

Requesting Organization :	Skills Active Forward Kenya				
Allocation Type :	Standard Allocation 1 (Feb 2015)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Treatment of acute malnutrition for children (boys and girls) under 5 and PLW in the targeted 10 IDP camps in Kismayo, Lower Juba Region, Somalia				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-15/DDA-3485/SA 1/Nut/INGO/2466		
Cluster :		Project Budget in US\$:	276,262.23		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/01/2016	Planned End Date :	31/12/2016		
Actual Start Date:	01/01/2016	Actual End Date:	31/12/2016		
Project Summary :	<p>The project aims at addressing the high rate of acute malnutrition state as seen by the recent FSNAU post Deyr IDP assessment results. The projects proposes to intervene with treatment of both moderate and severe acute malnutrition. This will be done by setting up 3 TSFP/ OTP sites for treatment (2mobile and 1 static) covering the 10 IDPs in Kismayo. This will assist in integrating treatment of acute malnutrition and offer one stop service centers in treatment of acute malnutrition.It will also help to reduce the number of defaulters occasioned by referral of beneficiaries from either MAM to SAM treatment or vice versa.The project will also integrate some health and WASH activities in in form of education through nutrition health and hygiene promotion. The project will further integrate vaccination, through provision of both penta valine and measles vaccine, as a health activity.More integration will be done by working closely with other partners in the area who are implementing health or WASH activities, by referring beneficiaries and following them up to ensure they go for the required help. The project will also seek to provide the much needed micro nutrients to both children 6-59 months and PLWs.This is to provide vital micronutrients required by the body during this critical time in life , boost immunity , help prevent diseases and break the synergistic relationship between malnutrition and health.</p> <p>The capacity of project staff and community volunteers will be enhanced through training and supportive supervision.This will be a continuous process.</p> <p>The project will ensure as many community groups as possible are involved so as to improve sustainability.Willing men , husbands, grandmothers and other significant others will be involved so as to enhance behaviour change. The project will also provide mechanism for feedback so as to enhance project quality and ensure that the beneficiaries get their rights as required. This will however be done in a highly professional manner so as to protect the beneficiaries,</p> <p>Environmental protection will be key as proper solid waste management will be emphasized. Beneficiaries will be advised on disposal of used sachets from therapeutic spread. Gender will also be a key issues. Community groups and their contribution to the project and its success will be highly considered.Gender will be considered during staff recruitment, selection of CHWs, implementation of activities and evaluation.</p> <p>Coordination will be another key consideration. The project will seek to work with the nutrition cluster through the secretariat, members and observers. It will coordinate with UN agencies like UNICEF and WFP , especially in provision of supplies and sharing of information.</p> <p>The project proposed to implement activities for a period of 12 months.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	1,012	2,410	2,410	5,832
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	2,410	2,410	0	0	4,820
Pregnant and Lactating Women	0	1,012	0	0	1,012
Indirect Beneficiaries :					
It is estimated that 482 caregivers, who could be fathers, grandmothers,siblings neighbors or other relatives , that will bring the child for treatment will benefit from nutrition health and hygiene promotion messages that will be passed during the visits.					

Catchment Population:

It is estimated that 2844 women of child bearing age, who are not among those PLWs targeted will benefit from IYCF messages passed through IYCF promotion campaigns.

Link with allocation strategy :

The project links well with the cluster objectives, contributing to nutrition cluster objectives 1 to three.

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
Abdi Hashi	Chairman	info@safuk.org	+254725449441

BACKGROUND**1. Humanitarian context analysis**

Recent FSNAU post GU assessment shows a slight deterioration of the nutritional state of children 6-59 months in Kismayo IDPs. Though the change is not statistically significant, there is a need for intervention to prevent further deterioration. The assessment also showed that Kismayo IDP have sustained the serious state with GAM of 12.8.5% and SAM of 2.9%. Chronic malnutrition state has significantly deteriorated from that observed in Deyr 2014/15, with stunting rates increasing from 33.5 in Deyr 2014/15 to 43.8 in Gu 2015, and underweight from 24.8 in Deyr 2014 to 30.1 in Gu 2015, the highest rate in the country. Risk of death from malnutrition has also significantly increased, as shown by the increase in GAM MUAC from 10.9 in Deyr 2014 to 11.9 in Gu 2015, and severe MUAC from 2.7 in Deyr to 3.6 Gu 2015. Immunisation coverage is way below the recommended sphere coverage of 95% for camps, and has further deteriorated from coverage in Deyr 2014 (FSNAU, 2015). Recent reports have reported a cholera outbreak that is likely to worsen both the health and nutrition status of the population (WHO, 2015). This state is fueled by limited access to safe water and poor hygiene practices. Poor infant and young child feeding practices have also negatively contributed to the malnutrition state (FSNAU, 2015). Food security state is in crisis (IPC 3) and projected to decline (FSNAU, 2015), Trade disruptions due to military action in Lower Juba region hence exorbitant food prices in the local markets (OCHA, 2015). There is therefore need for an urgent and sustainable life-saving nutrition intervention

2. Needs assessment

Somalia nutrition cluster estimates that a total of 71100 people in lower Juba are in need of lifesaving nutrition intervention but it targets a total of 38500. Kismayo IDPs have an estimated population of 18040. Of these the project will target 4820 children 6-59 months for screening and treatment of uncomplicated SAM, vaccination and micro nutrient supplementation, and 1012 PLWs for screening, referral, IYCF counselling and peer education, NHHP education and micronutrient supplementation. An assessment conducted by SAF-UK staff revealed that there is no any OTP project in the targeted 10 IDP camps in Kismayo namely: Camp Bass, Camp Shale Jis, Tawakal, Halane, Wardher, Koban, Ex- Alla Amin, Dhumas, Camp Mudul and Warshada Hargaha hence sustained malnutrition caseloads among boys and girls aged 6-59 months. However SAF-UK operates an MCH and OPD in Farjano village that has the highest number of IDPs. The MCH provides admission and delivery services for pregnant mothers while OPD serves children. It's worth noting that the existing SC is far away from the area. This distance interferes with the successful treatment of complicated SAM, because of the poor health seeking behaviour of the IDP population; they do not use available health services if they are difficult to access (SAF-UK 2015).

The project aims at treating severe acute malnourished 885 girls and 885 boys (1770) with MUAC measurements of <11.5cm and moderate malnourished 1525 girls and 1525 boys (3050) with MUAC measurements <12.5cm as well as 1012 malnourished PLW by providing basic nutrition packages based on Somalia IMAM standards in 10 above mentioned IDP camps in Kismayo.

Treatment of malnutrition has not been successful in this area because of poor integration between OTP and TSFP. This project aims at addressing this among other challenges by providing one stop services for treatment of acute malnutrition. This will improve accountability to affected population and hopefully reduce the rates of malnutrition. Treatment of malnutrition alone is not enough in combating the menace. The project therefore aims at providing basic nutrition services that cover both immediate and underlying causes of malnutrition, at the same time providing education that will help them quickly bounce back in case of shock.

3. Description Of Beneficiaries

The project will target children 6-59 months and pregnant and lactating women. The two groups will be identified through screening that will be done by both Community health workers (CHWs) and project staff. Community health workers 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 periodically. Project staff will carry out screening every time they visit a treatment site. CHWs will also pass messages that relate to identification of symptoms of malnutrition. This is expected to yield results, and so all children 6-59 months and PLWs that will be referred to them by fellow community members, will be screened to verify their status. Malnourished children 6-59 months and PLWs will also be identified during routine antenatal and / or post natal clinics and referred for treatment. All those identified with acute malnutrition will be assisted. Those with moderate acute malnutrition (MAM) will be treated at our targeted supplementary feeding program centers with followup from CHWs. Those with uncomplicated SAM will be also be treated at our Out patient Therapeutic Program sites and facilities. Those at risk of developing malnutrition will be counseled and followed up by CHWs.

4. Grant Request Justification

The projects targets children 6-59 months with moderate malnutrition and uncomplicated SAM, and acutely malnourished PLWs in the 10 IDP camps in Kismayo. Children 6-59 months will be treated through i static OTP/TSFP , which will be stationed at the MCH in Farjano, and two mobile sites.

Target children identified with SAM will be given a full treatment package for either MAM or uncomplicated SAM. During the treatment period, CHWs will occasionally follow them up in their homes just to ensure they are administering treatment as prescribed, to observe their home setting and to assist in case of difficulty or challenges in administration of treatment or issues relating to the same. Apart from treatment of SAM , immunization will be carried out. This will include immunization with pentavalent and measles vaccines.

PLWs will receive IYCF counseling both in groups and as individuals. Mother to mother peer education, for mothers with severely malnourished children less than 24 months, will be conducted in every camp. These mothers will also receive ante and postnatal care at the MCH, which will include micro nutrient supplementation, growth monitoring for children, and safe motherhood services for the pregnant women. They will also receive health and nutrition counseling as per need.

The interventions target both cluster objective one and two, which cover provision of life saving interventions. Indicators for these objectives are those relating to identification and treatment of children 6-59 months and PLW who are acutely malnourished in severe emergencies, and improving access to basic nutrition services for both children 6-59 months and PLW.

5. Complementarity

SAF-UK operates an MCH and OPD centres in Farjano village that covers Bulobliko IDP camps and other surrounding villages and IDP camps in Kismayo. The MCH provides safe motherhood services and treats children for outpatient services. The organization further has health supplies from WHO for the MCH and OPD in Farjano and nutrition supplies for the current PCA in Jilib that is stored in Kismayo and is ready for use in this project. This project will complement the treatment of complicated SAM by treating common childhood diseases thus reducing the risk of deterioration of nutrition status from Moderate acute malnutrition , to severe acute malnutrition, from the risk state to moderate acute malnutrition , and from uncomplicated SAM to complicated SAM. The MCH will also pacify the deterioration of maternal nutrition status of PLW to acute malnutrition state. This will go a long way in reducing the number of children born with low birth weight, and who are already at risk of developing acute malnutrition. Post partum care will help reduce the rate of stunting , which is high among the Kismayo IDPs, through growth monitoring and referral for assistance. Children who are stunted are also at risk of becoming malnourished in case of shock.

Treatment of uncomplicated SAM will assist in reduction of prevalence and /or severity of most communicable child diseases, whose severity and occurrence depends of the immunity status.

The health and nutrition interventions working together will play down the synergistic relationship between malnutrition and health.

LOGICAL FRAMEWORK

Overall project objective

To contribute to reduction of mortality and morbidity among 4820 children (2410 boys and 2410 girls) under 5 years and 1012 PLWs that result from acute malnutrition by provision of selective feeding and nutrition services and increase BNSP services linked to WASH, health, food security and education programs in the 10 targeted IDP camps in Kismayo

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
N/A	N/A	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 BNSP for children 6-59 and PLWs. It also contributes to cluster objective 4 which looks at among other things improvement of capacity for program implementation.

Outcome 1

1770 severely acute malnourished children (885 boys and 885 girls) and 3050 moderately malnourished children (1525 boys and 1525 girls) aged under 5 as well as 1012 PLW are treated through OTP and SFP programs in 10 IDP camps in Kismayo

Output 1

Description

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Assumptions & Risks

Activities

Activity 1.1.1

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

1. Screening and treatment of 1770 severely acute malnourished children without medical complications (885 boys and 885 girls) through OTP
2. Screening and treatment of 3050 moderate malnourished children (1525 boys and 1525 girls) 6-59 months

Activity 1.1.2

Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Screening and treatment of 1012 PLW through SFP in 10 IDP camps in Kismayo

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					5,832
Means of Verification : OTP reports, Quarterly reports, end term reports							
Indicator 1.2	Nutrition						0
Means of Verification :							
Indicator 1.3	Nutrition						0
Means of Verification :							
Outcome 2							
Enhanced provision of BNSP for 2410 boys and 2410 girls aged 6-59 months and 1012 PLW in the targeted 10 IDP camps in Kismayo							
Output 2							
Description							
-							
Assumptions & Risks							
Activities							
Activity 2.2.1							
Standard Activity : Infant and young child feeding counselling							
Conduct 12 IYCF sessions with emphasis to exclusive breastfeeding and complementary feeding for 1012 Pregnant lactating women in 10 IDP camps in Kismayo							
Activity 2.2.2							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provision of appropriate micro nutrient supplementation Vit A,MMN FeFo supplementation to 1012 Pregnant and lactating women (PLW) in 10 IDP camps in Kismayo							
Activity 2.2.3							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct 12 Hygiene promotion sessions (1 session/month) for 12 months successively targeting 1012 PLW by nutrition staff and trained hygiene promoters through beneficiary awareness on hand washing at critical times (before and after toilet and after handling children feces) in project targeted locations 10 IDP camps in Kismayo							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1	Nutrition	Number of IYCF promotion sessions held					12
Means of Verification : Session attendance records, monthly reports, mid term and end term reports							
Indicator 2.2	Nutrition	Number of pregnant and lactating women receiving micronutrient supplementation					1,012
Means of Verification : OTP/TSFP registers, monthly reports, mid term and end term reports							
Indicator 2.3	Nutrition	Number of hygiene promotion sessions held					12
Means of Verification : OTP/ TSFP registers, monthly reports, mid term and end term reports							
Outcome 3							
Improved capacity of health workers (men and women) in management of Moderate and uncomplicated severe acute malnutrition, and community volunteers (men and women) in identification of malnutrition and passing of basic nutrition, health and hygiene messages in the 10 targeted IDP camps in Kismayo							
Output 3							
Description							
-							
Assumptions & Risks							
Activities							
Activity 3.3.1							
Standard Activity : Capacity building							
Training of 36 OTP and SFP staff (15 men and 21 women) in case detection, screening, treatment and management of moderate and uncomplicated severe acute malnutrition in children 6-59 months and PLW in the targeted 10 IDP camps in Kismayo							
Activity 3.3.2							

Standard Activity : Capacity building

Training of 60 community Health workers (25 men and 35 women) on nutrition education to enhance their knowledge in malnutrition to mitigate increasing malnutrition cases amongst boys and girls aged between 6-59 months and PLW in the targeted 10 IDP camps in Kismayo

Activity 3.3.3**Standard Activity : Capacity building**

Conducting community education sessions (4 sessions for every quarter) for 40 men and 60 women to increase awareness in the project targeted 10 IDP camps in Kismayo during the project time

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					36

Means of Verification : Training reports, monthly reports, midterm and end term reports.

Indicator 3.2	Nutrition	Number of community health workers trained on management of acute malnutrition					60
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Means of Verification : Training reports, monthly reports, midterm and end term reports

Indicator 3.3	Nutrition	Number of community education session held on nutrition awareness					4
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Means of Verification : Session reports, Session attendance registers ,midterm and end term reports

Additional Targets : The project will also target caregivers of malnourished children 6-59 months , especially the significant others , who bring them to the health facility

M & R**Monitoring & Reporting plan**

The project base its monitoring on the FSNAU post Deyr 2015 assessment results. This information will act as baseline information. Project staff and CHWs 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 and HIMS. Community volunteers will report to CHWs , who will capture activities carried out in their reports.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 fixed site but will also visit 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 Mand E officer will carry out and evaluation , and results compared with the FSNAU assessment.It is at this time that a mid term report will also be shared with CHF. At the end of the project and end term evaluation will be conducted, a report generated and shared with CHF through their GMS.and with the cluster. Any sharp change in the situation will however be reported to both nutrition cluster and CHF in time.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: 1. Screening and treatment of 1770 severely acute malnourished children without medical complications(885 boys and 885 girls) through OTP 2.Screening and treatment of 3050 moderate malnourished children (1525 boys and 1525 girls) 6-59 months	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Screening and treatment of 1012 PLW through SFP in 10 IDP camps in Kismayo	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.1: Conduct 12 IYCF sessions with emphasis to exclusive breastfeeding and complementary feeding for 1012 Pregnant lactating women in 10 IDP camps in Kismayo	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.2: Provision of appropriate micro nutrient supplementation Vit A,MMN FeFo supplementation to 1012 Pregnant and lactating women (PLW) in 10 IDP camps in Kismayo	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.3: Conduct 12 Hygiene promotion sessions (1 session/month) for 12 months successively targeting 1012 PLW by nutrition staff and trained hygiene promoters through beneficiary awareness on hand washing at critical times (before and after toilet and after handling children feces) in project targeted locations 10 IDP camps in Kismayo	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3.1: Training of 36 OTP and SFP staff (15 men and 21 women) in case detection, screening, treatment and management of moderate and uncomplicated severe acute malnutrition in children 6-59 months and PLW in the targeted 10 IDP camps in Kismayo	2016	X					X						
Activity 3.3.2: Training of 60 community Health workers (25 men and 35 women) on nutrition education to enhance their knowledge in malnutrition to mitigate increasing malnutrition cases amongst boys and girls aged between 6-59 months and PLW in the targeted 10 IDP camps in Kismayo	2016	X					X						
Activity 3.3.3: Conducting community education sessions (4 sessions for every quarter) for 40 men and 60 women to increase awareness in the project targeted 10 IDP camps in Kismayo during the project time	2016	X		X				X			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 of 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 decisions relating to project design. The project has also included 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 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 the community members in a way they can understand, through Hotubas and community meetings. This will be done by 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. NHPH education will also emphasize good disposal of the sachets as a way of protecting the environment.

Implementation Plan

The project will be implemented in close collaboration with WASH, health, food security and education partners in 10 IDP camps in Kismayo. There will be 6 teams, one fixed at Farjano MCH and 5 mobile teams covering the targeted 10 IDP camps. The targeted malnourished children aged 6-59 months and PLWs will be screened by screeners supported by auxiliary nurses and registrars. Targeted severe acute malnourished boys and girls will be treated through OTP. The treated SAM cases will be referred to SFP for continued follow up. The targeted moderate malnourished boys and girls aged 6-59 months and PLW will be screened and treated through SFP program. Treatment of malnutrition as well as management of common diseases and micro nutrient supplementation for PLW will be conducted alongside promotion of IYCF particularly with emphasis to exclusive breastfeeding and complementary feeding by nutrition staff, CHWs and nutrition volunteers. Nutrition supplies/ consumables will be provided by UNICEF. 36 nutrition staff (21 women and 15 men) as well as 60 (35 women and 25 men) CHW will be trained on management of acute malnutrition prior to start of treatment. 100 persons (60 women and 40 men) community members will be trained on community nutrition awareness (cases detection and referral) that will be conducted for 12 months successively during of the project time, in addition 8 hygiene promotion sessions will be held in the targeted 10 IDP camps in Kismayo during the project time.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SADO	WASH activities in Kimayo
SGJ	WASH activities in Kismayo
APD	WASH activities in Kismayo
IOM	WASH activities in Kismayo
NRC	WASH Activities in Kismayo
IMC	WASH activities in Kismayo
ARC	Health activities in Kismayo
ICRC	Health activities in Kismayo
Muslim Aid	Health Activities in Kismayo
UNICEF	Liase with them for supplies for treatment of uncomplicated SAM, micronutrients and NHPH education material
Nutrition cluster	Chair subnational cluster coordination and provide information as required.
WFP	Liase with them for supplies for treatment of MAM.
ICRC	They run the only SC in Kismayo. We will coordinate with them when it comes to referral of beneficiaries with complicated SAM

Environment Marker Of The Project**Gender Marker Of The Project**

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

Justify Chosen Gender Marker Code

The project aims at treating severe acute and moderate malnourished boys and girls as well as treating the most vulnerable moderate malnourished PLWs through OTP and SFP programs in 10 IDP camps in Kismayo. In addition, the project aims at equally enhancing knowledge of nutrition staff (men and women), CHWs (men and women), volunteers (men and women) and increasing awareness of malnutrition as well as hygiene practices to the community to equally benefit women and men in order to manage severe acute and moderate malnutrition in the targeted 11 IDP camps in Kismayo. IYCF promotion, especially breastfeeding support, will be done 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 and TBAs will also be involved in this regard.

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 mostly make up the largest number of caregivers. This will also aim at encouraging men to be involved in the health of their wives/ children.

All complaint will be treated as highly confidential, and the complainant or information linking 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 their issues or demand for services, through the human resource manager, without discrimination.

Country Specific Information

Safety and Security

The security situation in Kismayo is not stable. The management will therefore require that staff do not proceed for field before they receive a security brief. All staff will congregate at the fixed site before being allowed to go out. Project staff will be confined in the treatment sites, only CHWs will be allowed to go into the villages. All staff working in the field will also be provided with airtime, so that they can communicate with the those in the office regularly. The project will give first priority to qualified locals for employment. Those coming from outside Kismayo, will be required to be Somalis who can fluently speak the local language. The aim is to enhance community acceptance and reduce animosity. Community health workers will also be nominated from the community.

Access

Kismayo IDPs are easily accessible. The project will be able to access with ease. Mobile teams will be provided with vehicles 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
1.2	1.2.1 Senior Admin and Finance officer	D	1	1,500.00	12	80%	14,400.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) He will work for the project and share the cost with UNICEF PCA for the project in Jilib. The cost is determined by organizational rates for the position and includes medical services/cost. He will be responsible financial management of the project. (TimeUnit: Months)</i>						
1.4	1.2.3 Nurse/Supervisor	D	6	350.00	12	100%	25,200.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by nutrition rates for the position. They will be responsible for overall supervision of the project activities as well as support in training of CHWs and nutrition awareness (TimeUnit: Months)</i>						
1.5	1.2.4 Auxiliary Nurse	D	6	250.00	12	100%	18,000.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by nutrition rates for the position. They will be responsible for administration of nutrition foods, support for screening as well as data/records keeping of the OTP/SFP cases (TimeUnit: Months)</i>						
1.6	1.2.5 Screener	D	6	250.00	12	100%	18,000.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by nutrition rates for the position. They will be responsible for screening of the OTP/SFP cases (TimeUnit: Months)</i>						
1.7	1.2.6 Registrar	D	6	250.00	12	100%	18,000.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by nutrition rates for the position. They will be responsible for registration of the OTP/SFP cases (TimeUnit: Months)</i>						
1.8	1.2.7 Guards	D	2	150.00	12	100%	3,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by local rates in Kismayo acceptable to the organization. They will be responsible for the security of the OTP/SFP teams as well as the MCH (TimeUnit: Months)</i>						
1.9	1.2.8 Cleaners	D	2	150.00	12	100%	3,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) They will work exclusively for hence 100% payment from the grant. The cost is determined by local rates in Kismayo acceptable to the organization. They will be responsible for cleaning of the MCH (TimeUnit: Months)</i>						
1.1	1.1.1 Nutrition Coordinator	D	1	3,000.00	12	100%	36,000.00
	<i>(A:1 Staff and Other Personnel Costs: International Staff) He/she will work exclusively for the project hence 100% payment from the grant. The cost is determined by organizational rates for the position and includes medical services/cost. He/she will be responsible for coordination of project activities and staff as well overall project management (TimeUnit: Months)</i>						
1.3	1.2.2 Logistician	D	1	600.00	12	100%	7,200.00

	<i>(A:1 Staff and Other Personnel Costs: Local Staff) He/she will work exclusively for hence 100% payment from the project grant. He will be responsible for the management supplies and deliveries. The payment is determined by organizational rates for the position and includes medical services/cost. He will be (TimeUnit: Months)</i>						
	Section Total						144,000.00
Supplies, Commodities, Materials							
2.1	2.1.1 Nutrition awareness training (See attached BOQ)	D	1	9,259.00	1	100%	9,259.00
	<i>see attached BOQ (TimeUnit: Lumpsum)</i>						
2.2	2.1.2 Training of OTP/SFP staff (See attached BOQ)	D	1	5,388.00	1	100%	5,388.00
	<i>See attached BOQ (TimeUnit: Lumpsum)</i>						
2.3	2.1.3 Training of Community health Workers (See attached BOQ)	D	1	7,399.00	1	100%	7,399.00
	<i>See attached BOQ (TimeUnit: Lumpsum)</i>						
2.4	2.1.4 Hygiene promotion training (See attached BOQ)	D	1	12,200.00	1	100%	12,200.00
	<i>See attached BOQ (TimeUnit: Lumpsum)</i>						
2.6	2.1.6 Storage and warehouse rent	D	1	350.00	12	100%	4,200.00
	<i>Cost of hiring a store in Kismayo, determined by local rates in Kismayo. The warehouse is used for storing the supplies (TimeUnit: Months)</i>						
2.7	2.1.7 Vehicle rent	D	2	1,440.00	12	100%	34,560.00
	<i>The vehicle will be rented for project staff when visiting the centres and sites in the 10 IDP camps. One vehicle for each mobile team at a cost of 1440 per month (TimeUnit: months)</i>						
2.5	2.1.5 Community health workers/promoters	D	10	150.00	12	100%	18,000.00
	<i>They will support nutrition staff in the project given extensive location to covered, the cost is determined by the cluster (TimeUnit: Months)</i>						
	Section Total						91,006.00
Travel							
5.1	Flight cost for the Nutrition coordinator from Nairobi to Kismayo and back	D	4	600.00	1	100%	2,400.00
	<i>Cost of return air ticket from Nairobi to Kismayo for the nutrition coordinator (flight cost from Nairobi to Kismayo is USD 350 and Kismayo to Nairobi USD 250 bringing the total of a return ticket to USD 600) and he will travel 4 times (to and from) (TimeUnit: lumpsum)</i>						
	Section Total						2,400.00
General Operating and Other Direct Costs							
7.2	7.1.2 Office rent	D	1	500.00	12	100%	6,000.00
	<i>The cost of renting an office in Kismayo, the cost is determined by the size of the hired office and location (TimeUnit: Months)</i>						
7.3	7.1.3 Communication (See attached BOQ)	D	1	350.00	12	100%	4,200.00
	<i>see attached BOQ (TimeUnit: Months)</i>						
7.4	7.1.4 Utilities (See attached BOQ)	D	1	350.00	12	100%	4,200.00
	<i>See attached BOQ (TimeUnit: Months)</i>						
7.5	7.1.5 Bank Transfer charges	D	1	5,375.00	1	100%	5,375.00
	<i>Cost of transfer of project grant from Nairobi to Kismayo using money transfer services/Amal Bank (TimeUnit: Lumpsum)</i>						
7.1	7.1.1 Stationery and office materials (See attached BOQ)	D	1	1,008.00	1	100%	1,008.00

	See attached BOQ (TimeUnit: Lumpsum)						
	Section Total						20,783.00
SubTotal			57.00				258,189.00
Direct							258,189.00
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							18,073.23
Total Cost							276,262.23
Grand Total CHF Cost							
276,262.23							
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Dalxiiska							
Lower Juba -> Kismayo -> Kismayo	100						<p>Activity 1.1.2 : Screening and treatment of 1012 PLW through SFP in 10 IDP camps in Kismayo</p> <p>Activity 2.2.1 : Conduct 12 IYCF sessions with emphasis to exclusive breastfeeding and complementary feeding for 1012 Pregnant lactating women in 10 IDP camps in Kismayo</p> <p>Activity 2.2.2 : Provision of appropriate micro nutrient supplementation Vit A,MMN FeFo supplementation to 1012 Pregnant and lactating women (PLW) in 10 IDP camps in Kismayo</p> <p>Activity 2.2.3 : Conduct 12 Hygiene promotion sessions (1 session/month) for 12 months successively targeting 1012 PLW by nutrition staff and trained hygiene promoters through beneficiary awareness on hand washing at critical times (before and after toilet and after handling children feces) in project targeted locations 10 IDP camps in Kismayo</p> <p>Activity 3.3.1 : Training of 36 OTP and SFP staff (15 men and 21 women) in case detection, screening, treatment and management of moderate and uncomplicated severe acute malnutrition in children 6-59 months and PLW in the targeted 10 IDP camps in Kismayo</p> <p>Activity 3.3.2 : Training of 60 community Health workers (25 men and 35 women) on nutrition education to enhance their knowledge in malnutrition to mitigate increasing malnutrition cases amongst boys and girls aged between 6-59 months and PLW in the targeted 10 IDP camps in Kismayo</p> <p>Activity 3.3.3 : Conducting community education sessions (4 sessions for every quarter) for 40 men and 60 women to increase awareness in the project targeted 10 IDP camps in Kismayo during the project time</p>
Documents							
Category Name		Document Description					
Project Supporting Documents		Office Stationery					
Project Supporting Documents		BOQ for communication					
Project Supporting Documents		BOQ for Hygiene promotion					

Project Supporting Documents	BOQ for Nutrition awareness
Project Supporting Documents	BOQ for CHWs training
Project Supporting Documents	BOQ for OTP/SFP staff training
Project Supporting Documents	BOQ for Utilities
Project Supporting Documents	Project locations
Project Supporting Documents	Final revised BOQ
Project Supporting Documents	Proposal-720 SAF-UK.pdf
Project Supporting Documents	Budget tool and budget narrative -720 safuk.xls
Project Supporting Documents	Proposal-720 SAF-UK.pdf
Budget Documents	BOQ-2466 SAFUK.xls
Budget Documents	Budget tool and budget narrative -2466.xls
Budget Documents	Proposal-2466 SAF-UK.pdf
Signed Project documents	Grant Agreement-SAF-UK-2466.pdf
Budget Documents	Grant Agreement-SAF-UK-2466.pdf
Signed Project documents	Rev GAreement-SAF-UK-2466.pdf