

Requesting Organization :	Somali Young Doctors Association				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Provision of Integrated Management of Acute Malnutrition among vulnerable Internally Displaced Persons IDPs and Host Communities of Under Five Children, Pregnant and Lactating Women at Km15 and Siinka Dheere in Mogadishu along corridor Internally Displaced Persons IDPs				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/Nut/NGO/3751		
Cluster :		Project Budget in US\$:	99,998.73		
Planned project duration :	10 months	Priority:			
Planned Start Date :	01/12/2016	Planned End Date :	30/09/2017		
Actual Start Date:	13/12/2016	Actual End Date:	12/10/2017		
Project Summary :	<p>Somali Young Doctors Association SOYDA is planning to establish 2 outreach new sites (Km15 and Siinka Dheere Internally Displaced Persons IDPs) for the provision of emergency nutrition interventions in Mogadishu Internally Displaced Persons IDPs along the corridor to ensure a comprehensive approach to the reduction of morbidity and mortality associated with malnutrition and other diseases and hazards resulting from lack of access to nutrition services. Most importantly, SOYDA will focus on improvements in the provision of nutrition services for the vulnerable IDP population in target areas. This propose the project to address basic needs of Internally Displaced Persons (IDPs) and host communities through provision of life-saving primary nutrition by which to contribute to emergency response of malnutrition and Acute Watery Diarrhea AWD/Cholera outbreak. As it is described in detail in the context analysis, the prospect and prediction for food security and nutrition in Mogadishu remain critical, including Mogadishu long corridor Internally Displaced Persons IDPs remain critical. The major causes of this food and nutrition situation are continuing conflict, displacement and worsening drought in the area, limited purchasing capacity of the communities of Internally Displaced Persons IDPs, prevalence of diseases and inadequate nutrition services, poor infant and young child feeding practice. Because of these, vulnerable groups of the community: children, pregnant and lactating women, at increased risk of morbidity and mortality unless lifesaving intervention is put forward immediately. SOYDA will improve the access and utilization of integrated nutrition services for women and children living Km15 and Siinka Dheer IDPs as well as host communities through the establishment of outreach activities and strengthening of referral system between the Internally Displaced Persons IDPs and the fixed nutrition sites. The project will support on 1500 boys, 1500 girls and 1000 PLW for 2 Outreach Km15 and Siinka Dhere Internally Displaced Persons IDPs. Also the project will scale up the capacity building of the staff as well community through capacitating Integrated Management of Acute Malnutrition (IMAM), Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) guidelines for effective case management and referral. SOYDA considers the nutrition needs as priority number one as a lifesaving intervention</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
26	1,038	1,500	1,500	4,064	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,500	1,500	3,000
Pregnant and Lactating Women	0	1,000	0	0	1,000
Indirect Beneficiaries :					
<p>Apart from the Internally Displaced Persons (IDPs), the host population who are neighboring the Internally Displaced Persons (IDPs) with nutrition needs will be assisted, the elderly and the disabled Pregnant, Lactating Women (PLWs) who cannot move far also will be getting assistance as well. Nutrition and Health education as well as community sensitization will be offered to the whole community living in these target areas.</p>					
Catchment Population:					
<p>The total population of the target area is 83,374 individuals both host and Internally Displaced Persons IDPs and SOYDA will focus on 1500 boys, 1500 girls and 1000 Pregnant, Lactating Women (PLWs) for 2 Outreach at Km15 and Siinka Dheere</p>					

Link with allocation strategy :

Daynile district have shown high admission of acute Watery Diarrhea (AWD) between February and March 2016 respectively; these acute Watery Diarrhea (AWD) children came mainly from Internally Displaced Persons IDPs and host communities however, Mogadishu Internally Displaced Persons (IDPs) also sustained trend of very high levels of malnutrition. in view of this SOYDA will be able to provide an integrated lifesaving and life sustaining nutrition intervention to the Internally Displaced Persons (IDPs) and host communities through scaling up therapeutic and preventive measure as well as micronutrient support for vulnerable groups U5 children and Pregnant, Lactating Women (PLWs), Vitamin A, zinc/ORS, Multiple Micronutrient Nutrition (MMN), Integrated Nutrition, health, hygiene (NHHP) preventative and promotional support Infant and Young Child Feeding (IYCF) and support to caregivers in targeted Internally Displaced Persons IDP locations in Mogadishu.

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
Ubah Ahmed Haji	Program Manager	somyoungdoctors@gmail.com	+252615881993

BACKGROUND

1. Humanitarian context analysis

The humanitarian situation in Somalia remains in a state of chronic catastrophe, characterized by a complex political environment, extreme poverty, food insecurity, conflict and instability resulted in total collapse of livelihood activities. According to Food Security and Nutrition Analysis Unit FSNAU/FEWS NET Post-Deyr 2015/16 analyses indicate a median Global acute malnutrition (GAM) of 13.6 percent and a median Severe Acute Malnutrition (SAM) of 2.3 percent of children under the age of five national wide. Therefore, there is widespread acute malnutrition across Somalia. Nearly 4.7 million people or 38 percent of the Somalia are acutely food insecure. This includes 953,000 people in Crisis and Emergency that are already in need of urgent life-saving assistance. 68 per cent of these populations are Internally Displaced Persons (IDPs) with women and children forming the majority. (Another 3.7 million people struggle to meet their minimal food requirements hence need livelihood assistance to withstand shocks. An estimated 307,800 children under the age of five are acutely malnourished (55,800 of them severely malnourished) based on prevalence results from 39 nutrition surveys conducted from May to July 2015 by FSNAU. Access to quality Life-saving Nutrition services become increasingly difficult in Mogadishu IDPs/Host Communities and population has very little capacity to address their health & Nutrition care needs. Inadequate access to safe water and proper sanitation, high risk of AWD outbreak, increasingly eroded livelihoods, and mass displacement in Mogadishu IDPs/Host Communities can increase the risk of Malnutrition, communicable disease outbreaks, including cholera and measles. The GAM rate is above the emergency threshold and the SAM rates are also very high.

According to FSNAU April 29, 2016, for the Concurrent to the nutrition assessments, 36 out of the 40 study population groups were targeted for mortality assessments. The results from these surveys indicated that 34 of the surveys showed Acceptable levels of Under-Five Death Rate (U5DR). However, Mogadishu IDPs and Guban Pastoral had Under-Five Death Rate (U5DR) exceeding 1/10 000/day, which is considered as an Alert situation. Although Global acute malnutrition GAM prevalence in Mogadishu IDP settlements are relatively lower (10-14.9% Global acute malnutrition GAM or Serious), Mogadishu IDPs still deserve particular attention as they account for 51 percent of the total number of acutely malnourished IDP children under-five. The crude <5 death rates reported are 1.35/10 000/day and 3.35/10 000/day respectively in the Mogadishu Internally Displaced Persons IDPs, indicating an emergency situation according to WHO classification, and a substantial deterioration from the previously reported crude and under five mortality rates of 0.6/10 000/day, and 0.5/10 000/day respectively. High morbidity rates of 43.1 percent in Mogadishu IDPs, meaning nearly 1 in every 2 children assessed had fallen ill prior to the survey.

2. Needs assessment

Since 2010, SOYDA has been addressing the Nutrition crises by operationalizing and working In IDPs in Mogadishu for 3 integrated Out-patient therapeutic program (OTPs/TSFPs) (targeted supplementary feeding program) support from UNOCHA through CHF funds. In 2015, SOYDA trained 64 Community Health Works (CHWs) were in Mogadishu for prevention; promotion and curative services at community level, through these trained CHWs, 16,890 households were reached through community engagements. With a total of 1250 boys, 1160 girls, and 1089 PLW (pregnant lactating women) were treated for malnutrition using the Integrated Management of Acute Malnutrition (IMAM) protocol; 129 had severe pneumonia, 409 cases of diarrhea with some dehydration are treated with ORS and ZINC; 19 cases of diarrhea with severe dehydration were referred for further management. SOYDA contributed a better and quality service through community need approach and avoided sudden gap and have ensured better access to Nutrition care and currently prepares to scale up Nutrition service in Mogadishu IDPs for better Nutrition Service access. The project area is where the currently influx has been observed, in addition to the route of the people from the villages who are seeking humanitarian assistance and fled from their homeland due to security, fighting. This however leaves a gap in the treatment of moderately malnourished children under five and pregnant and lactating women in the nutrition service in Mogadishu IDPs and need for extensive community mobilization, hygiene promotion and preventive services for the larger number of moderately malnourished individuals. SOYDA interventions for Outreach Km15 and Siinka Dheer IDPs) will also reduce the number of children deteriorating to SAM and therefore becoming more at risk of morbidity and mortality associated with severe acute malnutrition. The (Infant and Young Child Feeding) IYCF and community hygiene promotion messages will encourage mothers and caregivers in giving appropriate care to their children and therefore prevention of both moderate and severe acute malnutrition among especially the Internally Displaced Persons IDPs. The project targets direct beneficiaries: 1500 girls; 1500 boys; 1000 Pregnant lactating women PLW. SOYDA will assure Coordination with other partners at all levels as well as referral mechanisms to avoid duplication. Through the health facilities run by SOYDA it shall be able to integrate through these for both referral of the most complicated cases as well as treatment of the severe and mild Acute Watery Diarrhea AWD, diarrhea and other medical related symptoms to enable provide wholistic treatment to the Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) cases from nutrition services delivery point hence increase coverage and improve life of the vulnerable population in the IDPs and host communities in Mogadishu.

3. Description Of Beneficiaries

The project will target the most vulnerable members of the Internally Displaced Persons IDPs and host communities living in Km15 and Siinka Dheer IDPs. This includes 1500 girls; 1500 boys; 1000 PLW pregnant and lactating women, as well as vulnerable members of their host communities. The overall proposed project activities are specifically targeting women and children (Boys and Girls) less than 5 years of age, Internally Displaced Persons IDPs, Returnees and the host community. Women are considered as vulnerable group because of the dangers they face due to pregnancy and delivery, considering their living conditions and culture. Their vulnerability is increased by the limited nutrition facilities and services that address their basic nutrition needs. Social norms also expect women take up a number of roles and responsibilities, which increase their nutrition risk, especially during pregnancy and lactating. SOYDA will mainstream gender across planned interventions. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks will be considered in the consultation, decision making and capacity development. The intervention will ensure equity through the selection of equal numbers of male and female.

4. Grant Request Justification

Acute malnutrition remains a major public health problem in South central Somalia and more so in Mogadishu along corridor especially amongst the Internally Displaced Persons IDPs. This significantly contributes to the increased morbidity and mortality among the most vulnerable community members, which makes the nutrition situation in the proposed target areas, is very critical due to the long crisis and the insecurity. People in the Internally Displaced Persons IDP camps are the most vulnerable community; women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and Gender Based Violence (GBV). There are also returnees from Kenya who arrived earlier in Mogadishu along corridor Internally Displaced Persons IDPs who are in dire situation and urgent interventions and support. SOYDA has been implementing Nutrition and Health (both primary and secondary) in Benadir Region, and this helps SOYDA to be in a better position to understand the situation living the IDPs and host communities. In order to curb further disease transmission and reduce mortality and morbidity rates, SOYDA will implement establishing integrated management response for nutrition activities in Km15 and Siinka Dheer IDP camps. To facilitate a more rapid response to the community and to reduce the case fatality rate, SOYDA will boost the life-saving capacity in the nutrition sector service through harmonized integrated package of health, nutrition and hygiene promotion mobilizations. SOYDA will provide intensified supportive supervision for timely and accurate Health Management Information System (HMIS) surveillance in coordination with the nutrition cluster. SOYDA can also implement cost effective and evidence based activities by providing targeted services to meet the specific need of IDPs and host communities in the target areas.

5. Complementarity

SOYDA has already doing health, hygiene and sanitation promotion activities targeting the host and IDP communities In accordance with Strategic Reserve Allocation for the year 2016 and the pressing need to mount holistic interventions, SOYDA seeks to complement the ongoing projects especially those targeting IDP and host communities located in Outreach Km15 and Siinka Dheer IDPs. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where SOYDA has been strongly operationally present for the past 8 years. Therefore, SOYDA will put in place the full component of the management of acute malnutrition and comprehensively addressing and treating both severe and moderate cases of malnutrition and the community interventions which will be included full scale (Infant and Young Child Feeding) IYCF promotion to prevent malnutrition among children and pregnant lactating women. We are also in addition doing community based case management service through use of 64 Female Workers by providing integrated community management of acute malnutrition and provide treatment of common childhood illnesses such as malaria, diarrhea and identification of children with malnutrition within the community

LOGICAL FRAMEWORK

Overall project objective

To Improve Access of Treatment of Acute Malnutrition among 1500 boys and 1500 girls aged under-five and 1000 PLW by providing integrated nutrition services package for 2 Outreaches (Km15 and Siinka Dheer) OTP/TSFP, in Mogadishu IDPs.

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 : The project objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women in Mogadishu IDPs

Outcome 1

Increased access to emergency nutrition services to children under five and pregnant and lactating women in Mogadishu IDPs

Output 1.1

Description

3000 acutely malnourished boys (1500) and girls (1500) under five had Improve and sustain access and utilization of integrated essential quality nutrition services of OTP/TSFP for under five children and 1000 pregnant and lactating women in Mogadishu IDPs.

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Screen and admit 1500 boys, 1500 girls and 1000 PLWs of severely malnourished without medical complications to 2 Outreaches (Km15 and Siinka Dheer) OTP/TSFP in Mogadishu IDPs

Activity 1.1.2

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

Provide appropriate RUTF(ready to use therapeutic foods) to the admitted severely malnourished children without medical complications

Activity 1.1.3							
Standard Activity : Community screening for malnutrition and referral							
Referral within and outside the programme and follow up of beneficiaries for the or 2 Outreachs (Km15 and Siinka Dheer) OTP and TSFP, in Mogadishu IDPs							
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					4,000
Means of Verification : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Indicator 1.1.2	Nutrition	Number of boys, girls Provided with RUSF/RUTF					3,000
Means of Verification : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Indicator 1.1.3	Nutrition	Number of beneficiaries Referred within and outside the programme and follow up					1,000
Means of Verification : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Outcome 2							
1500 Boys, 1500 Girls and 1000 PLW in Mogadishu IDPs received enhanced Basic Nutrition Service Package to beneficiaries.							
Output 2.1							
Description							
Reduce Morbidity and Mortality rates through Improved accessibility by providing Basic Nutrition Service Package to beneficiaries in Mogadishu IDPs							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Maternal child health and nutrition (MCHN) promotion messages							
Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices for twice a month							
Activity 2.1.2							
Standard Activity : Multiple micronutrient supplementation for children 6-24months							
Provide Vitamin A, iron and, Deworming tablets to vulnerable 1500 boys, 1500 girls and 1000 PLW for the admitted MAM and SAM cases in Mogadishu IDPs							
Activity 2.1.3							
Standard Activity : Maternal child health and nutrition (MCHN) promotion messages							
Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 1000 PLW attending Nutrition Sites in Mogadishu IDPs							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					24
Means of Verification : Weekly and Monthly reports, HMIS reports, OTP registers, field photos							
Indicator 2.1.2	Nutrition	Number of Boys, Girls and PLW provided micronutrient supplementation during project period					4,000
Means of Verification : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Indicator 2.1.3	Nutrition	Number of Boys, Girls and PLW received hygiene promotion messages and good practice					4,000
Means of Verification : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Outcome 3							
Improved service delivery through capacity building of the staff, community volunteers both men and women on nutrition management both basic and refresher IMAM/IYCF trainings							
Output 3.1							
Description							
Enhanced capacity of staff and community health workers on effective Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) treatment guidelines							
Assumptions & Risks							

Activities													
Activity 3.1.1													
Standard Activity : Capacity building													
Conduct One sessions of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff.													
Activity 3.1.2													
Standard Activity : Capacity building													
Conduct One session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					39						
Means of Verification : Participant list, training attendance sheet, perdiem payment vouchers, training report, contact lists, photos, refreshment bills, venue rent details,etc													
Indicator 3.1.2	Nutrition	Number of Male and Female workers trained on Infant and Young Child Feeding (IYCF) guidelines and good practise					39						
Means of Verification : Participant list, training attendance sheet, perdiem payment vouchers, training report, contact lists, photos, refreshment bills, venue rent details,etc													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
The overall monitoring and reporting responsibility will rest on the Nutrition Coordinator and the Health Management Information System (HMIS) Officer based in Mogadishu and continues goes to field to monitor the activities. The field supervisor will be supervising and monitoring the nutrition outreach teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture the distribution as a means of verification. The HMIS Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the Project Coordinator. To ensure total inclusivity in its interventional approach, SOYDA will strengthen nutrition service provision to the vulnerable population; work closely with Ministry of Health, UNICEF and nutrition partners in Mogadishu. The objective is a holistic and all inclusive approach since the project areas is accessible to the MOH and other stakeholder and as well shall coordinate with other partners working on different humanitarian activities to enable better the coordination . SOYDA has in place a variety of M&E tools that will be used to assess programme activities in the nutrition service. SOYDA project coordinator will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between SOYDA and MoH will be scheduled.													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screen and admit 1500 boys, 1500 girls and 1000 PLWs of severely malnourished without medical complications to 2 Outreachs (Km15 and Siinka Dheer) OTP/TSFP in Mogadishu IDPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Provide appropriate RUTF(ready to use therapeutic foods) to the admitted severely malnourished children without medical complications	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Referral within and outside the programme and follow up of beneficiaries for the or 2 Outreachs (Km15 and Siinka Dheer) OTP and TSFP, in Mogadishu IDPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.1: Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices for twice a month	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.2: Provide Vitamin A, iron and, Deworming tablets to vulnerable 1500 boys, 1500 girls and 1000 PLW for the admitted MAM and SAM cases in Mogadishu IDPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.3: Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 1000 PLW attending Nutrition Sites in Mogadishu IDPs	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 3.1.1: Conduct One sessions of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff.	2016												X
	2017												

Activity 3.1.2: Conduct One session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers	2016																		
	2017			X															

OTHER INFO

Accountability to Affected Populations

SOYDA will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism ,programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations to play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programmes with the involvement of affected populations.

Implementation Plan

SOYDA will implement this project directly whilst working closely with local authorities and partners at the field. SOYDA will improve the access and utilization of nutrition services for children and PLW living in Siinka Dheere and Km15 IDPs as well as host communities through the establishment of outreach activities and strengthening of referral system between the Internally Displaced Persons IDPs. Focus will be on the increasing the awareness/sensitization of Internally Displaced Persons IDP communities through messages and community gathering. Recruitment and training of staff and Community mobilizers within the Internally Displaced Persons IDPs will also be done through competitive process. SOYDA has good collaboration with Benadir hospital, we will utilize the hospital as referral for complicated cases especially SAM with complications for Stabilization Center (SC) support. In order to achieve these objectives, nutrition facility staff will be trained on Integrated Management of Acute Malnutrition IMAM and Infant and Young Child Feeding IYCF guidelines in order to delivery of high quality services and supportive supervision will be undertaken for both packages of mothers and children at various stages of their lifecycles including offering ANC services, prompt referral from the community, identification of malnutrition in pregnancy through use of Middle Up Circumference (MUAC), ensure immediate and exclusive breastfeeding, timely complementary .SOYDA will establish and operationalize 2 outreach/mobile teams to reach IDP camps as well as host communities and provide integrated Outpatient Therapeutic Program (OTP/TSFP) service, treatment of sick children, community awareness through CHW; and referral of severe cases to nearby health and nutrition facilities. SOYDA will Conduct one sessions of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff, as well as SOYDA will also conduct Infant and Young Child Feeding (IYCF) session training for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNOCHA	Issue related with IDPs and returnees
UNCHR	Issue related with IDPs and returnees
Nutrition cluster	Sharing information, assessment, coordination
UNICEF	For monthly sharing reports and supply
Benadir Hospital	SC referrel site of all severe complicated cases
Swiss Kalmo, ACF, SC	Will closely work with for referral and coordination synergies
MoH	SOYDA will share monthly reports and we invite to the MoH for joint supervisions

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

This project address specific needs of women and children (Boys and Girls) less than 5 years of age, Women Child Bearing Aga (WCBA), IDPs, Returnees and the host community. Gender and number disaggregated data of the direct project beneficiaries are Pregnant, Lactating Women (PLW), Women Child Bearing Aga (WCBA) , Men and children (Boys and Girls). Girls and women are direct beneficiaries of the project activities as they consist 75 %of the project beneficiaries. At the same time, SOYDA strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also SOYDA will maintain and ensure the current 50% Male and 50% Female staffing in all project activities. SOYDA has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. The project will empower women and girls by including them in the training, social mobilization and activities.

Protection Mainstreaming

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. SOYDA will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, SOYDA will consult with the beneficiaries on the location of the health facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, SOYDA will be able to reach the underserved, the elderly and the weak and will be able to transport them to their dwellings when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health and nutrition committees which foster participation, empowerment and accountability.

Country Specific Information

Safety and Security

Security in Somalia is quite challenging and unpredictable, though we have managed to operate in Somalia and especially South central Somalia with many challenging scenarios, through updating our security and safety tools and trainings of our staff through affiliated memberships of Security Training organisations. We do have Country Plan, Local safety and security Plans, Guidelines as well as risk Analysis that we do time and time when incidents happen. Personal safety of our staff is taken serious. The security situation of Mogadishu is so far stable. However all our staff regularly undergo a short training on field safety and acquainted with our security policy. SOYDA will also give priority to qualified personnel from the area during the recruitment process before out sourcing. Regular up date will be given to all the staff on the security situation of the It is hoped that this will enhance sharing of security information.

Access

SOYDA has been working in Mogadishu since 2007 and enjoys the support of the community and the authorities. SOYDA expects to keep good relationships with all actors in Mogadishu and expects that this will allow SOYDA to work in Mogadishu IDP camps without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all SOYDA interventions. SOYDA has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Officers	D	1	500.00	10	100.00	5,000.00
	<i>Nutrition Officers will do daily routine activities for the outreach service through providing diagnosis and treatment of acute malnutrition as well as closely do follow up on defaulter and uncured cases. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.2	Nutrition Coordinator	D	1	1,000.00	10	50.00	5,000.00
	<i>Nutrition Coordinator will be based in Mogadishu and will be in charge to supervising and coordinating the Implementation of CHF nutrition projects in Mogadishu IDPs. S/he is also responsible for coordinating with the government and partners on the ground with support from SOYDA Program Manager. S/he will manage prepare quality reports and ensure quality service delivery. The person will spend 50% of his time on this project and SHF will contribute 50% of the time spent on this project</i>						
1.3	Community Health and Nutrition Promoters	D	2	250.00	10	100.00	5,000.00
	<i>Community Health and Nutrition Promoters works at the community level by providing promotion and community awareness, they also offer preventive services such as health education and mobilization sessions each will earn a salary of 250/month for 10 months for 2 persons. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.4	Nutrition Screeners/measures (One in each outreach)	D	2	200.00	10	100.00	4,000.00
	<i>Nutrition screeners or Measures 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 person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.5	Qualified nurse	D	2	400.00	10	100.00	8,000.00
	<i>Qualified nurses will perform day to day work of treatment and medical check of for children admitted to the Outpatient therapeutic programme (OTP) and provide the treatment/refer cases that need referral to health facilities, the cost/incentive of nurses will be covered from SHF grant. The person will spend 100% of his time on this project and SHF will contribute 100%.</i>						
1.6	Auxiliary nurse	D	2	200.00	10	100.00	4,000.00
	<i>Auxiliary Nurse supports the qualified nurses and nutrition officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.7	IYCF Counselors (Infant and Young Child Feeding)	D	1	400.00	10	100.00	4,000.00

	<i>IYCF (Infant and Young Child Feeding) Counselor will be primarily responsible for IYCF promotion and counseling. They will provide counseling for mothers with difficulties in adapting optimal Infant and Young Child Feeding (IYCF) practices, do follow up with mothers, responsible in conducting Infant and Young Child Feeding (IYCF) promotion sessions in the treatment centers and in the community. They will also responsible to support of mother supporting groups, provide training and continues support. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>							
1.8	Outpatient therapeutic program (OTP)/Targeted Supplementary Feeding Program (TSFP) Registers (1 Each site)	D	2	300.00	10	100.00	6,000.00	
	<i>OTP (Outpatient Therapeutic Program) Registers will record daily admissions in the sites for the new patients, do follow up cards and record discharged cases both cured and uncured. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>							
1.9	Security guards for the sites	D	2	150.00	10	100.00	3,000.00	
	<i>Responsible for taking care of the Security of the commodities and the staffs at the site. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>							
1.10	Cleaners for the sites	D	2	150.00	10	100.00	3,000.00	
	<i>Cleaning and responsible for cleanliness of the sites. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>							
	Section Total						47,000.00	
Supplies, Commodities, Materials								
2.1	Vehicle Rent for staff, referral, and supervision	D	1	1,800.00	10	100.00	18,000.00	
	<i>SOYDA will hire vehicle to be used to transport nutrition team, staff during review meetings, monitoring, referral and supervision by the Nutrition coordinator. SHF will contribute 100% of the cost over the life of the award. The unit cost is \$ 1800 for 10 months.</i>							
2.2	Truck Rent for Transportation for the Nutrition Supplies	D	1	2,000.00	3	100.00	6,000.00	
	<i>During project implementation period, SOYDA will hire truck to transport supplies from Mogadishu warehouse to the sites, by transporting nutrition and medical supplies to field. The cost of per Cargo truck rent is 2000\$ for three times during the project. As the two project supplies, delivery schedules, durations of the two projects, and locations of the projects are all different, SHF will contribute 100% for each project</i>							
2.3	Storage Costs (Central Store for Nutrition and Health Project, (15m x 20m)	D	1	1,000.00	10	25.00	2,500.00	
	<i>The warehouse will be used to store the Ready-to-use therapeutic food (RUTF) and medical equipment and will be used central station for the monthly supply order from Mobile outreach teams. The SHF for this project will contribute 25% Effective apportionment over 10 month period and 75% Effective apportionment for the health project over 12 month period.</i>							
2.4	Training of IMAM (Integrated Management of Acute Malnutrition) for 23 Female, 16 Male for 5 days	D	1	7,273.40	1	100.00	7,273.40	
	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of trainings as per attached detailed BoQ is \$7273.5. The participants will be SOYDA nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages The documents are Look up tables, 2 WHO Weight, Height (WHZ) tables (1 boy& 1girl), Outpatient Therapeutic Program Cards, Pregnant lactating women patient card (3) and ration cards (3) and weekly and monthly reporting formats per participant. SHF will contribute 100% of this Integrated Management of Acute Malnutrition (IMAM) Training.</i>							
2.5	Training of IYCF (Infant and Young Child Feeding) for 23 Female, 16 Male for 5 days	D	1	6,420.50	1	100.00	6,420.50	
	<i>This will cover the cost of conducting IYCF ((Infant and Young Child Feeding) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials.. The cost of the training as per attached detailed BoQ will \$ 6420.5. The participants will be SOYDA 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 under 2yr old and pictorials on the same for each of the 39 participants. SHF will contribute 100% of this IYCF (Infant and Young Child Feeding) Training.</i>							
2.6	Medical Related Stationary	D	1	265.00	10	100.00	2,650.00	
	<i>Medical stationers are stationaries provided on of monthly bases to the Nutrition sites like Outpatient Therapeutic Program Cards, Admission cards, registers and Follow up files, this are stationaries required day to day nutrition sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card to Stabilization centers or Hospital, this are all medical related stationaries used in the sites. SHF will contribute 100% for this specific nutrition related stationaries.</i>							
	Section Total						42,843.90	
General Operating and Other Direct Costs								
7.1	Stationary and office materials (A4 Papers, Print Ink, Registers, and Follow up files, Stapler)	D	1	2,489.40	1	100.00	2,489.40	

	<i>Stationary for easy operations of the projects and Office materials (A4 Papers, Print Ink, Stapler, M and E printing tools. The SHF for this project will contribute 45% Effective apportionment over 10 month period and 55% Effective apportionment for the health project over 12 month period. For the registers it's used to is to record patients information like No of the patient, Name, Age, Sex, Status, Address, weight, temperature, signs/symptoms, diagnosis, treatment etc. the quantity are 10 books per month for 10\$ per register</i>						
7.2	Communications (Internet and telefon Bill)	D	1	600.00	10	25.00	1,500.00
	<i>Communication cost for staff in the field and also for the office for easy communication and monitoring of project. The SHF for this project will contribute 25% Effective apportionment over 10 month period and 75% Effective apportionment for the health project over 12 month period.</i>						
7.3	Utilities (Electricity, water bill ,for office)	D	1	600.00	10	25.00	1,500.00
	<i>Utilities using for office particular water and electricity bill. The SHF for this project will contribute 25% Effective apportionment over 10 month period and 75% Effective apportionment for the health project over 12 month period.</i>						
7.4	Office Rent (This is sub office in Daynile district)	D	1	1,000.00	10	8.00	800.00
	<i>This is the cost of paying office rent in Mogadishu. The office will be utilized on both health and Nutrition SHF projects. The SHF for this project will contribute 8% Effective apportionment over 10 month period and 92% Effective apportionment for the health project over 12 month period. The current ending project contributes the main SOYDA office in Head quarter, but as this two new projects with a lot staff, we will hire sub office in Daynile district where the project site operation is, the rate changed due to the current elections in Mogadishu where all rent houses increased the price due to a lot diaspora and people coming from outside Mogadishu to take of the elections, getting rent house is very limited and the price increased that reason.</i>						
7.5	Bank Charges 1%	D	1	1,000.00	1	100.00	1,000.00
	<i>Bank charges for funds transferred to Dahabshiil for the project. SHF will contribute 100% the project.</i>						
	Section Total						7,289.40
SubTotal			28.00				97,133.30
Direct							97,133.30
Support							
PSC Cost							
PSC Cost Percent							2.95
PSC Amount							2,865.43
Total Cost							99,998.73

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-Daynile -> Mogadishu/Daynile	100	26	1,038	1,500	1,500	4,064	<p>Activity 1.1.1 : Screen and admit 1500 boys, 1500 girls and 1000 PLWs of severely malnourished without medical complications to 2 Outreachs (Km15 and Siinka Dheer) OTP/TSFP in Mogadishu IDPs</p> <p>Activity 1.1.2 : Provide appropriate RUTF(ready to use therapeutic foods) to the admitted severely malnourished children without medical complications</p> <p>Activity 1.1.3 : Referral within and outside the progamme and follow up of beneficiaries for the or 2 Outreachs (Km15 and Siinka Dheer) OTP and TSFP, in Mogadishu IDPs</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices for twice a month</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and, Deworming tablets to vulnerable 1500 boys, 1500 girls and 1000 PLW for the admitted MAM and SAM cases in Mogadishu IDPs</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 1000 PLW attending Nutrition Sites in Mogadishu IDPs</p> <p>Activity 3.1.1 : Conduct One sessions of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff.</p> <p>Activity 3.1.2 : Conduct One session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers</p>

Documents

Category Name	Document Description
Project Supporting Documents	GPS Coordinates in Mogadishu Long Corridor IDPs.pdf
Project Supporting Documents	GPS Coordinates in Mogadishu Long Corridor IDPs Km15 and Siikaale 26 09 2016.pdf
Budget Documents	SOYDA BoQ For the Project.xls
Budget Documents	SOYDA IMAM Training BoQ.xls
Budget Documents	SOYDA IYCF Training BoQ.xls
Budget Documents	SOYDA Stationary Expenses BoQ.xls
Budget Documents	SOYDA Nutrtiion Hygiene and and Health Training BoQ.xls
Budget Documents	NHHP Training BoQ Revised after CRC comments 26 09 2016.xls
Budget Documents	3751 SOYDA BoQ- 15.11.16 (1).xlsx
Budget Documents	3751 SOYDA BoQ- 15.11.16 (1).xlsx
Budget Documents	Final 3751 SOYDA BoQ- 21.11.16.xlsx
Budget Documents	3751 SOYDA BoQ- 12.10.16.xlsx
Budget Documents	3751 SOYDA BoQ- 17.10.16.xlsx
Budget Documents	3751 & 3752 SOYDA Shared Costs- 17.10.16.xlsx
Budget Documents	3751 SOYDA BoQ- 03.11.16.xlsx
Budget Documents	3751 & 3752 SOYDA Shared Costs- 03.11.16.xlsx

Budget Documents	3751 SOYDA BoQ- 11.11.16.xlsx
Budget Documents	SOYDA BoQ For the Project Revised after CRC Comments 26 09 2016.xls
Budget Documents	SOYDA IMAM Training BoQ Revised after CRC Comments 26 09 2016.xls
Budget Documents	SOYDA IYCF Training BoQ Revised after CRC comments 26 09 2016.xls
Budget Documents	SOYDA Stationary Expenses BoQ Revised after CRC Comments 26 09 2016.xls
Budget Documents	BoQ Breakdowns of Utilites Commnication and Other Direct Costs 5 Oc 2016.xlsx
Budget Documents	Flnal Revised BOQ SHF Nutrition 5 Oct 2016.xls
Audit and Closure Documents	SOYDA 504 Final Signed Audit Rep March 2016 copy.pdf
Grant Agreement	HC signed GA SOYDA 3751.pdf
Grant Agreement	Signed GA-3751.pdf