

<b>Requesting Organization :</b>	Skills Active Forward Kenya				
<b>Allocation Type :</b>	Standard Allocation 1 (Jan 2017)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Nutrition	Emergency Nutrition	100.00			
		<b>100</b>			
<b>Project Title :</b>	Emergency integrated nutrition project aimed at reducing morbidity and mortality related to severe acute malnutrition through outpatient therapeutic feeding program(OTP) among in Kismayo district of 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/4663		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	189,886.41		
<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>Kismayo was liberated in 2012 following a military offensive. Since then the town has continued to receive new people migrating in. These include natives that had fled due to insecurity, migrants from villages outside the town and neighboring districts who flee there due to both civil and food insecurity in their home villages and finally those repatriated from Daadab refugee camp in Kenya. The population has continued to increase from 166667 in 2005 (UNDP,2005), to 211387 in 2014(UNFPA, 2014) to 382215 in 2016 (Jubaland Ministry of planning et al). Majority of this population is however in need of many basic services which are limited within the town, and are easily affected by shocks that pushes them to crisis due to a number of factors. Kismayo town is also home to approximately 30690 IDP in the various zones in the town. Abdalla Birole is also home to approximately 1530 IDP (Ministry of planning 2016, UNHCR 2016) who are in critical situation and in dire need of health and nutrition services. About 90% of IDP in Kismayo come from the riverine Gosha community, most who hail from middle Juba, This community has been marginalized for long and still find it hard to easily integrate with Kismayo host population and enjoy equal work and business opportunities.(SAF UK, 2016).On 28 September, due to a worsening drought situation,the Jubaland authorities appealed for urgent humanitarian interventions in areas near Afmadow, Badhaadhe and Kismayo districts.In Kismayo the arrival of a large number of refugees returning from Dadaab in Kenya is also putting pressure on limited resources available in Kismayo town and IDP settlements (OCHA,2016).</p> <p>SAF UK will implement the project through 1 mobile team covering the Abdalla Birolle settlement and 2 other fixed site in Farjano.Mobile OTP has been selected in addition to the fixed sites because it will increase access to services, and can cover a wider population compared to a fixed site, also considering the poor health seeking behaviour of the population. The targeted malnourished children aged 6-59 months and PLWs will be screened by screeners supported by CBW. Targeted severe acute malnourished boys and girls will be treated through OTP and followed up by CBWs.Treated uncomplicated SAM cases will be referred to Targeted supplementary feeding programs (TSFP) for continued treatment.Treatment of malnutrition as well as management of common diseases and micro nutrient supplementation for PLW will be conducted alongside promotion of IYCF, with emphasis on exclusive breastfeeding and appropriate complementary feeding by nutrition staff and CBWs . 15 nutrition staff (5 women and 10 men) will be trained on management of acute malnutrition (IMAM) and Infant and young child feeding(IYCF) promotion before they begin work. 20 (9 women and 11men) CBW will be trained on NHHP and community mobilization. 3 Peer support group for mothers with children less than 24 months with severe acute malnutrition, and none respondent cases will be formed,and conducted monthly.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	21	5,222	564	500	6,307
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	564	500	1,064
Pregnant and Lactating Women	0	5,208	0	0	5,208
Staff (own or partner staff, authorities)	21	14	0	0	35
<b>Indirect Beneficiaries :</b>					

Indirect beneficiaries will include men and the elderly who will benefit from health education. The program has community health workers and volunteers from the communities who will benefit from capacity building initiatives. Health committees that will be formed will also increase the capacity of the community in different aspects of health program management. 28700 community members will also benefit from health education and hygiene promotion messages passed by community based staff.

**Catchment Population:**

The population includes both IDP and host community in Farjano Kismayo town and IDP and host community from Abdalla Birole and the surrounding villages . Total catchment population is 127883 at 80% coverage.

**Link with allocation strategy :**

The project activities will link with the strategic focus and scope of SHF 2017 first standard allocation. Activities will ensure provision of life-saving emergency nutrition services through both static and mobile health clinics in drought affected areas of Kismayo. While carrying out activities, the project will be building the capacity of health workers, both those at facility and community level to effectively respond to the emergency and prevailing needs of Kismayo population. The project will also ensure that education is conducted to disseminate information on the prevention and control of malnutrition in the drought affected regions in a timely manner. Information on the health and nutrition situation will also be shared with the health cluster, MoH and other relevant stakeholders.

The project will seek to integrate nutrition activities by scaling up nutrition, health and WASH activities in Kismayo. Nutrition activities currently being implemented in Kismayo town and Abdalla Birolle are treatment of severe acute malnutrition, micro nutrient supplementation for both children under 5 and pregnant and lactating women, IYCF education counseling and support and nutrition health and hygiene promotion. The health activities currently running include immunization of children with measles and penta 3 vaccines, health education and treatment of common illnesses. The organization is currently running an integrated nutrition program with EPI in Kismayo town , and an integrated health and nutrition project in Abdalla Birolle which includes an outpatient mobile clinic. All current projects have a hygiene promotion component with distribution of hygiene kits.

The proposed project therefore seeks to rapidly scale up already existing activities and strengthening integration among health, nutrition and WASH considering the synergistic relationship between the three. As highlighted above the project will serve to deliver life saving interventions among drought stricken communities.

**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
Abdiaziz Hashi	Excecutive director	info@safuk.org	+254725449441

**BACKGROUND**

**1. Humanitarian context analysis**

Kismayo was liberated in 2012 following a military offensive. Since then the town has continued to receive new people migrating in. These include natives that had fled due to insecurity, migrants from villages outside the town and neighboring districts who flee there due to both civil and food insecurity in their home villages and finally those repatriated from Daadab refugee camp in Kenya. The population has continued to increase from 166667 in 2005 (United nations development program (UNDP),2005), to 211387 in 2014(United nations population fund (UNFPA), 2014) to 382215 in 2016 (Jubaland Ministry of planning et all). Majority of this population is however in need of many basic services which are limited within the town, and are easily affected by shocks that pushes them to crisis due to a number of factors. Kismayo town is also home to approximately 30690 IDP in the various zones in the town. Abdalla Birole is also home to approximately 1530 IDP (Ministry of planning 2016, UNHCR 2016) who are in critical situation and in dire need of health and nutrition services. About 90% of IDP in Kismayo come from the riverine Gosha community, most who hail from middle Juba, This community has been marginalized for long and still find it hard to easily integrate with Kismayo host population and enjoy equal work and business opportunities.(Skills active forward UK (SAF UK), 2016). On 28 September, due to a worsening drought situation, the Jubaland authorities appealed for urgent humanitarian interventions in areas near Afmadow, Badhaadhe and Kismayo districts. In Kismayo the arrival of a large number of refugees returning from Dadaab in Kenya is also putting pressure on limited resources available in Kismayo town and IDP settlements (OCHA,2016).

Abdi Birole and nine other villages were recovered in following a military offensive. At the end of the military campaign, ten villages, most of them located within a 60 Kilometer radius Kismayo were recovered; Abdalla Birolle being one of them(OCHA, 2016; African union mission in Somalia (AMISON) news 2016). The area is populated by pastoral communities who have suffered from a prolonged drought caused by insufficient Deyr rains during the months of October-December 2016, leading to the scarcity of water pasture for livestock (OCHA 2016). Besides this the effect of insurgent control continues to ravage them. In December militia launched another unsuccessful attack in the area trying to recover it. They confiscated a huge number of animals from the residents leaving many without a source of livelihood and food (UNOCHA,2016; Jubaland ministry of health (MoH),2017). These attacks are occurring in the context of high vulnerability due to drought, lack of basic social services (such as water, health, and shelter) and humanitarian aid (OCHA ,2017; Inter cluster assessment report, 2016). Government military forces and AMISON have since beefed up security in the area and is now safe and accessible.

SAF UK was the first organization conduct an assessment in conjunction with district authorities (OCHA , 2017). The organization then raised alarm, which yielded initial assistance from government an a few Non governmental organisation (NGOs). SAF UK in conjunction with other clusters with coordination from OCHA, later conducted an inter cluster assessment in November 2016 (Inter cluster assessment brief, 2017). After the December attack, another assessment by the organization reviled a deteriorating situation(SAF UK, 2017). The organization then moved in with integrated health,nutrition and Water sanitation and hygiene (WASH) activities. All this is done through one mobile team that integrates health and nutrition. The project recorded high prevalence of malnutrition many being AWD and measles cases which have been confirmed by MoH;a Measles campaign has now been launched.

## **2. Needs assessment**

SAF UK is running an integrated Health Nutrition and was program in Kismayo. Health activities like EPI ,distribution of hygiene kits and the nutrition program . These have been running very well but efforts made by the Nutrition project to treat malnutrition are slowed down by influx of people coming into the town and limit number of health facilities. The ending of the largest health sector development program (Joint health and nutrition program) which was supporting majority of people in Kismayo to access to basic and essential health and nutrition services also has an effect(OCHA 2016, MoH,2016), with the community already feeling the effect by the community (OCHA 2016, MoH,2016). Preliminary findings from recently concluded SQUEAC survey for Kismayo indicates that coverage of health and nutrition services in the town is at 42.3%, a situation which is worrying considering the drought , acute watery diarrhoea (AWD) and measles outbreak in Kismayo (UNICEF, 2016). The same assessment shows that health seeking behavior in the town is still very poor with many opting for conventional treatment as a last resort. Infant and young child feeding knowledge attitude and practice (IYCF KAP) survey by Skills active forward (SAF UK) in October 2016 that covered health indicators showed that morbidity in Kismayo was at 55.6% in with the leading being diarrhea I diseases,Antenatal coverage for 4 visits was at 27.5%,facility deliveries at 19.8%,although 68.4% of pregnant women receive iron folate adherence to iron folic acid supplements (IFAS) for the 90 day period was at 10.2%. Minimum acceptable diets for children 6 -23.9 months was very low at 3.3% and bottle feeding rate was at 59%. All these indicators show a need for scale up nutrition activities especial at the backdrop of the impending drought, measles outbreak and considerable number of AWD cases being reported.

SAF UK therefore intends to scale up its project in Kismayo ,with additional sites and activities , including those covering Abdalla Birole and neighboring villages ,so as to improve coverage. We intent to scale up integration of health WASH and nutrition services. This will especially benefit the drought stricken population and the IDP who have limited access to food and health services, and therefore significantly reducing morbidity and mortality related to malnutrition among target population.

SAF UK is running the health program with expanded program for immunisation (EPI) and the nutrition activities in Abdalla Birolle as an extension of the Kismayo program. Funds for Abdalla Birolle will soon expire in February. Abdalla Birole has many AWD cases, mainly because of insufficient access to safe and sufficient water, and poor excreta disposal, most practice the rest uses open defecation.This has resulted to increased cases of malnutrition.

This project is will be very important in saving lives of many women and children currently being served by the integrated nutrition project in Farjano area of Kismayo town. This hosts more than half of the IDP population in Kismayo and has the largest host population. The area has over the months recorded the highest cases of malnutrition owing to the fact that it has the highest population and is home to the largest IDP in the town, Dalxiska. This project will end on 19th of March 2017, and if no other similar project is put in place, then the hundreds of children with malnutrition might be put at a high risk of death.

## **3. Description Of Beneficiaries**

Beneficiaries will include children < 5 years who will benefit from screening and treatment of severe acute malnutrition, immunization, micro nutrient supplementation with vitamin A and deworming. Pregnant and lactating women (PLW) will benefit from micro nutrient supplementation, health education, hygiene promotion with hygiene kits kits and infant and young child feeding (IYCF) education counseling and support. women of child bearing age (WCBA) will benefit from micro nutrient supplementation vaccination, health education and hygiene promotion. Both community and facility based staff will benefit from capacity building initiatives.

## **4. Grant Request Justification**

This project is will be very important in saving lives of many women and children currently being served by the integrated nutrition project in Farjano area of Kismayo town. This are hosts more than half of the IDP population in Kismayo and has the largest host population. The area has over the months recorded the highest cases of malnutrition owing to the fact that it has the highest population and is home to the largest IDP in the town, Dalxiska. This project will end on 19th of March 2017, and if no other similar project is put in place, then the hundreds of children with malnutrition might be put at a high risk of death.

Besides this three proposes project will provide of life-saving emergency nutrition services to the most vulnerable , women, children under five years, IDPs who are also marginalized and drought stricken communities living outside the town and those that have migrated into the town from other districts. This will be done through both static and mobile health clinics to increase coverage.The capacity of health workers to effective respond to the emergency, and to dissemination of health information on the prevention and control of malnutrition and outbreaks in Kismayo will also be enhanced. Life-saving emergency nutrition services will include treatment of severe acute malnutrition and successful referral of children with moderate acute malnutrition, severe acute malnutrition with complication and those with medical conditions.

The activities will be scaled up as part of already ongoing health, nutrition and WASH integrated interventions in Kismayo. The scale up will be done fast and in a timely manner with minimum additional cost.

The activities all contribute to achievement of SHF 2017 standard allocation 1 strategic focus and scope, and cluster objectives.

## **5. Complementarity**

The project and its activities will go a long way in ensuring that the whole health needs of targeted individuals are addressed.

The project will complement the already existing health program,at the same time scaling up nutrition activities in Kismayo to mitigate effects of the drought. This will be cost effective because the project will share cost and other utilities. For example community health workers or volunteers, Hygiene promoters, EPI nurses and IYCF officers will work for both nutrition, WASH and health programs. Utilities and some facilities will also be shared. Besides beneficiaries will have most of their health and related needs covered at one stop. This will increase coverage and access to nutrition and health services.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

To increase access to Emergency lifesaving integrated nutrition services (facility and community based) to vulnerable populations (both Internally Displaced Persons and Host communities) which include boys , girls under 5 years and pregnant/lactating mothers in Kismayo district

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	20				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Somalia HRP 2017	60				
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		Somalia HRP 2017	20				
<b>Contribution to Cluster/Sector Objectives :</b> The project contributes to cluster objective 1 and 2 that aim at providing life saving services that include identification and treatment of malnutrition, and provision of basic nutrition service package (BNSP) for children 6-59 and PLWs. It also contributes to cluster objective 4 which looks at among other things integrating services from other related sectors sp as to improve the overall health and well being of beneficiaries. The project will also seek to improve capacity for program staff both community and facility on project implementation.							
<b>Outcome 1</b>							
1064 severely acute malnourished children(564 boys and 500 girls) 6-59 months in Farjano Kismayo town and Abdalla Birole cured.							
<b>Output 1.1</b>							
<b>Description</b>							
1064 severely acute malnourished children(564boys and 500 girls) 6-59 months in Farjano Kismayo town and Abdalla Birole admitted and treated.							
<b>Assumptions &amp; Risks</b>							
-Security situation will remain stable. -No evictions will occur among IDP during the project period. -Defaulter rate will be below 15%							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Screening of 25577 (15000 boys and 10577 girls) children 6-59 months							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
Admission and treatment of 1064 severely acute malnourished children(564 boys and 500 girls) 6-59 months							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children screened for uncomplicated SAM					25,577
<b>Means of Verification</b> : - Monthly reports							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					1,064
<b>Means of Verification</b> : - monthly reports							
<b>Outcome 2</b>							
1064 children (564 boys and 500 girls) 6-59 months and 5208 Pregnant Lactating women and 28700 community members in Farjano Kismayo and Abdalla Birolle covered with basic nutrition service package.							
<b>Output 2.1</b>							
<b>Description</b>							
5208 pregnant and lactating women provided IYCF education and support , vaccination and micro nutrients and 1064 children (564 boys and 500 girls) vaccinated with penta 3 and measles							
<b>Assumptions &amp; Risks</b>							
Security will be stable. _ required supplies will be provided in time.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							

<b>Standard Activity : Infant and young child feeding promotion</b>							
- Conducting 90 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
- Providing of multiple micro nutrients to 5208 pregnant women							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
- conducting 45 peer support sessions covering 270 women with SAM children below 24 months admitted to the program.							
<b>Activity 2.1.4</b>							
<b>Standard Activity : Supplementation Vitamin A</b>							
Providing 1064 children(564boys and 500 girls) with vitamin A supplements							
<b>Activity 2.1.5</b>							
<b>Standard Activity : Vaccination at nutrition centres</b>							
vaccination of 2092 pregnant women with tetanus vaccine							
<b>Activity 2.1.6</b>							
<b>Standard Activity : Vaccination at nutrition centres</b>							
Vaccination of 4092 children under one (2092 boys and 2000 girls) 6-59 months with penta 3 and measles vaccines							
<b>Activity 2.1.7</b>							
<b>Standard Activity : Deworming</b>							
Deworming of 1064 children under one (564 boys and 500 girls) 6-59 months with Albendazole							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					90
<b>Means of Verification</b> : -session reports -Monthly reports							
Indicator 2.1.2	Nutrition	Number of PLW receiving multiple micronutrients					5,208
<b>Means of Verification</b> : OTP reports							
Indicator 2.1.3	Nutrition	Number of peer support groups sessions held (1 peer support groups holding 1 session/ month /site for 9 months)					45
<b>Means of Verification</b> : session reports							
Indicator 2.1.4	Nutrition	Number of children provided with vitamin A					1,064
<b>Means of Verification</b> : - OTP records							
Indicator 2.1.5	Nutrition	Number of pregnant women vaccinated with tetanus toxoid					2,092
<b>Means of Verification</b> : - EPI records							
Indicator 2.1.6	Nutrition	Number of children under one vaccinated with with penta 3 and measles vaccines					4,092
<b>Means of Verification</b> : -EPI records							
Indicator 2.1.7	Nutrition	Number of children under >1 dewormed					1,064
<b>Means of Verification</b> : - OTP reports							
<b>Output 2.2</b>							
<b>Description</b>							
1100 caregivers reached with nutrition health and hygiene promotion messages in at the 3 sites							
<b>Assumptions &amp; Risks</b>							
Caregivers will cooperate							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
- conducting of NHPH promotion through site sessions for 1100 care givers							
<b>Activity 2.2.2</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
Conduct 90 NHPH promotion sessions (2 per site /month) in all 5 treatment sites.							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.2.1	Nutrition	Number of caregivers reached with nutrition Health and hygiene promotion (NHHP) messages at site					1,100
<b>Means of Verification</b> : OTP records							
Indicator 2.2.2	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					90
<b>Means of Verification</b> : -Session reports							
<b>Outcome 3</b>							
Capacity of 15(10male and 5 female) project staff and 20 (9 male and 11 female) CBWs to deliver services developed.							
<b>Output 3.1</b>							
<b>Description</b>							
15 project staff (10male and 5female) trained and offered supportive supervision in Integrated management of acute malnutrition (IMAM)							
<b>Assumptions &amp; Risks</b>							
-There will be limited staff turnover. -Security will be stable							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
<b>Standard Activity : Capacity building</b>							
- Training and supportive supervision of 15 (10male and 5 female) project staff in Integrated management of acute malnutrition (IMAM)							
<b>Indicators</b>							
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 the management of acute malnutrition					15
<b>Means of Verification</b> : -Training report							
<b>Output 3.2</b>							
<b>Description</b>							
20(9male and 11 female) Community based workers (CBWs) trained in NHHP and community mobilization							
<b>Assumptions &amp; Risks</b>							
-There will be no evictions during the project period - Conflict and migration will be limited during the project period - Security situation will remain stable.							
<b>Activities</b>							
<b>Activity 3.2.1</b>							
<b>Standard Activity : Capacity building</b>							
-Training of 20(9male and 11 female) Community based workers (CBWs) in community mobilization							
<b>Activity 3.2.2</b>							
<b>Standard Activity : Capacity building</b>							
- Training and supportive supervision for 20(9male and 11 female) Community based workers (CBWs) in Nutrition health and hygiene promotion (NHHP)							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	Nutrition	Number of community based workers trained in community mobilisation and offered supportive supervision					20
<b>Means of Verification</b> : -Training reports							
Indicator 3.2.2	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 report							

**Additional Targets :** None

**M & R**

**Monitoring & Reporting plan**

Project staff and CBWs will be required to document information on their activities daily and then generate weekly reports. These will be consolidated into weekly and monthly reports that will be shared with nutrition cluster and UNICEF and HIMS. Community based workers will also document activities carried out and outcomes and compile reports and share with team leaders, who will in turn share with M and E officer. He will collect reports and data weekly, compile and produce monthly reports, liaising with the project manager. M and E officer will also make daily visits to scheduled sites and also compile success stories, and together with the project team document learning. The project manager will be in charge of the project and will closely work with the M and E officer to monitor the project. The manager will be stationed in the organization's office but will accompany the mobile teams twice a week in different treatment sites, to supervise work, monitor and offer support. Assessment and reports generated monthly are expected to generate gaps for supportive supervision and on job training and highlight good practice. Mid project the M and E officer will carry out an evaluation. It is at this time that a mid term report will also be shared with Somalia Humanitarian Fund (SHF). At the end of the project, an end term evaluation will be conducted, a report generated and shared with SHF through their online system and with the cluster. Any sharp change in the situation will however be reported to both nutrition cluster and SHF in time.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screening of 25577 (15000 boys and 10577 girls) children 6-59 months	2017				X	X	X	X	X	X	X	X	X
Activity 1.1.2: Admission and treatment of 1064 severely acute malnourished children(564 boys and 500 girls) 6-59 months	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.1: - Conducting 90 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.2: - Providing of multiple micro nutrients to 5208 pregnant women	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.3: - conducting 45 peer support sessions covering 270 women with SAM children below 24 months admitted to the program.	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.4: Providing 1064 children(564boys and 500 girls) with vitamin A supplements	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.5: vaccination of 2092 pregnant women with tetanus vaccine	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.6: Vaccination of 4092 children under one (2092 boys and 2000 girls) 6-59 months with penta 3 and measles vaccines	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.7: Deworming of 1064 children under one (564 boys and 500 girls) 6-59 months with Albendazole	2017				X	X	X	X	X	X	X	X	X
Activity 2.2.1: - conducting of NHHP promotion through site sessions for 1100 care givers	2017				X	X	X	X	X	X	X	X	X
Activity 2.2.2: Conduct 90 NHHP promotion sessions (2 per site /month) in all 5 treatment sites.	2017				X	X	X	X	X	X	X	X	X
Activity 3.1.1: - Training and supportive supervision of 15 (10male and 5 female) project staff in Integrated management of acute malnutrition (IMAM)	2017				X								
Activity 3.2.1: -Training of 20(9male and 11 female) Community based workers (CBWs) in community mobilization	2017				X								
Activity 3.2.2: - Training and supportive supervision for 20(9male and 11 female) Community based workers (CBWs) in Nutrition health and hygiene promotion (NHHP)	2017				X								

**OTHER INFO**

**Accountability to Affected Populations**

The project has been in consultation with the affected population (AP) through their community elders to form health boards. They have contributed to needs assessment by allowing assessments to be conducted in their area. They have also given their suggestion on issues relating to project activity implementation, like involvement of husbands in IYCF activities and allowing only female staff to be involved in infant and young child feeding (IYCF) promotion, especially in breastfeeding support. These suggestions have been included in project design. The project will also include community volunteers, who will be nominated by the community to support the work of project staff. These will be involved in project implementation. Affected population will be provided with a number to which they can call or send SMS with their complaint or complement. They will also be encouraged to pass their complaints or complements to the Human resource manager, who in consultation with the management, will find a remedy or reward the compliment. All information given will be treated as highly confidential, so as to protect the community members from bias. Immediately after an assessment, information will be shared with community members in a way they can understand, through elders and community leaders especially elders represented in the health boards. The aim is to help community members appreciate progress or lack of it that has/ has not been achieved in the fight against malnutrition. Success stories will also be shared in treatment sites, and the concerned persons asked to share their practice in peer education sessions. Sachets that has been used from the therapeutic spread will be returned to treatment sites before more are issued to beneficiaries. This will help reduce the sale of these therapeutic feeds, and also prevent poor solid waste management that degrades the environment. NHHP education will also emphasize good disposal of the sachets as a way of protecting the environment.

**Implementation Plan**

The project will be implemented in close collaboration with water sanitation and hygiene (WASH), health, food security and education partners in Kismayo. There will be 1 mobile team covering the Abdalla Birolle settlement and 2 other fixed site in Farjano. Mobile OTP has been selected in addition to the fixed sites because it will increase access to services, and can cover a wider population compared to a fixed site, also considering the poor health seeking behaviour of the population. The targeted malnourished children aged 6-59 months and PLWs will be screened by screeners supported by CBW. Targeted severe acute malnourished boys and girls will be treated through OTP and followed up by CBWs. Treated uncomplicated SAM cases will be referred to Targeted supplementary feeding programs (TSFP) for continued treatment. Treatment of malnutrition as well as management of common diseases and micro nutrient supplementation for PLW will be conducted alongside promotion of IYCF, with emphasis on exclusive breastfeeding and appropriate complementary feeding by nutrition staff and CBWs. Nutrition supplies/ consumables will be requested from UNICEF. Beneficiaries will be required to return used sachets of RUTF before new RUTF is given to them, so ensure proper solid waste management and curb selling of RUTF. 15 nutrition staff (5 women and 10 men) will be trained on management of acute malnutrition (IMAM) and Infant and young child feeding (IYCF) promotion before they begin work. 20 (9 women and 11 men) CBW will be trained on NHHP and community mobilization. 3 Peer support group for mothers with children less than 24 months with severe acute malnutrition, and none respondent cases will be formed, and conducted monthly.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Liase with them for supplies for treatment of uncomplicated SAM, micronutrients and NHHP education material
Nutrition cluster	Share monthly reports and any other information as required. Work closely with cluster partners and observers. Be involved in taskforces and working groups as required
MOH (Jubaland and federal)	Share information and monthly reports including through HMIS. Liaison with them to enhance health activities
Intercluster	Work closely with cluster partners and observers, especially in information sharing.
IOM	Liase with them for EPI and WASH supplies and share information and reports on use of supplies regularly.

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

Kismayo town and Abdalla Birolle. The project aims at treating uncomplicated severe acute malnutrition among boys and girls, as well as targeting PLW with BNSP services through OTP. Primary prevention activities targeting the whole community will also be implemented. In addition, the project aims at building capacity of staff and the community through equally enhancing knowledge of nutrition staff (men and women) and CBWs (men and women), and increasing awareness of malnutrition as well as hygiene practices in the community. The project will equally benefit women and men, in order for them to manage severe acute malnutrition in targeted areas. IYCF promotion, especially breastfeeding support, will be conducted by female staff so as to make beneficiaries comfortable. Willing Men and husbands of beneficiaries will be involved, as significant others, as much as possible, for the success of the project. Willing Community elders, grandmothers and traditional birth attendants (TBAs) will also be involved in this regard.

SAF UK staff have noticed that as much as many programs deal with changing belief and attitudes by targeting those affected, few create the intention to change behaviour due to social pressure (SAF UK, 2015; John B, 2000). The project will therefore target significant others of those affected, as these heavily influence behaviour change, especially through making decisions on social norms.

The project also considers the role of children and youth in fighting malnutrition. In the Somalia context, a percentage of those considered as adolescents are actually parents, or will be in the near future. The project will therefore reach out to the youth with health and behaviour change education and information, with the aim of assisting these shift the norm in the next generation/s. This will be done through social activities like sports and religious events.

Almost everyone will be involved in the fight against malnutrition.

**Protection Mainstreaming**

All beneficiaries that qualify for assistance will be assisted regardless of age, clan or economic status. Those with critical conditions will however be treated first. These will be identified during triage. Men accompanying their children or wives will be given priority so as not to embarrass them as they Queue with women, who make up the largest number of caregivers in health facilities/services. This will also encourage men to get involved in their their wives/ children health issues.

All complains received will be held in confidence, and the complainant or information linking to them not disclosed, so as to protect them or their community. This will apply to both community members and staff.

Community members will also be allowed to raise concern on issues affecting them relating to service delivery, or demand for services, through the human resource manager, without discrimination. Positive cultures and traditions will be encouraged as negative ones will be discouraged in a dignified manner.

**Country Specific Information**

**Safety and Security**

The security situation in Kismayo and Abdalla Birolle is stable. The management will however require staff not proceed for field before they receive a security brief/alerts for the day. All staff will congregate at the organization's office before being allowed to go out. To do this, the organization will maintain close working relationship with ministries responsible.

Project staff will mostly work in designated treatment sites. CBWs will spend most of their time in the community because they reside there. All staff working in the field will be provided with airtime, so that they can communicate with the office regularly. The project will give first priority to qualified locals and IDPs for employment because knowledge of area and local language is important in gathering security information and disseminating security alerts in time. That will also to enhance community acceptance and reduce animosity. Community based workers will be recruited from the community.



**Access**

Kismayo and Abdalla Birole are easily accessible. The project staff will be able to move and work with ease. The mobile team will have a vehicle to improve access to the various treatment sites.

**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	Project manager	D	1	1,500.00	9	100.00	13,500.00
	<i>The officer work for the project 100% and will be stationed in Kismayo overseeing the day to day management of the project , especially relating to technical issues. S/He will collect data daily from the team leaders and compile weekly reports, and later monthly reports to be shared with the cluster. He will also be involved in planning and implementation of assessments and surveys. He will attend sub national cluster meetings and any other relevant meeting in the field. Will work and closely liaise with ministry of health (MoH), including reporting to health management information system (HMIS). S/he will also be involved in joint assessments and other ministry of health (MoH) initiatives. Finally as a sub-national cluster focal point, he will coordinate nutrition activities in Lower Juba and be involved in activities that provide leadership and direction to the Lower Juba sub national cluster.</i>						
1.2	Overall supervisor	D	1	1,000.00	9	80.00	7,200.00
	<i>Will be in charge of all teams, following up on a daily basis collecting feedback and reports from staff and community focal points like the IDP block leaders (Gudumis) and elders. He will also be in charge of community based staff ensuring the work well and provide supportive supervision. The person will also ensure capacity building needs of the staff are identified and met especially through mentoring and on job training. S/he is also the link between the community and the programs; will carry out community conversations with various community groups to ensure they are fully involved in running of the project. S/he is the focal point of the project in the community. From experience, this position is the backbone of the success of any outpatient therapeutic feeding program (OTP) program. World health organisation (WHO) also recommends the same.</i>						
1.3	Nutrition Nurses	D	3	500.00	9	100.00	13,500.00
	<i>Will work for the project 100%. The officer will be the team leader / supervisor. S/he will be in charge of screeners, registrar, distributor and CBWs attached to their sites. The nurse will also identify medical conditions, administer essential drugs, admit and discharge cases. There will be one nurse per team.</i>						
1.4	Screener	D	3	250.00	9	100.00	6,750.00
	<i>These will work full time. They will take both mid upper arm circumference (MUAC) and weight for height measurements for children brought to the sites. They will also be involved in mass screening and conduct triage. 1 screener per team</i>						
1.5	Register	D	3	200.00	9	100.00	5,400.00
	<i>The will be in charge of registration of beneficiaries and documentation in their respective sites. They will work full time. 1 registrar per team</i>						
1.6	Disributer	D	3	200.00	9	100.00	5,400.00
	<i>These will be in charge of supplies at the sites. They will also distribute the same as prescribed, and document use of supplies. They will work full time. 1 per team</i>						
1.7	Logistics officer	D	1	500.00	9	50.00	2,250.00
	<i>He will give 50% of his time to the project. Will be in charge of supplies at the warehouse, keeping records of flow and ensuring good warehouse conditions are maintained.</i>						
1.8	Monitoring and evaluation officer	D	1	600.00	9	50.00	2,700.00
	<i>The will contribute 50% of time to the project. He will collect data and analyze and Liaise with project manager to to identify trends and predict outcomes. He will carry out the baseline and end line evaluation. He will also be involved in any other assessment, either by the organization, nutrition cluster partners or ministry of health -MoH.</i>						
1.9	Community based workers (CBW)	D	10	180.00	9	100.00	16,200.00
	<i>These will work within the community to provide nutrition health and hygiene promotion, follow up beneficiaries on treatment , screen and refer cases to the sites and create demand to existing health and nutrition services. They will be locals of the areas/IDP camps and will cover designated areas with the help of elders and other leaders. There will be one for every site .</i>						
1.10	Community mobilisers	D	10	150.00	9	100.00	13,500.00
	<i>These will cover smaller area than community based workers(CBWs). They will be in charge of following up the day to day issues relating to beneficiaries, follow up defaulters and report on any new occurrence like births and deaths.</i>						
1.11	Program coordinator	D	1	3,000.00	9	60.00	16,200.00
	<i>The officer will oversee and coordinate project activities alongside other projects in Kismayo. S/He will focus on Quality control of technical aspects of the project ,give guidance, network and participation in relevant task forces and working groups at the national and regional level. S/he will also focus on sharing relevant issues relating to the project and health and nutrition situation with wider stakeholder community at the national / regional level. S/he will contribute 60% of time to the project. The officer will also visit the project for supportive supervision quarterly. The officer will also oversee assessment and evaluation exercises, analyzing data, compiling reports and document learning and apply these lessons to this and other health and nutrition projects.</i>						

1.12	Administration and finance officer	D	1	600.00	9	40.00	2,160.00
	<i>Will give 40% of his time to the project. He will ensure organization policies are enforced and also handle financial issues.</i>						
1.13	Infant and young child feeding (IYCF) officer	D	3	500.00	9	100.00	13,500.00
	<i>1 IYCF officer per site. They will undertake the IYCF promotion that will be carried out at the sites, and oversee what will be done in the community by community based workers (CBWs). Will be responsible for preparation of session plans and ensure availability of information education communication (IEC) materials and teaching aids. Will plan and be involved in community awareness campaigns. She will also supervise Breastfeeding support and refer those with breast problems. She will facilitate the peer support groups. She will work with the program full time.</i>						
1.14	Nutrition health and hygiene promotion (NHHP) officer	D	3	400.00	9	100.00	10,800.00
	<i>Will provide the nutrition health and hygiene promotion, and oversee that which will be carried out at the sites by Community based workers (CBWs) and project staff. Will be responsible for preparation of session plans and ensure availability of Information education communication (IEC) materials. Will plan and be involved in community awareness campaigns.</i>						
	<b>Section Total</b>						<b>129,060.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Storage and warehouse rent	D	1	500.00	9	50.00	2,250.00
	<i>Warehouse will be used to store supplies which will include ready to eat therapeutic food (RUTF), routine medication for treatment of severe acute malnutrition and equipment to be used for nutrition assessment. The rent will be paid per month. SHF will contribute 50% of the total cost.</i>						
2.2	Integrated Management of Acute Malnutrition (IMAM) training (Lumsum please refer to Training BoQ)	D	1	2,208.00	1	100.00	2,208.00
	<i>IMAM training will cover 15 participants, project staff. These will be equipped with knowledge on how to diagnose, manage, make referrals for acute malnutrition, record keeping and community linkage with other relevant programs.</i>						
2.3	Community Based Workers (CBW) training (Lumsum please refer to Training BoQ)	D	1	1,930.00	1	100.00	1,930.00
	<i>CBW training will cover 21 participants. This training will equip the new CBW with knowledge skills and the correct attitude in conducting health education, community screening and referral, community linkages and promotion of existing health and nutrition services. 20 CBW will be trained but the cost of training especially relating to meals and stationary will include the facilitators who will also participate.</i>						
2.4	Water for site use	D	240	1.00	9	100.00	2,160.00
	<i>Water will be used by both beneficiaries (1100) and staff (35) for hand washing, conducting appetite test and drinking. 8 jerricans of water required per day. 3 for each of the 2 fixed site and 2 for the mobile facility. Therefore 8 jerricans for 30 days, 240 jerricans of clean water required. Each jerrican costs 1 dollar.</i>						
2.5	Site shed	D	1	450.00	1	80.00	360.00
	<i>Land donated by the community is usually an open space. Sheds to cover beneficiaries from the sun, and a breastfeeding corner for a mobile site in Abdalla Birole, which is a newly liberated area. the cost will cover purchase of material, cost of transporting material to site and labour (wages for construction workers).</i>						
	<b>Section Total</b>						<b>8,908.00</b>
<b>Travel</b>							
5.1	Travel for supportive supervision and evaluation	D	1	1,100.00	2	100.00	2,200.00
	<i>Travel for project coordinator to travel for supportive supervision, to oversee training and monitoring. 2 times during the project period. Please refer to BoQ for breakdown</i>						
5.2	Vehicle hire	D	2	1,800.00	9	100.00	32,400.00
	<i>1 Vehicle will be hired for each mobile teams. It will also be used to transport critical complicated cases that have been referred to the stabilization center (SC). It will be used to transport the staff and supplies to the various sites. The driver and vehicle will remain with the staff in the field and evacuate in case of security threat.</i>						
	<b>Section Total</b>						<b>34,600.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Utility cost	D	2	100.00	9	70.00	1,260.00
	<i>Utility cost will cover electricity for fixed site and office to facilitate activities that require power. The cost will be charged at 70%.</i>						
7.2	Office stationary and material cost	D	1	416.00	1	70.00	291.20
	<i>Items include all stationary and material required for office operation. these will aid improve operations and communication within the project and with partners as the sub national focal point. Lump sum please refer to BoQ.</i>						
7.3	Communication cost	D	1	250.00	9	70.00	1,575.00

	<i>Communication cost will cover communication between field team and their managers/supervisors. The cost will also cover internate to facilitate inter and intra project communication including cluster support functions. SAF UK is the sub-national cluster focal point. Please refer to BoQ for breakdown of monthly expenditure.</i>						
7.4	Office rent	D	1	500.00	9	70.00	3,150.00
	<i>Paid monthly. The project will contribute 70% of the rent. The office in Kismayo will be used to facilitate operations especially administrative and management functions of the project.</i>						
7.5	Bank transfer cost at 1.06%	D	1	2,000.00	1	100.00	2,000.00
	<i>Cost of transfer of project grant from Barclays bank to Amal Bank in Kismayo for field use. This is a lumpsum cost of transferring the whole amount at 1.06%. Amal bank (Hwala) Kismayo will charge this amount every time they have to get money from Barclays bank Nairobi on behalf of it's client.</i>						
	<b>Section Total</b>						<b>8,276.20</b>
<b>SubTotal</b>			297.00				<b>180,844.20</b>
Direct							180,844.20
Support							
<b>PSC Cost</b>							
PSC Cost Percent							5.00
PSC Amount							9,042.21
<b>Total Cost</b>							<b>189,886.41</b>
<b>Project Locations</b>							
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	100	21	5,222	564	500	6,307	<p>Activity 1.1.1 : Screening of 25577 (15000 boys and 10577 girls) children 6-59 months</p> <p>Activity 1.1.2 : Admission and treatment of 1064 severely acute malnourished children(564 boys and 500 girls) 6-59 months</p> <p>Activity 2.1.1 : - Conducting 90 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.</p> <p>Activity 2.1.2 : - Providing of multiple micro nutrients to 5208 pregnant women</p> <p>Activity 2.1.3 : - conducting 45 peer support sessions covering 270 women with SAM children below 24 months admitted to the program.</p> <p>Activity 2.1.4 : Providing 1064 children(564boys and 500 girls) with vitamin A supplements</p> <p>Activity 2.1.5 : vaccination of 2092 pregnant women with tetanus vaccine</p> <p>Activity 2.1.6 : Vaccination of 4092 children under one (2092 boys and 2000 girls) 6-59 months with penta 3 and measles vaccines</p> <p>Activity 2.2.1 : - conducting of NHHP promotion through site sessions for 1100 care givers</p> <p>Activity 2.2.2 : Conduct 90 NHHP promotion sessions (2 per site /month) in all 5 treatment sites.</p> <p>Activity 3.1.1 : - Training and supportive supervision of 15 (10male and 5 female) project staff in Integrated management of acute malnutrition (IMAM)</p> <p>Activity 3.2.1 : -Training of 20(9male and 11 female) Community based workers (CBWs) in community mobilization</p> <p>Activity 3.2.2 : - Training and supportive supervision for 20(9male and 11 female) Community based workers (CBWs) in Nutrition health and hygiene promotion (NHHP)</p>

Documents	
Category Name	Document Description
Project Supporting Documents	Abdalla Birole report Day 1 intrvn 19th.doc
Project Supporting Documents	Abdalla Birole report day 2.doc
Project Supporting Documents	161222_Humanitarian needs in newly recovered Villages South Kismayo.pdf
Budget Documents	All BoQ 29-01-17.xls
Budget Documents	All BoQ 27-02-17.xls
Budget Documents	All BoQ 01-03-17.xls
Budget Documents	All BoQ 02-03-17.xls
Budget Documents	All BoQ 02-03-17 v2.xls
Grant Agreement	SAFUK GA 4663.pdf
Grant Agreement	HC signed SAFUK GA 4663.pdf
Grant Agreement	signed GA pg 10 & 24 (1).pdf
Grant Agreement	HC and IP signed SAFUK GA 4663.pdf