

<b>Requesting Organization :</b>		Skills Active Forward Kenya		
<b>Allocation Type :</b>		Reserve 2016		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Nutrition	IMAM	100.00		
		<b>100</b>		
<b>Project Title :</b>		Reduction of morbidity and mortality related to severe acute malnutrition through integrated outpatient therapeutic feeding program(OTP) among Kaxdha IDPs in Kaxda district.		
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Nut/INGO/3826	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	99,949.08	
<b>Planned project duration :</b>		<b>Priority:</b>		
<b>Planned Start Date :</b>		<b>Planned End Date :</b>	30/11/2017	
<b>Actual Start Date:</b>		<b>Actual End Date:</b>	30/11/2017	
<b>Project Summary :</b>		<p>The largest, most vulnerable and protracted internally displaced persons (IDP) live in Mogadishu. More than half residing in the outskirts, along the Afgooye corridor in two districts, Daynille and Kaxda. Kahda has approximately 120 IDP camps and 76739 individuals. According to the IDP profiling report, no settlement reported availability of nutrition services. 100% of households had health services within 5 km, vaccination coverage was about 60% and 85% of households had access to latrines, although the number of persons per latrine (109) was way above the recommended Sphere standards (20). 100% of households were within 500m from a water point, most 69% use borehole water, and only 43% of households consumed treated water ; more than half of IDP population do not treat drinking water. . The most common method used to dispose waste was through Burying (53%). Open defecation is a major challenge. Majority use communal latrines that are not segregated by sex and are not lockable, with the number of users per latrine being more than five times the recommended sphere standards, giving the population the open defecation option.</p> <p>82% of female and 83% of male are employed, although for these the primary work is daily labour, mostly in small service and construction sites, indicating poor livelihood that exacerbates poverty. The recently released FSNAU 2016 Gu report on IDPs indicate Mogadishu IDPs recorded Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively. Crude and under five death rates were 0.33 /10 000/day and 0.99 /10 000/day respectively among Mogadishu IDPs at the time of assessment. The assessments indicated the main causes of under-five deaths being fever, diarrhea and acute respiratory infection. SAM was at 3.5, a significant increase from Deyr 2015 (2.5). The high SAM rate indicates a need for emergency life saving intervention before the situation deteriorates further. These interventions should cover primary , secondary and tertiary prevention of malnutrition. Morbidity rates remain high among IDP (44.6), which is an increase from the Deyr 2015 rate ( 29.7) (FSNAU,2016). Diseases of concern were diarrhea diseases and respiratory tract infections (FSNAU,2016), with diarrhea cases on the increase (Health cluster,2016). Of particular concern is the vaccination coverage reported by households interviewed. Under 60% of individuals were reported to have received vaccinations for polio or measles, and under 55% reported receiving the DTP or BCG vaccinations.</p> <p>IYCF indicators are seen as weak, especially those relating to breastfeeding as most mothers do not deliver in health facilities, neither are they frequent users of health services/facilities (Banadir hospital, 2015).</p> <p>Considering all these, SAF UK therefore proposes to intervene with treatment of uncomplicated SAM through 1 mobile OTP, targeting children 6-59 months. Treatment will integrate basic nutrition service package (BNSP) activities , that will include IYCF education and support for PLW, including peer support groups. Other BNSP activities will include NHHP education, vaccination and micro nutrient supplementation for children 6-59 months and PLWs. The project also proposes to integrate health social behaviour change communication that is already being implemented by SAF UK. Children 6-59 months and PLWs will be identified through screening that will be done by both Community based workers (CBWs) and project staff. The project will also target grand mothers, women of child bearing age, fathers and child caregivers , that might not have children with malnutrition. These will be reached through CBW (who will be residents of the IDP community), planned awareness campaigns and mass screening exercises.</p>		
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
8	1,774	1,972	1,950	5,704

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,972	1,950	3,922
Pregnant and Lactating Women	0	1,765	0	0	1,765
Staff (own or partner staff, authorities)	8	9	0	0	17
Trainers, Promoters, Caretakers, committee members, etc.	0	0	0	0	0

**Indirect Beneficiaries :**

Other people who could benefit from the project include 74 (40men and 34 female) ,elders, who will carry out community mobilization and sensitization and provide education and information at he community mostly in informally. These will include 34 grand mothers will be used to ease social pressure against exclusive breastfeeding, most being significant othersThey will benefit from information shared by CBWs. grand mothers will also be invited to peer support groups.Other community members, who will not have children with SAM will also benefit from information and education from the CBW and the project staff and during awareness campaigns. These include 122 caretakers (88 women and 34 men) who do not fall in the PLW category.

**Catchment Population:**

23072

**Link with allocation strategy :**

The most vulnerable of the IDPs reside in Mogadishu, an area that hosts the largest estimated protracted IDP population in Somalia with more than half residing in the outskirts.In 2015, 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 none existent, and human rights violations are a commonly occurrence. Daynile and Kaxda districts have the highest number of IDP settlements , which amounts to over half of all IDP settlements in Mogadishu. (IDP profile,2016). Though there are a number of health facilities and services in Kaxda, the recent IDP profile notes that there are no nutrition services available in all settlement .The situation in these areas is likely to deteriorate due to military offensive and increased food insecurity in pockets of southern Somalia (FSNAU, 2016). One of the main objectives of the 2016 reserve allocation strategy is to address humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable. The IDP population in Somalia is definitely among the most vulnerable due to poverty , loss of livelihood, evictions ,increased intrusion by armed groups in the settlements, discrimination and limited humanitarian assistance (OCHA,2016; IDP profile, 2016, FSNAU, 2016). The project therefore aims at providing life saving assistance to 286 (146 boys and 140 girls) children 6-59 months, with uncomplicated severe acute malnutrition(SAM), through outpatient therapeutic feeding program (OTP). It also aims at providing life sustaining assistance through infant and young child feeding (IYCF) education and micro nutrients supplementation to Pregnant and lactating women (PLW), and vaccination with measles and penta 3 to children under 1 and tetanus for pregnant women. These interventions will go a long way in saving and sustaining life among IDP in Kaxda .

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Abdiaziz Hashi	Excecutive director	info@safuk.org	+254725449441

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

Somalia hosts approximately 1.1 million internally displaced people who continue to live in challenging conditions. IDPs make up 68 per cent (648,040), of the people who are in crisis and emergency, and are therefore in need of immediate life-saving assistance (OCHA 2016). The largest, most vulnerable and protracted IDPs live in Mogadishu. More than half residing in the outskirts, along the Afgooye corridor in two districts, Daynille and Kaxda. These two districts have become the preference of most Mogadishu IDPs being out of town. Displacement is mainly due to events such as clan conflicts, military operations in southern and central Somalia, natural disasters and forced evictions, which have continued to create new displacements along the Afgooye corridor (OCHA, 2016; SIPR, 2014).

Kaxda, like the neighboring Daynille district, has become a major center for IDP settlements. IDPs in Kahda have frequently moved from other parts of the city, either as a result of eviction or of their own volition. Eviction is a concern, with 37% of households still anticipating an eviction within 6 months. For most Kahda IDPs, the preferred course of action in the event of eviction, is moving to another settlement in Mogadishu. These IDPs continue to rely on Mogadishu for stable livelihoods, which makes it hard for returns to their original home districts, as long as both security and livelihoods are unstable in those areas of origin (IDP profile report, 2016).

In 2015, majority of the over 120,000 IDPs forcibly evicted from Mogadishu city joined settlements in Daynille and Kaxda periphery districts. However they are areas where living conditions are deplorable, services are limited or not existing and where human rights violations are commonly reported. Daynille and Kaxda districts have a total of 262 settlements, which accounts for over half of all settlements in Mogadishu. Kahda has approximately 120 settlements with approximately 13530 households and 76739 individuals (IDP profile report, 2016; OCHA 2016).

According to the IDP profiling report, no settlement in Kaxda had nutrition services. 100% of households had health services within 5 km, vaccination coverage was about 60% and 85% of households had access to latrines, although the number of persons per latrine (109) was way above the recommended Sphere standards (20). 100% of households were within 500 m from a water point, most 69% using borehole water. Only 43% of households consumed treated water, indicating that more than half consume untreated and unsafe water. The most common method used to dispose waste was through burying (53%). Although employment rates seem high, 82% of female and 83% of male are employed, the primary work is daily labour mostly in small service and construction sites. This is an indication of poor livelihood which might limit access to food and other life sustaining necessities.

The recently released FSNAU 2016 post Gu assessment report showed a Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively among Mogadishu IDPs. Crude and under five death rates were 0.33 /10 000/day and 0.99 /10 000/day respectively at the time of assessment. The main causes of under-five deaths was fever, diarrhea and acute respiratory infection.

## **2. Needs assessment**

The IDP population in Mogadishu presents the poorest health situation among the target groups (OCHA, 2016). According to FSNAU the GAM rate during the 2016 post Gu assessment slightly increased (14.7), from Deyr 2015 state (11.4). SAM was at 3.5 a significant increase from Deyr 2015 (2.5). The SAM state indicates a need for emergency life saving intervention before the situation deteriorates further.

Although the GAM rate indicates a serious situation, existing aggregating factors warrant immediate attention. Intervention to respond to this situation, should however consider incorporating primary, secondary and tertiary prevention interventions in management of malnutrition. Morbidity rates remain high among IDPs (44.6), which is an increase from the Deyr 2015 situation (29.7) (FSNAU, 2016). Diseases of concern are diarrhea diseases and respiratory tract infections (FSNAU, 2016), with diarrhea cases on the increase (Health cluster, 2016). Records from Banadir hospital show that 40 per cent of the diarrhea cases are from IDPs in the outskirts of Mogadishu (Banadir hospital, 2016). Diarrheal diseases could be one of the factors strengthening the synergistic relationship between malnutrition and disease, exacerbating the malnutrition situation.

Of particular concern is the vaccination coverage reported by households interviewed. Under 60% of individuals were reported to have received vaccinations for polio or measles, and under 55% reported receiving the Diphtheria Pertussis and tetanus (DPT) or Bacillus Calmette-Guérin (BCG) vaccinations. These rates are lower among children under 10 years, to below 60% for all childhood immunisable (Reach 2016). While Somalia is currently considered polio free, the possibility of carriers traveling into the country, coupled with poor vaccination coverage especially in insurgency controlled areas of south central Somalia, including Mogadishu (IDP profile report, 2016; SIPD 2015). There is therefore a need to scale up vaccination campaigns in the area, as vaccination is one of the most effective primary prevention measures against immunisable childhood diseases, and a less expensive method of disease control (WHO, 2010).

The population has very few safe delivery options, with about 80 per cent of deliveries attended at home (Health cluster, 2016). This automatically indicates weak IYCF indicators, especially those relating to breastfeeding, within the population. There is therefore a need for IYCF interventions, which will include education, support and behavioral reinforcement.

Majority of IDPs use communal latrines that are not segregated by sex and are not lockable, with the number of users per latrine being more than five times the recommended Sphere standards (Sphere handbook, 2011). This situation points to poor hygiene which could be contributing to high prevalence of both diarrhea diseases and subsequently child malnutrition. There is therefore a need for hygiene promotion, with provision of necessary enabling factors so that the situation can be improved.

SAF UK therefore proposes to intervene with treatment of uncomplicated SAM through 1 mobile OTP, covering children 6-59 months, integrating basic nutrition service package, that will include IYCF education and support for PLW, including peer support, NHHP education, vaccination and micro nutrient supplementation for children 6-59 months and PLWs. The organization will also step up health promotion, that is already ongoing, so as to foster behaviors that are beneficial to the health of the population, resulting in sustainable gains.

## **3. Description Of Beneficiaries**

The project staff (4 female and 6 men) will primarily target children 6-59 months with screening and Treatment of SAM cases, and pregnant and lactating women (PLW) with education, support and micro nutrient supplementation. The two groups will be identified through screening that will be done by both Community Based workers (CBWs) and project staff. Our 7 Community health workers (4 female and 2 men) will carry out routine screening, as part of their day to day activities, but will also be involved in mass screening which will be done quarterly. Project staff will carry out screening every time they visit a treatment site. CBWs will also pass messages that relate to identification of symptoms of malnutrition, Nutrition health and hygiene promotion and use of available nutrition and health services in the community.

The project is also expected to reach grand mothers, women of child bearing age, fathers and child caregivers, that might not have children with malnutrition. These will be reached through CBW, who will be IDP, living and working in the community, planned awareness campaigns and mass screening exercises.

## **4. Grant Request Justification**

The projects targets children 6-59 months with uncomplicated SAM, and PLWs in the 5 IDP Settlements in Kahda, Mogadishu. Children 6-59 months will be treated through 1 mobile team in 5 sites each serving 5 IDP camps. PLWs will receive IYCF counseling ,both in groups and as individuals. Peer education, for mothers with severely malnourished children less than 24 months, will be conducted in every camp. These mothers will also receive micro nutrient supplements, and health and nutrition counseling, as per need.

The interventions target both cluster objective one and two, and reserve allocation objective one, which cover provision of life saving and life sustaining interventions. Indicators for these objectives are those relating to identification and treatment of children 6-59 months and PLW in severe emergencies, and improving access to basic nutrition services for both children 6-59 months and PLW. According to Reach et al IDP mapping done in January 2016, Kahda IDP had no nutrition sites. This coupled with the poor living condition has seen malnutrition rate among this vulnerable group steadily raise in the last few months. Besides , the Federal government has now designated Kahda as the official IDP settlement area, following an uproar on government evictions witnessed in 2015 and 2016 that left most IDPs displaced again. It is therefore likely that the population and/or number of IDP camps in Kahda will increase with a definite increase in malnutrition if nothing is done now.

The grant will therefore serve to provide life saving intervention to those already suffering malnutrition Kahda, seek to provide primary prevention to those not affected by malnutrition, be an avenue for secondary prevention through screening and improved nutrition surveillance, build resilience to cushion against shocks in future, and provide a platform to discuss and initiate durable solutions to the malnutrition menace among these IDP, in conjunction with other clusters and relevant bodies. This reserve allocation is well used , and considering that all clusters will be engaged and some form of integration achieved, is therefore extremely significant to the targeted IDP population because it will address both immediate and underlying causes of malnutrition.

## 5. Complementarity

SAF UK currently runs health education and promotion program that in cooperates WASH in Kahda. The organization owns a facility in Kahda where both IDPs and host community get primary prevention services and collect enabling factors for behaviour change. It also runs a program to promote peace and integration between the IDP and host community, and has over the past few months gained the confidence of IDP population in Kahda as they relate. The organization has in the recent past organized, and continues to organize sports activities as a means of achieving this end. The two project will therefore work well to improve integration ,now that the organization is well known and trusted by IDPs in Kahda.

The organization also integrates sports and health promotion activities through tournaments among IDP and involving host community. The organization also just completed a program that promotes gender equity in Kahda. The project also seeks to integrate basic nutrition service package components, which will address underlying causes of malnutrition. These services will complement treatment of uncomplicated SAM.

## LOGICAL FRAMEWORK

### Overall project objective

To contribute to reduction of mortality and morbidity among 3922 (1972 boys and 1950 girls) 6-59 months and 1765 PLWs that result from acute malnutrition by treating uncomplicated severe acute malnutrition SAM and integrating with basic nutrition service package (BNSP) activities linked to WASH and health in the 5 targeted IDP settlements among Kahda IDP in Kahda district.

### 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 project contributes to cluster objective 1 and 2 that aim at providing life saving services that include identification and treatment of malnutrition, and provision of basic nutrition service package (BNSP) for children 6-59 months and PLWs. It also contributes to cluster objective 4 which looks at among other things improvement of capacity for program implementation

### Outcome 1

286 severely acute malnourished children (146 boys and 140 girls) 6-59 months in 5 IDP settlements in Kahda cured.

### Output 1.1

#### Description

286 severely acute malnourished children (146 boys and 140 girls) 6-59 months in 5 IDP settlements Kahda admitted and treated.

#### Assumptions & Risks

- Security situation will remain stable.
- No evictions will occur in Kahda during the project period.
- Defaulter rate will be below 15%

#### Activities

##### Activity 1.1.1

##### Standard Activity : Community screening for malnutrition and referral

- Screening of 3922 (1972 boys and 1950 girls) children 6-59 months

##### Activity 1.1.2

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

- Admission and treatment of 286 uncomplicated SAM cases ( 146 boys and 140 girls)

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children screened for uncomplicated SAM					3,922
<b>Means of Verification</b> : -OTP registers - Monthly reports							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					286
<b>Means of Verification</b> : Treatment of children 6-59 months with uncomplicated severe acute malnutrition (SAM)							
<b>Outcome 2</b>							
23072 community members including 3922 children(1972 boys and 1950 girls) 6-59 months and 1765 Pregnant Lactating women and 17385 community members in 5 IDP settlements in Kahda covered with basic nutrition service package.							
<b>Output 2.1</b>							
<b>Description</b>							
1765 pregnant and lactating women provided IYCF education and support , vaccination and micro nutrients and 784 children(394 boys and 390 girls) vaccinated with penta 3 and measles							
<b>Assumptions &amp; Risks</b>							
- PLW, caregivers and significant others will accept vaccination -migration will be limited -There will be no evictions during the project period - The health cluster/ UNICEF health will provide vaccines in time							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Infant and young child feeding counselling</b>							
- Conducting 120 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
- Providing of multiple micro nutrients to 784 pregnant women							
<b>Activity 2.1.3</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
- conducting 11 peer support sessions covering 115 women with SAM children below 24 months admitted to the program.							
<b>Activity 2.1.4</b>							
<b>Standard Activity : Supplementation Vitamin A</b>							
-Providing 286 children(146 boys and 140 girls) with vitamin A supplements							
<b>Activity 2.1.5</b>							
<b>Standard Activity : Vaccination at nutrition centres</b>							
- vaccination of 784 pregnant women with tetanus vaccine							
<b>Activity 2.1.6</b>							
<b>Standard Activity : Vaccination at nutrition centres</b>							
-Vaccination of 784 children under one (394 boys and 390 girls) 6-59 months with penta 3 and measles vaccines							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					120
<b>Means of Verification</b> : - Session data -Monthly reports							
Indicator 2.1.2	Nutrition	Number of pregnant women provided with micronutrients					784
<b>Means of Verification</b> : - Monthly reports - Mobile team report - Stock status report							
Indicator 2.1.3	Nutrition	Number of peer support groups sessions held (1 peer support groups holding 1 session/ month for 11 months)					11
<b>Means of Verification</b> : - Support group data - monthly reports							
Indicator 2.1.4	Nutrition	Number of children provided with vitamin A					286

<b>Means of Verification</b> : - OTP reports - Stock status report							
Indicator 2.1.5	Nutrition	Number of pregnant women vaccinated with tetanus toxoid					784
<b>Means of Verification</b> : - Session data -Monthly reports -Stock status report							
Indicator 2.1.6	Nutrition	Number of children under one vaccinated with with penta 3 and measles vaccines					784
<b>Means of Verification</b> : -EPI registers							
<b>Output 2.2</b>							
<b>Description</b>							
23072 community members reached with NHHP education and messages.							
<b>Assumptions &amp; Risks</b>							
-migration will be limited -There will be no evictions during the project period - Target group will be willing accept education.							
<b>Activities</b>							
<b>Activity 2.2.1</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
- conducting of NHHP promotion through awareness campaigns, community visits and site sessions for 23072 IDP.							
<b>Activity 2.2.2</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
Conduct 120 NHHP promotion sessions (2 per site /month) in all 5 treatment sites.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 2.2.1	Nutrition	Number of households reached with nutrition Health and hygiene promotion (NHHP) messages					23,072
<b>Means of Verification</b> : - CHW reports - Monthly reports - Quarterly reports							
Indicator 2.2.2	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					120
<b>Means of Verification</b> : -OTP reports - NHHP session reports							
<b>Outcome 3</b>							
Capacity of 10(6 male and 4 female) project staff and 7 (2 male and 5 female) CBWs to deliver services developed.							
<b>Output 3.1</b>							
<b>Description</b>							
10 project staff (6 male and 4 female) trained and offered supportive supervision in IMAM, IYCF and EPI .							
<b>Assumptions &amp; Risks</b>							
-There will be limited staff turnover.							
<b>Activities</b>							
<b>Activity 3.1.1</b>							
<b>Standard Activity : Capacity building</b>							
- Training and supportive supervision of 10(6 male and 4 female) project staff in IMAM							
<b>Activity 3.1.2</b>							
<b>Standard Activity : Capacity building</b>							
Training and supportive supervision of 3(2 male and 1 female) project staff in Expanded program for immunization (EPI)							
<b>Activity 3.1.3</b>							
<b>Standard Activity : Capacity building</b>							
-Training and supportive supervision of 16(9 male and 7female) project staff in IYCF							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of project staff trained and offered supportive supervision on IMAM					10
<b>Means of Verification</b> : - Training reports - Supervision reports --Signed Attendance sheet							
Indicator 3.1.2	Nutrition	Number of project staff trained on EPI and offered supportive supervision					3
<b>Means of Verification</b> : - Training reports - Supervision reports --Signed Attendance sheet							
Indicator 3.1.3	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					10
<b>Means of Verification</b> : - Training reports - Supervision reports --Signed Attendance sheet							
<b>Output 3.2</b>							
<b>Description</b>							
7(2 male and 5 female) CBWs trained in NHHP and community mobilizations							
<b>Assumptions &amp; Risks</b>							
-There will be no evictions during the project period - Conflict and migration will be limited during the project period - Security situation will remain stable.							
<b>Activities</b>							
<b>Activity 3.2.1</b>							
<b>Standard Activity : Capacity building</b>							
- Training and supportive supervision for 7 (2male and 5 female) CBWs in community mobilizations							
<b>Activity 3.2.2</b>							
<b>Standard Activity : Not Selected</b>							
- Training and supportive supervision for 7 (2male and 5 female) CBWs in Nutrition health and hygiene promotion (NHHP)							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.2.1	Nutrition	Number of community based workers trained in community mobilisation and offered supportive supervision					7
<b>Means of Verification</b> : - Training reports -Supervision reports -Signed Attendance sheet							
Indicator 3.2.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					7
<b>Means of Verification</b> : _ training reports -Supervision reports --Signed Attendance sheet							
<b>Additional Targets</b> : None.							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							

The project will conduct a baseline assessment and generate an inception report. This will act as a baseline, making comparison with the recent FSNAU 2016 post Gu assessment results. Project staff and CBWs will be required to collect information on their activities daily and then generate weekly reports. These will be consolidated into monthly reports that will be shared with both Nutrition cluster, UNICEF and HIMS. CBWs, who will capture activities carried out in their reports and share those with team leaders for the various sites, who will in turn share with M and E officer. The M and E will collect reports and data weekly, compile and produce monthly reports, liaising with the project manager. Monitoring and Evaluation (M and E) officer will also make daily visits to scheduled sites. The M and E officer will also compile success stories, and together with the project team document learning. The Nutrition project manager will be in charge of the project and will closely work with the Monitoring and evaluation officer to monitor the project. The manager will be stationed in the organization's office but will accompany the mobile teams twice a week in different treatment sites, to supervise work, monitor and offer support. Assessment and reports generated monthly are expected to generate gaps for supportive supervision and on job training. Mid project the M and E officer will carry out an evaluation. It is at this time that a mid term report will also be shared with Somalia Humanitarian Fund (SHF). At the end of the project, an end term evaluation will be conducted, a report generated and shared with SHF through their online system and with the cluster. Any sharp change in the situation will however be reported to both nutrition cluster and SHF in time.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: - Screening of 3922 (1972 boys and 1950 girls) children 6-59 months	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: - Admission and treatment of 286 uncomplicated SAM cases ( 146 boys and 140 girls)	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.1: - Conducting 120 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.2: - Providing of multiple micro nutrients to 784 pregnant women	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.3: - conducting 11 peer support sessions covering 115 women with SAM children below 24 months admitted to the program.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.4: -Providing 286 children(146 boys and 140 girls) with vitamin A supplements	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.5: - vaccination of 784 pregnant women with tetanus vaccine	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.1.6: -Vaccination of 784 children under one (394 boys and 390 girls) 6-59 months with penta 3 and measles vaccines	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.2.1: - conducting of NHHP promotion through awareness campaigns, community visits and site sessions for 23072 IDP.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 2.2.2: Conduct 120 NHHP promotion sessions (2 per site /month) in all 5 treatment sites.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 3.1.1: - Training and supportive supervision of 10(6 male and 4 female) project staff in IMAM	2016												
	2017				X								
Activity 3.1.2: Training and supportive supervision of 3(2 male and 1 female) project staff in Expanded program for immunization (EPI)	2016												
	2017				X								
Activity 3.1.3: -Training and supportive supervision of 16(9 male and 7female) project staff in IYCF	2016												
	2017				X								
Activity 3.2.1: - Training and supportive supervision for 7 (2male and 5 female) CBWs in community mobilizations	2016												
	2017				X								
Activity 3.2.2: - Training and supportive supervision for 7 (2male and 5 female) CBWs in Nutrition health and hygiene promotion (NHHP)	2016												
	2017				X								

**OTHER INFO**



### **Accountability to Affected Populations**

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

### **Implementation Plan**

The project will be implemented in close collaboration with water sanitation and hygiene (WASH), health, food security and education partners in IDP camps in Kaxda. There will be 1 mobile team covering the targeted IDP settlement. Mobile OTP has been selected because it will increase access to services, and can cover a wider population compared to a fixed site, also considering the poor health seeking behaviour of the population. The targeted malnourished children aged 6-59 months and PLWs will be screened by screeners supported by CBW. Targeted severe acute malnourished boys and girls will be treated through OTP and followed up by CBWs. Treated uncomplicated SAM cases will be referred to Targeted supplementary feeding programs (TSFP) for continued treatment. Treatment of malnutrition as well as management of common diseases and micro nutrient supplementation for PLW will be conducted alongside promotion of IYCF, with emphasis on exclusive breastfeeding and appropriate complementary feeding by nutrition staff and CBWs . Nutrition supplies/ consumables will be requested from UNICEF. Beneficiaries will be required to return used sachets of RUTF before new RUTF is given to them, so ensure proper solid waste management and curb selling of RUTF. 10 nutrition staff (4 women and 6 men) will be trained on management of acute malnutrition (IMAM) and Infant and young child feeding (IYCF) promotion before they begin work. 3 staff will be trained in management of expanded program for immunization (EPI) and 7 (5 women and 2 men) CBW will be trained on NHHP and community mobilization. 1 Peer support group for mothers with children less than 24 months with severe acute malnutrition, and none respondent cases will be formed, and conducted monthly.

### **Coordination with other Organizations in project area**

<b>Name of the organization</b>	<b>Areas/activities of collaboration and rationale</b>
Nutrition cluster	Share monthly reports and any other information as required. Work closely with cluster partners and observers. Be involved in taskforces and working groups as required
UNICEF	Liaise with them for supplies for treatment of uncomplicated SAM, micronutrients and NHHP education material
ACF	Work together closely and share information as nutrition cluster partners working in the same district
MOH	Share information and monthly reports including through HMIS. Liaise with them to enhance health activities
Health cluster	Work closely with cluster partners and observers, especially in information sharing.
WASH cluster	Work closely with cluster partners and observers, especially in information sharing.

### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

### **Gender Marker Of The Project**

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

### **Justify Chosen Gender Marker Code**

The project aims at treating uncomplicated severe acute malnutrition among boys and girls, as well as targeting PLW with BNSP services through OTP in 5 IDP settlements in Kahda. Primary prevention activities targetting the whole community will also be implemented. In addition, the project aims at building capacity of staff and the community through equally enhancing knowledge of nutrition staff (men and women) and CBWs (men and women), and increasing awareness of malnutrition as well as hygiene practices in the community. The project will equally benefit women and men, in order for them to manage severe acute malnutrition in targeted IDP camps. IYCF promotion, especially breastfeeding support, will be conducted by female staff so as to make beneficiaries comfortable. Willing Men and husbands of beneficiaries will be involved, as significant others, as much as possible, for the success of the project. Willing Community elders, grandmothers and traditional birth attendants (TBAs) will also be involved in this regard.

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

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

Almost everyone will be involved in the fight against malnutrition.

## Protection Mainstreaming

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

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

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

## Country Specific Information

### Safety and Security

The security situation in Kahda is fairly stable compared to other places in Mogadishu town. There is however no assurance that situation will remain stable. The management will therefore require that staff do not proceed for field before they receive a security brief/alerts for the day. All staff will congregate at the organization's office before being allowed to go out. To do this, the organization will maintain close working relationship with ministries responsible.

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

### Access

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

## BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Program coordinator	D	1	2,500.00	12	30.00	9,000.00
	<i>The officer will oversee and manage the project will focus on technical project issues, networking and participation in relevant task forces and working groups at the regional level. S/he will contribute 30% of time to the project. The officer will also visit the project for supportive supervision quarterly. The officer will also oversee assessment and evaluation exercises, analyzing data and compiling reports.</i>						
1.2	Project manager	D	1	700.00	12	100.00	8,400.00
	<i>The officer work for the project 100% and will be on in the office overseeing the day to day management of the project, especially relating to technical issues. S/He will collect data daily from the team leaders and compile weekly reports, and later monthly reports to be shared with the cluster. He will also be involved in planning and implementation of assessments and surveys. He will attend sub national cluster meetings and any other relevant meeting in the field. Will work and closely liaise with MoH, including reporting to HIMMS. S/he will also be involved in joint assessments and other MoH initiatives.</i>						
1.3	Outpatient therapeutic feeding program (OTP) nurse/supervisor	D	1	350.00	12	100.00	4,200.00
	<i>Will work for the project 100%. The officer will be the team leader / supervisor. S/he will be in charge of EPI nurse, screeners, registrar, distributor and CBWs attached to their sites. The nurse will also identify medical conditions, administer essential drugs, admit and discharge cases. There will be one nurse per team.</i>						
1.4	Expanded Program for Immunisation (EPI) nurse	D	1	300.00	12	100.00	3,600.00
	<i>The officers will work for the project 100%. These officers will administer vaccines both at site and community level and address any issue arising from beneficiaries. They will also work with CBWs to create awareness and improve use of their services.</i>						
1.5	Monitoring and evaluation officer	D	1	500.00	12	50.00	3,000.00
	<i>The will contribute 50% of time to the project. He will collect data and analyze and Liaise with project manager to to identify trends and predict outcomes. He will carry out the baseline and end line evaluation. He will also be involved in any other assessment, either by the organization, nutrition cluster partners or MoH.</i>						
1.6	Nutrition health and hygiene promotion (NHHP) officer	D	1	300.00	12	100.00	3,600.00
	<i>Will provide the nutrition health and hygiene promotion, and oversee that which will be carried out at the sites by CBWs and project staff. Will be responsible for preparation of session plans and ensure availability of IEC materials. Will plan and be involved in community awareness campaigns.</i>						
1.7	Infant and Young Child Feeding (IYCF) officer	D	1	300.00	12	100.00	3,600.00
	<i>1 IYCF officer per site. They will undertake the IYCF promotion that will be carried out at the sites, and oversee what will be done in the community by CBWs. Will be responsible for preparation of session plans and ensure availability of IEC materials and teaching aids. Will plan and be involved in community awareness campaigns. She will also supervise Breastfeeding support and refer those with breast problems. She will facilitate the peer support groups. She will work with the program full time.</i>						

1.8	Screener	D	1	200.00	12	100.00	2,400.00
	<i>These will work full time. They will take both MUAC and weight for height measurements for children brought to the sites. They will also be involved in mass screening and conduct triage. 1 screener per team</i>						
1.9	Registrar	D	1	150.00	12	100.00	1,800.00
	<i>The will be in charge of registration of beneficiaries and documentation in their respective sites. They will work full time. 1 registrar per team</i>						
1.10	Distributor	D	1	150.00	12	100.00	1,800.00
	<i>These will be in charge of supplies at the sites. They will also distribute the same as prescribed, and document use of supplies. They will work full time. 1 per team</i>						
1.11	Community Based workers (CBW)	D	7	100.00	12	100.00	8,400.00
	<i>These will work within the community to provide nutrition health and hygiene promotion, follow up beneficiaries on treatment, screen and refer cases to the sites and create demand to existing health and nutrition services. They will be IDPs and will cover designated areas with the help of elders and other leaders. There will be one for every site except for Warshada Dawada and Dooroweere which will each have 2 because they are densely populated areas.</i>						
	<b>Section Total</b>						<b>49,800.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Storage and Warehouse rent	D	1	300.00	12	100.00	3,600.00
	<i>Warehouse will be used to store supplies which will include RUFT, routine medication for treatment of severe acute malnutrition and equipment to be used for nutrition assessment. The rent will be paid per month.</i>						
2.2	vehicle hire	D	1	1,300.00	12	100.00	15,600.00
	<i>1 Vehicle will be hired for each of 1 mobile teams. It will also be used to transport critical complicated cases that have been referred to the SC. It will be used to transport the staff and supplies to the various sites. The driver and vehicle will remain with the staff in the field and evacuate in case of security threat.</i>						
2.3	Integrated Management of Acute Malnutrition (IMAM) training (Lumsum please refer to Training BoQ)	D	1	2,577.00	1	100.00	2,577.00
	<i>IMAM training will cover 10 participants, all project staff. These will include 1 training consultant/ facilitator, 1 project manager, 1 OTP nurses, 1 screeners, 1 registrars, 1 EPI nurses, 1 distributors, 1 M&amp;E officer, 1 NHHP officer and 1 IYCF officer</i>						
2.4	Infant and Young Child Feeding (IYCF) training(Lumsum please refer to Training BoQ)	D	1	2,577.00	1	100.00	2,577.00
	<i>IYCF training will cover 10 participants, all project staff. These will include 1 training consultant/ facilitator, 1 project manager, 1 OTP nurses, 1 screeners, 1 registrars, 1 EPI nurses, 1 distributors, 1 M&amp;E officer, 1 NHHP officer and 1 IYCF officer</i>						
2.5	Expanded Program for Immunisation (EPI) training(Lump Sum please refer to Training BoQ)	D	1	1,185.80	1	100.00	1,185.80
	<i>EPI training will cover 4 participants, all project staff. These will include 1 project manager, 1 facilitator, 1 OTP nurses (as their supervisors) and 1EPI nurses.</i>						
2.6	Community Based Workers (CBW) training(Lump Sum please refer to Training BoQ)	D	1	1,495.80	1	100.00	1,495.80
	<i>CBW training will cover 12 participants i.e 1 project manager, 1 facilitator, 10 CBW.</i>						
2.7	Site sheds	D	2	450.00	1	100.00	900.00
	<i>Land donated by the community is usually an open space. Sheds to cover beneficiaries from the sun, and a breastfeeding corner therefore have to be build for each site.</i>						
2.8	Medical related stationary	D	1	31.00	1	100.00	31.00
	<i>Will be used to facilitate operation of mobile sites. Further explained in BoQ.</i>						
	<b>Section Total</b>						<b>27,966.60</b>
<b>Travel</b>							
5.1	Travel for supportive supervision	D	1	3,750.00	1	100.00	3,750.00
	<i>Travel for project coordinator to travel for supportive supervision and monitoring. 3 times a year. 1st trip for baseline evaluation, setting up, recruitment and to oversee training. 2nd trip for supportive supervision and 3rd trip for end of project evaluation. please refer to BoQ for breakdown</i>						
	<b>Section Total</b>						<b>3,750.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Utilities	D	1	270.00	12	100.00	3,240.00

	<i>Please refer to BoQ for breakdown of monthly expenditure. This includes water (For site use) and electricity for fixed site and office</i>						
7.2	Office Stationary and material	D	1	433.00	1	100.00	433.00
	<i>Lump sum please refer to BoQ. Items include all stationary and material required for office operation.</i>						
7.3	communication	D	1	250.00	12	100.00	3,000.00
	<i>Please refer to BoQ for breakdown of monthly cost for internet and telephone.</i>						
7.4	Office rent	D	1	500.00	12	100.00	6,000.00
	<i>Paid monthly.</i>						
7.5	Bank transfer cost at 1%	D	1	1,000.00	1	100.00	1,000.00
	<i>Cost of transfer of project grant from Nairobi to Mogadishu using money transfer services/Amal Bank. This is a lumpsum cost of transferring the whole amount</i>						
	<b>Section Total</b>						<b>13,673.00</b>
<b>SubTotal</b>			32.00				<b>95,189.60</b>
Direct							95,189.60
Support							
<b>PSC Cost</b>							
PSC Cost Percent							5.00
PSC Amount							4,759.48
<b>Total Cost</b>							<b>99,949.08</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	100	8	1,774	1,972	1,950	5,704	<p>Activity 2.1.1 : - Conducting 120 IYCF promotion sessions (2 per site /month) in all 5 treatment sites.</p> <p>Activity 2.1.2 : - Providing of multiple micro nutrients to 784 pregnant women</p> <p>Activity 2.1.3 : - conducting 11 peer support sessions covering 115 women with SAM children below 24 months admitted to the program.</p> <p>Activity 2.2.1 : - conducting of NHHP promotion through awareness campaigns, community visits and site sessions for 23072 IDP.</p> <p>Activity 3.1.1 : - Training and supportive supervision of 10(6 male and 4 female) project staff in IMAM</p> <p>Activity 3.2.1 : - Training and supportive supervision for 7 (2male and 5 female) CBWs in community mobilizations</p>
<b>Documents</b>							
Category Name		Document Description					
Project Supporting Documents		reach_som_map_mogadishu_reference_map.pdf					
Project Supporting Documents		Details of sites and camps.xls					
Project Supporting Documents		Revised Details of sites and camps.xls					
Project Supporting Documents		Revised Beneficiaries and case loads calculation table 25-9-16.xls					
Project Supporting Documents		Revised Beneficiaries and case loads calculation table 5-10-16.xls					

Project Supporting Documents	Revised Details of sites and camps 5-10-19.xls
Project Supporting Documents	Signed FTR 3929 3911 3826 3789 4155.pdf
Budget Documents	4.1 4.2 4.3 4.4 BOQ for all Trainings.xls
Budget Documents	7.1 BOQ for utilities.xls
Budget Documents	7.2BOQ for office stationery.xls
Budget Documents	7.3 BOQ for communication.xls
Budget Documents	Revised 4.1 4.2 4.3 4.4 BOQ for all Trainings 25-09.xls
Budget Documents	Revised 7.3 BOQ for communication 25-09.xls
Budget Documents	Revised all BoQ 5-10-16.xls
Budget Documents	Revised all BoQ 12-10-16.xls
Budget Documents	Revised all BoQ 1-11-16.xls
Budget Documents	2 Revised all BoQ 1-11-16.xls
Budget Documents	2 Revised all BoQ 1-11-16.xls
Budget Documents	3 Revised all BoQ 1-11-16(1)_SAF UK.xls
Grant Agreement	HC and IP signed GA SAFUK.pdf