Project Proposal

Organization	MEDAIR (MEDAIR)
Project Title	Nutrition services for vulnerable populations in Kandahar District
Fund Code	AFG-15/O580/SA1/N/INGO/364

Cluster

Primary cluster	Sub cluster
NUTRITION	None

Project Allocation	2015 1st CHF Standard Allocation / Call for Proposals	Allocation Category Type	
Project budget in US$	605,003.37	Planned project duration	12 months
Planned Start Date	13/05/2015	Planned End Date	12/05/2016
OPS Details	OPS Code	OPS Budget	0.00
	OPS Project Ranking	OPS Gender Marker	

Project Summary

The proposed project aims to address inadequate quality and coverage of services for the treatment of acute malnutrition in children under five in Kandahar City through operation of up to eight outpatient treatment sites in informal settlements of Kandahar District and areas not covered by BPHS (white areas) as continuation of CHF funded project AFG-14/S1/N/INGO/247. Nutrition extension workers (NEWs) will conduct community outreach and screening sessions to identify acutely malnourished children in outpatient treatment site catchment areas. Two nutrition teams will provide treatment of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) and coexisting illnesses through up to three decentralized outreach sites and up to five non-BPHS clinics located in white areas. Additionally this project aims to address some of the key determinants of malnutrition through health promotion including improved infant and young child feeding practices (IYCF). Promotion will target women through a mother's group network as well as men and women through treatment site activities. Continued operation of three current Medair decentralized nutrition treatment sites (as discussed and agreed with DoPH and other stakeholders), paired with support to IMAM at non-BPHS facilities will allow Medair to serve the unmet needs of the acutely malnourished boys and girls amongst the most vulnerable communities in Kandahar City. Medair will also contribute to timely and quality community and facility based nutrition information for Kandahar District through SMART/SQUEAC surveys conducted in coordination with ACF as well as the collection of disaggregated monitoring data from all supported outpatient treatment sites.

Direct beneficiaries

	Men	Women	Boys	Girls	Total
Beneficiary Summary	27	747	20456	19294	**40,524**
Total beneficiaries include the following:					
Other	0	0	0	0	0
Other	0	0	0	0	0
Other	0	0	0	0	0
Other	0	0	0	0	0

Indirect Beneficiaries	A total of 299,334 indirect beneficiaries. This figure represents the segment of the catchment population that will not directly receive nutrition services provided by the program. These individuals will not be screened for malnutrition receive any training, or directly receive health and IYCF key messages. It is anticipated that they will indirectly benefit from less prevalence of illness due to treatment of direct beneficiaries for communicable diseases, increased knowledge and awareness of disease prevention, and from a potential group impact on behaviors influenced by direct beneficiaries. The total beneficiary chart above includes the 35,664 caregivers targeted to receive health and IYCF promotion through clinic activities.	Catchment Population	The catchment population is based on the Central Statistics Office (CSO) population estimates for 2013 to 2014 (Province, Urban-Rural & Gender Disaggregation for Kandahar City provided by MoPH. According to the CSO, 51.46% of Kandahar city are males and 48.54% females. Total population of white areas is 264,357 (136,038 Males and 128,319 females). District 1 (near Imam Bara) with a population of 63,425; District 2 (Haji Arab area) population of 60,570; District 3 (Bypass area) population of 58,160; District 4 (Hazarat Ji Baba and Mullah Alam areas) population of 64,512; and the area south of Districts 2 and 6 with a population of 17,690. The existing mobile clinic sites have a catchment population of 75,501 - Mir Bazaar & Dara 22,360 and Haji Aziz 53,141. The total catchment population under consideration is 339, 858.

Link with the Allocation Strategy

The proposed project links with the main strategic objectives of this allocation, provision of life saving humanitarian assistance to vulnerable populations affected by conflict, support to the collection of high quality, accurate and relevant evidence and maximization of the impact of funds already committed by the CHF throughout 2014. Under the first standard allocation in 2014 Medair established operation of eight decentralized sites for treatment of acute malnutrition in Kandahar District. Medair has had an overwhelming community response to the nutrition services provided this past year with treatment of severely malnourished children exceeding the initially proposed targets based on the latest SMART surveys and population projections. Under the second allocation of 2014 Medair has started provision of nutrition services alongside DoPH mobile clinics in four rural districts of Kandahar Province, as well as a mother's group network in Kandahar City. Following discussion with other stakeholders, including direction by the DoPH, this project proposes to continue operation of three of the eight decentralized outreach sites in Kandahar District in areas lacking nearby BPHS facilities. Additionally Medair proposes, after stakeholder consultation and direction by UNICEF and the DoPH, to expand coverage of nutrition services in Kandahar district through provision of nutrition services in up to five non-BPHS clinics in uncovered 'white areas' of Kandahar City which currently have no coverage of nutrition services. This project will allow Medair to expand coverage, sustain progress made towards the reduction of malnutrition under standard allocation one, and continue to build on community access and acceptance. Moreover, this project will allow for continued capacity building of local health and nutrition staff in new outreach areas that currently have no nutritional services and in areas prioritized by the DOPH, UNICEF and other stakeholders such as SCI.

Sub-Grants to Implementing Partners

Other funding Secured For the Same Project (to date)

Source	US$
Other Medair Donors	156,926.20
	156,926.20

Organization focal point contact details

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BACKGROUND INFORMATION

1. Humanitarian context analysis.. Humanitarian context: Describe the current humanitarian situation in the specific locations where this project will be implemented

Kandahar is the second largest province in Afghanistan with 18 districts and a population estimated at 1.54 million according to the CHAP 2014. 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 there continue to be significant humanitarian needs which have not been possible to address. The 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, the security context has improved for INGOs to work in certain areas of the province, with Kandahar district considered to be fairly secure. According to the Ministry of Public Health data, Kandahar district has a population of 505,300 (CSO 2013-14) with a large number of IDPs, returnees and refugees from the rural districts of Kandahar and the surrounding southern

	provinces. There are also increasing numbers of returnees from the border regions of Pakistan. Data from UNHCR indicates that 127 returnees have arrived since January 2015 and 23,097 IDPs are now based in Kandahar District placing strain on the already limited resources available in the host community. Long term conflict and resulting insecurity has prevented many humanitarian actors from establishing and maintaining operations in Kandahar leaving conflict affected communities largely underserved. The most recent data from the 2013 National Nutrition Survey (NNS) reports the GAM rate for Kandahar province at 13.5%, compared to the national average of 9.5%. SAM rates of 8.4% were the seventh highest in the country according to the National Nutrition Survey (NNS) report, MAM rates were 5.1%. A SMART survey conducted in Kandahar in July 2014 by Save the Children International (SCI) and supported through the provision of staff from the Medair nutrition team shows MAM rates as high as 10.7% and SAM rates of 6.4%.
2. Needs assessment. Explain the specific needs of the target group(s), explaining existing capacity and gaps. State how the needs assessment was conducted, list any baseline data and explain how the number of beneficiaries has been developed. Indicates references to assessments such as Multi-cluster/sector Initial Rapid Assessments (MIRA)	In February/March 2014 Medair Afghanistan conducted an assessment of Kandahar Province to define the broad humanitarian needs, identify gaps, and coordinate potential responses with other humanitarian actors including SCI. As a result a Medair nutrition program after consultation with UNCIEF, DOPH and SCI, began in May 2014 to address the nutrition coverage gaps in Kandahar City. In August 2014, Medair conducted a household WASH assessment in the existing Medair nutrition program catchment areas. Interviews were held with the Ministry of Health, UN agencies and local and national NGOs who all highlighted critical health and nutrition gaps and underserved areas in Kandahar. Additional information from nutritional actors was collected for mapping and clarification of existing IMAM services in health facilities and areas with the largest gaps. Secondary data from the 2013 NNS as well as nutritional actors such as SCI was reviewed at field and HQ level to determine the needs and technical design in line with global nutrition cluster and Sphere standards. GAM rates in Kandahar District were estimated to be close to emergency thresholds with estimated caseloads from the 2013 NNS indicating GAM rates close to 13.5%.SAM rates of 8.4% were reportedly the seventh highest in the country. A SMART survey conducted in July 2014 by SCI and supported by Medair staff measured MAM rates as high as 10.7%. This data combined with Medair's prior multiyear experience designing and implementing IMAM programs in other areas of Afghanistan, helped determine the technical approach and priorities. Through CHF funding, IMAM programming via mobile outreach clinics were implemented in 8 informal settlements in the outskirts of Kandahar City since May 2014, ending in April 2015. The Haji Aziz, Haji Hakeem and Malakhail outreach sites where opened in September 2014, mobile clinics in Akhary Stop and Dara in October, and mobile clinics in Aryana Chowk and Zorshar in November. Experience from the current programming shows there are far more needs than projected during the proposal phase using standard global projection figures and the GAM/SAM rates noted above. The estimated caseloads for the current project are 1419 SAM cases and 2181 MAM cases based on standard global prevalence and incidence formulas as well as using current caseloads in remaining locations. Yet the current eight Medair mobile clinics admitted 1700 SAM cases and identified 8400 MAM cases within the first 14 weeks of programming, demonstrating the need for continued nutrition services and direct measurement of GAM in these areas. Medair seeks to continue project activities for an additional 12 months, with a readjustment of some locations based on recent stakeholder feedback. The revised strategy was developed through continued coordination with local partners. As part of the local coordination and planning, Medair revisited nutrition service planning with local nutrition partners (DoPH, UNICEF, SCI, and AHDS) Through these discussions "white areas" within Kandahar City with high nutritional needs and no service provider were identified--leaving areas without any nutritional service coverage. With a formal request from the DoPH, Medair planned to move five of its eight current mobile clinics to cover these areas. Recently Medair was informed by DoPH, UNICEF and SCI that these 5 existing outreach sites can be served by existing BPHS clinics supported by other agencies with the capacity to absorb current nearby Medair beneficiaries. Medair will continue to work in close coordination with all relevant stakeholders including community leaders to ensure the appropriate transfer of beneficiaries. By closing these sites, transferring the current beneficiaries to the closest BPHS clinic, and opening additional new mobile sites in the proposed uncovered white areas Medair will help to extend nutrition service coverage.
3. Description Of Beneficiaries	Medair initiated operations at decentralized outreach sites for outpatient treatment of SAM and MAM in eight locations in Kandahar City with funding from the first CHF standard allocation in 2014. Medair has seen beneficiary numbers in the last six months of operation which indicate higher than anticipated rates of SAM and MAM and demonstrate a need to continue to provide IMAM services within Kandahar District. Medair proposes to further expand nutrition services into "white areas" not currently covered by BPHS facilities nor any other nutritional actors within Kandahar City. Medair will begin the process, as requested by and agreed with DoPH, of transferring patients to the closest BPHS facilities in five of these areas. Medair proposes to continue operations at three current mobile clinic sites, as they lack any nearby BPHS facilities capable of continuing nutritional services. The nutrition cluster in the 2015 CHF Allocation Strategy 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 with the highest burden and worst access including Kandahar Province. The targeted beneficiaries at Medair's current mobile clinic sites in Mir Bazaar, Dara, and Haji Aziz will predominantly consist of the informal settlement population in the outskirt of Kandahar city including IDPs, returnees, refugees. These areas have catchment populations of 22,360 for Mir Bazaar and Dara, and 53,141 for Haji Aziz. The new "white areas" are District 1 (near Imam Bara) with a population of 63,425; District 2 (Haji Arab) with a population of 60,570; District 3 (Bypass) with a population of 58,160; District 4 (Hazarat Ji Baba and Mullah Alam) with a population of 64,512; and the area south of Districts 2 and 6 with a population of 17,690. In May 2015, Medair will be participating in a SMART survey (in partnership with ACF and SCI) that will include these five white areas. It is anticipated that the SMART survey will provide a better estimate of the malnourished beneficiaries in these white areas. The beneficiaries of IMAM services will be identified using MUAC classification of SAM and MAM as per national guidelines. Indirect beneficiaries also include family members who benefit from the increased knowledge of family caregivers through the key messaging received as well as those in the community protected from the transmittal of communicable diseases due to treating ill patients in the nutrition program. Nutrition staff, community volunteers and nutrition extension workers are considered beneficiaries through the training that they will receive. To enable early detection of malnutrition, Medair will target household level screening of boys and girls under five years with MUAC. The number of 6-59 months children screened is 70% of the proportion of children under 5 years in the catchment population (as per UNICEF coverage for SAM and MAM). This comes to 39,750 children screened and includes SAM & MAM children admitted. Gender disaggregated SAM and MAM caseload numbers are based on 12 months of program implementation using a MAM rate of 7.1% for boys & 14.4% for girls and SAM rate of 4.2% for boys & 8.6% for girls from the SCI SMART survey data for Kandahar City July 2014 based on MUAC values. Estimated SAM caseloads of 6,647 cases are based on prevalence and an incidence rate of 1.6 *prevalence per year. Estimated MAM caseloads of 11,185 cases in children under five years of age in these districts estimated to be at risk by MUAC classification. For IYCF messaging, Medair will target 35,664 caregivers for all children enrolled in the IMAM program. The number of IYCF beneficiaries is the total number of male and female caregivers receiving messages weekly when attending with admitted children. It is expected that every female caregiver will be accompanied by a male maharam, thus allowing Medair to reach an equal number of men and women.
4. Grant Request Justification.	Kandahar Province has a number of humanitarian gaps of which nutrition is among the most severe (UNICEF). Nutrition is an integral component of the HRP 2015 first strategic priority and Kandahar has been identified as one of the provinces with global acute malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates indicative of complex vulnerability due to severely limited access to health and nutrition services. A SMART survey was conducted in Kandahar City in July 2014 by SCI with support from the Medair nutrition team The MUAC by gender results of this survey shows GAM rates as high as 17.1% with rates of 11.3% for boys and 23% for girls (SCI Report of Nutrition and Mortality in Kandahar Province July 2014, page 16). Medair is using MUAC prevalence estimates as this links best to the admission criteria vs. the standard weight for height. Medair has been successfully delivering outpatient treatment of SAM and MAM in eight highly vulnerable communities on the periphery of Kandahar City since September 2014 with higher numbers of admissions than anticipated. The proposed project will ensure continued provision of these life-saving services in three communities lacking nearby BPHS facilities in addition to expanding IMAM services in "white areas" where no nutrition services are currently being provided. Information from key informants suggests at least five non-BPHS clinics operating within Kandahar City are at present unable to provide nutrition services yet are the main health facilities serving these communities. These non-BPHS clinics are coordinated and managed under the authority of the DoPH. To obtain more details about these clinics and catchment areas, Medair will conduct mapping and coordination activities with the assistance and support of the DoPH and non-BPHS actors, and any and all formal agreements between parties will be finalized after funding is secured. The DoPH is aware of Medair's pursuit of CHF funding to expand its nutrition programming and is in full support and ready to collaborate and help establish Medair mobile clinic sites in these areas as soon as funding is secured. District 1 (area near Imam Bara) currently has a non-functional health facility called Fatema Alsohra which the DoPH is willing to allow Medair to offer IMAM services out of. In District 2 (Haji Arab area), there is currently no clinic. The nearest health facility is a Community Health Center (CHC) located in the Noorzo Shah Brai area which is operated by a local NGO called the Haqani Foundation. District 3 has no clinic in the Bypass area. The nearest health facility is the Mercy Malaysia CHC located in Kabul Darwaza. In District 4 (Hazarat Ji Baba and Mullah Alam areas), there is a CHC called Al Khedmat Almagiria, operated by a local NGO. The area south of Districts 2 and 6 have two CHCs: Reshad Clinic and Seramiashta, both operated by local NGOs. Clinic details, including facility codes, will be provided for reporting purposes once collaboration has been confirmed. Medair, as directed by the DoPH and other stakeholders, proposes to deliver outpatient nutrition services in these clinics in order to strengthen the capacity of local health services to integrate the treatment of SAM and MAM for boys and girls under five. The proposed initiative will also address underlying causes and exacerbating factors of malnutrition through health and IYCF promotion. Medair has experience in implementing emergency health and nutrition services in Afghanistan, including IMAM programming in Badakashan from 2008-2012 as well as more recently in Kandahar. With a permanent office in Kandahar City and growing community acceptance Medair is well positioned to address existing humanitarian gaps in the area.
5. Complementarity. Explain how the project will complement previous or ongoing projects/activities implemented by your organization.	Medair has implemented both decentralized and integrated IMAM programs in Afghanistan in the recent past and currently operates nutritional programs in other countries. Medair will continue the same technical approach of expanded nutrition service coverage and targeting IYCF and health seeking behaviors. This design includes: - Treatment of acute malnutrition through community based outpatient management of SAM and MAM with referrals to IPD SAM under 5 children at Mirwais Regional Hospital. A formal MoU is being finalized. - Partnering with non BPHS clinics serving communities with no current nutritional services, to build local IMAM capacity. - Treatment of coexisting illnesses for malnourished children with common illnesses and medical referrals for others. - Strengthening of nutrition services through new and refresher training and supervision of NEWs - NEWs to provide follow-up of defaulters and non-responders - Promotion of IYCF practices through expansion of current community level programming through the use of mother's care groups in Kandahar city to increase coverage of key messages - Refresher training of community volunteers and NEWs - NEWs to conduct household MUAC screening for under 5 children. - Procurement of RUTF and RUSF contingency supply through the IDA Foundation. Medair is currently seeking funding to fill some of the RUTF and RUSF supply gaps, as well as to pre-procure supplies for treatment of MAM cases whilst awaiting WFP supplies. Medair has engaged in dialogue with both WFP and UNICEF central and regional offices with favorable outcomes. Medair will use the new 2015 supply request system to submit its supply needs to UNICEF and PND as required for supply of RUTF for routine programming. Decentralized IMAM programming alongside facility based IMAM is recommended as best practice by the Global Nutrition Cluster and UN agencies when high caseloads exist and access to treatment is a problem as identified in the Kandahar Province context. Cascade systems utilizing mothers groups has been shown by Medair and other NGOs to result in sustained behavior change and improved IYCF practices and is considered one of the few BCC methods with measurable results globally. For more Activity details—see the logframe. Medair is also proposing to implement a CHF funded Water, Sanitation, and Hygiene (WASH) project. This project aims to improve access to safe water and sanitation facilities, and encourage good hygiene practices in the areas where Medair mobile clinic sites are currently located in Kandahar city and will target the same beneficiary population from our current nutrition program. Based on high cases of diarrhoea identified during nutrition programming and information received from government officials and UN agencies, Medair conducted a WASH needs assessment strategically conducted in the same catchment area as Medair mobile clinic sites. This was done with the aim that the potential addition of WASH interventions in the areas of the current mobile clinic sites could lead to greater reduction in morbidity and malnutrition. As Medair will be relocating five of its current eight mobile clinic sites, this proposed WASH

	program would complement the IMAM services being provided by Medair in three current areas, and the IMAM services being provided by the BPHS providers in the remaining five areas through close coordination and collaboration with SCI and AHDS. The goal of these joint interventions is to build upon and strengthen the gains made by Medair's and its local partner's existing IMAM services.

LOGICAL FRAMEWORK

Overall project objective	To improve the nutritional status of boys and girls under five in vulnerable populations of Kandahar District

Logical Framework details for NUTRITION

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Objective 1. The incidence of acute malnutrition and related deaths is reduced through Integrated management of acute malnutrition (IPD SAM, OPD-SAM, OPD MAM, community outreach) among boys and girls 0-59month, pregnant and lactating women	1. Excess morbidity and mortality reduced	50
Objective 2. Enhance prevention of acute malnutrition through promotion of infant and young child feeding and micronutrient supplementation in children 0-59month, pregnant, and women	1. Excess morbidity and mortality reduced	35
Objective 3. Timely quality community and facility-based nutrition information is made available for program me monitoring and decision making through regular nutrition surveys, rapid assessments, coverage assessments, and operational research	1. Excess morbidity and mortality reduced	15

Outcome 1	Increased quality of and access to life saving nutrition services for boys and girls 6-59 months with acute malnutrition prioritizing informal settlements of Kandahar District and areas not covered by BPHS (white areas)	
Code	**Description**	**Assumptions & Risks**
Output 1.1	Provision of outpatient nutrition services for SAM and MAM provided at three or more decentralized outreach sites and at up to five non-BPHS clinics (in white areas)	The output is based on the assumption that beneficiaries who are not currently utilising local health care facilities due to security, financial and cultural reasons would be more likely and able to access services if distances are reduced. Due to the volatile security situation in Kandahar District, access could disrupt project implementation. Medair focuses on strong community relations and acceptance in all areas of delivery to maintain access. There is also a risk that natural disasters or large population movements could overwhelm capacity to respond to the nutrition situation. Provision of services will be highly dependent on agreements with communities and local line ministries as well as timely receipt of WFP and UNICEF supplies in sufficient quantity for the number of beneficiaries identified throughout the implementation of this project. In 2014 Medair faced issues regarding supplies of RUTF due to the higher than estimated number of SAM cases admitted in the eight mobile clinics. In late December Medair realized more SAM cases had been admitted in the program than the RUFT stock requested from UNICEF, consequently new admissions were halted for almost eight weeks while additional supplies were being negotiated and secured. Also, Medair was not able to treat MAM cases for children under five because WFP was not able to provide RUSF as planned. This potentially exacerbated existing SAM caseloads as MAM patients were not treated early to prevent progression to SAM. To prevent similar issues regarding project supplies (i.e. RUTF, RUSF), Medair will continue to work to ensure effective coordination with UNICEF, WFP, and the Public Nutrition Department (PND) via regular reporting of caseloads and stock balance of supplies. Medair will create quarterly forecasts of caseloads based on the previous quarter's caseload/admission data to work towards adequate supply of inputs. This data will continue to be shared with UNICEF, WFP and PND.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	NUTRITION	Number of IPD & OPD SAM boys and girls 0-59 months discharged cured					4985
	Means of Verification:	Weekly Clinic Reports Monthly OPD SAM reports Beneficiary Lists SPHERE standard 75% cured Target: >75% of IPD & OPD SAM cases as per SPHERE standards					
Indicator 1.1.2	NUTRITION	Number of OPD MAM boys and girls 0-59 months discharged cured					8389
	Means of Verification:	Weekly Clinic Reports Monthly OPD MAM reports Beneficiary Lists SPHERE standard 75% cured Target: >75% of OPD MAM cases as per SPHERE standards					
Indicator 1.1.3	NUTRITION	Number of 6-59 months boys and girls admitted for SAM treatment					6647
	Means of Verification:	Weekly clinic reports and data OPD SAM monthly reports Target: see calculation spreadsheets for details					
Indicator 1.1.4	NUTRITION	Number of boys and girls 6-59 months admitted for MAM treatment					11185
	Means of Verification:	Weekly clinic reports and data OPD MAM monthly reports Target: see calculation spreadsheets for details					
Indicator 1.1.5	NUTRITION	Death rate in line with SPHERE standards					10
	Means of Verification:	Weekly Clinic Reports Monthly OPD SAM and OPD MAM Report Transfers from IPD SAM SPHERE <10% SAM and <3% MAM Target: Based on SPHERE standards					
Indicator 1.1.6	NUTRITION	Number of outpatient SAM/ MAM staff and NEWs receiving refresher training					28
	Means of Verification:	Training reports Target: Target based on 10 pairs of NEWs and 8 SAM/MAM staff (two mobile teams of four)					
Indicator	NUTRITION	Number of non-BPHS clinic staff receiving training on assessment and management of					10

1.1.7		acute malnutrition					
	Means of Verification:	Training reports and monthly clinic reports Target: based on training of two staff members per non-BPHS clinic.					
Indicator 1.1.8	NUTRITION	Number of IPD & OPD SAM boys and girls 0-59 months discharged defaulters					996
	Means of Verification:	Weekly Clinic Reports Monthly OPD SAM reports Report Transfers from IPD SAM SPHERE <15% SAM and <15% MAM Target: <15% of IPD & OPD SAM cases as per SPHERE standards					
Indicator 1.1.9	NUTRITION	Number of OPD MAM boys and girls 0-59 months discharged defaulters					1678
	Means of Verification:	Weekly Clinic Reports Monthly OPD MAM reports Report Transfers from IPD SAM SPHERE <15% SAM and <15% MAM Target: <15% of OPD MAM cases as per SPHERE standards					

Activities

Activity 1.1.1	Conduct refresher training for existing nutrition team staff and community outreach workers (Nutrition Extension Workers -NEWs) on Integrated Management of Acute Malnutrition (IMAM), Infant & Young Child Feeding (IYCF) practices and community outreach. Nutrition staff training will be conducted by two Master Trainers (from Mirwais Regional Hospital) and the NEWs will be trained by the Medair nutrition team.
Activity 1.1.2	Provide outpatient treatment of SAM and MAM for children 6-59 months at three or more decentralized outreach sites and at up to five non-BPHS clinics (in white areas) and strengthen referral system for SAM patients with complications requiring inpatient care. Two mobile nutrition teams who currently provide these services at eight mobile clinic sites will continue the activities at three of these existing sites (Haji Aziz, Mir Bazar & Dara) as well as carry out the same activities at up to five non-BPHS clinics once a week
Activity 1.1.3	Conduct training and mentoring for non-BPHS clinic staff on IMAM, IYCF, and community outreach. Ten non-BPHS staff (two per clinic) will be provided on the job training by Medair nutrition staff and will be mentored in preparation for eventual handover of activities to these clinics.

Outcome 2	Increased community awareness and practice of health and nutrition promoting behaviors including IYCF practices	
Code	**Description**	**Assumptions & Risks**
Output 2.1	Provision of IYCF support and health promotion services through IMAM staff at outpatient locations and through community outreach, and mother's group network	This output is based on the assumption that staff will be willing to deliver promotion services and mothers will be willing and able to participate in mother's groups. There is also an assumption that IMAM staff and NEWs will have access to both men and women for health promotion through outpatient treatment locations due to growing community acceptance of Medair.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	NUTRITION	Number of children 6-59 months screened					39750
	Means of Verification:	monthly clinic reports monthly nutrition extension worker reports Target: 70% of the proportion of U5 boys and girls in the catchment population(see calculation spreadsheets for details)					
Indicator 2.1.2	NUTRITION	Number of men and women reached with health & IYCF messages					35664
	Means of Verification:	Monthly Review of NEWs and records and BCC report Target: total number of U5 SAM and MAM multiplied by 2 – One female caregiver and one male caregiver who will each directly receive educational messages (see calculation spreadsheets for details)					
Indicator 2.1.3	NUTRITION	Number of community workers trained that have improved skills in health and nutrition promotion (IYCF, active case finding, healthy practices, etc.)					44
	Means of Verification:	Training reports Target: 10 male/female pairs of NEWs and 12 pairs of male/female IYCF/BCC Promoters					

Activities

Activity 2.1.1	Promote health and IYCF at all Medair and non-BPHS outpatient sites, mother's groups, and through community outreach with Nutrition Extension Workers (NEWs). The nutrition teams will provide health and IYCF messages to caregivers (men and women) of admitted SAM & MAM children under five on designated weekly clinic days. BCC Promoters will lead groups of care group volunteers teaching them specific health and IYCF messages and they will each in turn take the messages to ten of their immediate neighboring mothers who nominated them to be their representative. NEWs will carry out weekly health and IYCF messaging as part of their outreach activities.
Activity 2.1.2	Conduct ongoing supervision and training of nutrition extension workers and BCC Promoters on health promotion and IYCF. Medair nutrition teams will provide supervision and conduct training for the NEWs and BCC Promoters.
Activity 2.1.3	MUAC screening of children 6-59 months for SAM and MAM by NEWs At community level NEWs will refer cases to the OPD sites, follow up on absentees and defaulters as well as following up SAM cases with complications that have been referred back to the OPD after inpatient admission.

Outcome 3	Timely quality community and facility-based nutrition information is available for program monitoring and decision making for the informal settlements and areas not covered by BPHS (white areas) targeted in Kandahar District	
Code	**Description**	**Assumptions & Risks**
Output 3.1	The Global Acute Malnutrition (GAM) rate, coverage of life-saving nutrition services and other key global nutrition program indicators are measured and reported for the targeted areas in Kandahar District	This output is based on the assumption of sufficient security and humanitarian access to the areas where SMART and SQUEAC surveys are to be conducted. As these surveys are planned in close coordination with other NGOs—Action Against Hunger (ACF) and SCI, a critical assumption is that ACF will have the sufficient funding and technical expertise as previously agreed--during the time

		frame Medair proposes to oversee the SMART and SQUEAC surveys in the targeted areas of Kandahar District. Medair has been in discussion with ACF since the initial Medair Kandahar assessment on jointly planning a SMART survey in the catchment areas outside of areas previously surveyed in Kandahar to get a better measurement of the GAM and SAM in these temporary settlement areas vs. just Kandahar City. Medair's current Health & Nutrition Advisor has a doctorate degree in this field and extensive experience in monitoring and evaluation functions of humanitarian projects however has not specifically managed SQUEAC and SMART surveys. Due to this Medair will be conducting both surveys with an ACF consultant who will provide the technical capacity. In addition, current Medair staff were trained on conducting SMART surveys and assisted SCI staff during SCI's 2014 survey in Kandahar. It is currently planned that ACF consultants will conduct the initial survey training of Medair staff enumerators in the SQUEAC and SMART surveys planned for April and June 2014, which will also be conducted in partnership with SCI. ACF will also be responsible for the data analysis and reporting in close collaboration with Medair. This will further strengthen Medair staff capacity and technical skills regarding SMART and SQUEAC surveys thereby allowing Medair to independently conduct these surveys in the future.

Indicators

Code	Cluster	Indicator	End Cycle Beneficiaries				End-Cycle Target
			Men	Women	Boys	Girls	
Indicator 3.1.1	NUTRITION	Number of SMART assessments conducted					1
	Means of Verification:	SMART assessment report Target: one assessment report produced to verify baseline					
Indicator 3.1.2	NUTRITION	Number of SQUEAC assessments conducted					1
	Means of Verification:	SQUEAC assessment report Target: one assessment report produced by the end of the project					
Indicator 3.1.3	NUTRITION	% of supported nutrition sites submitting monthly nutrition reports including sex and age disaggregated data					100
	Means of Verification:	Monthly monitoring data reports Target: Medair aims for 100% compliance in reporting					
Indicator 3.1.4	NUTRITION	Number of human interest stories produced					4
	Means of Verification:	Medair or UNOCHA publication, Medair or UNOCHA social media feed, responses to calls for photos or stories. Target based on one human interest story produced per quarter.					
Indicator 3.1.5	NUTRITION	Number of captioned photos produced					24
	Means of Verification:	Medair or UNOCHA publication, Medair or UNOCHA social media feed, responses to calls for photos or stories. Target based on two photos per month produced for visibility materials or forums.					

Activities

Activity 3.1.1	Carry out a SMART survey at the beginning of the project to establish a baseline and clarify GAM and SAM rates in the targeted project areas The survey will be conducted with the support of an ACF consultant.
Activity 3.1.2	Carry out a SQUEAC survey by the end of the project Survey conducted in order to measure coverage of the programme that is rolled out during implementation of the proposed project. The survey will be conducted with the support of an ACF consultant.
Activity 3.1.3	Collect, analyze and report on sex and age, disaggregated monthly nutrition monitoring data (SADD) on enrolled boys, girls, and women at all supported nutrition sites to measure adherence to Sphere minimum standards and inform programme adjustments as needed. SAM/MAM staff will be responsible for collecting sex and age disaggregated data at all sites. Analysis and reporting will follow the procedures outlined in the monitoring and reporting section.
Activity 3.1.4	Collect communications and visibility materials including human interest stories and photos, with respect to beneficiary privacy and safety, for use by Medair and UNOCHA's Humanitarian Financing Unit. Project staff will receive training on collection of communications and visibility materials by the Medair Afghanistan Communications Officer. Field staff will collect materials throughout the project cycle which will then be reviewed and processed by the communications officer. The Medair communications officer will then liaise with relevant parties at UNOCHA to coordinate use of materials.

WORK PLAN

Project workplan for activities defined in the Logical framework

Activity Description (Month)	Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Activity 1.1.1 Conduct refresher training for existing nutrition team staff and community outreach workers (Nutrition Extension Workers -NEWs) on Integrated Management of Acute Malnutrition (IMAM), Infant & Young Child Feeding (IYCF) practices and community outreach. Nutrition staff training will be conducted by two Master Trainers (from Mirwais Regional Hospital) and the NEWs will be trained by the Medair nutrition team.	2015					X						X	
	2016												
Activity 1.1.2 Provide outpatient treatment of SAM and MAM for children 6-59 months at three or more decentralized outreach sites and at up to five non-BPHS clinics (in white areas) and strengthen referral system for SAM patients with complications requiring inpatient care. Two mobile nutrition teams who currently provide these services at eight mobile clinic sites will continue the activities at three of these existing sites (Haji Aziz, Mir Bazar & Dara) as well as carry out the same activities at up to five non-BPHS clinics once a week	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X								
Activity 1.1.3 Conduct training and mentoring for non-BPHS clinic staff on IMAM, IYCF, and community outreach. Ten non-BPHS staff (two per clinic) will be provided on the job training by Medair nutrition staff and will be mentored in preparation for eventual	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X								

handover of activities to these clinics.													
Activity 2.1.1 Promote health and IYCF at all Medair and non-BPHS outpatient sites, mother's groups, and through community outreach with Nutrition Extension Workers (NEWs). The nutrition teams will provide health and IYCF messages to caregivers (men and women) of admitted SAM & MAM children under five on designated weekly clinic days. BCC Promoters will lead groups of care group volunteers teaching them specific health and IYCF messages and they will each in turn take the messages to ten of their immediate neighboring mothers who nominated them to be their representative. NEWs will carry out weekly health and IYCF messaging as part of their outreach activities.	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X								
Activity 2.1.2 Conduct ongoing supervision and training of nutrition extension workers and BCC Promoters on health promotion and IYCF. Medair nutrition teams will provide supervision and conduct training for the NEWs and BCC Promoters.	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X								
Activity 3.1.1 Carry out a SMART survey at the beginning of the project to establish a baseline and clarify GAM and SAM rates in the targeted project areas The survey will be conducted with the support of an ACF consultant.	2015					X							
	2016												
Activity 3.1.2 Carry out a SQUEAC survey by the end of the project Survey conducted in order to measure coverage of the programme that is rolled out during implementation of the proposed project. The survey will be conducted with the support of an ACF consultant.	2015												
	2016				X								
Activity 3.1.3 Collect, analyze and report on sex and age, disaggregated monthly nutrition monitoring data (SADD) on enrolled boys, girls, and women at all supported nutrition sites to measure adherence to Sphere minimum standards and inform programme adjustments as needed. SAM/MAM staff will be responsible for collecting sex and age disaggregated data at all sites. Analysis and reporting will follow the procedures outlined in the monitoring and reporting section.	2015							X	X	X	X	X	X
	2016	X	X	X	X								
Activity 2.1.3 MUAC screening of children 6-59 months for SAM and MAM by NEWs At community level NEWs will refer cases to the OPD sites, follow up on absentees and defaulters as well as following up SAM cases with complications that have been referred back to the OPD after inpatient admission.	2015					X	X	X	X	X	X	X	X
	2016	X	X	X									
Activity 3.1.4 Collect communications and visibility materials including human interest stories and photos, with respect to beneficiary privacy and safety, for use by Medair and UNOCHA's Humanitarian Financing Unit. Project staff will receive training on collection of communications and visibility materials by the Medair Afghanistan Communications Officer. Field staff will collect materials throughout the project cycle which will then be reviewed and processed by the communications officer. The Medair communications officer will then liaise with relevant parties at UNOCHA to coordinate use of materials.	2015					X	X	X	X	X	X	X	X
	2016	X	X	X	X								

M & R DETAILS

Monitoring & Reporting Plan: Describe how you will monitor the implementation of each activity. Describe the tools you plan to use (checklist, photo, questionnaires, interviews, suggestion box etc.) in order to collect data and how you will store data. Explain the frequency type and protocol of reporting (how often do you report about what to whom?). State if, when and how you plan to evaluate your project .	Medair carries out monthly routine monitoring and supervision of IMAM programs at all intervention sites using QIVC and supervisor checklists adapted from national and international guidelines. Medair will also use qualitative data from focus group discussions to identify key barriers to practicing healthy IYCF practices and care seeking. Caregivers selected at random will complete exit interviews at nutrition mobile clinic sites to ensure key messages around treatment regimens are understood. Nutrition managers will monitor weekly and monthly nutritional data and activities including tracking of all proposed indicators and activities. External reports will also be reviewed by nutrition technical advisors in the field and at Medair HQ to monitor quality performance indicators and to identify trends or gender gaps that may exist within service provision. Beneficiary feedback systems will be set up and regular community meetings held, to obtain beneficiary feedback from both men and women. Medair will continue to use the DoPH standard reporting format and online system for submission of monthly reports and expand this to include new mobile nutrition sites. Clinic reporting numbers will be procured from the DoPH in order to access the online reporting system. More specifically daily tally sheets and nutrition registers will be used by mobile IMAM teams with minimum weekly data entry into a customized nutrition information system such as the MRP—Minimum Reporting Package for Emergency Supplementary and Therapeutic Feeding Programs. At least monthly the nutrition manager sand nutrition advisor 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 program is implemented. As part of the mothers' group network, a tally sheet system will be rolled out for regular reporting by lead mothers (pictorial), with review by the nutrition extension workers and discussion at fortnightly meetings. This information will be collated and reviewed from all outreach catchment areas at least monthly by the nutrition project manager and]by the nutrition advisor. Results of the analysis will be shared at least monthly with the lead mothers during regular meetings. Lessons learned and feedback obtained through monitoring and evaluation activities will also be shared with the DoPH and local partners and stakeholders. Once the Remote Call Monitoring center is operational Medair will coordinate with UNOCHA to investigate the possibility of the use and roll out of the Remote Call Monitoring system where security permits and where communities are willing to participate.

OTHER INFORMATION

Accountability to Affected Populations	Men and women will be consulted in the design, implementation and evaluation of the program to ensure their needs as well as those of girls and boys are addressed. The special needs, such as increased mortality and lower baseline health and nutrition status, of women who are often marginalized will be addressed through the program. 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. All volunteers will be female (but accompanied by a male escort per cultural norms) to ensure IYCF and key health and hygiene messages are delivered in a culturally appropriate way. Feedback from both men and women will be monitored through exit interviews and data collected will be disaggregated by sex and age. Medair strives to implement activities that have as little detrimental effect on the natural environment as possible. During interventions staff are trained on appropriate medical waste management and women's group topics will include promoting the use of clean water, proper sanitation habits and the importance of a healthy environment.
Implementation Plan: Describe for each activity how you plan to implement it and who is carrying out what.	Medair intends to directly implement program activities using the already established teams and management systems in three existing Medair outreach sites located in Mir Bazaar, Dara, and Haj Aziz. As Medair plans to continue activities at three of its current sites, those sites will be operational as of the first day of this project. As mentioned above, Medair will move five of its current mobile clinic sites to white areas identified by the DoPH. These areas have non-BPHS clinics that provide health care services but do not have the capacity to provide nutrition services. The remaining five mobile sites are expected to start IMAM treatment and services as of 01 June 2015. This will allow time for preparatory activities to be conducted at the new project sites such as community visits and introductions, set up of clinic locations, meetings and coordination activities with non-BPHS partners, and the recruitment and training of extension workers. The security situation in Kandahar may impede access, however, Medair believes that the previously mentioned preparatory activities and the endorsement of DoPH will effectively mitigate this risk. There are no other actors planning or providing any nutritional services in these unreached areas. Medair will provide the nutrition services at these clinic locations which in essence will be additional nutrition outreach locations held at non BPHS clinic locations where community members are used to attending already for health services. Medair will be implementing the program through internationally and nationally recruited staff based in Kandahar. Medair's team will consist of nutrition specialists, nurses and logisticians. Nutrition Extension Workers, working alongside Medair's nutrition team, will continue to assist with nutrition activities, specifically follow up of defaulters, SAM case management and community screening. Where possible, Medair will coordinate refresher training courses for staff with DoPH and/or Mirwais Regional Hospital master trainers. The extension of the Mother's Groups will be coordinated using the already established teams and management systems, with the addition of a senior supervisor position responsible for managing the large network of volunteers. Nutrition extension workers will be paired, male and female, to work at each of the Medair mobile nutrition clinic sites. Medair has consulted with UNICEF, WFP, DoPH and current nutrition actors--SCI at both central and regional levels. Discussions with all actors were held in Kabul and Kandahar regarding Medair continuing nutrition programming in Kandahar. Medair has an agreement with DoPH regarding site selection, has collaborated with SCI on the SMART survey conducted in July 2014, and will further collaborate with both ACF and SCI for planned SMART and SQUEAC surveys to be conducted

in April and June 2015.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
1. UNICEF and WFP	Coordination and contractual agreements will need to be established for the timely provision of necessary nutritional equipment, RUSF/RUTF supplies, warehousing and food products as well as regularly reporting regarding nutrition supplies. As new project areas are proposed and beneficiary calculations are nutritional estimates, timely adjustments for nutritional supplies if beneficiaries are greater than projected (as seen in the last project) will need to be arranged for flexible emergency programming. Medair has built a strong relationship and strengthened coordination through their partnership with UNICEF in Medair's current nutrition programs. This relationship and past support from UNICEF by providing nutritional equipment and RUTF needed for emergency programming presents a high likelihood that UNICEF will provide Medair with any and all agreed upon nutritional equipment and RUTF in a timely manner. There is now an agreement between OCHA and WFP for WFP to supply RUSF to CHF Round 3 funding to which this proposal is responding.
2. ICRC	Referral for SAM patients with complications to the Mirwais Regional Hospital TFU. Will hold regular meetings with ICRC and Mirwais Regional Hospital to discuss feedback regarding the referral system and patients referred.
3. Save the Children and AHDS	Previous and ongoing coordination regarding IMAM services provided by both organizations in Kandahar City and Province. Coordination regarding the transfer of Medair patients/beneficiaries in five sites to BPHS clinics operated by AHDS via SCI Ongoing coordination at Kandahar and Kabul levels to review achievements, challenges and joint problem solving to improve IMAM service coverage for Kandahar City and Province. Joint collaboration with SCI regarding SMART and SQUEAC surveys to be conducted in 2015.
4. Ministry of Public Health	Coordination with DoPH to identify key gaps and priorities in nutrition services in Kandahar District, program design and treatment of SAM cases. Medair participation in local coordination meetings and mechanisms headed by the DoPH to increase information sharing and capacity building. Medair has built a strong relationship and strengthened coordination with DoPH during Medair's current nutrition programs. The DoPH has endorsed Medair's continuing nutrition programme in Kandahar and assisted Medair in the set-up of both current nutrition programs and in acquiring emergency supplies of RUTF.
5. ACF	Continued coordination with ACF technical oversight of planned SMART and SQUEAC surveys in project areas.

Environmental Marker Code	A+: Neutral Impact on environment with mitigation or enhancement
Gender Marker Code	2a-The project is designed to contribute significantly to gender equality
Justify Chosen Gender Marker Code	Gender equality is not the principle purpose of this project but this project does have the potential to contribute significantly to gender equality. Information obtained from key informant interviews, focus groups discussions, assessments, and prior implementation experience has been incorporated in the needs assessment. As boys and girls under five have different nutritional needs than adults and have been found to be more at risk for illness and death, they have been preferentially targeted. The results of a 2014 SMART survey in Kandahar City by Save the Children indicated that malnutrition affects a disproportionate numbers of girls under five compared to boys under five. GAM rates based on weight for height Z-scores were reported at10.4% for boys and 13.4% for girls. Therefore, while the proposed nutrition intervention in Kandahar will provide equitable access to treatment for boys and girls under five it has adapted treatment targets that reflect the disproportionate GAM rates observed in the SMART survey. All nutrition teams as well as NEWs will consist of men and women to enable both male and female participation in a culturally appropriate way. All trainings will include a gender and age sensitive service delivery component. Focus group discussions, surveys, and community meetings will be conducted throughout the intervention to ensure participation and feedback from both male and female beneficiaries and all data will be disaggregated by sex and age.
Protection Mainstreaming	Medair is fully aware that beneficiary families can be placed at greater risk of theft, intimidation and extortion or abuse just by having RUTF, RUSF and admission drugs in their possession. For this reason Medair conducts security assessments to makes sure that analysis of the local security environment including in relation to ownership patterns, recent history of looting or raiding, is conducted to identify high risk practices and activities in each and every catchment communities where a mobile clinic will be opened. Most women are not able to access health and nutrition services at Mirwais Regional Hospital or at BPHS clinics due to cultural norms and safety concerns. Therefore the use of mobile clinic sites, which are located closer to women not in close proximity of another health service facility, will enable women to seek and access health and nutrition services. Medair ensures that provision of IMAM services do not inadvertently empower or strengthen the position of armed groups or the powerful in the community. Engagement with local authorities and community leaders and effective community sensitization are done for all sites to ensure all parties understand the project objectives. Medair ensures that service delivery is respectful and inclusive of cultural and religious practices, that staff are representative of gender and ethnic differences where possible and that the confidentiality of consultation and privacy of beneficiaries are upheld by all project staff. All mobile team members are skilled and experienced in working with women and children. 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 aware of and agree with the Code of Ethics and sign a document to this effect. 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.
Safety and Security	Currently the political situation in Kandahar is stable, but uncertainty surrounds the upcoming political and security transition due to the change in the national government. Changes in Kandahar provincial government are expected, but no timeline has been announced. 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 armed opposition group (AOG) attacks focus on small arms fire (SAF) and remote controlled improvised explosive devices (RCIED) attacks targeted against the Afghanistan National Security Forces (ANSF) presence in Kandahar city. The majority of these attacks usually occur on the outskirts of the city. Suicide attacks within Kandahar city limits are infrequent. According to the 2014 INSO 4th Quarterly Report, there was negative growth in security incidents in Kandahar province in 2014. Of the 232 reported security incidents that affected NGOs in 2014, only two occurred in Kandahar Province. Due to the commencement of the AOG fighting season in spring, the number of attacks is expected to increase in Kandahar Province. This is in line with a nationwide increase throughout this same period. Given the highly dynamic and complex character of the security environment and political transition in Afghanistan, Medair is constantly preparing for increasing complexity and unpredictability in its operating environments, specifically Kandahar. The Medair Afghanistan programme has a comprehensive Security plan which is reviewed constantly and updated every six months to match the current security context. Strict procedures and contingency plans have been put in place to mitigate the risk to the Medair office and the international and national staff based in Kandahar city. All Medair international and national staff undergo personal security training in country, including senior management participating in additional courses in security management. Medair operates an in-house call centre for the tracking of staff and vehicle movements. Community acceptance is a core element in the security management approach adopted by Medair and Medair invests and relies heavily on this approach. Medair employs the use of local, low-profile vehicles and Kandahari staff for all programming activities. The Medair Security Officer based in Kandahar liaises with community leaders and focal points on a daily basis to assess security risks in areas of Medair programme implementation and travel routes. Medair has implemented its current nutrition programmes in Kandahar in coordination with the Kandahar Department of Public Health (DoPH), making their collaboration a key element in receiving updated information regarding the current security situation in Kandahar, as well as the DoPH introducing and endorsing Medair to local officials and community leaders. The success of Medair's nutrition programming to date has bolstered Medair's community acceptance in its areas of programming and its reputation in Kandahar amongst locals and officials. This comprehensive approach to security management ensures staff safety and a rapid response to an emergency or security situation.
Access	Medair access to areas of programming in Kandahar is also based on community acceptance and strong relationships with beneficiary communities and stakeholders such as the OCHA southern region office. Medair has built strong relationships with local stakeholders and communities in its current areas of nutrition programming and enjoys strong community acceptance. Community acceptance has proven to be very effective as it realises an element of community responsibility for the current nutrition teams to be able to conduct their work in a safe and secure environment and that communities will do their best to inform Medair staff of changes that may impact the travel to and from their communities, or the working environment within the community. Medair is well established in Kandahar City after one year of operations now with a regional office and has gained a deeper understanding of the humanitarian access and security context. Due to improved security conditions over the last 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. Medair currently implements its programming on the ground through its national staff, which also enables increased access to the more complex communities. The extension workers utilized in Medair's nutrition programmes are recruited from the areas where Medair outreach sites are located in order to gain greater access to beneficiaries. Medair continually reinforces its neutrality and the intended goals and elements of its programmes with its staff who in turn reinforce these topics with beneficiaries and stakeholders. Medair will also work closely with other humanitarian partners in the areas to which Medair will be relocating five of its mobile clinic sites in order to build positive community relations and acceptance as quickly as possible via the existing relationships and endorsements of these partners. Prior to establishing the mobile clinic sites and commencing with programming in these areas, Medair will engage the communities and its leaders in dialogue in order to explain the programme, its goals, and to gain their approval. It is anticipated that the time required to gain access and to build acceptance in the new communities will be relatively short. Medair's past experiences in gaining both access in the region and community acceptance when setting up a regional office in Kandahar and two nutrition programmes in Kandahar province have allowed Medair to hone an contextual and effectual community access and acceptance strategy for Kandahar city and province. Medair's experience in providing humanitarian relief in Afghanistan since 1996 has shown that producing high quality programming with clear benefits and providing a strong message of neutrality allows for expansion into further areas based on a strong reputation and a clear perceived benefit to communities. This has been Medair's approach in other regions of the country, particularly in the Central Highlands, where Medair continues to maintain excellent humanitarian access and community acceptance due to the high quality of its programs, and aims to establish and maintain in Kandahar province.

BUDGET

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
1.1	Project Staff salaries and benefits for International and National staff	D	12	1114.28	12	100.00%	160,456.32
	Quantity unit based on 12 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 4 Health Assistants, Medair Grade 5, Asisst in provision of direcct nutrition treatment and education to beneficiaries, - 1 Data Entry, Medair Grade 5, uploades nutrition data for database - 2 Nutrition Supervisors, Medair Grade 4a, oversees all aspects of the operation of the nutrition program in the field sites, including planning, directing, assessing, implementing and evaluation - 1 Logistics Officer, Medair Grade 4a, manages the procurement and manages all stock for the nutrition project - 2 Nurses, Medair Grade 4a, provide direct nutrition treatment and education to beneficiaries in each clinic - 1 International Nutrition Manager, Medair Grade A, supervises nutritoin outreach site teams and IMAM activities - 1 International Project Manager, Medair Grade B1, oversees all project management and implementation. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.2	Other costs for Project staff	D	10	1081	1	100.00%	10,810.00
	Includes: - Food for Headquarters (HQ) NUT Advisor visit, Project Manager, Nutrition Manager during briefings - Lodging in Dubai for HQ NUT Advisor, Project Manager and Nutrition Manager - Visas and work permits for HQ NUT Advisor, Project Manager and Nutrition Manager - Trainings for national project staff - R and R allowance for Project Manager and Nutrition Manager. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.3	Shared Staff salaries and benefits for International and National staff in Kandahar	D	17	850.05	12	20.00%	34,682.04
	Quantity unit based on 17 staff Includes gross salaries, income tax and social security. Unit cost is based on the average for the following staff. - 1 Logs Officer, Medair Grade 4a, manages the procurement and stock management activities for a broad range of commodities and services for the project and ensures monitoring and compliance practices are being implemented - 1 Finance and HR Officer, Medair grade 4a, manages the day to day finance for the project in Kandahar including support for recruitment of project staff - 1 Security/Admin Officer, Medair Grade 4a, provides support to admin and member of the security team gathering information, attending INSO meetings, point of contact for project field teams and guards - 10 Security Guards, Medair grade 9, provies security at the Kandahar base - 1 Cook, Medair grades 9, provides meals for project and support staff in Kandahar - 1 Cleaner, Medair grade 10, cleans the Kandahar base - 1 Project Support Manager (International Staff), Medair Grade B1, manages all support staff in Kandahar and provides supervision of logistics, finance, HR - 1 Projects Coordinator (International Staff), Medair Grade B2, responsible for the base and coordination of all projects in Kandahar. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.4	Other costs for shared staff in Kandahar	D	10	211.17	12	20.00%	5,068.08
	Includes: - Medical expenses (First Aid Kits) - Visas and work permits for international staff (Projects Coordinator and Project Support Manager) - Lodging for international staff in Dubai during visa runs - Language lessons for international staff - Food for national and international staff - Security Trainings for national project staff - Other personnel expenses (R and R) for international Staff (Projects Coordinator and Project Support Manager) - other living expenses (utilities etc). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.5	Shared Casual Labor in Kandahar	D	1	50	12	20.00%	120.00
	Casual labor for loading/unloading Nutrition supplies in Kandahar base. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.6	Shared Staff salaries and benefits for International and National staff in Kabul	S	42	1382.32	12	10.00%	69,668.93
	Quantity unit based on 42 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 - Communications Officer, Medair Grade A, Prepares project communications for fundraising unit in Medair HQ - Country Director (KBL) Medair Grade C, Provides monitoring and evaluation, ensures delivery of programme and communications with donor representatives - Deputy Country Director (KBL), Medair Grade B2, provides oversight for support functions, security focal point in Kabul - Finance Manager (KBL) Medair Grade B1, Reviews monthly project financial expenses and documentation assist in production of project report - Food Security Advisor (35%), Medair Grade B2, provides monitoring and evaluation ensures technical quality of programme delivery - Logistics Manager (KBL) Medair Grade B1, oversees logistics for entire Medair country programme including monitoring procurement, stock management and ensuring procedures are followed for project - Programme Funding Manager, Medair Grade B1, manages the GMS and donor relations for projects including coordination of interim and final reports - Nutrition Advisor, Medair Grade B2, provides monitoring and evaluation, ensures technical nutrition quality of programme delivery - Admin Assistant, Medair Grade 5, flight bookings, basic office admin support - Finance Officer, Medair Grade 4a, process monthly project finance documents, cashier - Logistics Officer, Medair Grade 4a, procurement and logistical support from Kabul - Admin Officer, Medair Grade 4a, security focal poin in Kabul and translator of all documents - Drivers, Medair Grade 8, transport in Kabul - Guards, Medair Grade 9, security provision in Kabul base - Cook, Medair Grade 9, cooks lunches at Kabul base - Cleaner, Medair Grade 10, full time cleaning of Kabul base - Operations Room Assistant, Medair Grade 5, monitors vehicle/staff movements in the country - Sr. HR Officer, Medair Grade 3a, oversees all recruitment in Afghanistan - Logistics Assistant, Medair Grade 5, assists with all procurement and logistics in Kabul. HQ support staff (working directly to support AFG projects): - Head of Country Programme has oversight for entire Medair programme in Afghanistan, monitors and evaluates projects. - HR Officer, Processes international staff recruitment for projects - Logistics Officer, provides oversight of logistic functions for projects, provides monitoring and evaluation - Programme Finance Officer, Processes monthly project financial reports and assists with donor reporting - Technical Programmes Officer, supports all Programmes in Afghanistan and provides technical advise. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.7	Other Staff costs - Kandahar	S	34	182.16	12	10.00%	7,432.13
	Includes: - Medical expenses (First Aid Kit supplies) - Visas and work permits for international staff, Dubai lodging for visa runs and R and R allowance for (Communication Officer, Country Director, Deputy Country Director, Finance Manager, Food Security Advisor, HQ Visitors, Logistics Manager, Nutrition Advisor, Progamme Funding Manager) - Trainings for expat staff (Language and Security) - Food for international staff in Kabul. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
1.8	Other staff costs - Kabul	S	1	85	12	10.00%	102.00
	Casual labor for loading/unloading Nutrition supplies in Kabul base. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
	Section Total						288,339.50

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
2.1	Distributions	D	8	80	1	100.00%	640.00
	Tarpoulins and mounting elements for 8 clinics. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex Medar will provide 156,926.20 USD of co-funding from other Medair funding sources which will be used for the procurement of contingency stocks of RUTF and RUSF (including transport to Afghanistan)						
2.2	Value Added services	D	92	862.02	1	100.00%	79,305.84
	Medicinces for treatment of SAM/MAM, consumable supplies for mobile teams, medical supplies for mobile team, Stationary supplies for mobile teams, Stationary Supplies for BCC promoters, Nutrition Extension Workers incentives, BCC Promoters incentives, Casual labourers for unloading RUTF/RUSF at Kandahar base, Air transport of medicines, Delivery of RUTF/RUSF to outreach sites in small trucks from Kandahar base, NEWs phone credit for defaulters followup, BCC Promoters phone credit, For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
2.3	Training for project staff and promoters	D	12	237.92	1	100.00%	2,855.04
	Food for staff during trainings at the base, supplies for community meetings, supplies for care group meetings, supplies for Nutrition Extension Workers, IEC materials for CMAM, IEC materials for BCC, master trainer fees. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
	Section Total						82,800.88

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
3.1	Equipment maintenance & purchase for Project	D	46	5.92	12	100.00%	3,267.84
	Purchase and maintenance of cellular phones for 17 project staff and landline for base (drivers, supervisors, nurses), maintenance of (existing Thuraya satellite phone, 2 laptops, 1 desktop, 1 printer/scanner/copier, 5 netbooks for project staff. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.2	Project Equipment Rental	D	3	1450	12	100.00%	52,200.00
	Rental of three Toyota corollas for the project. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.3	Equipment maintenance and purchase for shared costs - Kandahar	D	22	81.18	12	20.00%	4,286.30

	Shared equipment maintenance of Kandahar base (laptop, desktop, printer/scanner/copier, LAN network, netbook, iridium sat phone, air conditioner units, household equipment, genetarors for the base and UPS regulators), shared equipment purchase for Kandahar base (printer/scanner/copier, household equipment, UPS regulators, LAN equipment, cellular phones and Landline, smart phones, BGAN/VSAT), shared depreciation of laptop and generators in Kandahar base. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.4	Shared Equipment Rental - Kandahar	D	2	987.5	12	20.00%	4,740.00
	Shared equipment and supplies short term rentals for Kandahar base (supplies, equipment), shared base vehicles rental for Kandahar base. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.5	Fuel for shared Equipment - Kandahar	D	2	500	12	20.00%	2,400.00
	Shared costs of fuel for Kandahar base generators. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.6	Equipment maintenance and purchase for shared costs - Kabul	S	41	71.27	12	10.00%	3,506.48
	Shared equipment maintenance of Kabul base (vehicles, laptop, desktop, printer/scanner/copier, LAN network, VHF Radio, Thuraya and iridium sat phones, household equipment, celluar phones and landline, generator), shared equipment purchase for Kabul base (printer/scanner/copier, household equipment, UPS regulators, cellular phones and Landline, smart phones, Aid conditioner), shared depreciation of vechiles in Kabul, shared equipment purchase of Laptop kit in Kabul. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
3.7	Fuel for shared Equipment - Kabul	S	2	325	12	10.00%	780.00
	Shared fuel costs in Kabul (vehicles and generator). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
	Section Total						71,180.63

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
4.1	Shared Equipment Rental - Kabul	S	3	40	12	10.00%	144.00
	Shared equipment rental in Kabul (local taxis, and crane for heavy deliveries of supplies and equipment). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
4.2	Survey and Evaluation	D	1	40000	1	100.00%	40,000.00
	Consultant for SMART and SQUEAC surveys. Costs include: - International Flights $4000 - Visa, Lodging, Food, Ground Travel $940 - Continental flights $760 - Consultant Fee $27000 - Hire of local staff for data collection and data entry $2000 - local vehicle hire $5000 - Stationary $300						
	Section Total						40,144.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
5.1	Ground travel for Project staff	D	2	250	1	100.00%	500.00
	Taxis, trains and ground travel costs for HQ Advisor, Project Manager and Nutrition Manager during HQ briefing, visa and work permits processing. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.2	Continental Flights for Prject staff	D	25	240	1	100.00%	6,000.00
	Return UNHAS flight ticket for HQ WASH Advisor visit KBL/KHR, two return flights per month for project staff KBL/KHR. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.3	Intercontinetal Flights for Project staff	D	3	1833.33	1	100.00%	5,499.99
	Return tickets for HQ Advisor visit to Afghanistan, flight tickets to Afghanistan for Project Manager and Nutrition Manager. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.4	Ground travel for shared staff - Kandahar	D	2	110	1	20.00%	44.00
	Shared costs of taxis, trains and ground travel for MEDAIR Logistics and Finance conferences for support staff - Shared costs of taxis, trains and ground travel for HQ briefing for International support staff in Kandahar (Project Support Manager). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.5	Continental Flights for shared staff - Kandahar	D	3	180	12	20.00%	1,296.00
	Shared costs of three return tickets (UNHAS) per month for support staff in Kandahar (Projects Coordinator, Project Support Manager, Nutrition Advisor). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.6	Intercontinetal Flights for shared staff - Kandahar	D	3	1866.67	1	20.00%	1,120.00
	Shared costs of intercontinental return flights for support staff in Kandahar (Projects Coordinator, Project Support Manager, Logistics and Finance Conference ticket). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.7	Ground travel for shared staff - Kabul	S	4	58.75	12	10.00%	282.00
	Shared costs of taxis, trains and ground travel for Kabul staff (local taxis in Kabul, and ground travel during Country Director HQ conferences). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.8	Continental Flights for shared staff - Kabul	S	1	400	12	10.00%	480.00
	Shared costs of flights to project sites for Kabul staff (National and International staff). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
5.9	Intercontinetal Flights for shared staff - Kabul	S	18	1816.67	1	10.00%	3,270.01
	Shared costs of contract international flights for international staff in Kabul (Communication Officer, Country Director, Deputy Country Director, Finance Manager, Food Security Advisor, Country Director HQ Conference, Logistics Manager, Logistics/Finance/Nutrition conferences, Nutrition Advisor. Programme Funding Manager, HQ Visitors to Afghanistan). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
	Section Total						18,492.00

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

Code	Budget Line Description	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
	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	D / S	Unit Quantity	Unit Cost	Duration	Percent Charged to CHF / ERF	Total Cost
7.1	Project Security Expenses	D	7	1676.71	1	100.00%	11,736.97
	Security supplies for base, GPS vehicles tracking running costs, GPS vehicle tracking units setup fees, security refresher trainings for international and national staff. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.2	Project Office Supplies and Communication Expenses	D	32	293.13	1	100.00%	9,380.16
	Printer cartridges for existing printers, running costs for cellular phones, visibility patches for white coats, iridium sat phone running costs. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.3							

	Project Facility Expenses and office Supplies	D	41	31.71	1	100.00%	1,300.11
	Pallets for warehousing Nutrition distribution items, furniture for office. For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.4	Shared Security Expenses - Kandahar	D	32	802.34	1	20.00%	5,134.98
	Shared costs of security expenses in Kandahar base (Repairs and security equipment, security supplies for international staff, security supplies for office and guesthouse, installation costs for satellite phone in safe rooms, security construction, GPS tracking units for base vehicles, CCTV cameras, GPS base vehicle running costs, security refreshing trainings for base staff). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.5	Shared Office Supplies & Communication Expenses - Kandahar	D	4	301.56	12	20.00%	2,894.98
	Shared costs for base supplies and communications (phone credit for base staff, VSAT internet service, supplies for office, iridium base running costs). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.6	Shared Facility Expenses and Office Supplies - Kandahar	S	12	339.93	12	20.00%	9,789.98
	Shared Kandahar base facility expenses (Bank fees, Non-beneficiary cargo transport, Office and House Repairs , consumables for Offices and House, parts for maintenance of base water system, Gas for Office and House, Electricity for Office & House, Gas for Office and House (for Winter season), House Rent, Furniture for Office and House). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.7	Shared Security Expenses - Kabul	D	16	369.82	12	10.00%	7,100.54
	Shared security expenses in Kabul base (Security Equipment and Repairs, Security Supplies for Guards, Security supplies for Office and House, Security construction (e.g. reinforced doors, Barbed wire, sandbags), Reinforcements to gates and walls, GPS Tracking Units and Set-up Fees, Iridium Sat phone, CCTV cameras, GPS Tracking running costs, Security Training for international and national staff). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.8	Shared Office Supplies and Communication Expenses - Kabul	S	6	386.67	12	10.00%	2,784.02
	Shared office supplies and communications costs in Kabul base (Office Landline, Pactec Internet Service, Pre-Pay Credit, Roshan Post Pay Account, Satphone Subscription and Use, Supplies for office). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
7.9	Shared Facility Expenses and Office Supplies - Kabul	S	17	542.84	12	10.00%	11,073.94
	Shared facility expenses and office supplies in Kabul base (ACBAR Membership, Account and Transfer Fees, Misc. Import Fees, Shipping documents to HQ Cargo for furniture, building supplies etc., Office and House Repairs, consumables for Offices and House, Electricity for Office and House, Gas for Office and House (for Winter season), Office Rent, House Rent, Furniture for Office and House). For more details see: MEDAIR CHF Nutrition Itemized Budget Annex						
	Section Total						61,195.68

Sub Total Direct Cost	562,152.68
Indirect Programme Support Cost *PSC rate (insert percentage, not to exceed 7 per cent)*	7%
Audit Cost *(For NGO, in percent)*	0.581875376691572%
PSC Amount	39,350.69

Quarterly Budget Details for PSC Amount

2015			**2016**		**Total**
Q2	Q3	Q4	Q1	Q2	
0.00	0.00	0.00	0.00	0.00	0.00

Total Fund Project Cost	601,503.37

Project Locations

Location	Estimated percentage of budget for each location	Beneficiary Men	Women	Boy	Girl	Total	Activity
Kandahar -> Kandahar	100	27	747	20456	19294	40524	

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

DOCUMENTS

Document Description
1. MoPH english translation letter Medair Kandahar Clinics.pdf
2. orginal letter Medair Kandahar Clinics.pdf
3. Medair Kandahar Clinics (Pashto).pdf
4. Medair Kandahar Clinics (EN Translation).pdf
5. AFG-15O580SA1NINGO364_Beneficiaries v5 Gender Disaggregated.xls FOR DELETION
6. MedairAFG170_NUT_CHF2015_1_ItemizedBudget_S01.xlsx FOR DELETION
7. KHR Coordination Lessons Learned.docx
8. Coordination Meetings.xlsx
9. NGO XXX Sample Beneficary breakdown CHF proposal CODE XXX.xlsx
10. CHF Afghanistan - Visibility and Communication Guidance.pdf
11. Remote Call Campaigns - Guidance Note for Partners - 22 Sept 14.pdf
12. Medair 364 BoQ with HFU notes.xlsx
13. Beneficiary breakdown.xlsx
14. Beneficiariesv5GenderDisaggregated.xls
15. Beneficiariesv5GenderDisaggregated.xls
16. CHF Shared Support Cost Allocation for Kabul and Kandahar MEDAIR.pdf
17. S02 16th April 2015.pdf
18. MEDAIR SAM and MAM Medicine BOQ.pdf
19. Beneficiary breakdown Medair Nutrition 364.xlsx
20. Beneficiary breakdown Medair Nutrition 364.xlsx