

<b>Requesting Organization :</b>	INTERSOS			
<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>	Integrated rapid response to provide lifesaving preventive and curative nutrition services targeting children aged below 5 years together with pregnant and lactating mothers in the drought affected district of Jowhar, Middle Shebelle in South Central Somalia.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA1 2017/Nut/INGO/4540	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	205,749.06	
<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>INTERSOS in collaboration with other health and nutrition stakeholders, seeks to deliver integrated rapid response, providing preventive and curative nutrition services to drought affected population living in Jowhar district of Middle Shebelle. The intervention will target pregnant and lactating mothers together with children aged below 5 years among the host communities, IDPs and returnees. Active case finding for malnourished cases will be done through mass screening of children aged below 5 years and pregnant and lactating mothers for rapid identification of malnourished cases. Moderate acutely malnourished children and pregnant and lactating mothers will be referred for enrolment in the SFP programmes run by WOCCA in Jowhar district. The project will support a network of 4 Outpatient Therapeutic Programmes (OTP) (1 static and 3 mobile) sites fully equipped with OTP commodities including Ready To Use Therapeutic Foods (RUTF), essential medicines for treatment of endemic diseases, vaccines, trained OTP nurses, vaccinators and hygiene promoters. The trained OTP nurses will treat severe acutely malnourished children in the static and mobile OTPs according to treatment protocol. Mass screening will be done by trained health workers deployed in the 3 mobile clinics and trained 48 CHWs each assigned at least one village in the areas covered by the project. Immunization status of all children screened will be checked by both static and mobile OTP staff and children who are eligible for vaccination and do not have updated immunization status will be immunized by the vaccinators and assistant vaccinators in the mobile OTPs. Severe acutely malnourished children with medical complications will be referred by the mobile clinics and the CHWs to the stabilization Centre in Jowhar for nutrition rehabilitation. Hygiene promoters will during the activities of the mobile clinics disseminate hygiene promotion messages to the communities to prevent outbreak and spread of communicable diseases like AWD/cholera and measles. During the same time, mothers will be counseled individually and in groups by trained health workers and Community Health Workers (CHWs) on appropriate maternal infant and young child feeding as part of efforts to prevent malnutrition. The project will also provide micronutrient support by distributing multiple micronutrients (MNPs) and Vitamin A supplements through the static and mobile clinics. Staff dedicated to the static and mobile OTPs will be subjected to proper trainings on infant and young child feeding, integrated management of acute malnutrition and nutrition, health and hygiene promotion. Efforts will also be made to link households with children with Severe Acute Malnutrition (SAM) conditions and suspected cholera cases to WASH interventions and food security/ livelihood programmes. Beneficiaries will be encouraged to preserve the environment by returning the packaging materials for RUTF back to the static and mobile OTP clinics for safe disposal. There will be regular coordination meetings at the field level between WASH, Health and Nutrition clusters to foster synergy, avoid duplication of efforts/ resources and share information on response efforts. INTERSOS will keep the nutrition cluster, Ministry of Health and UNOCHA regularly informed on progress of activities through sharing of progress reports and also share any challenges encountered for rapid assistance.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
163	7,064	9,077	9,077	25,381

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	9,077	9,077	18,154
Pregnant and Lactating Women	0	6,983	0	0	6,983
Staff (own or partner staff, authorities)	40	40	0	0	80
Other	100	40	0	0	140

**Indirect Beneficiaries :**

The indirect beneficiaries for this project will be family members of 8,279 beneficiaries. In Somalia, a household has an average of 6 people. Therefore, indirect beneficiaries for this project will be the other 5 household members , which is 25,831X 5 equivalent to 129,155.

**Catchment Population:**

279296. This is the estimated catchment population of Middle Shebelle of Jowhar district of Middle Shebelle

**Link with allocation strategy :**

Due to the combined deterioration of humanitarian situation and intensity of drought, the project focuses on scale up response to the drought affected area of Jowhar district in Middle Shebelle which has experienced perpetual AWD/ cholera outbreaks coupled with cases of measles. The intervention will provide immediate lifesaving response in a more rapid way by quick identification of malnourished children together with pregnant and lactating mothers for immediate nutrition rehabilitation while mainstreaming protection component. This will be done to compliment the efforts of a number of interventions in the area that have been ongoing for the last couple of years. For instance, the project will complement the efforts of an ECHO funded project which seeks to reduce prevalence of SAM(with medical complications) by admitting and treating them in the SC. Finally, the project will be implemented in coordination with Nutrition, WASH, Protection clusters in the district to maximize impact to the beneficiaries.

**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
Andrea Martinotti	Head of Mission	somalia@intersos.org	+254734000710

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

According to SWALIM report (2017), most parts of Somalia are facing serious drought conditions with the larger part of the population facing severe to extreme drought conditions. Since the last half of 2016, the severity has been spreading spatially and the impacts getting worse with time. Some climate models are already predicting a poor rainy season in the coming season which may further aggravate the existing drought conditions.

FSNAU report (2017), severe drought continues to worsen across many parts of Somalia. This is due to failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Haggaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). At the end of 2016, drought conditions expanded to Middle Shebelle region where Jowhar district is located. For the last six months, nutrition and food security situation has worsened and malnutrition rates remain high. UNICEF estimates that 10,413 children under the age of 5 are acutely malnourished, of which 1,314 are severely acutely malnourished and at the risk of death in Jowhar district. The KAP assessment conducted by INTERSOS in Middle Shebelle in October, 2016 established that at an average age of 18 years, a woman has experienced at least 2 births with 50% of women not keen on having their children immunized thus exposing children of Middle Shebelle to vaccine preventable diseases and deaths.

Middle Shebelle has been experiencing major increase of AWD/cholera cases in 2016. As of December, 2016 a total number of 1,737 suspected cases of cholera cases were treated with a case fatality rate of 3.6%. Between December, 2016 and January, 2017, the CTC established in Jowhar Regional Referral hospital to manage AWD cases has treated 423 AWD cases with a case fatality rate of 2.6%. Although response efforts to contain the epidemic has been robust and effective, cases of AWD are still being reported and treated in the CTCs opened in Jowhar, Mahadaay and Hawadley. The AWD/cholera outbreak has mostly affected Raggaele, Hawadley and Jowhar villages of Middle Shebelle. Of the stool samples collected from the three different areas in September, 2016, 30% tested positive for Vibrio cholera. Official test results for samples collected in December have not been released by the authorities. Although most of the community members have been reached with messages on causes and prevention of diarrhea, the prevalence of diarrhoea is still high at 31% with children aged below 5 years being the most affected at 39%. Insecurity, poor health seeking practices, lack of a well-functioning referral system, limited access to health services and underlying malnutrition pose major challenges for control and prevention of disease outbreaks.

**2. Needs assessment**

Somalia remains in a state of chronic catastrophe characterized by a complex political environment, extreme poverty, food insecurity, conflict and instability. In Jowhar district, INTERSOS has been providing nutrition services integrated within the existing health services since 1992. However, a service gap has existed for the last 10 months due to lack of operational costs to utilize nutrition commodities supplied during the last PCA amendment with UNICEF. As a result, the SC in Jowhar has recorded increased number of children (by 30%) admitted in the stabilization center, indicating a worsening nutrition profile. With regard to the U5 nutrition outlook in the Gu 2016 assessment, Jowhar district present serious malnutrition rates of GAM and SAM rates of 14.3 % and 2.9% respectively. According to SNS consortium assessment (2015), some of the core drivers of malnutrition include; limited access to water and to clean water, resulting from climate and seasonality. Lack of water also fuels water borne diseases like malaria and diarrhoea, heightening vulnerability to malnutrition. The health and epidemic profiles of Jowhar district also exacerbates malnutrition situation. According to INTERSOS Health and Nutrition data, the leading causes of infant and child mortality in in Jowhar are illnesses such as pneumonia (9%), Anemia (12%), and acute watery diarrhea (9%), as well as acute respiratory infections (12%). The area is prone to outbreaks, especially of AWD, cholera, and measles. In addition to malnutrition among U5 in Jowhar, malnutrition among PLW is also prevalent with estimated 1,705 women being malnourished. The KAP assessment conducted by INTERSOS in October, 2016, in Middle Shebelle with Jowhar included, revealed that 56% of the households have been affected by crises including conflict, drought, and disease outbreaks and flooding, sometimes resulting to population displacement. The assessment further revealed that although the average ANC visits among pregnant women is 3 sessions per pregnancy, 63% of women still deliver at home with only 17% of women exclusively breastfeeding their children for the first six months. Although most of the community members have been reached with messages on causes and prevention of diarrhea, the prevalence of diarrhoea is still high at 31% with children aged below 5 years being the most affected at 39% necessitating the need to scale up health and hygiene promotion messaging.

In a context where every two hours a Somali mother dies due to pregnancy complications and where anemia is widespread, essential nutrition intervention such as micronutrient supplementation is essential. With regard to gender differences in nutrition status, the trend, as it has been observed across the years, is associated with a worse nutrition status of boys, compared to girls. This is a situation relatively odd for a male controlled context such as Somalia. At the same time, however, it has been observed that accessibility to health and nutrition services and adherence to treatment tend to be lower for girls than boys, making the SAM girls less likely to be enrolled in treatment. This particular gender patterns will require adapted sensitization strategies targeting boys and girls. In addition to the above high risk groups, the elderly, the disabled, male and female patients diagnosed with chronic illnesses such as TB are also likely to suffer periods of increased food insecurity. Cyclic droughts, seasonal epidemics increase vulnerability to malnutrition particularly among child headed households, female headed households, <5s, PLW, the elderly, the disabled including GBV survivors. Some dominant socio cultural beliefs and practices, especially relating to pre mature marriage ages and child bearing for girls in some communities in Jowhar, as well as inappropriate infant and young child feeding, combine to weaken nutrition amongst girls, women and children in particular.

### **3. Description Of Beneficiaries**

The beneficiaries for this project will be identified according to the humanitarian principles of impartiality and neutrality, clinical signs and symptoms. Pregnant together with lactating women and children aged <6 months due to their higher risk of sudden deterioration of their health status will be prioritized. The beneficiaries of nutrition services will be identified on the basis of the standard nutrition anthropometric measurements for severe acute malnutrition (SAM) and moderate acute malnutrition (MAM) including; Mid-Upper Arm Circumference (MUAC), Z -score, and the targeted beneficiaries will be exclusively children under 5 and PLW (SFP program). Children with SAM condition coupled with medical complications will be admitted to the stabilization center based in Jowhar Hospital. The project will treat 1052 children with SAM condition( 526 males and 526 females) and provide MNPs to 6983 PLWs. The project will also benefit 80 staff , partners authorities out of which 40 will be male and 40 female. The other category of beneficiaries will be 141 individuals with chronic illnesses like TB, HIV, GBV survivors who will receive appropriate counseling before linkage with relevant services for care.

### **4. Grant Request Justification**

Due to the combined deterioration of humanitarian situation and intensity of drought, the project focuses on scale up response to the drought affected area of Jowhar district of Middle Shebelle which has experienced perpetual AWD/ cholera outbreaks coupled with cases of measles. The intervention seeks to provide immediate lifesaving response in a more rapid way by quick identification of malnourished children together with pregnant and lactating mothers for immediate nutrition rehabilitation. This will be done to compliment the efforts of a number of interventions in the area. For instance, this funding will cover the service gap created by absence of funds to run the operations of static and mobile OTP sites in Jowhar. As earlier mentioned, INTERSOS received OTP nutrition supplies from UNICEF in April, 2016 from one year to cover Balcad , Jowhar and Warsheyk districts of Middle Shebelle and Baidoa district of Bay region. These OTP nutrition commodities have not been utilized due to lack of funds to run the static and mobile OTPs sites. In addition, this grant will complement the services offered in the SC based in Jowhar regional referral hospital whose activities has slowed down due to the coming to an end of a health project supported by ECHO in December, 2016.

### **5. Complementarity**

In M/Shabelle, INTERSOS runs a Stabilization Center (SC) services within Jowhar Regional Hospital, a state of the art facility which include pediatric surgical and medicine obstetrics/gynecology wards and laboratory. The proposed project will therefore complement the efforts of this project by screening more children with SAM condition coupled with medical complications in the villages for referral to the SC for nutrition rehabilitation. The availability of laboratory services in Jowhar RRH will also make it possible to conduct further tests when needed on SAM cases with complications admitted to the SC. The CHWs will also screen pregnant and lactating mothers and refer them for enrollment to SFP programmes run by WOCCA in Jowhar district. This will be achieved through supporting 48 CHWs with incentives to play the crucial role of screening children and pregnant and lactating women for malnutrition and referring them for nutrition care.

In April, 2016, INTERSOS received core pipeline nutrition commodities from UNICEF for one year, following a PCA amendment with no operational costs to run both static and mobile OTPs. Consequently, this project will support the costs of running 3 mobile nutrition clinics and one static OTP site in Jowhar district to utilize these commodities. Finally, INTERSOS is the regional cold chain hub for vaccines storage and distribution in Middle Shebelle, as such, this project will complement the efforts of the cold chain project by improving immunization coverage for children aged below 5 years given that provision of immunization services will be part of activities of the mobile clinics.

In addition, following the recent spate of AWD outbreaks in Jowhar coupled with the current drought situation, the project will play a crucial role in disseminating hygiene messages to prevent the spread of epidemic including measles which is closely associated with AWD consequently minimizing case fatalities- an aspect which was supported by the just ended Health project in Middle Shebelle.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To increase access to quality integrated preventive and curative nutrition services for children (aged under 5 years) and pregnant and lactating mothers aimed at reducing morbidity and mortality associated with malnutrition in drought affected district of Jowhar in Middle Shebelle region.

Nutrition								
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities					
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		Somalia HRP 2017						35
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Somalia HRP 2017						35
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		Somalia HRP 2017						30
<b>Contribution to Cluster/Sector Objectives :</b> The project will contribute to Nutrition cluster objective 1, 2 and 4 which seeks to strengthen quality life saving preventive and curative nutrition services among vulnerable population groups and establishing integrated nutrition programmes between and across relevant sectors through enhanced coordination.								
<b>Outcome 1</b>								
Improved access to life saving preventive nutrition services for children (aged under 5 years) and pregnant and lactating mothers among drought affected population of Jowhar district through promotion of appropriate maternal nutrition and infant and young child feeding practises.								
<b>Output 1.1</b>								
<b>Description</b>								
Pregnant and lactating mothers together with children aged below 5 years among drought affected population of Jowhar district receive appropriate maternal, infant and young child nutrition for optimal nutritional status								
<b>Assumptions &amp; Risks</b>								
The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : Infant and young child feeding counselling</b>								
Counselling pregnant and lactating women on appropriate infant and young child nutrition at the health facility in Jowhar and through 3 mobile clinics traversing the villages of Jowhar								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>								
Giving pregnant and lactating women micro nutrients including iron folate for 6 months and multiple micro nutrients. There will also be post partum Vitamin A supplementation within 6 weeks after delivery for lactating mothers								
<b>Activity 1.1.3</b>								
<b>Standard Activity : Capacity building</b>								
Training health workers and community health workers (male/Female) on appropriate IYCF practices								
<b>Activity 1.1.4</b>								
<b>Standard Activity : Vaccination at nutrition centres</b>								
Provision of immunization services to children aged 0-59 months as per BNSP within the three mobile clinics and one static OTP clinic								
<b>Activity 1.1.5</b>								
<b>Standard Activity : Deworming</b>								
Deworming of children aged between 12months- 59 months within both mobile and static OTP sites								
<b>Indicators</b>								
Code	Cluster	Indicator	End cycle beneficiaries				End cycle	
			Men	Women	Boys	Girls	Target	
Indicator 1.1.1	Nutrition	# pregnant and lactating women counseled on appropriate infant and young child nutrition (50% coverage).					6,983	
<b>Means of Verification :</b> CHWs and facility reports								
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					6,983	
<b>Means of Verification :</b> HMIS reports, monthly reports								

Indicator 1.1.3	Nutrition	# of health workers and community health workers (male/Female) trained on appropriate IYCF practices and are providing counseling and support						80
<b>Means of Verification</b> : Training reports, pictures ,PPT presentations, pre- and post test								
Indicator 1.1.4	Nutrition	# of children aged Under 5 vaccinated within the Nutrition Centers						18,154
<b>Means of Verification</b> : Immunization registers, HMIS reports								
Indicator 1.1.5	Nutrition	Number of children 12-59 months receiving deworming drugs						7,262
<b>Means of Verification</b> : Monthly, quarterly and end of project reports,HMIS reports								
<b>Outcome 2</b>								
Enhanced utilization of quality lifesaving curative nutrition services through nutrition screening, referral and treatment of acutely malnourished children coupled with pregnant and lactating mothers in drought affected district of Jowhar.								
<b>Output 2.1</b>								
<b>Description</b>								
Integrated Management of Acute Malnutrition is provided to children aged below 5 years and pregnant and lactating mothers in drought affected district of Jowhar through admission of children with SAM to static and mobile OTP for nutrition care and admission of SAM cases with medical complications to SC in Jowhar.pregnant and lactating mothers admitted to SFP.								
<b>Assumptions &amp; Risks</b>								
The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action								
<b>Activities</b>								
<b>Activity 2.1.1</b>								
<b>Standard Activity : Capacity building</b>								
Training health workers and CHWs on IMAM guidelines and nutrition assessment.								
<b>Activity 2.1.2</b>								
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>								
Admission and treatment of children with SAM condition in OTP and SC								
<b>Activity 2.1.3</b>								
<b>Standard Activity : Community screening for malnutrition and referral</b>								
Active case finding through mass screening of children together with pregnant and lactating mothers. This will be done by screeners/weigheters, trained CHWs and health workers								
<b>Activity 2.1.4</b>								
<b>Standard Activity : Community screening for malnutrition and referral</b>								
Referral of children aged below 5 years and pregnant and lactating mothers with MAM condition to SFP centers for MAM management								
<b>Indicators</b>								
			<b>End cycle beneficiaries</b>				<b>End cycle</b>	
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>	
Indicator 2.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					80	
<b>Means of Verification</b> : training report, pre and post test								
Indicator 2.1.2	Nutrition	# of children 6 59 months with SAM treated in OTP/SC					1,052	
<b>Means of Verification</b> : HMIS reports, mothly reports								
Indicator 2.1.3	Nutrition	# of children aged 6 59 months screened for acute malnutrition					18,154	
<b>Means of Verification</b> : CHWs monthly reports, Monthly narrative reports								
Indicator 2.1.4	Nutrition	# of children aged 6 59 months and pregnant and lactating mothers referred to SFP programmes					8,301	
<b>Means of Verification</b> : Mobile monthly reports, Monthly narrative reports								
<b>Outcome 3</b>								
Strengthened integrated nutrition programmes linked with Health, WASH and Food security interventions in drought affected district of Jowhar.								
<b>Output 3.1</b>								
<b>Description</b>								

Nutrition activities integrated within existing life saving services offered by other actors in the drought affected district of Jowhar.

**Assumptions & Risks**

The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities. The mitigation measure here is that INTERSOS will maintain active pro-neutrality policy and will always monitor the evolution of the security situation for remedial action

**Activities**

**Activity 3.1.1**

**Standard Activity : Capacity building**

Equipping hygiene promoters with skills on nutrition , health and hygiene promotion in the communities including prevention measures for AWD/cholera and deploying them to disseminate nutrition, health and hygiene promotion messages.

**Activity 3.1.2**

**Standard Activity : Vaccination at nutrition centres**

4 mobile OTP sites(3 mobile and 1 static) equipped with staff and vaccines to conduct immunization for children in the villages including during Supplementary immunization activities like measles campaign

**Activity 3.1.3**

**Standard Activity : Nutrition Preparedness**

Linkages will be established between families with children treated for SAM condition in the SC to WASH and food security interventions to prevent deterioration of the nutrition situation at household levels

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					7
<b>Means of Verification</b> : Training reports, Pre- and post tests							
Indicator 3.1.2	Nutrition	# health facilities (both fixed and mobile) providing Expanded Programme on Immunization services integrated with nutrition.( 3mobiles and 1 fixed)					4
<b>Means of Verification</b> : HMIS reports, monthly project reports,							
Indicator 3.1.3	Nutrition	%ge of households with children with SAM condition linked to other interventions like WASH and livelihood interventions.					15

**Means of Verification** : Monthly referral reports, monthly and quarterly narrative reports

**Additional Targets** : Corrections done

The number of beneficiaries in the log frame has been revised to reflect the figures in the cover page. However, the number of children targeted for nutrition screening is not reflected in the log frame. 50% of all children aged below 5 years are targeted for nutrition screening representing a total of 18,154 children. The number of children screened for malnutrition has however not been included in the direct beneficiaries.

Outcome 3 has been revised and aligned with HRP SO

Appropriate age bracket of children for deworming 12-59 months has been adjusted accordingly.

Activities have been aligned with indicators, Outcome 3 has been removed and some activities put under outcome 1. Hence there is no outcome 4.

The 3 mobile clinics will visit 25 villages with each village visited at least once once per week. See the attachment with a list of villages and respective distances from Jowhar Hospital. The cost of car hire in jowhar is \$ 1500 per month.

**M & R**

**Monitoring & Reporting plan**

Monitoring and reporting of the proposed activities will be an integral part of this project. Monitoring of the proposed activities will be done by the project manager who will ensure that activities are implemented according to plan. Data collection will be done by the staff involved in the activities, supported by the Project Manager using the official HMIS tools. The project logical framework will form a base tool for monitoring and tracking the progress of the project against set indicators. An interim report for the projects' activities will then be prepared by the project manager and shared with SHF and nutrition cluster using the provided avenues. Monthly reports from project activities will also be undertaken and reports will be shared with Ministry of Health, SHF and the nutrition cluster for updates on progress of activities being implemented.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Counselling pregnant and lactating women on appropriate infant and young child nutrition at the health facility in Jowhar and through 3 mobile clinics traversing the villages of Jowhar	2017			X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Giving pregnant and lactating women micro nutrients including iron folate for 6 months and multiple micro nutrients. There will also be post partum Vitamin A supplementation within 6 weeks after delivery for lactating mothers	2017			X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Training health workers and community health workers (male/Female) on appropriate IYCF practices	2017			X									

Activity 1.1.4: Provision of immunization services to children aged 0-59 months as per BNSP within the three mobile clinics and one static OTP clinic	2017				X	X	X	X	X	X	X	X	
Activity 1.1.5: Deworming of children aged between 12months- 59 months within both mobile and static OTP sites	2017				X	X	X	X	X	X	X	X	
Activity 2.1.1: Training health workers and CHWs on IMAM guidelines and nutrition assessment.	2017			X									
Activity 2.1.2: Admission and treatment of children with SAM condition in OTP and SC	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.3: Active case finding through mass screening of children together with pregnant and lactating mothers. This will be done by screeners/weigheters, trained CHWs and health workers	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.4: Referral of children aged below 5 years and pregnant and lactating mothers with MAM condition to SFP centers for MAM management	2017				X	X	X	X	X	X	X	X	
Activity 3.1.1: Equipping hygiene promoters with skills on nutrition , health and hygiene promotion in the communities including prevention measures for AWD/cholera and deploying them to disseminate nutrition, health and hygiene promotion messages.	2017			X	X	X	X	X	X	X	X	X	
Activity 3.1.2: 4 mobile OTP sites(3 mobile and 1 static) equipped with staff and vaccines to conduct immunization for children in the villages including during Supplementary immunization activities like measles campaign	2017			X	X	X	X	X	X	X	X	X	
Activity 3.1.3: Linkages will be established between families with children treated for SAM condition in the SC to WASH and food security interventions to prevent deterioration of the nutrition situation at household levels	2017				X	X	X	X	X	X	X	X	

## OTHER INFO

### Accountability to Affected Populations

This project will encourage participation of the affected populations in all stages of programming. Therefore, community members will be consulted through their leaders during selection of CHWs to be engaged in this project. Monitoring and evaluation of project activities will be done on an ongoing basis to inform if there is need for remedial action. During this process, beneficiaries will be asked to provide their views and feedback on the activities being undertaken and adjustment will be made where necessary.

This action will also ensure that at all times, there will be coordination with health , WASH nutrition and protection actors operating in Jowhar district and Middle Shebelle as a whole for free sharing of information to strengthen preparedness in case of any emergency outbreaks like measles and cholera for a coordinated and efficient response. In addition, analysis of project data will be conducted regularly to provide an evidence base for a more responsive programming to address the specific needs girls, boys, women and the elderly. This will be particularly for activities revolving around infant and young child feeding practices. In addition, this project will be implemented focusing on achieving the objectives set out in the humanitarian response plan to address the gaps in coverage while respecting the local cultural and religious beliefs of the affected population

### Implementation Plan

The project will first train Health workers and CHWs who will be deployed to the villages, mobile and Static OTP clinics on integrated management of acute malnutrition and nutrition screening. The staff will also be trained on infant and young child feeding practices to equip them with pertinent skills and knowledge on IYCF. Upon training, the CHWs will be expected to screen children aged <5's and PLWS for malnutrition. Children and PLWs with MAM condition will be referred to SFP sites managed by WOCCA for nutrition rehabilitation. Children with SAM condition will be enrolled to the static and mobile OTPs for treatment. All children enrolled to OTPs will be properly clerked and issued with rations cards for RUTF which they will be expected to keep until discharged from the programme. The nurses in both the mobile and static OTPs will conduct appetite test on children with SAM condition. Those who will have failed the appetite test will be referred to the SC in Jowhar for nutrition rehabilitation. All children with SAM condition with medical complications will also be referred to Jowhar SC and will be transported using the mobile clinics. In addition, the CHWs and hygiene promoters will diffuse health, nutrition and hygiene promotion messages to the community members. Pregnant and lactating mothers will also receive IYCF counseling both as individuals and in group sessions.

### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
WOCCA	Implements SFP project in jowhar district. INTERSOS will coordinate with WOCCA to ensure that children and PLWS with MAM condition are referred to WOCCA SFP sites for nutrition rehabilitation.
UNICEF	Provides core pipeline nutrition supplies for SAM amangement. UNICEF also provides technical support for management of SAM and MAM cases including providing guidelines for running infant and young child programmes. INTERSOS will collaborate with UNICEF for provision of nutrition commodities especially RUTF.
Ministry of Health	The ministry of health coordinates all response efforts among partners implementing nutrition activities. INTERSOS will collaborate with MoH to ensure synergy is fostered among different partners and possibility of duplication of efforts and resources is eliminated

### Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

### Gender Marker Of The Project

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

### Justify Chosen Gender Marker Code

Gender will be mainstreamed throughout the project: data will be disaggregated by sex and age whenever possible and activities will be tailored to respond to the specific needs of women, girls, men and boys affected by humanitarian emergency in Jowhar. The needs of girls and women in conflict will be taken into account by tailoring specific training to the female health workers and by strengthening the referral mechanism to assist women and girls with malnutrition for nutrition care. The access to integrated life saving nutrition intervention will be particularly ensured for pregnant and lactating women and U5 children.

### **Protection Mainstreaming**

Protection is a cross-cutting issue and therefore will be integrated into all aspects of this emergency response. INTERSOS will ensure that activities being implemented will not lead to or perpetuate discrimination, abuse, violence, neglect or exploitation. All activities will be tailored to ensure that they promote and respect human rights and enhance protection of women, girls, men and boys. Specifically, this action will mainstream protection by ensuring that from the outset, it will deploy female and male local health workers. In addition, this action will also ensure that survivors of sexual and gender based violence when encountered by the mobile clinics and CHWs will be referred to Jowhar RRH where they will be able to access medical and psycho social support. In addition, the community members will be informed of the nearest health facilities where SGBV are available.

### **Country Specific Information**

#### **Safety and Security**

The security situation is categorized as not critical, INTERSOS has elaborate security procedures where staffs do undertake comprehensive planning process (CPP) which essentially involves security analysis of the area to be visited; the head of mission then approves or cancels the mission depending on the security situation. Secondly, INTERSOS recruits local staff who are very familiar with the context which supports the tenets of project ownership but also reduces the risk of kidnapping of international staff. Ultimately, this has enhanced programme ownership and reduced security threats for the organization. All INTEROS staffs undergo security training and basic first aid training. The security staff as well as a security manager will be in charge of the general security of the project and its staff. INTERSOS has security officers present on the ground and conducts regular analysis of the security situation. Maintaining the safety and security of staff during travel is an essential part of the security management process. The INTERSOS Security policy states that all visitors to the office are to notify the he head of mission in advance of their intention to visit the field.

#### **Access**

INTEROS is one of the leading health actors in Somalia, with high technical capacity, institutional knowledge and over 20 years' experience in the Somali context, especially in South Central, INTERSOS have been working in Jowhar for over 20 years with strong knowledge of the local context and developed a good rapport with the local administration. Since there are critical nutrition concerns in Jowhar, INTERSOS will target Jowhar district of Middle Shebelle region. INTERSOS has 100% access to the proposed project location and uses the local staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context.

### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Health and Nutrition coordinator	D	1	3,100.00	9	11.11	3,099.69
	<i>Based in Nairobi with frequent travel to the field locations. He will be in charge of coordination this project and the entire health and nutrition program coordination in Somalia, with functions also of technical supervision. He will support in capacity building of staff, represents INTERSOS at technical coordination meetings. He reports monthly to the Head of Mission.</i>						
1.2	Project Manager	D	1	2,500.00	9	33.33	7,499.25
	<i>He/she assists the Health and Nutrition Coordinator in the implementation of project from a managerial standpoint. Reports on a weekly basis to the Health and Nutrition Coordinator</i>						
1.3	Health advisor	D	1	6,000.00	9	11.11	5,999.40
	<i>Crucial to this role is playing advisory role to INTERSOS entire health and nutrition sector and also fostering relationships with new donors including doing advocacy work</i>						
1.4	Deputy Head of Mission	D	1	6,000.00	9	11.11	5,999.40
	<i>Based in Nairobi with frequent travel to the field locations., represents INTERSOS at various high level meetings and may sign official documents on behalf of INTERSOS. He reports monthly to the Head of Mission.</i>						
1.5	Programme/finance supervisor	D	1	7,600.00	9	11.11	7,599.24
	<i>The programme finance plays financial oversight role to ensure that there is compliance with donor requirements when it comes to financial regulations.</i>						
1.6	HR manager	D	1	2,200.00	9	11.11	2,199.78
	<i>In charge of all staff management and performance management. He ensures that competent staff are hired for the right jobs and that staff are continuously appraised to improve performance.</i>						

1.7	OTPs nurses for static and MCs(Health centre and mobile clinic)	D	8	400.00	9	33.33	9,599.04
	<i>Based in Jowhar, deliver nutrition activities in the field onboard of the mobile clinics and in the health centre: conduct visits, distribute nutrition supplies and transport/ refer critical patients. They are Fully dedicated to this project.(Outpatient Therapeutic Programme: OTP)</i>						
1.8	Hygiene promoters Static and mobile clinics	D	7	250.00	9	100.00	15,750.00
	<i>Based in the Jowhar, the hygiene promoters will play a crucial role in disseminating nutrition, health and hygiene information in the communities to prevent potential AWD outbreak in the face of the drought situation. In case of cholera outbreak, they will also diffuse prevention messages to prevent a wide spread of the epidemic outbreak</i>						
1.9	Admin/Finance Officer	D	1	3,300.00	9	11.11	3,299.67
	<i>The administrative staff in Jowhar and Nairobi will be responsible to monitor and implement all the administrative aspects related to the project in particular a) supporting documents are accurate b) interim and final financial reports are submitted on time c) cash flow of project's funds and financial planning are monitored</i>						
1.10	Field Nutrition supervisor	D	1	900.00	9	44.44	3,599.64
	<i>Local Staff based in Jowhar With daily visits to the OTPs and to the villages targeted by the mobile clinics where the activities take place, she will be responsible for the coordination, supervision and monitoring of activities in the field. Reports weekly to both Project Manager (for managerial component) and to Health and Nutrition Coordinator (for technical and coordination component) on a weekly basis. Responsible also for facilitating the training of staff and of CHWs . Fully dedicated to this project</i>						
1.11	Vaccinators for in static and Mobile OTPs	D	3	400.00	9	44.44	4,799.52
	<i>Based in Jowhar the vaccinators will be onboard in the mobile clinics to immunize children in the villages served by the mobile clinic and recording details of children immunized. They will be fully dedicated to this project.OTP(Outpatient therapeutic Programmes)</i>						
1.12	Assistant Vaccinators for in static and Mobile OTPs	D	3	300.00	9	44.44	3,599.64
	<i>Based in Jowhar the assistant vaccinators will be onboard in the mobile clinics to assist in immunizing children in the villages served by the mobile clinic and recording details of children immunized. They will be fully dedicated to this project.</i>						
1.13	Cleaner	D	2	140.00	9	50.00	1,260.00
	<i>The cleaner will be based in the MCH in jowhar and will be in charge of maintaining the cleanliness of the facility before services are offered in the morning</i>						
1.14	Guards	D	2	140.00	9	33.33	839.92
	<i>They will be responsible for manning the security within the Jowhar hospital ensuring that there is orderliness and an organized queue is maintained during service delivery</i>						
1.15	SC nurses	D	4	400.00	9	33.33	4,799.52
	<i>(SC: Satbilization Centre)Based in Jowar Regional referral Hospital, these nurses will manage children with SAM condition coupled with medical conditions admitted in the SC</i>						
1.16	Weighters/screeners	D	7	250.00	9	33.33	5,249.48
	<i>Each Mobile clinic will have 3 weighters/Screeners who will screen all children and pregnant and lactating mothers. After screening. SAM children will be treated in OTPs and MAM children referred to SFP programmes</i>						
1.17	procurement/logistics officer	D	1	1,650.00	9	22.22	3,299.67
	<i>The logistics officer will coordinate logistics for movement of core nutrition supplies from UNICEF warehouse to Jowhar and will also manage contracts with vehicle vendors committed to this project.</i>						
1.18	CHWs incentives	D	48	80.00	9	50.00	17,280.00
	<i>The Community Health workers (CHWs) will be paid incentives at the rate of \$80 per month and will be involved in screening of PLWs and children aged below 5 years including doing referrals</i>						
	<b>Section Total</b>						<b>105,772.86</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Transport by road/Air	D	1	4,530.00	1	100.00	4,530.00

	<i>Cargo flights. This is the cost of transporting all project materials to be purchased in Nairobi to the field via air transport ( Kg @ 2.9 USD per Kg)</i>						
2.2	Non medical supplies for static and mobile clinics in Jowhar,	D	1	3,321.00	1	100.00	3,321.00
	<i>These are Medical/ non medical supplies will be purchased for use in the mobile clinics traversing the villages of Jowhar</i>						
2.3	Cleaning Materials for Mobile and static OTPs	D	1	1,122.00	1	100.00	1,122.00
	<i>OTP: OutPatient Therapeutic Programme. The cleaning materials will be purchased in the field to be used in cleaning both mobile and static OTP sites by the cleaners</i>						
2.4	Tools for referral e.g registration cards, and referral cards	D	1	2,650.00	1	100.00	2,650.00
	<i>The project will design and print referral and registration cards to be used in Jowhar for registering and referring beneficiaries</i>						
2.5	Training of health workers and CHWs on IYCF	D	1	7,085.00	1	100.00	7,085.00
	<i>The Health workers and Community Health workers (CHWs) will be equipped with pertinent skills and knowledge on IYCF during training to confer competence on them to deliver IYCF services to the affected population. The training will be for 80 participants and will be done for 3 days. The training will be split in two sessions given the number of participants( IYCF: Infant and Young Child Feeding</i>						
2.6	Training of Health workers and CHWs on IMAM and nutrition assessment	D	1	7,085.00	1	100.00	7,085.00
	<i>The Health workers and CHWs will be equipped with pertinent skills and knowledge on IMAM and nutrition screening during training sessions to confer competence on them to deliver integrated management of acute malnutrition services. The training will be for 80 participants and will be done for 3 days. The training will be split in two sessions given the number of participants (IMAM;Integrated management of Acute Malnutrition</i>						
2.7	Training of hygiene promoters on Nutrition , Health and hygiene promotion	D	1	609.00	1	100.00	609.00
	<i>The Hygiene promoters will be equipped with pertinent skills and knowledge on nutrition and hygiene promotion during training . sessions to confer knowledge and competence on them to deliver effective health, nutrition and hygiene promotion sessions. The training will be for 7 staff for 2 days.</i>						
	<b>Section Total</b>						<b>26,402.00</b>
<b>Travel</b>							
5.1	Flight cost NBO - Moga - NBO for the health coordinator and project Manager	D	1	1,050.00	9	50.00	4,725.00
	<i>"Flight staff Nairobi/ Mogadishu: It includes cost of flights to Mogadishu or the other way round using standard rate of UNHAS. It includes cost of taxi transfer to/ from JKIA Airport in Nairobi. see BOQ for details"NBO- Nairobi,</i>						
5.2	Deployment costs - accommodation and per diem	D	1	4,500.00	1	50.00	2,250.00
	<i>Staff travel allowances and deployment costs: Per diem and allowances for senior field staff in case of meetings in Mogadishu for security / organizational reasons (meetings may be either in Mogadishu or Nairobi). See BOQ for further details</i>						
5.3	Car rental for the Mobile Team	D	3	1,500.00	9	88.88	35,996.40
	<i>3 cars at the rate of \$ 1500*3*9. The 3 vehicles will be used to transport the mobile clinics to 25 villages of Jowhar district to deliver integrated nutrition services. They will also be used to transport SAM cases with medical complications to Jowhar referral hospital SC for nutrition rehabilitation. The mobile clinics will also be used to transport critically ill PLWs to Jowhar referral hospital for specialized care</i>						
	<b>Section Total</b>						<b>42,971.40</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Communication cost	D	1	1,440.00	1	37.00	532.80
	<i>contribution of the communication costs for the staff involved in implementation of activities. See the BoQ</i>						
7.2	Utility costs	D	1	3,800.00	9	6.32	2,161.44
	<i>These costs include water and electricity bills for Jowhar and coordination offices. see BOQ for details</i>						
7.3	Office Supplies and Stationery for the project	D	1	3,600.00	9	6.35	2,057.40
	<i>These include office stationery, drinking water for both Jowhar and coordination offices. see BOQ for details.</i>						

7.4	Bank charges	D	1	2,490.94	1	100.00	2,490.94
<i>Calculated 2% of the Project Funds transferred 124547 @2%</i>							
7.5	Rent of field office	D	1	3,000.00	9	20.00	5,400.00
<i>This is the coordination office in Mogadishu where incase of lack of access to the field location in Jowhar, international staff will be able to meet the field staff in Mogadishu. 20% contribution to rent of field office</i>							
7.6	Security escorts during mission	D	1	1,000.00	9	50.00	4,500.00
<i>This is the costs of security for escorting staff on arrival in Mogadishu and during field visits. The security services is provided by SKA security serices Every mission from Mogadishu to Jowhar with security escorts is charged at the rate of \$ 1000 for return trip. See the BoQ for details</i>							
<b>Section Total</b>							<b>17,142.58</b>
<b>SubTotal</b>			111.00				<b>192,288.84</b>
Direct							192,288.84
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							13,460.22
<b>Total Cost</b>							<b>205,749.06</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	
Middle Shabelle -> Jowhar -> Jowhar	100	163	7,064	9,077	9,077	25,381	<p>Activity 1.1.1 : Counselling pregnant and lactating women on appropriate infant and young child nutrition at the health facility in Jowhar and through 3 mobile clinics traversing the villages of Jowhar</p> <p>Activity 1.1.2 : Giving pregnant and lactating women micro nutrients including iron folate for 6 months and multiple micro nutrients. There will also be post partum Vitamin A supplementation within 6 weeks after delivery for lactating mothers</p> <p>Activity 1.1.3 : Training health workers and community health workers (male/Female) on appropriate IYCF practices</p> <p>Activity 1.1.4 : Provision of immunization services to children aged 0-59 months as per BNSP within the three mobile clinics and one static OTP clinic</p> <p>Activity 1.1.5 : Deworming of children aged between 12months- 59 months within both mobile and static OTP sites</p> <p>Activity 2.1.1 : Training health workers and CHWs on IMAM guidelines and nutrition assessment.</p> <p>Activity 2.1.2 : Admission and treatment of children with SAM condition in OTP and SC</p> <p>Activity 2.1.3 : Active case finding through mass screening of children together with pregnant and lactating mothers. This will be done by screeners/weigheters, trained CHWs and health workers</p> <p>Activity 2.1.4 : Referral of children aged below 5 years and pregnant and lactating mothers with MAM condition to SFP centers for MAM management</p> <p>Activity 3.1.1 : Equipping hygiene promoters with skills on nutrition , health and hygiene promotion in the communities including prevention measures for AWD/cholera and deploying them to disseminate nutrition, health and hygiene promotion messages.</p> <p>Activity 3.1.2 : 4 mobile OTP sites(3 mobile and 1 static) equipped with staff and vaccines to conduct immunization for children in the villages including during Supplementary immunization activities like measles campaign</p> <p>Activity 3.1.3 : Linkages will be established between families with children treated for SAM condition in the SC to WASH and food security interventions to prevent deterioration of the nutrition situation at household levels</p>

## Documents

Category Name	Document Description
Project Supporting Documents	INTERSOS HEALTH SECTOR KAP SURVEY REPORT final.docx
Project Supporting Documents	Drought Conditions and Shabelle River Level Update_25012017.pdf
Project Supporting Documents	INTERSOS SHF NUTRITION BUDGET _BOQ_m with Comments.XLSX
Project Supporting Documents	2017 Caseload Calculations estimate by districts.xlsx
Project Supporting Documents	Clarification of Nutrition Sites and Teams (3).docx
Project Supporting Documents	Copy of Copy of INTERSOS SHF NUTRITION BUDGET _BOQ_Final S.XLSX
Budget Documents	Final version BOQ-2.xls
Revision related Documents	INTERSOS SHF NUTRITION BUDGET _BOQ_Final S.XLSX

Revision related Documents	Clarification of Nutrition Sites and Teams (3).docx
Revision related Documents	Copy of INTERSOS SHF NUTRITION BUDGET _BOQ_Final S.XLSX
Revision related Documents	Copy of Copy of INTERSOS SHF NUTRITION BUDGET _BOQ_Final S.XLSX
Grant Agreement	HC signed GA for Intersos 4540.pdf
Grant Agreement	HC Signed GA INTERSOS 4540.pdf
Grant Agreement	GA 4540 - INTERSOS signature 14th march 2017.pdf