OCHA Coordination Saves Lives

Project Proposal

Requesting Organization :	Skills Active Forward Kenya
Allocation Type :	Reserve 2016

Primary Cluster	Sub Cluster	Percentage
Nutrition	Infant and Young Child Feeding Programme (IYCF)	100.00
		100

Project Title :	Nutrition project aimed at reducing morbidity and mortality related to malnutrition through a KAP study to provide IYCF information and strengthening of community programs
Allocation Type Category :	

OPS Details

Project Code :		**Fund Project Code :**	SOM-16/2470/R/Nut/INGO/2560
Cluster :		**Project Budget in US$:**	37,146.12
Planned project duration :	4 months	**Priority:**	
Planned Start Date :	01/08/2016	**Planned End Date :**	30/11/2016
Actual Start Date:	01/08/2016	**Actual End Date:**	30/11/2016

Project Summary :

The recently released FSNAU 2015/2016 post Deyr assessment results show deterioration in the nutrition status of Kismayo IDPs, from 12.5 Global acute malnutrition (GAM) in Gu 2015 to 12.9 in Deyr 2015/16.SAM levels went up to 2.8 from 2.9 in post Deyr 2015.Stunting levels, indicator of chronic malnutrition, are the highest in the country at 43.8, while underweight also showing critical rates of 30.1. The same assessment shows GAM rate of 8.8 and SAM rate of 1.6 among the urban population. Stunting and underweight are equally high among the urban population at 27 and 18.4 respectively. In January 2016 ,SAF-UK initiated a project for treatment of uncomplicated SAM among IDPs in Kismayo in , and the project has by passed the target SAM caseload by 500%. The SC at the district hospital also reported an overwhelming number of complicated SAM cases,with more than 300 children with complicated SAM by end of May (Kismayo district hospital report, May 2016). Currently there are approximately 74893 IDPs in Kismayo. 22140 in Farjano, 20135 in Fanole, 13302 in Cananley and 19316 in Shaqalaha.Health and nutrition services are also some of the much needed services among the IDPs. The only hospital that can be accessed by the population is the Kismayo district hospital. There are however three Maternal and child health (MCH) facilities in the area, most often experience supply stock out and are not able to consistently offer Out Patient Department (OPD) services (Health cluster 4W, May 2016). Most of these IDPs therefore resort to private clinics and pharmacies for treatment, which often lack competent personnel and appropriate medication (SAF UK January 2016). Stunting among the IDPs is visibly high at 47% stunting rate among the IDPs (FSNAU, 2016). It was also noted that teenage pregnancy and marriage is at a very high rate with very few programs that address adolescent nutrition, early marriage and family planning, as a means to addressing malnutrition among PLWs and children < 6 months (SAF UK ,2016). This coupled with poor IYCF practices. IYCF information on knowledge, attitudes,practice and perception to new initiatives has not yet been conducted in Kismayo leaving a huge knowledge gap. Partners working among IDPs, struggling to meet various needs of IDPs, do not have scientific evidence to guide their programing, thus very little impact is felt , especially in improving child health and nutrition indicators. Preventive and promotional IYCF is one of the key programs that have shown evidence of reducing malnutrition considerably, especially in emergency settings where food insecurity is usually high. Scientific information generated from this study, just like other IYCF Knowledge attitude and practice (KAP), will aid humanitarian actors formulate programs and policies that will positively contribute to reduction on malnutrition among children 6-59 months in this population.
SAF UK is currently running a program treating uncomplicated SAM, covering the whole of Kismayo town including IDPs, through 2 fixed sites and 5 mobile Outpatient therapeutic feeding program (OTP sites). The beneficiaries have been generated from our interaction with the community and baseline data collection conducted by the organization in January 2016. Needs assessment was conducted by the organization following critical observation and lessons learned from the Infant Young Child Feeding (IYCF) interventions.This was coupled by key informant interviews of program staff and Community Health Workers (CHWs) working for other partners in the health and nutrition clusters.
The organization proposed to carry out the survey in a period of 45 days using a consultant , 5 groups each with 1 supervisor and 2 enumerators. The survey proposes to use household questionnaire, Key informant interviews and Focused group discussions. It will cover all IDPs in Kismayo town.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
56	291	0	0	347

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Women of Child-Bearing Age	0	36	0	0	36
Trainers, Promoters, Caretakers, committee members, etc.	10	239	0	0	249
Staff (own or partner staff, authorities)	6	6	0	0	12
Other	40	10	0	0	50

Indirect Beneficiaries :

Children 6-59 months, Community members, MoH (Both federal government and Jubaland state), partners implementing health and nutrition programs and the humanitarian community at large.

Catchment Population:

211387 - Kismayo town population (UNICEF,2014; UNFPA 2013)

Link with allocation strategy :

SHF 2016 allocation strategy aims at providing lifesaving and life sustaining integrated response to IDPs and host communities in Kismayo and Baidoa and to strengthen the protection of displaced and other vulnerable groups and catalyse durable solutions. These are in line with the 2016 HRP. One of the priority objectives for the strategy is to address acute malnutrition in internally displaced people (IDP) settlements. According to the 2016 SHF reserve allocation strategy document, the strategy intends to adequately address the underlying causes of malnutrition and contributing, factors while ensuring meaningful programming, The same document also indicates that integrated response would address the nutritional causal factors among other issues stated.
According to the nutrition cluster SHF strategy activities for 2016, the prevention and promotion of the MCHN/IYCN components contribute to the long term perspective of addressing malnutrition multi sectoraly, in an integrated manner,` with the overall objective to halt the deteriorating food security and malnutrition situation.Health and protection clusters in their choice of activities agree to the fact that proper provision of services among IDPs is crucial in achieving sustainable results. Selected activities for the nutrition cluster include strengthening IYCF and MCHB support (promotional and preventative) especially support to caregivers among IDPs in Kismayo.The IYCF KAP will contribute to cluster objective three and four. These aim to to contribute to availability timely and quality nutrition information , program coverage and operational research , and to strengthen coordination and capacity of all partners to deliver quality and sustainable emergency nutrition services through a variety of approaches.
Kismayo town was liberated 2012 after insurgents took control in 2008.Since them IDPs in the town have continued to increase mainly because of peace and security. There has been no IYCF KAP, that would aid understanding of knowledge attitudes, practices and perceptions on IYCF, in the area despite the high numbers of IDPs and the deteriorating health and nutrition indicators. SAF UK in treating uncomplicated SAM across the town from January 2016, and program reports almost half of the mothers of children with SAM do not breastfeed their children. Those with children between 6-24 months are also not keen to provide their children with locally available and accessible complementary feeds despite provision of relevant nutrition education. Poor IYCF practices among IDPs in Kismayo could as well be the biggest contributor to the malnutrition burden among this population.This study will therefore provide vital information that will be useful for programming, not only for nutrition cluster partners, but across clusters and government. The information will aid projects in strategic planning and also aid in development of appropriate education and communication material, and identification of correct target groups.

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
Abdi Hashi	Chairman	info@safuk.org	+254725449441

BACKGROUND

1. Humanitarian context analysis

The recently released FSNAU 2015/2016 post Deyr assessment results show deterioration in the nutrition status of Kismayo IDPs, from 12.5 GAM in Gu 2015 to 12.9 in Deyr 2015/16.SAM levels went up to 2.8 from 2.9 in post Deyr 2015.Stunting levels are the highest in the country at 43.8, while underweight also showing critical rates of 30.1. The same assessment shows GAM rate of 8.8 and SAM rate of 1.6 among the urban population. Stunting and underweight are equally high among the urban population at 27 and 18.4 respectively. In January SAF-UK initiated a project for treatment of uncomplicated SAM among internally displaced persons (IDPs) in Kismayo in January 2016, and the project has bypassed the target SAM caseload by 500%. The SC at the district hospital also reported an overwhelming number of complicated SAM cases, most of whom could have been treated in outpatient therapeutic feeding program (OTP) to prevent deterioration of their condition. The SC had more than 500 children with complicated SAM by end of May (Kismayo district hospital report, may 2016). Health seeking behaviors of the IDPs was seen to be very poor, even though health services in the area cover huge populations. Most of the population therefore accesses health care from the numerous private chemists and pharmacies, which are unregulated and have incompetent staff. Kismayo has limited access to safe water. Most of the population access water from wells whose water is untreated. Owing to the fact that the water is saline, those who can afford buy unsalinated water from vendors, which is usually not sterilized. Poor hygiene practices have also exacerbated morbidity rates .Ignorance on appropriate feeding practices and poor care practices have also made its contribution to poor infant and young child feeding (IYCF) indicators. It is reported that many women do not prefer breastfeeding as a feeding option in the first 6 months of life. Most bottle feed with unsafe poor quality feeds , or practice mixed feeding. There is therefore a considerable number of children < 6 months admitted with complicated SAM in the stabilization center (SC) (District hospital SC, 2015).
There is a lot of movement into and out of Kismayo. The district is now home to more than 10000 returnee families from the Daadab refugee camp in Kenya (UNHCR, 2015). Besides these, there are those moving into Kismayo from neighboring districts in lower Juba, and some from as far as the Shebelles, following both civil and food insecurity(OCHA , 2015). There come to Kismayo for treatment, especially for severe acute malnutrition (SAM); most of these go back to their homes. Migration has therefore served to increase both the population and need in the district. About 500000 people are estimated to have moved to Kismayo town since 2014 (UNHCR 2015, NRC 2016) . In 2015 the government evictions of IDPs from their premises also contributed to further deterioration of the health and nutrition status of the affected IDPs. Shelter cluster estimates that about 2578 families in 23 Internally displaced persons (IDP) camps/buildings were affected. Heavy rains in May 2014, that caused significant damage and flooding in Kismayo and its environs,also completely damaged 4 IDP camps (Joint flood assessment, 2014). About 2000 IDP families and those from surrounding communities in Kismayo town were relocated to a central camp named ‘tourist area’ near IJA statehouse (REACH, 2015).

2. Needs assessment

Currently there are approximately 74893 IDPs in Kismayo. 22140 in Farjano, 20135 in Fanole, 13302 in Cananley and 19316 in Shaqalaha.Health and nutrition services are also some of the much needed services among the IDPs. The only hospital that can be accessed by the population is the Kismayo district hospital. There are however three maternal child health (MCH) / outpatient department (OPD) facilities in the area. These often experience supply stock out and are not able to consistently offer MCH/OPD services (Health cluster 4W, May 2016). Most of these IDPs therefore resort to private clinics and pharmacies for treatment, which often lack competent personnel and appropriate medication (SAF UK January 2016). Stunting among the IDPs is visibly high at 47% (FSNAU, 2016). Interventions that provide social protection and safety nets, that would have addressed chronic malnutrition, are very few in Kismayo (UNOCHA, 2015).
Teenage pregnancy and marriage is at a very high rate with very few programs to address adolescent nutrition, early marriage and family planning, as a way of addressing malnutrition among pregnant and lactating women (PLW) and children 6-59 months (SAF UK ,2016). This coupled with poor IYCF practices, with most mothers not breastfeeding their children, and unaware of appropriate complementary feeds, exacerbates malnutrition state.
The recent AWD outbreak in the area also aggravated the health and nutrition situation. Jubaland Ministry of health (MOH) reports that in December 2015. almost 521 cases of acute watery diarrhea (AWD) were reported in Kismayo town only. Cases have since reduced following intervention. The synergistic relationship between malnutrition and disease most likely played out in this scenario, acting to increase malnutrition rates or AWD cases or both. During this time, information on feeding sick children, re-lactation and feeding the child when the mother is sick was not clear thus also impacting on malnutrition rates.
IYCF study on knowledge, attitudes,practice and perception to new initiatives has not yet been conducted in Kismayo leaving a huge knowledge gap. Partners working among IDPs, struggling to meet various needs of IDPs, lack scientific evidence to guide their programing, thus very little impact is felt , especially in improving child health and nutrition indicators. Nutrition partners have scanty contextual information on some important IYCF indicators, the attitude of mothers,caregivers and significant others on breastfeeding (Initiation, exclusive and continued), appropriate complementary feeding, and perception on initiatives new to the culture, like expressing of breast milk, feeding when the mother is sick and breastfeeding when a mother is pregnant. IYCF in emergency components are also not being implemented fully in Somalia, and so most partners only concentrate on education, counseling and peer support, which over the years have contributed little in reduction of malnutrition.
This study intends to generate information that will aid in programing, policy development (especially in development of a IYCF strategy for Jubaland) and formulation of education strategies and curricula, for both education institutions and training in health and nutrition programs.
SAF UK is currently running a program treating uncomplicated SAM, covering the whole of Kismayo town including IDPs, through 2 fixed sites and 5 mobile OTP sites. The beneficiaries have been generated from our interaction with the community and baseline data collection conducted by the organization in January 2016. Needs assessment was conducted by the organization following critical observation and lessons learned from the IYCF interventions.This was coupled by key informant interviews of program staff and CHWs , working with SAF UK and also from other partners in the health and nutrition clusters.

3. Description Of Beneficiaries

Direct beneficiaries will include 249 primary caregivers with children 6-23 months , sampled from a population of 5991 children of the same age,for the household questionnaire targeting about 245 households, 10 grand mothers, 4 religious leaders , 6 program staff and 6 CHWs for key informant interviews, and 36 mothers and 36 fathers for focused group discussions. These will be sampled from a total of 79893 IDPs , in 52 IDPS across the 5 zones in Kismayo town.
Indirect beneficiaries will include children 6-23 months, caregivers of these children, enumerators, supervisors, Health and nutrition projects and their staff,community health workers, MoH (both federal and Jubaland), community and religious leaders, and training institutions , who will benefit from results of this study.
Direct beneficiaries will be identified and targeted by the research team which will consist of a consultant, program coordinator, project managers and supervisors, survey supervisors and enumerators. These will work closely with CHWs and community leaders. Sampling will be done through a scientifically sound method. Protocol will be reviewed by Assessment information management working group of the nutrition cluster (AIMWG) ; findings will be reviewed and validated by the same group.

4. Grant Request Justification

SHF 2016 has Kismayo IDPs as one of their focus.Selected activities for the nutrition cluster, for SHF 2016, include strengthening infant young child feeding (IYCF) and maternal child health behaviour (MCHB) support (promotional and preventative), especially support to caregivers in IDP camps in Kismayo. According to the nutrition cluster SHF strategy for 2016, the prevention and promotion of maternal child health nutrition (MCHN)/ infant young child nutrition (IYCN) components, contribute to the long term perspective of addressing malnutrition in a multi sectoral and integrated manner, with the overall objective being to halt the deteriorating food security and malnutrition situation.The Infant and young child feeding Knowledge Attitude and practice (IYCF KAP) survey will contribute to cluster objective two, three and four. These aim to improve access to evidence based and feasible nutrition and nutrition related resilience activities through Basic nutrition service package (BNSP) interventions, linking nutrition to other relevant programs ,contribute to availability timely and quality nutrition information , program coverage and operational research , and strengthen coordination and capacity of all partners to deliver quality and sustainable emergency nutrition services through a variety of approaches.
Kismayo town was liberated 2012 after insurgents took control in 2008.Since then, IDPs in the town have continued to increase, mainly because of peace and security. There is need for an IYCF KAP that will aid understanding of knowledge levels of IDPs, their attitudes towards various IYCF components promoted, and their IYCF practices and perceptions. SAF UK has been treating uncomplicated SAM across the town from January 2016, and reports show almost half of the mothers of children being treated for severe acute malnutrition (SAM) do not breastfeed their children. Those with children between 6-24 months do not provide appropriate complementary feeds, even after receiving relevant nutrition education. Poor IYCF practices among IDPs in Kisamyo could as well be the biggest contributor to the malnutrition burden in this population.This study will therefore provide vital information that will be useful for programming, not only for nutrition cluster partners, but across clusters and government. The information will aid projects in strategic planning, development of appropriate education and communication material, and correct targeting for IYCF messaging.

5. Complementarity

SAF UK is currently running a program treating uncomplicated SAM, covering the whole of Kismayo town including IDPs, through 2 fixed and 5 mobile outpatient therapeutic feeding program (OTP) sites. The organization also has an OPD/MCH in Farjano, though it currently temporarily closed due to lack of supplies.
Activities integrated to treatment of uncomplicated SAM include Nutrition health and hygiene promotion by educating households on good hygiene practices, including provision of enabling factors such as hygiene kits, done at facility and community level, IYCF promotion that includes peer support , breastfeeding support and counseling.Vaccination will also be Integrated soon.
The study will provide relevant information for programing that will hopefully reduce the huge burden of uncomplicated SAM among IDPs in the area. Studies do in emergency settings show that SAM cases significantly reduce if IYCF practices were strengthened. This requires knowledge of the community's knowledge,attitudes , perceptions and practices.This study intends to provide this information that will aid in programing, policy development (especially in development of a IYCF strategy for Jubaland) and formulation of education strategies and curricula, for both education institutions and training in health and nutrition programs.
Ultimately if scientifically sound strategies are employed,then lot of money used in tertiary prevention of malnutrition will be saved. IYCF is a both a primary and tertiary prevention initiative that has proved to yield awesome results if programing is based on scientific knowledge that is context specific. This is best generated from knowledge attitude and practice (KAP) survey.

LOGICAL FRAMEWORK

Overall project objective

The objective of the project are:
1. To prepare a study appropriate protocol with clear background and methodology for IYCF KAP.
2. To collect data using 249 household questionnaires, 26 key informant interviews and 6 focused group discussions for the IYCF KAP and analyze.
3. To develop a IYCF KAP survey report and dissemination to the partners of stakeholders through 2 meetings in Nairobi and Kismayo.

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
The most vulnerable households, groups and communities are better able to mitigate risk and withstand shocks and stresses	Somalia HRP 2016	100

Contribution to Cluster/Sector Objectives : Selected activities for the nutrition cluster Somalia humanitarian fund (SHF) 2016 include strengthening IYCF and Maternal child health behaviour (MCHB) support ,promotional and preventative, especially support to caregivers among IDPs in Kismayo. The cluster's SHF strategy covers prevention and promotion of the Maternal and child health and Nutrition (MCHN) /Infant and young child nutrition (IYCN) components, which contribute to the long term perspective of addressing malnutrition in a multi sector and integrated manner, with the overall objective to halt the deteriorating food security and malnutrition situation. The IYCF KAP will also contribute to cluster objective two, three and four. These aim to improve access to evidence based and feasible nutrition and nutrition related resilience activities, through BNSP interventions linking nutrition to other relevant programs ,to contribute to availability timely and quality nutrition information , program coverage and operational research , and to strengthen coordination and capacity of all partners to deliver quality and sustainable emergency nutrition services through a variety of approaches. All these targeting the IDPs, who are the most vulnerable group in the population, and children 6-24 moths , who are most vulnerable yet have a window of opportunity to avert lifelong consequences of malnutrition, than can be addressed by less expensive primary prevention mechanisms like promotion of appropriate IYCF practices. Kismayo town was liberated 2012 after insurgents took control in 2008.Since them IDPs in the town have continued to increase mainly because of peace and security. There has been no IYCF KAP, that would aid understanding of knowledge attitudes, practices and perceptions on IYCF, in the area despite the increasing numbers of IDPs and deteriorating health and nutrition indicators.

Outcome 1

Well designed and scientifically sound protocol for survey.

Output 1.1

Description

IYCF KAP survey protocol developed and reviewed for the survey.

Assumptions & Risks

AIMWG of the nutrition cluster review protocol in time.

Activities

Activity 1.1.1

Standard Activity : IYCF Knowledge Attitude and Practice survey

1. Design of survey protocol.
2. Presentation of protocol for peer review.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 1.1.1	Nutrition	Number of Nutrition operational researches conducted					1

Means of Verification : Survey protocal, application form for peer review completed and submitted, formal go ahead from AIMWG to proceed with the survey

Outcome 2

Well conducted IYCF KAP survey with scientifically sound results.

Output 2.1

Description

IYCF KAP data is well collected and analysed, and results shared with stakeholders

Assumptions & Risks

-Security in Kismayo will be stable.
- MoH will consent to the survey
- All concerned will be in good health.
- Weather will be favorable.
- Sample will consent to interviews.
-All field activities will go on as planned without interruption

Activities

Activity 2.1.1

Standard Activity : IYCF Knowledge Attitude and Practice survey

-Training of 10 enumerators, 5 supervisors, 2 data entry clerks and 2 MOH colleagues, with the consultant and program coordination present.
-Piloting of the survey.

Activity 2.1.2

Standard Activity : IYCF Knowledge Attitude and Practice survey

-249 Household questionnaires administered ,26 Key Informant Interviews and 6 Focus Group Discussions Conducted.
- Qualitative and quantitative data, from 249 Household questionnaires ,26 Key Informant Interviews guide notes and 6 Focus Group Discussions notes entered and cleaned.
- Data analyzed by the consultant.

Activity 2.1.3

Standard Activity : IYCF Knowledge Attitude and Practice survey

-Presentation of findings to AIMWG of nutrition cluster and Jubaland MOH for validation.
- Development of final report
-Dissemination of findings to stakeholders through 2 meetings; 1 in Nairobi and 1 in Kismayo.

Indicators

			End cycle beneficiaries				End cycle
Code	**Cluster**	**Indicator**	**Men**	**Women**	**Boys**	**Girls**	**Target**
Indicator 2.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					21

Means of Verification : -Completed pilot data collection tools
- Training report

Indicator 2.1.2	Nutrition	- Number of interviews and discussions conducted and data analyzed.					281

Means of Verification : -Questionnaires and key informant guides completed.
- Focused group discussion notes
- Availability of raw data
- Results of analysis

Indicator 2.1.3	Nutrition	- Number of result dissemination meetings conducted.					2

Means of Verification : - Minutes from dissemination meetings
- Signed attendance registers from results dissemination meetings in Nairobi and Kismayo

Additional Targets : none

M & R

Monitoring & Reporting plan

The IYCF KAP activities are planned for 39 days . The project will hire a consultant will will work very closely with the program coordinator (who will oversee and coordinate activities), and MEAL officer (Will document). The consultant and MEAL officer will take lead in tracking progress ensuring all is done in good time. The means of verification will be used as evidence of activity completion. Nutrition cluster will be involved through AIMWG. they will review the protocol and validate results.MoH will also be fully involved, and their M and E department will be keen on monitoring activity implementation in the field. MoH will also review and validate results.
The study protocol will also be shared with the OCHA focal point in Kismayo.
Both the MEAL manager and MoH will give at least 2 progress reports which will be shared with both OCHA and nutrition cluster, at national and sub national level.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 1. Design of survey protocol. 2. Presentation of protocol for peer review.	2016								X	X			
Activity 2.1.1: -Training of 10 enumerators, 5 supervisors, 2 data entry clerks and 2 MOH colleagues, with the consultant and program coordination present. -Piloting of the survey.	2016									X	X		
Activity 2.1.2: -249 Household questionnaires administered ,26 Key Informant Interviews and 6 Focus Group Discussions Conducted. - Qualitative and quantitative data, from 249 Household questionnaires ,26 Key Informant Interviews guide notes and 6 Focus Group Discussions notes entered and cleaned. - Data analyzed by the consultant.	2016									X	X		
Activity 2.1.3: -Presentation of findings to AIMWG of nutrition cluster and Jubaland MOH for validation. - Development of final report -Dissemination of findings to stakeholders through 2 meetings; 1 in Nairobi and 1 in Kismayo.	2016											X	

OTHER INFO

Accountability to Affected Populations

Community members (IDPs) will provide the information for the study and so are very important to this project. They will be briefed of the project as much as possible through their community leaders,MoH, SAF UK's CHWs and project staff. In case of compliment or complaint, a feedback mechanism will be provided through our survey supervisors, who will be mature neutral personnel.
The findings will be disseminated to the community through various channels

Implementation Plan

The proposed survey activities will be implemented in 39 days in two phases; The first phase will focus on preparation of protocol (Survey proposal detailing the methodology), preparation of tools, and presentation of the same to AIMWG of the nutrition cluster and MoH for peer review. The second phase will focus on training, sampling, data collection, analysis, validation and dissemination of results. All this will be done through 5 teams of 3 persons(1 supervisor and 2 enumerators) .
The consultant will prepare a brief report at each stage and phase..
Please refer to BoQ for schedules.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
MoH	They will be briefed of the intention to conduct a study, propocal will be shared with them, they will be involved at each stage and will get the final report first, for their action
Nutrition cluster partners	They will offer peer review , both at national and subnational level,and will be the final beneficiaries and users of the results.
ICRC	These run an SC though are not cluster members. They will be briefed and interviwed
Community leaders and members	Will be involved from the beginning and will be requested to provide information required by the study.
CHF/OCHA	Are the main donors, and we will report to them and involve then at alll stages.
Himilo Foundation	They treat MAM in Kismayo town. They will be briefed and their staff interviewed.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2b- The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

Caregivers of both Boys and Girls 6- 23 months will be randomly selected to complete the household questionnaire without discrimination.
Sampling for groups for Key informant interviews (KII) and Focused group discussions (FDG) will be purposive with gender consideration.
Selection of community leaders will factor in women leaders, considering the male dominated culture of the IDPs, so that responses from all gender are collected.
SAF UK will also contract both male and female enumerators and supervisors, based on merit.
Both genders of project staff and CHWs will be sampled.
NHHP educators and CHWs trained in offering breastfeeding support are only women, as most mothers prefer support from female counterparts. Sample of CHWs and project staff will focus on these groups because of their role in strengthening IYCF.
As stated ,all community groups, except children, have been considered.

Protection Mainstreaming

Informed consent will be sought from all interviewees and all information will be treated as confidential. Ennumerators will not be project staff, who interact with beneficiaries on a day to day basis.This will help enhance confidentiality and prevent researchers bias. All views given will be respected and collected exactly as given.
All enumerators and supervisors will be contracted based on merit.SAF UK will strife to create an equal playing field for all.

Country Specific Information

Safety and Security

Kismayo town is fairly safe. However SAF UK will alert the security organs and work closely to receive regular updates. All personelle will be advised on the security situation on a daily basis. Local ennumerators will be contracted as they are well aware of the situation. International staff will have a guard assigned to them.

Access

Kismayo IDPs are easily accessible and camps are well known. We will however work closely and seek consent of community leaders to access the community. The same will be sought from the Jubaland administration. Access will not be an isssue because SAF UK already has projects running in the area, and have been working with the community for the last 4 years.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrance	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	IYCF KAP consultant	D	1	450.00	39	100.00	17,550.00
	A specialist in conducting IYCF KAP survey that will lead as stated in activities: from development of protocol to analysis and final report writing. The consultant will work for a total of 39 days. Please refer to BOQ for activity breakdown, with number of days for each activity indicated.						
1.2	Enumerators	D	10	30.00	10	100.00	3,000.00
	These will collect data in teams. 2 enumerators per team for the five teams. Training will be conducted for 5 days, followed by Household data collection for 5 days. This gives a total of 10 days during which enumerators will be engaged.						
1.3	Field guide	D	5	10.00	5	100.00	250.00
	These will guide enumerators through the IDP camps. Some camps are overcrowded, like Dalxiska and Shaqalaha camps, while for the rest it might not be easy to know distinguish where IDP and host community settlements; some urban poor live close to IDPs. The guide will be someone conversant with the areas. These will be necessary so as to avoid interviewer bias because project staff and Community workers will not be involved in data collection at household level. Guides will only be engaged for 5 days, during which data will be collected. These require no training.						
1.4	Survey supervisors	D	5	50.00	10	100.00	2,500.00
	1 supervisor for each of the 5 teams.Training will be conducted for 5 days, followed by Household data collection for 5 days. This gives a total of 10 days during which supervisors will be engaged.						
1.5	Data entry clerks	D	2	10.00	7	100.00	140.00
	These will enter data as it is received daily. This will help in detection of errors early enough for them to be corrected. These work for 2 extra days after data collection as they will be clearing the back log and handing over.						
	Section Total						**23,440.00**
Supplies, Commodities, Materials							
2.1	stationary for field data collection	D	1	161.00	1	100.00	161.00
	these include Pens, printing of questionnaires and water. Please see BOQ attached						
2.2	Rental car for field activities	D	5	100.00	6	100.00	3,000.00
	car for the 5 zones in Kismayo for 5 days of data collection and 1 day for pre-testing of tools						
2.3	Training	D	1	1,715.00	1	100.00	1,715.00

	The team to be trained will consist of 10 enumerators, 5 supervisors, 2 MoH staff,2 data entry staff, 1 consultant and 1 program coordinator. these total to 21. Household questionnaires will be administered by 5 teams consisting of 1 supervisor and 2 enumerators each, bringing the total to 15 persons for data collection and quality control.Supervisors will collect data for FGD supervised by the consultant. KII will be conducted by the consultant.Lump sum cost covers all training requirement. Please refer to BOQ for breakdown of the cost.						
2.4	Lunch for briefing meeting with MoH and Jubaland administration	D	10	15.00	1	100.00	150.00
	It is standard procedure that goverment officials in the state are briefed of any new project of survey before it commences. They use this opportunity to give their input and /or raise concern, before they endorse. Lunch for all stakeholders from Jubaland government , the consultant and project coordinator who will be present, Government officials who include 2 staff from Ministry of health (MoH). 2 from internal security, 2 from office of the president and 2 elders.						
	Section Total						**5,026.00**
Travel							
5.1	Flight from Kismayo to Nairobi and back	D	2	1,500.00	1	100.00	3,000.00
	Cost of airfare for the consultant and program coordinator to the field and back						
5.2	Perdiem	D	2	100.00	15	100.00	3,000.00
	Covers cost of accommodation and food for the consultant and program manager for the 15 days of field work. USD 50 for accommodation and 50 for meals.						
5.3	VISA	D	2	50.00	1	100.00	100.00
	cost of visa for the consultant and program manager						
	Section Total						**6,100.00**
General Operating and Other Direct Costs							
7.1	Communication with field teams	D	6	5.00	5	100.00	150.00
	This will be used for airtime to facilitate communication with field teams.This cover data collection period (5 days) only this will be given to program coordinator and 5 supervisors.						
	Section Total						**150.00**
SubTotal			52.00				**34,716.00**
Direct							34,716.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							2,430.12
Total Cost							**37,146.12**
Grand Total CHF Cost							**37,146.12**

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Dalxiiska	50	25	112			137	Activity 1.1.1 : 1. Design of survey protocol. 2. Presentation of protocol for peer review. Activity 2.1.1 : -Training of 10 enumerators, 5 supervisors, 2 data entry clerks and 2 MOH colleagues, with the consultant and program coordination present. -Piloting of the survey.

Lower Juba -> Kismayo -> Kismayo	50	37	173			210	Activity 1.1.1 : 1. Design of survey protocol. 2. Presentation of protocol for peer review. Activity 2.1.1 : -Training of 10 enumerators, 5 supervisors, 2 data entry clerks and 2 MOH colleagues, with the consultant and program coordination present. -Piloting of the survey.

Documents

Category Name	Document Description
Project Supporting Documents	All BOQs and schedules.xls
Budget Documents	All BOQs.xls
Budget Documents	All BOQs.xls
Budget Documents	All BOQs.xls
Budget Documents	2560 SAFUK- consultancy rate.pdf
Budget Documents	2560 SAFUK- BoQ's- 22.7.16.xlsx