

<b>Requesting Organization :</b>	Save the Children				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Nutrition	Out-patient Therapeutic care Programme (OTP)	100.00			
		<b>100</b>			
<b>Project Title :</b>	Scaling up of Therapeutic feeding support for treatment of acute malnutrition among the Mogadishu IDP population				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Nut/INGO/3893		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	199,999.71		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/12/2016	<b>Planned End Date :</b>	30/11/2017		
<b>Actual Start Date:</b>	01/12/2016	<b>Actual End Date:</b>	30/11/2017		
<b>Project Summary :</b>	<p>This project is in response to the current deteriorating nutrition situation in Banadir district and especially Daynille site. The project will mainly focus on expansion of the existing nutrition services in order to increase access to quality life-saving services through the 2 Nutrition centres. This project targets severe and moderately malnourished children under the age of 5, and pregnant and lactating mothers in Daynille &amp; Dharkenly. These sites are along the Afgooye corridor in Banadir district. The program will increase the number of community Nutrition volunteers who will be trained and tasked with the early identification of the malnourished individuals in the community. In addition to the treatment of acute malnutrition, the project will be promoting optimal infant and young child feeding (IYCF) practice by providing IYCF promotion, support and counselling, as well as through mother to mother support groups in these two nutrition centres and their catchment areas/IDP settlements.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	1,075	8,850	3,662	3,663	17,250
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	3,662	3,663	7,325
Pregnant and Lactating Women	0	1,311	0	0	1,311
Women of Child-Bearing Age	0	7,539	0	0	7,539
<b>Indirect Beneficiaries :</b>					
<p>While the majority of the beneficiaries of this project will receive treatment for acute malnutrition, indirect beneficiaries of this project will be the caregivers (mothers and fathers) of children with SAM or MAM, and caregivers of infants and young children aged 0-6 months who will receive information and/or counselling in optimal IYCF practices.</p>					
<b>Catchment Population:</b>					
The total catchment population of Daynille and Dhakenly is 138,412					
<b>Link with allocation strategy :</b>					
The project is directly related with allocation strategy. In line with nutrition cluster Objective this project will contribute in reducing the morbidity and mortality related with acute malnutrition among the IDP population in Banadir.					
<b>Sub-Grants to Implementing Partners :</b>					
	<b>Partner Name</b>	<b>Partner Type</b>	<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					

Other Funding Source		Other Funding Amount	
<b>Organization focal point :</b>			
Name	Title	Email	Phone
Laura Jepson-Lay	Head of Business Development	laura.jepson@savethechildren.org	+254732888852
Meftuh Omer	Senior Nutrition Technical Specialist	meftuh.omer@savethechildren.org	+252633146471
<b>BACKGROUND</b>			
<b>1. Humanitarian context analysis</b>			
<p>There are 1.1 million internally displaced people in Somalia who continue to live in crowded settlements, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. They make up 68 per cent (648,040), of the people who are in food crisis and emergency, and are therefore in need of immediate life-saving assistance. The most vulnerable of the Internally Displaced Persons (IDPs) reside in Mogadishu, an area that hosts the largest estimated protracted Internally Displaced Persons population in Somalia with more than half residing in the outskirts, along the Afgooye corridor . Events such as clan conflicts, military operations in southern and central Somalia, natural disasters and forced evictions have continued to create new displacements along the Afgooye corridor. In 2015, the majority of the approx. 120,000 IDPs forcibly evicted from Mogadishu city joined settlements in Daynille, Dharkenly and Kaxda periphery districts where living conditions are deplorable, services are limited or not existing and where human rights violations are commonly reported. Daynille and Kaxda districts have the highest number of settlements – 142 and 120 settlements respectively, or a total of 262 settlements, which amounts to over half of all settlements in Mogadishu. According to the findings of the Internal Displacement profiling exercise in Mogadishu, the concentration of IDPs is slightly higher in Daynille, making up 35 per cent of the IDP households identified in the exercise hence representing 138,412 internally displaced persons followed by Kaxda which hosts 76,739 displaced persons or 20 per cent of the enumerated 68,795 IDP households or 399,292 persons. water resources continue to deplete, and may lead to conflict that may further worsens the humanitarian situation.</p>			
<b>2. Needs assessment</b>			
<p>The FSNAU results of Gu 2016 assessment of IDP's in Mogadishu indicated a Global Acute Malnutrition (GAM) prevalence of 14.7 percent and Severe Acute Malnutrition (SAM) prevalence of 3.5 percent which indicate a sustained serious level of acute malnutrition since Deyr 2014/15. The crude and under five death rates reported were 0.33 /10000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs, indicating acceptable according to WHO classification, and an improvement from the reported doubling Serious level of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015. Main causes of under-five death reported was fever, Diarrhoea and acute respiratory infection which are also a major contributing factor to acute malnutrition. The current Mogadishu IDPs evictions, high morbidity, low immunization coverage (&lt;40%), outbreak of unconfirmed Chikungunya (clinical signs like dengue fever), limited interventions in the Afgoye corridor and arrival of new IDPs are likely to aggravate the nutrition situation.</p>			
<b>3. Description Of Beneficiaries</b>			
<p>The beneficiaries for this intervention will be the displaced communities along Daynille, Dharkenly and Kaxda in Afgooye corridor. The identification of direct beneficiaries of Out-Patient Therapeutic Program will be based on their nutritional status. Children from 6-59 months with Mid Upper arm Circumference (MUAC) &lt;11.5cm and/or with WHF Z- score &lt;-3 or with Oedema + and/or ++ who pass the appetite test and are free of medical complications will be admitted to the Out-Patient Therapeutic Program. The Children will attend the Out-Patient Therapeutic Program every week. They will be managed using Ready to Use Therapeutic Food (RUTF) and Out-Patient Therapeutic Program (OTP) medical treatment and following clear Out-Patient Therapeutic Program protocols. The actual number of sachets for each child is based on his/her weight. Children admitted to the Out-Patient Therapeutic Program will undergo screening and clinical examinations. Then they will start the standard systemic medical treatment based on Severe Acute Malnutrition protocol according to the Somalia Integrated Management of Acute Malnutrition guidelines. Children aged 6-59 months who are diagnosed to have Severe Acute Malnutrition and medical complications and children less than 6 months with Severe Acute Malnutrition will be immediately referred to the stabilization centre in Banadir Hospital.</p> <p>The Therapeutic Supplementary Feeding Programme will target children and Pregnant and lactating women (PLW) with moderate acute malnutrition. All children aged 6-59 months whose anthropometric measurement satisfies: Weight for Height Z (WFH Z) scores &gt; -3 z-score and &lt;-2 z-score (World Health Organisation Growth Standards, 2006) or MUAC ≥115 and &lt;125 mm &gt; are entitled to be admitted in Therapeutic Supplementary Feeding Programme program. Pregnant women in the 2nd and 3rd trimester and Lactating women up to 6 months after delivery with Mid Upper arm Circumference (MUAC)&lt;210mm are eligible and will be admitted into to Therapeutic Supplementary Feeding Programme (TSFP) program. Children and Pregnant and lactating women (PLWs) will attend the Therapeutic Supplementary Feeding Programme once in every two weeks. Both the Children and Pregnant and Lactating Women will be treated using Ready to Use Therapeutic Food (plump sup) , and they will receive 15 sachets (one sachet/day). In addition to the treatment children and pregnant lactating will receive routine medication as per the protocol.</p>			
<b>4. Grant Request Justification</b>			
<p>SCI together with Center for Peace and Democracy is currently implementing nutrition interventions, both Severe Acute Malnutrition and Moderate Acute Malnutrition treatment in 2 nutrition centres in Afgooye Corridor which began in April 2016 and will continue through to December 2016. We have already reached 75% of our target beneficiaries with less than half of the project period covered. This indicates a clear need to expand services to cater for more beneficiaries than was planned for and this project will therefore cover these emerging gaps. The ongoing evictions, continued military offensive and increased food insecurity in pockets of southern Somalia has continually increased the number of displacements and thus further aggravating the humanitarian crisis in Mogadishu. Slightly more than a third of the population in emergency and crisis are found in Banadir where the current malnutrition rates indicate a sustained serious level of acute malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively. These with continuous surging of the aggravating factors are more likely to worsen the nutrition situation among the IDPs in these IDP settlements. By beginning of 2016, Mogadishu was said to be hosting the highest number of IDPs of 369,000 and 40,000 (OCHA 2015) respectively. This has been exacerbated by AMISOM/Somalia National Forces military offensives against Al-Shabab in several regions in South Central which started in July 2015 have resulted in further population displacement. Currently, the Global Acute Malnutrition rate in Mogadishu is 14.7% and the SAM rate is 3.5%, which is also considered to be a Critical level humanitarian emergency.</p>			

## 5. Complementarity

Following the declaration of famine in 2011, SC has been successfully reaching the most vulnerable population in Mogadishu with lifesaving interventions through funding from Department of Foreign Affairs Trade and Development (DFATD) since 2011. Based on past experiences gained from implementing similar interventions in Sigaale, Darwish and Maslah IDP settlements, SC shifted its focus in January 2016 and on replicating its high quality health care, nutrition, and WASH programming for IDPs relocated to areas K7-K13 in Banadir. The overall goal of the response was to contribute to the reduction of large scale suffering of children through timely and effective interventions, at appropriate scale and scope, providing quality technical programming for the most vulnerable families. SC's approach to multi-sectoral and integrated emergency interventions has contributed to effective programming, both in terms of depth and breadth of services provided, and is having a positive and lasting impact on children.

The current activities in Afgooye corridor are in line with SC's 2016-2018 Country Strategic Plan which highlights that conflict and natural disasters, notably drought and flooding, continue to displace people and hence integrated Health, Nutrition and WASH would remain the priority needs for the IDPs. SC emergency nutrition interventions are designed to address acute malnutrition by availing lifesaving interventions to vulnerable children and Pregnant and Lactating Women in the IDP settlements. The Nutrition activities (funded by FFO) are currently conducted through the support of Outpatient Therapeutic Feeding (OTP) services, Targeted Supplementary Feeding Program (TSFP) services, Infant and Young Child Feeding (IYCF) services integrated with Health activities which focus on PLW through supporting two Primary Health Care (PHC) units, providing antenatal and post-natal care, skilled birth attendance, BEMONC and EMONC services, healthcare worker training, disease surveillance, and delivery kits. SC has further integrated these with WASH activities through the provision of access to clean water for the IDP settlements, by setting up a borehole, with extensions to two support Primary Health Care Units, while ensuring quality maintenance and support. Furthermore, the project will construct new gender-sensitive latrines equipped with handwashing stations. The proposed SHF project will therefore compliment these existing services by reaching out to the number of beneficiaries in need of nutrition services as the displaced communities in these areas continues to grow.

### LOGICAL FRAMEWORK

#### Overall project objective

Contribute to the reduction of morbidity and mortality related to malnutrition by increasing life access to quality live saving nutrition services for children under five (boys and girls), pregnant and lactating women in Deynille and Dharkenly IDP camps in Banadir district.

#### Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds	Somalia HRP 2016	100

**Contribution to Cluster/Sector Objectives :** This will contribute the cluster objective of to support lifesaving and sustained integrated response to Internally Displaced People (IDPs) in Mogadishu.

#### Outcome 1

Improved nutrition status of children under 5 (boys and girls) and PLW among the internally displaced people in Mogadishu.

#### Output 1.1

##### Description

Improved access to quality OTP and TSFP services for acute malnourished children aged between 6-59 months and pregnant and lactating women and all caregivers of infants and young children under the age of 2

##### Assumptions & Risks

Forced evictions do not occur in the target locations, thereby ensuring continued access to beneficiaries  
 Security conditions remain stable allowing continued access to facilities and beneficiaries  
 Parents/caregivers are willing to participate in the project  
 Continuous supplies of therapeutic and supplementary food

#### Activities

##### Activity 1.1.1

###### Standard Activity : Community screening for malnutrition and referral

Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC 28,096 individuals; 19,377 children under five (9688 boys & 9689 girls) and 8719 PLWs.

##### Activity 1.1.2

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

Identify, admit and manage 1744 children (872 boys & 872 girls) under five with Severe Acute Malnutrition without medical complications in OTP

##### Activity 1.1.3

###### Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months

Identify, admit and manage 5581 children ( 2790 boys and 2791 girls) under five with moderate Acute Malnutrition in TSFPs

##### Activity 1.1.4

###### Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Identify, admit and manage 1311 PLWs with moderate Acute Malnutrition in TSFPs

#### 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					8,636
<b>Means of Verification</b> : OTP and TSFP registers, OTP and TSFP weekly tally sheets, CMAM reports							
Indicator 1.1.2	Nutrition	Number of Under fives and PLWs screened for malnutrition					28,096
<b>Means of Verification</b> : CNVs weekly reports, CMAM reports Monthly reports							
<b>Output 1.2</b>							
<b>Description</b>							
Improved Infant and Young Child feeding practices among care givers of children 0-23 months							
<b>Assumptions &amp; Risks</b>							
Forced evictions do not occur in the target locations, thereby ensuring continued access to beneficiaries Security conditions remain stable allowing continued access to facilities and beneficiaries Parents/caregivers are willing to participate in the project							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
Provide IYCF promotion sessions at the nutrition centers and at the community level, including provision of messaging on the benefits of breastfeeding and the risks related to the use of BMS and bottle feeding							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
Establish Mother to mother supporting groups							
<b>Activity 1.2.3</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
Provide one to one IYCF counseling for mothers with breastfeeding difficulties caregivers of malnourished children, and mothers of non-breastfed children aged under 2							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of caregivers (male and female) receiving IYCF promotion messages					8,614
<b>Means of Verification</b> : IYCF monthly reports, attendance/participant sheets							
Indicator 1.2.2	Nutrition	Number of caregivers provided with one-to-one IYCF counselling					4,725
<b>Means of Verification</b> : IYCF monthly reports							
Indicator 1.2.3	Nutrition	Number of mother-to-mother support groups established and active					6
<b>Means of Verification</b> : IYCF monthly reports							
Indicator 1.2.4	Nutrition	Number of IYCF promotion sessions held					480
<b>Means of Verification</b> : IYCF weekly reports and IYCF monthly reports							
<b>Output 1.3</b>							
<b>Description</b>							
Community capacity on delivering quality nutrition services increased							
<b>Assumptions &amp; Risks</b>							
Forced evictions do not occur in the target locations, thereby ensuring continued access to beneficiaries Security conditions remain stable allowing continued access to facilities and beneficiaries Parents/caregivers are willing to participate in the project							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
<b>Standard Activity : Capacity building</b>							

Conduct Training 10 Nutrition staff on CMAM & IYCF practices (5 Female, 5 Male)

**Activity 1.3.2**

**Standard Activity : Capacity building**

Conduct Training of Community Nutrition Volunteers (CNVs) - 10 CNVs ( 5 males and 5 females) - on identification and appropriate CMAM referrals

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20

**Means of Verification** : Training records  
Participant and attendance sheets

Indicator 1.3.2	Nutrition	Number of monthly joint monitoring and supportive supervision visits conducted					12
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**Means of Verification** : Monitoring visit reports

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

SC is expanding upon traditional monitoring and evaluation, with what is called the MEAL (Monitoring, Evaluation, Accountability and Learning) approach. This is an integrated system that generates detailed, field-based information and continuously improves program quality and learning. Led by an independent MEAL team, this system ensures stakeholder opinions are actively sought, activities are assessed against quality benchmarks, program improvement actions are planned and completed, and findings feedback into management decision making and organizational knowledge. A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SCI data collection tools for the existing health program will be used to collect and analyze project data. At project level, there will be a monthly review and analysis of data from program implementation and the results will be used to make any required implementation adjustments. Monthly review meetings will also include discussions key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learnt. MEAL will conduct independent monitoring of program quality following standards that are agreed upon by the technical and the MEAL team. Outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings. The information and data generated by the MEAL team will feed into the reports submitted to CHF according to the agreed schedule.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC 28,096 individuals; 19,377 children under five (9688 boys & 9689 girls) and 8719 PLWs.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Identify, admit and manage 1744 children (872 boys & 872 girls) under five with Severe Acute Malnutrition without medical complications in OTP	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Identify, admit and manage 5581 children ( 2790 boys and 2791 girls) under five with moderate Acute Malnutrition in TSFPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.4: Identify, admit and manage 1311 PLWs with moderate Acute Malnutrition in TSFPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.1: Provide IYCF promotion sessions at the nutrition centers and at the community level, including provision of messaging on the benefits of breastfeeding and the risks related to the use of BMS and bottle feeding	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.2: Establish Mother to mother supporting groups	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.3: Provide one to one IYCF counseling for mothers with breastfeeding difficulties caregivers of malnourished children, and mothers of non-breastfed children aged under 2	2016												X
	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.3.1: Conduct Training 10 Nutrition staff on CMAM & IYCF practices (5 Female, 5 Male)	2016												X
	2017	X					X	X					

Activity 1.3.2: Conduct Training of Community Nutrition Volunteers (CNVs) - 10 CNVs ( 5 males and 5 females) - on identification and appropriate CMAM referrals	2016																		X
	2017	X							X	X									

**OTHER INFO**

**Accountability to Affected Populations**

A detailed Monitoring Evaluation And Learning (MEAL) Framework and plan will be developed for the project. The outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings. Further key stakeholders, including children, will be given platforms to participate in critical reflection and feedback processes on the performance of this project. Save the Children's child participation tools will be applied to ensure meaningful, safe, inclusive and voluntary participation of children. A robust and user friendly accountability mechanism will be agreed between beneficiaries (children – boys and girls, and community adults) who are stakeholders in the project. The system will involve sharing project information with beneficiaries, creating opportunities for beneficiaries to participate in implementing the project and a mechanism for receiving and handling feedback and complaints. Outcomes of the accountability system will be fed into monthly review meetings to inform decision making in regard to improving the quality of services delivered to beneficiaries. Communities will be able to provide feedback confidentially using the Save the Children's hotline number.

**Implementation Plan**

All of the proposed activities will be implemented directly by SC (no implementing partners will be used). All of the staff at the nutrition sites are MOH staff/on the MOH payroll (and as such are not SC staff), although SC provides financial incentives to complement their MOH salaries. As such, SC will work particularly closely with the MOH, including undertaking joint monitoring and supportive supervision visits. 10 Nutrition staff and 12 CNVs will be trained on IYCF which will take 5 and 2 days respectively using the Somalia IMAM guidelines and UNICEF IYCF training package. Also CNVs will be trained on screening and identification of acute malnutrition cases in the community and referral of the cases to OTP/SC and TSFP as appropriate. The nutrition staff will be trained separately on IMAM practices for another 5 days. SCI will promote optimal infant and child feeding practices for prevention of further deterioration for children 0-24 months as one of the areas of focus in the intervention areas. Poor Infant and Young Child Feeding practices are a major contributing factor to the persistence high Global Acute Malnutrition rate in Banadir IDPs. SCI will establish Mother Supporting groups in the IDPs settlements as way to promote peer to peer education and counseling within supportive group setting. SCI will also deploy Infant and Young Child Feeding councilors within the IDP settlements to provide support and counseling for pregnant and lactating mother with difficulties to adapt optimal Infant and Young Child Feeding practices. The councilors will also help in conducting Infant and Young Child Feeding mass education and promotion in the community. In terms of wider coordination, SC participates in all sectoral and geographical coordination fora. SC is also an active participant in the cluster coordination meetings at Nairobi and field level (namely health, nutrition, Food Security and Livelihoods, WASH, child protection) with the aim of information sharing; assisting in jointly assessing and analysing information; prioritizing in-country interventions and locations to avoid duplication of efforts and to fill gaps; monitoring the humanitarian situation and the sector responses; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action. In Somaliland, SC attends the Design Review Meeting, a platform where most of the emergency response projects are discussed and relevant information is shared. SC is also participating in coordination fora specifically for the drought response in both Somaliland and Puntland.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Supplies for treatment of SAM children and joint supportive supervision
WFP	Supplies for the treatment of MAM and Joint supportive supervision
Nutrition cluster	Coordination of interventions, information sharing , advocacy and resource mobilization
CPD	Are an implementing partner of SCI for a FFO-funded project and run one of the nutrition sites in which this project will be implemented
UNOCHA	OCHA will be giving issues related to IDP settlements and movements which will inform programming.
Ministry of Health (MOH)	All of the staff at the nutrition sites are MOH staff/on the MOH payroll (and as such are not SC staff), although SC provides financial incentives to complement their MOH salaries. Joint monitoring and supportive supervision visits . Whenever possible, SCI will inform the MOH officials on the monitoring plans and they will be requested to join so as to ensure activities are implemented as per the Somalia nutrition guidelines. This will give MOH some level of ownership.

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**



Access to health care for women and girls is a challenge. In addition to the lack of services available and/or their accessibility, responsibility for decisions related to health-seeking behaviour, such as when to travel to clinic for treatment, may reside with male members of the household and contribute to delays in seeking care. In cases where access to food is limited, the household will often favour men and boys. Sub-optimal infant and young child care and feeding practices are common in Somalia and have a significant impact on malnutrition. For example, breastfeeding is initiated late with only 17.4% of women initiating within the first hour after birth. There is lack of knowledge by mothers and other key decision makers (particularly husbands and mother-in-laws) on the importance of optimal IYCF and its various practices. Women not given the space, support, time or other resources to practice optimal IYCF. Therefore, SC will employ several strategies: 1) PLW, women of child bearing age, as well as men (particularly husbands/fathers) and those who influence IYCF behaviour, such as grandmothers and mothers-in-law, will all receive sensitizing messages on IYCF, so that they contribute to improving practices/changing behaviours. 2) Men will be encouraged to play a role in IYCF promotion to encourage improved health seeking behaviour, breastfeeding and other key child feeding and caring practices; 3) All the IYCF counselors working in the nutrition centers will be female. This is important due to the fact that the main targets of the nutrition programme are PLWs and caretakers of the under-five. PLWs and women care takers are more likely to build a positive relationship and feel more comfortable discussing the issues (including barriers) with another female due to the sensitivity of the topic under the cultural context.

### **Protection Mainstreaming**

Save the Children has strong accountability framework policy. The project will utilize an effective and efficient community mobilization and sensitization mechanism in which all community members in the targeted project locations will be fully informed about the project through in public community meetings. The information that will be shared with the targeted communities are; potential beneficiaries, project duration, beneficiary selection criteria, project benefits and the implementation methodology of the project. This community wide approach in which all community members are present to be informed about the project, will significantly minimize the potential conflict that may arise from community members in the targeted project locations. The community will actively participated throughout the project implementation process. From the community the project team will use/establish village level committees, and regular review meeting will be conducted. The proposed activities are crafted to ensure the full and active participation of women in project implementation and on-going monitoring-based planning, particularly in the community components of the project. Opportunities to directly encourage women's participation exist through ensuring a 50:50 gender balance in the community structures such as village committees, community based volunteer. The mobile nutrition sites will be selected in collaboration with the village committee in area that is Save from any violence to the beneficiaries. Save the Children will make a beneficiary feedback mechanism that is convent based on the context.

### **Country Specific Information**

#### **Safety and Security**

Despite significant territorial gains by AMISOM and the Somalia National Government, there has been only slight improvement in the security situation in South and Central Somalia. It represents a complex and dynamic security environment for humanitarian operations. SCI operations have largely continued despite ongoing military and insurgent operations within the city. Could result in limited or reduced access to areas of operation/project sites/beneficiaries and possible disruption to supply chain. □ SCI has area specific security plans in place and each area office has a Security Focal Point who plan, regularly monitor and update all staff about the security issues/concerns. We have a dedicated Safety and Security Department in place, whose main task is to gather regular security information and to take precautionary measures. Acceptance, negotiation, active engagement and advocacy with all stakeholders, especially authorities and target communities. All staff delivering programmes in Mogadishu are required to: complete Personal Safety & Security training course as part of their induction; receive Basic First Aid training at least twice a year, and Psychological First Aid training at least once a year; and newly recruited staff must participate in a Resilience Profiling Training prior to starting their mission. Traumatic and Stress Management Training is required for Managers running the programme to support their junior staff. All staff operating in the IDP camps in Mogadishu are briefed on the IDP Camp safety and security protocols that are currently in place and are continuously reviewed and upgraded to meet the security demands. All SC staff, both national and expat staff, are provided with comprehensive health insurance and personal accident and disability insurance.

#### **Access**

Save the Children will participate in the regular INGO – Donor – UN coordination group that is monitoring humanitarian access in critical areas of Somali. Should access to the area of intervention (or parts of it) be limited due to political/military events/decisions save the children will do everything possible to negotiate access. Should the area become and remain inaccessible save the Children will discuss with the donor about further procedures

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition Technical Specialist	D	1	4,518.00	12	10.00	5,421.60
	<i>The Nutrition technical Specialist based in Nairobi will be responsible for project design ensuring the implementation is in line with the minimum international standards in place to include Sphere standards. Will be giving overall technical support to the project manager. The unit cost is \$4,518 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 10%.</i>						
1.2	Nutrition Program Manager	D	1	3,500.00	12	20.00	8,400.00
	<i>Nutrition Programme Manager based in Mogadishu has the overall responsibility of ensuring quality reporting of nutrition projects in SSC and provides support to the nutrition staff by building capacities, supplies, reporting through the database and coordination, thus nutrition PM will expect to extend support to SHF project team and dedicate part of his time to the quality programming. The unit cost is \$3,500 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 20% over the life of the award.</i>						
1.3	Nutrition Project Officer for Banadir	D	1	1,408.00	12	30.00	5,068.80

	<i>Project Officer- Deputy to the Project manager will be based in Mogadishu and therefore responsible for the day to day project implementation, follow up of the Out-Patient Therapeutic Program and Therapeutic Supplementary Feeding Programme staff. The unit cost is \$ 1,408 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 30%.</i>							
1.4	IYCF Project officer Banadir	D	1	1,373.00	12	30.00	4,942.80	
	<i>Infant and Young Child Feeding (IYCF) Project Officer based in Mogadishu will be directly responsible for the IYCF programming to include activities in the nutrition centers and overseeing the activities in the community. This person will also be responsible for training the IYCF Community Nutrition Volunteers and the mother to mother support group leaders ensuring the weekly sessions are implemented as per the protocol. The unit cost is \$1,373 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 30%.</i>							
1.5	Technical Assistance Support	D	2	275.00	1	100.00	550.00	
	<i>The Technical Assistance will be involved in the kick off meetings, project monitoring and review of the reports hence SHF will contribute 2 days of their cost at \$275 each. This is a technical Advisor assigned to support the country office with kick off meetings, reviewing and approving the project design and the reports as well.</i>							
1.6	Field Manager	S	1	3,930.00	12	11.00	5,187.60	
	<i>The Field manager based Mogadishu will have the oversight over all the projects in the Mogadishu and overall implementation of the project. He will be responsible for approving payments as a budget holder, liaise with the different stakeholders such as the Ministry of Health and also he is involved in the project review and monitoring. The unit cost is \$3,930 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 11% over the life of the award.</i>							
1.7	HR/ Admin Coordinator	S	1	2,392.00	12	6.40	1,837.06	
	<i>The Admin/Human Resources Coordinator based in Mogadishu will be responsible for recruiting staff the staff, capacity building for staff to ensure they are able to perform their duties effectively and efficiently and performing other HR functions. She/he is also responsible for the admin functions like organizing meetings and workshops as well as flight bookings.ms and during workshops. The unit cost is \$2,392 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6.40% over the life of the award.</i>							
1.8	Logistic and Supply Manager	S	1	3,275.00	12	6.40	2,515.20	
	<i>The logistics and Supply Manager based in Mogadishu will be responsible for purchasing supplies for this project, maintaining the inventory of supplies purchased under this project as well as organizing transport for the mobile teams and during workshops. The unit cost is \$3,275 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6.40% over the life of the award.</i>							
1.9	Area Finance Manager	S	1	3,275.00	12	6.40	2,515.20	
	<i>The Area Finance manager based in Mogadishu will be managing this award, processing payments related to this project, maintaining cash, ensuring that data is posted into the Financial reporting system, processing payroll budget monitoring and preparing financial report. The unit cost is \$ 3,275 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6.40% over the life of the award.</i>							
1.10	MEAL Manager	S	1	2,620.00	12	6.40	2,012.16	
	<i>The Monitoring Evaluation Accountability and Learning (MEAL) Manager based in Mogadishu will give overall management of key monitoring and evaluation activities including reports on quality benchmarks, digital data gathering, baselines and third party monitoring activities. The unit cost is \$2,620 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6.40% over the life of the award.</i>							
1.11	Safety and Security Manager	S	1	3,275.00	12	6.28	2,468.04	
	<i>The Area Safety and Security Manager based in Mogadishu is responsible for conducting security assessment in the field and updating the Area Senior management team on the security situation in the areas we operate and come up with Security mitigation plans. The unit cost is \$3,275 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6.28% over the life of the award.</i>							
1.12	Awards Coordinator	S	1	2,096.00	12	6.00	1,509.12	
	<i>The Awards Coordinator based in Mogadishu and is primarily responsible for ensuring compliance with donor/SCI regulations, contract management, donor reporting and auditing. He will also monitor the progress against original plans and log frames, identify areas of concern and ensure remedial actions are taken; He will engage the donor incases of budget revisions and amendments. He organises the project kick off meetings, budget variance meetings and also the close out meeting for the project. The unit cost is \$2,096 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 6% over the life of the award.</i>							
1.13	Donor Reporting Coordinator	S	1	3,902.00	12	6.00	2,809.44	



	<i>The Donor Reporting Coordinator based in Nairobi will be responsible for coordinating the reporting process, reviewing the reports against financials and submitting this to the donor and member. He will support the development of narrative and financial donor reporting, working closely with the Program Managers, Technical Advisors, the Awards Coordinator, Finance team, Operations team and the Monitoring Evaluation Accountability and Learning (MEAL) team in ensuring reports, both narrative and financial are compliant to donor requirements and tally, are of high quality and are submitted on time. The unit cost is \$3,902 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 6% over the life of the award.</i>							
1.14	Community Nutrition volunteers (CNVs) incentives	D	10	50.00	12	100.00	6,000.00	
	<i>Community volunteers are selected by the MOH and are responsible for active case finding, referral and follow-up and tracing defaulters, attached to Therapeutic Supplementary Feeding Programme team. 5 CNVs will be recruited for each of the 2 teams = 10 and financial incentives provided.</i>							
1.15	Out-Patient Therapeutic Program (OTP)/ Therapeutic Supplementary Feeding Programme (TSFP) Supervisor-MOH	D	1	500.00	12	100.00	6,000.00	
	<i>The OTP/TSFP Supervisor will be based in Mogadishu and will be directly responsible for the 2 nutrition teams in the 2 sites and will be supervising them on a day to day basis ensuring the team adheres to protocol and produces the daily/weekly OTP/TSFP site reports. The unit cost is \$500 and SHF will contribute 100%.</i>							
1.16	Nurse Incentives- Ministry of Health (MOH)	D	2	400.00	12	100.00	9,600.00	
	<i>These are MOH personnel, they are not Save the Children staff. Save the Children provides financial incentive to compliment their MOH salary. Out-Patient Therapeutic Program (OTP)/ Therapeutic Supplementary Feeding Programme (TSFP) nurses will be two based in Mogadishu. They will perform day to day work of treatment and medical check of for children admitted to the OTP/TSFP program and provide the treatment/refer cases that need referral to health facilities, the cost/incentive (equivalent to current) of nurses will be covered from SHF grant. The unit cost is \$400 and SHF will contribute 100%.</i>							
1.17	Registrar Incentives - Ministry of Health (MOH)	D	2	200.00	12	100.00	4,800.00	
	<i>These are MOH personnel, they are not Save the Children staff. Save the Children provides financial incentive to compliment their MOH salary. The registrars is responsible for doing registration of the Severe Acute Malnutrition (SAM)/Moderate Acute Malnutrition (MAM) individual in both the patient card and the registers in the nutrition centres and also issuing SAM/MAM cases with their take home cards as well. The unit cost is \$200 and SHF will contribute 100%.</i>							
1.18	Measurers Incentives - Ministry of Health (MOH)	D	2	200.00	12	100.00	4,800.00	
	<i>These are MOH personnel, they are not Save the Children staff. Save the Children provides financial incentive to compliment their MOH salary. Measurers will be two based in Mogadishu. They are responsible in screening children and pregnant and lactating mothers by taking their anthropometric measures, and identify children and pregnant and lactating mothers who are eligible to the program- they will take Mid Upper arm Circumference (MUAC) , weight, height following correct procedure as per the guideline. The unit cost is \$200 and SHF will contribute 100%.</i>							
1.19	Community Mobilizer Incentives - Ministry of Health (MOH)	D	2	200.00	12	100.00	4,800.00	
	<i>These are MOH personnel, they are not Save the Children staff. Save the Children provides financial incentive to compliment their MOH salary. Community Mobilizers will be two based in Mogadishu. They will be responsible for community mobilization and supervision of Community Nutrition Volunteers. The unit cost is \$200 and SHF will contribute 100%.</i>							
1.20	Infant and Young Child Feeding (IYCF) counselors Incentives- Ministry of Health (MOH)	D	2	772.00	12	100.00	18,528.00	
	<i>These are MOH personnel, they are not Save the Children staff. Save the Children provides financial incentive to compliment their MOH salary. Infant and Young Child Feeding (IYCF) Counsellors will be two based in Mogadishu. They will be primarily responsible for IYCF promotion and counselling. They will provide counselling for mothers with difficulties in adapting optimal IYCF practices; do follow up with mothers, responsible in conducting IYCF promotion sessions in the treatment centers and in the community. They will also responsible to support the recruitment of mother supporting groups, provide training and continues support. The unit cost is \$772 and SHF will contribute 100% over the life of the award.</i>							
	<b>Section Total</b>						<b>99,765.02</b>	
<b>Supplies, Commodities, Materials</b>								
2.1	Ready to Use Supplementary Food (RUSF)	D	250	50.00	1	100.00	12,500.00	
	<i>SCI will need 250 cartons of RUSF at \$50 each for the treatment of MAM cases as the current secured supplies under the DFTAD project will be depleting in 2 months time and there is no other source of Moderate Acute Malnutrition (MAM) nutrition supplies.</i>							
2.2	Integrated Management of Acute Malnutrition (IMAM) training for Nutrition staff (10 staff)	D	1	2,047.20	1	100.00	2,047.20	
	<i>This will cover the cost of conducting 1 Integrated Management of Acute Malnutrition (IMAM) trainings for 10 participants. The cost of training will be \$2,049.20. The participants will be SCI nutrition staff. We estimate we will share 10 different documents per participants hence the figure 100(10*10). The documents are Look up tables, 2 WHO WHZ tables (1boy&amp; 1girl), Therapeutic Supplementary Feeding Programme (TSFP)/Pregnant and Lactating Women (PLW) patient card (3) and ration cards (3) and weekly and monthly reporting formats per participant.</i>							

2.3	Infant and Young Child Feeding (IYCF) training for the Nutrition staff (10 staff)	D	1	1,947.20	1	100.00	1,947.20
<p><i>This will cover the cost of conducting IYCF trainings for 10 participants. The cost of the training will be \$ 1,947.20. The participants will be SCI nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages. We will print notes on exclusive breastfeeding, breast attachment, complimentary feeding, care practices of fewer than 2yr old and pictorials on the same for each of the 10 participants. Approximately this will be 10 page document per participant hence the unit 100(10*10).</i></p>							
2.4	IMAM & IYCF training (screening and active case finding) for CNV staff (10 CNVs)	D	1	607.20	1	100.00	607.20
<p><i>This will cover the cost of conducting CMAM trainings for 10 participants. The total cost of the trainings will be \$ 607.20. The participants will be the CNV staff. Community mobilization is big component of CMAM programs. Community nutrition volunteers will be playing central role in the outreach activities. The will conduct community screening and referrals. This budget will be used to provide training that includes refreshments, stationaries, and to cover the transportation cost -see the budget break down. We plan to print different documents for the team to familiarize and practice with the different templates they will be using such as - admission criteria, Mid Upper arm Circumference (MUAC) cut-offs, look up tables and other key messages. We estimate we will share 10 different documents times 10 participants hence the figure 100.</i></p>							
2.5	Clean drinking water for Out-Patient Therapeutic Program/Therapeutic Supplementary Feeding Programme beneficiaries	D	2400	0.10	12	100.00	2,880.00
<p><i>During the Therapeutic Supplementary Feeding Programme (TSFP) days children will need clean water. Usually we encourage the mothers to give clean water with the Ready to Use Supplementary Food (RUSF). This budget is included to make sure that children and caretakers are getting clean water in the TSFP. Each of the 2 TSFP sites will use 60 liters of water per day for 20 days a month (2*20days*60litres)=2,400 for the 12 months and each liter is \$0.1.</i></p>							
2.6	Production of IEC materials for Community Nutrition Volunteers (CNV) and Infant and Young Child Feeding (IYCF) promotion	D	15	44.80	1	100.00	672.00
<p><i>IEC/BCC material on key messages related to nutrition and hygiene will be printed and used during the trainings/ sessions with the nutrition staffs and CNVs. We plan on color printing and laminating 15 flip charts @ \$44.8 with key messages and drawings to be distributed. Each flip chart has 56 pages and printing will be done on both sides.</i></p>							
2.7	Furniture for Out-Patient Therapeutic Program/Therapeutic Supplementary Feeding Programme Teams (Chairs and Tables )	D	2	290.00	1	100.00	580.00
<p><i>This budget will be used to procure Chairs, tables and materials for nutrition team for the 2 sites during consultation. The price of the materials is based on the local markets. see the BOQ</i></p>							
<b>Section Total</b>							<b>21,233.60</b>
<b>Travel</b>							
5.1	Staff Travel Costs - Perdiem, Flights and Accomodation	D	1	4,350.00	1	100.00	4,350.00
<p><i>The Nutrition Program Manager and Nutrition technical specialist will be traveling to the field sites for kick off meetings, implementation of the project such as trainings and monitoring the implementation of the project. It also includes travel cost for the Area representative and the Monitoring Evaluation Accountability and Learning (MEAL) Manager for the kick off meeting, monitoring &amp; review and close out meetings. The BOQ is attached with the breakdown.</i></p>							
5.2	Vehicle hire at field level	D	2	1,800.00	12	100.00	43,200.00
<p><i>The costs constitute monthly costs for hiring a vehicle including monthly rental plus associated costs such as vehicle fuel. The vehicle will be used by the project staff during the field visits, meetings and during trainings. Rates based on prevailing market rates. SHF will contribute 100% over the life of the project. BOQ is attached</i></p>							
<b>Section Total</b>							<b>47,550.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office Rent	S	1	10,000.00	12	5.00	6,000.00
<p><i>This covers office rent for the office in Mogadishu. The office will support the project activities. The program review meetings, kick off meetings, close out meetings and budget variance meetings will held in this office. Where possible some trainings will also be conducted in the office. See BOQ attached.</i></p>							
7.2	Office Utilities	S	1	3,000.00	12	5.00	1,800.00
<p><i>This covers the cost of electricity and water. This is meant to ensure the office has electricity which powers the laptops/desktops, the servers thus enabling communication and also water for staff to drink and maintain a clean working environment. See BOQ attached.</i></p>							
7.3	Office Internet and Communication	S	1	2,000.00	12	5.00	1,200.00

	<i>This will cover internet costs which enables the staff to communicate, exchange of project documents, storing of digital data gathered and also liason with the different stakeholders. See BOQ attached.</i>						
7.4	Security escort	S	1	12,500.00	12	5.00	7,500.00
	<i>This will cover the cost of office security. SCI has a contract with a security company. The company provides escorts to project staff going for field visits during trainings, meetings and also for the office where some of the project meetings like the review meetings will be conducted. See BOQ attached.</i>						
7.5	Contribution to Bank Charges	S	1	1,867.00	1	100.00	1,867.00
	<i>This will cover transfer charges for the salaries paid to staff and payments to suppliers. Dahabshil charges 1% of the total amount being transferred. SCI has provided 1% of the total project direct cost. See BOQ attached.</i>						
	<b>Section Total</b>						<b>18,367.00</b>

<b>SubTotal</b>			2,713.00				<b>186,915.62</b>
Direct							147,694.80
Support							39,220.82
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							13,084.09
<b>Total Cost</b>							<b>199,999.71</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							
Banadir -> Mogadishu-Daynile	50	537	4,425	1,831	1,831	8,624	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC 28,096 individuals; 19,377 children under five (9688 boys &amp; 9689 girls) and 8719 PLWs.</p> <p>Activity 1.1.2 : Identify, admit and manage 1744 children (872 boys &amp; 872 girls) under five with Severe Acute Malnutrition without medical complications in OTP</p> <p>Activity 1.1.3 : Identify, admit and manage 5581 children ( 2790 boys and 2791 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 1311 PLWs with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.2.1 : Provide IYCF promotion sessions at the nutrition centers and at the community level, including provision of messaging on the benefits of breastfeeding and the risks related to the use of BMS and bottle feeding</p> <p>Activity 1.2.2 : Establish Mother to mother supporting groups</p> <p>Activity 1.2.3 : Provide one to one IYCF counseling for mothers with breastfeeding difficulties caregivers of malnourished children, and mothers of non-breastfed children aged under 2</p> <p>Activity 1.3.1 : Conduct Training 10 Nutrition staff on CMAM &amp; IYCF practices (5 Female, 5 Male)</p> <p>Activity 1.3.2 : Conduct Training of Community Nutrition Volunteers (CNVs) - 10 CNVs ( 5 males and 5 females) - on identification and appropriate CMAM referrals</p>

Banadir -> Mogadishu-Dharkenley	50	538	4,425	1,831	1,832	8,626	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC 28,096 individuals; 19,377 children under five (9688 boys &amp; 9689 girls) and 8719 PLWs.</p> <p>Activity 1.1.2 : Identify, admit and manage 1744 children (872 boys &amp; 872 girls) under five with Severe Acute Malnutrition without medical complications in OTP</p> <p>Activity 1.1.3 : Identify, admit and manage 5581 children (2790 boys and 2791 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 1311 PLWs with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.2.1 : Provide IYCF promotion sessions at the nutrition centers and at the community level, including provision of messaging on the benefits of breastfeeding and the risks related to the use of BMS and bottle feeding</p> <p>Activity 1.2.2 : Establish Mother to mother supporting groups</p> <p>Activity 1.2.3 : Provide one to one IYCF counseling for mothers with breastfeeding difficulties caregivers of malnourished children, and mothers of non-breastfed children aged under 2</p> <p>Activity 1.3.1 : Conduct Training 10 Nutrition staff on CMAM &amp; IYCF practices (5 Female, 5 Male)</p> <p>Activity 1.3.2 : Conduct Training of Community Nutrition Volunteers (CNVs) - 10 CNVs (5 males and 5 females) - on identification and appropriate CMAM referrals</p>
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Documents	
Category Name	Document Description
Budget Documents	SHF_Nutrition 13.09.2016.xls
Budget Documents	SHF_Nutrition 27.09.2016.xls
Budget Documents	SHF Contribution to Staff costs Revised 17.10.16.xlsx
Budget Documents	BOQs Revised 17.10.2016.xls
Budget Documents	Revised BOQs 18.10.2016.xls
Grant Agreement	3893-SC.pdf
Grant Agreement	Signed Agreement-3893.pdf
Grant Agreement	SCI signed and stamped 3893 -30 11 16.pdf