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|--|--|---------------------------------|-----------------------------------|--------------|--------------|
| Requesting Organization : | Hidig Relief And Development Organization | | | | |
| Allocation Type : | Standard Allocation 1 (Jan 2017) | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Nutrition | | 100.00 | | | |
| | | 100 | | | |
| Project Title : | Provide immediate life saving nutrition support to <5 children boys, girls and pregnant and lactating mothers in Rabdhure district Bakool region. | | | | |
| Allocation Type Category : | | | | | |
| OPS Details | | | | | |
| Project Code : | | Fund Project Code : | SOM-17/3485/SA1 2017/Nut/NGO/4589 | | |
| Cluster : | | Project Budget in US\$: | 183,301.39 | | |
| Planned project duration : | 8 months | Priority: | | | |
| Planned Start Date : | 15/02/2017 | Planned End Date : | 15/10/2017 | | |
| Actual Start Date: | 15/02/2017 | Actual End Date: | 15/10/2017 | | |
| Project Summary : | <p>The ongoing draught condition in Somalia left hundreds of thousands of displaced .About 320,000 children <5 years are acutely malnourished and in needs of urgent nutrition support, a total of 50,000 children severely malnourished and far more vulnerable than any group. Poor Gu 2017 session as forecasted the severity and magnitude of food security will be even larger than expected if urgent humanitarian support is not given immediately. The draught affected mostly children under five and women as well as the elderly in the area of Bakol and more so Rabdhure district. The pastoral and agro pastoral livelihood of Bakol are mostly affected by the draught and more so Rabdhure border towns of Xudur is holding displaced person from the Tieglow district in which fighting erupted in October when Ethiopian forces pull out and militia groups override the district although it was recaptured latter but people who flew for the safety are now residing at Yeed town in Rabdhure district in which HIDIG organization intends to scale up lifesaving nutrition intervention with the treatment of severely acute malnourished children(SAM cases) both complicated an uncomplicated cases for children n(6-59 months) and moderately malnourished cases on both <5 and Pregnant and lactating women through 2 fixed outpatient therapeutic program and three mobile services which will cover other 3 smaller pastoral villages in the surrounding areas of Yeed and Bali ad town in Rabdhure district.The project shall strive to integrate basic nutrition services packages that will includes of nutrition education on infant and young child feeding for Pregnant and lactating mothers on Nutrition, hygiene and health promotion, support mother to mother,vaacination,micronutrients supplementation for children <5 and pregnant and lactating women. The project will identify the target beneficiaries that children <5 and pregnant and lactating mothers through screening and community sensitization and awareness campaign through community health workers .Through the proposed project HIDIG project will support1500 boys,1500 girls and 800 pregnant and lactating women in then project area, It will also capacity build the community health workers, project technical staff on integrated management of acute malnutrition (IMAM),infants young child feeding best practices(IYCF),Nutrition, health and hygiene promotion (NHHP) as well as conduct caregivers infant and young child feeding practices (IYCF) promotion session for better information dissemination to the caregivers in the project area. The project shall strive to scale up to two already existing target supplementary sites and established three more OTP sites in Rabdhure district to provide both severely acute malnourished (SAM) treatment and moderately acute malnourished cases (MAM) treatment services in both static and mobile sites.</p> | | | | |
| Direct beneficiaries : | | | | | |
| Men | Women | Boys | Girls | Total | |
| 20 | 818 | 1,500 | 1,500 | 3,838 | |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Children under 5 | 0 | 0 | 1,500 | 1,500 | 3,000 |
| Pregnant and Lactating Women | 0 | 500 | 0 | 0 | 500 |
| Staff (own or partner staff, authorities) | 10 | 8 | 0 | 0 | 18 |
| Trainers, Promoters, Caretakers, committee members, etc. | 10 | 10 | 0 | 0 | 20 |
| Indirect Beneficiaries : | | | | | |

The indirect beneficiaries will be the draught affected population and host communities within the 5 targeted locations who are not directly support by the mobile teams or static facility during this project, as the child was not malnourished. This represents 9854 within in the target location.

Catchment Population:

The area has a catchment population of 62,000 of which mainly are concentrated in Yeed due to displacement by the drought.

Link with allocation strategy :

This proposal was designed in alignment with the strategy response for the SHF standard Allocation, which focuses in reducing nutrition related mortality and morbidity within the draught affected communities through a holistic approach. Bakool have been hit high with the devastating draught and have high malnutrition rates with a SAM rate of 4.5 and a GAM rate of 18.8. Furthermore, the AWD/Cholera outbreak, coupled with lack of health care services and hygiene facilities and habits have reinforced the nutritional crisis within the draught stricken communities in Bakool region. The proposed intervention will increase outpatient therapeutic treatments coverage to at least 2 locations through mobile teams and a static outpatient therapeutic site, of which 1 location have ongoing WFP target supplementary programming, along with infant young child feeding and nutrition, health and hygiene promotion education sessions. The project activities will be linked with SHF 2017 draught response standard allocation one. Activities will ensure provision of life saving and life sustaining nutrition services through both static and mobile Outpatient therapeutic services to the draught affected population in Rabdhure Bakol regions Somalia. Through this funding for nutrition, HIDIG hopes to compliment the health and WASH services in the proposed area with child and maternal health and EPI services. Integration will lead to the highest impact in reducing malnutrition among the draught affected population in Bakool region.

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 |
|---------------------|--------------------|---------------------|---------------|
| Daud Moalim Abdinur | Executive director | damac09@hotmail.com | +252615532161 |

BACKGROUND

1. Humanitarian context analysis

Somalia is experiencing worsening drought conditions, leading towards a deteriorating humanitarian situation in a protracted crisis environment affected by long-term conflict and cyclical natural hazards, where some 3.3 million people are already in need of emergency health services across Somalia. Many indicators of the crisis are similar to those in 2010/2011 before the famine that resulted in 260,000 deaths. Key challenges facing the Somali health sector include persistently high burden of disease; repeated outbreaks, limited institutional capacity and stewardship role of ministries of health; inadequate, unpredictable and unsustainable level of financing, with a high share of out-of-pocket spending on health & nutrition; absence of balanced, motivated, well-distributed and well-managed health& nutrition workforce with the appropriate skills mix; limited and unequal access to essential nutrition services, and poor quality and safety of services across all levels of care.

Bakool have sustained critical levels of malnutrition and, therefore, is classified as a hotspot (priority) for nutritional interventions. The challenging nutritional situation can be attributed to the combined poor and borderline food consumption aggravated by infighting within the region as well as the poor Gu rains in the entire region which led increased in GAM 18.8% and SAM of 4.5% in Bakool pastoral and agro pastoral livelihoods. Based on GAM prevalence estimates from the 2016 Gu food security and nutrition assessments, an estimated 323 350 children under the age of five across Somalia were suffering from acute malnutrition at the time of the assessment. Out of this total, 57 340 were severely malnourished. Approximately 58 percent of the acutely malnourished children are found in Southern and Central Somalia, with Bakool regions among the worse accounting for one third of the total malnourished population in the country.

2. Needs assessment

The situation in Somalia remains precarious and the magnitude of the figure that needs humanitarian assistance is truly unsettling. The FSNAU report further emphasizes the need for scaled humanitarian assistance from now at least to March/April 2017 to mitigate the imminent worsening of the food security situation. Despite the significant progress recorded over the years since the 2011 famine, Lower Bakool remains in a fragile food security situation due to the devastating draught. 13% of the total population are in crisis and emergency levels (IPC Phase 3 and 4) while a further over 30% is in stressed level (IPC phase 2). Majority of the affected are Pastoral and the Agro-pastoral Livelihoods.

Bakool region have massive draught displaced populations due to conflict, forced evictions and poor livelihood zones in the neighboring regions. The region is one of the most underserved regions in Somalia. According to the Joint Health and Nutrition Programme, the region has the least facility in Somalia and virtually non-existent primary healthcare services. Recent HMIS data collected from Bakool partners nutrition facilities for the month of Oct to Dec 2016, shows high trends of malnutrition where it has shown GAM rate of 18.8, SAM 4.5 and MUAC of 12.9 among <5 children and MUAC of 17.9 among the PLWs in Elbarde among under-five children boys, girls seen at the existing OTP/SC centre and the MCH in Quracjoome Elbarde districts. This increase could also be attributed to the increased outreach activities in the district which attracted more admission with early detection of SAM cases before further deterioration leading to better treatment coverage in the newly accessible sites. There were also cases of malaria, Acute Watery Diarrhea and measles reported. Recent southern aid field monitoring reports indicate increased cases of Acute Watery Diarrhea (AWD) which is a normal seasonal trend during the rainy seasons of Deyr. With already limited health and nutrition services in Yeed Rabdure district, concerns are raised that the situation may further worsen due to the likely gap in nutrition intervention in the whole of the region. There is poor practice of exclusive breastfeeding among the targeted IDPs communities which entail further focus on social mobilization and community based IYCF interventions. There are also a high proportion of boys and girls aged 6-59 months are acutely malnourished in Rabdure District due to unmet nutritional requirements. The worrying nutrition situation is mainly related to chronically poor food access, high morbidity due to seasonal disease outbreaks, and inadequate sanitation facilities, safe water and poor access to health care services.

HIDIG therefore, intends to reach 3000 severely acutely and moderately malnourished boys (1500) and girls (1500) aged 6-59 months, and as well provide multiple micronutrient intervention through Basic Nutrition Services Package (BNSP) linking nutrition to health, WASH and food security. it shall also identify and screen 800 PLWs for MAM and make referral to HIDIG target supplementary feeding programs (TSFP) in Rabdure district. HIDIG shall coordinate with partners working in Rabdure districts such as ACF, MARDO who are working with OTP and MCH respectively for proper referral services. Technical capacity is lacking, hence capacity building will be prioritized for 18 project staff (15 men and 13 women), Community health workers/promoters (CHWs) (10 men, 10 women) and project beneficiaries and as well conducts 3 sessions on infants and young child feeding practices (IYCF) to 80 caregivers across the Rabdure district target locations.

3. Description Of Beneficiaries

The response will target draught affected population in Yeed, hawa yaar, Gubato, Bali adde and Bulla Meegag location Rabdure district Bakool region with a specific focus on children U5 with sever acute malnutrition (SAM) and their caregivers. The 5 location will be selected based on the vulnerability of the people presence in the area and the available to other nutritional or health services through direct implementation by HIDIG organization in order to increase the package of services provision. All children U5 within the target locations will be screened through community health workers (CHWs) for malnutrition and referred accordingly. Further to this, the caregivers of those children, specifically the mothers, will be targeted for IYCN and NHP education and promotional sessions by CHWs and through Mother to Mother support groups. Additionally, the project will target 20 health care providers including, nurses, nutritional assistants, etc. for the mobile team and the fixed facility, along with 20 communities mobilizes (12 female and 8 male). The nurses and nutritional assistants will be selected through competitive interviews but consideration given to those from the Bakool region, however the CHWs will be selected from the local communities with the support of the community leaders in order to ensure acceptance within the targeted communities.

4. Grant Request Justification

Through this funding, HIDIG organization will implement three mobile teams and two static/fixed outpatient therapeutic feeding program integrated with target supplementary program in the same areas targeting three locations and two health center/static OTP site. Each location will have a CHW who will provide health education and referrals to the OTP/TSFP sites and follow up to malnourished children. Transportation costs will be covered for those children that need to go to a hospital with a Stabilization Center; this will help ensure that proper treatment is received. 2 of the 5 OTP sites are currently TSFP sites in which HIDIG is running with funding from WFP and intends to scale up Outpatient therapeutic program in both the existing target supplementary sites as well as establishing OTP programs hence shall accelerates its effort for more responsive integration of OTP and TSFP services in the area. The OTP staff will be trained on IMAM and IYCF to ensure quality service provision. Additionally, HIDIG as health care provider in the same area will also provide nutrition, health and hygiene and IYCF promotion sessions each day at their respective sites. HIDIG shall work closely with the Ministry of Health, South West State and other local humanitarian actors for better coordination and effective management of integrated response to the draught affect population in the area.

5. Complementarity

HIDIG is currently providing integrated life-saving humanitarian assistance in the proposed project sites through static and mobile health facilities. HIDIG's services include primary health care service and nutrition activities. HIDIG also implements a health project with the support of SHF in Bakool region, thus its ability to leverage on this project for essential supplies provided by UNICEF. HIDIG is proposing a WASH project to SHF in the same area and intends to integrated nutrition, health and WASH activities for more holistic response to the draught affected population in Bakool region target areas. HIDIG shall endeavour to work closely with local partners as well as the regional administration and local community leaders for better services delivery to the vulnerable population.

LOGICAL FRAMEWORK

Overall project objective

Enhance nutrition well being through life-saving and life-sustaining nutrition assistance targeting 1500 boys, 1500 girls and 800 pregnant and lactating women in Rabdure district Bakool region.

| 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 | | | 100 | | |
| <p>Contribution to Cluster/Sector Objectives : The cluster has prioritize provision of improved nutrition services packages through preventive and curative services and promotion of prevention through IYCF and NHHP, along with integrated WASH and Health service provision. HIDIG is the primary nutrition provider among the vulnerable communities and would be able to provide an integrated package of services due to its active presence and its long term involvements in implementing these services with both UNICEF and WFP hence this proposal will focus on OTP services provision integrated with primary healthcare and WASH in the same area for more responsive treatment.</p> | | | | | | | |
| Outcome 1 | | | | | | | |
| Increased access to emergency nutrition services to children under five, boys(1500), girls(1500) and 800 pregnant and lactating women in Rabdhure district Bakol region. | | | | | | | |
| Output 1.1 | | | | | | | |
| Description | | | | | | | |
| 3000 under five children boys(1500)girls(1500) and 800 pregnant and lactating women have Improved and sustained access and utilization of integrated essential quality nutrition services of OTP for under five children and pregnant and lactating women in Rabdhure district. | | | | | | | |
| Assumptions & Risks | | | | | | | |
| Community seek services positively. | | | | | | | |
| Activities | | | | | | | |
| Activity 1.1.1 | | | | | | | |
| Standard Activity : Treatment of severe acute malnutrition in children 0-59months | | | | | | | |
| screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location. | | | | | | | |
| Activity 1.1.2 | | | | | | | |
| Standard Activity : Community screening for malnutrition and referral | | | | | | | |
| 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries, through linking with the available health and wash services in the areas. | | | | | | | |
| Activity 1.1.3 | | | | | | | |
| Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months | | | | | | | |
| 3000 <5 children boys, girls without medical cases and moderately malnourished 800 pregnant and lactating mothers in the project area are Provided therapeutic treatment and admitted to the treatment center through linking with the available health and WASH services in the project areas. | | | | | | | |
| Indicators | | | | | | | |
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle Target |
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | Nutrition | Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes | | | | | 3,000 |
| Means of Verification : Weekly and Monthly reports, , patient registers, HMIS reports, OTP registers, field photos. | | | | | | | |
| Indicator 1.1.2 | Nutrition | Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes | | | | | 1,000 |
| Means of Verification : Weekly and Monthly reports patient registers, HMIS reports, OTP registers, field photos | | | | | | | |
| Indicator 1.1.3 | Nutrition | Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes | | | | | 3,800 |
| Means of Verification : Weekly and Monthly reports, patient registers, HMIS reports, OTP registers | | | | | | | |
| Outcome 2 | | | | | | | |
| Enhanced Basic Nutrition Service Package to beneficiaries (1500 Boys, 1500 Girls and 800 PLW) in Rabdhure district Bakool region. | | | | | | | |
| Output 2.1 | | | | | | | |
| Description | | | | | | | |
| 3000 children < 5 boys, girls and 500 PLWs have improved accessibility by providing Basic Nutrition Service Package to beneficiaries in Rabdhure district in Bakol region. | | | | | | | |
| Assumptions & Risks | | | | | | | |
| Community shows positive behaviour in seeking the available nutrition services. | | | | | | | |

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| Activities |
| Activity 2.1.1 |
| Standard Activity : Maternal child health and nutrition (MCHN) promotion messages |
| Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations. |
| Activity 2.1.2 |
| Standard Activity : Multiple micronutrient supplementation for children 6-24months |
| Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region. |
| Activity 2.1.3 |
| Standard Activity : Maternal child health and nutrition (MCHN) promotion messages |
| Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts. |

| Indicators | | | | | | | |
|---|-----------|---|-------------------------|-------|------|-------|-----------|
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
| | | | Men | Women | Boys | Girls | Target |
| Indicator 2.1.1 | Nutrition | Number of IYCF promotion sessions held | | | | | 12 |
| Means of Verification : Weekly and Monthly reports, HMIS reports, OTP registers, field photos | | | | | | | |
| Indicator 2.1.2 | Nutrition | Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes | | | | | 3,800 |
| Means of Verification : Weekly and Monthly reports, Patient cards, HMIS reports, OTP registers | | | | | | | |
| Indicator 2.1.3 | Nutrition | Number of Nutrition, Health and Hygiene Promotion Sessions conducted | | | | | 12 |
| Means of Verification : Monthly reports, HMIS reports, OTP registers, | | | | | | | |

Outcome 3
Improve capacity of 18 staff, 20 community health workers/ volunteers/promoters both men and women on nutrition management both basic and refresher IMAM/IYCF trainings.

Output 3.1
Description
38 project staff capacity improved through effective capacity building.
Assumptions & Risks
Project staff capacity enhanced and retained throughout the program.

Activities
Activity 3.1.1
Standard Activity : Capacity building
Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management.
Activity 3.1.2
Standard Activity : Capacity building
Capacity build 20 community health workers/volunteers/promoters(11 male and 9 female) on nutrition, hygiene and health promotion.
Activity 3.1.3
Standard Activity : Infant and young child feeding promotion
Conduct three infants young child feeding promotion sessions to 80 caregivers for effective child nutrition practices among the affected communities in the target location.

| Indicators | | | | | | | |
|--|-----------|--|-------------------------|-------|------|-------|-----------|
| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle |
| | | | Men | Women | Boys | Girls | Target |
| Indicator 3.1.1 | Nutrition | Number of male and female health facility and community workers trained on IMAM guidelines | | | | | 18 |
| Means of Verification : Training report,training photos,participant list. | | | | | | | |
| Indicator 3.1.2 | Nutrition | Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion | | | | | 20 |
| Means of Verification : Training report,training photos, training participant list. | | | | | | | |
| Indicator 3.1.3 | Nutrition | Number of IYCF promotion sessions held | | | | | 3 |
| Means of Verification : Promotion banners,participants photos. | | | | | | | |
| Additional Targets : | | | | | | | |

M & R

Monitoring & Reporting plan

HIDIG Programme Coordinator will be the main person in charge of this project. He will be assisted by the project and M&E Officer, as well as facility-in-Charge Bakool and the entire HIDIG team in the field will be fully responsible for monitoring, evaluation and reporting. Monitoring of activities and deliverables will be daily and weekly reporting lines established and managed. HIDIG will be compiling data and reports as indicated in the results framework and additional information where needed and necessary and share accordingly as the plan. Programme Coordinator will be visiting the implementation sites to provide guidance and monitor the situation and rectify anomalies where they exist. In the event of unforeseen circumstances or material change in implementation activities, HIDIG will accordingly notify UNOCHA immediately. HIDIG will also be reporting to the Nutrition Cluster on monthly basis by submitting the OTP report. HIDIG will also train its staff on M&E activities and reporting lines at its own cost for better project management. The M&E officer shall compile the project success story as well as achieved indicators and challenges to enable share the lesson learnt with the project donors.

Workplan

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activity 1.1.1: screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.1.2: 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries,through linking with the available health and wash services in the areas. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 1.1.3: 3000 <5 children boys,girls without medical cases and moderately malnourished 800 pregnant and lactating mothers in the project area are Provided therapeutic treatment and admitted to the treatment center through linkingwith the available health and WASH services in the project areas. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 2.1.1: Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 2.1.2: Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 2.1.3: Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts. | 2017 | | | X | X | X | X | X | X | X | X | | |
| | 2018 | | | | | | | | | | | | |
| Activity 3.1.1: Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management. | 2017 | | | X | | | | | | | | | |
| | 2018 | | | | | | | | | | | | |
| Activity 3.1.2: Capacity build 20 community health workers/volunteers/promoters (11 male and 9 female) on nutrition, hygiene and health promotion. | 2017 | | | X | | | | | | | | | |
| | 2018 | | | | | | | | | | | | |
| Activity 3.1.3: Conduct three infants young child feeding promotion sessions to 80 caregivers for effective child nutrition practices among the affected communities in the target location. | 2017 | | | X | | | | | | | | | |
| | 2018 | | | | | | | | | | | | |

OTHER INFO

Accountability to Affected Populations

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

Implementation Plan

HIDIG will implement this project directly whilst working closely with local authorities and partners at the field. HIDIG is planning to continue the UNICEF supported project ending in April for the same region by continuing 3 Outreach Mobile teams and in Elbarde and Rabdhure districts. HIDIG will continue maintaining the already existing qualified human resources at the mobile teams to implement the proposed activities. HIDIG will use the same technical Staffs of the project that composed of qualified nurses, OTP supervisors , OTP nurse, Community Mobilizers, and Admin Finance, The teams will be operational six days a week with 8 working hours per day. The Elbarde facility will be maintained due to the large IDPs in the town and the huge needs. Each day daily attendance sheets registration of the staffs and the patients shall be set up and managed by the HIDIG field team, while the project manager will supervise the activities at the field progress. During the Project, a refresher trainings for health staff on management of common illness training will be conducted. The training will enhance the capacity of the project staff to enable provide the primary health care services to the most vulnerable IDPs and host communities in target areas. Through this project, HIDIG shall provide an integration of nutrition,health and water,sanitation and hygiene project for more effective management of the draught affected population

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|-------------------------------|---|
| ACF | HIDIG shall coordinates with ACF for referral of medically complicated cases as well as sub nutrition cluster coordination meeting since ACF is the focal point for Bakol region. |
| MARDO | HIDIG shall coordinates with MARDO in Rabdhure for sc referrals in the MCH in Rabdhure town. |
| MOH-South west states Somalia | For leadership role in the project area. |
| UNICEF | For supply management and project activities timeline and well as supportive supervision for quality check. |
| WFP | For RUSF supply management. |

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

Gender mainstreaming will be ensured in the health provision programming to provide equal access to health services for boys and girls, women and men. The project will serve and respond to the gender needs of the IDPs by designing special interventions that meet to women and girls' needs, Women consultation will be separate from men and health promotion activities will be culturally sensitive. For capacity building, both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development.HIFDIG strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries.HIDIG has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of project. The project will empower women and girls by including them in the training, social mobilization and activities.

Protection Mainstreaming

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

Country Specific Information

Safety and Security

HIDIG's staff have access to the area and will be directly manning the facilities and providing services. However, security is unpredictable in Somalia and HIDIG will be closely monitoring the situation and will closely work with other actors to monitor the situation. HIDIG has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. HIDIG will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, HIDIG will immediately notify the communities, MoH, the nutrition Cluster and UNOCHA plus other actors in the area.

Access

HIDIG is also in the area and is quite familiar with the situation on ground and communities. HIDIG also runs facilities in neighboring Bakool region with the collaboration of UNICEF and is familiar with these areas. HIDIG's services will be strategically placed and thus easily accessible.

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
|---|--|-------|----------|-----------|---------------------|------------------|-------------------|
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Program coordinator | D | 1 | 1,800.00 | 8 | 50.00 | 7,200.00 |
| | <i>The program manager shall be an overall oversight and shall give guidelines to the other program officer. He/she will provide the program quality control along other project team. She/he shall be paid monthly salary of \$1800 for a period of 8 months but SHF will only contribute 50% of the cost which \$ 900 per months.</i> | | | | | | |
| 1.2 | Nutrition Project officer | D | 1 | 1,200.00 | 8 | 100.00 | 9,600.00 |
| | <i>The project officer shall be able to carry daily program activities, the project shall have one project officers one at Rabdhure district for effective management of OTP program. The project officers shall be paid to \$1200 per months for a period of 8 months. He/she shall be responsible the day to day activity plans and excutions in the static and mobile outpatient program services delivery.</i> | | | | | | |
| 1.3 | Finance officer | D | 1 | 800.00 | 8 | 100.00 | 6,400.00 |
| | <i>The finance officer will be responsible of financial accountability and managements pof project funds, he/she will be paid \$800 for monthly period.</i> | | | | | | |
| 1.4 | Monitoring and Evaluation officer | D | 1 | 600.00 | 8 | 50.00 | 2,400.00 |
| | <i>For program monitoring the project shall be able to engage HIDIG M&E officer who shall be able to provide project monitoring and evaluation as well as provide technical monitoring inputs to the project and thus shall be paid \$600 per months but this project shall cover 50% of this cost.</i> | | | | | | |
| 1.5 | Outpatien therapeutic Qualified nurse | D | 8 | 400.00 | 8 | 100.00 | 25,600.00 |
| | <i>The role of the Nurse is to provide health care to individuals, families, and communities. They provide services designed to promote health, prevent illness, and achieve optimal recovery from or adaptation to health problems. The project intend to provide lifesaving nutrition service to draught affected population and hence shall employ qualified nurses in the project locations with 8 nursing personnel at a rate of \$400 per months.</i> | | | | | | |
| 1.6 | Community health worker/Promoters | D | 20 | 100.00 | 8 | 100.00 | 16,000.00 |
| | <i>for active case finding and community mobilization the project shall employ community health workers in each district having 20 and shall be paid a \$ 100 per months for a period of 8 months project lifespan.</i> | | | | | | |
| 1.7 | Outpatient therapeutic Registrars/Measurers | D | 6 | 350.00 | 8 | 100.00 | 16,800.00 |
| | <i>In order the project quality screening and registration of actual severe acute cases the project shall employ 6 outpatient therapeutic registrars/Screeners shall be hired and each will be paid \$350 per months for 8 months.</i> | | | | | | |
| 1.8 | Outpatient therapeutic supervisors. | D | 2 | 400.00 | 8 | 100.00 | 6,400.00 |
| | <i>HIDIG shall engage outpatient therapeutic supevisors in the project target location in the district and shall be be paid \$400 per months.</i> | | | | | | |
| 1.9 | security guards | D | 4 | 200.00 | 8 | 100.00 | 6,400.00 |
| | <i>Program is protracted in terms of security and to safeguard both the beneficiaries and the staff the project shall employ 4 security guards to manned outpatient therapeutic site with each earning \$ 200 per months for a total of 8 months hence shall cost project \$ 6,400 for the entire project period.</i> | | | | | | |
| 1.10 | Storekeeper | D | 1 | 600.00 | 8 | 80.00 | 3,840.00 |
| | <i>In order to safeguard the project supplies and ensure it reach the intended beneficiaries for transparent and accountable mannaer HIDIG shall employ an storekeeper who shall manage the stock in and stock out of the supplements as well as the drugs from UNICEF for the purpose of this project He/she will be paid \$600 per months but SHF project shall contributes 80% of the cost since she/he will spend ample time with the emergency projects and hence monthly contribution will be charge this project.</i> | | | | | | |
| 1.11 | Cleaners | D | 2 | 150.00 | 8 | 100.00 | 2,400.00 |
| | <i>Provide office cleanness as well as the store for the projects. The project will have two cleaners each paid \$ 150 per months for a period of 8 months.</i> | | | | | | |
| | Section Total | | | | | | 103,040.00 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | warehouse and storage cost | D | 1 | 450.00 | 8 | 100.00 | 3,600.00 |

| | | | | | | | |
|---|---|---|-----|----------|---|--------|------------------|
| | <i>This cost shall cater on the supply management of the project sites in Rabdhure and it shall be budgeted at a cost \$450 for a period of 8 months in which 100% has been plan to pay by SHF.</i> | | | | | | |
| 2.2 | Outpatient therapeutic feeding program(OTP) water in the treatment sites | D | 90 | 10.00 | 8 | 100.00 | 7,200.00 |
| | <i>The OTP beneficiaries shall be provided clean water during the therapeutic treatment in the OTP program,however,this cost is intended to be paid to clean water supplies on the monthly basis hence it shall cost the project at \$ 7200 for the entire 8 months project lifespan. It shall be also understand that due to devastating draught the cost of water is high compare to the previous periods and hence this might fluctuates any time but HIDIG organization shall be able to top up in case of any such eventuality. Clean drinking water will be procure every months that is 90 drums at a cost of \$ 10 per drums per months totaling \$ 900 per months for a period of 8 months hence will cost the project \$ 72,00 for the entire period.</i> | | | | | | |
| | <i>The OTP beneficiaries shall be provided clean water during the therapeutic treatment in the OTP program. Clean drinking water will be procure every months that is 90 drums at a cost of \$ 10 per drums per months totaling \$ 900 per months for a period of 8 months hence will cost the project \$ 72,00 for the entire period.This is intended to reach 3000 < 5 children boys and girls targeted beneficiaries .</i> | | | | | | |
| 2.3 | Integreated management of acute malnutrition(IMAM) training to project staff. | D | 1 | 4,760.50 | 1 | 100.00 | 4,760.50 |
| | <i>Project staff will be trained on integrated management of acute malnutrition in order to enhance their capacity to implements the project activities efficiently. A total of 18 project staff shall be trained for 5 days. See attached BOQ for detailed cost.</i> | | | | | | |
| 2.4 | Nutrition,health and hygiene promotion(NHHP) training to 20 community health workers. | D | 1 | 3,000.00 | 1 | 100.00 | 3,000.00 |
| | <i>Nutrition, health and hygiene promotion training session will conducted to improve the skills of the community health workers in Rabdhure district.20 community health workers will be trained on effective promotion on nutrition, health and hygiene practices for 5 days. For budget breakdown referred to BOQ attached.</i> | | | | | | |
| 2.5 | Vehicle for referral and outreach team | D | 2 | 1,800.00 | 8 | 100.00 | 28,800.00 |
| | <i>Referral of the most complicated cases in the project location is one main component in the implementation integrated management of acute malnutrition program however, the project hire two vehicle in the district one shall serve the two outpatient therapeutic static centers for referral services while the other one covers the three rural mobile sites for the referral of severely malnourished cases at cost of \$1800 per months. This vehicle will be solely working HIDIG project sites in Rabdhure district in which the proposed sites are far apart and to enhance quick life-saving intervention each vehicle will be serving the communities for easier referral and outreach services however, is the cost for such facilitation in which the rural Mobile areas are far apart.</i> | | | | | | |
| 2.6 | Nutrition health and hygiene promotion and infant young child feeding best practices(NHHP/IYCF) promotion session (\$10*100* 3days) | D | 100 | 10.00 | 3 | 100.00 | 3,000.00 |
| | <i>This cost will take care of the community sensitization and advocacy for the uptake of the nutrition intervention as well as educating the care takers on the best practices of food diversification. The posters shall be able to show such information as best hygiene practices for instance hand washing, breastfeeding as well as the healthy living environment. The caregivers more so the mothers shall be targeted for IYCF education session that is intended to reduce the maternal malnutrition. This is been target for 100 participants at a rate of \$10 per caregiver per day for 3days totaling \$ 3,000 for the intended sessions.</i> | | | | | | |
| | Section Total | | | | | | 50,360.50 |
| Travel | | | | | | | |
| 5.1 | Vehicle hire | D | 1 | 1,800.00 | 2 | 100.00 | 3,600.00 |
| | <i>In order to provide effective supportive supervision HIDIG will hire one vehicle at Rabdhure district at a cost of \$1800 for the two months supportive supervision.SHF shall bear 100% of this cost.</i> | | | | | | |
| | Section Total | | | | | | 3,600.00 |
| General Operating and Other Direct Costs | | | | | | | |
| 7.1 | office rent | D | 1 | 800.00 | 8 | 50.00 | 3,200.00 |
| | <i>This cost is meant for Rabdhure office monthly rental charges for efficient administrative work. The rent is cost shared between HIDIG and SHF and this project charged at 50% that is monthly rent of \$ 800 in which 50% of this has been factored in this project hence contributes \$ 400 per months for 8 months.</i> | | | | | | |
| 7.2 | communication | D | 1 | 400.00 | 8 | 100.00 | 3,200.00 |
| | <i>Monthly air time for project management teams at Rabdhure district nutrition program.hence providing smooth runing of the program.</i> | | | | | | |
| 7.3 | Utilities | D | 1 | 180.00 | 8 | 100.00 | 1,440.00 |
| | <i>The project utility cost for Rabdhure district office this includes electricity and office water which will be paid to the suppliers for the office during the project 8 months period. The electricity supplier shall be estimated at a rate of \$ 100 per month for a period of 8 months totaling \$ 800 for the entire period and office water supply at a cost of \$ 80 per month for a period of 8 months costing the project \$ 640.The total cost of utility in the entire project periods is at \$1,440.This cost is intended to provide the smooth running of the program in Rabdhure district. See attached BOQ for further analysis.</i> | | | | | | |
| 7.4 | Stationaries | D | 1 | 2,880.00 | 1 | 100.00 | 2,880.00 |

| | <i>This cost is meant for Rabdhure HIDIG office stationaries. It will facilitates the smooth operation of the office as well as general administrative issues to enable implements the project. See attached BOQ for detailed budget</i> | | | | | | |
|--------------------------------------|--|---|--------|----------|-------|--------|--|
| 7.5 | Bank transfer | D | 1 | 3,589.21 | 1 | 100.00 | 3,589.21 |
| | <i>2% of the total program cost which is intended to cater the transfer and withdrawal of the funds from the various transaction points.</i> | | | | | | |
| | Section Total | | | | | | 14,309.21 |
| SubTotal | | | 248.00 | | | | 171,309.71 |
| Direct | | | | | | | 171,309.71 |
| Support | | | | | | | |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 11,991.68 |
| Total Cost | | | | | | | 183,301.39 |
| Project Locations | | | | | | | |
| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
| | | Men | Women | Boys | Girls | Total | |
| Bakool -> Rab Dhuure -> Buulo Meegag | 20 | | 200 | 300 | 300 | 800 | <p>Activity 1.1.1 : screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location.</p> <p>Activity 1.1.2 : 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries, through linking with the available health and wash services in the areas.</p> <p>Activity 1.1.3 : 3000 <5 children boys, girls without medical cases and moderately malnourished 800 pregnant and lactating mothers in the project area are Provided therapeutic treatment and admitted to the treatment center through linking with the available health and WASH services in the project areas.</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations.</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region.</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts.</p> <p>Activity 3.1.1 : Conduct IMAM training to 18 project staff (9 male and 9 women) on effective acute Malnutrition management.</p> <p>Activity 3.1.2 : Capacity build 20 community health workers/volunteers/promoters (11 male and 9 female) on nutrition, hygiene and health promotion.</p> |

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|-----------------------------------|----|----|-----|-----|-----|-----|--|
| Bakool -> Rab Dhuure -> Gubato | 20 | 10 | 100 | 300 | 300 | 710 | <p>Activity 1.1.1 : screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location.</p> <p>Activity 1.1.2 : 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries,through linking with the available health and wash services in the areas.</p> <p>Activity 1.1.3 : 3000 <5 children boys,girls without medical cases and moderately malnourished 800 preganant and lactating mothers in the project area are Provided therapeutic treatment tand admitted to the treatment center through linkingwith the available health and WASH services in the project areas.</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations.</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region.</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts.</p> <p>Activity 3.1.1 : Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management.</p> <p>Activity 3.1.2 : Capacity build 20 community health workers/volunteers/promoters(11 male and 9 female) on nutrition, hygiene and health promotion.</p> |
| Bakool -> Rab Dhuure -> Habow Yar | 20 | | 100 | 200 | 250 | 550 | <p>Activity 1.1.1 : screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location.</p> <p>Activity 1.1.2 : 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries,through linking with the available health and wash services in the areas.</p> <p>Activity 1.1.3 : 3000 <5 children boys,girls without medical cases and moderately malnourished 800 preganant and lactating mothers in the project area are Provided therapeutic treatment tand admitted to the treatment center through linkingwith the available health and WASH services in the project areas.</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations.</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region.</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts.</p> <p>Activity 3.1.1 : Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management.</p> <p>Activity 3.1.2 : Capacity build 20 community health workers/volunteers/promoters(11 male and 9 female) on nutrition, hygiene and health promotion.</p> |

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|------------------------------------|----|----|-----|-----|-----|-------|--|
| Bakool -> Rab Dhuure -> Balli Adde | 20 | 18 | 50 | 150 | 150 | 368 | <p>Activity 1.1.1 : screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location.</p> <p>Activity 1.1.2 : 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries,through linking with the available health and wash services in the areas.</p> <p>Activity 1.1.3 : 3000 <5 children boys,girls without medical cases and moderately malnourished 800 preganant and lactating mothers in the project area are Provided therapeutic treatment tand admitted to the treatment center through linkingwith the available health and WASH services in the project areas.</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations.</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region.</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts.</p> <p>Activity 3.1.1 : Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management.</p> |
| Bakool -> Rab Dhuure -> Yeed | 20 | 10 | 350 | 550 | 500 | 1,410 | <p>Activity 1.1.1 : screen, identify and treat severely acute malnourished <5 children and pregnant and lactating women in Rabdhure target location.</p> <p>Activity 1.1.2 : 500 boys and 500 girls provided referral services within and outside OTP programs and follow up of beneficiaries,through linking with the available health and wash services in the areas.</p> <p>Activity 1.1.3 : 3000 <5 children boys,girls without medical cases and moderately malnourished 800 preganant and lactating mothers in the project area are Provided therapeutic treatment tand admitted to the treatment center through linkingwith the available health and WASH services in the project areas.</p> <p>Activity 2.1.1 : Women and Men Caretakers of Malnourished children of 1500 boys, 1500 girls to receive awareness on appropriate infant and young child feeding practices twice a month in Rabdhure target locations.</p> <p>Activity 2.1.2 : Provide Vitamin A, iron and Deworming tablets to vulnerable 1500 boys, 1500 girls and 800 PLW for the admitted MAM and SAM cases in Rabdhure district Bakol region.</p> <p>Activity 2.1.3 : Provide Hygiene promotion awareness messages and good practise for 1500 boys, 1500 girls and 800 PLW attending Nutrition Sites in Rabdhure districts.</p> <p>Activity 3.1.1 : Conduct IMAM training to 18 project staff(9me and 9 women) on effective acute Malnutrition management.</p> <p>Activity 3.1.2 : Capacity build 20 community health workers/volunteers/promoters(11 male and 9 female) on nutrition, hygiene and health promotion.</p> |

| Documents | |
|------------------|---|
| Category Name | Document Description |
| Budget Documents | HRDO BOQs - 30.1.17-Nutrition.xlsx |
| Budget Documents | HRDO BOQs - 3.2.17-Nutrition project Rabdhure-4596.xlsx |

| | |
|------------------|--|
| Budget Documents | HRDO BOQs Project 4589 - 07-02-2017.xlsx |
| Budget Documents | HRDO BOQs Project 4589 - Nutri-08-02-2017.xlsx |
| Grant Agreement | HC signed HRDO GA 4589.pdf |
| Grant Agreement | HC and IP signed HRDO GA 4589.pdf |