

Requesting Organization :	Zamzam Foundation				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition	Out-patient Therapeutic care Programme (OTP)	100.00			
		100			
Project Title :	Provision of basic nutrition services for management of acute malnutrition among crisis affected children under five & Pregnant and lactating women in Middle Shebelle Region				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Nut/NGO/4679		
Cluster :		Project Budget in US\$:	180,645.96		
Planned project duration :	9 months	Priority:			
Planned Start Date :	20/02/2017	Planned End Date :	19/11/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/11/2017		
Project Summary :	<p>The project is in response to Somalia Humanitarian Fund 2017 standard allocation for drought affected regions in Somalia. The project will aim at providing an integrated response to acute malnutrition among the drought affected populations in Mahaday and Jameca in Middle Shabelle region where the nutrition situation is very critical. In order to cover nutrition needs of acutely malnourished children under five and pregnant and lactating women., Zamzam will provide an integrated response to acute malnutrition among the drought affected population targeting 3370 affected persons including 2400 children under five with malnourished and 900 pregnant and Lactating women through continues and scaling up of two fixed nutrition sites and mobile clinics integrated to ongoing health care services at target location, moreover , Zamzam is rationalize partner in this region , the organization made all arrangement with UNICEF to provide supplies while SHF will support funds. The organization is active nutrition cluster at field and Nairobi level to share information and response in coordinated manner to save lives of Somali women and girls affected by crises. in addition ,the capacity of 40 staff will be improved through training and workshop.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	35	935	1,200	1,200	3,370
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,200	1,200	2,400
Pregnant and Lactating Women	0	900	0	0	900
Staff (own or partner staff, authorities)	35	35	0	0	70
Indirect Beneficiaries :					
800 indirect beneficiaries including host community ,men					
Catchment Population:					
150000 including people in Humanitarian Emergency					
Link with allocation strategy :					

In January 2017, The SHF advisory board has prioritized the scaling up lifesaving support for treatment of acute malnutrition cases including outpatient Therapeutic Programs through integrated mobile outreaches and centers.

Therefore the proposed project in line with strategy plan by Scaling up of regular identification of acutely malnourished children and Pregnant and Lactating women as well as provision of high energy biscuits and nutrition supplies to partners/centers. Providing emergency integrated nutrition services to the target beneficiaries including treating SAM cases, referral of complicated cases, prevention of increased cases of malnutrition and micro nutrient deficiency through education and nutrient supplementation. The program aims at reaching 85 % of children under five I. Services will be provided through mobile outreach teams that will undertake community mobilization and sensitization, treatment, referral and follow up. Further, the intervention contributes to the cluster key objectives of;

- 1) Reduction of nutrition related morbidity and mortality rates to below emergency thresholds
- 2) The most vulnerable households, groups and communities are better able to mitigate risks and withstand shocks and stress

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
Omar Jama	Deputy Director	info@zamzamsom.org	+252615580966
Abdullahi Shariff	Head, Nairobi Office	abdullahi.shariff@zamzamsom.org	+254711515151

BACKGROUND

1. Humanitarian context analysis

The latest findings from a countrywide seasonal assessment conducted by FSNAU in December 2016 indicate that over 2.9 million people face Crisis and Emergency (IPC Phases 3 and 4) across Somalia through June 2017. This represents more than two-fold increase compared to six months ago. Additionally, more than 3.3 million people are classified as Stressed (IPC Phase 2), bringing the total number of people facing acute food insecurity across Somalia to over 6.2 million. This big numbers of people continue to face violations including forced eviction, poor basic services and different forms of discrimination.

During the month of October, most regions registered less than half of the usual rainfall. Crop and pasture losses are widespread, and water shortages common. Substantial increases in water prices are being reported in the majority of regions. No significant rainfall is expected in the coming weeks and the drought conditions are likely to intensify until the next rainy season expected in April 2017.

In Middle Shabelle region, prevalence of acute malnutrition has sustained at Critical levels for the past four years, from Gu 2012 to Gu 2016. The Gu 2016 survey reported deterioration in the prevalence of SAM from Serious levels (3.9%) in Deyr 2015/16 to Critical levels (4.5) in current Gu 2016. The sustained Critical nutrition situation can be attributed to the complex emergency situation of the region impacted by the ongoing conflicts between Somali National Army supported by AMISOM and insurgents,

The Shabelle River which passes along Jowhar district has already dried and acute water diarrhea have been reported. This is further worsened by the inadequate already existing basic health services in most regions that are affected by the drought. The lack of water and pasture has deteriorated livestock body conditions, access to livelihoods and increased the number of internally displaced.

Zamzam is planning continues of services and scaling up its intervention to provide lifesaving nutrition in crisis affected districts targeting 3370 including 2400 children under five (1200 boys, 1200 girls)and 900 pregnant and lactating women through scaling up of fixed sites and outreach teams. In addition we will be supporting 70 staff and authorities i.e 35 women and 35 men.

2. Needs assessment

The current ongoing drought has severely affected the Somalia humanitarian situation which was already precarious. The drought has led to serious water and pasture shortages in different parts of the country including Middle Shabelle region. Levels of acute malnutrition in Somalia have increased since July 2016. Results from 27 separate nutrition surveys conducted between November and December 2016 by FSNAU and partners indicate that an estimated 363 000 children under the age of five are acutely malnourished, including 71 000 who are severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold in 13 out of 27 rural and displaced population groups surveyed. Severe Acute Malnutrition (SAM) is Critical/Very Critical (≥4.0%) in 6 out of 27 rural and displaced population groups surveyed. Middle Shabelle have Critical rates of acute malnutrition (Global Acute Malnutrition-GAM prevalence of 15 % or higher) and are considered hotspots in need of urgent nutrition and health support interventions. The civil insecurity in Somalia in general and the South Central in particular, has restricted the involvement of international NGOs and has severely hindered access to assistance by thousands of people in war torn and remote areas in Middle Shabelle region .

The limited nutrition and healthcare services at target districts resulted in adverse health care condition for the most vulnerable sector of the society-children and pregnant women, for instance Diarrhea disease-related dehydration, respiratory infections and malaria are the main killers of infants and young children, together accounting for more than half of all child deaths. Moreover, the JHNP closure in 2016 and will be expected to close more health /nutrition facilities in 2017 due to funding shortage and supplies. Zamzam has active agreement with UNICEF both nutrition and health section covering the target location and planning to scale up intervention to provide integrated services to IDPs ,returnee and host communities with equal access to boys ,girls and women and men.

(AWD)/Cholera outbreaks have been reported in some areas. Severe drought continues to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016).

Zamzam is planning continues of services and scaling up its intervention to provide lifesaving nutrition in crisis affected districts targeting 3370 including 2400 children under five of whom 1200 girls, 1200 boys and 900 pregnant and lactating women through scaling up of fixed sites and outreach teams. In addition we will be supporting 70 staff and authorities i.e 35 women and 35 men.

3. Description Of Beneficiaries

The project targets children under the age of five years (1200 boys, 1200 girls) and 900 pregnant and lactating women who are affected by acute malnutrition or are at greater risk of getting malnourished. Moreover, men will be target through awareness raising, IYCF services and improved the capacity of community members and staff through awareness.

4. Grant Request Justification

The target regions host the second largest acutely malnourished children in Somalia. In Somalia an estimated 350,000 children under-five years of age are acutely malnourished out of which at least 50,000 are severely malnourished. Two-thirds of these children are in the conflict-stricken Southern Regions including Middle Shabelle region.

The capacity of staff and community will improved to adequately respond to any outbreak. The selected nutrition intervention will play a managing and severe nutrition through providing lifesaving plummets, measles vaccination to 2400 children with malnourished.

The geographic locations of this project are recommended by nutrition clusters for priority interventions. The proposed activities will improve the access to emergency nutrition services of children and women, build resilience of the local communities.

Through this project, a total of 3370 people including 2400 children under five and 900 pregnant and lactating women have improved their health status through integrated lifesaving nutrition intervention.

5. Complementarity

Zamzam has already implementing integrated WASH, health and education project in Middle Shabelle and the proposed project will also complementary and integrated into health and WASH project.

children identified and screened in health facilities will be referred to nutrition sites to provide plump net for treatment while children with childhood illness including dehydration will be transferred to cholera treatment centers for further treatment.

The WASH sector will construct latrines in nutrition centers and provide hygiene kits to mothers who brought to their children to nutrition sites.

LOGICAL FRAMEWORK

Overall project objective

To increase availability and accessibility basic nutrition services among children 6 -59 month, Pregnant & lactating women and men in crisis affected districts in Middle Shabelle

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	50
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

Contribution to Cluster/Sector Objectives : The project is also contributes to Somalia Nutrition Cluster objectives outlined in Humanitarian response plan 2017 and selected intervention include identification and treatment children with severe malnourished, once cured discharge them and ensure that underlying causes of malnutrition are addressed.

The proposed action will also improve access to emergency lifesaving nutrition services to reduce morbidity and mortality among children of under-5yrs of age and pregnant and lactating women as the most vulnerable to any crisis situation

Outcome 1

3370 drought affected people including 1200 boys, 1200 girls and 900 women have improved their health status through integrated lifesaving nutrition intervention.

Output 1.1

Description

Improved and sustained access and utilization of nutrition services to 2400 under 5 children with equal access to (1200 boys, 1200 girls) and 900 Pregnant and lactating women

Assumptions & Risks

adequate supplies are available.
Risk : security incidents

Activities

Activity 1.1.1

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

Admit and treat 2400 children under five (1200 boys, 1200 girls) through scaling up fixed OTP and mobile team in Mahaday of Jowhar

Activity 1.1.2							
Standard Activity : Multiple micronutrient supplementation for children 6-24months							
Provide Multiple Micronutrient Supplementation to 2400 children under five children							
Activity 1.1.3							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide Multiple Micronutrient Supplementation to 900 pregnant and lactating women							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					2,400
Means of Verification : OTP reports ,HMIS reports ,register							
Indicator 1.1.2	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					2,400
Means of Verification : Register ,reports,photos							
Indicator 1.1.3	Nutrition	Number of PLW receiving multiple micronutrients					900
Means of Verification : Monthly reports, Interim and Final report							
Output 1.2							
Description							
Improved survival and growth of 2400 children under five (1200 boys ,1200 girls) through individual Infant and young feeding counseling for 900 pregnant and lactating women & group promotion targeting 200 community member							
Assumptions & Risks							
Activities							
Activity 1.2.2							
Standard Activity : Infant and young child feeding promotion							
Organize community awareness session on malnutrition signs, early referral exclusive and important of exclusive breastfeeding targeting 200 community members							
Activity 1.2.1							
Standard Activity : Infant and young child feeding promotion							
Provide Infant and young feeding promotion awareness promotion session both individually and groups sessions targeting 900 pregnant and lactating women							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					900
Means of Verification : IYCF reports,attendance sheet, photos							
Indicator 1.2.2	Nutrition	Number of community members received awareness session on IYCF and Nutrition					200
Means of Verification : Report ,photos ,attendance sheet							
Output 1.3							
Description							
The capacity of 40 staff on management of acute malnutrition and Infant and child feeding improved.							
Assumptions & Risks							
Activities							
Activity 1.3.1							
Standard Activity : Capacity building							
Conduct Integrated management of acute malnutrition training for 20 staff (10 male,10 female) in Mahaday of Jowhar district							
Activity 1.3.2							
Standard Activity : Capacity building							
Provide Infant and young feeding training for 20 nutrition staff (10 male and 10 female)							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20						
Means of Verification : training reports, guidelines ,attendance sheet ,photos													
Indicator 1.3.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					20						
Means of Verification : training report ,attendance sheet ,register													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
<p>Zamzam M&E Officer together with program team and beneficiaries will employ routine information gathering systems through weekly field/ site visits prepare progress reports, carry out rapid monthly assessments on project activities. The field reports will be sent the Project lead who will then assemble the project team to analyze and match actual reporting with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan.</p> <p>Zamzam will apply Participatory monitoring and evaluation mechanism with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Zamzam M&E Officer together with program team and beneficiaries will employ routine information gathering systems through weekly field/ site visits prepare progress reports, carry out rapid monthly assessments on project activities. The field reports will be sent the Project lead who will then assemble the project team to analyze and match actual reporting with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan. Monthly review meetings will also include discussions, key challenges and actions on how to address the challenges.</p> <p>Joint supervision mission will be organized to project sites to closely monitor progress made on each Nutrition officer will do verification checks, stock checks, and beneficiary interviews plus inspection of records. Additional monitoring visits by the programme team and M&E specialist will be conducted once in every quarter which will be combined with field meetings and other capacity-building efforts.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Admit and treat 2400 children under five (1200 boys, 1200 girls) through scaling up fixed OTP and mobile team in Mahaday of Jowhar	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Provide Multiple Micronutrient Supplementation to 2400 children under five children	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Provide Multiple Micronutrient Supplementation to 900 pregnant and lactating women	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.1: Provide Infant and young feeding promotion awareness promotion session both individually and groups sessions targeting 900 pregnant and lactating women	2017	X	X	X	X	X	X	X	X	X	X	X	
Activity 1.2.2: Organize community awareness session on malnutrition signs, early referral exclusive and important of exclusive breastfeeding targeting 200 community members	2017		X										
Activity 1.3.1: Conduct Integrated management of acute malnutrition training for 20 staff (10 male,10 female) in Mahaday of Jowhar district	2017		X										
Activity 1.3.2: Provide Infant and young feeding training for 20 nutrition staff (10 male and 10 female)	2017		X										
OTHER INFO													
Accountability to Affected Populations													

In early 2011, the Inter-Agency Standing Committee (IASC) principals endorsed the Commitments on Accountability to Affected Populations. These addressed (1) leadership, (2) transparency, (3) feedback and complaints, (4) participation, and (5) design, monitoring and evaluation. The principals agreed 'to incorporate the Commitments into policies and operational guidelines of their organizations and to promote them with operational partners, within the Humanitarian Country Team and amongst cluster members in order to be account to and being held to account by the people our target communities, we have already involved beneficiaries through the meaningful participation of persons of concern in all phases of the programme cycle from the start of an emergency until durable solutions are achieved.

To ensure effective accountability to affected population, ZAMZAM will deploy the following mechanisms

1. **TRANSPARENCY:** Zamzam will Provide accessible and timely information to affected populations on project objective, activities and results and facilitate a dialogue between an organisation and its affected populations over information provision.

2. **FEEDBACK and COMPLAINTS:** Zamzam will 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 will be adapted accordingly.

3. **PARTICIPATION:** the organization will ensure that affected populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practice s to engage them appropriately and ensure that the most marginalized and affected are represented and have influence. e.g during selection members from community for training

4. **DESIGN, MONITORING AND EVALUATION:** Design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organization on an ongoing basis and reporting on the results of the process

Implementation Plan

Project objectives and expected outcomes will be measured against key indicators set in the work plan. A detailed project implementation plan will be developed before the start of the project activities. Implemented activities will be checked monthly against the detailed implementation plan to ensure the activities are implemented as planned. Close supervision and monitoring of the project activities will provide information on how well the project is being implemented and also provide insight on what needs to be done to improve the implementation process.

Nutrition officer will submit monthly service utilization reports and quarterly narrative and financial reports to cluster ,moreover, The field staff will undertake regular monitoring of project activities and meeting with partners and beneficiaries.Zamzam will also promote community participatory approach enhancing participation and involvement of the target beneficiaries through organizing community consultation meetings aiming to ensure ownership and sustainability. Two strategies will be taken, facility based nutrition interventions and community outreach to improve the nutrition status of children under five and women in childbearing age. he facilities will be factionalized and staffed (i.e. 2 nutrition screeners, 1 health promoter, 1 nurse and 1 vaccinator) to provide lifesaving nutrition intervention to affected person. Zamzam will also engage UNICEF to provide emergency nutrition supplies and vacciness to able mobile clinics to reach more children with integrated nutrition and health intervention. The project manager will responsible overall project implementation , reporting ,monitoring and participation of cluster meeting at country level

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Jowhar Hospital	refer SAM cases with complication -inpatient treatment
INTERSOS	Protection mainstreaming and refer GBV cases to the centers
Jowhar Hospital	refer SAM cases with complication -inpatient treatment
INTERSOS	Protection mainstreaming and refer GBV cases to the centers

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Zamzam will organize a discussion with target communities including men and women at district and village level to identify key gender related issues hindering access to and utilization of services. Continuous community decision makers' engagement and community education will be made to address socio-cultural and structural factors that inhibit access to health services to women, boys, girls and men. In implementation phase, services provided will be free of charge with equal access to men, women, boys and girls.

The project activities are especially targeting children less than 5yrs ,women gives special to gender and number of dis-aggregated data of 2400 children under five(1200 boys, 1200 girls) will also increase access to nutrition services through fixed and mobile OTP/TSPF close their settlements , hence the he risk of GBV incident is minimize.

The program is targeting women and girls so that their resiliency is improved. The end product of the project is to increase their capacities since they are have been exposed to many shocks.

Protection Mainstreaming

Protection mainstreaming will be considered at all levels of project cycle and project activities, the nutrition centers are close to the main settlements and accessibility is not a concern, there is roving mobile teams to far villages settlements to minimize risk of GBV incident and reduce walking distance of women to seek nutrition service.the organization will use "Do no harm" principle in engagement with the target community.Zamzam will ensure equal opportunity of employment both women and man based on competences ,education required for the post.

Country Specific Information

Safety and Security

The target district are safe and no security incidents reported in the last quarter 2016, however there are some road check points and white alerts.

Access

The Amison and Somali National Forces controls Balad and Mahaday, hence the the target location is easy accessible. Zamzam has office and has been running health and nutrition projects in the last six years . In the case of Middle Jubba, it's AS controlled area but Zamzam have a presence in the field and have access to work although with challenges including visibility and limited of movements without clearance. However, because of long working experience in the areas, Zamzam have developed certain mechanisms to mitigate risks including working in low profile and avoiding visibility of donor and delivery of supplies in small quantities and among other.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Manager	D	1	2,000.00	9	100.00	18,000.00
	<i>Responsible for project implementation ,motoring and reporting.Responsible for the overall project implementation, coordination, supervision and preparing of programmatic reports both interim and final report of the project.</i>						
1.2	Nutrition officer	D	1	1,300.00	9	100.00	11,700.00
	<i>Over all guidance and technical support, provide inputs and organize training for staff, facilitate joint monitoring mission The nutrition Officer is responsible for supporting all nutrition activities within the project areas, the Officer will be responsible for providing technical support and supervision to the nutrition team; contributing to reporting and data collection; initiating leading monitoring visits to supported facilities; and providing technical input, monitoring the implementation of activities, writing and submitting reports to the manager..</i>						
1.3	5 Nurses(four nurses for two fixed sites and one nurse for mobile	D	5	400.00	9	100.00	18,000.00
	<i>four nurses for two facilities and one nurses for mobile team for treatment of SAM cases and early referral Responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program</i>						
1.4	Register(two for two fixed sites and one for mobile teams)	D	3	250.00	9	100.00	6,750.00
	<i>Registrars will maintain accurate records of all admissions, discharges, transfers and death in the program using OTP registers. register of patient ,ID cards and support nurses in identification</i>						
1.5	Screeener (two fixed sites and one for mobile teams)	D	3	250.00	9	100.00	6,750.00
	<i>Responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines. Screening of cases and eligible criteria through active case finding</i>						
1.6	Nutrition and Hygiene promotor	D	2	300.00	9	100.00	5,400.00
	<i>Their work will include; hygiene and sanitation promotion, child care ,household water treatment, education on child and maternal nutrition, screening for malnutrition using MUAC and edema test and referral of malnourished cases to relevant interventions. Nutrition and Hygiene promoter facilitating hygiene promotion session at nutrition sites</i>						
1.7	Infant and young feeding counselor	D	1	600.00	9	100.00	5,400.00
	<i>Promotion of Infant and young feeding intervention ,early exclusive breastfeeding and child care. She will be tasked with individual and group education and counseling of caretakers of children under five in the target camps using pre-designed and approved counseling cards</i>						
1.8	Monitoring and Evaluation officer	D	1	1,000.00	9	100.00	9,000.00
	<i>responsible for project monitoring , data analysis and utilization and ensure target indicators are achieved, provide recommendations and lesson learned of the project</i>						
1.9	community mobilizers (two for 2 fixed site and one for mobile team)	D	3	300.00	9	100.00	8,100.00
	<i>identification of children with malnourished in the community , Assesses each client's nutrition status and provides nutrition counseling, breastfeeding education and gives support to pregnant and post-partum women.</i>						
1.10	project finance	D	1	900.00	9	100.00	8,100.00

	<p><i>General administrative support to project, maintaining project and donor documentation records, including project, staff and consultants' contracts etc.</i></p> <p><i>Work with project teams to ensure timely compliance with all conditions precedent and other obligations.</i></p> <p><i>Supporting programme staff in the preparation and implementation of project evaluations and audits</i></p> <p><i>Preparing in a timely manner accurate financial reports as required by the donor or for internal monitoring processes.</i></p>						
	Section Total						97,200.00
Supplies, Commodities, Materials							
2.1	Infant and young feeding training for 20 staff	D	1	8,118.00	1	100.00	8,118.00
	<i>20 staff (10 male and 10 female) will be trained on Infant and Young Child Feeding; The training will be for five days and will involve lectures, group work, slides, drills, role plays</i>						
2.2	Integrated management of acute malnutrition training for 20 staff	D	1	8,118.00	1	100.00	8,118.00
	<i>20 staff (10 male and 10 female) will be trained on Integrated Management of Acute Malnutrition; The training will be for five days and will involve lectures, group work, slides, drills, role plays</i>						
2.3	Community education on Infant and young feeding targeting 200 members from community	D	1	10,360.00	1	100.00	10,360.00
	<i>200 Community members from community will be educated on Infant and young feeding practices, this will involve 40 men and 160 women</i>						
	Section Total						26,596.00
Travel							
5.1	Car rental	D	2	1,800.00	9	100.00	32,400.00
	<i>vehicle rent for mobile team and other for office supervision and monitoring. this include the cost of driver, maintenance , fuel</i>						
5.2	Staff Movement Cost	D	3	300.00	3	100.00	2,700.00
	<i>Cost of travel and perdiem for 3 staff each costing 300 USD for travelling and Perdiem, the three staffs will travel 3 trips during the whole project period and this will cost 300 USD*3 trips* 3 Staff=2700</i>						
	Section Total						35,100.00
General Operating and Other Direct Costs							
7.1	Communication cost for Mahaday office	D	3	20.00	9	100.00	540.00
	<i>Staff communication at field level ,telephone costs-20 USD per staff for 3 staff for a period of 9 months</i>						
7.2	Stationery cost for Mahaday office	D	1	538.00	1	100.00	538.00
	<i>stationary cost for Mahaday office, this include A4 Size Paper, pens ,Tone cartridge(MP 4500/MP 4500E)</i>						
7.3	Bank charges	D	1	2,554.00	1	100.00	2,554.00
	<i>1.8% will be bank and hawala charges</i>						
7.4	office rent	D	1	600.00	9	100.00	5,400.00
	<i>rent for office to provide support to project implementation ,monitoring . the cost is 600 USD per month</i>						
7.5	Utility cost- for the Office	D	1	100.00	9	100.00	900.00

	This water and electricity for the Mahaday office. 100 USD for 9 moths.			
	Section Total			9,932.00
SubTotal	36.00			168,828.00
Direct				168,828.00
Support				
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				11,817.96
Total Cost				180,645.96

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Middle Shabelle -> Jowhar -> Jameco	70	49	630	840	840	2,359	Activity 1.1.1 : Admit and treat 2400 children under five (1200 boys, 1200 girls) through scaling up fixed OTP and mobile team in Mahaday of Jowhar Activity 1.1.2 : Provide Multiple Micronutrient Supplementation to 2400 children under five children Activity 1.2.1 : Provide Infant and young feeding promotion awareness promotion session both individually and groups sessions targeting 900 pregnant and lactating women Activity 1.3.1 : Conduct Integrated management of acute malnutrition training for 20 staff (10 male,10 female) in Mahaday of Jowhar district Activity 1.3.2 : Provide Infant and young feeding training for 20 nutrition staff (10 male and 10 female)
Middle Shabelle -> Jowhar -> Mahadaay	30	21	270	360	360	1,011	Activity 1.1.1 : Admit and treat 2400 children under five (1200 boys, 1200 girls) through scaling up fixed OTP and mobile team in Mahaday of Jowhar Activity 1.1.2 : Provide Multiple Micronutrient Supplementation to 2400 children under five children Activity 1.2.1 : Provide Infant and young feeding promotion awareness promotion session both individually and groups sessions targeting 900 pregnant and lactating women Activity 1.3.1 : Conduct Integrated management of acute malnutrition training for 20 staff (10 male,10 female) in Mahaday of Jowhar district Activity 1.3.2 : Provide Infant and young feeding training for 20 nutrition staff (10 male and 10 female)

Documents	
Category Name	Document Description
Budget Documents	SAMPLE OF boq.xls
Budget Documents	ZAMZAM BOQ.xls
Budget Documents	Revised ZAMZAM BOQ.xls
Budget Documents	10.02 .17 Revised ZAMZAM BOQ.xls
Budget Documents	14.02 .17 Revised ZAMZAM BOQ.xls
Grant Agreement	HC signed ZAMZAM GA 4679.pdf