

Requesting Organization :	Cooperazione E Sviluppo - CESVI		
Allocation Type :	Standard Allocation 1 (Jan 2017)		
Primary Cluster	Sub Cluster	Percentage	
Nutrition		100.00	
		100	
Project Title :	Provision of integrated treatment and prevention of acute malnutrition at community level for both host community and internally displaced in Galkaiyo district, Mudug Region, Somalia.		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4693
Cluster :		Project Budget in US\$:	190,000.03
Planned project duration :	6 months	Priority:	
Planned Start Date :	13/03/2017	Planned End Date :	13/09/2017
Actual Start Date:	13/03/2017	Actual End Date:	13/09/2017
Project Summary :	<p>Cesvi will implement an integrated health & nutrition program in order to provide life-saving humanitarian assistance and improve the knowledge of target communities in Mudug (Galkayo internally displaced population (IDPs) camps, Alanley, Arafat, and Hiraan 2) towards safe health, nutrition and hygiene practices. The agency is already working in those 3 camps with health, WASH & resilience programmes. The services will be provided in 3 already- set up Health Posts (HPs) and through 3 mobile clinics covering 12 internally displaced population (IDPs) blocks. The agency will screen all children under five (U5) and Pregnant and Lactating Women (PLW) for malnutrition. Uncomplicated Severe Acute Malnutrition (SAM) cases will be enrolled into the Outpatients (OTP) programme (Severe Acute Malnutrition SAM+ will be referred to International Medical Corps (IMC) while Moderate Acute Malnutrition (MAM) cases will be referred to SOMALI DEVELOPMENT AND REHABILITATION ORGANISATION (SDRO).</p> <p>The proposal embeds the following approaches:</p> <p>1) Integration. The integration of effective management of acute malnutrition into the health (pillar of the Integrated Management of Acute Malnutrition (IMAM) strategy) is achieved through the delivering of both services in the same facilities and the collaboration between the staff. Children and Pregnant and Lactating Women (PLW) accessing health services are automatically screened for malnutrition. At the same time, all children in the nutrition programme are immunized and treated for illness while Pregnant and Lactating Women (PLW) will receive antenatal and postnatal care respectively. Integration is also achieved in the soft activities: the communities, in fact, receive a package of behavior change messaging that encompasses health & nutrition education along with good hygiene practices and protection. The synergy created with other on-going actions (specifically related to resilience) will allow the agency to deliver a multi sectorial humanitarian assistance in targeted communities, particularly important in light of the quick deterioration of the situation.</p> <p>2) Bottom-up / Community-based approach: All the activities are tailor-made and designed in order to guarantee the direct participation of beneficiaries at all stages of the project. The complaint & response mechanism is a permanent channel of communication between beneficiaries and the agency. Health and Nutrition services are provided with the direct engagement of communities. On this regards, community health workers (CHWs) play a pivotal role in tracing, screening and referral of malnutrition. They are also in charge of the behavior change communication (BCC). By offering case management at decentralized sites and incorporating community in the activities, this approach increases coverage, access and effectiveness of treatment for acute malnutrition (Community Management of acute Malnutrition-CMAM strategy).</p> <p>It is expected that approximately 6,920 individuals will benefit from the intervention.</p>		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
278	2,003	2,277	2,369	6,927

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	2,003	0	0	2,003
Children under 5	0	0	2,277	2,369	4,646
Trainers, Promoters, Caretakers, committee members, etc.	278	0	0	0	278

Indirect Beneficiaries :

48,440

Catchment Population:

292,160

Link with allocation strategy :

The project contributes directly to both cluster and allocation strategies which include treating non complicated Severe and Acute Malnutrition (SAM) and referring complicated & Targeted Supplementary Feeding Programme (TSFP) to address Moderate Acute Malnutrition (MAM) and prevent them from deterioration. CESVI has an ongoing health, Food Security and WASH projects in the Galkayo South internally displaced population (IDP) camps, thus this project will be integrated to achieve synergies of actions. CESVI will further implement the infant, and young child nutrition (IYCN) activities in the 12 outpatients (OTP) (out-patient programme) sites to prevent malnutrition among children 0-24 months and provide health and nutrition education to mothers and care givers on optimal care practices for their children. Further, pregnant and lactating women (PLW) and caregivers will access health facilities and benefit from antenatal care (ANC) / postnatal care (PNC) and outpatients (OTP) consultation at the same site and time, while malnourished children will access Expanded Program on Immunization (EPI), deworming and other treatments. Mobile clinic and outpatients (OTP) team will work together to enhance service delivery and reduce missed opportunity.

The project targets drought affected communities and, in particular, communities already integrated phase classification (IPC) 3 & 4. and, as explained above, constitutes a life-savings response. Finally, embeds the "Do no harm approach": all activities are planned considering protection risks especially for children and women.

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
Isabella Garino	Head of Mission	isabellagarino@cesviverseas.org	+254 (0)714517381

BACKGROUND**1. Humanitarian context analysis**

Despite the many gains achieved in the past five years, Somalia remains a fragile country with around 5 million of people in need (HRP2017) and a risk of humanitarian crisis and hazards of 9.2 out of 10 according to Index for Risk Management (INFORM risk index: a global, open-source risk assessment for humanitarian crises and disasters). The triggers of the crisis remain: conflict and natural disasters (respectively 10 and 6.8, INFORM exposure index:), population vulnerability and lack of coping capacities (respectively 9.4 and 9.2; Index for Risk Management (INFORM risk index: a global, open-source risk assessment for humanitarian crises and disasters). Conflict: 2016 has seen a resurgence of attacks of Al-Shabab against African Mission In Somalia (AMISOM) and Somali National Armed Forces (SNAF) resulting in casualties, disruption of livelihoods, restriction of movement of humans and commodities, displacement and suspension of vital humanitarian programmes. Tensions between states and between different clans over land dispute and power (especially in light of the election) resulted in many parts of the country in armed confrontation. The withdrawal of the Ethiopian Troops from strategic areas led Al-Shabab (AS) to gain positions and cut the local population from aid or force people to displace. Natural disasters: in 2016 both floods (due to breakage of Shabelle and Juba rivers) and drought (failure of 2 consecutive raining seasons) hit the country. While the former caused an increase of Acute Wat Diarrhea (AWD) outbreaks (13,600 cases registered from Jan to Sept, against 5,300 of 2015, Health cluster), the latter resulted in dead/poor condition of livestock, decrease of cereal production (expected 60-70% <5 year average 2011-2015; Food Security and Nutrition Analysis Unit (FSNAU), increase of food price (1-6% across the country between July-Nov) and, consequently, increase of food insecurity and malnutrition. Thousands have been affected, particularly in Puntland, Somaliland and South-Central (Gedo, Mudug, Hiraan-non-riverine communities). Following poor 2016 Gu and failed Deyr season, food security has deteriorated significantly (>than 1 million people in integrated phase classification (IPC3) and 43000 in integrated phase classification (IPC4), increase of 20% from 2015 Deyr) and over 320,000 acutely malnourished children are in need of urgent nutrition support (50,000 are severely malnourished). The future looks grim: in case of poor 2017 Gu season, 1.3 million of individuals might be in crisis by May 2017 and the severity and magnitude of food insecurity might lead in some parts of the country into famine according to Famine Early Warning Systems Network (FEWSNET), Both conflicts and natural hazards caused massive movements of population. Somalia has around 1.1 million internally displaced Persons (IDPs) living in precarious settlements with many facing secondary displacement. Among those, women, children and elderly account for 70-80%, United Nations High Commissioner for Refugees (UNHCR) According to Food Security and Nutrition Analysis Unit (FSNAU), 58% of the people in IPC 3 & 4 are (DPs). Displacement can be itself a trigger for crisis fueling conflict with host communities over already depleting resources and increasing diseases outbreaks due to overcrowding and poor hygiene. Displacement has a different impact on gender and age groups: women and young girls become highly expose to GBV (76% of survivors were IDPs, 99% were female. Protection cluster). The return of many Somalis from Dadaab (26,000 in 2016, UNHCR is also another factor of risk that might lead to conflict as the absorption capacity of the returning areas is reducing. The low level of social services (especially health and education) coupled with weak institutional power and widespread poverty (69% of the population below the poverty line WORLD BANK) increase the exposure of Somali population to the above-mentioned hazards.

2. Needs assessment

Results of Food Security and Nutrition Analysis Unit (FSNAU), GU 2016 assessment of IDP's in Galkayo registered a GAM prevalence of 16.9% and severe acute malnutrition (SAM) prevalence of 3.5 percent which indicate a sustained critical level of acute malnutrition since Deyr 2015. Though good levels of both crude and under five mortality rates levels (0.08/10 000/days in Gu 2016) has been sustained since 2013, 36.7 % percent of children survey were reported to have being sick two weeks before the assessment, an indication that diseases still remain one of the main underlying cause of malnutrition in internally displaced populations (IDP) camps. Main morbidity reported was fever, diarrhea and acute respiratory infection (ARI) which are some of the major determinants of undernutrition in boys and girls under the age of five years. Although no major outbreaks of communicable disease were reported during this period high morbidity rate of 36.7% was reported as compared to last year Deyr 2015 of 24.6%. The current Galkayo internally displaced populations (IDP) displacement, high morbidity, low household income, limited interventions in the camps and trade restriction between North and South Galkayo, are likely to aggravate the nutrition situation. According to Strengthening Nutrition Security Nutrition Causal Analysis (SNS NCA) research of November 2015, dominant child care practices and select socio-cultural beliefs are the core drivers of malnutrition in South Central Somalia in addition to insecurity, climatic and seasonal factors and poverty. One of such dominant child care practice which contribute sustained prevalence of acute malnutrition is sub-optimal infant and young child feeding (IYCF) practices among caregivers particularly the misconception that some women do not have enough milk to support the child through the first six months of its life leading to the introduction of other food before the recommended six months. Strengthening Nutrition Security Nutrition Causal Analysis (SNS NCA) assessment found out that sugared water is given to infants after birth and bottle feeding is introduced early as it is considered an alternative when the mother conceives again. These poor child care practice combined with poor hygiene, the lack of basic health and water, sanitation and hygiene facilities and women's excessive workloads, which commonly take mothers away from their very young children, are seen to have a major impact on child survival. In order to address the needs and bridge the gaps, it is therefore essential to have a nutrition intervention that can ensure the continuity of integrated health and Nutrition care in Galkayo internally displaced populations camps. Moderate acute malnutrition (MAM) cases among pregnant and lactating women are also increasing in the area due to the deterioration of the food security situation. The result of Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted by CESVI early January 2017 in both Galkayo South internally displaced populations and rural areas showed critical levels of malnutrition. The prevalence of global acute malnutrition (GAM) and severe acute malnutrition (SAM) was 19.4% and 4.0% respectively compared to 2016 post GU FSNAU assessment result registered a global acute malnutrition (GAM) prevalence of 16.9% and severe acute malnutrition (SAM) prevalence of 3.5% indicating. The recently concluded SHF programme in Galkayo internally displaced populations (IDPs) camps (2015-2016) has admitted 1,821 SAM children (774 boys and 1047 girls), Out of those, the agency has discharged as cured 1,635 severe acute malnutrition (SAM) children (737 boys and 898 girls).

3. Description Of Beneficiaries

Under five (U5): Critical malnutrition rate linked with food insecurity, low vaccination, low Vitamin A supplementation and other non-food factors such as lack of potable drinking water, low access to health services, lack of infant and young child nutrition (IYCN). Selection criteria will be based on Somalia Integrated management of acute malnutrition (IMAM) guideline. Children 6 -59 months whose mid-upper arm circumference (MUAC) is less than 11.5 cm or Z-score less than -3 to -2 without medical complications and/or Oedema will be admitted in Cesvi outpatients (OTPs). The criteria for moderate acute malnutrition (MAM) transfer is mid-upper arm circumference (MUAC) MUAC >11.5 and <12.5 or Z-score of -2, while those with poor appetite and medical complications (regardless of their MUAC and Z-score) and those below 6 months will be transferred to Stabilization Centre (SC). pregnant and lactating women (PLW): main target of the awareness activities in favor of appropriate health, nut and wash practices. Moderate acute malnutrition (MAM) pregnant and lactating women (PLW) will be also screened and referred to partners. Cesvi fully involves beneficiaries at all stages in line with the Core Humanitarian Standard (CHS) principles. During the course of the action, the Complain & Response Mechanism (CRM) (free-toll hotline, boxes, one-to-one interviews) enables stakeholders to safely raise a concern or make a complaint and allows the agency to take timely and appropriate action in order to improve the quality of the services. The nutrition activities are designed in line with the Community Management of acute Malnutrition-CMAM strategy: community-based mobilization, screening, follow-up, counseling and education are carried out by community health workers (CHWs) allowing earlier detection of malnutrition, continuous monitoring of care and linkages with other services. Beneficiary are counted as follows:

MEN: staff trained (17)+ caretakers (261) who will receive infant, young and child feeding (IYCF) and nutrition, health and hygiene promotion (NHHP) awareness=278 individuals

WOMAN: pregnant and lactating women (PLW) who will be receive IYCF and NHHP awareness (1960) + women staff trained 43= 2003 individuals

BOYS: under five (U5) receiving de-worming and Vitamin A (2277). Severe acute malnutrition (SAM) admitted (649) area already included in this number thus there's no double- counting.

GIRLS: U5 receiving de-worming and Vitamin A (2369). Severe acute malnutrition (SAM) admitted (676) area already included in this number thus there's no double- counting. Total number of beneficiaries = 6920 (63 % female, 37% male).

4. Grant Request Justification

Acute malnutrition remains a major public health problem in South central Somalia and more so in Galkayo South especially amongst the internally displaced populations (IDPs). This significantly contributes to the increased morbidity and mortality among the most vulnerable community members. The Post Gu Food Security and Nutrition Analysis Unit (FSNAU), nutrition results indicated a global acute malnutrition (GAM) of 16.9% amongst the internally displaced populations (IDPs) in Galkayo while January 2017 Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey conducted by CESVI in both internally displaced populations (IDPs) and rural areas revealed global acute malnutrition (GAM) of 19.4% which is further deterioration of the situation. The Standardized Monitoring and Assessment of Relief and Transitions (SMART) survey further revealed 15.2% of pregnant and lactating women (PLW) assessed as malnutrition (mid-upper arm circumference (MUAC) <21cm) while another 18.6% are at risk (mid-upper arm circumference (MUAC) 21-23cm). With on-going drought and insecurity, the situation is expected to deteriorate further.

The protracted conflict, as well as recurring droughts, has severely affected the lives of people in Galkayo and more especially the IDPs internally displaced populations (IDPs) displaced multiple times due to the recurrent conflicts between Puntland and Galmugud administrations. In October 2016, up to 90% of the population were displaced following the fighting between the two administrations. Up to 40% of those displaced were internally displaced populations (IDPs) who faced secondary displacement and many of them are yet to return home. In addition, the livelihoods of the IDPs living in Galkayo, were severely affected by the disruption of commercial activities between Puntland and Southern Somalia in late 2016. This coupled with illegal road blocks have further diminished the coping mechanism of the of poor household. The communities of Galkayo South and specifically the internally displaced populations (IDPs) continue to experience critical challenges to food security following the 2015-2016 El Niño/La Niña situation. With acute water shortages, pasture and food availability/purchasing power coupled with a struggling health system and in some cases non-existence, the community is struggling to mitigate the situation and therefore the need for CESVI to respond to the immediate nutrition needs.

5. Complementarity

Cesvi overall approach is to provide integrated programming in order to meet the needs of communities in a consistent manner. In line with this approach, the proposed action has strong synergies with the agency's on-going programmes in the target areas (synergies are hereby listed par sector):

NUTRITION: with funds from United Nations Children's Fund (UNICEF), Cesvi is currently providing Basic Nutrition Service Package (BNSP) services in the rural areas South Mudug. The propose action is intended to build upon the extensive experience of the Agency in the area and extend the services to drought affected population living in GK internally displaced populations (IDPs) camps.

HEALTH: the integration among health and nutrition activities is a fundamental part of the Integrated management of acute malnutrition (IMAM) strategy, which entails health treatment alongside the nutritional one (systematic treatment, expanded programme on immunization (EPI), deworming, and supplement in vitamins are provided for all Severe acute malnutrition (SAM) and Moderate acute malnutrition (MAM) cases). Treatment of the most common diseases and the enhancement of health status is the starting point for an appropriate and positive nutritional evolution for children 0-59 months. CESVI is currently delivering health service in Galkayo IDPs (3 Health Posts). The programme is funded by European Commission Humanitarian Aid (ECHO) and has been active since 2012.

RESILIENCE: Cesvi, in the framework of the building resilient communities in Somalia (BRCiS) consortium (Norwegian Refugee Council-NRC, International Rescue Committee-IRC, Save the Children-SCI, Concern World Wide-CWW) funded by Department for International Development (DFID) is implementing resilience activities in Mudug, Hiraan and Banadir. Communities were provided -through a Community Process Analysis- with Community-Based Disaster Management Plans (CBDMPs) and Community Action Plans (CAPs). The plans build on, complement and strengthen the community's own coping capacities and are adapted to the local reality and needs, in a manner that aims at reducing chronic vulnerability and facilitate inclusive growth.

EMERGENCY RELIEF: The agency is currently engaged in alleviating the needs of Mudug, Hiraan, Banadir and Lower Shabelle population affected by drought through cash transfer, wash interventions and emergency health services.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of malnutrition related morbidity and mortality in under five years girls and boys among internally displaced populations (IDPs) and host community in South Galkayo through integrated curative and preventive nutrition interventions.

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	70
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	15
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions	Somalia HRP 2017	15

Contribution to Cluster/Sector Objectives : The project objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women in Galkayo internally displaced populations camps as well as among host community.

Outcome 1

Improving access to emergency nutrition services for children under five and pregnant and lactating women in Galkayo South IDP settlements and for host community.

Output 1.1

Description

6927 individuals (4372 females and 2555 males) have guaranteed access to Basic Nutrition Service Package (BNSP) through direct provision and referral by the end of the project.

Assumptions & Risks

The security situation in the area remain stable.
There is no additional emergency event in the area
The acceptance form the community and the collaboration from Local Authorities remain high.

Risks:

- a) Fighting between Puntalnd and Galmudug does result in additional displacement.
- b)Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities
- c) Programme implementation causes significant jealousy and disharmony within communities
- D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity

Mitigation measures:

- A) monitoring of the situation and, if needed, move the services close to the beneficiaries
- b)Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.
- c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

Activities

Activity 1.1.1

Standard Activity : Capacity building

Training of Community Health Workers (CHWs) and outpatient (OTP) staff on Integrated management of acute malnutrition- IMAM guideline.

Cesvi will enhance the capacity of its staff and partners staff in Mudug through training on prevention and integrated management of acute malnutrition Integrated management of acute malnutrition (IMAM). The training is planned in the second week of the project. On Job-training will be also performed throughout the programme cycle.

TOTAL number of beneficiaries under this activity is 59 individuals (42 women, 17 men).Of these, 29 are technical OTP staff while 30 are CHWs

Activity 1.1.2

Standard Activity : Community screening for malnutrition and referral

Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams.

The screening of malnutrition is done by Cesvi staff as soon as a child enters in Cesvi-run health facilities and by the community health workers (CHWs). 30 community health workers (CHWs). (29 women and 1 man) will conduct active screening of children 6-59 months using mid upper arm circumference (MUAC) screening. All children whose mid upper arm circumference (MUAC) is less than <11.5 cm are directly referred to Cesvi outpatient (OTP) site while those children with mid upper arm circumference (MUAC) of >11.5 and <12.5 are referred to TSFP Targeted Supplementary Feeding Programme (TSFP) centres for further screening and action. CHWs' community health worker's (CHWs) performance is daily monitored by Cesvi staff. Incentives given to the community health workers (CHWs) are based on a Monthly Performance Analysis (MPA) conducted by the nutrition supervisor. Cesvi will do the active screening of all estimated children U5 (4646 in the target areas). Out of these, the Severe acute malnutrition (SAM) cases expected to enter in the nutrition programme are 1325 (649 boys and 676 girls) with estimated 198 cases (97 boys,101 girls) with medical complication going to SC. Expected MAM screened cases are 3321. Screening and referral of Severe acute malnutrition (SAM) pregnant and lactating women (PLW) (expected 1960) will be also carried out.

To ensure provision of Community Management of acute Malnutrition-CMAM, staff will screen children aged 6-59, admit SAM children using clinical and anthropometric measurements, and, on weekly basis, provide RUTF, medications and counselling support. Children who are Severe acute malnutrition (SAM) cases with medical complications will be referred to the stabilization centre in Galkayo main hospital run by international medical corps (IMC) for stabilization of the clinical conditions. Meanwhile, all children who have recovered from the mobile site will be referred to TSFP facility run by Somali Development and Rehabilitation Organization(SDRO) in partnership with World Food Programme (WFP).

All the children screened will be receiving deworming and vitamin A: 4646 (2277 boys, 2369 girls)

Activity 1.1.3

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

Admission of children 6-59 month with uncomplicated SAM (severe acute malnutrition) into the outpatient (OTP) programme.

Severe acute malnutrition (SAM) cases are referred to the nutritional staff (composed by 7 nurse, 9 screeners, 6 registers 3 food distributors, 3 expanded programme on immunization (EPI) vaccinators, 1 Nutritionist). The nurses manages the team, takes history and does physical examination of the child, along with supplies management at the site level. The screeners are responsible (along with the screening of all children aged 6-59 months), of ensuring alignment of admission and discharge criteria of the children and of controlling the crowd for smooth progress of the daily activities. Registers are responsible for registering patient details, supporting nurses in charge and of record keeping.

The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works

closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams). Expected Severe acute malnutrition (SAM) cases entering in the programme in 7 months are 1325 (649 boys and 676 girls).

Activity 1.1.4

Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women

Pregnant and lactating women accessing health & nutrition services will receive micro nutrients supplementation.

The agency will provide to all the Pregnant and lactating women (PLW) accessing health& nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					59
Means of Verification : Training report							
Indicator 1.1.2	Nutrition	N. of children receiving deworming and vitamin A					4,646
Means of Verification : Registers							
Indicator 1.1.3	Nutrition	Number of children (6-59months) admitted in treatment programmes (OTP)					1,325
Means of Verification : Project database. Admissions records							
Indicator 1.1.4	Nutrition	Number of PLW receiving multiple micronutrients					1,960
Means of Verification : Project Reports							

Outcome 2

Increasing access for IDPs and host communities to integrated Nutrition, hygiene and health education preventive services.

Output 2.1

Description

2238 individuals (235males and 2003 females) in target areas have improved Nutrition, Hygiene and health behaviors. These comprise of staff and beneficiaries.

Assumptions & Risks

The security situation in the area remain stable.
There is no additional emergency event in the area
The acceptance from the community and the collaboration from Local Authorities remain high.

Risks:

- a) Fighting between Puntalnd and Galmudug does result in additional displacement.
- b) Lack of support from Communities, Local Authorities, Traditional Leaders for project staff and activities
- c) Programme implementation causes significant jealousy and disharmony within communities
- D) Other major shocks/emergencies occur which result in humanitarian needs exceeding the project's capacity

Mitigation measures:

- A) monitoring of the situation and, if needed, move the services close to the beneficiaries
- b) Existing and enhanced relationships through already established Cesvi services in Mudug , spirit of cooperation and trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensure good collaboration and will promote the perception of Cesvi as capable and reliable agency.
- c) Cesvi staff will held regular meetings with the communities in order to explain the programme and to share the criteria used for the selection of the beneficiaries. A complain mechanism will be put in place.

Activities

Activity 2.1.1

Standard Activity : Capacity building

Conduct training for CHWs community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Monitoring of activities will be done through spot checks carried out by Nutritionist and monitoring and evaluation monitoring and evaluation (M&E).

Evaluation: reflection and learning sessions will be organized with the partners. Stakeholders targeted by this result will be qualified health staff (nurses, auxiliaries, mid-wives), community outreach workers and semi-qualified staff (screeners etc).
N. of beneficiaries under this activity= 59 (42 women and 17 men).

Activity 2.1.2

Standard Activity : Infant and young child feeding counselling

Conduct infant and young child feeding (IYCF) education sessions (individual & group) for community and caretakers attending outpatient OTP centres.

Cesvi IYCF strategy is aligned with Somalia IYCF strategy and action plan for SCZ 2013-2017. The new approach that Cesvi employs for improving IYCF practices is the use of the CHWs in IYCF sessions, in contrast to previous interventions whereby the OTP teams conducted IYCF. The current activities to improve infant and young child feeding practices among beneficiaries are as follows:

- House to house visits: 30 CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions. community health workers (CHWs) are equipped with information, education & communication (IEC) materials with depictions on one side while having notes on the other page.
- The community health workers (CHWs) have memorized messages on the information, education & communication (IEC) materials and they provide them to the pregnant and lactating women (PLWs).
- Infant and young child feeding (IYCF) group sessions: on weekly basis, the 30 community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers.
- Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. One member of each group is trained on infant and young child feeding (IYCF), as well as on basic group facilitation techniques. This person is responsible for engaging group members in discussion about infant and young child nutrition and providing basic health education in an interactive, participatory manner. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level.
- Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution.
- Follow-up of individual cases and provide tailor made message at household level.

All CHWs community health workers (CHWs) come from target communities and this gives them the advantage of knowing practices of the pregnant and lactating women (PLWs). Furthermore, health staff in the health posts (HPs) provides also infant and young child feeding (IYCF) counselling sessions to pregnant and lactating mothers and male caretakers as part of the integration of the services.

On top of sensitize the 1960 pregnant and lactating women (PLW), this BCC will also target 261 men among elders, village/ camps leaders, local authorities in order to increase the impact.

Total number of beneficiaries= 2221

Activity 2.1.3

Standard Activity : Nutrition health and Hygiene promotion

Conduct nutrition health and hygiene promotion (NHHP) education for community and caretakers attending OTP centres.

30 trained community health workers (29 female, 1 men) and nutrition staff will deliver awareness messages on safe hygiene and nutrition practices through practical demonstration in the community. Cesvi plans 2 nutrition health and hygiene promotion (NHHP) sessions par week. CESVI will focus on the prevention of the common diseases in Mudug (diarrhea, pneumonia, malaria, measles, malnutrition, personal and environmental hygiene).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 2.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					59						
Means of Verification : Training Reports													
Indicator 2.1.2	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					2,221						
Means of Verification : Sessions Reports													
Indicator 2.1.3	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					59						
Means of Verification : Training Report													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
<p>Cesvi monitoring system is based on the collection of both qualitative and quantitative data. Qualitative data gathering: a 2-levels system is in place. First level: on site monitoring is conducted by the field monitoring and evaluation (M&E) and is based on 3 tools (monitoring and evaluation (M&E) monthly plan, weekly reports and standard checklists). Monthly plans set the goals and objectives of the monitoring. The weekly report comprises info on methodology used in data collection; findings/critical observation; recommendations and follow up action recommended, pictures. Standard checklists are developed to monitor a particular activity. The monitoring is carried out with a mix of methodologies: FGDs, HHs interviews, conversation with Cesvi staff, general observation. All the tools are compiled by Field monitoring and evaluation (M&E) officer and sent to monitoring and evaluation (M&E) Unit in Nairobi (NBO). Second level: control is performed by the monitoring and evaluation M&E Unit based in Nairobi (NBO). Coordination Office for Somalia & Kenya that supervises overall the implementation/quality and performance of the programmes. Activities are monitored with a focus on risks, achievements compared to objectives, selection of beneficiaries, quality of implementation and impact. Cesvi has in place a strong downward accountability mechanism (Complaint and Response mechanism) to enable beneficiaries and other stakeholders to report areas of concern. The mechanism is based on a free toll line available to all beneficiaries and stakeholders, boxes placed in all project areas, Focus Group Discussions (FGDs) and beneficiaries interviews. Beneficiaries are also encouraged to give feedbacks on quality and accountability. Complaints and other feed backs received are categorized and recorded in a specific table and the field monitoring and evaluation (M&E), in coordination with the project management (both at Somali and Nairobi (NBO). level), follows up on all relevant complaints in order to seek resolution. Since the Somali culture is a very oral culture, Cesvi prioritizes this mean for the spreading of information in target communities.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: Training of Community Health Workers (CHWs) and outpatient (OTP) staff on Integrated management of acute malnutrition- IMAM guideline.</p> <p>Cesvi will enhance the capacity of its staff and partners staff in Mudug through training on prevention and integrated management of acute malnutrition Integrated management of acute malnutrition (IMAM). The training is planned in the second week of the project. On Job- training will be also performed throughout the programme cycle.</p> <p>TOTAL number of beneficiaries under this activity is 59 individuals (42 women, 17 men).Of these, 29 are technical OTP staff while 30 are CHWs</p>	2017												

<p>Activity 1.1.2: Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams.</p> <p>The screening of malnutrition is done by Cesvi staff as soon as a child enters in Cesvi-run health facilities and by the community health workers (CHWs). 30 community health workers (CHWs). (29 women and 1 man) will conduct active screening of children 6-59 months using mid upper arm circumference (MUAC) screening. All children whose mid upper arm circumference (MUAC) is less than <11.5 cm are directly referred to Cesvi outpatient (OTP) site while those children with mid upper arm circumference (MUAC) of >11.5 and <12.5 are referred to TSFP Targeted Supplementary Feeding Programme (TSFP) centres for further screening and action. CHWs' community health worker's (CHWs) performance is daily monitored by Cesvi staff. Incentives given to the community health workers (CHWs) are based on a Monthly Performance Analysis (MPA) conducted by the nutrition supervisor. Cesvi will do the active screening of all estimated children U5 (4646 in the target areas). Out of these, the Severe acute malnutrition (SAM) cases expected to enter in the nutrition programme are 1325 (649 boys and 676 girls) with estimated 198 cases (97 boys,101 girls) with medical complication going to SC. Expected MAM screened cases are 3321. Screening and referral of Severe acute malnutrition (SAM) pregnant and lactating women (PLW) (expected 1960) will be also carried out.</p> <p>To ensure provision of Community Management of acute Malnutrition-CMAM, staff will screen children aged 6-59, admit SAM children using clinical and anthropometric measurements, and, on weekly basis, provide RUTF, medications and counselling support. Children who are Severe acute malnutrition (SAM) cases with medical complications will be referred to the stabilization centre in Galkayo main hospital run by international medical corps (IMC) for stabilization of the clinical conditions. Meanwhile, all children who have recovered from the mobile site will be referred to TSFP facility run by Somali Development and Rehabilitation Organization(SDRO) in partnership with World Food Programme (WFP). All the children screened will be receiving deworming and vitamin A: 4646 (2277 boys, 2369 girls)</p>	2017		X	X	X	X	X	X	X						
<p>Activity 1.1.3: Admission of children 6-59 month with uncomplicated SAM (severe acute malnutrition) into the outpatient (OTP) programme.</p> <p>Severe acute malnutrition (SAM) cases are referred to the nutritional staff (composed by 7 nurse, 9 screeners, 6 registers 3 food distributors, 3 expanded programme on immunization (EPI) vaccinators, 1 Nutritionist). The nurses manages the team, takes history and does physical examination of the child, along with supplies management at the site level. The screeners are responsible (along with the screening of all children aged 6-59 months), of ensuring alignment of admission and discharge criteria of the children and of controlling the crowd for smooth progress of the daily activities. Registers are responsible for registering patient details, supporting nurses in charge and of record keeping.</p> <p>The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams). Expected Severe acute malnutrition (SAM) cases entering in the programme in 7 months are 1325 (649 boys and 676 girls).</p>	2017		X	X	X	X	X	X	X						
<p>Activity 1.1.4: Pregnant and lactating women accessing health & nutrition services will receive micro nutrients supplementation.</p> <p>The agency will provide to all the Pregnant and lactating women (PLW) accessing health& nutrition services with iron and folic acid supplementation to reduce the risk of iron deficiency anaemia.</p>	2017		X	X	X	X	X	X	X						
<p>Activity 2.1.1: Conduct training for CHWs community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the awareness/ Behaviour Change Communication (BCC) activities. Monitoring of activities will be done trough spot checks carried out by Nutritionist and monitoring and evaluation monitoring and evaluation (M&E).</p> <p>Evaluation: reflection and learning sessions will be organized with the partners. Stakeholders targeted by this result will be qualified health staff (nurses, auxiliaries, mid-wives), community outreach workers and semi-qualified staff (screeners etc). N. of beneficiaries under this activity= 59 (42 women and 17 men).</p>	2017		X												

<p>Activity 2.1.2: Conduct infant and young child feeding (IYCF) education sessions (individual & group) for community and caretakers attending outpatient OTP centres.</p> <p>Cesvi IYCF strategy is aligned with Somalia IYCF strategy and action plan for SCZ 2013-2017. The new approach that Cesvi employs for improving IYCF practices is the use of the CHWs in IYCF sessions, in contrast to previous interventions whereby the OTP teams conducted IYCF. The current activities to improve infant and young child feeding practices among beneficiaries are as follows:</p> <ul style="list-style-type: none"> - House to house visits: 30 CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions. <p>community health workers (CHWs) are equipped with information, education & communication (IEC) materials with depictions on one side while having notes on the other page.</p> <p>The community health workers (CHWs) have memorized messages on the information, education & communication (IEC) materials and they provide them to the pregnant and lactating women (PLWs).</p> <ul style="list-style-type: none"> - Infant and young child feeding (IYCF) group sessions: on weekly basis, the 30 community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers. - Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. One member of each group is trained on infant and young child feeding (IYCF), as well as on basic group facilitation techniques. This person is responsible for engaging group members in discussion about infant and young child nutrition and providing basic health education in an interactive, participatory manner. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level. - Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution. - Follow-up of individual cases and provide tailor made message at household level. <p>All CHWs community health workers (CHWs) come from target communities and this gives them the advantage of knowing practices of the pregnant and lactating women (PLWs). Furthermore, health staff in the health posts (HPs) provides also infant and young child feeding (IYCF) counselling sessions to pregnant and lactating mothers and male caretakers as part of the integration of the services. On top of sensitize the 1960 pregnant and lactating women (PLW), this BCC will also target 261 men among elders, village/ camps leaders, local authorities in order to increase the impact.</p> <p>Total number of beneficiaries= 2221</p>	2017			X	X	X	X	X	X						
<p>Activity 2.1.3: Conduct nutrition health and hygiene promotion (NHHP) education for community and caretakers attending OTP centres.</p> <p>30 trained community health workers (29 female, 1 men) and nutrition staff will deliver awareness messages on safe hygiene and nutrition practices through practical demonstration in the community. Cesvi plans 2 nutrition health and hygiene promotion (NHHP) sessions par week. CESVI will focus on the prevention of the common diseases in Mudug (diarrhea, pneumonia, malaria, measles, malnutrition, personal and environmental hygiene).</p>	2017			X	X	X	X	X	X						

OTHER INFO

Accountability to Affected Populations

Cesvi will be accountable to affected populations by increasing their participation and feedback in the programme identification, design, delivery and lesson learning. This will ensure a programme of higher quality, with greater and more sustainable impact, while enhancing the space for communities to shape their own recovery. Effective information sharing and communication channels will be promoted. Sharing information about Cesvi programmes with Local Authorities, community leaders/representatives, the beneficiaries and other relevant stakeholders in a timely, accessible and inclusive way will allow communities to be in a position to understand and shape decisions that impact their lives. Moreover, Cesvi is committed to ensure that people receiving support participate in and influence all steps of the programme cycle, including initial assessment, project design, beneficiary selection, implementation, monitoring and evaluations. The agency has in place a Complaint and Response mechanism (box, hotline, person in charge) to enable both beneficiaries and other stakeholders to report areas of concern. This is enabling Cesvi knowing what impact programmes are having on participants and incorporating feedback or addressing problems rapidly, including prevention of sexual abuse and exploitation. In addition, Cesvi will be opened to provide accessible and timely information to affected populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitate a dialogue. Systems of community representation will fair and representative, enabling the most marginalized, vulnerable and affected to have a voice.

Implementation Plan

Cesvi's project management structure has 3 tiers:

At field level: CESVI is committed to direct implementation. As such, Galkayo base is staffed with One Base Manager that supervises and coordinates all the programmes in the region (guaranteeing also the synergies between the actions). The project activities will be directly supervised by a Project officer (Nutritionist) . The Area Coordinator (Health Specialist) will provide guidance and technical inputs: he will make frequent visits to the field to assess the activities. Cesvi technical staff (nurses, screeners etc..) will be deployed in the facilities. The monitoring & evaluation of the activities is guaranteed by the presence of field monitoring and evaluation (M&Es).

At country level. At country level, Cesvi has a Program Unit that is closely involved in supervising the action and in supporting the field team to access more advanced technical advice when necessary.

The monitoring and evaluation (M&E) Unit also coordinates and supports the monitoring and evaluation (M&Es) in the field, gathers and analyses data and trends and is also in charge of mid-term and final evaluation, baseline and studies i.e. knowledge, attitude and practice (KAP). Due to the increased insecurity, both Units are temporarily relocated in the Coordination office in Nairobi. At regional level.

Administrative, finance controls are carried out by the Head of finance based in Nairobi. Finance and admin support includes internal audit and regular follow-ups. The Head of Mission represents the agency in relevant meetings while experts (Area Coordinators) attend cluster and sectorial meetings. Quantitatively outpatient (OTP) intervention will meet Sphere standards. For infant and young child feeding (IYCF), United Nations Children's Fund (UNICEF), 2012 guideline indicators will be adapted. Qualitatively, there will be continuous and routine review of interventions to verify whether they are in line with the proposed plan and budgetary requirements, and whether adjustments are needed to achieve intended goals. Insecurity is expected to be the main challenge to monitoring activities for this project. All un-complicated SAM cases will be provided with weekly ratio while moderate acute malnutrition (MAM) cases including those recovered from outpatient (OTP) will be referred to a local non-governmental organization-Somali Development Rehabilitation Organization (LNGO-SDRO) to complete their treatment course. To create a strong linkage between outpatients (OTP), Stabilization Centre (SC) and targeted supplementary feeding programme (TSFP), Cesvi will practically implementing the eight basic nutrition service package (BNSP) components in accordance with Somalia Nutrition cluster. Below the number of beneficiaries par activity.

N. of children receiving deworming / vitamin A= 4646 (2277 boys, 2369 girls).

N. of severe acute malnutrition (SAM) admitted cases= 1325 (649 boys and 676 girls)

N. Of pregnant and lactating women (PLW) receiving micronutrients and IYCF = 1960

N of staff trained= 59(42 women and 17 men)- community health workers (CHWs) are already counted in here.

N. of men receiving infant and young child feeding (IYCF) , = 261

TOTAL= 6927

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Local Authorities	Cesvi is already liaising with the Local Authorities in the area. The collaboration will be enhanced in order to grant the maximum level of coordination and sustainability
Nutrition Cluster	Cesvi is an active member of the nutrition cluster. The cluster will be constantly updated on the project activities and possible joint visits to the project locations/groups will be organized.
United Nations Children's Fund (UNICEF)	Receiving of supply and data sharing
International Rescue Committee (IRC)	Referral system Galkayo South Hospital
International Medical Corps (IMC)	referral system severe acute malnutrition (SAM) + cases Galkayo South Hospital
Somali Development and Rehabilitation organization (SDRO)	referral of nutrition cases discharged from outpatient (OTP) to targeted supplementary feeding programme (TSFP)

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

In the implementation of the activities, CESVI will carefully consider gender and age issues. Men, women, boys and girls actively participate in the programme design and in the implementation through a gender sensitive approach: all groups are consulted regularly through targeted single-sex and age-based Focus Group Discussions (FGDs) and interviews. Disaggregate data are recorded and analyzed at every stage of the action. The overall strategy of the project is designed to address the needs of most vulnerable women and children. The beneficiaries of the nutrition intervention are majorly children and pregnant and lactating women (PLW). The sensitization of all participants on basic nutrition practices (dietary diversity, food hygiene and infant and young child feeding (IYCF) practices) will help prevent gendered vulnerabilities to micro-nutrient deficiency and malnutrition and ensure health improvement for both boys and girl. Gender balance is also respected in the recruitment process and field level positions have been allocated to ensure access to both genders within the community. Cesvi has also carefully assessed any risk related to the engagement of women in the project and will continue to do so during the course of the action. Movement of female staff (especially long travelling) will be cleared by Cesvi security focal point and monitored throughout. Trainings on nutrition health and hygiene promotion (NHHP) and hygiene are also tailor made and focus, particularly, on women for the important role they play in feeding and behavior change. Cesvi has also carefully assessed any risks related to the engagement of women in the project. Preference for outreach services and community based activities were also taken to avoid long travel for women and ensure their involvement in the project.

Upon the total number of beneficiaries: female 4372 (63%) male 2548 (37%). The awareness activities will target both pregnant and lactating women (PLW) (1960) and men (261). In fact, is particular important to sensitize also men on good nutrition and hygiene practices as they may play a pivotal role in changing the habits at households HHs level. Severe acute malnutrition (SAM) expected cases will be in total 1325 (649 boys and 676 girls). The slight higher prevalence of malnutrition in girls than in boys might be linked to cultural factors whereby boys are fed more as they are seen crucial for the surviving of the family. The agency, during the course of the action, will investigate and provide more details at reporting stage.

Protection Mainstreaming

The 3 key protection principles will be embedded in all phases. The Do Not Harm principle will be incorporated in the project in order to avoid exposing people to further harm as a result of your actions, and ensure that: the environment and the way in which assistance is provided does not expose people to further hazards, violence or human rights abuses information will be managed in a sensitive manner. The proposed nutrition activities do not undermine local capacities for self protection. Moreover, the Nondiscrimination principle will be adopted in order to ensure equitable and impartial access to assistance, without discrimination on any grounds:

Provide support and assistance on the basis of need and guard against any form of direct or indirect discrimination.

Finally, a Human rights based approach will be ensured to:

ensure consultation with the target population at all stages, and the participation of all in the design and targeting of interventions, in particular vulnerable and marginalized groups. CESVI is part of the Gender base violence technical working group (GBV TWG) and protection cluster: communities will also be informed about sexual exploitation and abuse and how to report incidences of abuse if they arise. The programme is designed to protect and provide services to vulnerable groups pregnant and lactating women (PLW) and under five (U5). On top of that, special attention will be given to HIV affected individuals that, due to cultural reasons, might be affected by stigma and might see denied the access to nutrition and health services. Cesvi will make sure that those vulnerable individuals access health and nutrition services provided by the agency. In case more specialized care is required, the agency will refer the cases to partners. The same will be done to people with disabilities and elderly that due to mobility problems might be hindered access to static facilities: for this reason the agency decided to run also outreach activities (mobile clinics) that will services closer to everyone in need.

Country Specific Information

Safety and Security

The presidential elections, initially scheduled for August 2016, have been rescheduled several times and are likely to be held in February 2017. The delicate electoral period contributed to the political instability of South Central Somalia in 2016 and the final election results might exacerbate some local conflicts between clans. MUDUG: In the last six months, the security situation in Galmudug State, particularly in Mudug Region, has been extremely unstable due a series of events. In October 2016, a clan driven fighting broke out between militias loyal to Galmudug and Puntland administrations in Galkacyo town, forcing thousands of residents to seek refuge in nearby villages and outskirts. Around 90,000 people (OCHA,2016), the large majority being women, children and elderly, have been displaced in the rural areas around GK South, with up to 60% of internally displaced populations (IDPs) residing in Galckayo town been forced into secondary displacement. The fight took a heavy toll also among civilians. A final ceasefire agreement was finally reached on 18/11 by the two states presidents and brokered by the Somali Prime Minister, Omar Abdirashid Sharmarke. Tensions lead to a new conflict in late December 2016, with road closure and consequent interruption of flow of people, animals and goods between the two administrations. Puntland and Galmudug leaders met in Mogadishu on 01/01/2017 and signed an agreement to allow movements, joint police to patrol in Galkacyo and to monitor the implementation of the agreement. The deal was aimed at ending the recurring conflict and tension in the city and to end up a conflict which had the potential to escalate and derail the whole election process in Somalia, by inflaming the grievances between the Darood and Hawiye clans. Moreover, on 10/10/2017 Galmudug President Abdikarin Hussein Guled has declared a 3 months state of emergency in Galmudug. The move comes after the state's parliament passed a vote of no-confidence against the president. The President termed the parliament's decision to impeach him as 'illegitimate' and warned of political unrest in the region and appointed a new Governor for Galgaduud. The 'State of Emergency' could affect the movement of aid organization and population in general. This move comes at a time where many parts of Galmudug are struggling with severe effects of drought.

The below measures will be taken to minimize the occurrence of security incidents:

*Gather regular security situational information from local community leaders/authorities.

*Liaise with Cesvi security focal points to get updates on the situation and approvals for movement of staff or supplies and access in general.

*Ensure that the staff implementing the project is strictly following the security operating standard procedures.

*Coordination with security actors present in Galkayo

Access

Cesvi has a proven working history in the targeted areas. The relationship with local communities, traditional leaders and Local Authorities is strong and well established. Existing and enhanced relationships through already established Cesvi services ,the spirit of cooperation and the trust between Cesvi staff and local authorities and elders (already established thanks to a number of projects implemented in the areas) will help ensuring good collaboration and will promote the perception of Cesvi as capable and reliable agency. Moreover, Cesvi staff deployed on the ground will be national and, where possible, from the targeted communities (community health workers-CHWs) so as to enhance the acceptance from the community and accessibility to the project areas.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Head of Mission	S	1	6,000.00	6	8.33	2,998.80
	<i>SENIOR POSITION. Head of Mission based in the Regional Office which will guarantee the overall monitoring and evaluation of Cesvi Somalia programme and provide strategic guidance.</i>						
1.2	Programme Unit Manager (PUM)	S	1	5,300.00	6	8.33	2,648.94
	<i>SENIOR POSITION.Somalia Programme Unit Manager (PUM) based in Nairobi with frequent travels to the field. The PUM leads the Programme and the M&E Unit. The PUM will ensure the smooth running of all activities and monitor the achievement of the objectives and goal of the programme. She will be also in charge of the drafting of the quarterly and final report, with the support of the Area Coordinator.</i>						
1.3	Area coordinator (NUTRITION EXPERT)	S	1	4,207.00	6	8.33	2,102.66

	<i>SENIOR POSITION. In coordination and under the supervision of the Programme Unit Manager, designs the activities and the tools and provides technical inputs.</i>						
1.4	Head of Finance	S	1	4,500.00	6	8.33	2,249.10
	<i>SENIOR POSITION based in Nairobi with frequent travels to the field. She will be responsible for providing technical support, training and mentor ship to the finance/admin field staff to ensure that funds are utilized and reported according to policy/ procedures and in compliance with Cesvi/donor requirements.</i>						
1.5	Project Accountant	S	1	1,200.00	6	100.00	7,200.00
	<i>MEDIUM LEVEL position. He will be responsible for backstopping finance/admin field staff to ensure that funds are utilized and reported according to donor's and the agency's policy.</i>						
1.6	Logistician	S	1	2,100.00	6	16.67	2,100.42
	<i>MEDIUM LEVEL POSITION. Senior Logistician. He will oversee all the procedures and the logistics aspects of the project.</i>						
1.7	Monitoring & Evaluation Coordinator	S	1	1,900.00	6	8.33	949.62
	<i>MEDIUM LEVEL POSITION Responsible of the monitoring of the activities, in coordination with the field monitoring and evaluation.</i>						
1.8	Registers	D	6	337.50	6	100.00	12,150.00
	<i>They will be responsible for entering patient's current weight, height, z-score, Mid-Upper Arm Circumference (MUAC) and also checks previous patient's data for checking whether there has been improvement or not.</i>						
1.9	Storekeeper	D	1	560.00	6	70.00	2,352.00
	<i>1 Storekeepers responsible of the warehouse management.</i>						
1.10	Nutrition Officer	D	1	850.00	6	100.00	5,100.00
	<i>MEDICAL STAFF. The personnel will be responsible of the implementation of the programme at field level in coordination with the Area Coordinator.</i>						
1.11	Outpatient (OTP) nurses (including Infant and young child feeding -IYCF nurse)	D	7	528.75	6	100.00	22,207.50
	<i>MEDICAL STAFF. Outpatient nurses are the nurses in charge of the team, also responsible the follow up of the patient's treatment revolution. Outpatient (OTP) nurses provides treatment to the patient both nutritionally and therapeutically. OUT of 7, 1 will be responsible of the Infant and young child feeding awareness.</i>						
1.12	Community Health Workers (CHWs)	D	30	85.00	6	100.00	15,300.00
	<i>30 persons from community for awareness campaigns and training.</i>						
1.13	Screeners	D	9	337.50	6	100.00	18,225.00
	<i>MEDICAL STAFF.The screeners are responsible for anthropometric measurement of the child. They measure Height, weight, z-score, MUAC and Bilateral pitting edema, also decide whether the child will be admitted or not.</i>						
1.14	Food Distributors (Ready-to-use therapeutic food- RUTF)	D	3	337.50	6	100.00	6,075.00
	<i>The Food distributors are responsible to distribute the Ready-to-use therapeutic food to Severe acute malnutrition (SAM) cases.</i>						
1.15	Expanded Programme on Immunization (EPI) vaccinators	D	3	129.00	6	100.00	2,322.00
	<i>MEDICAL STAFF.The vaccinators are responsible to vaccinate all the Severe acute malnutrition (SAM) screened cases(integration between health and nutrition).</i>						
	Section Total						103,981.04
Supplies, Commodities, Materials							
2.1	Supply Transportation (loading and uploading)	D	1	397.50	2	100.00	795.00

	<i>Cost covering the transportation of the drugs and medical equipment. Costs comprised personnel for the loading and uplodging of drugs and truck rental. 1 truck (5 tonnes) x \$ 397.5 x 2 quarters = \$ 795 THOSE COSTS ARE NOT COVERED BY UNICEF (please see BOQ attached).</i>						
2.2	Patient Referral Fees	D	56	29.00	6	100.00	9,744.00
	<i>Fee for referral of Severe acute Malnutrition (SAM) +/- moderate acute malnutrition (MAM) with complication, people with human immunodeficiency virus (HIV), disabilities, elderly and pregnant and lactating women (PLW) cases to the stabilization center run by IMC. See Boq attached. The services will run for 6 months= 56 expected referrals*29USD/trip*6months= 9744 USD</i>						
2.3	Training for outpatient (OTP) staff, Community Health Workers (CHWs) and partners including refresher training	D	2	4,500.00	1	100.00	9,000.00
	<i>2 training sessions (including refreshments) to be performed over 6 months. TRAINING WILL BE ON IMAM (Infant and young child feeding) AND IYCF (Integrated Management of Acute Malnutrition). Costs includes rent of the premises,refreshments and support material. Expected participants 59. Facilitator: 1 person. Please see BOQ attached.</i>						
2.4	Stationery for mobile clinics	D	1	996.00	1	100.00	996.00
	<i>Expenses will cover registers and other materials used for the nutrition programme. BOQ attached</i>						
2.5	Mother to mother support program	D	12	50.00	6	100.00	3,600.00
	<i>Incentives for the 12 mother -to mother groups set up during the project. The incentives will be given to the PLW (2003) attending the group sessions.</i>						
2.6	NFIs - non food items	D	1	4,443.00	1	100.00	4,443.00
	<i>Materials to be used for outpatient (OTP): cleaning drinking waters, handwashing waters, shades for caretakers /staff and mats for mothers/caretakers to sit on during outpatient (OTP) services. See attached Bill of Quantities (BoQ).</i>						
2.7	Information Education Communication (IEC) materials	D	868	3.00	1	100.00	2,604.00
	<i>Leaflets on Promotion of optimal Infant & Young Child Feeding (IYCF) practices</i>						
	Section Total						31,182.00
Travel							
5.1	Flights to Somalia (including visa)	S	2	1,050.00	1	100.00	2,100.00
	<i>see BOQ. Travel cost for A/R ticket NAIROBI- GALKAYO with UNHAS flights and visa cost. Staff travelling: Nutritionist (PM) and M&E Officer. 2 people x 1050 USD x 1 trip = \$2100</i>						
5.2	Per Diem Staff	S	2	42.00	10	100.00	840.00
	<i>Per diem for staff (Nutritionist and M&E officer) when working outside their duty station. The purpose of the trips will be supervision and monitoring of the activities. Charged according Cesvi Human Resources policy. BoQ attached</i>						
5.3	Mobile Team vehicle Rental (mobile clinics)	D	3	1,800.00	6	100.00	32,400.00
	<i>Rent of 3 vehicles (including fuel and driver) for the outreach services (delivery of nutrition services/treatments on site - in villages in the rural areas of Galkayo South)= 1800 USD/month* 3vehicles * 6 months= 32,400 \$</i>						
	Section Total						35,340.00
General Operating and Other Direct Costs							
7.1	Stationery and consumables for Galkayo office	s	1	1,918.74	1	40.00	767.50
	<i>Stationery and consumables needed for Galkayo Office. These costs are needed since the office will provide backstopping to the activities. Boq attached.</i>						
7.2	Bank transfer fees 1,65%	s	1	2,430.00	1	100.00	2,430.00
	<i>Monthly bank charges and transfer Kenya- Somalia equal to 1.65 % of the direct costs.</i>						
7.3	Galkayo Office rent & maintenance	S	1	4,100.00	6	15.73	3,869.58

	The BL covers the rent and maintenance of the Country Office (cost per month \$ 4100 charged on 15.73% per 6 months).		
Section Total			7,067.08
SubTotal	1,018.00		177,570.12
Direct			147,313.50
Support			30,256.62
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			12,429.91
Total Cost			190,000.03

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Gaalkacyo -> Gaalkacyo	100	278	2,003	2,277	2,369	6,927	<p>Activity 1.1.1 : Training of Community Health Workers (CHWs) and outpatient (OTP) staff on Integrated management of acute malnutrition-IMAM guideline.</p> <p>Cesvi will enhance the capacity of its staff and partners staff in Mudug through training on prevention and integrated management of acute malnutrition Integrated management of acute malnutrition (IMAM). The training is planned in the second week of the project. On Job- training will be also performed throughout the programme cycle.</p> <p>TOTAL number of beneficiaries under this activity is 59 individuals (42 women, 17 men).Of these, 29 are technical OTP staff while 30 are CHWs</p> <p>Activity 1.1.2 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams.</p> <p>The screening of malnutrition is done by Cesvi staff as soon as a child enters in Cesvi-run health facilities and by the community health workers (CHWs). 30 community health workers (CHWs). (29 women and 1 man) will conduct active screening of children 6-59 months using mid upper arm circumference (MUAC) screening. All children whose mid upper arm circumference (MUAC) is less than <11.5 cm are directly referred to Cesvi outpatient (OTP) site while those children with mid upper arm circumference (MUAC) of >11.5 and <12.5 are referred to TSFP Targeted Supplementary Feeding Programme (TSFP) centres for further screening and action. CHWs' community health worker's (CHWs) performance is daily monitored by Cesvi staff. Incentives given to the community health workers (CHWs) are based on a Monthly Performance Analysis (MPA) conducted by the nutrition supervisor. Cesvi will do the active screening of all estimated children U5 (4646 in the target</p>

areas). Out of these, the Severe acute malnutrition (SAM) cases expected to enter in the nutrition programme are 1325 (649 boys and 676 girls) with estimated 198 cases (97 boys,101 girls) with medical complication going to SC. Expected MAM screened cases are 3321. Screening and referral of Severe acute malnutrition (SAM) pregnant and lactating women (PLW) (expected 1960) will be also carried out.

To ensure provision of Community Management of acute Malnutrition-CMAM, staff will screen children aged 6-59, admit SAM children using clinical and anthropometric measurements, and, on weekly basis, provide RUTF, medications and counselling support. Children who are Severe acute malnutrition (SAM) cases with medical complications will be referred to the stabilization centre in Galkayo main hospital run by international medical corps (IMC) for stabilization of the clinical conditions. Meanwhile, all children who have recovered from the mobile site will be referred to TSFP facility run by Somali Development and Rehabilitation Organization (SDRO) in partnership with World Food Programme (WFP).

All the children screened will be receiving deworming and vitamin A: 4646 (2277 boys, 2369 girls)

Activity 1.1.3 : Admission of children 6-59 month with uncomplicated SAM (severe acute malnutrition) into the outpatient (OTP) programme.

Severe acute malnutrition (SAM) cases are referred to the nutritional staff (composed by 7 nurse, 9 screeners, 6 registers 3 food distributors, 3 expanded programme on immunization (EPI) vaccinators, 1 Nutritionist). The nurses manages the team, takes history and does physical examination of the child, along with supplies management at the site level. The screeners are responsible (along with the screening of all children aged 6-59 months), of ensuring alignment of admission and discharge criteria of the children and of controlling the crowd for smooth progress of the daily activities. Registers are responsible for registering patient details, supporting nurses in charge and of record keeping.

The nutrition programme, run by the agency, is designed to achieve full integration of services: for the purpose health and nutrition staff works closely. All children entering into the nutrition programme are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI)-Nutrition plan which stipulates the days in which the vaccinators will work with the nutrition teams. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children/pregnant and lactating women (PLW) with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams). Expected Severe acute malnutrition (SAM) cases entering in the programme in 7 months are 1325 (649 boys and 676 girls).

Activity 2.1.1 : Conduct training for CHWs community health workers (CHWs) and outpatient (OTP) staff on key NHHP nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) messaging. Cesvi will enhance the capacity of its staff through training on nutrition health and hygiene promotion (NHHP) and infant and young child feeding (IYCF) and will constantly, monitoring the

awareness/ Behaviour Change Communication (BCC) activities. Monitoring of activities will be done through spot checks carried out by Nutritionist and monitoring and evaluation monitoring and evaluation (M&E).

Evaluation: reflection and learning sessions will be organized with the partners. Stakeholders targeted by this result will be qualified health staff (nurses, auxiliaries, mid-wives), community outreach workers and semi-qualified staff (screeners etc).

N. of beneficiaries under this activity= 59 (42 women and 17 men).

Activity 2.1.2 : Conduct infant and young child feeding (IYCF) education sessions (individual & group) for community and caretakers attending outpatient OTP centres.

Cesvi IYCF strategy is aligned with Somalia IYCF strategy and action plan for SCZ 2013-2017. The new approach that Cesvi employs for improving IYCF practices is the use of the CHWs in IYCF sessions, in contrast to previous interventions whereby the OTP teams conducted IYCF. The current activities to improve infant and young child feeding practices among beneficiaries are as follows:

- House to house visits: 30 CHWs are trained to provide house to house infant and young child feeding (IYCF) counselling sessions.

community health workers (CHWs) are equipped with information, education & communication (IEC) materials with depictions on one side while having notes on the other page.

The community health workers (CHWs) have memorized messages on the information, education & communication (IEC) materials and they provide them to the pregnant and lactating women (PLWs).

- Infant and young child feeding (IYCF) group sessions: on weekly basis, the 30 community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers.

- Mother-to-mother support groups: Cesvi will set-up 12 groups of women, of any age, who come

together to learn about and discuss issues of infant and young child nutrition, child spacing and maternal health. One member of each group is trained on infant and young child feeding (IYCF), as well as on basic group facilitation techniques. This person is responsible for engaging group members in discussion about infant and young child nutrition and providing basic health education in an interactive, participatory manner. The involvement of mothers plays a role as both recipients and providers of information, being of pivotal importance to transfer their knowledge and increase the awareness at the community level.

- Community conversation: Once a month, CHWs walk around in the villages holding conversations with community members on health, nutrition and WASH issues affecting them at personal or household level with the purpose of guiding them on solution.

- Follow-up of individual cases and provide tailor made message at household level.

All CHWs community health workers (CHWs) come from target communities and this gives them the advantage of knowing practices of the pregnant and lactating women (PLWs).

Furthermore, health staff in the health posts (HPs) provides also infant and young child feeding (IYCF) counselling sessions to pregnant and lactating mothers and male caretakers as part of the integration of the services.

On top of sensitize the 1960 pregnant and lactating women (PLW), this BCC will also target 261 men among elders, village/ camps leaders, local authorities in order to increase the impact.

Total number of beneficiaries= 2221

Activity 2.1.3 : Conduct nutrition health and hygiene promotion (NHHP) education for community and caretakers attending OTP centres.
 30 trained community health workers (29 female, 1 men) and nutrition staff will deliver awareness messages on safe hygiene and nutrition practices through practical demonstration in the community. Cesvi plans 2 nutrition health and hygiene promotion (NHHP) sessions par week. CESVI will focus on the prevention of the common diseases in Mudug (diarrhea, pneumonia, malaria, measles, malnutrition, personal and environmental hygiene).

Documents	
Category Name	Document Description
Project Supporting Documents	SHF - CESVI- Budget BoQs DISREGARD.xlsx
Project Supporting Documents	Nut Drought SHF- CESVI- Budget BoQs revised 03.02.2017 DISREGARD.xlsx
Project Supporting Documents	Nut Drought SHF- CESVI- Budget BoQs revised 07.02.2017 DISREGARD.xlsx
Project Supporting Documents	South Galkayo IDPs-Nutrition sites DISREGARD.docx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 13.02.2017 DISREGARD.xlsx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 16.02.2017 DISREGARD.xlsx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 17.02.2017 DISREGARD.xlsx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 21.02.2017DISCARD.xlsx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 27.02.2017 DISCARD.xlsx
Budget Documents	Nut Drought SHF- CESVI- Budget BoQs version 27.02.2017_FINAL.xlsx
Grant Agreement	HC signed CESVI GA 4693.pdf