

<b>Requesting Organization :</b>	Comitato Internazionale per lo Sviluppo dei Popoli			
<b>Allocation Type :</b>	Standard Allocation 1 (Feb 2015)			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Nutrition		100.00		
		<b>100</b>		
<b>Project Title :</b>	Emergency nutrition intervention for IDPs and host communities – Integrate Management of Acute Malnutrition in Children under 5 years in Yaqshid , Kaaran and Heliwa Districts in Banadir Region.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-15/DDA-3485/SA 1/Nut/INGO/2473	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	281,253.41	
<b>Planned project duration :</b>	12 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/01/2016	<b>Planned End Date :</b>	31/12/2016	
<b>Actual Start Date:</b>	01/01/2016	<b>Actual End Date:</b>	31/12/2016	
<b>Project Summary :</b>	<p>Morbidity, poor infant and young child feeding practices and inadequate humanitarian assistance are among the main contributing factors of malnutrition in Somalia. IDPs often leaving in overcrowding places with food insecurity and are particular vulnerable. Besides these aspects, being the malnutrition at significant levels in Mogadishu, the project seeks to screen, refer and treat malnourished children in adequate structures providing treatment for SAM children &lt;5 in the 3 districts.</p> <p>Nutrition situation among Mogadishu IDPs settlement is showing an improvement of on-going humanitarian interventions but results of Deyr 2015 assessment recorded a GAM rate of 11.4 percent and SAM rate of 2.5 percent which indicate a sustained serious level of acute malnutrition since last Deyr 2014/15. Compared to Deyr 2014, an increase in U5DR in Gu 2015 and Deyr 2015 is seen in Mogadishu IDPs which is associated with increase in SAM prevalence in Gu 2015 (FSNAU Nov 2015). IDPs are in need of assistance and protection. CISP managed a nutrition project with 2 static and 2 mobile OTPs in Yaqshid and Kaaran to reach the vulnerable population and during 6 months of project in karan and Yaqshid Cisp admitted and cured 1,809 SAM cases. The previous project funded by CHF finished in June 15. CHF757 could not guarantee the continuity because of luck of funds. In August 15, the second allocation EPHS was done and new IP were nominated. CISP collaborated with them to do a map of the proposed districts to be able to guarantee the coverage and to avoid overlaps. In Yaqshid and Kaaraan districts, CISP is also working in health, protection, education and livelihood projects (UNICEF, UKAID, DFID, EU, OFDA)from 2011 so that CISP has a good relationship with population and authorities. In Heliwa District, MoH expressed to CISP a big gap on Health and Nutrition, but subsequently R.I. was nominated as IP EPHS. The EPHS programme did not start yet and the needs are significant in the district.</p> <p>Cisp Education is supporting 2 schools in Heegan (Yaqshid). Heliwa is a border District in Banadir region and number of IDPs is high, in little IDPs camps or hosted by families.</p> <p>In August 2015 the second allocation EPHS changed the prospective for our intervention foreseen in the CHF757 because the new IPs (R.I. for Heliwa, IRC for Karan and Mercy Usa for Yaqshid) and CISP worked closely with the other organizations to avoid overlapping in the field. After consultation and the mapping of the districts CISP, in agreement with the others INGO, CISP took the decision to change locations where to implement the emergency nutrition intervention to guarantee a best coverage and to avoid the overlap. In Kaaran CISP will keep the static OTP in Buulomaaxaay- Nagalye village (static OTP already rehabilitated with Ocha funds in January 2015- CHF 627). The mobile OTP will work in Dalhis, Horsed, Wadajir. In Warshid and Horseed the mobile OTP will screen and treat the SAM children until IRC will start their new activities (probably after March 2016). In Yaqshid, CISP is asking to move the static OTP from Towifiq to Jungal. In Jungal CISP is working in a Health Center with the protection project. In Towifiq (where there was the static OTP in CHF627) Mercy Usa is starting to expand the EPHS programme. We agreed with them that the mobile OTP under CHF757 will work in Towakal and Suqa Holaha as proposed by Mercy Usa. In Heliwa, Cisp proposes to change the locations to cover the entire district. The proposed static OTP in the CHF757 will become the EPHS health facility, one of the two Health Facilities under EPHS. CISP proposes to change the location and to rehabilitate a static OTP in Celcadde and the Mobile OTP will operate in Celcadde and Gibadleey. In each district there will be a static and a mobile OTP.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
523	2,072	1,609	1,609	5,813

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,609	1,609	3,218
Internally Displaced People	157	622	483	483	1,745
Staff (own or partner staff, authorities)	8	12	0	0	20

**Indirect Beneficiaries :**

The caregivers and the families of the SAM children admitted at the OTP will benefit of the education session on IYCF.

**Catchment Population:****Link with allocation strategy :**

The project seeks to screen, refer and treat malnourished children in adequate structures providing treatment for SAM children <5 in the 3 districts. This project wants to be a emergency project to reach the vulnerable population especially the IDPs and the families host.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

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

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Morena Bassan	Health/Nutrition Programme Manager	bassan@cisp-nairobi.org	+254707935974
Ruberto Rosaia	CISP Regional Coordinator	ruberto@cisp-nairobi.org	0723992436

**BACKGROUND****1. Humanitarian context analysis**

A recent nutrition survey conducted (FSNAU) across the country indicates that an estimated 308,000 children under the age of five are acutely malnourished, a seven percent increase since January'14. This figure includes 43,800 SAM children who face an even higher risk of morbidity and death. Morbidity, poor infant and young child feeding practices and inadequate humanitarian assistance are among the main contributing factors of malnutrition in Somalia. The results of nutrition surveys show sustained prevalence of Serious to Critical levels of acute malnutrition in 10 out of 13 main IDP settlements across Somalia. Yaqshid, Karaan and Heliwa in Banadir are characterized by high presence of IDPs, especially children under 5. IDPs often leaving in overcrowding places with food insecurity and are particular vulnerable. Besides these aspects, being the malnutrition at significant levels in Mogadishu, the project seeks to screen, refer and treat malnourished children in adequate structures providing treatment for SAM children under 5 in the 3 districts.

**2. Needs assessment**

Morbidity, poor infant and young child feeding practices and inadequate humanitarian assistance are among the main contributing factors of malnutrition in Somalia. IDPs often leaving in overcrowding places with food insecurity and are particular vulnerable. Besides these aspects, being the malnutrition at significant levels in Mogadishu, the project seeks to screen, refer and treat malnourished children in adequate structures providing treatment for SAM children <5 in the 3 districts.

Nutrition situation among Mogadishu IDPs settlement is showing an improvement of on-going humanitarian interventions but results of Deyr 2015 assessment recorded a GAM rate of 11.4 percent and SAM rate of 2.5 percent which indicate a sustained serious level of acute malnutrition since last Deyr 2014/15. Compared to Deyr 2014, an increase in U5DR in Gu 2015 and Deyr 2015 is seen in Mogadishu IDPs which is associated with increase in SAM prevalence in Gu 2015 (FSNAU Nov 2015). IDPs are in need of assistance and protection. CISP managed a nutrition project with 2 static and 2 mobile OTPs in Yaqshid and Kaaran to reach the vulnerable population and during 6 months of project in karan and Yaqshid Cisp admitted and cured 1,809 SAM cases. The previous project funded by CHF finished in June 15. CHF757 could not guarantee the continuity because of lack of funds. In August 15, the second allocation EPHS was done and new IP were nominated. CISP collaborated with them to do a map of the proposed districts to be able to guarantee the coverage and to avoid overlaps. In Yaqshid and Kaaraan districts, CISP is also working in health, protection, education and livelihood projects (UNICEF, UKAID, DFID, EU, OFDA) from 2011 so that CISP has a good relationship with population and authorities. In Heliwa District, MoH expressed to CISP a big gap on Health and Nutrition, but subsequently R.I. was nominated as IP EPHS. The EPHS programme did not start yet and the needs are significant in the district.

**3. Description Of Beneficiaries**

The proposed project will equally target boys and girls with SAM. In particular it will focus on the most vulnerable children and destitute. The vulnerabilities are exacerbated in IDP settlements where children live in extremely precarious conditions with only limited community support. Therefore, the project seeks to assist at least 30% of IDPs. Considering that mothers in Somalia are the primary responsible in the family for children's care, at least 80% of children will be accompanied by mothers to the OTPs and will benefit from IYCF education. This project will support the MoH to identify the staff with optimum qualifications and experiences taking into account the different capacities and needs of men and women. According to the emergency activities in the static and mobile OTPs, tasks and responsibilities will be assigned to both men and women. At least of 60% of women will cover the position of malnutrition treatment.

#### **4. Grant Request Justification**

Nutrition situation among Mogadishu IDPs settlement is showing an improvement of on-going humanitarian interventions but results of Deyr 2015 assessment recorded a GAM rate of 11.4 percent and SAM rate of 2.5 percent which indicate a sustained serious level of acute malnutrition since last Deyr 2014/15. Compared to Deyr 2014, an increase in U5DR in Gu 2015 and Deyr 2015 is seen in Mogadishu IDPs which is associated with increase in SAM prevalence in Gu 2015 (FSNAU Nov 2015). IDPs are in need of assistance and protection. CISP foresees to implement a emergency nutrition project to treat the children under 5 yrs old with SAM.

#### **5. Complementarity**

In Yaqshid and Kaaraan Districts, CISP is working in health, protection, education and livelihood projects (UNICEF, UKAID, DFID, EU, OFDA) from 2011 so that CISP has a good relationship with population and authorities. CISP is working in Kaaran MCH with health and protection, as well as in Yaqshid MCH. The activities are well managed to have an integrate approach and to reach a good quality of results. In Kaaran and Yaqshid, Health and Protection projects use an ambulance for transfers the emergencies in the Hospital and for outreach activities so that CISP has a good knowledge of entire districts. Cisp Education is supporting 2 schools in Heegan (Yaqshid). CISP has a good relationship with the MoH in Mogadishu and they expressed the big gap in Heliwa District in Mogadishu. Heliwa a border District in Banadir region and number of IDPs is high, in little IDPs camps or hosted by families. MoH asserted the high need in health and nutrition intervention in Heliwa district because there is only a Hospital available for the population.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To improve the nutritional status of children under five in Banadir Region with community and facility based nutrition interventions.

#### **Nutrition**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
N/A	N/A	100

**Contribution to Cluster/Sector Objectives** : To contribute to the reduction of nutrition morbidity and mortality among vulnerable boys and girls (0-59 months), through systematic equal access to quality integrated curative and preventive based nutrition interventions in Banadir Region (Yaqshid, Karan, Heliwa Districts) .

To improve women, boys and girls' access to evidence based and feasible nutrition and nutrition related resilience activities, available through the Basic Nutrition Services Package (BNSP) interventions, preventing the malnutrition linking nutrition to Health, WASH, Food Security and Child Protection programmes in the above mentioned areas

#### **Outcome 1**

Improved nutritional status of children < 5 yrs treating SAM through OTPs. 3218 children will be treated in the 6 OTPs, 1,609 will be girls and 1,609 boys. At least 966 of them will be IDPs.

#### **Output 1.1**

##### **Description**

To screen, to identify, to admit and treat severe acutely malnourished children in 3 static and 3 mobile OTPs in Yaqshid, Karan, Heliwa districts, Banadir region

##### **Assumptions & Risks**

#### **Activities**

##### **Activity 1.1.1**

##### **Standard Activity : Treatment of severe acute malnutrition in children 0-59months**

Provision of treatment of severe acute malnutrition through 3 static OTPs and 3 mobile OTPs. The implementation will follow the BSNP guideline : community mobilization and screening, treatment on uncomplicated SAM and referral of complicate cases of SAM to SC, IYCF education in the OTPs and regular monitoring at outpatient/outreach sites.

##### **Activity 1.1.2**

##### **Standard Activity : Deworming**

De-worming and supplementation in VIT A. At least 85% children admitted in OTP will receive de-worming and supplementation in Vit A.

##### **Activity 1.1.3**

##### **Standard Activity : Infant and young child feeding counselling**

IYCF educations to mothers and caregivers in OTPs. IYCF counselling will be given to mothers during the attendance at OTP, during the weekly consultation for their children. The themes of education will be : Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods. This is the most appropriate feeding strategy for infants and young children. CISP foresees that at least 80% of caregivers will be the mothers. But all the caregivers will be welcome to assist the IYCF counseling. NHHF (Nutrition Health Hygiene Promotion) will be integrated during the IYCF education session in OTPs.

#### **Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle								
			Men	Women	Boys	Girls	Target								
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,218								
<b>Means of Verification :</b>															
Indicator 1.1.2	Nutrition	Number of children (6-59 months) children will be supported with De-worming and supplementation Vit A (at least 1,368 beneficiaries will be girls, and at least 821 beneficiaries will be IDPs). Children admitted at the OTP under 1 year old cannot take the					2,736								
<b>Means of Verification :</b>															
Indicator 1.1.3	Nutrition	Number of IYCF sessions held for 2,575 mothers and caregivers (80% of Mothers and caregivers will benefit on IYCF counselling during the permanence in OTP. At least 773 beneficiaries will be IDPs. At least 2,060 will be women.					2,575								
<b>Means of Verification :</b>															
<b>Outcome 2</b>															
Strengthened the capacity of health and nutrition workers in treatment of acute malnutrition. Refresh training on IMAM will be managed to ensure the quality on the treatment in Mogadishu															
<b>Output 2.2</b>															
<b>Description</b>															
Health Staffs will be able to screen, identify and treat severe acutely malnourished children after training															
<b>Assumptions &amp; Risks</b>															
<b>Activities</b>															
<b>Activity 2.2.1</b>															
<b>Standard Activity : Capacity building</b>															
Refresh training on IMAM will be managed to ensure the quality on the treatment in Mogadishu. Conduct training for health workers on management of Severe Acute Malnutrition. It will improve the capacity of health workers on IMAM prevention and treatment. At least 60% (12) of heath workers trained will be women.															
<b>Indicators</b>															
Code	Cluster	Indicator	End cycle beneficiaries				End cycle								
			Men	Women	Boys	Girls	Target								
Indicator 2.2.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20								
<b>Means of Verification :</b>															
<b>Additional Targets :</b>															
<b>M &amp; R</b>															
<b>Monitoring &amp; Reporting plan</b>															
Cisp will manage the daily monitoring of the project. Monthly data will be analyzed to check the trend of the project. Monthly nutrition data ( number of new admitted, type of discharge,number children in charge at the end of month) will be send to Unicef Nutrition. As well, CISP is downloaded, each months, nutrition data at UNICEF dashboard. Monthly narrative reports will be done and send to the Programme Manager in Nairobi for check and adjustments of the project, if necessary. The MoH will be involved in the monitoring plan. MoH will receive, each month, nutrition data and the monthly report. Also, CISP will organize quarterly field visits and quarterly review meeting with the MoH.															
<b>Workplan</b>															
Activitydescription		Year	1	2	3	4	5	6	7	8	9	10	11	12	
Activity 1.1.1: Provision of treatment of severe acute malnutrition through 3 static OTPs and 3 mobile OTPs. The implementation will follow the BSNP guideline : community mobilization and screening, treatment on uncomplicated SAM and referral of complicate cases of SAM to SC, IYCF education in the OTPs and regular monitoring at outpatient/outreach sites.		2016	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: De-worming and supplementation in VIT A. At least 85% children admitted in OTP will receive de-worming and supplementation in Vit A.		2016	X	X	X	X	X	X	X	X	X	X	X	X	

Activity 1.1.3: IYCF educations to mothers and caregivers in OTPs. IYCF counselling will be given to mothers during the attendance at OTP, during the weekly consultation for their children. The themes of education will be : Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods. This is the most appropriate feeding strategy for infants and young children. CISP foresees that at least 80% of caregivers will be the mothers. But all the caregivers will be welcome to assist the IYCF counseling. NHHP (Nutrition Health Hygiene Promotion) will be integrated during the IYCF education session in OTPs.	2016	X	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.1: Refresh training on IMAM will be managed to ensure the quality on the treatment in Mogadishu. Conduct training for health workers on management of Severe Acute Malnutrition. It will improve the capacity of health workers on IMAM prevention and treatment. At least 60% (12) of heath workers trained will be women.	2016	X												

**OTHER INFO**

**Accountability to Affected Populations**

A questionnaire on the quality of the service delivery will be prepared for the beneficiary treated in OTPs. During the quaterly review meeting with the local authorities, stakeholders will be invited to participate and to express the feeling of the community.

**Implementation Plan**

The project activities will be coordinated and monitored by a Programme Coordinator (CISP), a senior nutritionist based in Nairobi with frequent missions to Mogadishu. The project will be implemented by one field coordinator (CISP) (based in Mogadishu with regular missions to CISP in Nairobi for updating and coordination purposes).The field coordinator will be responsible of ensuring quality and smooth implementation and accurate reporting. The CISP nutrition officer (based Mogadishu) will assure the quality of treatment of SAM and training on-going in the OTPs for MoH and DHO staff. The OTP's staff employed by the local Somali District Health Boards and MoH will benefit from project incentives (Nutrition and support staff), training and technical assistance (for nutrition staff only).They will be in charge of screening and treatment of SAM children. SAM children will receive RUFT and the medical systematic treatment. One new static OTP in Heliwa will be rehabilitated in the beginning of the project. The training course will be carried out at the beginning as indicated in the time frame. Store keeper will manage the supplies and will provide regular reports. A finance officer will ensure accuracy of reporting documentation. The implementation strategy will be based on the lesson learnt by the long experience of CISP in Somalia and the international guidelines for Nutrition and with an integrate approach.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Mercy USA	Health activities in Yaqshid. Cisp will organize regularly meetings with them to coordinate activities and to be sure do not have the same beneficiaries. And meeting in Nairobi, also.
IRC	Health activities in Karan. Cisp will organize regularly meetings with them to coordinate activities and to be sure do not have the same beneficiaries.
RELIEF INTERNATIONAL	R.I. is not yet operative in Heliwa but the organization will start the implementation of EPHS. Cisp will organize regularly meeting with them to coordinate activities and to be sure do not have overlap. Meeting will be held also in Nairobi.

**Environment Marker Of The Project**

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

The proposed project will equally target boys and girls with SAM. In particular it will focus on the most vulnerable children and destitute. The vulnerabilities are exacerbated in IDP settlements where children live in extremely precarious conditions with only limited community support. Therefore, the project seeks to assist at least 30% of IDPs. Considering that mothers in Somalia are the primary responsible in the family for children's care, at least 80% of children will be accompanied by mothers to the OTPs and will benefit from IYCF education. This project will support the MoH to identify the staff with optimum qualifications and experiences taking into account the different capacities and needs of men and women. According to the emergency activities in the static and mobile OTPs, tasks and responsibilities will be assigned to both men and women. At least of 60% of women will cover the position of malnutrition treatment.

**Protection Mainstreaming**

**Country Specific Information**

**Safety and Security**

**Access**

**Access**

**Access**

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	1.1.1 Project manager	D	1	4,500.00	9	40%	16,200.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) Senior nutritionist based in Nairobi. She/he will be responsible for the overall technical management, representation and coordination of the project. Also in charge of reporting to donors. She will carry out field visit at least one every quarter or a meeting in Nairobi with CISP senior staff from the field. Project manager will be accountable to the country director and technical to our NGO headquarter. (TimeUnit: months)</i>						
1.2	1.1.2 Administrator Director	D	1	5,700.00	12	15%	10,260.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) Administrator Director based in Nairobi. He/She will ensure the good management and the accountability of the programmes (TimeUnit: months)</i>						
1.3	1.2.1 Field coordinator	D	1	1,200.00	9	100%	10,800.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) The field coordinator will be based in Mogadishu. He/she will be in charge of the day to day implementation, management and monitoring of the nutrition project activities in the two districts. Also in charge of representing and attending coordination meeting in the field. (TimeUnit: months)</i>						
1.4	1.2.2 Nutritionist field Officer	D	1	900.00	9	100%	8,100.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Nutrition field officer will based in Mogadishu. She will be in charge of technical implementation of project. Based in the field, they will assist the OTP's staff in the day to day implementation, management and monitoring of the nutrition project activities in their district. He will also be in charge of on-job training and supervising the community component of the nutrition project. (TimeUnit: months)</i>						
1.5	1.2.3 Store Keeper	D	1	250.00	9	100%	2,250.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Store Keeper will be responsible of supplies and distribution in the OTPs, good management of the store and reporting documentation. (TimeUnit: months)</i>						
1.6	1.2.4 Project Account	D	1	1,200.00	9	50%	5,400.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) The project account will ensure accuracy of procedures, accountability of programme and reporting documentation. (TimeUnit: months)</i>						
	<b>Section Total</b>						<b>53,010.00</b>
<b>Supplies, Commodities, Materials</b>							
2.2	2.1.2 Drugs for OTPs	D	1	14,065.80	1	100%	14,065.80
	<i>Drugs and medical consumable are necessary to manage Severe acute malnutrition in OTPs. They will be used to treat the pathologies correlated at the malnutrition (TimeUnit: lumpsum)</i>						
2.3	2.1.3 Furniture and nutrition material for 1 OTP in Heliwa district	D	1	3,020.00	1	100%	3,020.00
	<i>Table to be able to work, chairs and benches for beneficiaries. Locker to stock the drugs, materials and nutrition therapeutic treatment in the new OTP. (TimeUnit: lumpsum)</i>						
2.4	2.1.4 Production and dissemination of IEC and visibility	D	1	1,000.00	1	100%	1,000.00
	<i>IEC material to prevent malnutrition (TimeUnit: lumpsum)</i>						
2.5	2.1.5 Vehicle rentl (include fuel) for 3 Mobiles OTPs in Mogadishu (yaqshid and Kaaran per 9 months and Heliwa per 11 months)	D	1	52,200.00	1	100%	52,200.00
	<i>The vehicle rental (include fuel) will be necessary to run the activities for 3 mobile OTPs. The three vehicles will be the 3 Mobile OTPs. They will be used by the OTP's staff for the management of the Severe acute malnutrition in the three Districts. In Yaqshid and kaaran the rent will be for 9 months and for Heliwa the rent of the car will be for 11 months. These cars will not be used for monitoring but they will used to treat malnourished children in the field, so that the coverage of the project will be higher. (TimeUnit: lumpsum)</i>						
2.6	2.1.6 Rehabilitation of 1 OTPs in Heliwa district	D	1	3,505.00	1	100%	3,505.00
	<i>It will be necessary an urgent and basic rehabilitation for the new OTP in Banadir district to allow the nutrition activities in a good and clean habitat. (TimeUnit: lumpsum)</i>						
2.7	2.1.7 Freight and Transport within Somalia	D	1	1,800.00	1	100%	1,800.00
	<i>The freight and transport is considering the transport from Mogadishu warehouse to OTP sites (drugs and medical consumable) (TimeUnit: lumpsum)</i>						
2.8	2.1.8 IMAM training for staff	D	1	3,420.00	1	100%	3,420.00
	<i>The training will be necessary to refresh the nutrition staff about the prevention and the treatment of SAM. (TimeUnit: lumpsum)</i>						

2.9	2.1.9 Quarterly review meeting MoH and DoH and supervision of OTPs from MoH	D	1	1,960.00	1	100%	1,960.00
	<i>Quarterly review meeting MoH and DOH will be managed by Cisp staff. During the meeting and supervision Health authorities will be involved directly in the monitoring of project. One person of the MoH will be in charge of the monitoring and supervision of the nutrition programme (TimeUnit: lumpsum)</i>						
2.1	2.1.1 Support in incentives for MoH staffs for 3 static and 3 mobile OTPs in Yaqshid, karan, Heliwa	D	1	111,300.00	1	100%	111,300.00
	<i>CISP will support the MoH in Mogadishu districts with the MoU and contract to pay incentives to Health Workers. They will manage the severe acute malnutrition in the static and mobile OTPs. They will be under technical supervision of nutrition field officers. (TimeUnit: lumpsum)</i>						
	<b>Section Total</b>						<b>192,270.80</b>
<b>Travel</b>							
5.1	5.1.1 International air travel and related expenses	D	1	2,400.00	1	100%	2,400.00
	<i>Programme manager will travel in Mogadishu from Nairobi to give a technical support to the project. If it will not be possible for security reasons, the national field coordinator and the nutrition field officers will reach Nairobi to work with the project manager. (TimeUnit: lumpsum)</i>						
	<b>Section Total</b>						<b>2,400.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	7.1.1 Utilities	D	1	486.00	12	77%	4,492.97
	<i>Bills of water and electricity for static OTPs and office utilities (TimeUnit: months)</i>						
7.3	7.1.3 Communication and internet	D	2	500.00	12	40%	4,800.00
	<i>Bills of phone and internet to allow communication between the field and programme manager (TimeUnit: months)</i>						
7.4	7.1.4 Bank transfer cost	D	1	3,000.00	1	100%	3,000.00
	<i>Bank transfer cost to send money in the field for activities. (TimeUnit: lumpsum)</i>						
7.2	7.1.2 Stationery and office supplies	D	1	9,599.60	1	30%	2,879.88
	<i>Stationery and office supplies needed to run the programme. (TimeUnit: lumpsum)</i>						
	<b>Section Total</b>						<b>15,172.85</b>
	<b>SubTotal</b>		21.00				<b>262,853.65</b>
	Direct						262,853.65
	Support						
<b>PSC Cost</b>							
	PSC Cost Percent						7%
	PSC Amount						18,399.76
	<b>Total Cost</b>						<b>281,253.41</b>
	<b>Grand Total CHF Cost</b>						<b>281,253.41</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Heliwa -> Mogadishu/Heliwa	34	179	684	536	536	1,935	<p>Activity 1.1.1 : Provision of treatment of severe acute malnutrition through 3 static OTPs and 3 mobile OTPs.</p> <p>The implementation will follow the BSNP guideline : community mobilization and screening, treatment on uncomplicated SAM and referral of complicate cases of SAM to SC, IYCF education in the OTPs and regular monitoring at outpatient/outreach sites.</p> <p>Activity 1.1.2 : De-worming and supplementation in VIT A. At least 85% children admitted in OTP will receive de-worming and supplementation in Vit A.</p> <p>Activity 1.1.3 : IYCF educations to mothers and caregivers in OTPs. IYCF counselling will be given to mothers during the attendance at OTP, during the weekly consultation for their children. The themes of education will be : Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods. This is the most appropriate feeding strategy for infants and young children. CISP foresees that at least 80% of caregivers will be the mothers. But all the caregivers will be welcome to assist the IYCF counseling. NHHP (Nutrition Health Hygiene Promotion) will be integrated during the IYCF education session in OTPs.</p> <p>Activity 2.2.1 : Refresh training on IMAM will be managed to ensure the quality on the treatment in Mogadishu. Conduct training for health workers on management of Severe Acute Malnutrition. It will improve the capacity of health workers on IMAM prevention and treatment. At least 60% (12) of heath workers trained will be women.</p>
Banadir -> Mogadishu-Karaan	33	119	476	371	371	1,337	<p>Activity 1.1.1 : Provision of treatment of severe acute malnutrition through 3 static OTPs and 3 mobile OTPs.</p> <p>The implementation will follow the BSNP guideline : community mobilization and screening, treatment on uncomplicated SAM and referral of complicate cases of SAM to SC, IYCF education in the OTPs and regular monitoring at outpatient/outreach sites.</p> <p>Activity 1.1.2 : De-worming and supplementation in VIT A. At least 85% children admitted in OTP will receive de-worming and supplementation in Vit A.</p> <p>Activity 1.1.3 : IYCF educations to mothers and caregivers in OTPs. IYCF counselling will be given to mothers during the attendance at OTP, during the weekly consultation for their children. The themes of education will be : Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods. This is the most appropriate feeding strategy for infants and young children. CISP foresees that at least 80% of caregivers will be the mothers. But all the caregivers will be welcome to assist the IYCF counseling. NHHP (Nutrition Health Hygiene Promotion) will be integrated during the IYCF education session in OTPs.</p>



Banadir -> Mogadishu-Yaaqshiid -> Mogadishu/Yaaqshiid	33	225	912	702	702	2,541	<p>Activity 1.1.1 : Provision of treatment of severe acute malnutrition through 3 static OTPs and 3 mobile OTPs. The implementation will follow the BSNP guideline : community mobilization and screening, treatment on uncomplicated SAM and referral of complicate cases of SAM to SC, IYCF education in the OTPs and regular monitoring at outpatient/outreach sites.</p> <p>Activity 1.1.2 : De-worming and supplementation in VIT A. At least 85% children admitted in OTP will receive de-worming and supplementation in Vit A.</p> <p>Activity 1.1.3 : IYCF educations to mothers and caregivers in OTPs. IYCF counselling will be given to mothers during the attendance at OTP, during the weekly consultation for their children. The themes of education will be : Early initiation of breastfeeding, exclusive breastfeeding for the first six month of life followed by continued breastfeeding for up to two years and beyond with adequate complementary foods. This is the most appropriate feeding strategy for infants and young children. CISP foresees that at least 80% of caregivers will be the mothers. But all the caregivers will be welcome to assist the IYCF counseling. NHHHP (Nutrition Health Hygiene Promotion) will be integrated during the IYCF education session in OTPs.</p> <p>Activity 2.2.1 : Refresh training on IMAM will be managed to ensure the quality on the treatment in Mogadishu. Conduct training for health workers on management of Severe Acute Malnutrition. It will improve the capacity of health workers on IMAM prevention and treatment. At least 60% (12) of heath workers trained will be women.</p>
---	----	-----	-----	-----	-----	-------	---

Documents	
Category Name	Document Description
Signed Project documents	Signed MOU -2473.pdf
Project Supporting Documents	B.O.Q.
Project Supporting Documents	Explanation comments 12.03.2015
Project Supporting Documents	CISP New B.O.Q. 12.03.2015
Project Supporting Documents	757-CISP-budget revised
Project Supporting Documents	CISP comments 20.03.2015
Budget Documents	2473 BOQ.xls
Budget Documents	Budget narrative.xls