OCHA Coordination Saves Lives

Project Proposal

Organization	MEDAIR (MEDAIR)				
Project Title	Provision of CMAM services for vulnerable populations in Kandahar District				
CHF Code	AFG-14/S1/N/INGO/247				
Primary Cluster	NUTRITION		Secondary Cluster	None	
CHF Allocation	1st Round Standard Allocation		Allocation Category Type		
Project Budget	529,645.00		Project Duration	12 months	
Planned Start Date	01/05/2014		Planned End Date	30/04/2015	
OPS Details	OPS Code		OPS Budget	0.00	
	OPS Project Ranking		OPS Gender Marker		
Project Summary	Medair's proposed nutrition project seeks to address not only the inadequate coverage and quality of life-saving services for the treatment of acute malnutrition in children under five and vulnerable pregnant or lactating women (PLWs) , but also some of the key determinants of malnutrition through promotion of improved infant and young child feeding (IYCF) practices and healthy behaviors linked to unnecessary deaths amongst vulnerable populations in Kandahar District. By establishing up to 10 CMAM outreach sites, unmet needs of the acutely malnourished boys, girls and women amongst the vulnerable returnees, refugees and IDPs of the informal settlements of Kandahar City and surrounding areas can be served. SAM classification and treatment will also be supported and strengthened in referral clinics through training and supervision as needed. Critical IYCF practices as well as promotion of appropriate health seeking and preventive behaviors for the main diseases will be targeted through the establishment of a mothers' group network.					

Project Beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	20	6400	4674	4674	**15,768**
Total beneficiaries include the following:					
Children under 5	0	0	4674	4674	9348
Pregnant and Lactating Women	0	2587	0	0	2587
Refugee Returnees	0	3000	0	0	3000
Trainers, Promoters, Caretakers, committee members, etc.	20	6400	0	0	6420

Indirect Beneficiaries	93,600 family members of mother group participants who are anticipated to benefit from the healthier practices of the mothers group participants	Catchment Population	252,650 approximately ½ of the 505,300 total Kandahar District population estimated to be without access to CHCs with OTP services including 98000estimated from UNHCR of IDPs/refugees and other vulnerable populations around Kandahar District in temporary settlements. Caseload numbers are based on 70% coverage by 12 months of the 252,650 estimated to have SAM (4980) and MAM (4368) in under fives by the cluster plus 70% coverage of PLWs in temporary settlements estimated to be at risk by MUAC measurement.
Link with the Allocation Strategy	This project links to strategic priorities 1 and 2 of the 2014 Strategic Response Plan as it proposes to improve access to critical emergency nutrition and health services for vulnerable populations including conflict related IDPs and refugees and other vulnerable groups within the Kandahar District. All the nutrition sector objectives are worked towards with a prioritization on the reduction of the prevalence of acute malnutrition in the most at risk communities (objective 1) through setting up outreach CMAM services amongst vulnerable IDPs and returnees. Many of the healthy practices promoted in the women's' groups will help promote resilience in women and their boys and girls and prevent deterioration of malnutrition (nutrition sector objective 2). Through having the ability to train and support existing clinical staff on CMAM implementation at linked health facilities capacity for responding and monitoring response to the nutritional emergency is further strengthened (nutrition sector objective 3).		
Implementing Partners		Other funding Secured For the Same Project (to date)	
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BACKGROUND INFORMATION

1. Humanitarian context.. 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 at the heart of the conflict between the AOG and the IMF for over a decade. Previous decades of war and insecurity from AOGs has taken its toll on the region's economy, healthcare staff and facilities, infrastructure and produced a large IDP population around Kandahar City. In large part due to the insecure environment the Government of Afghanistan (GoA) at a provincial, district and local level has been unable to meet the basic humanitarian needs of its people. Additionally, this insecure environment has left a vacuum of aid agencies unable to work in the southern region. With the improved security situation in the past few years, largely due to the appointment of Police Chief, Abdul Raziq, the security context has improved for INGOs to work in certain areas of the province, with Kandahar district considered to be fairly secure. Kandahar is the second largest province in Afghanistan with 18 districts and a population estimated at 1.54 million according to the CHAP 2014. According to the Ministry of Public Health data, Kandahar district has a population of 491,500 with a large number of IDPs, returnees and refugees from the rural districts of Kandahar and the surrounding southern provinces of Helmand, Zabul, Uruzgan and Nimroz. There is also a large population of returnees from border regions of Pakistan living in Kandahar district. Access to healthcare facilities in Kandahar City is available, but adequately trained health professionals, especially female doctors, nurses and midwives, remains a chronic problem. Outside Kandahar City access and availability to healthcare facilities and trained professionals is very low in the surrounding districts. A number of informal settlements have sprung up around the outskirts of Kandahar City, with large populations of IDPs and refugees in the north, west and south of the city. These IDP/refugee communities range from newly arrived (3 – 6 months) to long-term (multi-year) and inhabit unclaimed and government lands. There are reportedly 7 CHCs—all of the CHCs listed in the Afghanistan Provincial Health Profile 2013 for Kandahar district—which have active OTP sites. However, the capacity is not able to meet the current population demand. Outside Kandahar City, health services are inadequate in number and poorly staffed for the rural districts. This lack of capacity forces the rural populations to seek treatment in Kandahar City, increasing the burden on an already strained system. Furthermore, access from the rural districts seeking healthcare in Kandahar City is not always available, due to insecurity, cultural issues and affordability. During the Medair assessment UNHCR listed "access to health services" as a health threat for

	Kandahar and identified "priority needs for clinics and professional health w orkers". Maternal and child health issues such as public health delivery systems for w omen, children and their families, prenatal care, skilled female attendants, access and nutrition for mothers and infants are priority health concerns in Kandahar province. For Afghanistan as a w hole based on the June 2012 released MICS report from the Central Statistics Organisation and UNICEF, the national GAM level is 17.8% and the SAM level is 11.3%--w ell above global nutritional emergency thresholds. The South Region including Kandahar district w as noted to have a GAM of 29.5% and a SAM of 19%. The report of a recent national survey w ith more up to date results is aw aited. The most recent caseload data from the nutrition cluster show s that for Kandahar District the estimated caseload is the second highest in the country. With increasing displacement, and severely limited access to health and nutrition services in Kandahar and surrounding districts and estimated emergency level GAM rates rates the stage is set for a public health emergency.
2. Grant Request Justification.	Kandahar Province has a number of humanitarian gaps in services provided in comparison to the humanitarian need and is ranked as one of the w orst three provinces in Afghanistan for access to health services according to the CHAP 2014. Although actors are currently addressing some of the health and nutrition needs in Kandahar, gaps remain for the most vulnerable beneficiaries preventing access health facilities due to security, financial and cultural constraints. Medair has experience of implementing emergency health and nutrition interventions in acute and chronic complex emergencies globally (Somalia, Chad, Syria crisis, Sudan, South Sudan, Democratic Republic of Congo) as w ell as in Afghanistan. From 2008-2012 Medair implemented emergency nutrition projects including CMAM programming at outreach sites as w ell as integrated into health facilities in Badakshan Province. In 2014 Medair is strategically positioning to provide multi-sectorial humanitarian programming in Kandahar Province given the identified gaps and Medair's core sectors of expertise in health, nutrition, WASH and shelter and infrastructure. Medair is in the process of finalizing an exploratory mission and w ill establish a permanent office in Kandahar city w ith expatriate staff to help provide quality of delivery in service, close monitoring of projects and as w ell as building the capacity of local staff. Receipt of CHF funding w ill allow Medair to start providing emergency nutritional services in 2014 as soon as possible to help address the gaps in nutrition services in Kandahar through the use of mobile clinics. The funding w ill specifically help address the gap in access to treatment of acute malnutrition especially among boys, girls and at risk pregnant and lactating w omen amongst the IDPs, returnees and refugees as w ell as other vulnerable groups in the informal settlements and beyond that do not have access to the OTP services supported by SCF w ithin the ADHS run BPHS facilities. This intervention w ill help prevent unnecessary deaths from acute malnutrition and coexisting illnesses in these at risk groups.
3. Description Of Beneficiaries	The nutrition cluster in the 2014 CHF Allocation Strategy and other documents has prioritized the treatment of acute malnutrition in the most under-served, conflict affected areas for scale-up of coverage and effectiveness in those provinces w ith the highest burden and w orst access, including Kandahar Province. The targeted beneficiaries w ill be the IDPs, returnees, refugees and vulnerable host boys and girls under 5 and pregnant and lactating w omen in Kandahar District. The beneficiaries of CMAM services w ill be identified by their anthropometric classification (MUAC, Weight for height) of severe and moderate acute malnutrition as per national guidelines. The selection of Kandahar District and the targeting of beneficiaries in informal settlements and other vulnerable areas w as based on a gap analysis from a secondary data review and a Medair exploratory mission w hich is still ongoing and is being conducted by the Medair Project Coordinator based in Kandahar.
4. Needs assessment. 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 w as conducted (w ho consulted w hom, how and w hen?). List any baseline data	The Medair Afghanistan team conducted an exploratory mission to Kandahar Province from 17 February to 17 March 2014 to assess the broad humanitarian needs, identify gaps, coordinate w ith other humanitarian actors, and explore the feasibility of Medair establishing operations and an office in Kandahar w ith national and expatriate staff. Key informant interview s w ere held w ith the Ministry of Health, UN agencies and local and national NGOs in Kandahar w ho all highlighted critical maternal and child health and nutrition gaps and underserved areas in Kandahar Additional information w as collected through coordination w ith nutrition actors in the region such as Save the Children, and UNICEF and WHO to attempt to clarify further w hich areas are currently covered by CMAM activities in the existing health facilities and determine the areas w ith the largest gaps. In addition a secondary data review w as conducted 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 w as combined w ith Medair's prior know ledge and experience designing and implementing CMAM programmes in other areas of Afghanistan—Badakshan Province--to help determine feasibility and priorities. Additional information and a more detailed nutritional assessment including community meetings and a health facility nutritional capacity assessment is planned at the start of the project and w ill be needed to help finalize exact CMAM outreach locations. Some key findings of the exploratory mission and secondary data review , as relates to nutrition, are as follow s: • Global acute malnutrition rates in Kandahar District are estimated to be above emergency thresholds w ith estimated caseloads from the nutrition cluster indicating over 27.8% of children under 5 w ill need treatment for GAM and more alarming over 14.8% w ill require treatment for SAM over the course of this year. The national survey report w ith updated GAM and SAM levels is pending. • Current CMAM capacity in the Kandahar District includes integrated CMAM w ith OTPs reportedly active at 7 CHCs in the district. Save the Children is planning on w orking w ith the BPHS implementing partner AHDS to support some of these locations and strengthen OTP services. There are no reported stabilization centres in the BPHS implementing health facilities only 1 in Mirw ais hospital and no know n CMAM outreach sites in the district. • The Kandahar District includes a large population of IDPs and refugees in temporary settlements surrounding Kandahar City—population estimates vary from 20,000 (UNHCR July 2013) to 98,000 (UNHCR verbal report March 2014) w ith other informal sources estimating up to 200,000. Estimated caseloads in the district for children under 5 in need of care is the second largest in the country. • Local and international agency sources report gaps in sufficient coverage of acute and moderate malnutrition prevention and treatment services in the Kandahar District complicated by financial and cultural barriers to accessing existing services as w ell as inadequate maternal and child health services (UNICEF). • Prior national and regional nutrition surveys in Afghanistan have revealed inadequate IYCF and health seeking behaviors such as low exclusive breastfeeding percentages and complementary feeding at 6-8 months for only 36% of the population (UNICEF and MICS 2010/2011). • Pregnant and lactating w omen are especially vulnerable to malnutrition due to the increased caloric requirements during pregnancy and lactation, low literacy rates (associated w ith nutritional status) and are disadvantaged w ith more w omen suffering from malnutrition than men and higher mortality rates (UNICEF).
5. Activities. List and describe the activities that your organization is currently implementing to address these needs	Medair has implemented both decentralized and integrated CMAM programmes in Afghanistan in the recent past and currently operates in multiple chronic complex emergencies in other countries. The technical approach Medair w ill take in this project to address the need for expansion of coverage of both CMAM services and improvement of IYCF practices and health seeking at the household level w ill be the follow ing: Treatment of acute malnutrition through : o Community based OTP/SFP w ith referrals for SC for children under 5 and PLW—EPI link and treatment of coexisting illnesses for enrolled children—linked to existing health facilities for referrals w hich is covered by another NGO linked to the BPHS implementer. o Strengthening of CMAM referrals and treatment at nearest health facilities—especially for SAM w ith complication referrals to closest clinics via training and supportive supervision as needed. Promotion of Infant and Young Child Feeding (in Emergencies):through set up of a Cascade group system focusing on IYCF in ER and BCC for common causes of morbidity/mortality and addressing health seeking behaviors—via mothers groups in catchment areas of the up to 10 outreach locations. Decentralized CMAM programming alongside facility based CMAM is recommended as best practice by the Global Nutrition Cluster and UN agencies w hen high caseloads exist and access to treatment is a problem as identified in the Kandahar District context. Cascade systems utilizing mothers groups such as the Care Group system has been show n by Medair and other NGOs to result in sustained behavior change and improved IYCF practices and is considered one of the few BCC methods w ith measurable results globally. For more detailed information on activities please see the list of activities in the logical framew ork.

LOGICAL FRAMEWORK

Overall project objective	To improve the nutritional status of boys and girls under five and pregnant and lactating w omen in vulnerable populations of Kandahar district.

Logical Framework details for NUTRITION

Cluster objectives	Strategic objectives(SRP)	Percentage of activities
Objective 1. Access to and utilization of quality nutrition services for management of acute malnutrition in all communities including those affected by conflict and natural disaster through static and mobile facilities.	1. Providing emergency health care and prioritizing access to critical services	60
Objective 2. Boys, girls and PLW have access to evidence-based and feasible nutrition and nutrition related resilience activities to avoid deterioration to malnutrition.	1. Providing emergency health care and prioritizing access to critical services	30
Objective 3. The nutrition cluster has addressed critical capacity gaps to ensure timely assessment, response and monitoring of emergency nutrition interventions.	1. Providing emergency health care and prioritizing access to critical services	10

Outcome 1	Increased quality of and access to life saving nutrition services for boys and girls under five and pregnant and lactating w omen w ith acute malnutrition prioritizing informal settlements of Kandahar District.	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Acutely malnourished children under five and at risk PLWs are identified and provided outpatient OTP/SFP services in up to 10 outreach sites in Kandahar district.	The output is based on the assumption that beneficiaries w ho are not currently utilizing local health care facilities due to security, financial and cultural reasons w ould be more likely and able to access mobile units w hich 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	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	# of under-five boys admitted					850					4674
Means of Verification:		Monthly review of nutrition patients registers and nutrition reports										
Indicator 1.1.2	NUTRITION	# of under-five girls admitted					850					4674
Means of Verification:		Monthly Review of Nutrition Patients Registers and Nutrition Reports										
Indicator 1.1.3	NUTRITION	# of PLW admitted					470					2587
Means of Verification:		Monthly Review of Nutrition Patients Registers and Nutrition Reports										
Indicator 1.1.4	NUTRITION	Proportion cured in line with SPHERE standards					76					76
Means of Verification:		Monthly Review of Nutrition Patients Registers and Nutrition Reports										
Indicator 1.1.5	NUTRITION	Death rate in line with SPHERE standards					9					9
Means of Verification:		Monthly Review of Nutrition Patients Registers and Nutrition Reports										

Activities

Activity 1.1.1	Conduct a focused needs assessment and hold community and other stakeholder meetings to finalize service coverage mapping and selection of up to 10 locations for CMAM outreach sites (OTP, SFP) and women's groups keeping some flexibility to respond to the changing security environment.
Activity 1.1.2	Prepare at least 4 outreach sites in Q1, and at least 4 additional outreach sites in Q2 with ongoing reevaluation of needs and security.
Activity 1.1.3	Recruit and train nutrition extension workers for MUAC screening, IYCF promotion and defaulter tracing.
Activity 1.1.4	Recruit and train health and nutrition staff for 2 mobile units on CMAM and IYCF practices.
Activity 1.1.5	Provide outpatient treatment of SAM and MAM for children under 5 and PLWs at up to 10 CMAM outreach sites (OTP,SFP).
Activity 1.1.6	In liaison with MOPH and other nutrition actors establish a referral system for SAM patients with complications requiring inpatient care.

Outcome 2	Increased community awareness and practice of health and nutrition promoting behaviors including infant and young child feeding practices (IYCF).	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Provision of IYCF support and general health promotion services through establishment of a mother's group network in CMAM outreach site catchment areas.	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	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	Number of mothers that received Infant Young Child Feeding support ((only disaster affected communities)					1745					6400
Means of Verification:		Monthly Review of Lead mother records and BCC report										

Activities

Activity 2.1.1	Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups.
Activity 2.1.2	Train and support health facility staff, mobile unit staff and lead mothers on IYCF and other preventive health and nutrition behaviors.
Activity 2.1.3	Support process of selecting lead mothers by their community.
Activity 2.1.4	With establishment of each new CMAM outreach site, set up mothers group networks with 1 lead mother: 10-15 PLWs or mothers of children under 2 years.
Activity 2.1.5	Recruit and train up to 10 nutrition extension workers on mothers group network, behavior change communication, IYCF and health promotion curriculum, MUAC screening of boys and girls under five and pregnant and lactating women as well as defaulter tracing and home visits.
Activity 2.1.6	Conduct ongoing supervision and training of nutrition extension workers and lead mothers through biweekly meetings.
Activity 2.1.7	Identify or adapt IEC materials and curriculum for lead mothers, and extension worker/promoters.

Outcome 3	Increase capacity to local health care providers and selected clinics to provide preventive and curative nutritional services.	
Code	**Description**	**Assumptions & Risks**

Output 3.1	CMAM trainings, in laision with MOPH and UNICEF, conducted for all recruited Medair nutrition staff as well as key health facility staff in referral clinics.	Medair will have access to resources and information from MoPH and UNICEF relevant to CMAM and the target areas. Medair will be able to liaise and coordinate with other nutrition actors and identify gaps in capacity of health facility staff in referral clinics.

Indicators

Code	Cluster	Indicator	Mid Cycle Beneficiaries				Mid-Cycle Target	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls		Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	Nutrition Cluster members including MOPH/DOPH trained in NIE/SQEAC/SMART/RNA respectively.					10					10
Means of Verification:		Monthly Review of Training Records										

Activities

Activity 3.1.1	Coordinate training schedule with UNICEF and MOPH to conduct training for BPHS facilities linked to CMAM outreach sites on CMAM and nutrition in emergencies.
Activity 3.1.2	Train and support health facility staff as needed in the use of standardised protocols and guidelines for the management of severe acute malnutrition in potential referral centres for CMAM outreach sites.
Activity 3.1.3	Coordinate with ACF on training and implementation of SMART surveys.

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1 Conduct a focused needs assessment and hold community and other stakeholder meetings to finalize service coverage mapping and selection of up to 10 locations for CMAM outreach sites (OTP, SFP) and women's groups keeping some flexibility to respond to the changing security environment.	X	X	X			X			X			
Activity 1.1.2 Prepare at least 4 outreach sites in Q1, and at least 4 additional outreach sites in Q2 with ongoing reevaluation of needs and security.		X	X	X	X	X			X			
Activity 1.1.3 Recruit and train nutrition extension workers for MUAC screening, IYCF promotion and defaulter tracing.		X	X	X	X	X			X			
Activity 1.1.4 Recruit and train health and nutrition staff for 2 mobile units on CMAM and IYCF practices.		X	X									
Activity 1.1.5 Provide outpatient treatment of SAM and MAM for children under 5 and PLWs at up to 10 CMAM outreach sites (OTP,SFP).				X	X	X	X	X	X	X	X	X
Activity 1.1.6 In liaison with MOPH and other nutrition actors establish a referral system for SAM patients with complications requiring inpatient care.	X	X	X			X			X			
Activity 2.1.1 Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups.				X	X	X	X	X	X	X	X	X
Activity 2.1.2 Train and support health facility staff, mobile unit staff and lead mothers on IYCF and other preventive health and nutrition behaviors.		X	X	X	X	X	X	X	X	X	X	X
Activity 2.1.3 Support process of selecting lead mothers by their community.		X	X		X	X			X			
Activity 2.1.4 With establishment of each new CMAM outreach site, set up mothers group networks with 1 lead mother: 10-15 PLWs or mothers of children under 2 years.		X	X		X	X			X			
Activity 2.1.5 Recruit and train up to 10 nutrition extension workers on mothers group network, behavior change communication, IYCF and health promotion curriculum, MUAC screening of boys and girls under five and pregnant and lactating women as well as defaulter tracing and home visits.		X	X		X	X			X			
Activity 2.1.6 Conduct ongoing supervision and training of nutrition extension workers and lead mothers through biweekly meetings.			X	X	X	X	X	X	X	X	X	X
Activity 2.1.7 Identify or adapt IEC materials and curriculum for lead mothers, and extension worker/promoters.	X	X	X			X			X			
Activity 3.1.1 Coordinate training schedule with UNICEF and MOPH to conduct training for BPHS facilities linked to CMAM outreach sites on CMAM and nutrition in emergencies.	X	X	X			X			X			
Activity 3.1.2 Train and support health facility staff as needed in the use of standardised protocols and guidelines for the management of severe acute malnutrition in potential referral centres for CMAM outreach sites.			X	X		X			X			
Activity 3.1.3 Coordinate with ACF on training and implementation of SMART surveys.	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 the program activities in coordination with the MOPH, and other agencies supporting or providing complementary services in Kandahar District facilities. Initial mapping of existing functional CMAM services and estimated coverage with MOPH, SCF, AHDS, ICRC and any other identified stakeholders will take place during the more focused needs assessment to avoid duplication of services and ensure identified OTP/SFP outreach sites are established in coverage gap areas. Medair will be implementing the program through internationally and nationally recruited staff out of a Kandahar office. Medair's team will consist of health and nutrition staff, logisticians and community officers with specific skills in community education and mobilization as well as volunteer lead mothers who will receive training and share with their neighborhood mothers in their community in outreach catchment areas. Where possible, Medair also coordinates training and supervision with district health and nutrition staff. In all responses and activities, Medair liaises and coordinates closely with national, provincial, district, local government officials and authorities as well as the nutrition cluster and other coordinating bodies. To implement this project Medair will need close collaboration and agreements with UNICEF and WFP to obtain the required nutritional supplies. In regards to timing of the implementation plan, initially a more focused needs assessment will be conducted to determine with communities and other partners supporting CMAM activities in the BPHS facilities (SCF and AHDS) the best locations for establishing up to 10 outreach CMAM sites as well as linkages for a referral system. The first quarter of the project will involve site and local staff selection for 5 OTP and SFP sites including community meetings and agreements. The nutrition manager and CMAM supervisor with management support from the project manager and technical support from the nutrition advisor will train staff and set up the nutrition reporting system as well as equipped mobile outreach teams. At these same sites the volunteer lead mothers as well as their immediate supervisors—the nutrition extension workers/promoters will be selected with members of the community and trained by the BCC Supervisor with technical support from the project manager and nutrition advisor. During the second quarter 5 additional CMAM outreach sites and linked mothers groups will be added until up to 10 new outreach CMAM sites providing OTP/SFP services as well as establishing local mothers group networks focusing on IYCF and other healthy practices are in place. Regular nutrition coordination meetings will be held with

	communities as well as other agencies and stakeholders to ensure efficient coverage and service provision between BPHS facilities and the community CMAM outreach sites.
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 its CMAM 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 seeking provided services. The nutrition manager working closely with the national CMAM supervisor will monitor weekly and monthly nutritional data and activities including tracking of all proposed indicators and activities. Initial set-up of the nutrition data system will be supported by the nutrition advisor in line with global nutrition cluster and national data requirements. External reports will also be reviewed by nutrition technical advisors in the field and/or at HQ to measure quality performance indicators and to identify trends or gender gaps that may exist within service provision or coverage. Medair will disseminate all required nutritional reports to MOPH, the nutrition cluster, UNICEF, and donors. Beneficiary feedback systems will be set up and regular community meetings will be held to obtain beneficiary feedback during implementation from both men and women. More specifically daily tally sheets and nutrition registers will be used by mobile CMAM teams with minimum weekly data entry into a customized nutrition information system such as the MRP—Minimum Reporting Package for Emergency Supplementary and Therapeutic Feeding Programmes. At least monthly the CMAM supervisor and nutrition manager will conduct quality audits in line with Fanta/Valid guidelines and Sphere indicators to calculate and analyze 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/promoters and discussion at biweekly meetings with the BCC supervisor and other lead mothers. This information will be collated and reviewed from all outreach catchment areas at least monthly by the BCC supervisor and 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. Save the Children and ADHS (BPHS implementer)	Initial coordination on CMAM sites supported at health facilities in Kandahar District and potential expansion sites in 2014/5. Discussions on locations with greatest access gaps for mobile outreach locations and coordination of a referral system for children with SAM with complications. Regular ongoing coordination at least monthly to review achievements challenges and joint problem solve to improve nutrition service coverage for the district. Potential coordination on CMAM training of staff and to ensure timeframes are consistent.
2. ICRC	Discussion of establishment of a referral network for SAM patients with complications and complicated MCH cases to the Mirwais Hospital
3. UNICEF and WFP	Coordination and contractual agreements will need to be established for the timely provision of necessary nutritional equipment, medicines,warehousing and food products as well as regularly reporting.

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 BCC network will consist of men and women for female participation 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 OTP/SFP 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

☑	**Activity 1.1.1:** Conduct a focused needs assessment and hold community and other stakeholder meetings to finalize service coverage mapping and selection of up to 10 locations for CMAM outreach sites (OTP, SFP) and women's groups keeping some flexibility to respond to the changing security environment.
☐	**Activity 1.1.2:** Prepare at least 4 outreach sites in Q1, and at least 4 additional outreach sites in Q2 with ongoing reevaluation of needs and security.
☐	**Activity 1.1.3:** Recruit and train nutrition extension workers for MUAC screening, IYCF promotion and defaulter tracing.
☑	**Activity 1.1.4:** Recruit and train health and nutrition staff for 2 mobile units on CMAM and IYCF practices.
☑	**Activity 1.1.5:** Provide outpatient treatment of SAM and MAM for children under 5 and PLWs at up to 10 CMAM outreach sites (OTP,SFP).
☐	**Activity 1.1.6:** In liaison with MOPH and other nutrition actors establish a referral system for SAM patients with complications requiring inpatient care.
☑	**Activity 2.1.1:** Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups.
☑	**Activity 2.1.2:** Train and support health facility staff, mobile unit staff and lead mothers on IYCF and other preventive health and nutrition behaviors.
☑	**Activity 2.1.3:** Support process of selecting lead mothers by their community.
☑	**Activity 2.1.4:** With establishment of each new CMAM outreach site, set up mothers group networks with 1 lead mother: 10-15 PLWs or mothers of children under 2 years.
☑	**Activity 2.1.5:** Recruit and train up to 10 nutrition extension workers on mothers group network, behavior change communication, IYCF and health promotion curriculum , MUAC screening of boys and girls under five and pregnant and lactating women as well as defaulter tracing and home visits.
☑	**Activity 2.1.6:** Conduct ongoing supervision and training of nutrition extension workers and lead mothers through biweekly meetings.
☑	**Activity 2.1.7:** Identify or adapt IEC materials and curriculum for lead mothers, and extension worker/promoters.
☐	**Activity 3.1.1:** Coordinate training schedule with UNICEF and MOPH to conduct training for BPHS facilities linked to CMAM outreach sites on CMAM and nutrition in emergencies.
☑	**Activity 3.1.2:** Train and support health facility staff as needed in the use of standardised protocols and guidelines for the management of severe acute malnutrition in potential referral centres for CMAM outreach sites.
☐	**Activity 3.1.3:** Coordinate with ACF on training and implementation of SMART surveys.

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 of women who are often marginalized will have their needs catered for due to their increased mortality and lower baseline health and nutrition status. Women will be especially recruited along with men to staff the mobile units and women's groups will be utilized to encourage healthier care-seeking and nutritional behaviors at the household level. Feedback from both men and women will be monitored through exit interviews and data will be disaggregated by sex and age. Medair strives to implement activities which 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	Historically, Kandahar city was as the capital of the Taliban regime until their overthrow in the 2001 US-led invasion. The current political situation in Kandahar is stable, but uncertainty surrounds the political and security transition in 2014 with the April presidential election. The appointment of Police Chief Abdul Raziq in 2011 for Kandahar City has had a stabilizing impact on the city's security. The security context in the city has improved and remained stable such that INGOs have begun to return to the region, specifically Kandahar City. The majority of AOG attacks revolve around small arms fire (SAF) and remote controlled improvised explosive devices (RCIED) attacks targeted against ANSF presence in Kandahar city. The majority of these attacks usually occur on the outskirts of the city. Suicide attacks within Kandahar city are infrequent. According to the INSO Incident reports from 1 January 2014 to 19 March 2014, out of a total of 606 reported incidents, only two involved NGOs – one being an UXO detonating in an NGO compound in Kandahar city, and another involving polio vaccination doctors being abducted and then released by AOG in Maywand district. According to the same incident reports, there were 180 incidents involving AOG during the same time period. Of those 180 incidents, 156 (87%) were AOG attacks on ANSF and/or IMF targets. 15 (8%) of the 180 incidents incurred civilian collateral damage. These figures support the view that AOG are targeting actors that they connect to the GoA and/or the upcoming Afghan presidential election process. The number of attacks is expected to increase in Kandahar province during the run up to the Afghan Presidential election on 5 April 2014 how ever this is in line with a nationwide increase throughout the period. Given the highly dynamic character of the security, and political transition for Afghanistan, Medair will prepare for increasing complexity and unpredictability in its operating environment, specifically concerning Kandahar. Furthermore, a sharp downward trend on actual external assistance levels combined with weak economic growth in 2014 is likely to have a negative impact on the humanitarian situation. Taking a realistic, but not alarmist outlook for 2014, the most likely scenario is a steady deterioration in the current situation leading to a continued increase in humanitarian need with an expected reduction in humanitarian space. The complex environment in Kandahar coupled with opening an office and having international staff based in Kandahar City will be fully analyzed and procedures put in place for undertaking humanitarian interventions in the province. To mitigate risks for Medair staff and assets a number of measures are taken. All international staff in Afghanistan undertake personal security training with senior managers taking additional courses in security management. The Medair Afghanistan programme has a comprehensive Security plan which is reviewed and updated every 6 months including specific annexes for Kandahar, Kabul and the Central Highlands. With the use of mobile phone and satellite phone technology, staff movement can be tracked from the call centre currently contracted out to '24/7'. Medair is in the process of exploring GPS tracking devices for staff and vehicles (which can be carefully concealed while traveling through sensitive regions) which would give real time locations to the Kabul office and HQ in Switzerland. This approach would provide a more comprehensive security package to ensuring staff safety and rapid response to a crisis situation. The most effective tool for ensuring staff and programme security is through community acceptance and Medair relies on this approach more than any other.
Access	During the recent Medair assessment in Kandahar the topic of access in Kandahar was a consistent theme discussed by multiple actors in the humanitarian community. Key topics were; access to humanitarian data, physical access to beneficiaries, security and authorization from both sides in the conflict. There are certain procedures organisations can employ to improve access. Building strong relationships with key government ministries, beneficiary communities and potentially anti-government AOG operating in the beneficiary-catchment areas will improve access, promote mutual understanding and reinforce Medair's neutrality. Over the last decade Kandahar province has mainly been accessed through local NGOs delivering humanitarian services. A handful of INGOs have been present on the ground in Kandahar with limited movements for international staff. Due to improved security conditions over the last two years a number of new or returning INGOs have been able to establish offices in Kandahar city allowing international staff to be present on the ground and improve capacity building for local staff and local NGO's. Some INGO's currently based in Kandahar city occasionally send international staff to visit their project sites, but only for a couple hours at a time, then the staff return to the city to reduce exposure. For the vast majority of international organisations in Kandahar, project implementation on the ground is carried out by national staff which helps enable access to the more complex communities. The process for Medair to open a regional office in Kandahar city has been taken at a slower pace than usual to ensure adequate time has been spent on gaining a deeper understanding of the security context. Medair will focus on a thorough recruitment process to ensure the hiring of quality local staff who are able to access the regions. Research will be conducted on potential communities for the nutrition programme which will include identification of the key community leaders. During the Medair assessment it was highlighted by a number of actors present in Kandahar that many mistakes have been made in terms of access due to the actor speaking to the wrong community leaders or those who would profess to be the leaders but are not recognized to be by the community. Medair understands that this is a process that cannot be rushed and adequate time will be taken to ensure that any dialogue is conducted with the relevant leaders. For the communities and beneficiaries involved in the project there will be clear communication on the neutrality of Medair (a Swiss based INGO) and information on the intended programme which will outline the benefits of the programme for the community. It is understood by current humanitarian actors in the region that almost all communities under the control of the government or under the AOG are in favour of NGO's working in health and nutrition as this is a recognized need. A key component for good access in the southern region is the quality of delivery and NGO's who fail to deliver or clearly demonstrate the benefits of the programme could potentially run into problems with access. NGO's that produce high quality programming with clear benefits and have strong messaging of neutrality will likely find it easier to expand into further areas based on a strong reputation and a clear perceived benefit to communities. Medair will also work closely with other humanitarian actors who have gained positive reputations in the region to help achieve access through endorsement. Priority of access will be the main focus in the early stages of project implementation to ensure programme delivery throughout the project period and potential for expansion in to other districts over the next few years. The time required to gain access to the communities and also recruit staff has been built into the project design, including a phased approach into establishing CMAM sites.

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	Quantity	Unit Cost	Duration Recurrence		Total Cost
1.1	International Project Staff Kandahar Salaries and benefits	5	2641	12	63%	99,829.80
	Includes gross salaries, staff insurance, retirement benefits, risk benefits and income tax for the following staff directly involved in the implemention of the project: Staff at 75% charged: - NUTRITION Advisor, Medair grade B2, provides monitoring and evaluation, ensures technical quality of programme delivery - NUTRITION Project Manager, Medair grade B1, oversees Project management and implementation - NUTRITION Project Manager, Medair grade A, supervises mobile teams and CMAM activities. Staff at 35% charged: - Project Coordinator - Project Support Officer Unit cost is based on the average of salaries and benfits for the above staff; a global average of 63% of their salaries is charged to CHF					
1.2	International support staff salaries and benefits	6	4823	12	10%	34,725.60
	Quantity unit based on 6 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 (at an average of 10% of their time): - 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 HQ support staff (working directly to support AFG projects): - Logs Officer, provides oversight of logistic functions for projects, provides monitoring and evaluation - HR Officer, Processes international staff recruitment for projects - Finance Officer, Processes monthly project financial reports and assists with donor reporting - Head of Country Programme has oversight for entire Medair programme in Afghanistan, monitors and evaluates projects. Unit cost is based on the average of salaries and benfits for the above staff					
1.3	National Project Staff Kandahar salaries and benefits	14	1579	12	41%	108,761.52
	Quantity unit based on 14 staff Includes gross salaries and income tax. Unit cost is based on the average for the following staff. 1. Nurse x 2, Medair Grade 4a, provides direct nutrition treatment and education to beneficiaries in the field sites 2. Health Assistant x 4, Medair Grade 5, provides direct assistance and support in the field sites to qualified healthcare professionals 3. Health and Nutrition Supervisor x 1, Medair Grade 4a, oversees all aspects of the operation of the nutrition program in the field sites, including planning, directing, assessing, implementing and evaluation 4. CMAM supervisor x 1, Medair Grade 4a, implements, supervises, monitors nutrition programming and assesses the need for training and workshops for CMAM monitors, health facilities staff and volunteers 5. Logs Officer x 1, 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 6. Nutrition Extension worker x 5, Medair Grade 10, advises, instructs and assists individuals and families in nutrition or nutrition-related education					
1.4	National Support Staff salaries and benefits	24	539	12	9%	13,970.88
	Quantity unit based on 24 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 KBL base: - Logs Officer x 2, Medair Grade 4a, Fleet management and distance procurement for projects - Logs assistant x 1, Medair Grade 5, assists with base procurement - Finance Officer x 1, Medair Grade 4a, Processes monthly project documents, cashier for procurement and field teams - HR officer x 1, Medair Grade 4a, oversees Afghanistan recruitment process for project staff - Kabul base guards x 9, Medar Grade 9, Responsible for base security. - Cook x 1, Medair Grade 9, cooks 5 lunches a week for staff at the base - Cleaner x 1 Medair Grade 10, works full time cleaning the base - Drivers x 6 Medair Grade 8, transports all staff for work-related purposes - Admin Officer x 1 Medair Grade 4a, security focal point and translator - Admin Asst x 1 Medair Grade 5, field flight bookings, basic office admin tasks					
1.5	Other Staff costs	15	276	12	51%	25,336.80
	Includes: Food, lodging, medical expenses, visas, work permits, trainings and other living expenses for staff directly involved in project implementation. These costs have various recurrences and were spread here over 12 months. Following is the breakdown: - Medical expenses: 5 units x 1 month @ 47% = 47 - Visas and work permits: 2 units x 1 month @ 47% = 578 - Trainings: 2 units x 12 months (trainings for IRS and NRS) @ 47% = 606 - Food & lodging: 3 x 12 (1. food for expat staff at Kandahar base 2.lunches for all national staff 3.lodging for 5					

	expats overnight when picking up visas out of country) @ 47% = 6647 - Other personnel expenses (R&R): 2 x 10 months @ 47% = 6157					
1.6	Other staff costs	18	312	12	9%	6,065.28
	Includes: Food, lodging, medical expenses, visas, work permits, trainings and other living expenses for staff supporting project implementation from the KBL base. These costs have various recurrences and were spread here over 12 months. Following is the breakdown: - Medical expenses: 1 unit x 2 months @ 12% = 370 - Visas and work permits: 8 units x 3 months @ 12% = 477 - Trainings: 1 unit x 12 months (trainings for IRS and NRS) @ 12% = 617 - Food & lodging: 2 x 12 (1. Lunches for expat and national staff 2. lodging for expats overnight when picking up visas out of the country) @ 12% = 3339 - Other personnel expenses (R&R): 2 x 10 months @ 47% = 3260					
1.7	Casual Labour	1	54	12	35%	226.80
	Casual labour for beneficiary items, project base and shipping					
1.8	Casual Labour	1	83	12	9%	89.64
	Casual labour for support base and shipping					
	Section Total					289,006.32

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	Quantity	Unit Cost	Duration Recurrence		Total Cost
2.1	Distributions	1	5000	1	75%	3,750.00
	Food reserves in case of late delivery of stock - (OTP) Plumpy Nut sachets (RUTF) Cost as per UNICEF in 2012 from Nutriset was 1 cartoon of RUTF (150 sachets) was $49.43 USD. Which comes to 33 cents/sachet USD. Full treatment for food only using 80 sachets would be $26.36 USD per child. The unit cost of 5,000 USD would allow coverage of 190 children for treatment with reserve supplies.					
2.2	Value Added services	7	651	12	75%	41,013.00
	Quantity unit based on budget sub-lines - Medicines and medical supplies $4,800 (Medicines for SAM, medicines for MAM, cost and transport of vaccines to the field sites) - Construction Materials $1,000 (Tents and tent materials x 500 USD x two mobile clinics) - Consumable supplies $6,270 (Mobile clinic supplies: First-Aid Kits, Emergency supplies, trash bags, latex gloves, hand sanitizer, disinfectant spray, towels, heavy duty gloves for cleaning, Miscellaneous office supplies: calendar, pens and paper, pencils, files, scissors, stapler/saples, rubber bands, tape, paper clips) - Equipment and furniture $2,383 (Desks, chairs, carpets, buckets, handwashing stations, tables, table cloths) - Incentives for lead mothers and promoters $3,300 (10 SAM Nutrition promoters x 6 months x 22USD = 1,320 USD, 10 MAM Nutrition Promoters x 9 months x 22 USD = 1,980 USD) - Casual labour $900 (Unloading and loading of beneficiary outputs at 100 USD per month for 9 months) - Transport to 10 site $36,000 (2 hilux truck vehicle rentals @ 1,500 USD per truck per month for 12 months. This price includes vehicle rental, fuel and cost of driver.)					
2.3	Training for project staff, promoters and lead mothers	2	750	1	75%	1,125.00
	Includes IEC training and promotion materials					
	Section Total					45,888.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
3.1	General Operating Expenses	55	10	12	53%	3,498.00
	Quantity is based on number of items being maintained. Includes maintenance for the following equipment used directly on the project (55 pieces total @ at an average of $10 per month): 5 x Laptops, 2 x Desktops, 6 x Netbooks, 14 x Cell Phones, 8 x Thurayas, 3 x Printer/Scanner/Copier, 1 x Router, 10 AC Units, 1 x Fridge/Stove/Washing Machines, 1 x Generator, 4 x UPS Regulator					
3.2	General Operating Expenses	12	87	12	9%	1,127.52
	Quantity is based on number of items being maintained. Includes maintenance for the following equipment used in the support bases (12 pieces total @ an average of $87 per month): 3 x Vehicles, 1 x Laptop, 1 x Desktop, 1 x Printer/Scanner/Copier, 1 x Router, 1 x VHF, 1 x Cell Phone, 1 x Thuraya, 1 x Fridge/Stove/Washing Machine, 1 x Generato					
3.3	Fuel	1	434	12	35%	1,822.80
	Quantity is based on number of generators Fuel (Diesel) for 15KVA Generator for Kandahar Base over 12 months					
3.4	Fuel	4	225	12	9%	972.00
	Quantity is based on number of vehicles and generators Fuel for 3 vehicles and 1 generator (15KVA) in Kabul Base over 12 months					
3.5	Project Equipment Purchase	62	328	1	45%	9,151.20
	Quantity is based on the number of items purchased directly for the project. Unit cost is based on the average unit cost of all items Includes the following equipment: 18 x Cell Phones ($50 ea), 6 x Netbooks ($800 ea), 4 x Printer/Scanner/Copier ($500 ea), 2 x Routers ($50 ea), 1 x VSAT Dish ($800), 2 x Monitors ($100 ea), 2 x Desktops ($500 ea), 1 x Water Cooler ($100), 1 x Dongle ($40), 1 x Television ($400), 1 x TV Dish ($100), 10 x AC Units ($500 ea), 1 x Fridge ($400), 1 x Stove ($400), 1 x Washing Machine ($400), 1 x Replacement Fridge/Stove/Washing Machine ($400), 1 x Cash Counter ($75), 1 x Shredder ($125), 6 x UPS Regulator ($100), 1 x Exercise Equipment ($2,500) Equipment is purchased for the project base which is used for the project office and also housing expat staff					
3.6	Support Equipment Purchase	4	255	1	9%	91.80
	Quantity is based on number of items purchased for the support base. Includes 4 items, as follows: 1 x Cell Phone ($360), 1 x Printer/Scanner/Copier ($360), 1 x UPS Regulator ($180), 1 x Water Cooler ($120)					
3.7	Project Equipment Rental	4	1192	12	57%	32,613.12
	Quantity is based on number of vehicles hired to transport staff in the project location. 4 x 2WD Toyota Corrola vehicles, hired with driver, fuel, and maintenance included at an average cost of $1,192 p/m Hired cars used for transporting staff working in Kandahar to the project sites, coordination meetings around the city and also airport runs.					
3.8	Project Equipment Depreciation	6	139.875	12	46%	4,632.66
	Quantity is based on number of items of project equipment being depreciated. Depreciating 5 x Laptops and 1 x Generator over 12 months					
3.9	Support Equipment Depreciation	3	382	12	9%	1,237.68
	Quantity is based on the number of items of equipment being depreciated for the support base. 12 months depreciation for 1 x vehicle (Toyota Hiace) and 2 x Laptops					
	Section Total					55,146.78

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
	Section Total					0.00

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence		Total Cost
5.1	Ground travel for project staff	5	17	12	54%	550.80
	Quantity unit based on 5 Kandahar staff Taxi costs outside of country for 5 expat Kandahar based staff when getting their visas and train tickets to HQ briefing					
5.2	Ground travel	10	25	12	9%	270.00
	Quantity unit based on 10 support staff Taxi costs for 5 Afghan suport staff in Kabul and taxi costs and train tickets in Switzerland for 5 expat picking up visas and attending HQ briefing					
5.3	Flights for Kandahar based staff	140	34	12	53%	30,273.60
	Quantity unit based on 140 flights for project staff 132 round trip flights over 12 months between KBL and KHR for 6 Afghan and 5 expat staff on UNHAS and Kamair (on average 11 flights per month) 8 intercontinental flights for 5 expat project staff starting and ending contracts, monitoring visits by advisors, conferences held at HQ					
5.4	Flights for support staff	11	188	12	9%	2,233.44
	Quantity unit based on 11 flights for support staff 1 round trip flight between KBL and KHR for expat staff on UNHAS 10 intercontinental flights for expat staff starting and ending contracts, visiting HQ for conferences					
	Section Total					33,327.84

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

Code	Budget Line Description	Quantity	Unit Cost	Duration Recurrence	Total Cost
	Section Total				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	Quantity	Unit Cost	Duration Recurrence		Total Cost
7.1	Professional Services	2	370	1	9%	66.60
	Quantity unit based on 2 kinds of services Legal fees: this is an annual fee for reporting an organizations expenditures of the previous year to the Ministry of Revenue Translation fees: this is a monthly lump-sum cost of hiring out translation work to be done					
7.2	Security Expenses	2	2294	12	75%	41,292.00
	Quantity unit based on 2 bases Kandahar and Kabul Includes: Personal alarm systems are Chaperone Defenders (1 for each IRS; 2 in total; unit cost $20) ($40 p/a) KHR Base security maintenance: monthly $50 lump sum estimated cost of maintenance (walls, doors, lighting, extinguisher refills, smoke detectors, CO detectors etc) ($600 p/a) CMT kit: one-time purchase of flipchart paper, markers, pens, etc. to set up a box for use by a crisis management team (if necessary); items according to quantity needed per normal standard; estimated price $100 total Security supplies for staff: one lump sum $300 for padlocks, torches, run bags Security supplies for vehicles: one lump sum $300 for torches, local clothing (for IRS to be culturally appropriate), fire extinguisher Security supplies for KHR base: one lump sum $200 for smoke and CO detectors Alarm system: $1,000 lump sum for fire and security alarm for KHR base Blast film for 2 Corollas; $300 each, total $600 Guard station: construction of a new custom container as an entry point to the base and for guard housing; one lump sum $2,000 Security set-up for new KHR base: one lump sum for barbed wire, blast film, sandbags, safe rooms total sum $10,000 KBL base exterior improvements: $1,200 lump sum of work on guard quarters, screening, gate reinforcement KBL saferoom and access upgrades: $800 lump sum of work for safe room supplies and security door reinforcement Backup electrical battery system: one at $1,200 for the KHR base CCTV system: one at $1,500 for the KHR base CMT kit phones: 2 at $50 each, total $100 Personal GPS trackers: 2 at $1,500 each, total $3,000 Thurayas: 8 at $1,440 each, total $11,520 Vehicle GPS trackers: 2 trackers at $2,000 each, one for each Corolla, total is $4,000 GPS tracking running cost: 9 @$80/mo per tracking unit for 12 mnths ($8,640 p/a) 24/7 tracking service subscription: $8,000 annual cost of tracking staff with "24/7" service					
7.3	Facility Expenses	2	4712	12	9%	10,177.92
	Quantity based on 2 bases: Kandahar and Kabul Includes 30 x Pallets ($1468) Consumable KHR Base supplies (soap, toilet paper, bulbs, dish washing liquid) at $150 p/m for 12 months ($1,800) KHR Base maintenance at $50 p/n for 12 months ($600) KHR Base set up (wiring, carpeting, plumbing, structure changes), lump sum $1,000 Awning for generator at $800 Labour and wiring for network set up, $500 KHR Base gas for cooking at $40 p/m ($480) KHR electricity at $15 p/m ($180) KHR Base rent and rental tax at $1,180 p/m ($14,160) Furniture for KHR office (chairs, desks, lamps), lump sum $3,000 Furniture for KHR house (chairs, desks, toshaks, beds), lump sum $2,500 KBL Office Costs: KBL Office general repairs - plumbing/electric/structural at $150 p/m ($1,800 p/a) KBL Office supplies - light bulbs, toilet paper, soap at $250 p/m ($3,000 p/a) KBL Base and Office electricity and gas for Bukharies at $13,800 p/a KBL Office rent at $5,500 p/m ($66,000 p/a) KBL Base furniture, $2,000 p/a					
7.4	General Project Office Supplies and communication	7	288	12	52%	12,579.84
	Quantity based on sub-lines for budget - Dongles for internet: $200 lump sum to buy 5 dongles - Dongle credit: $80/month for 12 months ($960 p/a) - Phone credit: $260/mo for 12 months ($3,120 p/a) - Thuraya running cost: 8 @$100/mo for 12 months ($9,600 p/a) - Office supplies for KHR office: printer paper, staplers, hole punches, paper clips, ID cards, letterhead, notebooks, pens, pencils, markers, highlighters, etc; $170/mo ($2,040 p/a) - DISH TV subscription: $20/mo ($240 p/a) - PACTEC satellite internet $650 /mo ($7,800 p/a)					
7.5	General Project Office Supplies and communication	5	522	12	9%	2,818.80
	Quantity is based on sublines for budget - Phone credit: estimated amount of phone credit time for KBL-based staf @$350/mo ($4,200 p/a) - Thuraya running cost: estimated monthly use of Thurayas for KBL-based staff @$100/mo ($1,200 p/a) - Office supplies: printer paper, staplers, hole punches, paper clips, ID cards, letterhead, notebooks, pens, pencils, markers, highlighters, etc; $330/mo ($3,960 p/a) - ACBAR membership: $4,000 annually - PACTEC Satellite internet $1500/mo ($18,000 p/a)					
7.6	Delivery expense	3	116.666	12	9%	378.00
	Shipping documents to HQ: bi-monthly sending of financial and logistics documents to HQ from AFG using FedEx; according to Fed Ex fee schedule per kg and route distance					
7.7	Financial Expenses for Kandahar	1	27	12	35%	113.40
	Quantity unit cost based on one lump sum Bank account and transfer fees related to KHR base: fee per ingoing and outgoing bank transfer of AFG bank account and monthly account maintenance fees; price according to AIB standard fees					
7.8	Financial Expenses for support bases	1	500	12	9%	540.00
	Quantity unit cost based on one lump sum Bank account and transfer fees realted to KBL base: fee per ingoing and outgoing bank transfer of AFG bank account and monthly account maintenance fees; price according to AIB standard fees					
7.9	Delivery Expenses	3	120	12	9%	388.80

	Quantity unit cost based on three items Includes non beneficiary cargo, customs and taxes	
	Section Total	68,355.36

Sub Total Direct Cost	491,724.30
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.665215862547397%
PSC Amount	34,420.70

Quarterly Budget Details for PSC Amount

2014			**2015**		**Total**
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total CHF Cost	526,145.00

LOCATIONS

Location	Activity	Beneficiary Men	Women	Boy	Girl	Total	Percentage
Kandahar -> Kandahar	Activity 1.1.1 : Conduct a focused needs assessment and hold community and other stakeholder meetings to finalize service coverage mapping and selection of up to 10 locations for CMAM outreach sites (OTP, SFP) and women's groups keeping some flexibility to respond to the changing security environment. Activity 2.1.1 : Promote infant and young child feeding in returnee sites and host communities in health facilities and through community outreach and mothers groups. Activity 3.1.1 : Coordinate training schedule with UNICEF and MOPH to conduct training for BPHS facilities linked to CMAM outreach sites on CMAM and nutrition in emergencies.	20	6400	4674	4674	15768	100

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

DOCUMENTS

Document Description
1. OCHA Finance Comments Preliminary Submission Project AFG 247.docx
2. CHF Nutrition Medair AFG161 - List of Acronyms.pdf