MAM sites.</p> <p>The third Nutrition Cluster objective 'Contribute to reduction of morbidity and mortality among returnees and refugees by providing preventative nutrition programs (Kabul Province)' will also be achieved through active case finding, community level screening, home to home counselling visits by health Shura members, promoters and group counselling at health facilities and community gatherings. Medair is also planning use of radio spots and other mass media communications for awareness promotion. Key IYCF messages and health seeking behavior on malnutrition will be the focus of health education/preventive interventions. In addition, Medair will ensure that IYCF counselling is incorporated into all appropriate clinic activities and health education.</p>							
Outcome 1							
Increased quality of and access to life saving nutrition services for acutely malnourished boys and girls 6-59 months and PLW in Northern and Eastern Kabul City							
Output 1.1							
Description							
IMAM services established in 23 health facilities of Kabul City (northern and eastern zones) for treatment and prevention of severe and moderate acute malnutrition in boys and girls aged 6-59 months and PLW including early identification of malnourished boys and girls, active case finding and defaulter tracing through community mobilization, screening and referral from host communities, IDPs and returnees (especially new arrivals).							
Assumptions & Risks							
<p>Assumptions:</p> <ul style="list-style-type: none"> • Security in Kabul City will allow for community level meetings and mobilization. • All health facilities identified by PND will be willing and able to participate in IMAM programing and capacity building activities, and have sufficient staffing to manage nutrition caseloads. Caseloads and program approaches will be revisited after initial assessment of implementing facilities and community partners. Medair will conduct health facility assessment prior to project start up and program approach and service delivery strategy will be modified accordingly. • Since the objective of the project is system strengthening and integration, it is believed that health facilities with support from the project will own the process of IMAM rollout and integrate OPD SAM/MAM services into their routine clinical activities. • No supply pipeline breakage will happen during the implementation period. • Health Shuras will be functional and local communities including identified model mothers and leaders will support the project from its inception without the provision of cash incentives. • Radio messages will reach targeted populations (mainly mothers, caretakers and women of reproductive age groups). <p>Risks:</p> <ul style="list-style-type: none"> • There is a risk that limited resources (budget and trained personnel) at health facilities will hinder attainment of the desired output. • As the project is dependent on WFP and UNICEF supplies, there is a risk that any problems in these projects will hinder the delivery of the desired output. • Staffing for delivery of nutrition services will come from the health clinics, Medair and WFP. There is a risk that conflicting staff priorities and potential lack of agreement around roles and responsibilities will hinder attainment of the desired output. • There is a risk that absence/motivation of functional community based structures will hinder attainment of desired output. 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	NUTRITION	SA1-Envelope One: Number of integrated OPD-SAM and OPD sites established in Kabul province					23
Means of Verification : Progress reports, monitoring reports, HF assessment reports							
Indicator 1.1.10	NUTRITION	SA1-Envelope One: Number and proportion of acutely malnourished pregnant and lactating women admitted for treatment in Kabul province					16,042
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports							
Indicator 1.1.11	NUTRITION	Number of women, boys and girls screened for malnutrition at community and household levels Target: 20,052 women, 38,051 boys and 35,549 girls					93,652

Means of Verification : Facility and community mobilization progress reports, monitoring visit reports									
Indicator 1.1.12	NUTRITION	Proportion of community level referrals to health facilities: 50%							50
Means of Verification : Facility and community mobilization progress reports, monitoring visit reports									
Indicator 1.1.13	NUTRITION	Number of health Shuras formed/strengthened							23
Means of Verification : Community mobilization progress reports, monitoring visit reports, training reports									
Indicator 1.1.14	NUTRITION	Number of active members of health Shura member							138
Means of Verification : Community mobilization progress reports, monitoring visit reports, training reports									
Indicator 1.1.15	NUTRITION	Number of health education sessions conducted at facility level for 30,604 women and 4,952 men							920
Means of Verification : monitoring visit reports, training reports									
Indicator 1.1.16	NUTRITION	Number of health education sessions conducted at community level							1,380
Means of Verification : Community mobilization progress reports, monitoring visit reports, training reports									
Indicator 1.1.2	NUTRITION	Number of staff working in identified health facilities trained in IMAM							92
Means of Verification : Progress/training reports, monitoring reports, HF assessment reports									
Indicator 1.1.3	NUTRITION	SA1-Envelope One: Number and proportion of severely acutely malnourished boys and girls 0-59 months admitted for treatment in Kabul province				3,855	4,525		8,380
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports									
Indicator 1.1.4	NUTRITION	Number of severe acutely malnourished boys and girls 0-59 months with complications referred to IPD Target 385boys and 452 girls							837
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports									
Indicator 1.1.5	NUTRITION	SA1-Envelope One: Proportion of boys and girls aged 0-59 months discharged cured from management of severe acute malnutrition programs in Kabul province							75
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports Target: >75% of OPD SAM cases as per SPHERE standards									
Indicator 1.1.6	NUTRITION	Proportion of boys and girls aged 0-59 months defaulted from the program.							15
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports Target: <15% of OPD SAM cases as per SPHERE standards									
Indicator 1.1.7	NUTRITION	Proportion of boys and girls aged 0-59 months discharged died from management of severe acute malnutrition programs in Kabul province							10
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports Target: <10% of OPD SAM cases as per SPHERE standards									
Indicator 1.1.8	NUTRITION	SA1-Envelope One: Number and proportion of moderately acutely malnourished boys and girls 6-59 months admitted for treatment in Kabul province				5,257	6,171		11,428
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports									
Indicator 1.1.9	NUTRITION	SA1-Envelope One: Proportion of boys and girls aged 6-59 months discharged cured from management of moderate acute malnutrition programs in Kabul province							75
Means of Verification : Facility data, progress reports, monitoring reports, survey and assessment reports Target: >75% of OPD MAM cases as per SPHERE standards									
Activities									
Activity 1.1.1									
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;									
Conduct consultation sessions with key project stakeholders. Medair, in collaboration with ACF, will organize project kick-off meeting and consultation with identified stakeholders such as PND, MOPH, UNICEF, WFP, Nutrition Cluster and other implementing partners to create mutual understanding on the project implementation strategy and expected outcomes.									
Activity 1.1.2									

Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
The project will establish OPD SAM and MAM sites/corners in 23 existing health facilities. The activity is designed to include IMAM start-up capacity assessments, security assessments, consumable and non-consumable material supplies and commencement of treatment services.
Activity 1.1.3
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Training of health facility staff on IMAM and service strengthening using national IMAM training guidelines, including treatment of coexisting illnesses.
Full scale IMAM training to 92 health facility staff will be conducted in four rounds. Refresher and IMAM Standard Operating Procedures (SOPs) trainings are also scheduled during the second half of the operation period.
Activity 1.1.4
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Screening of SAM and MAM in children 6-59 months through health facility OPD SAM/MAM corners.
All under five children visiting health facilities will be screened for malnutrition and children with a MUAC measurement of <11.5cm (with or without oedema) will be admitted to the program. Children with a MUAC measurement of 11.5-12.5cm will be admitted to OPD MAM program. In addition, malnourished children identified at community and household levels will be referred to health facilities for treatment.
Activity 1.1.5
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Treatment of SAM and MAM without medical complications in children 6-59 months through health facility OPD SAM/MAM corners.
Children with a MUAC measurement of <11.5cm (with or without oedema) will be admitted to the program. Children with a MUAC measurement of 11.5-12.5cm will be admitted to OPD MAM program. All admission and discharges will be made according to the national IMAM guidelines.
Activity 1.1.6
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Screening and treatment of MAM PLW through health facility OPD MAM corners.
The project will also screen PLW for malnutrition and mothers with a MUAC measurement of <23cm will be admitted to OPD MAM programs.
Activity 1.1.7
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Screening of boys and girls 6-59 months and PLW for acute malnutrition at community and household level.
Community volunteer and model mothers with guidance from Health Shura members will conduct active case finding through community level mass screening and house to house visits. This activity will ensure large program coverage and early identification of malnourished cases.
Activity 1.1.8
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Formation and training of health Shuras and model mothers in each facility catchment area on IMAM- community mobilization and key IYCF messages.
The project will aim at creating and/or strengthening existing community based structures for effective program roll out and ownership. Thus, the proposed activity will identify active members of health Shuras (or in some areas, selected health promoters), train and coach them to oversee ongoing nutrition interventions at the community level including MUAC screening, key IYCF messages and community level referrals by volunteers and model mothers.
Activity 1.1.9
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Provision of community and facility based key IYCF messages for IMAM beneficiaries and caretakers.
Health facility staff will deliver regular health education on key IYCF practices during OPD SAM and MAM days to all beneficiaries and caretakers. In addition, health Shura members with close collaboration and technical support from the project team will ensure that promoters and selected households with malnourished children received key IYCF messages.
Activity 1.1.10
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Nutrition program promotion through radio spots.
After establishment of IMAM programing, radio announcements will be aired to promote the nutrition services.
Activity 1.1.11
Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;
Promote equal feeding of boys and girls 6-59 months with caregivers of malnourished children at all 23 health facilities.

Activity 1.1.12**Standard Activity : Establishment of integrated OPD-SAM and OPD-MAM sites in Kabul;**

Referral Linkages established with district hospitals for management of SAM cases with medical complications.

The project will discuss and establish referral linkages with district hospitals with stabilization centers/ in-patient pediatrics care for management of SAM cases with medical complications, poor appetite or any malnourished child within the age group of 0-6 months. Feedback mechanism will be in placed to track all referred children and their treatment outcomes.

Additional Targets :

M & R

Monitoring & Reporting plan

Project monitoring will be undertaken as an integral part of project implementation and will focus on inputs, activities and outputs as per a project monitoring and evaluation framework and national standards. Routine collection of information at the service delivery points will constitute a very critical component of this project. Data will essentially be collected using already existing MoPH formats and uploaded into the IMAM report database. Indicators including age and sex disaggregated admissions (by category: referrals & transfers), discharge outcome indicators (cured, default, non-respondent) and other key global nutrition parameters will be employed. This information will be shared with the roving teams and corrective adjustments where needed will be taken as the program is implemented.

Data will be collected on a routine basis at service delivery outlets and at the community level. Instruments such as tally sheets, registers, cards, summary sheets, etc. will be printed and distributed to all health facilities at the start of the project. Qualitative data will be collected as required to complement quantitative data, and model mothers and volunteers will use summarized MUAC tally sheets during field level screening. Furthermore, the project will use standard IYCF counselling reporting formats for facility and community level health education and counselling activities.

Clinic data will be recorded on cards and/or electronically on tablets for real time data monitoring. A project manager will monitor weekly and monthly nutritional data and activities including tracking of all proposed indicators and activities. Progress reports will also be reviewed by nutrition technical advisors in the field and at Medair HQ to monitor quality performance indicators and to identify trends or gender gaps that may exist within service provision. Medair will continue to use the MoPH standard reporting formats and online system for submission of monthly reports. Furthermore, monthly supply consumption reports and periodic donor reports (HFU and CHF narrative reports), as per agreed formats, will be prepared and submitted to respective entities in a timely manner. The nutrition project manager and nutrition advisor will conduct quality audits in line with Fanta/Valid guidelines and Sphere indicators to calculate and analyze key performance parameters on a monthly basis.

The project manager will carry out monthly routine monitoring and supervision of IMAM programs at all intervention sites using Quality Improvement Verification Checklists (QIVC) and supervisor checklists adapted from national and international guidelines. Medair will promote joint supportive supervision with PND, MoPH and project donors and will share monitoring reports. An M&E officer will complete exit interviews with caregivers selected at random at targeted health facilities to ensure quality of the program, client satisfaction and reduce defaulters. It will be the duty of Medair to ensure that all health facilities have adequate tools for data collection and reporting. Data will be compiled on a monthly and quarterly basis, and reports will be disseminated to all concerned.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct consultation sessions with key project stakeholders. Medair, in collaboration with ACF, will organize project kick-off meeting and consultation with identified stakeholders such as PND, MOPH, UNICEF, WFP, Nutrition Cluster and other implementing partners to create mutual understanding on the project implementation strategy and expected outcomes.	2017					X	X	X					
	2018												
Activity 1.1.10: Nutrition program promotion through radio spots. After establishment of IMAM programing, radio announcements will be aired to promote the nutrition services.	2017						X	X	X	X	X	X	X
	2018												
Activity 1.1.11: Promote equal feeding of boys and girls 6-59 months with caregivers of malnourished children at all 23 health facilities.	2017						X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.12: Referral Linkages established with district hospitals for management of SAM cases with medical complications. The project will discuss and establish referral linkages with district hospitals with stabilization centers/ in-patient pediatrics care for management of SAM cases with medical complications, poor appetite or any malnourished child within the age group of 0-6 months. Feedback mechanism will be in placed to track all referred children and their treatment outcomes.	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: The project will establish OPD SAM and MAM sites/corners in 23 existing health facilities. The activity is designed to include IMAM start-up capacity assessments, security assessments, consumable and non-consumable material supplies and commencement of treatment services.	2017					X	X	X					
	2018												
Activity 1.1.3: Training of health facility staff on IMAM and service strengthening using national IMAM training guidelines, including treatment of coexisting illnesses. Full scale IMAM training to 92 health facility staff will be conducted in four rounds. Refresher and IMAM Standard Operating Procedures (SOPs) trainings are also scheduled during the second half of the operation period.	2017					X	X	X					
	2018												

<p>Activity 1.1.4: Screening of SAM and MAM in children 6-59 months through health facility OPD SAM/MAM corners.</p> <p>All under five children visiting health facilities will be screened for malnutrition and children with a MUAC measurement of <11.5cm (with or without oedema) will be admitted to the program. Children with a MUAC measurement of 11.5-12.5cm will be admitted to OPD MAM program. In addition, malnourished children identified at community and household levels will be referred to health facilities for treatment.</p>	2017					X	X	X	X	X	X	X	X
	2018	X	X	X	X								
<p>Activity 1.1.5: Treatment of SAM and MAM without medical complications in children 6-59 months through health facility OPD SAM/MAM corners.</p> <p>Children with a MUAC measurement of <11.5cm (with or without oedema) will be admitted to the program. Children with a MUAC measurement of 11.5-12.5cm will be admitted to OPD MAM program. All admission and discharges will be made according to the national IMAM guidelines.</p>	2017					X	X	X	X	X	X	X	
	2018	X	X	X	X								
<p>Activity 1.1.6: Screening and treatment of MAM PLW through health facility OPD MAM corners.</p> <p>The project will also screen PLW for malnutrition and mothers with a MUAC measurement of <23cm will be admitted to OPD MAM programs.</p>	2017					X	X	X	X	X	X	X	
	2018	X	X	X	X								
<p>Activity 1.1.7: Screening of boys and girls 6-59 months and PLW for acute malnutrition at community and household level.</p> <p>Community volunteer and model mothers with guidance from Health Shura members will conduct active case finding through community level mass screening and house to house visits. This activity will ensure large program coverage and early identification of malnourished cases.</p>	2017					X	X	X	X	X	X	X	
	2018	X	X	X	X								
<p>Activity 1.1.8: Formation and training of health Shuras and model mothers in each facility catchment area on IMAM- community mobilization and key IYCF messages.</p> <p>The project will aim at creating and/or strengthening existing community based structures for effective program roll out and ownership. Thus, the proposed activity will identify active members of health Shuras (or in some areas, selected health promoters), train and coach them to oversee ongoing nutrition interventions at the community level including MUAC screening, key IYCF messages and community level referrals by volunteers and model mothers.</p>	2017						X					X	
	2018												
<p>Activity 1.1.9: Provision of community and facility based key IYCF messages for IMAM beneficiaries and caretakers.</p> <p>Health facility staff will deliver regular health education on key IYCF practices during OPD SAM and MAM days to all beneficiaries and caretakers. In addition, health Shura members with close collaboration and technical support from the project team will ensure that promoters and selected households with malnourished children received key IYCF messages.</p>	2017						X	X	X	X	X	X	
	2018	X	X	X	X								

OTHER INFO

Accountability to Affected Populations

Needs for this project were identified by the MoPH's PND and the Nutrition Cluster. The project was designed in consultation with representative from PND and cluster members through Nutrition Cluster meetings, IMAM Technical Working Group meetings, and Kabul IMAM Task Force meetings. The project, using community based structures such as health Shuras, will promote participation of community members in the project interventions. Community opinion makers and leaders will identify or endorse selected Shura members and review meetings with local stakeholders will be conducted biannually. Promotion of nutrition service utilization will be disseminated in community gatherings, religious meetings and through other community and faith based institutions.

In order to ensure beneficiaries and affected populations are able to provide feedback and voice complaints, exit interviews will be routinely conducted with beneficiaries. Beneficiaries will also be provided with a phone number to call or SMS in order to facilitate anonymous registration of complaints. A senior staff member from human resource and administration department will be assigned to collect and analyze complaints periodically and proper feedback will be given to the project team for amendment and quality improvement. All staff participating in the program will receive orientation on child protection and ethical service delivery. Regular feedback will also routinely be sought informally from community leaders and members of health Shuras in the targeted areas of Kabul City (northern and eastern zones).

Implementation Plan

Medair will implement the project in coordination with PND & MoPH in three district hospitals and twenty clinics in Kabul City. These facilities do not currently provide outpatient nutrition services. Training on IMAM SOPs is currently being delivered by AADA. The project will establish nutrition sites in these facilities through building their capacity to take full ownership by the middle of April 2018 in the following ways:

- Medair will visit each health facility with MopH letters of introduction to explain the project and conduct capacity assessments.
- The project will be led by a Senior Project Manager (an experienced medical doctor), with oversight from the Project Coordinator and with technical support from Medair's in country and global Health and Nutrition Advisors.
- Six Medair roving capacity building teams comprised of a Nutrition Supervisor (IMAM trainer) and a Nurse, overseen by two Team Leaders, will assist IMAM program start up and quality service delivery in health facilities using a staged approach.
- Six health facilities will be trained at a time. They will be visited four days per week for three weeks for basic and on the job trainings, intensive program support and reporting. After this period, the roving teams will support sites once per week and ensure nutrition services are integrated and owned by health facilities. All 23 health facilities will receive an intensive three weeks of onsite capacity building within the first three months of the project.
- Eight Health Assistants will work closely with health facilities after initial capacity building and service start-up with each Assistant supporting three facilities. They will ensure key messages on IYCF and child care are delivered to all IMAM beneficiaries and caretakers at the health facility.
- Medair will pay a BPHS salary to employ three nurses where health facilities do not have a clinical nurse.
- Therapeutic food and anthropometric supplies will be supplied by UNICEF and WFP and delivered directly to the health facilities.
- WFP has committed to providing one Food Distributor per health facility for daily onsite support and ration distribution. Medair will monitor stock and train staff to manage all aspects of stock keeping for the nutrition supplies.
- The Health Assistants and Food Distributors will also work with community leaders to identify and train health Shura members to promote the nutrition program. These members will carry out screening of children at community and household levels, follow up defaulters, disseminate IYCF messages and train promoters.
- Once all health facilities are delivering nutrition services, a radio campaign will be run for three months to promote use of these services.
- The Information Management and Data Entry Assistant will collate all paper and electronic data from each health facility for reporting. The M&E officer will review the data and undertake spot checks of the roving teams to ensure quality of work as per national IMAM and SPHERE standards.
- Refresher training in the IMAM SOPs will be provided after six months to all health facility staff.

Exit Strategy: As the implementing partner, Medair will be engaged in training and supporting of health facilities to deliver nutrition services for the duration of the project. The level of involvement will be adjusted based on readiness of the health facilities to meet quality indicators and integration of SAM/MAM OPD services into the routine clinical interventions. After intensive training and on the job support, Medair will reduce the degree of engagement to a weekly quality assurance and monitoring visit. Advocacy with respective government departments and partners will be pursued for sustained support of nutrition programming, institutionalizing and ownership of services. Medair will give due attention and work closely with provincial and national MoPH and PND for support and capacity building of the nutrition program after projec

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Nutrition Cluster	Medair is an active member of the Nutrition Cluster and is part of the IMAM Working Group, the Mobile Clinic Task Force and a member of the AIM Working Group. Medair will continue to play an active role in the cluster and these working groups.
MoPH/PND	Medair has a strong working relationship with both MoPH and PND through their mobile nutrition work in Kandahar Province. Medair respects the transitory nature of mobile nutrition teams and has demonstrated the ability to train health facilities to provide these services. Medair will continue to liaise with MoPH and PND.
Health Service Providers	Coordination with Health Service Providers will be the highest priority to engage them in the vision of the work and to support and train their staff to deliver nutrition programming. Coordination to date has been through PND and MoPH to minimize un-necessary confusion. Upon project commencement, Medair will meet with every health facility individually to explain the project, assess their capacity and set a timeline for project delivery.
WFP	Medair will sign an FLA with WFP to support implementation of TSFP services in Kabul City. WFP will provide MAM supplies for children of under five and PLW with related logistical support such as transportation, storage, and recruitment of food distributors. It is assumed that WFP will facilitate the signing of the FLA and support in line with this CHF grant work plan.
UNICEF	The project will closely work with UNICEF for technical assistances and RUTF supply. Project staff will attend capacity building trainings organized by UNICEF/Nutrition cluster and UNICEF will supply required number of RUTF to health facilities in timely manner. Medair will sign a separate PCA with UNICEF for RUTF supplies (will be supplied via Government structures).
ACF	Medair has coordinated extensively with ACF to develop a standardized approach for delivery of project activities across the Kabul City clinics. Should both organizations be awarded projects in their respective areas, Medair and ACF would continue to share resources and lessons learned in order to deliver the highest quality programming across the city.
Health Shuras	The project also involves a high level of coordination with community leaders in the catchment of the health facilities to raise awareness of the importance of the nutrition service and to seek their assistance in promoting the training and community mobilization activities. Medair will work to strengthen existing community organisations such as health Shuras where they exist.

OCHA Kabul Office and HFU	Medair will keep its close working relationship with the OCHA office in Kabul and HFU. Periodic reports will be developed and submitted to the coordination office and joint monitoring visits and lesson learning forums will be organized in order to ensure implementation progress and adherence to minimum standards.
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Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

2a-The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

This project has the potential to contribute significantly to gender equality. As outlined in the Needs Assessment above, needs are high amongst the wider population of Kabul City but girls and women of child bearing age are particularly vulnerable to acute malnutrition, and in significant need of intervention in order to break the intergenerational cycle of malnutrition. This vulnerability is in many cases further compounded by displacement. Medair has designed this project to address obstacles to care seeking in Kabul City with particular emphasis on meeting the nutritional needs of women and children.

Medair will employ female staff in each roving nutrition team in order to ensure that OPD SAM and MAM services are accessible to women who for cultural reasons may not be comfortable accessing health or nutrition services from a male service provider. Both male and female staff will be involved in delivering health and IYCF messaging to ensure that both male and female caregivers in attendance at health facilities can be reached with critical messaging in a culturally acceptable way. This messaging will include targeted messaging on the importance of equal feeding of male and female children of similar age. Both male and female staff will also be involved in community mobilization efforts in order to facilitate relationship building with male community leaders and female beneficiaries. Sex and age disaggregated data will be routinely collected and analyzed in order to identify and address gender gaps in services provision and outputs.

The planned media campaign to initiate community mobilization will specifically address known obstacles to care seeking for women and female adolescents. Messaging will specifically focus on encouraging women of reproductive age to be screened for malnutrition and to bring children to be screened as well. Since a reluctance to visit a health facility alone is an obstacle for many young women, the media campaign will encourage older women to accompany younger women in their households or neighborhoods to health facilities for the benefit of the entire community. There is a strong cultural emphasis on the role of men as providers for all of the needs of their family (Echavez, Mosawi, Pilongo 2016. The Other Side of Gender Inequality: Men and Masculinities in Afghanistan. Kabul AREU). The campaign will utilize this cultural value to encourage men to support the women and children of their households in seeking nutrition services. Additionally, the campaign will highlight that nutrition services are free of charge and female staff will be available to provide culturally appropriate treatment for women.

Protection Mainstreaming

Medair's approach to protection focuses mainly on safety, dignity, and integrity, and seeks to ensure that protection issues are taken into account in all programming. In the proposed initiative, protection issues will be addressed in the following ways:

- Medair takes child protection and gender protection seriously and has included specific sections in its Code of Ethics about child and gender protection. All Medair employees are trained on and required to adhere to the Code of Ethics as a term of their employment. The code stipulates that Medair shall not employ individuals below the legal minimum age of employment. During Medair's activities, its employees are obligated to protect individuals below 18 years of age from any kind of abuse, including physical, mental, psychological and sexual abuse. Compliance with this code is mandatory and any breach of the code will result in disciplinary action, dismissal, or reporting the behavior to relevant authorities. Medair employees have a duty to report suspected breaches of this code to a line manager within the organization using confidential methods described in Medair's Fraud and Misconduct Notification Guidelines.
- Beneficiaries will be engaged in identifying and promoting durable and sustainable solutions to meet needs identified by communities through community mobilization and education.
- Beneficiary selection will be based on clear anthropometric indicators of acute malnutrition which will be clearly communicated to beneficiaries to avoid confusion. The project will specifically target children and PLW.
- Sites will be visited regularly by the Monitoring and Evaluation Officer and Nutrition Advisor to monitor for quality, and a feedback/complaint mechanisms will be established to ensure that concerns are registered and adequately followed up. In addition to a feedback phone number, complaints can also be passed through the community volunteer, Shura members or health facility staff and direct receipt of written or verbal complaints.
The phone number will be posted at all health facilities for beneficiaries to call and Medair will request that all volunteers, Shura members and health facility staff transfer these messages.
The focal point for community feedback will be Medair's Senior HR Officer who will receive and record the feedback, pass messages on to the Project Manager or Project Co-ordinator and will respond to acknowledge receipt of the message within 24 hrs and respond formally within one week.
- Vulnerable groups in the communities will be identified and actively engaged in project activities and planning. Particular attention will be given to women, IDPs, ethnic minorities and people with disabilities.
- Local leaders and community elders will be sensitized to the project and the benefits of participation by vulnerable groups in order to facilitate access and reduce risk of conflict in communities as a result of the action.
- This project is expected to have a negligible impact on the environment. However, appropriate waste disposal methods will be utilized at all facilities. The potential negative environmental impacts associated with vehicle travel will be minimized through careful scheduling and through fleet maintenance.

Country Specific Information

Safety and Security

Security in the northern part of Kabul is better than other parts of the city, however, both parts of Northern and Eastern Kabul City are subject to criminality, kidnappings and targeted attacks. Medair has a security management plan with SOPs covering movements in Kabul City. The following strategies will be used to ensure staff safety:

- As part of start-up activities, a security assessment will be conducted for each health facility. This will include access assessments and visits with community leaders to enable site specific emergency response.
- Medair senior management hold weekly security management team meetings to review incidents and monitor the security situation in the city.
- Roving nutrition team supervisors will call the health facilities they are visiting each morning to ensure that the situation is safe prior to leaving the office.
- Local vehicles will be rented for the roving nutrition teams to maintain a low profile while travelling.
- Each vehicle will be fitted with a tracker and movements will be monitored by Medair's Operations room. Drivers will phone the Operations room to report staff locations every two hours or when they are leaving or arriving at a destination.
- Drivers will use situational awareness to avoid potential targets.
- International staff members visits to clinic sites will be un-announced, irregular and of short duration.
- Relationships built with community leaders through the community mobilization work of the food distributors/stock keepers and health assistant will be used to monitor acceptance and potential threats.

Access

Medair has been operating in Afghanistan for more than 20 years with a primary country office in Kabul City. As a result, Medair is familiar with the current security threats and trends in Kabul, and has established procedures to ensure access to the targeted areas of Northern and Eastern Kabul City. In addition to the daily safety and security measures designed to mitigate risk outlined in the 'Safety and Security' section above, Medair senior staff will proactively monitor and triangulate security information from INSO, Sicuro and local staff/community leaders on the ground, to inform decisions about movements.

During project start up, particular attention will be paid to establishing strong relationships with community leaders and health facility staff in order to ensure acceptance and continued access to the targeted areas. Medair will also coordinate closely with MoPH/PND, the Nutrition Cluster, and other national and international NGOs to avoid any potential sources of conflict with other organizations operating in the area.

The project aims to capacity build health facilities to implement nutrition programming and will be regularly interacting with and training health facility staff, stock distributors, Shura members and volunteers from the local community. If parts of the city or health facility sites become too insecure for NGO movement, the contingency plan would be to provide off site training with key staff members at a safer location or hosted at another health facility, as well as ongoing communication and support by phone as required. Electronic data entry on tablets would assist with remote monitoring if and when access is restricted.

To ensure impartial awareness raising about services, in addition to the radio campaign, Medair will train Shura members in the value and necessity of equal access and encourage them to identify minority groups (disabled/ IDPs/ethnic minorities, etc.) to be targeted in the mother groups. The community volunteers will also be trained to seek out minority groups and underserved groups as they conduct active screening house to house. Facilitating equal access is stressed through the IMAM SOP training package, however, Medair staff will also monitor access through on-site observations, community discussions and exit interviews, and will advocate with health facility staff if and when barriers to access are observed.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Manager	D	1	1,970.00	12	100.00	23,640.00
	<i>Medair grade (NRS) 2b, oversees project management, implementation, reporting and co-ordination.</i>						
1.2	Monitoring and Evaluation Officer	D	1	901.00	11	100.00	9,911.00
	<i>Medair grade (NRS) 4a, implements the M&E workplan. Conducts spot checks on health facilities, roving teams and data to ensure quality programming.</i>						
1.3	Nutrition Supervisor	D	6	901.00	11	100.00	59,466.00
	<i>Medair grade (NRS) 4a, leads a roving capacity building team to implement all aspects of project activities including training, monitoring and community mobilisation. Six roving teams with 1 Nutrition Supervisor each will be required to cover the capacity building of 23 HFs. Initially 6 HFs will be trained at a time. They will be visited 4 days per week for 3 weeks for basic and on the job trainings, intensive program support and reporting. After this period, the roving teams will support sites once per week and ensure nutrition services are integrated and owned by health facilities. All 23 health facilities will receive an intensive three weeks of onsite capacity building within the first three months of the project.</i>						
1.4	Nurse	D	6	901.00	11	100.00	59,466.00

	<p><i>Medair grade (NRS) 4a, member of the roving capacity building team. Provides direct nutrition training and support to Health Facility staff.</i></p> <p><i>The health assistants will deliver intensive support in all IMAM components including non-OTP days. They will also support community mobilization activities and routine screening. But the role of nurses are very specific to capacity building and on the job support during clinic/OTP days. Together with supervisors and health facility staff, they support the entire SAM and MAM management (including PLW) and ensure quality of the program. After the initial training phase they will only visit a facility once per week while roving health assistants provide more support to the daily routines. The Health Assistants are an integral part of the project as most of the targeted health facilities only have one or two nurses in general and considering the high burden of malnutrition, daily clinical consultations and large catchment population, it is imperative to deploy roving support in order to guarantee the gradual integration of nutrition services into existing health service delivery.</i></p>						
1.5	Logistics Assistant	D	2	676.00	11	100.00	14,872.00
	<p><i>Medair grade (NRS) 5, provides training to 23 stock distributors and monitors storage, documentation and distribution practices. Assists Health Facilities with WFP and UNICEF processes, undertakes project procurement.</i></p>						
1.6	IM/ Data Entry Assistant	D	1	676.00	11	100.00	7,436.00
	<p><i>Medair grade (NRS) 5, collates patient nutrition data from each health facility for reporting to MoPH and the CMAM report database.</i></p>						
1.7	Team Leader	D	2	1,408.00	11	100.00	30,976.00
	<p><i>Medair grade (NRS) 3a, manages 3 roving capacity building teams. Oversees all aspects of the operation of the nutrition program including planning, directing, assessing, implementation, and evaluation</i></p>						
1.8	Health Assistant	D	8	676.00	11	100.00	59,488.00
	<p><i>Medair grade (NRS) 5, Assists in provision of direct nutrition treatment and education to health facility staff and beneficiaries in health facilities. See Justification under budget line "Nurse"</i></p>						
1.9	Office Guard	D	5	338.00	11	100.00	18,590.00
	<p><i>Medair grade (NRS) 9, security guard for project office</i></p>						
1.10	Clinic Nurses	D	3	165.00	11	100.00	5,445.00
	<p><i>Staff provided to health facilities who do not have a MD or nurse to provide direct nutrition treatment and education to beneficiaries in the health facilities. Paid based on the Government salary grid</i></p>						
1.11	Medical Expenses	D	1	200.00	1	100.00	200.00
	<p><i>For minor medical expenses for project staff not covered from the insurance</i></p>						
1.12	Nutrition Advisor	S	1	7,679.00	12	30.00	27,644.40
	<p><i>Medair grade (IRS) B2, provides monitoring and evaluation, ensures technical quality of program deliver. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.13	Projects Co-ordinator	S	1	5,641.25	12	25.00	16,923.75
	<p><i>Medair grade (IRS) B2, coordinates projects in Kabul PC position reduced to 25% as this position is critical for overseeing integration of project management with support side. Responsible for security, spot checking finance and logistics processes and donor reporting. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.14	Country Director	S	1	6,629.25	12	8.33	6,626.60
	<p><i>Medair grade (IRS) C, provides monitoring and evaluation, ensures delivery of program and communications with donor representatives. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.15	Finance Manager	S	1	4,698.65	12	10.00	5,638.38
	<p><i>Medair grade(IRS) B1, reviews monthly project financial expenses and documentation, assists in production of project reports. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.16	Logistics Manager	S	1	4,698.65	12	10.00	5,638.38
	<p><i>Medair grade (IRS) B1, oversees logistics for entire Medair country program including monitoring procurement, stock management, and ensuring procedures are followed on projects. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.17	Field Communications Officer/ IM	S	1	3,978.00	12	20.00	9,547.20
	<p><i>Medair grade (IRS) A, prepares project communications for donor and fundraising unit in Medair HQ. Assists in training and implementation of digital data collection across the project. Unit cost includes gross salary, R&R allowance, per diem and contractual flights.</i></p>						
1.18	Finance Officer	S	1	1,408.00	12	20.00	3,379.20

	<i>Medair grade (NRS) 4a, processes monthly project finance documents.</i>						
1.19	Senior Logistics Officer	S	1	1,408.00	12	20.00	3,379.20
	<i>Medair grade (NRS) 4a, processes monthly project documents, oversees project procurement.</i>						
1.20	Senior HR Officer	S	1	1,408.00	12	20.00	3,379.20
	<i>Medair grade (NRS) 4a, oversees Afghanistan recruitment process and HR issues for project staff</i>						
1.21	Operation Room Assistant	S	1	676.00	12	20.00	1,622.40
	<i>Medair grade (NRS) 5, monitors all vehicle/staff movements</i>						
	Section Total						373,268.71
Supplies, Commodities, Materials							
2.1	Value added services for beneficiaries- items purchased	D	67	298.84	1	100.00	20,022.28
	<p><i>Supplies for systematic treatment at OPT corners, Clinic OTP materials and equipment, Tablets for clinic level electronic data collection, Stationary supplies for 6 roving teams, MUAC bands for model mothers and community level screening.</i></p> <p><i>Medicines are contingency drugs for OTP activities. The proposed intervention will draw a higher number of children to the clinics and it is anticipated that health facilities didn't consider this nutrition intervention in their annual plan and drug procurement for 2017 (more than 8,200 cases are expected to visit health facilities in addition to clinical cases). This contingency stock will fill any gap created due to high number of children attending nutrition services. At least three tins of each medicine will be procured for each facility. The cost includes international and local transportation.</i></p> <p><i>Total cost reduced from \$6000 to \$5382 itemised as follows:</i></p> <p><i>Amoxicillin syrup or tablet (1000 tab per tin) \$897</i></p> <p><i>Medendazol tablets (1000 tab per tin) \$2415</i></p> <p><i>Vitamin A capsules 100000UI (1000 tab per tin) \$1035</i></p> <p><i>Vitamin A capsules 200000UI (1000 tab per tin) \$1035</i></p> <p><i>Clinic OTP materials and equipment: Budgeted as lump sum by health facility and even distribution among health facilities is assumed for planning purpose (actual distribution will be done by PPS).Following Budget breakdown (\$6,500):</i></p> <p><i>Printing of cards (admission, ration,referral,stock, registration books, monitor):\$3,476</i></p> <p><i>Utensils for OTP (such as water jags, cups, spoon, soap for hand washing, buckets, etc.) \$973</i></p> <p><i>Benches/mats for caregivers \$1,082</i></p> <p><i>Tripod stand for hanging scale \$969</i></p>						
2.2	Value added services for beneficiaries- incentives	D	300	117.10	1	100.00	35,130.00
	<p><i>Incentives are for Health Facility staff attending refresher IMAM training(doctors- 6 days, nurses, midwives and CHCs- 5 days). Sitting fees will be paid to Shura members attending quarterly meetings.</i></p> <p><i>One community volunteer per Health Facility will be paid an incentive of \$100/month to liaise with the Shura members and teach groups of community women and model mothers how to measure MUAC. This will raise awareness and skill in the Health Facility catchment areas.</i></p> <p><i>These community mobilisation methods align with ACF</i></p>						
2.3	Training and promotion costs	D	4	2,690.00	1	100.00	10,760.00
	<p><i>Costs for the IMAM refresher training with Health Facility staff including:</i></p> <p><i>Training supplies</i></p> <p><i>Hospitality for trainings: Refreshments at 150AFA per person (105 nurses/midwives/CHCs x 5 days x 150 AFA) + (34 doctors + 3 trainers x 6 days x 150 AFA) = 11,2050 AFA divided by exchange rate of 65 is \$1723</i></p> <p><i>Rental of training venue.</i></p> <p><i>A Radio community awareness campaign will also be run in coordination with ACF, budgetted at 6000 AFA for 6 min (2 x 3 min radio spot per day) for 90 days</i></p>						
	Section Total						65,912.28
Equipment							
3.1	Equipment maintenance & purchase for Project	D	30	191.00	1	100.00	5,730.00
	<i>Purchase & maintenance of 1 Printer, 3 Laptops, 6 Tablets and 20 Phones. The laptops are for the Manager and 2 Team Leaders and each roving team will have a tablet for electronic data collection and surveys (the 3 Tablets from the CHL project will be re-allocated to this project in July). 20 simple nokia mobile phones will be purchased for the 35 staff dedicated fully to the project.</i>						
3.2	Fuel for shared vehicle costs	D	1	500.00	1	100.00	500.00
	<i>Fuel for Medair fleet vehicles used during first month set up, by Base staff and as support during project implementation</i>						
3.3	Equipment maintenance for shared costs	D	1	250.00	1	100.00	250.00

	<i>Maintenance for Medair fleet vehicles used during first month set up, by Base staff and as support during project implementation</i>						
	Section Total						6,480.00
Contractual Services							
4.1	Vehicle Rental	D	6	663.64	11	100.00	43,800.24
	<i>Rental will include driver, vehicle maintenance and fuel for 1 Hiace and 3 Corollas , with an additional 2 Corollas for the intensive start up training.</i>						
	Section Total						43,800.24
Travel							
5.1	Continental Flights for shared staff	D	1	280.00	6	100.00	1,680.00
	<i>Regional flights to Kabul for the IM/Field Communication Officer based in Bamyan</i>						
	Section Total						1,680.00
General Operating and Other Direct Costs							
7.1	Project Security Expenses	S	11	809.00	1	100.00	8,899.00
	<i>Security supplies for project office and base; Security service - Sicuro tracking service for 4 vehicles for 12 months (Medair already owns the trackers) Security construction for project office;This is a lump sum amount. A separate Project office will need to be rented as Medairs Kabul base is not large enough to accommodate the 32 full time dedicated national staff required for the project.</i>						
7.2	Project Office Supplies & Communication Expenses	D	23	51.92	12	100.00	14,329.92
	<i>Office supplies (stationary and printer cartridges) Internet service and Mobile phone credit</i>						
7.3	Project Facility Expenses & Office Supplies	D	5	449.33	12	100.00	26,959.80
	<i>Facility maintenance Utilities Facility supplies for project office; Rent for project office Furniture & accessories for project office set up;Office Desks (15 x \$60= \$900) chairs (20x \$45= \$900),toshaks (8 x \$45= \$360) bukharis (3 x 190= \$570), Fans (3 x \$50 = \$150), tea making facilities,curtains, white board etc \$120</i>						
7.4	Shared Office Supplies & Communication Expenses	S	10	10.00	12	100.00	1,200.00
	<i>Contribution towards base support staff mobile phone costs</i>						
7.5	Shared Facility Expenses & Office Supplies	S	2	95.00	12	100.00	2,280.00
	<i>Facility maintenance and Facility supplies for the Medair Kabul base. The project will require an additional office to be set up separate to Medairs main Kabul base. The Project office costs are outlined in Sections 7.2 and 7.3. Support staff will continue to be accommodated in the main Kabul base with costs under 7.4 and 7.5.</i>						
7.6	Workshop	D	1	1,500.00	1	100.00	1,500.00
	<i>Final evaluation review meeting with Medairs key stakeholders from Kabul Province including nutrition cluster members, PND, OCHA, ACF and other Medair partners. Budget to cover the workshop cost such as venue, refreshments and printing, etc</i>						
	Section Total						55,168.72
SubTotal			508.00				546,309.95
Direct							450,152.24
Support							96,157.71
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							38,241.70
Total Cost							584,551.65

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Kabul -> Kabul	100	5,067	31,013	9,112	10,696	55,888	Activity 1.1.1 : Conduct consultation sessions with key project stakeholders. Medair, in collaboration with ACF, will organize project kick-off meeting and consultation with identified stakeholders such as PND, MOPH, UNICEF, WFP, Nutrition Cluster and other implementing partners to create mutual understanding on the project implementation strategy and expected outcomes.

Documents

Category Name	Document Description
Project Supporting Documents	Endorsement from Nutrition Cluster.pdf
Project Supporting Documents	PND Assessment form for Kabul city HFs.xlsx
Project Supporting Documents	Locations of Health Facilities in N&E Kabul City.xlsx
Project Supporting Documents	Kabul Map_HF_2.pdf
Project Supporting Documents	Call Centre - Contact List Template 1SA 2017.xlsx
Project Supporting Documents	CHF-Afghanistan - Communications and Visibility Guidelines.02.2017.pdf
Project Supporting Documents	Remote Call Campaigns - Guidance Note for Partners.pdf
Budget Documents	AFG175_itemized Budget_CHF proposal.xlsx
Budget Documents	AFG175_itemized Budget_CHF proposal.xlsx
Budget Documents	AFG175_CHF itemized Budget_20170327.xlsx
Budget Documents	AFG175_itemized Budget_CHF proposal_MH_CHF COMMENTS.xlsx
Budget Documents	AFG175_CHF itemized Budget_20170402_CHF_Medair.xlsx
Budget Documents	AFG175_CHF itemized Budget_20170402_CHF_Medair B.xlsx
Budget Documents	AFG175_CHF itemized Budget_20170403 V3.xlsx
Grant Agreement	5040_Agreement_signed.pdf