

<b>Requesting Organization :</b>	Somali Aid			
<b>Allocation Type :</b>	Standard Allocation 1 (Jan 2017)			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Nutrition		100.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of lifesaving treatment and prevention of excess morbidity and mortality among severely and moderately malnourished children under five years and pregnant and lactating women in Sinai and Abdalla Birole in Kismayu district			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA1 2017/Nut/NGO/4618	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	185,976.70	
<b>Planned project duration :</b>	9 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	15/03/2017	<b>Planned End Date :</b>	15/12/2017	
<b>Actual Start Date:</b>	15/03/2017	<b>Actual End Date:</b>	15/12/2017	
<b>Project Summary :</b>	<p>To address malnutrition among drought affected populations in Kismayo district of Lower Juba, the project will implement treatment of severe acute malnutrition through two static nutrition teams and one outreach team in Sinai and Abdalla Birole. Through the nutrition teams, Somali Aid will provide treatment services for severely malnourished children under five, deworming, vitamin A supplementation and preventive and promotive services such as Infant Young Child Feeding (IYCF) promotion and counseling as well as awareness creation and nutrition messaging within the community. Treatment of severely malnourished children under 5 years without medical complication will be done through the out patient therapeutic program targeting to treat 3267 under fives while pregnant and lactating women will be targeted and benefit from infant young child feeding promotion with a target of 2258 pregnant lactating women and care takers of children. Nutrition and health promotion sessions will be conducted at the nutrition sites as well as within the community through community health workers assigned house to house. Nutrition sessions will include sessions on Infant and Young Child Feeding, hygiene and health promotion as well as food and nutrients education. Mothers of children under five who are visiting the nutrition treatment centers will be targeted for nutrition session and IYCF counselling at the nutrition center while community health workers will continue with nutrition messaging at the community level targeting men and women in both Abdalla Birole and Kismayu town and its surroundings.</p> <p>Generating community demand for improved maternal and child nutrition calls for a more integrated approach and building of capacities within communities to understand the nutrition services and ensure that women and children under five survive and remain healthy during pregnancy and through out the first five years of life amidst the presented climatic, political and geographical complexities. Creating awareness and demand in the communities will equip them with necessary knowledge to effectively participate in sustainable improvement of nutrition status among the Internally displaced hence the program will work with community health workers and community key leaders to establish well supportive and effective social environment within the community for the nutrition program.</p> <p>Technical nutrition team and the community health workers will be trained to build their capacity in management of acute malnutrition through a 5 day training on Integrated Management of Acute Malnutrition for the technical team and a 3 day training for community health workers (CHWs) which will include; training on identification and referral of malnourished children under five and screening skills, reporting, peer health education and conducting community meetings and sessions. mobilization sessions will be done through the community key influential people and the camp leaders to create awareness of the program and also to ensure program ownership and utilization. at least 10 key leaders per settlement shall be targeted for community program conception meetings and awareness.</p> <p>Somali Aid through the nutrition program is committed to ensure community systems are equally strengthened for community nutrition service delivery.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
18	2,270	1,445	1,822	5,555

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	2,258	0	0	2,258
Children under 5	0	0	1,445	1,822	3,267
Staff (own or partner staff, authorities)	18	12	0	0	30

**Indirect Beneficiaries :**

43554

**Catchment Population:**

192706

**Link with allocation strategy :**

In line with the allocation strategy, Somali Aid will utilize the Allocation to scale up treatment for Severe Acute Malnutrition without medical complications by scaling up screening as well as appropriate treatment and referral of the cases among drought affected populations. Somali Aid will be scaling up nutrition services to drought affected and newly liberated area of Abdalla Birole. Somali Aid will also use the allocated funds to deliver basic nutrition service package an link to the health and communication for development (C4D) programs run by Somali Aid in the same drought affected populations of Abdalla Birole and Sinai in Kismayo.

Through the community health workers, Somali Aid will ensure early identification, referral and optimal treatment as per the treatment guidelines for Acute malnutrition. Somali Aid will carry out screening of under-five to provide them with essential nutrition supplementation, increase the Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene Promotion (NHHP) coverage

Somali Aid will also Build capacity of the local staffs and community health workers (CHWs) in management of Acute malnutrition through training and mentoring as well as supportive supervision to ensure sustainability of the interventions beyond Somali Aid's support as the capacity of the CHWs and local staff to deliver quality services is improved..

Somali Aid will implement project activities in an impartial and non-discriminatory manner that promotes equal access to nutrition services for both male and female beneficiaries. Somali Aid will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and boys and girls <5 years.

**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
Faiza Hussein	Nutrition Coordinator	faiza.hussein@somali-aid.org	+254721682051
Nasra Muktar	Project Officer	nasra@somali-aid.org	+254722608833

**BACKGROUND****1. Humanitarian context analysis**

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). At the end of 2016, drought conditions exacerbated in Puntland and Somaliland, but also expanded to other regions in southern and central Somalia, including Gedo, Hiraan, Galgaduud, and Lower Juba regions.

Over the past six months, the food security and nutrition situation in the country has worsened and malnutrition rates remain high, with 320,000 children under age 5 acutely malnourished, of which 50,000 are severely acutely malnourished and at the risk of death. In addition, the deepening drought and acute water shortages have led to an increased incidence of acute watery diarrhoea (AWD)/cholera outbreaks, which have already been reported in many regions across the country. This is further worsened by the lack of 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.

Worsening drought conditions have increased displacement and put additional pressure on limited services and family structures, leading to family separation, intimate partner violence and an increase in harmful social norms such as child marriage and child labour. Displacement, inward migration and negative coping strategies also increase the risk of 90,000 children dropping out of school. Further, the number of displaced people to urban centres will increase during 2017. The ongoing drought continues to be the main driver of humanitarian needs in Somalia, and the analysis suggests that the current crisis is likely to intensify during the coming months and due to the projected below-average Gu rainfall. The likelihood of a famine remains real should the 2017 Gu season is very poor, household purchasing power declines to 2010/2011 levels and delivery of humanitarian assistance is hampered to people in need is hampered.

The prevalence of Global Acute Malnutrition (GAM) for internally displaced persons (IDP's) in Kismayo was 14.5% i.e. serious however having Critical levels of severe acute malnutrition (SAM) 4.4% according to the Preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia done in June. This shows an increase from the Global Acute Malnutrition (GAM) 14.9% and Severe and Acute Malnutrition (SAM) 2.9% which were reported in the 2016 GU Nutrition Surveys Results which also reports that Underweight levels in Somalia are Medium to low prevalence with the exception of Kismayo IDPs that reported Very high prevalence.

## **2. Needs assessment**

Displaced people are particularly susceptible to under nutrition due to limited accessibility to foods and health services. The reported "critical" and "serious" levels of malnutrition in target areas, indicates there is a need to continue with management of Severe Acute Malnutrition to save lives and equally increase quality of life by providing preventive and curative nutrition services especially among displaced children under five and pregnant and lactating women.

The current drought situation in the region, over the past six months, the food security and nutrition situation in the country has worsened and malnutrition rates remain high, with 363,000 acutely malnourished children in Somalia, of which 71,000 are severely malnourished (point prevalence) while the overall need and/or burden is estimated to be close to one million acutely malnourished children with 185,000 being severely malnourished increasing the risk of death. In addition, the deepening drought and acute water shortages have led to an increased incidence of acute watery diarrhea (AWD) /cholera outbreaks which further deteriorated the malnutrition rate, which have already been reported in many regions across the country. This is further worsened by the lack of 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.

According to FSNAU post Gu 2016 assessment, Infant and Young Child Feeding (IYCF) practices in regard to continued breastfeeding for up to 24 months, child dietary diversity and frequency of complementary feeding remained sub optimal among the IDPs in Kismayu. It also showed that underweight levels in Somalia are Medium to low prevalence with the exception of Kismayo IDPs and reported a GAM rate of 14.5% and SAM of 2.9% indicating a Serious nutrition situation which has since increased to GAM 14.5% and SAM of 4.4% according to Preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs).

As per the nutrition cluster case load estimation for kismayo district is up-to 16748 boys and girls under five and pregnant lactating women.

Somali Aid plans to reach at least 3267 Children (Boys 1445 and Girls 1822) 0-59 months targeted for nutrition treatment programs program in the OTP, deworming and vitamin A supplementation and 2258 pregnant and lactating women will benefit from IYCF counseling and promotion services in kismayo through the Sinai health facility in the urban area and Abdalla Birole which is one of the most affected areas in Kismayo and has recently been liberated. Somali Aid runs the only health facility but there is no ongoing nutrition programs and the high despite high numbers of children identified with severe acute malnutrition there are no ongoing programs.

Somali Aid is well positioned to implement the management of severe Acute Malnutrition without medical complication since it already has well established health facility with an active stabilization center and out patient center that is located central to the IDP Centers of Marino, Bulla Fatura, Camp Dhudu, Barawe, Badar in Kismayo district and an active health facility in Abdalla Birolle that can complement the nutrition intervention. Equally, Somali Aid actively participates in nutrition cluster coordination meetings at regional level and closely coordinates with individual nutrition partners in referring the active cases. Somali Aid also has currently been working closely with the community through community health workers who will take lead in ensuring timely identification and referral of Malnourished cases from

## **3. Description Of Beneficiaries**

Direct Beneficiaries: The direct beneficiaries will be a total of 5555 men and women, boys and girls within the population of living in Abdalla Birolle and Sinai in Kismayu district. 3267 Children (Boys 1445 and Girls 1822) 0-59 months are targeted for nutrition treatment programs program in the out patient therapeutic program (OTP), deworming and vitamin A supplementation.

At least 2258 pregnant and lactating women will benefit from IYCF counseling and promotion services.

18 men and 12 women who will be members of staff including the community health workers will benefit from capacity building through the project.

Indirect Beneficiaries: 15992 males and 27562 females shall also benefit indirectly from nutrition, health and hygiene messaging through community mobilization and education sessions at the service delivery points.

A total of 192706 men and women and children under five within Kismayo district will benefit indirectly from the project implementation.

## **4. Grant Request Justification**

A rapid assessment done by Somali Aid in the settlements in Mid January of 2017 highlighted a dire need for nutrition interventions mainly treatment of SAM in OTP and IYCF promotion activities since there nutrition services provided in outskirts of Kismayu town. FSNAU 2016 report shows a higher burden of malnutrition among IDPs in Kismayu which calls for continuity of services to avoid a crisis. Displaced people are particularly susceptible to under nutrition due to limited accessibility to foods and health services. The reported "critical" and "serious" levels of malnutrition in target areas, indicates there is a need to provide management of Moderate Acute Malnutrition and Severe Acute Malnutrition to prevent individuals from sliding into very critical situation.

Somali Aid will ensure equal numbers of boys and girls are assessed, therefore sex bias will not prevent equal access and any emerging gender gaps will be identified in a timely manner. Somalia IYCF indicators are some of the worst in the world, attributable to poor maternal knowledge and skills in young child care. Somali Aid will continue to strengthen caregiver capacities and empower mothers and male heads of households in decision making on child care. Gender specific topics will be incorporated into nutrition education messaging. Overall, Somali Aid will ensure that data collected from facilities is from women, men, boys and girls and dis aggregated as such in monthly report. Women and men will be encouraged to equally participate in decision making processes. The capacity of local mother support groups and women organizations will be strengthened to provide support mechanisms for improving the nutritional status of pregnant and lactating women (PLW) and women of child bearing age.

Somali Aid will implement project activities in an impartial and non discriminatory manner that promotes equal access to nutrition services for both male and female beneficiaries. Admission to the nutrition programs will be based purely on Somalia integrated management of acute malnutrition (IMAM) guidelines.

Somali Aid will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and children <5 years, unaccompanied minors, widows and girls and prioritize them for assistance.

Somali Aid is currently implementing outpatient therapeutic program (OTP) and stabilization center (SC) services and other health facilities therefore has community goodwill and the needed expertise to implement the programs as stated and will greatly utilize the lessons learnt from previous program to ensure smooth running and achievement of the identified objectives and goals.

## 5. Complementarity

Somali Aid has undertaken a number primary health care assistance to the needy population with resultant impacts in Middle and Lower Juba regions of Somalia funded by WHO, UNOCHA, UNICEF among others. Currently, Somali Aid with funds from Somalia Humanitarian Fund is implementing nutrition interventions in Kismayo district through treatment of Severe acute malnutrition without complication and severe acute malnutrition with medical complications through 2 static nutrition sites and a stabilization center. The Stabilization center will complement this program because it will receive the referrals of those cases with complication. In Abdalla birole and Sinai where this project will be implemented, Somali Aid also runs health facilities providing primary health care and this will complement the program since the children with minor illnesses within the nutrition program can be seen at the health facility and those who come to the health facility will be screened and referred to the nutrition program. At the health facilities, immunization activities will be integrated to the nutrition program to ensure all children visiting the nutrition program will receive immunization and health education.

Somali Aid is also working closely with the water, sanitation and hygiene (WASH) cluster in the treatment of water points and distribution of hygiene kits to the households and this will complement the program well especially to prevent water borne diseases during this drought season.

## LOGICAL FRAMEWORK

### Overall project objective

To provide access to life saving treatment of malnutrition and basic nutrition service package to men and women, boys and girls under five among drought affected population in Abdalla Birolle and Sinai in Kismayo district.

### 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	100

**Contribution to Cluster/Sector Objectives :** The proposed project will help to the reduction of nutrition related morbidity and mortality rates to below emergency threshold and will provide the necessary equipment, supplies and provision to accessible nutrition treatment services, vitamin A supplementation, deworming and optimal Infant Young Child Feeding promotion services.

### Outcome 1

1445 boys and 1822 girls under five have access and utilization to integrated essential quality nutrition services in two static Out patient Treatment Program (OTP) sites and two outreach OTP sites

### Output 1.1

#### Description

1445 boys and 1822 girls under five are screened and at least 60 % of those children with Severe Acute Malnutrition are adequately treated through the out patient therapeutic programs

#### Assumptions & Risks

Somali Aid is assuming to reach 60% of children with malnutrition while the other 40% can be reached through other partner run nutrition treatment programs.

There might be risk of supply rupture and Somali Aid will mitigate through ordering of supplies early enough from UNICEF and borrow from other partners doing nutrition in the area

### Activities

#### Activity 1.1.1

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

regular screening and referral of acutely severe malnourished children

<b>Activity 1.1.2</b>							
<b>Standard Activity : Supplementation Vitamin A</b>							
supplementation of children 6-59 months eligible for vitamin A supplementation							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Deworming</b>							
correct deworming of children 6-59 months as per the deworming guidelines.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Vaccination at nutrition centres</b>							
Provision of vaccination services to children at the nutrition outpatient treatment centers							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,267
<b>Means of Verification</b> : OTP registers, Referral cards, Monthly and quarterly reports							
Indicator 1.1.2	Nutrition	Number children receiving Vitamin A supplementation					3,267
<b>Means of Verification</b> : OTP Registers, Monthly and Quarterly reports							
Indicator 1.1.3	Nutrition	Number of eligible children dewormed every 6 months					3,267
<b>Means of Verification</b> : OTP Registers, Site Vist report, Monthly reports							
Indicator 1.1.4	Nutrition	Number of children who received vaccination at the nutrition center					3,267
<b>Means of Verification</b> : OTP registers, EPI register and referral cards, Site Visit reports and Quarterly reports							
<b>Outcome 2</b>							
Strengthened capacity of the Somali Aid staff and the community workers in identification, referral and management of Acute malnutrition.							
<b>Output 2.1</b>							
<b>Description</b>							
capacity of 10 community health workers and 20 nutrition workers built to adequately provide quality nutrition services and community nutrition services through the respective nutrition programs.							
<b>Assumptions &amp; Risks</b>							
During the training days, there might be security issues but can solved by engaging the security personnel through alerting them of the ongoing training as well as consulting them on security matters and advice on secure venues.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Capacity building</b>							
Conduct integrated management of acute malnutrition (IMAM) training on nutrition and hygiene module for the project staffs for 20 nutrition staffs							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Capacity building</b>							
Sensitize CHWs and community leaders on nutrition and hygiene module							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			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					20
<b>Means of Verification</b> : Training attendance sheet, photos, training report							
Indicator 2.1.2	Nutrition	Number of Community Health Workers (CHW) trained on the nutrition and hygiene module and how to conduct community sessions.					10
<b>Means of Verification</b> : training report, attendance sheets and photos							
<b>Outcome 3</b>							
Nutrition, health, hygiene (NHHP) preventative and promotional messages are integrated through the nutrition and health sessions.							
<b>Output 3.1</b>							
<b>Description</b>							

IYCF counselling and health hygiene and nutrition promotion is done through community and facility health promotion programs

**Assumptions & Risks**

Kismayu town is prone to flooding and that can affect scheduled community health and nutrition session days in the area. Somali Aid will utilize the mobile teams to reach the population on foot  
In Abdalla Birolle, there might be some security issues that might hinder the mobile team

**Activities**

**Activity 3.1.1**

**Standard Activity : Infant and young child feeding counselling**

Conduct individual counseling/group sessions at the OTP sites and through the community health workers

**Activity 3.1.2**

**Standard Activity : Nutrition health and Hygiene promotion**

Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of IYCF promotion sessions held					470
<b>Means of Verification</b> : Photos and registers, Infant Young Child Feeding (IYCF) reports							
Indicator 3.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					5,555

**Means of Verification** : Session Photos, reports on the sessions

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

The monitoring and evaluation Officer and the nutrition coordinator are responsible for the overall project monitoring and will develop together a detailed activity plan forming the basis of project monitoring. Through the nutrition team will ensure project activities are running as scheduled and are reported satisfactorily. The project coordinator will have overall responsibility for monitoring progress and generating mid-term and end-of-project reports. At the beginning of the project, community meetings and dialogue sessions with the community will be done to inform them of the project inputs and expected outputs. quarterly visits by the nutrition coordinator and the monitoring and evaluation officer to the program will ensure supportive supervision and timely problem solving. Indicators that will be measured to gauge the performance of the project will include cured rates, defaulting and death rates of the children under 5 years old admitted in nutrition program in Out patient therapeutic program sites. Program monthly, quarterly and weekly reports will be submitted through out the project implementation.

The findings of the monitoring process will be used to make informed decisions and timely adjustments with a view to ensuring that the project activities remain on track. Monthly reports will be compiled and shared with the cluster and other stakeholders. At the end of the project, a final report will be prepared as well. Lessons learned and feedback from monitoring exercises will be documented and the information shared with the development partners. This will be done in joint and regular review meetings held with the communities/beneficiaries and stakeholders.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: regular screening and referral of acutely severe malnourished children	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: supplementation of children 6-59 months eligible for vitamin A supplementation	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: correct deworming of children 6-59 months as per the deworming guidelines.	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: Provision of vaccination services to children at the nutrition outpatient treatment centers	2017			X	X	X	X	X	X	X	X	X	X
Activity 2.1.1: Conduct integrated management of acute malnutrition (IMAM) training on nutrition and hygiene module for the project staffs for 20 nutrition staffs	2017				X								
Activity 2.1.2: Sensitize CHWs and community leaders on nutrition and hygiene module	2017				X								
Activity 3.1.1: Conduct individual counseling/group sessions at the OTP sites and through the community health workers	2017			X	X	X	X	X	X	X	X	X	X
Activity 3.1.2: Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions	2017			X	X	X	X	X	X	X	X	X	X

**OTHER INFO**

**Accountability to Affected Populations**

To ensure accountability to the affected population Somali Aid will be committed to the following:

- 1) Demonstrating the highest level of commitment to beneficiaries and target population by ensuring that feedback and accountability mechanisms are well integrated into the programme strategy, implementation, recruitment and inductions, capacity-building, performance management, and partnership agreements;
- 2) Providing accessible and timely information to beneficiaries and target populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitating dialogue between Somali Aid and beneficiaries over information provision;
- 3) Actively seeking the views of beneficiaries and target populations to improve policy and practice in programming, and 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. This includes issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications;
- 4) Enabling beneficiaries and target populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately (through community consultations and committees) and ensure that the most marginalised and affected are represented and have influence; and
- 5) Designing, monitoring and evaluating the goals and objectives of programme with the involvement of beneficiaries and target populations, feeding learning back into the organization on an ongoing basis, and reporting on the results of the process.

**Implementation Plan**

This project will target Severely Acute Malnourished and will adopt and utilize standardized protocols. Preparation of OTP distribution timetable and communicating the dates and households monthly entitlement to the registered beneficiaries.

Two stationary out patient programs in Abdalla Birolle and Sinai and two outreach nutrition sites will be implemented to ensure that all the children are able to access the treatment services. Severely malnourished cases with complications from both abdalla birole and Sinai shall be referred to the Stabilization center at Fanole implemented by Somali Aid in Kismayo.

Somali Aid will refer cases identified during screening to be moderately Acute Malnourished to other partners implementing nutrition treatment for moderately malnourished children under five and pregnant lactating women when identified at community level or the nutrition centers.

The nutrition centers will work 6 days a week providing screening for all the children under fives and pregnant lactating women. however, the program will only undertake treatment of severely malnourished children under five without complication and will refer to other partners children and pregnant lactating women with moderate acute malnutrition. the nutrition sites will also provide other services under basic nutrition service package including deworming, immunization, promotion of optimal infant young child feeding practices among others. since both static sites will be at the health facilities run by Somali Aid, all children who visit the sites will receive immunization services and the outreach sites will benefit from 3 days each of visit from the immunization nurse hence utilizing the immunization nurse fully.

IYCF officer will be placed at all the sites to ensure individual counseling and the community education and awareness on infant young child feeding practices. the IYCF officer will be responsible to identify women among the caretakers or from the community who require individual attention and counseling on optimal feeding of their children.

A community mobilizer will work through the community health workers assigned to undertake awareness and the identification of malnourished children and will also implement the promotion of nutrition, health and hygiene practices in the program. the community mobilizer will also be the link between the community and the health workers as well as project teams.

Somali Aid will collaborate and coordinate with other partners especially IOM to improve vaccines for the nutrition facilities

Somali Aid will ensure the use of Nutrition protocols that are standard and nationally approved and therefore will undertake staffs training to orientate them on the same protocols and ensure quality services are offered in the nutrition programs.

Somali Aid will follow routine monitoring procedures and will provide monthly, quarterly, mid project and end of the month reports as requested.

Somali Aid will document all challenges, success stories and lessons learnt during program implementation in order to contribute to the general cluster monitoring and learning process.

The program will also cover activities that give integrated treatment of malnutrition of children U5 and targeted pregnant and lactating women (PLWs) for IYCF. Components will include OTP services, hygiene promotion message and nutrition promotion activities in the selected IDP settlements

The project will provide the necessary equipment, supplies and provision of accessible nutrition delivery centers in order to offer the required SC and OTP and optimal IYCF services.

A team of trained and experienced staff, supervised by the Nutrition Coordinator will be responsible for overall implementation of the program. The beneficiaries, community and the local administration will be fully kept in the loop in order to participate in mobilization, beneficiary selection and overall project implementation.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
MoH	Supervisory role, decision making and coordination
UNICEF	supplies for treatment of severe acute malnutrition through the out patient therapeutic program
SAF UK	inter agency referrals, joint nutritional assessments and coordination at the regional and national level as well as information sharing
IOM	Coordination to ensure immunization of children in the nutrition program is done as well as other significant information sharing especially concerning movement trends for both internally displaced and those returning from other countries. .
HIMILO foundation	inter agency referral, Joint nutrition assesment and information sharing.

**Environment Marker Of The Project**

N/A: Not applicable, only used for a small number of services

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

Somali Aid has gender policy that ensure that when hiring staff that women are given 50% consideration in different positions. In addition, the project target populations are segregated into men, women, boys and girls hence giving emphasis to all gender groups in the community. During the screening and admission of children into nutrition programs, boys and girls will be given equal chances. While training and education on child care conventionally targets women, this project will take deliberate steps to target men especially those who are responsible to care for children.

Gender considerations was taken into account throughout the assessment, planning and design of the interventions and significant consideration will be given to pregnant women, mothers, and women of child-bearing age. For example, the project will hire female staff at the nutrition centers and ensure equal access to nutrition services regardless of gender and age. In the provision of health and nutrition promotion campaigns, messaging will be targeted for specific gender and age groups and as appropriate the events will be organized separately. Equitable and gender-sensitive participation and decision-making approaches will be adopted throughout the project, including women's participation in the community nutrition committees and access to gender-specific health and nutrition information. Community consultations through focus-group discussions will take place during the project implementation, and stakeholders will be involved in decision-making processes to tailor the project to the needs of different gender and age groups. Furthermore, data will be disaggregated by age and gender in all recording and reporting.

### Protection Mainstreaming

Somali Aid will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and children <5 years, unaccompanied minors, widows and girls and prioritize them for assistance. There will be hygiene promotion, health education, counseling, protection services and capacity building during the overall implementation of the projects. The project will also work in line with health and livelihood sectors to ensure greater impact and resilience of the community

### Country Specific Information

#### Safety and Security

Currently, the situation in Kismayu is stable with no major attacks in the town and surrounding villages. Sinay is within town and Abdalla Birrole there is heavy presence of Somali army and Kenya defence forces (KDF) and Somali Aid staff are safe to work there.

#### Access

Currently there are no accessibility issues in our planned area of operation as the situation is calm and no security threats

### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Nutrition coordinator	D	1	3,000.00	9	30.00	8,100.00
	<i>project will contribute 30% of the coordinator's salary. The nutrition coordinator provides technical guide and oversight for the project and coordination and representation of the project with relevant stake holders. He/she is responsible for overall reporting, liaison, and communication with donors of the project.</i>						
1.2	Field nutrition Supervisor	D	1	1,400.00	9	100.00	12,600.00
	<i>The project will utilize 100% of the persons time in day to day running of the project and field management of project during implementation period. The project supervisor is responsible for weekly, and quarterly generation of the field reports He/she will provide necessary technical guidance and mentoring, provide leadership and delegation of duties across all the nutrition programs. The field supervisor is responsible for compiling the weekly nutrition sites' orders and reports and ensure proper recording of use and distribution of supplies.</i>						
1.3	Nurses	D	3	400.00	9	100.00	10,800.00
	<i>There will be 3 nurses for the Out patient treatment sites (one nurse for the two static sites and one for the outreach team) will be responsible to undertake the daily assessment, treatment, referral and follow up of beneficiaries in the nutrition program. The nurses will also be responsible for dispensing or routine treatment and other treatment for minor ailments among the children with severe acute malnutrition.</i>						
1.4	Weighers and measurers	D	6	250.00	9	100.00	13,500.00
	<i>They will responsible on the day to day screening and identifying the Severe Acute Malnutrition (SAM) patients at the nutrition centers and the Outreach areas. each team (2 static and one outreach) will need 2 weighers and measures making 6.</i>						
1.5	Distributors	D	3	250.00	9	100.00	6,750.00
	<i>They will be responsible on distributing the Plumpy nuts to children identified with severe malnutrition. the distributors will also emphasize the directions for use of the plumpy nuts.</i>						
1.6	Infant young child feeding program (IYCF) Nurses	D	3	400.00	9	100.00	10,800.00
	<i>They will be responsible for the promotion of Infant young child feeding practices among the caretakers and community members. the IYCF nurse will be responsible for identifying and conducting individual counseling sessions as well as conducting nutrition sessions within the community and the out patient sites. One IYCF nurse will be stationed at each of the two static sites and one will be moving with the outreach team.</i>						
1.7	Registrars	D	2	250.00	9	100.00	4,500.00
	<i>Registers are responsible for the day to day registration of the beneficiaries who are admitted to the nutrition treatment sites. the registers ensure sex dis-aggregation of the beneficiary information and provide the SAM patient and prepare the referral cards for the patients. The register works with the nurses to keep record of and ensure the referrals reach the destination.</i>						

1.8	vaccination nurse	D	1	400.00	9	100.00	3,600.00
	<i>vaccination Nurses will be responsible to provide immunization services to all the children under five who come to the nutrition sites as well as undertake the same for the outreach clinics. The outreach team will need a dedicated vaccination nurse to move with the outreach team in order to ensure children are vaccinated.</i>						
1.9	Finance manager	D	1	1,500.00	9	25.00	3,375.00
	<i>Finance manager based in Nairobi will be responsible for project financial tracking, monitoring and verification of the financial reports from the field for the project finance. The Finance manager will provide leadership and mentoring to the field finance teams and will dedicate 25% of his time to support the project.</i>						
1.10	Field finance officer	D	1	1,000.00	9	25.00	2,250.00
	<i>The field finance officer will be based at the field so as to ensure accountability of the funds used. the finance officer will support the nutrition project 25% of his time.</i>						
1.11	field logistics officer	D	1	800.00	9	40.00	2,880.00
	<i>the logistics officer will undertake logistical activities, management of the warehouse, receiving the supplies, documentation and distribution to the nutrition sites as well as consumption for the projects. the field logistics assistant will distribute supplies to the different facilities on request and maintain a proper stock card on all items. project will contribute 40% to the salary of the field logistic officer</i>						
1.12	Store Keeper	D	1	250.00	9	100.00	2,250.00
	<i>the store keeper will assist the field logistics officer to ensure efficient management of the warehouse and nutrition supplies and record keeping.</i>						
1.13	Mornitoring and Evaluations and learning (MEAL) officer	D	1	1,500.00	9	50.00	6,750.00
	<i>In charge of the monitoring and evaluation of the project indicators and will document on the project achievement, challenges and lessons learned.</i>						
1.14	Community health workers (CHWs)	D	10	30.00	9	100.00	2,700.00
	<i>Community Health Workers (CHWs) are very important for community sensitization and referrals from the community to the Outpatient therapeutic Program (OTP) sites. these are community own resource persons who will be undertaking routine community health activities within their respective communities, they will work with the nutrition teams to conduct health education sessions, home visits and referrals of cases from the community.</i>						
1.15	Cleaners	D	4	150.00	9	100.00	5,400.00
	<i>four cleaner, 2 at each static nutrition site will ensure the sites are clean for operations. cleaners will also be responsible to ensure utensils used for drinking water and appetite testing at the nutrition sites.</i>						
1.16	Security guards	D	6	250.00	9	100.00	13,500.00
	<i>They will be responsible for ensuring security for the nutrition supplies at the warehouse and the out patient site. a night and day guards will be required for the warehouse and the two static sites.</i>						
	<b>Section Total</b>						<b>109,755.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Loading and offloading of the Supply	D	1	4,410.00	1	100.00	4,410.00
	<i>Cost for loading and offloading of the supply e.g plumpy nuts and truck hire and casuals every 3 months for treatment of 3267 beneficiaries targeted for the out patient treatment program. The supplies consists of plumpy nuts, routine medication, information, education &amp; communication (IEC) materials, Hygiene promotion materials including soap for and the Outpatient Therapeutic Program:</i>						
2.2	Warehouse rental	D	1	450.00	9	100.00	4,050.00
	<i>store for keeping all supplies for the project. its monthly charge of 450 \$ for 9 months. the project will pay 100% of the total.</i>						
2.3	Warehouse Fumigation	D	1	150.00	1	100.00	150.00
	<i>Fumigation of the warehouse to ensure supply is safe from dust, ants,rats and other colony will be done once in the project period and will charge 150 dollars</i>						
2.4	Repair works of the out patient treatment program site (OTP) in Abdalla Birole	D	1	3,665.00	1	100.00	3,665.00
	<i>Rehabilitation of the OTP site in Abdalla birole to repair the outpatient treatment program shed and hand washing stations at the facility. this is a one time repair works for the site</i>						
2.5	Training for the nutrition technical staff on Integrated maangement of acute malnutrition (IMAM)	D	1	4,290.00	1	100.00	4,290.00
	<i>5 days training for the 20 nutrition staff on integrated management of acute Malnutrition(IMAM). the participants will be staffs from the out patient therapeutic program. the cost include training cost and consultant fee.</i>						
2.6	Training for the community health workers (CHWs) ON Community nutrition, health and hygiene promotion.	D	1	1,700.00	1	100.00	1,700.00

	<i>3 days training for 10 community health workers (CHWs) on screening and identification of malnourished children and referral to the nearest Out patient therapeutic program (OTP). the cost is detailed in the attached BOQ</i>						
2.7	Water for the Out patient treatment program operations (OTP)	D	4	40.00	9	100.00	1,440.00
	<i>2 drums of 100 liters will be needed per each static facility (2 static facilities) to be used by a total of 5555 beneficiaries. each drum will cost \$40. clean and fresh water will be used for drinking and hand washing too.</i>						
2.8	project nutrition stationary	D	1	3,455.00	1	100.00	3,455.00
	<i>This are daily stationary needed to run the day to day activities in the nutrition project to record the patient information and treatment. Patient cards, and nutrition registers for each site are needed and will also be used as verification means. referral slips are also used between the sites and even inter agency as patient transfers from one treatment level to another. BOQ attached. this include Outpatient cards, vaccination log books and other facility registers</i>						
	<b>Section Total</b>						<b>23,160.00</b>
<b>Travel</b>							
5.1	Travels(air tickets Nairobi-Kismayo-Nairobi, visa and perdiems) project team	D	1	4,040.00	1	100.00	4,040.00
	<i>Project nutrition coordinator will be traveling to the field for project kick off meetings, implementation of the project e.g during training. monitoring of the project will also involve travel of the monitoring, evaluation officer for monitoring and close out meetings. The monitoring officer will travel once each quarter to support field team in the follow up of project implementation process and achievements of the project objectives as well as indicators. travel cost for totals to \$4040 and the attached BoQ contains the breakdown.</i>						
5.2	vehicle hire for project activities	D	2	1,800.00	9	95.00	30,780.00
	<i>Vehicle will be used for project activities which include emergency referrals, movement of outreach teams and supervision purposes by the project manager. one vehicle will be dedicated to work in Abdallah birole to support all nutrition activities and one will be in Sinai to support the nutrition activities in the area. the project will support 95% of the vehicle hire cost and Somali Aid will contribute 5% of this cost</i>						
	<b>Section Total</b>						<b>34,820.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Communications	D	1	150.00	9	100.00	1,350.00
	<i>This is airtime costs for field communication of staffs for key project staffs during project implementation necessary for urgent referral of patients between facilities, technical consultation between the project teams, communication with other partners as well as community members including organizing for outreach services.</i>						
7.2	office rent	D	1	1,500.00	9	35.00	4,725.00
	<i>This covers cost for office rent for the Kismayo office, the office will support project activities, review meetings and the overall coordination of the project. it will be the project central point of coordination and communication with other partners as well as contact with the community members for accountability.</i>						
	<b>Section Total</b>						<b>6,075.00</b>
<b>SubTotal</b>			61.00				<b>173,810.00</b>
Direct							173,810.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							12,166.70
<b>Total Cost</b>							<b>185,976.70</b>

## 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 -> Kismayo	60	11	1,362	867	1,093	3,333	Activity 1.1.1 : regular screening and referral of acutely severe malnourished children Activity 1.1.2 : supplementation of children 6-59 months eligible for vitamin A supplementation Activity 1.1.3 : correct deworming of children 6-59 months as per the deworming guidelines. Activity 1.1.4 : Provision of vaccination services to children at the nutrition outpatient treatment centers Activity 2.1.1 : Conduct integrated management of acute malnutrition (IMAM)training on nutrition and hygiene module for the project staffs for 20 nutrition staffs Activity 2.1.2 : Sensitize CHWs and community leaders on nutrition and hygiene module Activity 3.1.1 : Conduct individual counseling/group sessions at the OTP sites and through the community health workers Activity 3.1.2 : Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions
Lower Juba -> Kismayo -> Abdale Birole	40	7	908	578	729	2,222	Activity 1.1.1 : regular screening and referral of acutely severe malnourished children Activity 1.1.2 : supplementation of children 6-59 months eligible for vitamin A supplementation Activity 1.1.3 : correct deworming of children 6-59 months as per the deworming guidelines. Activity 1.1.4 : Provision of vaccination services to children at the nutrition outpatient treatment centers Activity 2.1.1 : Conduct integrated management of acute malnutrition (IMAM)training on nutrition and hygiene module for the project staffs for 20 nutrition staffs Activity 2.1.2 : Sensitize CHWs and community leaders on nutrition and hygiene module Activity 3.1.1 : Conduct individual counseling/group sessions at the OTP sites and through the community health workers Activity 3.1.2 : Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions

## Documents

Category Name	Document Description
Budget Documents	Nutrition BoQ 2.xlsx
Budget Documents	Nutrition BoQ 23 02 2017.xlsx
Budget Documents	Somali Aid Nutrition BoQ 27 02 2017.xlsx
Budget Documents	Somali Aid Nutrition BoQ 28 02 2017.xlsx
Budget Documents	Copy of Somali Aid Nutrition BoQ 1.03 2017.xlsx
Budget Documents	Somali Aid Nutrition BoQ 1.03 2017.xlsx
Budget Documents	Somali Aid Nutrition BoQ 2.03 2017.xlsx
Grant Agreement	HC signed Somali Aid GA.pdf
Grant Agreement	Signed page 10 & 23 Somali Aid 4618.pdf