

Requesting Organization :	SWISSO - Kalmo				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Reduction of morbidity and mortality related to severe acute malnutrition through integrated outpatient therapeutic feeding program(OTP) among Dusamareb IDPs and drought affected host communities in Dusamareb district, Galgaduud region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4550		
Cluster :		Project Budget in US\$:	92,709.62		
Planned project duration :	6 months	Priority:			
Planned Start Date :	15/02/2017	Planned End Date :	15/08/2017		
Actual Start Date:	15/02/2017	Actual End Date:	15/08/2017		
Project Summary :	<p>Climatic shocks exacerbated by El-Niño phenomena, continued insecurity and armed conflict, recurrent humanitarian right violation, political instability and lack of basic services contribute to high level of protracted humanitarian needs in Somalia. As a result, Swisso-Kalmo will intervene with the project title: Reduction of morbidity and mortality related to severe acute malnutrition through integrated outpatient therapeutic feeding program(OTP) among Dusamareb IDPs and drought affected host communities in Dusamareb district, Galgaduud region and objective of contribution to reduction of mortality and morbidity among 8422 beneficiaries; Children U5 (2100 boys and 2450 girls) and 3840 PLWs that result from acute malnutrition by treating uncomplicated SAM and integrating with basic nutrition service package(BNSP) services linked to WASH and health programs in the drought affected settlements among Dusamareb district inhabitants will have the Outcome as Increased access to emergency nutrition services to children under five and pregnant and lactating women in drought affected populations living in Dusamareb District and activities as: Screening and treatment of 3840 (2800 pregnant women and 1040 lactating women) and 4550 (2100 boys and 2450 girls) with acute malnutrition; Screening and treatment of 4550 (2100 boys and 2450 girls) of severe acute malnutrition in children 0-59months; Provision of prevention and management of common childhood illnesses (Malaria, Diarrhoea and Pneumonia); Training of 32(16 male and 16 female) Nutrition staff in Integrated Management of Acute Malnutrition; Training of 32(16 male and 16female) Nutrition staff in Expanded Program on Immunization and Nutrition Health and Hygiene Promotion; Training 40(20 male and 20 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E); Providing of multiple micro nutrients to 2800 pregnant women and 1040 lactating women; Provision of 4550 children (2100 boys and 2450 girls) 6-59 months with Multiple Micro Nutrient Supplementation; Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program; Provision of immunization to 4550 children under five (2100 boys and 2450 girls) 6-59 months with penta 3 and measles vaccines; Provide Immunization services to 2800 pregnant women with tetanus vaccine; Providing 4550 children (2100 boys and 2450 girls) 6-59 months with deworming tablets at the nutrition sites; Provide maternal and child health and nutrition promotion messages using billboards and brochures and other IEC materials and Facilitation and distribution of WASH items to beneficiaries</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
16	3,856	2,100	2,450	8,422	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,100	2,450	4,550
Pregnant and Lactating Women	0	3,840	0	0	3,840
Staff (own or partner staff, authorities)	16	16	0	0	32
Indirect Beneficiaries :					

The drought affected host communities and the project staff (16 men and 16 female) Community based workers who will carry out community mobilization and sensitization and provide education and information at the community. The general community will also benefit from information and education from the Community Based Workers and the project staff during awareness campaigns and the regular daily nutrition talks.

Catchment Population:

140,061 as per PESS Population

Link with allocation strategy :

Climatic shocks exacerbated by El-Niño phenomena, continued insecurity and armed conflict, recurrent humanitarian right violation, political instability and lack of basic services contribute to high level of protracted humanitarian needs in Somalia. As a result, acute food security and malnutrition rates remain widespread. Drought remain the climatic drivers of humanitarian crisis in Somalia with devastating impact on communities and their livelihoods, increasing food insecurity, cash shortage and resulting in out-migration and death of livestock. The on-going drought conditions that the country is facing have left hundreds of thousands of Somalis to remain severe food and water shortages. Overall, some 5 million people are in need of humanitarian assistance. Over 1.1 million people are internally displaced. About 320,000 children under the age of 5 years are acutely malnourished and in need of urgent nutrition support. Of these, 50,000 children are severely malnourished and far more vulnerable than any other group. Following a poor April to June 2016 Gu season, and failed October to December 2016 Deyr season as well as the on-going extended drought with expectation of poor rainfall in Gu 2017 season as forecasted, the severity and magnitude of food insecurity will be even larger than currently anticipated with an increasing number of people facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity, and in need of emergency food assistance. Areas of concern include Dhusamreeb district of Galgaduud region, particularly, due to concentration of large number of people who have lost their livestock through drought are being resettled as new IDPs or integrating into host communities causing big burden on communities and the already existing old IDPs which are with poor purchasing power. The inhabitants of Galgaduud region (pastoral and urban livelihoods) all rely on income from livestock for their livelihoods. The majority of affected people are women, children and elderly. These people require emergency life-saving and life sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable in the months February to July 2017. Somalia one of the top ten countries with highest prevalence of malnutrition in the world and the third highest in the eastern and southern Africa region at 15.6 percent global acute malnutrition (GAM) amongst children under age 5, with 3.6 per cent being severely malnourished, which both are above emergency threshold as per global standards. As per the recent FSNAU Gu 2016 food security and nutrition assessment findings, the current global acutely malnourished population quantified from both IDPs settlements and rural livelihood zones nutritional assessments have increased by 19 per cent and 6 per cent respectively. The Gu 2016 result had also revealed that the current poor nutritional situation will either deteriorate or sustain in 'serious' or 'critical' situation with no nutritional improvement expected. The project therefore aims at providing lifesaving assistance to 4550 (2100 boys and 2450 girls) children 6-49 months, with Moderate and Severe acute malnutrition through outpatient therapeutic program. It also aims at providing life sustaining assistance through infant and young child feeding, NHHP and micro nutrients supplements to 3840 Pregnant and lactating women.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
Swisso-Kalmo	International NGO	185,439.43
		185,439.43

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

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Dr Abdi Hersi	Regional Director	abdi.hersi@swisso-kalmo.org	+254722777455
Hassan Ahmed Shariff	Country Health Coordinator	hassan.shariff@swisso-kalmo.org	+254722640669

BACKGROUND

1. Humanitarian context analysis

Climatic shocks exacerbated by El Niño phenomena, continued insecurity and armed conflict, recurrent humanitarian right violation, political instability and lack of basic services contribute to high level of protracted humanitarian needs in Somalia. As a result, acute food security and malnutrition rates remain widespread. Drought remain the climatic drivers of humanitarian crisis in Somalia with devastating impact on communities and their livelihoods, increasing food insecurity, cash shortage and resulting in out-migration and death of livestock. The on-going drought conditions that the country is facing have left hundreds of thousands of Somalis to remain severe food and water shortages. Overall, some 5 million people are in need of humanitarian assistance. Over 1.1 million people are internally displaced. About 320,000 children under the age of 5 years are acutely malnourished and in need of urgent nutrition support. Of these, 50,000 children are severely malnourished and far more vulnerable than any other group. Following a poor April to June 2016 Gu season, and failed October to December 2016 Deyr season as well as the on-going extended drought with expectation of poor rainfall in Gu 2017 season as forecasted, the severity and magnitude of food insecurity will be even larger than currently anticipated with an increasing number of people facing Crisis (IPC Phase 3) and Emergency (IPC Phase 4) acute food insecurity, and in need of emergency food assistance. Areas of concern include Dhusamreeb district of Galgaduud region, particularly, due to concentration of large number of people who have lost their livestock through drought are being resettled as new IDPs or integrating into host communities causing big burden on communities and the already existing old IDPs which are with poor purchasing power. The inhabitants of Galgaduud region (pastoral and urban livelihoods) all rely on income from livestock for their livelihoods. The majority of affected people are women, children and elderly. These people require emergency life-saving and life sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable in the months February to July 2017. Somalia one of the top ten countries with highest prevalence of malnutrition in the world and the third highest in the eastern and southern Africa region at 15.6 percent global acute malnutrition (GAM) amongst children under age 5, with 3.6 per cent being severely malnourished, which both are above emergency threshold as per global standards. As per the recent FSNAU Gu 2016 food security and nutrition assessment findings, the current global acutely malnourished population quantified from both IDPs settlements and rural livelihood zones nutritional assessments have increased by 19 per cent and 6 per cent respectively. The Gu 2016 result had also revealed that the current poor nutritional situation will either deteriorate or sustain in 'serious' or 'critical' situation with no nutritional improvement expected.

2. Needs assessment

Climatic shocks exacerbated by the El Niño phenomena, continued insecurity and armed conflict, recurrent human rights violations, political instability and major gaps in development programming contribute to high levels of protracted humanitarian needs in Somalia. Acute food insecurity and malnutrition rates remain prevalent, most notably in urban areas. Disease outbreaks re-occur due to poor health infrastructure and a lack of clean and safe water, sanitation and hygiene. Poor basic service delivery also weakens the coping capacity of millions of vulnerable Somalis. The lack of rule of law, pervasive protection violations, including forced evictions, gender-based violence and exploitation, remain widespread and continue to affect the most vulnerable groups, especially women and girls, people with disabilities, the elderly and minority groups. The country is facing a devastating drought emergency which could deteriorate to famine. In SCZ of Somalia escalated insecurity resulted in new wave of displacements; drier than normal conditions that reduced milk availability below normal alongside and rise in food prices aggravated the already existing poor nutrition status resulting to extreme negative causality factors creating causality traps (Poverty, Diseases, food insecurity, access) that compounds already fragile food security and malnutrition. As the performance of the 2016 Deyr (October – December) rains have not even met the expectation to be below normal to near normal, low water availability and agricultural production in most areas with poor rainfall has further negatively impact humanitarian needs. In tandem with ongoing drought and seasonal flooding expected later in the year, the multi-faceted crisis is expected to deepen in 2017. The number of malnourished cases seen through our facilities for the last 12 months are: 21049 MAM cases among the under-fives, 11063 of PLW, 1791 SAM cases and 277 cases of SAM with medical complications Swisso-Kalmo therefore proposes to intervene with treatment of uncomplicated SAM through 3 OTPs (1 fixed and 2 mobile) for children 6-59 months, integrating basic nutrition service package, that will include IYCF education and support for PLW, including peer support groups, Nutrition Health and Hygiene Promotion, vaccination and micro-nutrient supplementation for children 6-59 months and PLWs. The U5 children and PLW will be identified through screening that will be done by both CHWs and project staff through awareness campaigns and mass screening.

3. Description Of Beneficiaries

The target population for this project is specifically the IDPs and the host community; The project will primarily target children 6-59 months and pregnant and lactating women with screening and Treatment of SAM/MAM cases. The two groups will be identified through screening that will be done by both Community health workers and project staff. Community health workers will carry out routine screening, as part of their day to day activities, but will also be involved in mass screening which will be done Quarterly. The project is also expected to women of child bearing age and caregivers, that might not have children with malnutrition.

4. Grant Request Justification

Emergency nutrition support for the acutely malnourished boys and girls will reduce further deterioration in nutrition situation and nutrition related morbidity and mortality. However, only curative services are not enough for populations experiencing persistently high levels of acute malnutrition thus the need for additional multifaceted interventions such as the scaling up of existing nutrition interventions coupled with interventions aimed at addressing the underlying causes and contributing factors such as care practices, health seeking behaviour as well as improve access to services will go a long way in reducing the morbidity and mortality of the children and pregnant and lactating mothers. The project targets children 6-59 months with uncomplicated SAM, and acutely malnourished PLWs in the IDP Sites and drought affected host community of Dusamareb and Guriel. Children 6-59 months will be treated through 1 static OTP and two mobile sites in Dusamareb and Guriel each serving 5 villages. PLW will receive IYCF individual and group counselling sessions, peer education; The mothers will receive micro nutrient supplements, and health and nutrition counselling. The interventions target both cluster objective one and two which cover provision of life saving and life sustaining interventions.

5. Complementarity

Swisso-kalmo Supports 2 SC, 6 OTP static, 2 OTP mobile sites to U5 children with 10 TSFP sites in Dusamareb managing children U5 and PLW with moderate malnutrition through provision of micro nutrient supplementation (Vit A and MMN) in the MCHs and nutrition facilities; Provide immunization services (measles and Pentavalent), Support the provision, training and monitoring of deworming activities for under five and pregnant women; Training and supervision of staff and CHWs and community volunteers involved in screening of SAM cases on IMAM and immunization; Provision of De-worming and Micronutrient supplementation to children and PLW, according to micro nutrient guidelines for Somalia; Promotion and support for optimal maternal and nutrition care through: Provision of continuous medical and nutrition educations; Distribution of IEC materials; Conducting sensitization sessions on promotion of locally available nutritious foods; Train community members and equip them to deliver IYCF promotion or counselling; Train staff and CHWs and equip them to deliver IYCF promotion or counselling; Encourage target women to participate in a peer support group for IYCF; Provide community members with information on maternal nutrition and care messages. In this project SK will scale its activities by supporting 3 more OTPs, 1 static OTPs and 2 mobile OTP alongside the existing SC/OTP/TSFP sites. SK has a strong programmatic presence in the proposed district which complements this project. SK has ongoing Health and Nutrition programmes in the area that will compliment the proposed interventions

LOGICAL FRAMEWORK

Overall project objective							
To contribute to reduction of mortality and morbidity among 8422 beneficiaries; Children U5 (2100 boys and 2450 girls) and 3840 PLWs that result from acute malnutrition by treating uncomplicated SAM and integrating with basic nutrition service package(BNSP) services linked to WASH and health programs in the drought affected settlements among Dusamareb district inhabitants.							
Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		Somalia HRP 2017			50		
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Somalia HRP 2017			50		
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 Dusamareb drought affected populations.							
Outcome 1							
Increased access to emergency nutrition services to children under five and pregnant and lactating women in drought affected populations living in Dusamareb District.							
Output 1.1							
Description							
Improve and sustain access and utilization of integrated quality nutrition services of OTP/TSFP for U5 children and pregnant and lactating women in drought affected populations living in Dusamareb District.							
Assumptions & Risks							
Security situation will remain stable; No evictions will occur in Dusamareb during the project period; Defaulter rate will be below 15%; There will be improvement in the drought situation							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of moderately malnourished pregnant and lactating women							
Screening and treatment of 3840 (2800 pregnant women and 1040 lactating women) and 4550 (2100 boys and 2450 girls) with acute malnutrition through the two mobile sites (Dusamareb and Guriel)							
Activity 1.1.2							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Screening and treatment of 4550 (2100 boys and 2450 girls) of severe acute malnutrition in children 0-59months							
Activity 1.1.3							
Standard Activity : Nutrition health and Hygiene promotion							
Provide prevention and management of common childhood illnesses (Malaria, Diarrhoea and Pneumonia)							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	Nutrition	number of children 6-59 months and pregnant and lactating women screened					8,390
Means of Verification : Monthly reports of the number screened							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					8,390
Means of Verification : Monthly reports,							
Indicator 1.1.3	Nutrition	Number of children (boys and girls) managed for common childhood illnesses					4,550
Means of Verification : Monthly facility reports, Interim report and final report							
Outcome 2							
Capacity of 32(16 male and 16 female) nutrition staff and 40 (20 male and 20 female) Community Nutrition Workers to deliver services							
Output 2.1							
Description							
32 Nutrition staff (16 male and 16 female) trained on Integrated Management of Acute Malnutrition/Expanded Program on Immunization/Nutrition Health and Hygiene Promotion and 40 Community Nutrition Workers on Infant and Young Child Feeding							

Assumptions & Risks							
There will be limited staff turnover							
Activities							
Activity 2.1.1							
Standard Activity : Capacity building							
Training of 32(16 male and 16 female) Nutrition staff in Integrated Management of Acute Malnutrition							
Activity 2.1.2							
Standard Activity : Capacity building							
Training of 32(16 male and 16female) Nutrition staff in Expanded Program on Immunization and Nutrition Health and Hygiene Promotion							
Activity 2.1.3							
Standard Activity : Capacity building							
Training 40(20 male and 20 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					32
Means of Verification : Training reports, pictures, signed attendance sheet							
Indicator 2.1.2	Nutrition	Number of Nutrition staff trained on Expanded Program on Immunization and Nutrition Health and Hygiene Promotion					32
Means of Verification : Training reports, pictures and Signed training participants list							
Indicator 2.1.3	Nutrition	Number of Community Nutrition Workers on Infant and Young Child Feeding (-E)					40
Means of Verification : Training reports, pictures and Signed attendance sheet							
Outcome 3							
8422 beneficiaries including 4550 children (2100 boys and 2450 girls) 6-59 months and 3840 Pregnant Lactating women in drought affected settlements in Dusamareb covered with basic nutrition service package							
Output 3.1							
Description							
3840 pregnant and lactating women provided with IYCF education and support, TT Immunization and micro nutrients supplementation and 4550 children (2100 boys and 2450 girls) 6-59 months vaccinated with penta 3 and measles and all other components of BNSP							
Assumptions & Risks							
PLW, caregivers will accept immunization; There will be no evictions during the project period and Vaccines will provided on time							
Activities							
Activity 3.1.1							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Providing of multiple micro nutrients to 2800 pregnant women and 1040 lactating women							
Activity 3.1.2							
Standard Activity : Multiple micronutrient supplementation for children 6-24months							
Providing 4550 children (2100 boys and 2450 girls) 6-59 months with Multiple Micro nutrient Supplementation							
Activity 3.1.3							
Standard Activity : Infant and young child feeding promotion							
Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program							
Activity 3.1.4							
Standard Activity : Vaccination at nutrition centres							
Provision of immunization to 4550 children under five (2100 boys and 2450 girls) 6-59 months with penta 3 and measles vaccines							
Activity 3.1.5							
Standard Activity : Vaccination at nutrition centres							
Provide Immunization services to 2800 pregnant women with tetanus vaccine							
Activity 3.1.6							
Standard Activity : Deworming							
Providing 4550 children (2100 boys and 2450 girls) 6-59 months with deworming tablets at the nutrition sites							
Activity 3.1.7							
Standard Activity : Maternal child health and nutrition (MCHN) promotion messages							
Provide maternal and child health and nutrition promotion messages using billboards and brochures and other IEC materials							
Activity 3.1.8							

Standard Activity : Nutrition health and Hygiene promotion							
Facilitate the distribution of WASH items to beneficiaries							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of PLW receiving multiple micronutrients					3,840
Means of Verification : Monthly reports,							
Indicator 3.1.2	Nutrition	Number of children 6-24 months receiving multiple micronutrient supplementation during the project period					4,550
Means of Verification : Monthly facility report, interim report and final technical report							
Indicator 3.1.3	Nutrition	Number of mothers/caregivers receiving Individual counselling and/or breastfeeding support during the project period					1,040
Means of Verification : Sample Pictures of the individual counselling sessions, Interim and final reports							
Indicator 3.1.4	Nutrition	Number of children under five (2100 boys and 2450 girls) 6-59 provided with penta 3 and measles vaccines					4,550
Means of Verification : Monthly reports, Interim and final report							
Indicator 3.1.5	Nutrition	Number of pregnant women receiving TT immunization at the static and outreach facilities					2,800
Means of Verification : Interim and final report							
Indicator 3.1.6	Nutrition	Number of children (2100 boys and 2450 girls) 6-59 months provided with deworming tablets at the nutrition sites					4,550
Means of Verification : Monthly reports, interim and final report							
Indicator 3.1.7	Nutrition	Number of IEC materials/promotion messages produced and placed in public places					100
Means of Verification : Sample of the content of the IEC Materials, pictures, Interim and Final reports							
Indicator 3.1.8	Nutrition	Number of WASH related items distributed					100
Means of Verification : Interim and final report, pictures of the WASH items being distributed							
Additional Targets : Beneficiaries from the neighboring villages and regions if they visit the service delivery points both at the static sites and during the outreach exercises will receive services like any other beneficiary from the district and region.							

M & R

Monitoring & Reporting plan

A Technical person (Nutrition specialist) will implement the project and he/she will be responsible for the overall nutrition activities in the area of operation. All OTP sites admit and treat cases on daily bases while TSFP sites admit and treat cases once in a week, Weekly OTP/TSFP reports, documenting daily admissions and discharges are entered in Swisso-kalmo data base. Weekly reports are combined to complete the required monthly OTP/TSFP reports and sent to UNICEF/W.F.P. To ensure total inclusive in its intervention approach, SK will strengthen nutrition service provision to the vulnerable population; work closely with MOH, UNICEF and nutrition partners in Galgaduud. The objective is a holistic and all-inclusive approach. SK has in place a variety of M&E tools that will be used to assess programme activities in the nutrition service. In addition to the regular weekly and monthly reports, overall interim financial and narrative project reports and a final project report will be provided to UNOCHA. Staffs and community health worker will be trained using the standard guidelines such as IMAM; Pictures of training and activity samples will be provided; There will be regular field visits by the project coordinator for monitoring purposes. The selection of the sites will be determined based on need and will identified with close consultation and coordination with Ministry of health and community members. The team will consist of five members' nutrition nurse, nutrition screener, registrar, IYCF councillor and community mobilizer. these staff will be recruited through a transparent manner involving the community leaders and the local administrators, staffs in the project will be trained on IMAM and IYCF using the Somalia IMAM guidelines and UNICEF IYCF training package. Community Nutrition Workers will be identified based on clear agreed criteria, then the identified CNWs will be provided with training on screening for active case finding and referral, follow up of cases admitted in the IMAM programme and they will be Provided with training on key Nutrition Health and Hygiene Promotion messages to disseminate to the rest of community members during active case finding within the community.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screening and treatment of 3840 (2800 pregnant women and 1040 lactating women) and 4550 (2100 boys and 2450 girls) with acute malnutrition through the two mobile sites (Dusamareb and Gurie)	2017			X	X	X	X	X	X				
Activity 1.1.2: Screening and treatment of 4550 (2100 boys and 2450 girls) of severe acute malnutrition in children 0-59months	2017			X	X	X	X	X	X				
Activity 1.1.3: Provide prevention and management of common childhood illnesses (Malaria, Diarrhoea and Pneumonia)	2017			X	X	X	X	X	X				

Activity 2.1.1: Training of 32(16 male and 16 female) Nutrition staff in Integrated Management of Acute Malnutrition	2017				X									
Activity 2.1.2: Training of 32(16 male and 16female) Nutrition staff in Expanded Program on Immunization and Nutrition Health and Hygiene Promotion	2017				X									
Activity 2.1.3: Training 40(20 male and 20 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)	2017				X									
Activity 3.1.1: Providing of multiple micro nutrients to 2800 pregnant women and 1040 lactating women	2017			X	X	X	X	X	X	X				
Activity 3.1.2: Providing 4550 children (2100 boys and 2450 girls) 6-59 months with Multiple Micro nutrient Supplementation	2017			X	X	X	X	X	X	X				
Activity 3.1.3: Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program	2017			X	X	X	X	X	X	X				
Activity 3.1.4: Provision of immunization to 4550 children under five (2100 boys and 2450 girls) 6-59 months with penta 3 and measles vaccines	2017			X	X	X	X	X	X	X				
Activity 3.1.5: Provide Immunization services to 2800 pregnant women with tetanus vaccine	2017			X	X	X	X	X	X	X				
Activity 3.1.6: Providing 4550 children (2100 boys and 2450 girls) 6-59 months with deworming tablets at the nutrition sites	2017			X	X	X	X	X	X	X				
Activity 3.1.7: Provide maternal and child health and nutrition promotion messages using billboards and brochures and other IEC materials	2017			X	X	X	X	X	X	X				
Activity 3.1.8: Facilitate the distribution of WASH items to beneficiaries	2017			X	X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

Accountability to affected population is a key aspect in the transformative agenda of which SK is committed to. SWISSO-KALMO incorporates transparent and community-led approaches in this and all projects; in the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring. Project activities will be coordinated with SWISSO-KALMO's existing and future projects in the nutrition sector. SWISSO-KALMO, through its standing presence in Dusamareb, has good relationships with the local authorities and beneficiaries. The proposed project is based on information provided to SWISSO-KALMO by potential beneficiaries as well as local authorities. SWISSO-KALMO, as a matter of principle and tradition holds a grant opening workshop with all stakeholders invited before the launch of every project. The grant opening workshop is meant to introduce beneficiaries and stakeholders to the project, highlighting the key entitlements, the beneficiary selection criteria used or to be used, the design of the project and implementation policy of SWISSO-KALMO and donor requirements. This act of inclusivity in during program launch and implementation opens the program up to public scrutiny and healthy beneficiary/donor/implementer dialogue. SWISSO-KALMO conducts regular community meetings, during these meetings, the beneficiaries are informed about the project implementation status and their feedback is sought. This feedback is then communicated to SWISSO-KALMO Management and the project design is changed accordingly considering donor rules and regulations. At the end of the project, community feedback is sought again and lessons learned are incorporated into new project designs. SWISSO-KALMO and the line government authorities in collaboration with the key project stakeholders in Galgaduud will conduct the process of recruiting key positions for this project. The hiring process will be transparent and will ensure fair representation of groups and communities among staff members. SWISSO-KALMO takes into consideration a number of critical issues when conducting its hiring. Some of the key considerations are: gender, people with disabilities and minority clan representation. In the proposed project, communities will be engaged in all aspects of project design, implementation, and monitoring.

Implementation Plan

SWISSO-KALMO will adhere to the implementation and M&R plan as submitted in the proposal. Before commencing implementation, a stakeholder meeting will be called and project activities will be shared with concerned partners and government ministries. SWISSO-KALMO is proposing to implement this project through SWISSO-KALMO field staff in close coordination with local authorities. In this project, SWISSO-KALMO is proposing to establish 1 static site and run two mobile clinics that will provide essential nutrition services to the population in Dusamareb IDP settlement and surrounding areas. Financial management within SWISSO-KALMO is headed by the financial manager based in Nairobi. The Finance Manager oversees the day to day operations and reporting and works closely with the Mogadishu-based Finance Manager and Officer to ensure that all financial matters are in accordance with SWISSO-KALMO and SHF rules and regulations. Swisso Kalmo will improve the access and utilization of Emergency Integrated Nutrition services for women and children living in Dusamareb IDPs as well as host communities through the establishment of two outreach activities and strengthening of referral system between the IDPs and the fixed health facilities including Dusamareb Referral Health Centre. Focus will be on the increasing the awareness/sensitization of IDP communities through messages and community gathering. Recruitment and training of CHWs, nurses, auxiliary nurses within the locality i.e Dusamareb District and Galgaduud regions; SK health and nutrition facilities in Dusamareb district will be strengthened in order to improve the capacity to accommodate the needs of patients from IDPs. We will utilize the Referral health Centre as referral for complicated cases especially pregnancy complicated cases. In order to achieve these objectives, All the technical staff will receive training on Integrated Management of Acute Malnutrition and supervision will be undertaken for both packages of mothers and children at various stages of their lifecycles, prompt referral from the community, management of acute malnutrition including full coverage of immunization through routine immunization. HMIS officer will review monthly reports being submitted by monitoring the data against the indicators and targets set in the logical framework as well as the developed work plans during the inception period. Emphasis will be placed on activity monitoring and internal end of the term review by the involved staff to assess the project success and document lessons learned for future programming and decision making. In this project, SK will establish 1 static site and 2 outreach/mobile teams to reach IDP camps as well as drought affected host communities and provide prevention and treatment of sick children; immunization of under 5 children and PLW; community awareness through CHW; and referral of severe cases to nearby stabilization centres by providing transportation/means of referral as captured in the log frame. During follow up visits each beneficiary will receive thorough history taking and physical examination that involves taking anthropometric measurements, doing appetite test and assessing for any danger sign that could have identified any problem that might have arose while the child was at home thus using the finding manage the beneficiary accordingly.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
W.H.O	Provide guidanace

Nutrition Cluster	Provides guidance on management of children with malnutrition and coordinate the cluster
UNICEF	provide supplies and technical support and sharing of reports
M.O.H	Involvement of the ministry in all our activities and share reports with them both at the state level and the federal level
W.F.P	We have a Field Level Agreement (FLA). We receive financial assistance and also supplies from them to support the moderately malnourished
UNOCHA	Donor, Share interim and final report
Health Facilities	The project will be integrated with health and send patients for referral times

Environment Marker Of The Project

B: Medium environmental impact with NO mitigation

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, men, children and youth. SWISSO-KALMO's trained community health workers are comprised of both women and men. The project supports the gender equality and specific health needs of women and girls will be addressed by ensuring the active participation of women and girls in every phase of the project including identification of sites and services, design of activities, and implementation of the project. The project will empower women and girls by including them in the training, social mobilization and activities. The overall proposed project activities are specifically targeting women and children i.e Boys and Girls less than 5 years of age, Pregnant and Lactating Women, IDPs and the drought affected host community. Swisso-kalmo has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. the intervention will ensure equal number of male and female will be selected during recruitment.

Protection Mainstreaming

Consideration of safety and dignity have been taken seriously in the design of this project and will continue to be taken seriously throughout the implementation. The advantage of employing mobile teams is that it reduces the distance that beneficiaries have to walk to access services. Additionally, the location in the IDPs where the mobile team serves patients will be selected in consultation with community leaders, beneficiaries and the Ministry of Health to ensure that they create an ideal environment for women and children. This ensure that they are safe and served with dignity. While the focus of this project will be the IDP communities, members of the drought affected host community who visit the mobile sites and static facility will be provided with the necessary services, in hopes of reducing the conflict that can be caused by service provision targeting one group. The project will look at all in need as clients who have to be treated fairly and with dignity. All beneficiaries will be treated equally regardless of age, gender, tribe or political affiliation, as per our policy. All our staff will be informed on the consequences of not complying with the policy.

Country Specific Information

Safety and Security

All of Swisso-Kalmo's security related matters are coordinated by an expert security officer, with support from a national security officer who is based in Dusamareb. There will be an update on safety and security issues provided on weekly basis that are shared with all staff. The security situation of Dusamareb is so far stable. However, all our staff regularly undergo a short training on field safety and acquainted with our security policy. Swisso-Kalmo 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 area and it is hoped that this will enhance sharing of security information.

Access

Swisso-Kalmo has been in operation in Dusamareb district since 2013, SK has a sub-office in Dusamareb town, is currently running 2 Referral Health Centre, 6 MCHs/OTP and 2 mobile sites in Dusamareb district, also SK runs 2 TB centre in Dusamareb district, SK is the regional cold chain manager supplying Galgaduud and South Mudug.; The security situation in Dusamareb is so far stable which is a facilitating factor in implementation of this project. SK will regularly monitor the access issues and also participate in all coordination meeting discussing access issues in the area. Should access become an issue, SK would share this with the donor and ask for their guidance in addition to temporarily modifying the mobile team movement accordingly depending on the situation

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition coordinator (nutrition expert)	D	1	3,200.00	6	10.00	1,920.00
	<i>The nutrition coordinator will oversee all the activities of the project from start up through implementation to monitoring and evaluation; he/she will be based in Dusamareb and frequent travel to Mogadishu to brief the management on the progress of implementation; she/he will regularly provide onjob training to project local staff</i>						
1.2	Logistic officer	D	1	800.00	6	20.00	960.00
	<i>Logistic officer will be responsible for all logistic issues including transportation, security of nutritional commodities and office management</i>						
1.3	Data Manager	D	1	400.00	6	100.00	2,400.00

	<i>The data manager will keep all the data of the project, follow it, making sure that everyone within the organization and the donor, Ministry of health(Galmudug and Federal) are updated on utilization of data.</i>						
1.4	Nutrition Supervisor	D	2	800.00	6	100.00	9,600.00
	<i>Responsible for the support supervision of all nutrition sites. Each of the two mobile clinics will be having nutrition field supervisor and he/she will be the team leader</i>						
1.5	Nutrition Nurses	D	4	400.00	6	100.00	9,600.00
	<i>The nurses will be responsible for management of patients at the mobile sites. 2 nurses for each of the mobile sites</i>						
1.6	Nutrition Screeners	D	4	200.00	6	100.00	4,800.00
	<i>The nutrition screeners will be responsible for the management of malnutrition children and Pregnant and Lactating Women</i>						
1.7	IYCF/NHHP Promoters	D	2	200.00	6	100.00	2,400.00
	<i>The staff will make sure the Preventive and promotive activities of the project is well covered through Infant and Young Child Feeding/Nutrition Health and Hygiene Promoters</i>						
1.8	Community Nutrition Workers	D	10	200.00	6	80.00	9,600.00
	<i>The Community Nutrition Workers will be responsible in promoting health/nutrition in the communities and at the facility levels. One CNW for every of the villages that will be reached by the mobile teams; every mobile team will reach 5 villages.</i>						
1.9	Nutrition Registrars	D	1	200.00	6	100.00	1,200.00
	<i>Nutrition registers support the nutrition screeners by registering all patient coming to nutrition sites</i>						
1.10	Cleaners for the nutrition site	D	2	150.00	6	50.00	900.00
	<i>Responsible of Cleaning of nutrition sites and all hygiene related of the facilities</i>						
1.11	Security guards for the nutrition site	D	4	150.00	6	50.00	1,800.00
	<i>2 Security personnel will be responsible for taking charge of the security of personnel and supplies during the day for every mobile team (totaling to 4 for 2 mobiles)</i>						
1.12	Store keeper	D	1	400.00	6	50.00	1,200.00
	<i>The store keeper will be responsible for keeping the supplies in a good environment and follows up the movement of the supplies in and out of the stores</i>						
	Section Total						46,380.00
Supplies, Commodities, Materials							
2.1	Water for site operations(\$5 per litre x25 litres)	D	3	125.00	6	100.00	2,250.00
	<i>Water that is to be used for hand washing, drinking and for sanitation in the facilities.</i>						
2.2	Training of 32 staff on IMAM	D	1	6,850.00	1	100.00	6,850.00
	<i>32 Nutrition Staffs will be trained on Integrated Management of Acute Malnutrition. See the BOQ for the details</i>						
2.3	Training of 32 staff on EPI and NHHP	D	1	6,850.00	1	100.00	6,850.00
	<i>32 staff will be trained on Expanded Program on Immunization and Nutrition Health and Hygiene Promotion in order to improve the service delivery through developing their capacities. See the BOQ for the details</i>						
2.4	Training of 40 Community Nutrition Workers on IYCF	D	1	6,762.50	1	100.00	6,762.50
	<i>40 Community Nutrition Workers will be trained on Integrated young Child Feeding. See BOQ for the details</i>						
	Section Total						22,712.50
Travel							
5.1	Movement of the nutrition coordinator	D	1	1,500.00	1	100.00	1,500.00
	<i>The Nutrition coordinator will travel to Mogadishu three times over the period of the project to brief the regional director and other team and participate coordination meeting. See the BOQ</i>						
5.2	Car hire/rental for the mobiles sites	D	2	1,800.00	6	50.00	10,800.00
	<i>Vehicle rental for outreach and mobile services and supervision during distribution that each will cost 1800 per month</i>						

5.3	Travelling expense for facilitators	D	2	150.00	2	100.00	600.00
	<i>This cost will be used for transportation/travel expenses for two facilitators who will be facilitating training of staff on Integrated Management of Acute Malnutrition (IMAM). The cost of transporting 1 facilitator is 150, while that of 2 is 300 USD and a return ticket for both will cost 600 USD.</i>						
5.4	Travelling expense for facilitators	D	2	150.00	2	100.00	600.00
	<i>This cost will be used for transportation/travel expenses for two facilitators who will be facilitating training of staff on Integrated Management of Acute Malnutrition (IMAM). The cost of transporting 1 facilitator is 150, while that of 2 is 300 USD and a return ticket for both will cost 600 USD.</i>						
	Section Total						13,500.00
General Operating and Other Direct Costs							
7.1	Stationaries for Dusamareb office	D	1	200.00	6	67.00	804.00
	<i>Registers, prints for data collection forms and A4 papers for printers (Canon IR2520 UFRILT). For detail information please see the BOQ attached. The period is reduced to four months because SK will pay for the first two months</i>						
7.2	Communication for Dusamareb office	D	1	400.00	6	67.00	1,608.00
	<i>internet and telephone for project staff. The area is far from the central and capital city and internet charges and more usage of phone calls is required to consistently be aware of and monitor progress of the project (The internet cost will be \$250 and \$150 for telephone calls). Please also see the BOQ attached. The period is reduced to four months because SK will pay for the first two months</i>						
7.3	Bank charges	D	1	1,640.00	1	100.00	1,640.00
	<i>Bank charges (<2% of the total budget). This will be the charges from Zurich to Nairobi and then to the field</i>						
	Section Total						4,052.00
SubTotal			49.00				86,644.50
Direct							86,644.50
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							6,065.12
Total Cost							92,709.62

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Dhuusamarreeb -> Dhuusamarreeb	50	8	1,928	1,050	1,230	4,216	<p>Activity 1.1.1 : Screening and treatment of 3840 (2800 pregnant women and 1040 lactating women) and 4550 (2100 boys and 2450 girls) with acute malnutrition through the two mobile sites (Dusamareb and Guriel)</p> <p>Activity 1.1.2 : Screening and treatment of 4550 (2100 boys and 2450 girls) of severe acute malnutrition in children 0-59months</p> <p>Activity 1.1.3 : Provide prevention and management of common childhood illnesses (Malaria, Diarrhoea and Pneumonia)</p> <p>Activity 2.1.1 : Training of 32(16 male and 16 female) Nutrition staff in Integrated Management of Acute Malnutrition</p> <p>Activity 2.1.2 : Training of 32(16 male and 16female) Nutrition staff in Expanded Program on Immunization and Nutrition Health and Hygiene Promotion</p> <p>Activity 2.1.3 : Training 40(20 male and 20 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)</p> <p>Activity 3.1.1 : Providing of multiple micro nutrients to 2800 pregnant women and 1040 lactating women</p> <p>Activity 3.1.2 : Providing 4550 children (2100 boys and 2450 girls) 6-59 months with Multiple Micro nutrient Supplementation</p> <p>Activity 3.1.3 : Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program</p> <p>Activity 3.1.4 : Provision of immunization to 4550 children under five (2100 boys and 2450 girls) 6-59 months with penta 3 and measles vaccines</p> <p>Activity 3.1.5 : Provide Immunization services to 2800 pregnant women with tetanus vaccine</p> <p>Activity 3.1.6 : Providing 4550 children (2100 boys and 2450 girls) 6-59 months with deworming tablets at the nutrition sites</p> <p>Activity 3.1.7 : Provide maternal and child health and nutrition promotion messages using billboards and brochures and other IEC materials</p>

Galgaduud -> Dhuusamarreeb -> Guri-Ceel	50	8	1,928	1,050	1,220	4,206	<p>Activity 1.1.1 : Screening and treatment of 3840 (2800 pregnant women and 1040 lactating women) and 4550 (2100 boys and 2450 girls) with acute malnutrition through the two mobile sites (Dusamareb and Guriel)</p> <p>Activity 1.1.2 : Screening and treatment of 4550 (2100 boys and 2450 girls) of severe acute malnutrition in children 0-59months</p> <p>Activity 1.1.3 : Provide prevention and management of common childhood illnesses (Malaria, Diarrhoea and Pneumonia)</p> <p>Activity 2.1.1 : Training of 32(16 male and 16 female) Nutrition staff in Integrated Management of Acute Malnutrition</p> <p>Activity 2.1.2 : Training of 32(16 male and 16female) Nutrition staff in Expanded Program on Immunization and Nutrition Health and Hygiene Promotion</p> <p>Activity 2.1.3 : Training 40(20 male and 20 female) Community Nutritional Workers in basic Infant Young Child Feeding (IYCF-E)</p> <p>Activity 3.1.1 : Providing of multiple micro nutrients to 2800 pregnant women and 1040 lactating women</p> <p>Activity 3.1.2 : Providing 4550 children (2100 boys and 2450 girls) 6-59 months with Multiple Micro nutrient Supplementation</p> <p>Activity 3.1.3 : Provide Individual counselling and/or breastfeeding support for 1040 mothers of SAM children admitted to the program</p> <p>Activity 3.1.4 : Provision of immunization to 4550 children under five (2100 boys and 2450 girls) 6-59 months with penta 3 and measles vaccines</p> <p>Activity 3.1.5 : Provide Immunization services to 2800 pregnant women with tetanus vaccine</p> <p>Activity 3.1.6 : Providing 4550 children (2100 boys and 2450 girls) 6-59 months with deworming tablets at the nutrition sites</p> <p>Activity 3.1.7 : Provide maternal and child health and nutrition promotion messages using billboards and brochures and other IEC materials</p>
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Documents	
Category Name	Document Description
Budget Documents	Swisso-Kalmo BOQs for Nutrition program -27.01.2017.xlsx
Budget Documents	BOQ_ for Rehabilitation of Dabare OTP site.xls
Budget Documents	Revised Swisso-Kalmo BOQs for Nutrition program -03.02.2017.xlsx
Budget Documents	Revised Swisso-Kalmo BOQs for Nutrition program -07.02.2017.xlsx
Budget Documents	Final Revised Swisso-Kalmo BOQs.xls
Budget Documents	Final vERSION Revised Swisso-Kalmo BOQs-2.xls
Grant Agreement	SHF_Dusamareb Nutrition Agreement Document_4550.pdf
GA Amendment	HC signed GA 4550.pdf