

Requesting Organization :	Save the Children	
Allocation Type :	Reserve 2016	
Primary Cluster	Sub Cluster	Percentage
Nutrition		100.00
		100

Project Title :	Emergency Nutrition Response in drought-affected areas of Somaliland and Puntland
Allocation Type Category :	

OPS Details

Project Code :		Fund Project Code :	SOM-16/2470/R/Nut/INGO/2485
Cluster :		Project Budget in US\$:	430,295.19
Planned project duration :	6 months	Priority:	
Planned Start Date :	29/04/2016	Planned End Date :	28/10/2016
Actual Start Date:	29/04/2016	Actual End Date:	28/10/2016

Project Summary : This project is mainly in response to the current prevailing drought in Somaliland and Puntland. The project will mainly focus on creating access to quality life-saving nutrition services in areas that are severely affected by the drought by deploying 10 mobile nutrition teams. This proposal targets severe and moderately malnourished children under the age of 5, and pregnant and lactating mothers in Sanaag, Bari and Mudug (in Puntland), and Awdal and W/ Galbeed (in Somaliland). currently there is an on going JHNP project in Borama covering 10 OTP sites and a CHF project in Garowe Puntland covering 5 OTP sites. The 2 existing projects do not entirely cover the needs in the two regions hence the need to strengthen this on going response by opening other new mobile sites that are more decentralized for ease of accessibility by the beneficiaries in these areas. This program will establish a strong community network through competent community nutrition volunteers for early detection and referral of children and pregnant and lactating mothers with acute malnutrition. In addition to the treatment of acute malnutrition, the project will be promoting positive infant and young child feeding (IYCF) practice by providing IYCF promotion and counselling, as well as through mother to mother support groups in the various intervention areas. By the end of this project the project will reach a total of 8146 (boys= 4073, Girls= 4073) , and 17,697 women who are in need of nutrition services across the four target areas.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
1,183	17,692	4,073	4,073	27,021

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	4,073	4,073	8,146
Women of Child-Bearing Age	0	15,453	0	0	15,453
Pregnant and Lactating Women	0	2,239	0	0	2,239

Indirect Beneficiaries :

While the majority of the beneficiaries of this project will receive treatment for acute malnutrition, indirect beneficiaries of this project will be the children of caregivers (mothers and fathers) who receive information and/or counselling in positive IYCF practices.

Catchment Population:

The total catchment population of the 4 target locations is 726,287.

Link with allocation strategy :

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 vulnerable groups in drought affected area of Somaliland and Puntland.

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
Laura Jepson-Lay	Head of Business Development	laura.jepson@savethechildren.org	+254732888852
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BACKGROUND**1. Humanitarian context analysis**

Somalia suffers from a chronic fragility of state institutions as a result of two decades of civil war and natural disasters like drought, Tsunami, and famine and it is one of the countries with longest running humanitarian crises in the world. FSNAU post deyr 2015 assessment report indicated that 4.7 million people, 38% of the total population, will be food insecure between February and June 2016, of which 931,000 people will be in Crisis (IPC Phase 3). 308,000 children under five are acutely malnourished and 58,300 children are severely malnourished. El Niño has caused in suppressed rains in the north of the country, exacerbating existing drought conditions in Somaliland and Puntland, resulting in an emergency declaration by both governments. In Puntland, 220,000 people, 65% of the population, are affected by drought, with the worst affected regions being Bari, Nugal, Sanaag, Sool and Karkar. In Somaliland, according to OCHA, an estimated 342,000 people are in need of life-saving assistance, with the most affected regions being Awdal and Waqooyi Galbeed which are bordering with severely drought affected areas of low land of Ethiopia. The situation is expected to worsen during the coming months as water resources continue to deplete, and may lead to conflict that may further worsens the humanitarian situation.

2. Needs assessment

SC conducted rapid need assessments (RNA) in Puntland in February 2016 and Somaliland in November 2015. In Somaliland, the failure of rains since 2013 has led to declining water availability for the population - 44% of respondents said they did not have enough water to meet their daily needs and 65% stated that the available water was not of good quality. At the same time, water and grazing resources for animals have been severely affected. In general, the result has been death and emaciation of animals, loss of livelihoods, and resultantly compromised food security. More than 40% of respondents stated that they did not have any food stocks at home. Even among those reporting presence of some food stocks, more than 50% said that they only had food for '1 to 3 days'. According to the latest survey report conducted by the FSNAU in September 2015 in Awdal pastoralist areas the GAM rate was 22.3% and SAM was 5.9%, which is very critical as per WHO classification.

In Puntland, an overwhelming majority (93%) reported a decline of more than 50% in their income. Among owners of livestock, 79% of stated that they did not have access to sufficient water for their animals, while 98% reported insufficient pasture. 100% of livestock owners said that their herd was in 'very thin' or 'thin' condition resulting in a sharp decline in livestock market prices by as much as 50%. 51% of respondents reported that the drought had increased the distance to water sources and 70% said that the water was not sufficient for all their needs. As per the FSNAU nutrition situation remains critical in most part of the Puntland; the GAM rate remain persistently above 15% in Garowe, Bosaso and Galkayo.

3. Description Of Beneficiaries

This project will support the establishment of 20 mobile nutrition center's in Puntland across Bari, Sanaag and Mudug regions whereas in Somaliland, we shall establish 20 mobile center's in Awdal and W. Gabiley regions where each village has 4 to 5 sub villages. These nutrition mobile center's shall be served by 6 mobile teams in Puntland and 4 mobile teams in Somaliland. Each team will visit 4-5 mobile nutrition center's per week within their regions. The project will also continue supporting the exiting OTPs/TSFPs in the area to deliver quality services. The Mobile nutrition service target areas severely affected by the drought with no access to nutrition services in nearby locations. The mobile sites are attached in the documents section.

The identification of beneficiaries of OTP will be based on their nutritional status. Children from 6-59 months with MUAC <11.5cm and/or with WHF Z- score <-3 or with Oedema but pass the appetite test and are free of medical complications will be admitted to the OTP. The Children will attend the OTP every week. They will be managed using Ready to Use Therapeutic Food (RUTF). The actual number of sachets for each child is based on his/her weight. Children admitted to the OTP will undergo screening and clinical examinations. Then they will start the standard systemic medical treatment based on SAM protocol. Children who are diagnosed to have medical complications will be immediately referred to the Therapeutic Feeding Unit (TFU). Children who are eligible for referral to TFU will severely malnourished children with medical complications or who failed appetite test or with gross oedema of grade 3 and more.

The TSFP will target children and Pregnant and lactating women (PLW) with moderate acute malnutrition. All children aged 6-59 months whose anthropometric measurement satisfies: WFH Z scores -3 z-score & <-2 z-score (WHO Growth Standards, 2006) or MUAC>115 & <125 mm are entitled to be admitted in TSFP program. Pregnant women in the 2nd and 3rd trimester and Lactating women up to 6 months after delivery with MUAC<210mm are eligible will be admitted treated into to TSFP program. Children and PLW will attend the TSFP once in every two weeks. The children will be treated using RUSF (plump sup) , and they will receive 15 sachets (one sachet/day). While the PLW will be provided bi-weekly ration comprising CSB+ and oil. For operational reason, SFPs will be established either together with OTP sites or with close proximity. In addition to the treatment children and pregnant lactating will receive routine medication as per the protocol.SCI shall sign a field level agreement(FLA) with WFP for provision of MAM supplies and the TSFP distribution points shall be in line with WFP's FDPs.

4. Grant Request Justification

The proposed intervention targets the most vulnerable groups of society, namely severely and moderately malnourished infants and children under five years of age, and pregnant and lactating women in Boroma and Hargeisa in Somaliland, and Bossaso and Galkayo in Puntland. These districts have been selected as they have been given priority 1 rating by the nutrition cluster. The rationale for focusing on these subgroups is based on their increased vulnerability to malnutrition. The nutrition intervention implementation will be integrated with other sectors like WASH, Health and FSL to address some of the root causes. Though in most of the proposed areas, Joint Health and Nutrition Programme (JHNP) is implemented however, due to movements of the communities, displacement, and remoteness of worst affected areas, there is a need to increase access through outreach and mobile interventions. It must also be acknowledged that donations of breastmilk substitutes are a challenge in Somalia and threaten child survival due to increased incidence of diarrhoea in particular and therefore Save the Children proposes to monitor BMS donations and report any instances to government and UN coordination mechanisms for further action, as well as promote the dangers of bottle feeding.

5. Complementarity

Save the children has maintained a strong presence in both Somaliland and Puntland, enabling us to launch humanitarian interventions and be at the forefront of the response. Save the Children is currently implementing an emergency health, WASH, and food security program in the drought affected areas of Somaliland, and has recently initiated water trucking in Puntland. The proposed nutrition interventions will complement Save the Children's ongoing work supported under JHNP and through WFP funding.

LOGICAL FRAMEWORK

Overall project objective

Contribution towards reduction of nutrition related morbidity and mortality rates to below emergency threshold in Somaliland and Puntland through treatment of acute malnutrition and IYCF promotion among children under 5 and PLWs

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 deliver quality lifesaving management of acute malnutrition services for girls and boys 6-59 months with SAM and MAM, and PLWs.

Outcome 1

Improved nutrition status of children under 5 and PLW in drought affected communities.

Output 1.1

Description

Provision of effective treatment of acute malnutrition for under-fives at TSFP, OTP and at Stabilization Centre

Assumptions & Risks

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

Activity 1.1.2

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

Identify, admit and manage children (1139 boys & 1139 girls) under five with Severe Acute Malnutrition in OTP and SC.

Activity 1.1.3

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

Identify, admit and manage children (2934 boys and 2934 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 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					10,385

Means of Verification : OTP and TSFP records
Referral records

Indicator 1.1.2	Nutrition	Number of boys and girls admitted into the OTP program					2,278
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Means of Verification : OTP and TSFP records
Monthly reports

Indicator 1.1.3	Nutrition	Number of boys and girls 6-59 months admitted with MAM						5,868
Means of Verification : OTP and TSFP records Monthly reports CMAM data base								
Indicator 1.1.4	Nutrition	Number of Pregnant and lactating Women admitted into the TSFP						2,239
Means of Verification : OTP and TSFP records Monthly reports								
Output 1.2								
Description								
Improved Infant and Young Child feeding practices among care givers of children 0-23 months								
Assumptions & Risks								
Activities								
Activity 1.2.1								
Standard Activity : Infant and young child feeding promotion								
Provide IYCF promotion sessions at the nutrition centers and at the community level, including provision of messaging on the dangers of BMS and bottle feeding and Establish Mother to mother supporting groups (13898 female and 1183 male)								
Activity 1.2.2								
Standard Activity : Nutrition health and Hygiene promotion								
Educate mothers and care givers on hygiene promotion and other optimal IYCF practices								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.2.1	Nutrition	Number of caregivers (male and female) receiving IYCF promotion messages and one on one counselling					15,081	
Means of Verification : IYCF monthly reports								
Indicator 1.2.2	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					1,152	
Means of Verification : IYCF monthly reports								
Output 1.3								
Description								
Strengthening MOH and community capacity on delivering of quality nutrition services								
Assumptions & Risks								
Activities								
Activity 1.3.1								
Standard Activity : Capacity building								
Train MOH staff (35 male and 25 female) on IMAM and Community Health workers (80 male and 40 female) on IMAM, screening and active case finding.								
Activity 1.3.2								
Standard Activity : Capacity building								
Training of 120 CNVs (80 male and 40 female)on identification and screening of children under five and referral to OTP and SC								
Activity 1.3.3								
Standard Activity : Capacity building								
Training of 60 staffs (35 male and 25 female) and 120 CNVs (80male and 40 female) on I IYCF practices, formation of mother to mother support groups that will include both men and women in support optimal IYCF practices								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	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					180	
Means of Verification : Training records Participant and attendance sheets								

A detailed MEAL Framework and plan will be developed for the project. Joint monitoring visits by Save the Children and the partner will be conducted at least quarterly to all project sites. 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). SC will work particularly closely with the MOH considering it is MOH staff at the nutrition sites and the need to have joint monitoring and supportive supervision visits. 60 MoH and 9 SCI staffs will be trained on IMAM and IYCF which will take 5 and 3 days respectively using the Somalia IMAM guidelines and UNICEF IYCF training package. Also 120 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. Good Hygiene and sanitation practices will be incorporated in the trainings for the CNVs and the mother support groups trainings which will be co-facilitated by NNHP. This training sessions will take two days and will be conducted twice during the project duration. 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, FSL, 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
Ministry of Health	Joint monitoring and supportive supervision visits

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

1- The project is designed to contribute in some limited way 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 safe from any violence to the beneficiaries. Save the Children will make a beneficiary feedback mechanism that is context based on the context.

Country Specific Information

Safety and Security

Somaliland has been, and remains, the most stable area of Somalia. Three rounds of elections have been held in SL since 2003. Staff enjoy extensive freedom of movement the majority of the time, and international staff within the capital are largely constrained in their activities by cultural sensitivities rather than by security concerns. Travel East of Burao requires security approval for International staff. Puntland has remained relatively calm though remains volatile largely due to the internal political and business landscape and inter-clan conflicts over resources. There are some areas of Puntland, which continue to be disputed and remain embroiled in conflict. The self-declared autonomous Governments of Somaliland and Puntland dispute Sool, Sanaag and Ayn regions. In addition, the central region continue to be claimed by Khatumo state, which is seeking autonomy from both Galmudug and Puntland administration over resources in Galckayo. Current key security concerns in Puntland can be considered as follows: Presence of pro-Alshabab (AS) armed groups acknowledged in Galgala mountains and thought to be widespread at a low level throughout the main towns. The Puntland government has conducted several military offensives in the Galgala mountains and is currently offering 'amnesty to AS/Galgala militia which is unlikely to be accepted. The activities in the Galgala mountains are likely to affect movement of staff and assets on the Bossaso- Galkayo road. Save the Children maintains comprehensive security guidelines with specific recommendations for teams operating in Somalia. These guidelines are updated regularly in order to ensure appropriateness to the prevailing context. All Save the Children staff will be briefed in the content of guidelines and the need to adhere strictly to these guidelines. Each area office has a dedicated security focal point to regularly monitor the situation in the ground, and provide mitigation recommendations.

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
Staff and Other Personnel Costs							
1.1	Contribution Nutrition PM- PL	D	1	3,500.00	6	3000.00 %	6,300.00
	<i>Nutrition Program Manager has the overall responsibility of ensuring quality reporting of nutrition projects in Puntland and provide technical support to the nutrition staff by building capacities, supplies, reporting through the database and coordination, thus nutrition PM will expect to extend support to CHF project team and dedicate part of his time to the quality programming.. The units cost is \$3,500. CHF 30% over the life of the award.</i>						
1.2	Nutrition Project Coordinator PL	D	1	2,332.00	6	10000.00 %	13,992.00
	<i>Nutrition Project Coordinator will be in charge of coordination and Implementation of CHF nutrition projects in Bari, Nugal and Mudug regions region s/he is also responsible for coordinating with the government and partners on the ground with support from the Nutrition PM. S/he will manage project budget, prepare quality reports and ensure quality service delivery.</i>						
1.3	Nutrition Officer SL	D	1	1,335.00	6	10000.00 %	8,010.00
	<i>Nutrition Officer will be based in SL will be responsible for preparing quality reports, ensure quality service delivery and recording data in the system as well as support the mobile teams to ensure the quality of work to be done at the community level</i>						
1.4	Nutrition Focal person	D	1	300.00	6	10000.00 %	1,800.00
	<i>Nutrition focal person will be responsible for handling supplies (F100, F75, PPN, drugs) and ensure OTP sites have sufficient supplies.</i>						
1.5	IYCF councillor	D	10	300.00	6	10000.00 %	18,000.00
	<i>IYCF Counselor will be responsible for the IYCF promotion and counselling activities for the mothers of infants 0-24 months in the OTP sites and at the community level. This will also involve the formation of the MTMSG and ensuring the sessions they hold are in line with the IYCF selected topics. CHF will contribute 100% for this position over the life of the award.</i>						
1.6	OTP Nurses	D	10	400.00	6	10000.00 %	24,000.00
	<i>OTP nurses will perform day to day work of treatment and medical check of SAM cases, the cost/incentive (equivalent to current) of nurses will be covered from CHF grant,</i>						
1.7	Community Mobilizers OTP -	D	5	300.00	6	10000.00 %	9,000.00
	<i>Community Mobilizers will be responsible for community mobilization and supervision of Community Nutrition Volunteers. CHF will contribute 100% for this position.</i>						
1.8	Nutrition Assistants/ Screeners OTP -	D	10	300.00	6	10000.00 %	18,000.00

	<i>Nutrition assistant will provide support in OTP and TSFP, by ensuring that appropriately screening at facility and community, the nutrition assistance will follow the all steps in taking anthropometric measurement and will ensure that children admitted to the program fulfill admission criteria of the OTP and TSFP</i>						
1.9	Registrars OTP -	D	10	300.00	6	10000.00%	18,000.00
	<i>Registrars will be responsible for daily registration of nutrition records including register books and OTP card. CHF will contribute 100% for this position.</i>						
1.10	National Awards Manager	S	1	2,206.00	6	2000.00%	2,647.20
	<i>The awards manager will be responsible for organising awards kick off meeting, monitoring the budget against actuals, preparing the close out meeting for this award as well as coordinating the audit. His unit cost is \$ 2,206 CHF will contribute 20% of his cost over the life of the award.</i>						
1.11	Area Representatives - Contribution	S	2	5,341.00	6	1500.00%	9,613.80
	<i>The Area Rep will be responsible for providing direction to the field team, overseeing the implementation of the project and maintaining communication with the different stakeholders in the PI and SL region. The unit cost is \$5,341. CHF will contribute 15% Over the life of the award</i>						
1.12	Field managers	S	2	3,826.00	6	2000.00%	9,182.40
	<i>The field manager will be involved in the day to day implementation of the project. The unit cost is \$3,826. CHF will contribute 20% over the life of the project</i>						
1.13	Monitoring and Evaluation Manager	S	2	2,868.00	6	1500.00%	5,162.40
	<i>The M&E Manager will be responsible for the monitoring of the project implementation, beneficiary recording implementing the M&E plan for this project and project evaluation. The unit cost is \$2,868. CHF will contribute 15% over the life of the award</i>						
1.14	IT Coordinator - Contribution	S	2	1,455.00	6	1500.00%	2,619.00
	<i>The IT Coordinator will be responsible for ensuring the internet is working to enable the project staff and the support staff perform their work without interruptions. He will be responsible for ensuring effective communication system are put in place and data back up for project reporting and during project implementation. The unit cost is \$1,455. CHF will contribute 15%</i>						
1.15	Logistics Officer	S	2	1,583.00	6	1000.00%	1,899.60
	<i>The logistics officer will be responsible for purchasing supplies for this project, maintaining the inventory of drugs purchased under this project as well as organising transport for the mobile teams and during workshops. The unit costs is \$1,583 CHF will contribute 10% over the life of the project.</i>						
1.16	Finance Officer	S	2	2,102.00	6	1500.00%	3,783.60
	<i>The Finance officer will be managing this award and ensuring all our expenditure is in line with the donor regulations ,processing payments and maintaining cash. The unit cost is \$2,102.CHF will contribute 15%</i>						
1.17	Admin/HR Coordinator	S	2	2,524.00	6	1000.00%	3,028.80
	<i>The Admin/HR Coordinator will be responsible for recruiting staff the staff,capacity building for staff to ensure they are able to perform there duties effectively and efficiently and performing other HR functions. She is also responsible for the admin functions like organising meetings and workshops as well as flight bookings.The unit cost is \$2,524 .CHF will contribute 10% for this position over the life of the award.</i>						
1.18	Nutrition Hygiene and Health Promoters	D	2	755.52	6	10000.00%	9,066.24
	<i>This person will coordinate the hygiene promotion in the nutrition programme, he/she will ensure CNV are trained on hygiene promotion and follow-up daily work. CHF will provide 100%</i>						
	Section Total						164,105.04
Supplies, Commodities, Materials							
2.1	Nutrition Medical Drugs	D	1	6,360.00	1	10000.00%	6,360.00
	<i>We will purchase drugs to be administered to the malnourished. We plan on purchasing Amoxici this is in the BOQ attached. These are routine drugs to treat children with acute malnutrition. Children with acute malnutrition usual have minor illness that can be treated as an outpatient, and this will be handled by nurse</i>						

2.2	IMAM training for Nutrition (OTP and SC) staff	D	1	8,892.00	1	10000.00%	8,892.00
	<i>This will cover the cost of conducting 2 IMAM trainings for 60 participants in SL(24) and PL(36). The cost of trainings will \$ 8,892. The participants will be OTP staff and SCI staff. We estimate we will share 10 different documents times 60 participants hence the figure 600. The documents are RUTF Look up tables, 2 WHO WHZ tables (1boy& 1girl), OTP/TSFP/PLW patient card(3) and ration cards(3) and weekly and monthly reporting formats per participant for the 60 participants.</i>						
2.3	IYCF care group training and facilitation OTP and MCH staff	D	1	9,042.00	1	10000.00%	9,042.00
	<i>This will cover the cost of conducting 2 IYCF care group trainings for 60participants in SL(24) and PL(36). The cost of the training will \$ 9,042. The participants will be OTP staff and SCI 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 60 participants. Approximately this will be 10 page document per participant hence the unit 600(60*10).</i>						
2.4	CMAM training (screening and active case finding) for CNV staff	D	1	5,192.00	1	10000.00%	5,192.00
	<i>This will cover the cost of conducting 2 CMAM trainings for 60 participants each in SL (1)and PL (1). The total cost of the trainings will be \$ 5,192 .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, MUAC cut-offs, RUTF look up tables and other key messages . We estimate we will share 10 different documents times 120 participants hence the figure 1200.</i>						
2.5	IYCF for mother supporting groups	D	1	5,102.00	1	10000.00%	5,102.00
	<i>This will cover the cost of conducting 50 trainings in SL and PL for 10 participants each. We will be operating in 50 sites hence we will have 50 groups in total and we will conduct a training for each site. Each group will have 10 members. During the training we will distribute photocopied documents to the participants. We plan on making 500 copies for the mother groups. We will use the IEC materials for this trainings hence no need to print.</i>						
2.6	Clean drinking water for OTP beneficiaries	D	1	21,600.00	1	10000.00%	21,600.00
	<i>During the OTP days children need clean water. Usually it is encourage the mothers to give clean water with the RUTF . These budget is include to make sure that children and caretakers are getting clean water in the OTP/TSFP. see boq</i>						
2.7	Production of IEC Materials for CNV and IYCF promotion	D	1	6,272.00	1	10000.00%	6,272.00
	<i>IEC/BCC material on key messages related to nutrition and hygiene will be printed and distributed to the nutrition staffs, CNVs, and MtMSG so that they will be able to use to educate the community. We plan on colour printing and laminating 140 flip charts with key messages and drawings to be distributed. each flip chart has 56 pages and printing will be done on both sides.</i>						
2.8	Furniture for mobile team (Chairs and Tables)	D	2	2,320.00	1	10000.00%	4,640.00
	<i>These budget will be used to procure Chairs , tables and materials for PL and SL for mobile nutrition team during consultation in outreach villages.The price of the materials is based on the local markets . see the BOQ</i>						
2.9	Community Nutrition volunteers incentives,	D	120	50.00	6	10000.00%	36,000.00
	<i>Community volunteers responsible for active casefinding, referral and follow-up and tracing defaulters, attached to OTP team.12 CNVs will be recruited by each mobile team X 10 mobile team =120</i>						
2.10	Vehicle hire for supervision, meetings, etc at field level	D	2	1,600.00	6	7500.00%	14,400.00
	<i>SCI will hire vehicles to be used to transport staff during review meetings, monitoring and supervision by the Project officers, PM and the Project Coordinators. CHF will contribute 75% of the cost over th life of the award. The unit costs is \$ 1600.</i>						
2.11	Vehicle hire for OTP mobile teams at field level	D	10	1,600.00	6	10000.00%	96,000.00
	<i>There are 10 mobile teams for both regions(6-PL and 4-SL) each team will be assigned a vehicle for the period of the project everyday. The cost of hiring the vehicle is \$1600 for 6 months. CHF will contribute 100%.</i>						
2.12	Security - SPU incentives Bosaso	D	10	210.00	6	3000.00%	3,780.00

	<i>SCI hires SPU to accompany staff during the field visits in PL due to the security situation. We plan to hire 10 escorts for the period of the award. The unit cost is \$210, CHF will contribute 30% over the life of the award.</i>						
	Section Total						217,280.00
Equipment							
3.1	Laptops for the project staff	S	1	1,250.00	1	10000.00%	1,250.00
	<i>This laptop will be used by the nutrition programme officer. The cost of the laptop is \$1,250.</i>						
	Section Total						1,250.00
Travel							
5.1	Staff Travel Costs - Perdiem, Flights and Accomodation	D	1	5,950.00	1	10000.00%	5,950.00
	<i>The Nutrition Program manager, Project Coordinator and project officer 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. This is the cost for 4 return trips each for the program officer and manager in SL and 3 return trips each for the Nutrition program Coordinator and program manager in PL . It is estimated that in each trip the person will stay 5 days in the field per visit. The BOQ is attached with the breakdown</i>						
	Section Total						5,950.00
General Operating and Other Direct Costs							
7.1	Office Rent	S	2	3,400.00	6	2000.00%	8,160.00
	<i>This is the cost of paying office rent for each of the offices in SL and PL. The unit cost is \$3,400. CHF will contribute 20% over the the life of the award</i>						
7.2	Utilities	S	2	250.00	6	2000.00%	600.00
	<i>This is the cost of paying electricity and water bills for the office in SL and PL. the unit cost is \$ 250. CHF will contribute 20%. BOQ attached.</i>						
7.3	Contribution to Bank Charges	S	1	4,800.00	1	10000.00%	4,800.00
	<i>This will be used to pay for the transfer of funds from SCI and also to pay suppliers. Dahabshil charges 1% for all the transfers.</i>						
	Section Total						13,560.00
	SubTotal			224.00			402,145.04
	Direct						349,398.24
	Support						52,746.80
PSC Cost							
	PSC Cost Percent						7%
	PSC Amount						28,150.15
	Total Cost						430,295.19
	Grand Total CHF Cost						430,295.19

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Awdal -> Borama -> Borama	30	922	10,819	2,491	2,491	16,723	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC</p> <p>Activity 1.1.2 : Identify, admit and manage children (1139 boys & 1139 girls) under five with Severe Acute Malnutrition in OTP and SC.</p> <p>Activity 1.1.3 : Identify, admit and manage children (2934 boys and 2934 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 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 dangers of BMS and bottle feeding and Establish Mother to mother supporting groups (13898 female and 1183 male)</p> <p>Activity 1.2.2 : Educate mothers and care givers on hygiene promotion and other optimal IYCF practices</p> <p>Activity 1.3.1 : Train MOH staff (35 male and 25 female) on IMAM and Community Health workers (80 male and 40 female) on IMAM, screening and active case finding.</p> <p>Activity 1.3.2 : Training of 120 CNVs (80 male and 40 female)on identification and screening of children under five and referral to OTP and SC</p> <p>Activity 1.3.3 : Training of 60 staffs (35 male and 25 female) and 120 CNVs (80male and 40 female) on I IYCF practices, formation of mother to mother support groups that will include both men and women in support optimal IYCF practices</p>
Bari -> Bossaso -> Bossaso	20	602	7,057	1,625	1,625	10,909	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC</p> <p>Activity 1.1.2 : Identify, admit and manage children (1139 boys & 1139 girls) under five with Severe Acute Malnutrition in OTP and SC.</p> <p>Activity 1.1.3 : Identify, admit and manage children (2934 boys and 2934 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 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 dangers of BMS and bottle feeding and Establish Mother to mother supporting groups (13898 female and 1183 male)</p> <p>Activity 1.2.2 : Educate mothers and care givers on hygiene promotion and other optimal IYCF practices</p> <p>Activity 1.3.1 : Train MOH staff (35 male and 25 female) on IMAM and Community Health workers (80 male and 40 female) on IMAM, screening and active case finding.</p> <p>Activity 1.3.2 : Training of 120 CNVs (80 male and 40 female)on identification and screening of children under five and referral to OTP and SC</p> <p>Activity 1.3.3 : Training of 60 staffs (35 male and 25 female) and 120 CNVs (80male and 40 female) on I IYCF practices, formation of mother to mother support groups that will include both men and women in support optimal IYCF practices</p>

Mudug -> Gaalkacyo -> Gaalkacyo	30		7,622	1,755	1,755	11,132	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC</p> <p>Activity 1.1.2 : Identify, admit and manage children (1139 boys & 1139 girls) under five with Severe Acute Malnutrition in OTP and SC.</p> <p>Activity 1.1.3 : Identify, admit and manage children (2934 boys and 2934 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 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 dangers of BMS and bottle feeding and Establish Mother to mother supporting groups (13898 female and 1183 male)</p> <p>Activity 1.2.2 : Educate mothers and care givers on hygiene promotion and other optimal IYCF practices</p> <p>Activity 1.3.1 : Train MOH staff (35 male and 25 female) on IMAM and Community Health workers (80 male and 40 female) on IMAM, screening and active case finding.</p> <p>Activity 1.3.2 : Training of 120 CNVs (80 male and 40 female)on identification and screening of children under five and referral to OTP and SC</p> <p>Activity 1.3.3 : Training of 60 staffs (35 male and 25 female) and 120 CNVs (80male and 40 female) on IYCF practices, formation of mother to mother support groups that will include both men and women in support optimal IYCF practices</p>
Woqooyi Galbeed -> Hargeysa -> Hargeysa	20	842	9,887	2,275	2,275	15,279	<p>Activity 1.1.1 : Community screening for malnutrition and referral; Screening of children and PLWs will be undertaken in the communities using MUAC</p> <p>Activity 1.1.2 : Identify, admit and manage children (1139 boys & 1139 girls) under five with Severe Acute Malnutrition in OTP and SC.</p> <p>Activity 1.1.3 : Identify, admit and manage children (2934 boys and 2934 girls) under five with moderate Acute Malnutrition in TSFPs</p> <p>Activity 1.1.4 : Identify, admit and manage 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 dangers of BMS and bottle feeding and Establish Mother to mother supporting groups (13898 female and 1183 male)</p> <p>Activity 1.2.2 : Educate mothers and care givers on hygiene promotion and other optimal IYCF practices</p> <p>Activity 1.3.1 : Train MOH staff (35 male and 25 female) on IMAM and Community Health workers (80 male and 40 female) on IMAM, screening and active case finding.</p> <p>Activity 1.3.2 : Training of 120 CNVs (80 male and 40 female)on identification and screening of children under five and referral to OTP and SC</p> <p>Activity 1.3.3 : Training of 60 staffs (35 male and 25 female) and 120 CNVs (80male and 40 female) on IYCF practices, formation of mother to mother support groups that will include both men and women in support optimal IYCF practices</p>

Documents	
Category Name	Document Description
Project Supporting Documents	MOBILE NUTRITION CENTRES
Project Supporting Documents	MOBILE NUTRITION CENTRES SOMALILAND Revised Version 22 3 2016

Project Supporting Documents	Accountability Strategy.doc
Project Supporting Documents	COmments on budget.xls
Project Supporting Documents	BOQ comments.xls
Project Supporting Documents	MOBILE NUTRITION CENTER- PUNTLAND. Revised version 22 3 2016
Project Supporting Documents	Final Version of Revised BOQ 5.4.2016 2.xls
Project Supporting Documents	FCS Final Version of Revised BOQ 5.4.2016 2.xls
Budget Documents	CHF Nutrition Budget breakdown -Consolidated Budget.xls
Budget Documents	BOQ comments- Revised 22.03.2016.xls
Budget Documents	BOQ - Revised 05.04.2016.xls
Budget Documents	Final revised BOQ - Revised 05.04.2016.xls
Budget Documents	FCS Final Version of Revised BOQ 5.4.2016 2.xls