

Requesting Organization :	Action Contre la Faim				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Provision of Integrated Emergency Lifesaving Nutrition intervention for drought affected under five boys, girls and caregivers In Elbarde district, Bakool region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4674		
Cluster :		Project Budget in US\$:	151,596.05		
Planned project duration :	6 months	Priority:			
Planned Start Date :	28/02/2017	Planned End Date :	28/08/2017		
Actual Start Date:	28/02/2017	Actual End Date:	28/08/2017		
Project Summary :	<p>The proposed project aims at providing integrated Nutrition treatment and prevention services for drought affected under five boys, girls and caregivers in Elbarde District in Bakool region for a period of 6 months. It will contribute to reduction of nutrition related morbidity and mortality rates to below emergency threshold through Scale up of therapeutic feeding support for treatment of severe acute malnutrition cases through admission to Outpatient Therapeutic Programmes (OTP), establishing referral linkages to stabilization centers supported by ACF in Elbarde town whereas moderately malnourished under five children identified through community screening by community health workers will be referred to Targeted Supplementary Feeding Programm (TSFP) implemented by other partners in the same district. Besides Nutrition treatment services the project will offer Infant and Young Child Feedign (IYCF) promotion through group and individual counselling sessions, mother to mother support groups and use of traditional birth attendants (TBAs) to sensitize pregnant and lactating mothers on IYCF. Moreover, ACF will provide integrated health, hygiene and nutrition promotion at both community and site level. ACF will also work with community health workers to support community nutrition activities such as routine and continuous screening, active case finding, health hygiene and Nutrition promotion and follow up of program beneficiaries.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	472	2,465	1,335	1,282	5,554
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,335	1,282	2,617
Trainers, Promoters, Caretakers, committee members, etc.	462	2,455	0	0	2,917
Staff (own or partner staff, authorities)	10	10	0	0	20
Indirect Beneficiaries :					
<p>The project indirect beneficiaries will be drought affected men and women in the district who will benefit through Health, hygiene and Nutrition promotion. Elderly and disabled will also be targeted for promotion activities. In addition every household with a beneficiary in the SAM treatment program will also benefit indirectly from this interventions through savings on the costs of treatment for the malnourished child.</p>					
Catchment Population:					
<p>The project targets 4770 households from the following locations in Elbarde district Elbarde town, Salkudhooble, Kheyraxa boon, Ondheere ,Daanshood, Hirey, Cimilow, Biyo Fadhi, Atto ,Qabsey, Dhabariibi, Gahaydhley, Higlooley, Geridab and Habaray</p>					
Link with allocation strategy :					

In line with the allocation strategy, these project aims to provide urgent nutrition support for drought affected under-five boys and girls in Elbarde district where the GAM rate is reported to be 27.4% according to the latest FSNAU assessments. The nutrition situation is expected to deteriorate due to aggravating factors such decreasing terms of trade, decreased in animal product consumption, (meat and milk) increased cereal price, livestock outmigration, seasonal morbidity, deteriorating access to humanitarian health. It's therefore essential to scale up existing nutrition interventions and enhance interventions aimed at addressing the Underlying causes and contributing factors such as care practices, health seeking behaviour as well as improve access to Health and WASH services. The intervention is aimed at both mitigating and addressing the effects of Severe drought that continues to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016).

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
Sadik Mohamed	Head of Medical and Nutrition Department	cmn@so.missions-acf.org	0720636113

BACKGROUND

1. Humanitarian context analysis

Somalia has a global acute malnutrition (GAM) rate of 15.635 per cent amongst children under age 5 with 3.6 percent being severely malnourished. Widespread acute malnutrition continues to persist across Somalia and the rates of malnutrition have remained unchanged for the last thirty years³⁷. Contributing to the high levels of child acute malnutrition are the persistently continued complex emergency that is currently driven by drought as well as continued conflicts, displacements and disease. Similarly, as per the Somalia 2011 MIC, for children at higher risk of nutritional deprivation includes those living in a poor household headed by a male, under the care of a young mother. Some studies also showed a strong correlation of high prevalence of malnutrition and poor water and sanitation, poor health seeking behaviour, sub optimal child feeding practices, which is in line with the UNICEF conceptual framework of malnutrition. There has been a number of aggravating factors that threaten to further worsen the nutrition situation in Somalia throughout 2016, with drought eclipsing floods as the main concern as a result of El Niño. The latest nutrition causality analysis (NCA) study, conducted by the strengthening nutrition in Somalia (SNS) consortium with support from WFP, across six locations in southern and central Somalia between March and November 2015, showed that the causes of acute malnutrition are multiple and complex. They include less known underlying drivers in need of urgent attention, as well as factors already documented. Unsurprisingly, the NCA research has confirmed that as well as insecurity, climatic and seasonal factors and notable poverty amongst some communities, dominant child care practices and select socio-cultural beliefs remain core drivers of malnutrition in southern and central regions, due to their negative impact on the lives, livelihoods and nutrition status of the communities studied. In all communities studied, weak infant and child feeding and care practices, combined with poor hygiene, the lack of basic health and WASH facilities and women's excessive workloads, which commonly take mothers away from their very young children, are seen to have a major impact. Dominant socio-cultural beliefs and related social norms, including dietary taboos and, in some communities, young marriage and childbearing ages for girls, female-genital mutilation and the growing phenomenon of female-headed households in many areas, widely impact adversely on the health, well-being and nutritional status of communities studied. Dominant beliefs about the "inadequacy" of a mother's breast milk to satisfy the needs of her new-born, continue to fuel diarrhea and heightened vulnerability among infants. The lack of adequate basic health, nutrition, education, WASH and other services continues to negatively impact on nutrition status. So too do limited or non-existent income generation opportunities for more vulnerable community members. In farming and pastoral areas, many respondents noted with concern the lack of support to strengthen community skills (agricultural and livestock related) and their lack of access to resources like livestock specialists, basic farm equipment and quality seeds, which they perceive could help to increase local production, strengthen livelihoods and nutritional status. Limited access to income across the assessed communities' impacts significantly on their ability to meet their basic needs, including for health care and education, most of which services remain private. Asset poor communities also display a limited social support system, which heightens their vulnerability to poor health and malnutrition

2. Needs assessment

As per the recent FSNAU post-Deyr 2016 food security and nutrition assessment findings, Bakool pastoral livelihood recorded Critical levels of GAM 27.4 % and SAM (1.9 %) prevalence. this represents significant ($p < 0.05$) deterioration and phase change when compared to GAM (19.1%) prevalence reported in GU 2015. Morbidity among U5 children in Bakool pastoral where Elbarde district falls was very high with at least 20% of the respondents indicating that their children had fallen ill in the last 2 weeks. The most common illnesses include: fever (33%), cough (42%), diarrhoea (18%), skin, eye and other infection (7%). In addition to poor access to medications, there is generally poor health seeking behaviour among mothers with only 59% having sought medical assistance largely in facilities operated by NGOs (53%) and private clinics (35%). The Critical malnutrition situation reported in Bakool Pastoral is fuelled by combination of food insecurity factors and poor public health indicators (low EPI coverage and supplementation of Vitamin A), poor access to WASH reduced Food intake, Reduced income from livestock sale, reduced milk and meat access consumption (abnormal livestock outmigration, poor livestock and body condition below baseline, high debt and high Morbidity and increasing (10.5 to 20 %). There is also reduced functional nutrition interventions in Elbarde with (12 rural OTPs /sites are not functional).

Another major aggravating factor for sustained prevalence of acute malnutrition is sub-optimal IYCF practices among caregivers of displaced boys and girls, ACF multisectoral assessment conducted in December 2016 reported that less than 20% practice exclusive breastfeeding for infants 0-6 months, early initiation to breast milk again is still very low with more than 50% of caregivers giving alternative feeds to children after birth. it was also reported that 25% of the children did not receive colostrum. Additionally ACF Multisectoral assessment also found out sugared water is given to infants after birth and bottle feeding is introduced early because it's considered an alternative when the mother conceives again. The poor IYCF is also as a result of misconception that some women do not have enough milk to support the child through the first six months of its life thus introduction of other food is done before the recommended six months. The assessment also found that caregivers in Mogadishu IDPs mostly breastfeed for less than the recommended 24 months, especially on when the mother conceives again, at which time it is stopped. This is due to the dominant belief that both mother and/or child will fall ill if breastfeeding continues while she is pregnant.

The nutrition situation in Bakool Pastoral and Elbarde district is likely to deteriorate to Critical phase due to decreasing terms of trade, decreased in animal product consumption, (meat and milk) increased cereal price, livestock outmigration, seasonal morbidity, deteriorating access to humanitarian health and nutrition interventions.

ACF has been operating a stabilization centre in Elbarde since April 2013, the organizations has also been building the capacity of Local NGOs (EPHCO and Hidig) through theoretical training as well as on the job training.

3. Description Of Beneficiaries

The target population for this project is specifically the drought affected under five boys and girls (1335 Boys and 1282 Girls and 3017 caretakers) in 11 Villages in Elbarde district. The project beneficiaries also include female and male caretakers of severe acutely malnourished boys and girls under 5 (female caretakers represent 90%); boys and girls at the household level (malnourished children under-5 represents about)

4. Grant Request Justification

These urgent nutrition support for the acutely malnourished drought affected boys and girls is to reduce further deterioration in nutrition situation and nutrition related morbidity and mortality. However, only curative services are not enough for populations experiencing persistently high levels of acute malnutrition thus the need for additional multifaceted interventions such as the Scaling Up of existing nutrition interventions coupled with interventions aimed at addressing the Underlying causes and contributing factors such as care practices, health seeking behaviour as well as improve access to Health and WASH services. The intervention is aimed at both mitigating and addressing the effects of Severe drought that continues to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Haggaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). in line with the nutrition cluster objectives of improving access to curative and preventive nutrients

5. Complementarity

ACF has been responding to the immense nutrition needs in Bakool region and specifically in Elbarde to save lives and improve the nutrition situation, this has been through curative nutrition services mainly Stabilization centres (SC) coupled with preventive nutrition components such Infant and Young child feeding (IYCF), Health and nutrition education, community mobilization and sensitization as well as building local capacities on health and nutrition. In order to respond to the worrying Health and Nutrition situation in Elbarde ACF would like to scale up the ongoing Nutrition intervention in Elbarde district through fixed and outreach therapeutic (OTP) sites to reach severe acutely malnourished boys and girls in the district as well as IYCF and other preventive intervention. Besides Nutrition interventions, there are proposed Health interventions and WASH interventions targeting drought affected under-five boys, girls, men and women. There is an existing referral mechanism where all children coming to the MCH will be screened for malnutrition and referred to the OTP site whereas all SAM children admitted to the OTP site with identified underlying medical condition will be referred to the MCH for treatment of underlying medical condition to reduce length of stay, promote recovery and reduce relapse rate. Additionally ACF has engaged community Health workers (CHWs) at community level to conduct active case finding and referrals to enhance early detection of malnourished children as well as Health, Hygiene and Nutrition Promotion as well as follow up of children admitted to the SAM treatment programme. The WASH project supports provision of safe and clean drinking water in Nutrition and health sites as well as sanitation facilities. All nutrition sites will have hand washing facilities with soap and water to promote hygiene practices.

The proposed project will complement ACF existing stabilization center that has been overwhelmed with increased admissions and relapses due to lack of a functional OTP, This will support the SC to function optimally and stabilize all severely acutely malnourished children with complications.

LOGICAL FRAMEWORK

Overall project objective

Contribute to the reduction of malnutrition related morbidity and mortality among under five years girls and boys in Elbarde District, through integrated curative and preventive nutrition interventions

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Somalia HRP 2017	50				
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	30				
Strengthening robust evidence based system for nutrition with capacity in decision making to inform need-based programming		Somalia HRP 2017	10				
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		Somalia HRP 2017	10				
Contribution to Cluster/Sector Objectives : The proposed project will contribute to reduction of nutrition related morbidity and mortality rates to below emergency threshold through scale up of therapeutic feeding support for treatment of severe acute malnutrition cases through admission to OTP programmes, establishing referral linkages to stabilization centers, IYCF promotion, Health, hygiene and Nutrition promotion and active case finding.							
Outcome 1							
Effective detection, referral, and quality treatment of severe acute malnutrition (SAM) among vulnerable and drought affected under 5 years girls and boys in Elbarde District.							
Output 1.1							
Description							
Provide 1335 boys and 1282 girls under five with integrated essential quality nutrition services through fixed and mobile OTP sites.							
Assumptions & Risks							
The security situation will remain the stable to allow for movement of staff and to be able to deliver essential supplies.							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Treatment of 1335 boys and 1282 girls through provision of RUFT at fixed and decentralized mobile outreach sites.							
Activity 1.1.2							
Standard Activity : Supplementation Vitamin A							
Provision of Vitamin A supplements to 1335 boys and 1282 girls admitted to OTP site as per the IMAM protocols.							
Activity 1.1.3							
Standard Activity : Deworming							
Provision of deworming tablets to all eligible under five boys and girls attending the nutrition treatment programme as per the Somalia IMAM protocol.							
Activity 1.1.4							
Standard Activity : Community screening for malnutrition and referral							
Continuous screening and referral of all malnourished and under five boys and girls to the nutrition treatment programme.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					2,617
Means of Verification : OTP registers, monthly HMIS reports, ACF database, CMAM database.							
Indicator 1.1.2	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					2,617
Means of Verification : Pharmacy stock consumption records, ACF database, OTP cards.							
Indicator 1.1.3	Nutrition	Number of SAM children provided with deworming tablets as per the IMAM protocols					2,617
Means of Verification : Pharmacy stock consumption records, ACF database, OTP cards.							
Indicator 1.1.4	Nutrition	Number of children screened at community level and referred to OTP site.					2,617

Means of Verification : CHW database, screening reports, referral slips.

Outcome 2

Improved knowledge, attitude and practices on on IYCF, health and hygiene among caregivers of under five children in Elbarde district.

Output 2.1

Description

Promotion of optimal IYCF, health and hygiene practices among 3017 caregivers (2555 women and 462 men) of malnourished boys and girls attending OTP sites

Assumptions & Risks

There will be no security incidences preventing mothers from attending IYCF promotion sessions at site level as well as mother support groups.

Activities

Activity 2.1.1

Standard Activity : Nutrition health and Hygiene promotion

Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 2617 caregivers (2355 women and 262 male) of malnourished children admitted to the OTP programme

Activity 2.1.2

Standard Activity : Infant and young child feeding counselling

Identify, establish and support of 5 Mother to mother support groups (MTMSGs) each consisting of 10 pregnant and lactating mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other. In each of the two locations (consists of villages with proximity) there will be 2 sets of 5 MTMSGs groups each running for a period of 3 months(a total of 100 pregnant and lactating mothers for each location). At the end of the project, a total of 200 mothers will have met for 6 sessions during the project period. Each of the groups meets 2 times in a month (6 times during the cycle).

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					72

Means of Verification : Health education reports, quarterly IYCF reports and IYCF database.

Indicator 2.1.2	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					200
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Means of Verification : IYCF reports, MTMSG reports

Outcome 3

Enhance the capacity of Nutrition staff and community members on Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child feeding (IYCF).

Output 3.1

Description

20 staff (10 male, 10 female) staff trained on IMAM and IYCF.

Assumptions & Risks

There will no security incidences to disrupt training of staff and community members

Activities

Activity 3.1.1

Standard Activity : Capacity building

Training of 20 staff (10 male, 10 female) on IMAM . Two circles of training will be conducted, 1 initial training and 1 follow up refresher training.

Activity 3.1.2

Standard Activity : Not Selected

Training of 20 staff (10 male, 10 female) on Infant and Young Child feeding.

Activity 3.1.3

Standard Activity : Capacity building

Conduct monthly community Health, hygiene and Nutrition promotion sessions at community level targeting 200 (100 male and 100 female) community members.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					20

Means of Verification : Training reports, training photos, training action plans. Pre and post -tests.

Indicator 3.1.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)																		20
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Means of Verification : Training reports, training photos, training action plans. Pre and post -tests.

Indicator 3.1.3	Nutrition	Number of community conversations/community dialogues conducted																			12
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Means of Verification : Community conversation reports, photos of community meetings.

Additional Targets :

M & R

Monitoring & Reporting plan

check on progress of all indicators. Both external and internal monitoring of the project will be done during implementation. Field visit by staff from Nairobi will also take place to provide an independent monitoring of the progress in addition to the routine monitoring by project staff. Internally ACF will maintain a monthly Activity Progress Report (APR) that has to be submitted on the 5th of each month. The APR will be used as an internal monitoring tool and clearly shows target for each activity, progress on each month and cumulative percentage achievement as at the end of that month. The APR will be used to monitor progress, and on monthly basis will show any variance or deviation from what was expected. This will be done through a narrative that accompanies each monthly APR. This will provide direction on what aspects of the action need to be re-adjusted.

Quality check at project sites will be done through exit interview questionnaires administered to beneficiaries. The questionnaire will be on a mobile platform and used to check a number of quality indicators that includes: beneficiary understanding of the project, proper treatment protocols, availability of basic sanitation at nutrition sites, health education quality, integrity in the distribution of RUTF and suggestions to improve the program. Analysis of the data collected will routinely be done and feedback to the field team given for an improved intervention. Additional quality checks and reporting will be done through the use of CMAM online reporting. ACF adopted this platform and has been quite useful in the improvement the quality of the program. the CMAM database allows a three step quality check that ensures data entered in the system is the correct data while also ensuring improvement in the timeliness and accuracy of data submitted.

Externally, ACF will submit nutrition monthly summaries to the UNICEF, Nutrition cluster and to the MoH using the standard agreed tools. This will be done on a monthly basis during implementation.

In general the Nutrition project will aim to attain performance indicators within the recommended Sphere standards for the whole project and for individual beneficiaries .

Workplan

Activitydescription	Year																			
		1	2	3	4	5	6	7	8	9	10	11	12							
Activity 1.1.1: Treatment of 1335 boys and 1282 girls through provision of RUTF at fixed and decentralized mobile outreach sites.	2017				X	X	X	X	X											
	2018																			
Activity 1.1.2: Provision of Vitamin A supplements to 1335 boys and 1282 girls admitted to OTP site as per the IMAM protocols.	2017				X	X	X	X	X											
	2018																			
Activity 1.1.3: Provision of deworming tablets to all eligible under five boys and girls attending the nutrition treatment programme as per the Somalia IMAM protocol.	2017				X	X	X	X	X											
	2018																			
Activity 2.1.1: Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 2617 caregivers (2355 women and 262 male) of malnourished children admitted to the OTP programme	2017				X	X	X	X	X											
	2018																			
Activity 2.1.2: Identify, establish and support of 5 Mother to mother support groups (MTMSGs) each consisting of 10 pregnant and lactating mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other. In each of the two locations (consists of villages with proximity) there will be 2 sets of 5 MTMSGs groups each running for a period of 3 months(a total of 100 pregnant and lactating mothers for each location). At the end of the project, a total of 200 mothers will have met for 6 sessions during the project period. Each of the groups meets 2 times in a month (6 times during the cycle).	2017				X				X											
	2018																			
Activity 3.1.1: Training of 20 staff (10 male, 10 female) on IMAM . Two circles of training will be conducted, 1 initial training and 1 follow up refresher training.	2017				X															
	2018																			
Activity 3.1.2: Training of 20 staff (10 male, 10 female) on Infant and Young Child feeding.	2017				X															
	2018																			
Activity 3.1.3: Conduct monthly community Health, hygiene and Nutrition promotion sessions at community level targeting 200 (100 male and 100 female) community members.	2017					X	X	X	X											
	2018																			

OTHER INFO

Accountability to Affected Populations

ACF prioritizes accountability to the affected populace as a key humanitarian principle in its interventions. The organization will constitute project committees to represent the community interests in every stage of the project. The organization will conduct discussion with the community and the various stakeholders in the choice of the relevant infrastructure and will do sensitization on the project objectives, indicators, targeting criteria and all critical aspects in order to inform the community and the intended beneficiaries. The organization will set up a complaints mechanism in order to address community grievances on the process and provide immediate feedback. The organization will also do a post activity monitoring in every major activity in order to address priority issue highlighted in the monitoring visits. The project incorporates the DO NO HARM principle by making sure that there is complaints mechanism and immediate feedback and further enlists community support through the community based participation in order to avoid conflicts on the project. The project sets clear targeting criteria in order to minimize disagreement on the choice of beneficiaries.

Implementation Plan

The proposed primary Nutrition project is an upscale of previous ACF intervention in Elbarde district, however the new project will have a mobile outreach as well as fixed OTP facility to be able to cover large number of villages not covered with nutrition interventions. A dedicated Nutrition team will be recruited and trained. Communities will be sensitized through the ongoing activities in Nutrition and WASH. ACF values a strong link between the therapeutic feeding programme, water and sanitation and the health programme. Through the use of developed robust monitoring tools coupled with its long history in the area, ACF will enhance transparency in its implementation and minimize the risks faced to an acceptable level. The staff will receive training during the project period with the focus on: understanding and use of IMAM and IYCF protocols and guidelines. Additionally, the staff will also receive on the job training as necessary. Areas of training will include screening, systematic treatment, admission and discharge criteria, use of z-score charts and screening tools protocols, record keeping, report writing, and working with the community, hygiene measures among others. The training of staff will be implemented in the field by the Nutrition officer in collaboration with the medical and nutrition coordination team. The mothers attending the OTP site will receive Health, hygiene and Nutrition education, IYCF and care practices through provision of health promotion sessions. The approach will be through sensitization sessions at site level and formation MTMSGs, The midwife will also work with groups of women at community level to support. Additionally, the health educator will give beneficiaries specific health promotion during the consultations. A monthly report will be compiled giving information on the number of sessions, number of attendants and the topics. ACF will work with community health workers at community level to conduct routine screening in all selected IDP refer all acutely malnourished to the nutrition program besides health, hygiene promotion and follow of beneficiaries.

The Nutrition programme manager with support from the nutrition officer will be responsible for compiling monthly statistical data as well as narrative data and report to UNICEF/MOH /cluster on a monthly basis. The Head of the Nutrition and Medical will be responsible for interim and final project reports to SFH .

ACF is an active member of sub-national, national and regional coordination mechanisms in South Somalia and Nairobi, and coordinates closely with community-based organizations and other international actors operating in Mogadishu, the organization also participates regularly in Cluster coordination , sharing information with other agencies; assisting in jointly assessing/analyzing information; prioritizing in-country interventions and locations to fill gaps and avoid the duplication of efforts; monitoring the humanitarian situation and the sector response; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Reporting, supplies requests and delivery.
WFP	Liase with WFP partners for SFP referrals
Nutrition cluster	Coordination, capacity building and information sharing
Hidig	Receive SC referrals and refer SC discharges .

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

ACF has integrated gender in the various planned project interventions ensuring all the activities as planned are disaggregated by sex and age from the planning to the output stages. This project will aim at achieving optimal IYCF practices for caregivers of both boys and girls between the age of 0=59 months, the further advocates for men taking an active role in infant feeding and family decision in addition to increasing the influence of women on decision making in infant feeding. The project considers vulnerability of both and girls to malnutrition and seeks to address this and ensures equality among the boys and girls with regards to management of malnutrition in gender sets. The project also ensures equal selection of participants for planned capacity building activities. The project considers the socially construed roles for each gender ensuring that women do not spend so much time in the program at the expense of their other children who are not malnourished. There will be promotion of women in beneficiary groups through mother to mother support and health promotion.

Protection Mainstreaming

ACF will apply lessons learned from ongoing nutrition programs in Elbarde and pay special attention to these and other potential protection issues during the project lifetime. Female beneficiary work norms will be adjusted to include protection measures. The project will minimize travel distances as much as possible and avoid travel at odd hours to project activities. The project will help prepare in women in the community to listen to and involve men nutrition activities and empower women in decision making on IYCF. The mainstreaming of accountability will provide a vehicle for women to share feedback independently of men, and cultural norms will be observed, including ensuring female rather than male staffs interact directly with women beneficiaries. Feedback and complaint mechanisms will be strengthened to ensure gender sensitive and confidential feedback via a wider variety of means: complaint committees, feedback boxes, and SMS feedback system, and others the beneficiaries consider suitable in their context. Based on lesson learned, staff will also be sensitized on how to register feedback or complaints.

Country Specific Information

Safety and Security

This action is implemented in a volatile security context where the security situation is highly unpredictable with high levels of risks to both national and international staff. There is an active on-going conflict and there is a continued shift of actors in control (there is a consistent offensive and counter-offensive strategies employed by the armed actors involved in the conflict). 2016 marks an important political milestone for the country as it heads towards transfer of power and this also increases the level of risks that aid workers face in Somalia. Hence, the delivery of the humanitarian action does take into consideration the possible deterioration in the security context (albeit for short timeframe during the project period).

Some of the key security challenges predicted to be of concern during the implementation of the action includes deliberate targeting of aid workers through arrests at checkpoints; attack on key facilities (such as hotels, government buildings or NGO facility); threats and intimidation; traffic accidents and kidnapping. Mogadishu has been impacted by an increase in number of high-profile attacks on hotels while and militia groups respectively.

Aid agencies staff movement could be subjected to such risks by been at a wrong place at a wrong time. To minimize loses of high-value assets in the field, ACF do not use agency-owned vehicles in the field. Use of armed guards is also used to a limited extent to protect office premises and during movement of international staff (from high-profile countries).

Conflicts over resources are a key issue within the local communities and agencies or her staff could be targeted when they are seen as been "resourceful". Beneficiary registrations and distribution activities are especially sensitive. If a robust beneficiary sensitization and awareness creation isn't conducted at inception, communities not reached by the interventions could create security risks such as preventing the continuation of activities in their areas of influence. Recognising such risks, ACF put lots of emphasis on community mobilization and ensure that all activities are preceded by a strong sensitization and re-emphasis on targeting criteria. Community leaderships are also been involved in the design and implementation of the action to boost the acceptance of the action

Access

Proposed area of operation is currently accessible despite the security caution at all the time. ACF has its centers in a secure area and will ensure nutrition services are provided in a safe and secure environment.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Supervisor Outpatient Therapeutic Program (OTP)	D	1	1,218.00	6	100.00	7,308.00
	<i>1 supervisor to over see the day to day running and management of the Outpatient Therapeutic Program (OTP) site. Budgeted at \$1,218 per month for 6 months.</i>						
1.2	Nurse Outpatient Therapeutic Program (OTP)	D	2	604.33	6	100.00	7,251.96
	<i>2 Nurse whose role will be to diagnose, provide systematic treatment to all the malnourished children arriving at the site. Each Nurse is Budgeted at \$604.33 per month for 6 months.</i>						
1.3	Registrar Outpatient Therapeutic Program (OTP)	D	2	469.00	6	100.00	5,628.00
	<i>2 registrars will do registration of all beneficiaries arriving at the Outpatient Therapeutic Program (OTP) site for treatment. Each is budgeted at \$469 per month for 6 months.</i>						
1.4	Screener	D	2	469.00	6	100.00	5,628.00
	<i>2 screener will be responsible for taking anthropometric measurements (weight, height and Mid-Upper Arm Circumference (MUAC)) of all children coming to the nutrition treatment site. Each Screener is Budgeted at \$469 per month for 6 months.</i>						
1.5	Outpatient Therapeutic Program (OTP) Vaccinator	D	2	512.17	6	100.00	6,146.04
	<i>2 Vaccinator at the Outpatient Therapeutic Program (OTP) to vaccinate all children under five that were not previously vaccinated. Budgeted at \$512.17 per month for 6 months.</i>						
1.6	Health educator	D	2	469.00	6	100.00	5,628.00
	<i>2 Health Educator whose role will be to provide nutrition key messages to caretakers of the beneficiaries and train community key people on Infant and young child feeding and other care practices. Budgeted at \$469 per months for 6 months.</i>						
1.7	Community Mobilizer	D	2	469.00	6	100.00	5,628.00
	<i>2 community mobilizer to work with community health workers to ensure active case finding, follow up of Outpatient Therapeutic Program (OTP) beneficiaries and conduct Health, hygiene and nutrition promotion at community level. Budgeted at \$469 per months for 6 months.</i>						
1.8	Food distributor	D	2	469.00	6	100.00	5,628.00
	<i>2 Food distributor with main role to distribute Ready to Use Therapeutic Food (RUTF) to the beneficiaries. Budgeted at \$469 per month for 6 months.</i>						
1.9	Medical & Nutrition Coordinator -Nairobi	D	1	3,413.05	6	14.00	2,866.96
	<i>1 Medical & Nutrition Coordinator in Nairobi will be a focal person for implementation of all technical componets to ensure project is implemented more effectively and with highest efficiency. Medical & Nutrition Coordinator is budgeted at 14% per month or \$477.83 per month for 6 months.</i>						
1.10	Field Cordinator - Elbarde	D	1	2,979.00	6	30.00	5,362.20

	<i>1 Field Coordinator will be based in Elbarde to ensure proper coordination of the project. Field Coordinator cost is estimated at 30% per month or \$893.67 per month for 6 months.</i>						
1.11	Field Officer Admin-Elbarde	D	1	1,075.00	6	30.00	1,935.00
	<i>1 Field Officer Admin in Elbarde will support the project by ensuring proper administration of funds and all necessary support needed for smooth running of the project. Field Officer Admin is budgeted at 30% per month or \$322.5 per month for 6 months.</i>						
1.12	Logistics Assistant -Elbarde	D	1	518.00	6	30.00	932.40
	<i>1 Logistics Assistant in Elbarde will provide support on procurement process for the project. Logistics assistant is budgeted at 30% per month or \$155.4 per month for 6 months.</i>						
1.13	Grants Manager-Nairobi	D	1	2,220.48	6	10.00	1,332.29
	<i>1 Grants Manager will be based in Nairobi. Grants Manager will coordinate with the donor to ensure proper management of the grant. Grant Manager is budgeted at 10% per month or \$222.04 per month for 6 months.</i>						
1.14	Finance and Admin Officer -Nairobi	D	1	1,593.00	6	10.00	955.80
	<i>1 Finance and Admin officer will manage Treasury function of the project which includes making all payments and monitoring bank and cash movements. Finance and Admin officer is budgeted at 10% per month or \$159.30 per month for 6 months.</i>						
1.15	Deputy Head HR -Nairobi	D	1	2,220.48	6	10.00	1,332.29
	<i>1 Deputy Head HR with specific role on Payroll, HR administration like travel, visa etc. Deputy Head HR is budgeted at 10% per month or \$222.04 per month for 6 months.</i>						
1.16	Supply Manager-Nairobi	D	1	2,220.48	6	10.00	1,332.29
	<i>1 Supply Manager in Nairobi will manager supply chain for the project. Supply Manager is budgeted at 10% per month or \$222.05 per month for 6 months.</i>						
	Section Total						64,895.23
Supplies, Commodities, Materials							
2.1	Hygiene and cleaning products	D	1	2,865.02	1	100.00	2,865.02
	<i>Cleaning materials (detergents, cleaning materials, soaps for hand washing) at the Outpatient Therapeutic Program (OTP) sites will be provided as detailed in the attached BoQ.</i>						
2.2	NFI- Non Food Items	D	1	350.00	1	100.00	350.00
	<i>Materials to be used at the Outpatient Therapeutic Program (OTP) for storing and provision of clean drinking water will provided. See attached BoQ</i>						
2.3	Nutrition cards and registers	D	1	2,570.00	1	100.00	2,570.00
	<i>Weekly and monthly data collection tools will be provided at the SC and Outpatient Therapeutic Program (OTP) (registers, cards) for 3000 under 5 children. See attached BoQ</i>						
2.4	Community mobilization (incl Information, Education & Communication (IEC)) materials)	D	1	16,710.00	1	100.00	16,710.00
	<i>Community will be sensitised on nutrition and hygiene promotion in order to improve community participation in prevention of acute malnutrition and uptake of nutrition service offered. Information materials will be provided with key nutrition messages. The mobilization efforts targets the whole community (including 2617 caregivers). The cost of this activity includes IEC materials, monthly meetings for key community persons/leaders (100) who are expected to support in the dissemination of key information and incentives for the community health workers who will be involved in screening and community sensitization.</i>						
2.5	Set up of MTMSGs (Mother to Mother Support Groups)	D	1	8,000.00	1	100.00	8,000.00
	<i>Two cycles of 5 Mother to Mother Support Groups (MTMSGs) will be formed and supported to promote optimal IYCF practices in Ato and Elbarde and villages with proximity to these two locations. In total, 200 mothers will meet 6 times during the project period and will be provided with refreshments during the meetings. See BoQ item 2.5</i>						
2.6	Local freight (Truck Rental)	D	1	500.00	1	100.00	500.00
	<i>Truck rental (10 tonne truck) will be used in Somalia to ship nutrition plumpy nuts and other nutrition supplies once delivered by WFP Airport to the Warehouse and from the warehouse to the centres. Two trips are budgeted at \$250 each leg.</i>						
2.7	IMAM (Integrated Management of Acute Malnutrition) theoretical training	D	1	7,656.00	1	100.00	7,656.00
	<i>To ensure quality service delivery, 20 staff will be trained on integrated management of acute malnutrition as per Somalia nutrition guideline. See BoQ attached</i>						
2.8	Infant Young Child Feeding (IYCF) training	D	1	3,389.00	1	100.00	3,389.00
	<i>10 community health workers and 10 Traditional birth attendants, both male and female will be identified and trained on infant and young child feeding.</i>						
	Section Total						42,040.02

Contractual Services							
4.1	Rehabilitation of Outpatient Therapeutic Program(Outpatient Therapeutic Program (OTP) facility	D	1	11,727.55	1	100.00	11,727.55
<i>rehabilitation of OTP the centre will be done (painting, fencing, fixing windows, doors+ hinges)and provision of an extra room to accommodate the Severe Acute Malnutrition complicated cases.</i>							
Section Total							11,727.55
Travel							
5.1	Travel (fare, perdiem, visa, accomodation)	D	1	1,260.00	2	100.00	2,520.00
<i>Travel will be required for the Monitoring visits by the Nutrition Coordinator and Deputy CD (Program) from Nairobi to Elbarde. It has been planned at 1 visit of each staff visits during implementation period.</i>							
5.2	Vehicle rental	D	1	2,100.00	6	100.00	12,600.00
<i>1 Rented vehicle @ an average of 2,100 USD per month will be will be required to implement the activities for 6 months.</i>							
Section Total							15,120.00
General Operating and Other Direct Costs							
7.1	Offices Rent- Elbarde	D	1	2,000.00	6	25.00	3,000.00
<i>The office rental costs will be shared with other grants and charged to SHF at the rate of 25% per month for Elbarde field office.</i>							
7.2	Communication Cost -Elbarde	D	1	375.00	6	50.00	1,125.00
<i>The communication costs include internet and airtime for Nutrition project staff.</i>							
7.3	Bank charges	D	1	2,927.00	1	100.00	2,927.00
<i>The financial charges are 2% of all cash / payments to be done in Somalia, based on an agreement partner has with Galaxy Star (hawala company).</i>							
7.4	Stationery & Office Supplies (monthly)	D	1	562.50	6	25.00	843.75
<i>The stationery and supplies (paper, pens, cartridges...) for the offices during the duration of the program are based on approximation of monthly needs based on attached BoQ. SHF will be charged at 25% for stationery and office supplies.</i>							
Section Total							7,895.75
SubTotal			38.00				141,678.55
Direct							141,678.55
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							9,917.50
Total Cost							151,596.05

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bakool -> Ceel Barde -> Ceel Barde	50	236	1,183	668	641	2,728	<p>Activity 1.1.1 : Treatment of 1335 boys and 1282 girls through provision of RUFT at fixed and decentralized mobile outreach sites.</p> <p>Activity 1.1.2 : Provision of Vitamin A supplements to 1335 boys and 1282 girls admitted to OTP site as per the IMAM protocols.</p> <p>Activity 1.1.3 : Provision of deworming tablets to all eligible under five boys and girls attending the nutrition treatment programme as per the Somalia IMAM protocol.</p> <p>Activity 2.1.1 : Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 2617 caregivers (2355 women and 262 male) of malnourished children admitted to the OTP programme</p> <p>Activity 2.1.2 : Identify, establish and support of 5 Mother to mother support groups (MTSMSGs) each consisting of 10 pregnant and lactating mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other. In each of the two locations (consists of villages with proximity) there will be 2 sets of 5 MTSMSGs groups each running for a period of 3 months(a total of 100 pregnant and lactating mothers for each location). At the end of the project, a total of 200 mothers will have met for 6 sessions during the project period. Each of the groups meets 2 times in a month (6 times during the cycle).</p> <p>Activity 3.1.1 : Training of 20 staff (10 male, 10 female) on IMAM . Two circles of training will be conducted, 1 initial training and 1 follow up refresher training.</p> <p>Activity 3.1.2 : Training of 20 staff (10 male, 10 female) on Infant and Young Child feeding.</p> <p>Activity 3.1.3 : Conduct monthly community Health, hygiene and Nutrition promotion sessions at community level targeting 200 (100 male and 100 female) community members.</p>

Bakool -> Ceel Barde -> Ato	50	1,282	236	667	641	2,826	<p>Activity 1.1.1 : Treatment of 1335 boys and 1282 girls through provision of RUFT at fixed and decentralized mobile outreach sites.</p> <p>Activity 1.1.2 : Provision of Vitamin A supplements to 1335 boys and 1282 girls admitted to OTP site as per the IMAM protocols.</p> <p>Activity 1.1.3 : Provision of deworming tablets to all eligible under five boys and girls attending the nutrition treatment programme as per the Somalia IMAM protocol.</p> <p>Activity 2.1.1 : Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 2617 caregivers (2355 women and 262 male) of malnourished children admitted to the OTP programme</p> <p>Activity 2.1.2 : Identify, establish and support of 5 Mother to mother support groups (MTMSGs) each consisting of 10 pregnant and lactating mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other. In each of the two locations (consists of villages with proximity) there will be 2 sets of 5 MTMSGs groups each running for a period of 3 months(a total of 100 pregnant and lactating mothers for each location). At the end of the project, a total of 200 mothers will have met for 6 sessions during the project period. Each of the groups meets 2 times in a month (6 times during the cycle).</p> <p>Activity 3.1.1 : Training of 20 staff (10 male, 10 female) on IMAM . Two circles of training will be conducted, 1 initial training and 1 follow up refresher training.</p> <p>Activity 3.1.2 : Training of 20 staff (10 male, 10 female) on Infant and Young Child feeding.</p> <p>Activity 3.1.3 : Conduct monthly community Health, hygiene and Nutrition promotion sessions at community level targeting 200 (100 male and 100 female) community members.</p>
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Documents	
Category Name	Document Description
Budget Documents	ACF SHF Nutrition Budget - Elbarde 30012017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 06022017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 14022017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 14022017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 15022017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde Revised 15022017.xlsx
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 16022017.xlsx
Budget Documents	Final revised BOQ ACF Nutrition Budget and BoQ - SHF Elbarde Revised 16022017.xlsx-2.xls
Budget Documents	ACF Nutrition Budget and BoQ - SHF Elbarde 16022017 V2.xlsx
Budget Documents	Final revised BOQ ACF Nutrition Budget and BoQ - 16022017.xlsx.xls
Budget Documents	Final 2 revised BOQ ACF Nutrition Budget and BoQ - 16022017.xlsx-3.xls
Grant Agreement	HC signed GA for ACF 4674.pdf
Grant Agreement	ACF SHF 4674 NUT Signed GA 02032017.pdf