

Requesting Organization :	Action Contre la Faim				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Provision of Integrated Nutrition treatment and prevention services for internally displaced under five boys, girls and caregivers In Kahda district, Banadir region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/Nut/INGO/3759		
Cluster :		Project Budget in US\$:	278,519.32		
Planned project duration :	9 months	Priority:			
Planned Start Date :	01/01/2017	Planned End Date :	30/09/2017		
Actual Start Date:	01/01/2017	Actual End Date:	30/09/2017		
Project Summary :	<p>The proposed project aims at providing integrated Nutrition treatment and prevention services for internally displaced under five boys, girls and caregivers in Kaxda District in Banadir region for a period of nine 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 OTP programmes, establishing referral linkages to stabilization centers supported by Physicians Across Continent (PAC) in Daynille and ACF SC in Hodan whereas moderately malnourished under five children identified through community screening by community health workers will be referred to TSFP programme implemented by SORRDO in the same district. Besides Nutrition treatment services the project will offer 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. IYCF activities will be strengthened through evidence based programming by doing IYCF Knowledge, attitude and Practice (KAP) base line and endline studies to document, monitor and evaluate IYCF practices in Kaxda IDP camps.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
300	2,700	1,530	1,470	6,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	0	0	0	0	0
Trainers, Promoters, Caretakers, committee members, etc.	100	250	0	0	350
Staff (own or partner staff, authorities)	0	0	0	0	0
Indirect Beneficiaries :					
<p>a total of 3000 caregivers of malnourished children will be targeted for HHNP and IYCF messages at site level as well as at community level whereas 200 community members will be reached with health, hygiene and nutrition messages through quarterly sensitization sessions. 20 project staff will also benefit from IMAM and IYCF training.</p>					
Catchment Population:					
58,800 Internally displaced people from 26 IDP camps in Kaxda district will be targeted by this intervention.					
Link with allocation strategy :					

In line with the allocation strategy, the project targets IDPs in Mogadishu's Kaxda district with a GAM rate of 14.7% and where the nutrition situation is expected to deteriorate further due aggravating factors such as arrival of displaced due continuous eviction of IDPs from Mogadishu and influx of IDPs fleeing conflict in middle and lower Shabelle coupled with high inflation rates and low harvests resulting from the failed Gu' rains. Furthermore, the proposed intervention seeks to scale up ongoing therapeutic feeding support for treatment of acute malnutrition cases through outpatient Therapeutic Programmes, through additional integrated mobile and outreach teams, the project as well promotes comprehensive package of nutrition response through development of referral linkages for MAM treatment and complicated SAM cases in coordination with other actors implementing the other packages of IMAM care. Additionally the proposed project enhances preventive nutrition intervention focused on IYCF, integrated Health, Hygiene and Nutrition promotion (NHHP) at both site and community level as well as community capacity building. Community health workers will also ensure early detection of malnourished cases through routine and continuous screening

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
John Clinton	Country Director	hom@so.missions-acf.org	0722 515 382
David Mwaniki	Grants and Communications Manager	gcm@so.missions-acf.org	+ 254 720 367 990

BACKGROUND

1. Humanitarian context analysis

Cyclical climatic impacts, armed conflict, clan violence, widespread human rights violations, political instability and insecurity, and low levels of basic development indicators persist in the country. This is exacerbated by high malnutrition rates, extensive food insecurity, vulnerable livelihoods, poor health infrastructure, recurrent disease outbreaks, a lack of clean and safe water, poor provision of basic services, including education, and pervasive protection violations. Internally displaced persons are particularly vulnerable, and in urgent need of protection, including durable solutions. The predicted failure of Deyr rains combined with the noted failure of GU' rains in some areas will result in more displacements and increased vulnerability. This could severely compound the already fragile humanitarian situation that has put Somalia as one of the top ten countries with highest prevalence of malnutrition in the world and is the third highest in the eastern and southern Africa region with 12.6 per cent global acute malnutrition (GAM) rate among boys and girls under age 5 with 2.3 per cent of these severely malnourished. The latest countrywide nutrition survey (2016 post-Gu) results indicate a median global acute malnutrition (GAM) rate of 12.2 per cent and a median severe acute malnutrition (SAM) rate of 2.2 per cent of children under age 5. Nearly 308,000 children under age 5 are acutely malnourished, of whom almost 56,000 are severely malnourished and face a high risk of disease and death. Southern and central Somalia contributes to 65 per cent of acute malnutrition total burden in Somalia. Global acute malnutrition rates were found to be above the emergency threshold of 15 per cent in majority of internally displaced persons. The poor nutrition situation is accompanied by 'Critical' (>1/10,000/day) levels of crude death rates (CDR) further complicating an already complex situation. The sustained high levels of malnutrition is as a result of poor access to basic services due to an inadequate health infrastructure, weak institutional capacity, inequity in the delivery of health services and insufficient public health sector accountability thus undermining the resilience of vulnerable people. The impact of this lack of basic services is felt strongly among internally displaced persons who continue to be affected by cyclical disease outbreaks and suffer from high levels of acute malnutrition. Over 1.1 million people remain in protracted internal displacement across the country, the majority of who are in southern and central regions. Some of these internally displaced persons have been displaced multiple times during the last two decades, including most recently due to forced evictions in many urban areas. Internally displaced persons continue to live in overcrowded settlements and they face threats to their protection, such as physical attacks, arbitrary arrests, GBV, particularly rape, sexual exploitation and abuse, restrictions on their right to freedom of movement, and lack of safe, and adequate access to basic services including education, WASH services, or livelihoods. majority of the over 120,000 IDPs forcibly evicted from Mogadishu city joined settlements in Daynille and Kaxda periphery districts where living conditions are deplorable, services are limited or not existing and where human rights violations are commonly reported. Daynille and Kaxda districts have the highest number of settlements – 142 and 120 settlements respectively, or a total of 262 settlements, which amounts to over half of all settlements in Mogadishu. Similarly, the IDP population in Mogadishu presents the poorest health situation among the target groups . About 80 per cent of deliveries are attended at home. Diarrhoea cases are on the increase. Records from Banadir hospital show that 40 per cent of the diarrhea cases are from IDPs in the outskirts of Mogadishu .

2. Needs assessment

Results of FSNAU Gu 2016 assessment of IDPs in Mogadishu registered a GAM prevalence of 14.7 percent and SAM prevalence of 3.5 percent which indicate a sustained serious level of acute malnutrition since Deyr 2014/15 . The crude and under five death rates reported were 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs, indicating acceptable levels according to WHO classification, and an improvement from the reported serious level of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015. Main causes of under-five death reported were fever, Diarrhoea 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 44.6 percent was reported as compared to last year Deyr 2015 of 29.7 percent. The current Mogadishu IDPs evictions, high morbidity, low immunization coverage (<40%), outbreak of unconfirmed Chikungunya (clinical signs like dengue fever), limited interventions in the Afgoye corridor and arrival of new IDPs are likely to aggravate the nutrition situation. It's was also in the GU' 2016 assessment of IDPs that access to and coverage of vital public health programs such as routine immunization and Vitamin A supplementation were the lowest in Mogadishu IDPs, The measles coverage in Mogadishu was reported as 27.8 percent. Consequently, any measles outbreak where these IDP reside would escalate the morbidity and mortality rate further worsening the nutrition situation among vulnerable displaced boys and girls. One of the key aggravating factor for sustained prevalence of acute malnutrition is sub-optimal IYCF practices among caregivers of displaced boys and girls. According to SNS post GU' survey that covered Kaxda District reported less than 20% practice exclusive breastfeeding for infants 0-6 months while early initiation to breast milk is still very low with more than 50% of caregivers giving alternative feeds to children after birth. The survey also found out that 25% of the children did not receive colostrum. Additionally, SNS Nutrition Causal Analysis (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. 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 leading to the introduction of other food before the recommended six months. The NCA research found that caregivers in Mogadishu IDPs mostly breastfed for less than the recommended 24 months, especially 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. In order to address the needs and bridge the gaps, it is therefore essential to have an intervention that helps improve access and provision of health services, rehabilitate the acutely malnourished children and prevent further deterioration.

3. Description Of Beneficiaries

The target population for this project is specifically the IDPs (1530 Boys and 1470 Girls and 3340 careetakers)in 26 IDP settlement in Kaxda district. The project beneficiaries hence 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

Urgent nutrition support for the acutely malnourished IDP 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 behavior as well as improve access to Health and WASH services.

5. Complementarity

ACF has been responding to the immense nutrition needs in South Central Somalia and specifically in Mogadishu to save lives and improve the nutrition situation, this has been through curative nutrition services mainly Outpatient therapeutic Programme (OTP) and 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 Mogadishu IDPs. ACF is currently running CMAM programmes specifically 2 stabilization centres (SC) and 2 OTPs in Hodan and Abdiiaz districts of Mogadishu, The SCs centres receive referrals of complicated SAM cases from all the districts in Mogadishu thus ACF will maintain the existing Health and Nutrition facilities in Abdiiaz and Hodan Districts of Mogadishu and sclae up the Nutrition intervention in Kaxda district through fixed and outreach therapeutic (OTP) sites to reach severe acutely malnourished boys and girls in Kaxda district as well as IYCF and other preventive intervention. Besides Nutrition interventions, there is proposed Health intervention and WASH interventions targeting IDPs in Kahda district, 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 save 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.

LOGICAL FRAMEWORK

Overall project objective

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

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds		Somalia HRP 2016			100		
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 displaced and host under 5 years girls and boys in Kaxda District, Mogadishu							
Output 1.1							
Description							
Provide 1530boys and 1470 girls under five with integrated essential quality nutrition services through fixed and mobile OTP sites.							
Assumptions & Risks							
The assumption is that adequate supplies will be received from UNICEF to support the expected caseload.							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Continuous screening and referral of 765 boys and 735 girls to Nutrition treatment programmes							
Activity 1.1.2							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Treatment of 1530 boys and 1470 girls through provision of RUFT at fixed and decentralized mobile outreach sites.							
Activity 1.1.3							
Standard Activity : Supplementation Vitamin A							
Provision of Vitamin A supplements to 1530 boys and 1470 girls admitted to OTP site as per the IMAM protocols.							
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					3,000
Means of Verification : OTP registers, monthly HMIS reports, ACF database, CMAM database.							
Indicator 1.1.2	Nutrition	Number of SAM children screened at community level and referred to OTP site.					1,500
Means of Verification : Screening registers, CHW database.							
Indicator 1.1.3	Nutrition	Number of SAM children provided with Vitamin A supplementation as per the IMAM protocols					3,000
Means of Verification : Pharmacy stock consumption records, ACF database, OTP cards.							
Outcome 2							
Improved knowledge, attitude and practices on IYCF, health and hygiene amongst caregivers of under five children in Kaxda district.							
Output 2.1							
Description							
Promotion of optimal IYCF, health and hygiene practices among 3000 caregivers (2700 men and 300 women) 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 : Infant and young child feeding promotion							
Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 3000 caregivers (2700 women and 300 male) of malnourished children admitted to the OTP programme							
Activity 2.1.2							
Standard Activity : Infant and young child feeding promotion							
Identify, establish and support of 5 Mother to mother support groups (MTSMSGs) consisting of 200 mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other							

Activity 2.1.3							
Standard Activity : Infant and young child feeding promotion							
Conduct a baseline and an endline KAP surveys in order to assess feeding practices among caregivers of boys and girls less than 59 months							
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 : IYCF monthly reports, quarterly IYCF reports, IYCF database. Health education reports							
Indicator 2.1.2	Nutrition	Number of Mother to mother support groups formed and active at community level.					5
Means of Verification : IYCF reports, MTMSG reports,							
Indicator 2.1.3	Nutrition	Number of Nutrition operational researches conducted					2
Means of Verification : KAP survey report, KAP survey TOR.							
Outcome 3							
Enhance the capacity of Nutrition staff and community members on Integrated Management of Acute Malnutrition (IMAM).							
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 : Capacity building							
Training of 20 staff (10 male, 10 female) on IYCF							
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 Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20
Means of Verification : Training reports							
Indicator 3.1.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					20
Means of Verification : Training reports, training photos, training action plans. Pre and post -tests.							
Indicator 3.1.3	Nutrition	Number of community members attending monthly Health, hygiene and Nutrition sensitization training					200
Means of Verification : Community sensitization reports							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Throughout the implementation period ACF will maintain a specific M&E plan for the action. On monthly basis the Plan will be reviewed to 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: Continuous screening and referral of 765 boys and 735 girls to Nutrition treatment programmes	2016												
	2017	X	X	X	X	X	X	X					
Activity 1.1.2: Treatment of 1530 boys and 1470 girls through provision of RUTF at fixed and decentralized mobile outreach sites.	2016												
	2017	X	X	X	X	X	X	X					
Activity 1.1.3: Provision of Vitamin A supplements to 1530 boys and 1470 girls admitted to OTP site as per the IMAM protocols.	2016												
	2017	X	X	X	X	X	X	X					
Activity 2.1.1: Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 3000 caregivers (2700 women and 300 male) of malnourished children admitted to the OTP programme	2016												
	2017	X	X	X	X	X	X	X					
Activity 2.1.2: Identify, establish and support of 5 Mother to mother support groups (MTSMGs) consisting of 200 mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other	2016												
	2017			X			X						
Activity 2.1.3: Conduct a baseline and an endline KAP surveys in order to assess feeding practices among caregivers of boys and girls less than 59 months	2016												
	2017	X											
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.	2016												
	2017	X				X							
Activity 3.1.2: Training of 20 staff (10 male, 10 female) on IYCF	2016												
	2017		X										
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.	2016												
	2017			X		X							

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 Kaxda district, however the new project will have a mobile outreach as well as fixed OTP facility to be able to cover large number of IDP camps. 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
MOH	Reporting, supportive supervision.
WARDI	Referral of MAM cases and OTP discharges for TSFP services,
Physicians Across Continents (PAC)	Referral of SAM cases with complications needing SC services.
UN-OCHA	Reporting, information sharing, M&E, supportive supervision.

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 adress this and ensure 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 buidling 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 Mogadishu 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 losses 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							
1.16	International support staff - Nairobi	D	3	10,137.00	9	3.00	8,210.97
	<i>A detailed breakdown of the roles and costs for each staff are provided in the attached excel budget. The limitation on the number of rows that can be included to a maximum of 20 in the GMS made it difficult to include all the details here.</i>						
1.15	Offshore - support in Nairobi	D	1	17,328.92	9	4.00	6,238.41
	<i>A detailed breakdown of the roles and costs for each staff are provided in the attached excel budget. The limitation on the number of rows that can be included to a maximum of 20 in the GMS made it difficult to include all the details here.</i>						
1.14	Medical & Nutrition Coordinator -Nairobi	D	1	4,257.69	9	9.00	3,448.73
	<i>1 Medical & Nutrition Coordinator in Nairobi will be a focal person for implementation of all technical components to ensure project is implemented more effectively and with highest efficiency. Medical & Nutrition Coordinator is budgeted at 9% per month or \$383 per month for 9 months.</i>						
1.13	Support Staff Mogadishu	D	1	19,070.27	9	6.00	10,297.95
	<i>A detailed breakdown of the roles and costs for each staff are provided in the attached excel budget. The limitation on the number of rows that can be included to a maximum of 20 in the GMS made it difficult to include all the details here.</i>						
1.12	Watchman MCH (Maternal and Child Health)-Mogadishu	D	2	527.00	9	15.00	1,422.90
	<i>2 Watchman are key staff for the security of the supplies, staff and beneficiaries. They will provide security to centres during provision of services. 2 watchmen are budgeted at 15% per month or \$158 per month for 9 months.</i>						
1.11	Food Distributor	D	1	450.00	9	100.00	4,050.00
	<i>1 Food distributor with main role to distribute RUTF (Ready to Use therapeutic Food) to the beneficiaries. Budgeted at \$450 per month for 9 months.</i>						
1.10	Community Mobilizer	D	1	457.00	9	100.00	4,113.00
	<i>1 community mobilizer to work with community health workers to ensure active case finding, follow up of OTP beneficiaries and conduct Health, hygiene and nutrition promotion at community level. Budgeted at \$457 per months for 9 months.</i>						
1.9	Health Educator	D	1	498.00	9	100.00	4,482.00
	<i>1 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. The health educator works with the mobile team and will conduct routine health education to beneficiaries during outreach sessions. Budgeted at \$498 per months for 9 months.</i>						
1.8	OTP (Outpatient Therapeutic Program)Vaccinator	D	1	530.00	9	100.00	4,770.00
	<i>1 Vaccinator at the OTP to vaccinate all children under five that were not previously vaccinated. Budgeted at \$530 per month for 9 months.</i>						

1.7	Screener	D	2	470.00	9	100.00	8,460.00
<i>2 screener will be responsible for taking anthropometric measurements (weight, height and MUAC (Mid-Upper Arm Circumference) of all children coming to the nutrition treatment site. Each Screener is budgeted at \$470 per month for 9 months.</i>							
1.6	Register (Outpatient Therapeutic Program (OTP)	D	2	470.00	9	100.00	8,460.00
<i>2 registrars will do registration of all beneficiaries arriving at the OTP site for treatment. Each is budgeted at \$470 per month for 9 months.</i>							
1.5	Nurse (Outpatient Therapeutic Program OTP	D	2	616.00	9	100.00	11,088.00
<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 \$616 per month for 9 months.</i>							
1.4	IYCF Supervisor	D	1	749.00	9	100.00	6,741.00
<i>1 IYCF (Infant and Young Children Feeding) supervisor to implement the IYCF at both community and site level. Budgeted at \$749 for 9 months</i>							
1.3	Supervisor (Outpatient Therapeutic Program) OTP	D	1	897.00	9	100.00	8,073.00
<i>1 supervisor to over see the day to day running and management of the (Outpatient Therapeutic Program) OTP site. Budgeted at \$897 per month for 9 months.</i>							
1.2	Nutrition officer	D	1	1,404.00	9	100.00	12,636.00
<i>The nutrition officer will be incharge of the OTP programme, provide reports and monitor the progress of implementation. Budgeted at \$1,404 per month for 9 months.</i>							
1.1	Nutrition Programme Manager	D	1	1,940.20	9	50.00	8,730.90
<i>1 Nutrition programme who oversees the nutrition programme in Mogadishu. Budgeted at 50% of \$1940 per month for 9 months.</i>							
Section Total							111,222.86
Supplies, Commodities, Materials							
2.15	Construction of OTP Structure	D	1	11,348.51	1	100.00	11,348.51
<i>Rehabilitation of the stabilization will be done (painting, fencing, fixing windows, doors+ hinges)and construction of an extra room to accommodate the SAM complicated cases.</i>							
2.14	Local Freight (Truck rental)	D	1	500.00	1	100.00	500.00
<i>Truck rental will be used in Somalia to ship all supplies from Airport to the Warehouse and from the warehouse to the centres. Two trips are budgeted at \$250 each leg</i>							
2.13	Food demonstrations	D	1	5,861.50	1	100.00	5,861.50
<i>To promote good nutrition weekly food demonstration sessions will be held in the Outpatient Therapeutic Program (OTP) site for Mother to Mother Support groups (MTMSG) members and other caregivers.</i>							
2.12	Commemoration of World Breastfeeding week	D	1	2,750.00	1	100.00	2,750.00
<i>World breastfeeding week commemorated every year in August will be done through enhanced community sensitization.</i>							
2.11	IYCF (Infant &Young Children Feeding)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>							
2.10	Integrated Management of Acute Malnutrition (IMAM) theoretical training	D	1	10,556.00	1	100.00	10,556.00
<i>To ensure quality service delivery, 20 staff will be trained on integrated management of acute malnutrition as per Somalia nutrition guideline</i>							
2.9	Set up MTMSGs (Mother to Mother Support Groups)	D	1	11,000.00	1	100.00	11,000.00
<i>5 MTMSGs will be formed and supported to promote optimal IYCF practices in the district.</i>							

2.8	Community Mobilization (incl Information,Education & Communication (IEC) Materials)	D	1	13,830.00	1	100.00	13,830.00
	<i>Community will be sensitized 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.</i>						
2.7	Rapid Nutrition assessment	D	1	2,645.20	1	100.00	2,645.20
	<i>To continuously monitor the nutrition situation in the district 1 rapid nutrition assessment will be conducted</i>						
2.6	Infant & Young Children Feeding (IYCF) Knowledge Attitudes & Practice (KAP) Survey- Materials	D	1	25,922.90	1	100.00	25,922.90
	<i>2 IYCF KAP surveys will be undertaken to understand the IYCF situation and measure the impact of the IYCF component in this intervention. The cost of consultant has been provided as \$400 based on recent quotes received for another work.</i>						
2.5	Anthropometric tools	D	1	2,750.00	1	100.00	2,750.00
	<i>"Anthropometric equipments (6 baby/infant l.hgt measure system, MUAC (Mid Upper Arm Circumference) tapes, electronic scales) for taking nutrition indices at the OTP sites will be purchased."</i>						
2.4	Psychosocial tools	D	1	4,740.00	1	100.00	4,740.00
	<i>To promote proper child care practices at the OTP ,toys shall be provided at the waiting area in the OTP center.</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 (Stabilization Centers) and OTP (registers, cards) for 3284 under 5 children.</i>						
2.2	NFI (Non-Food items)	D	1	4,138.00	1	100.00	4,138.00
	<i>Materials to be used at the OTP for storing and provision of clean drinking water will provided, in addition nets will be distributed during the rainy seasons to reduce the risk of malaria transmission.for malnourished children</i>						
2.1	Hygiene and cleaning products	D	1	2,865.01	1	100.00	2,865.01
	<i>Cleaning materials (detergents, cleaning materials, soaps for hand washing) at the OTP sites will be provided as detailed in the attached BOQ.</i>						
	Section Total						104,866.12
Equipment							
3.1	Laptop Kit	D	3	700.00	1	100.00	2,100.00
	<i>3 laptops provided for the Project Nutrition officer, OTP Supervisor and Data collector for management, monitoring and collection of data.</i>						
	Section Total						2,100.00
Travel							
5.1	Travel (fare, per diem, Visa, Accommodation)	D	1	1,200.00	4	100.00	4,800.00
	<i>Travel will be required for the Nutrition coordinator and M&E Manager to visit the field 2 times</i>						
	Section Total						4,800.00
General Operating and Other Direct Costs							
7.5	Vehicle rental	D	1	2,100.00	9	100.00	18,900.00
	<i>1 Rented vehicle @ 2,100 USD per month will be required to implement the activities for 9 months</i>						
7.4	Stationery & Office Supplies	D	1	1,411.11	9	10.00	1,270.00
	<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 10% for stationery and office supplies.</i>						
7.3	Financial charges (incl transfers to Somalia @ 2%)	D	1	4,926.45	1	100.00	4,926.45
	<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>						

7.2	Communication Cost	D	1	2,370.00	9	10.00	2,133.00
<i>The communication costs include internet and airtime for project staff. It also include a contribution to the coordination office communication costs at the rate of 10% to be shared between the different grants i.e. \$237 per month for 9 months</i>							
7.1	Office Rent	D	1	8,000.00	9	14.00	10,080.00
<i>The office rental costs will be charged to SHF at 14% per month for Mogadishu field office .</i>							
Section Total							37,309.45
SubTotal			46.00				260,298.43
Direct							260,298.43
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							18,220.89
Total Cost							278,519.32
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir							
Banadir -> Mogadishu -> Mogadishu	100	300	2,700	1,530	1,470	6,000	Activity 1.1.2 : Treatment of 1530 boys and 1470 girls through provision of RUFT at fixed and decentralized mobile outreach sites.
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley							Activity 1.1.1 : Continuous screening and referral of 765 boys and 735 girls to Nutrition treatment programmes Activity 1.1.2 : Treatment of 1530 boys and 1470 girls through provision of RUFT at fixed and decentralized mobile outreach sites. Activity 1.1.3 : Provision of Vitamin A supplements to 1530 boys and 1470 girls admitted to OTP site as per the IMAM protocols. Activity 2.1.1 : Conduct 72 Health, hygiene and IYCF promotion sessions at site level targeting 3000 caregivers (2700 women and 300 male) of malnourished children admitted to the OTP programme Activity 2.1.2 : Identify, establish and support of 5 Mother to mother support groups (MTSMSGs) consisting of 200 mothers. Mothers with difficulties breastfeeding and those with good knowledge of IYCF will be grouped to learn from each other Activity 2.1.3 : Conduct a baseline and an endline KAP surveys in order to assess feeding practices among caregivers of boys and girls less than 59 months 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. Activity 3.1.2 : Training of 20 staff (10 male, 10 female) on IYCF 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.
Documents							
Category Name				Document Description			
Project Supporting Documents				ACF Kahda Tabelaha IDP Camps.xlsx			

Project Supporting Documents	Mogadishu Joint Multi-sectoral Assessment Report 2016.pdf
Budget Documents	ACF Nutrition Budget SHF.xlsx
Budget Documents	ACF Nutrition SHF Proposal Budget Revised 26102016.xlsx
Budget Documents	ACF Nutrition Budget 15112016.xlsx
Budget Documents	ACF Nutrition Budget 17112016.xlsx
Budget Documents	ACF SHF Nutrition Budget and BoQs 5122016.xlsx
Budget Documents	ACF SHF Nutrition Budget and BoQs 5122016.xlsx
Budget Documents	ACF SHF Nutrition Budget and BoQs 08122016.xlsx
Budget Documents	ACF SHF Nutrition Budget and BoQs 15122016.xlsx
Budget Documents	Final revised BOQ -3759.xls
Revision related Documents	ACF Action on comments from SHF on the nutrition proposal.docx