

Requesting Organization :	Save the Children				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Emergency Nutrition Response for Internally displaced people In Baidoa district, Bay region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/Nut/INGO/2569		
Cluster :		Project Budget in US\$:	300,000.30		
Planned project duration :	12 months	Priority:			
Planned Start Date :	15/11/2016	Planned End Date :	14/11/2017		
Actual Start Date:	15/11/2016	Actual End Date:	14/11/2017		
Project Summary :	<p>As it is described in detail in the context analysis, the prospect and prediction for food security and nutrition in Baidao remain critical, including Biadoa IDP remain critical. The major causes of this food and nutrition situation are continuing conflict, displacement and worsening drought in the area, limited purchasing capacity of the communities of IDPs, prevalence of diseases and inadequate nutrition services, poor infant and young child feeding practice. Because of these, vulnerable groups of the community: children, pregnant and lactating women, at increased risk of morbidity and mortality unless lifesaving intervention is put forward immediately. The nutrition status of the Biadoa IDP community in considered serious. The estimated MAM is 14.5% and SAM is 4.4%. (FSNAU 2015/2016 report). Due to the magnitude of the problem and presence of aggravating and contributing factors(see below), coupled with low or no coverage TSFP in Biado IDP, Save the Children considers the nutrition needs as priority number one as a lifesaving intervention</p> <p>School Nutrition</p> <p>The School children have high level of illness and malnutrition as they go through these crucial growing years. There is high prevalence of Iron deficiency anaemia (IDA) among school age children that major health consequence of impaired physical and cognitive development, as well as increase morbidity from infectious disease. This project proposed activities like Micro nutrient supplementation, provide nutrition screen and counselling for school children, develop behavioural communication messages on nutrition needs of student specially adolescence girls and also will conducted assessment to monitor the impact of the project both on nutritional and behavioural aspect. SCI will closely work and coordinate school nutrition intervention with the key education partners in Baidoa IDPs.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	1,733	19,926	4,921	4,921	31,501
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	4,921	4,921	9,842
Pregnant and Lactating Women	0	642	0	0	642
Women of Child-Bearing Age	0	19,284	0	0	19,284
Internally Displaced People	1,733	0	0	0	1,733
Indirect Beneficiaries :					
36544					
Catchment Population:					
60, 626					
Link with allocation strategy :					

The project is directly cluster strategic activities and as well as allocation strategy. This project will include treatment TSFP to address MAM and prevent them from deteriorating into SAM. SC has an ongoing project in Baidoa that consists of OTP and referral of SAM with complications to the SC, This project will therefore complement the existing OTPs with the TSFP treatment and therefore a complete CMAM approach. SCI will further implement the IYCN activities in the 10 OTP/TSFP sites to prevent malnutrition among children 0-24 months and provide health and nutrition education sessions to mothers and care givers on optimal care practices of their children.

SCI will also implement the school nutrition project with a focus mainly on the adolescent girls so as to break the intergenerational cycle of malnutrition. In order to achieve this SCI will target 5 schools with an aim to establish a system to provide a comprehensive and routine nutrition assessment and counselling services for adolescents at school/community level and Develop key oriented nutrition behavior change communication messages for adolescents and especially girls and promote and demonstrate these messages through different communication channels. This project will therefore contribute to the cluster strategy by increasing access to life saving nutrition interventions among the IDPs and host communities of Northern Baidoa.

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$
GREDDO	National NGO	159,615.80
		159,615.80

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

Other Funding Source	Other Funding Amount

Organization focal point :

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Laura Jepson	Head of Business Development	Laura.Jepson@savethechildren.org	(+254) 0732888852
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BACKGROUND

1. Humanitarian context analysis

Protracted conflicts, as well as consecutive years of drought, natural hazards, and disruption of basic infrastructure have led to large-scale displacement in Somalia and across the region. Almost half the population, around 4.9 million people, is vulnerable to external shocks and lacks access to basic goods and services. Insecurity and bureaucratic impediments hinder humanitarian access. Somalia suffers from a chronic fragility of state institutions as a result of two decades of civil war.

Non state armed group continues attacks on civilians, humanitarian personnel, and government officials. Since January 2016, there has increased attacks and recaptured locations across south-central Somalia, including several towns in Lower Shabelle, Bay, and Jubaland, that resulted in the increase in the number internal displace people (Source: European Interagency Security Forum, March 23/2016) .

Somalia has an estimated 1.1 million IDPs (893,000 in the south-central region, 129,000 in Puntland, and 84,000 in Somaliland). (Source: UNHCR: SOMALIA FACTSHEET April 2016) .The main reasons for displacement are food insecurity, conflict, and natural disaster.

According to November 2015, FSNAU integrated food security and nutrition surveys in each of the 13 main IDP settlements across the country, indicate that over the 12 month period preceding the survey, the highest proportions of new IDP arrivals were reported in Kismayo (33%), Baidoa (32%) and Banadir (22%). Insecurity and localized floods were the main causes of displacement. There are 9,327 internally displaced households living 72 settlements in and around Baidoa town (INTERESO –Baidoa IDP Mapping exercise, April 2016).

4.7 million People are in need of food assistance, 931,000 people are in Crises (IPC Phase 3) and 22,000 in Emergency (IPC Phase 4). IDPs represent 68% of the population in crises and Emergency. according to the January 2016 food security IPC analysis , 12 out of the 13 main IDP settlements in the country were classified Crises (IPC phase 3). The report further indicated most of the IDPs households had acceptable food consumption score (FCS>42) with exception of IDPs in Dolow, Baidoa and Qardho where significant portion of households with poor (FCS<28) or borderline consumption score. 1.3 million People are in need of nutrition assistance across the country. 305,000 children under five are moderately malnourished and 58,000 children are severely malnourished (UNOCHA- Somalia Humanitarian Dashboard - April 2016).

Persistent critical rate of acute malnutrition was recorded for past six consecutive assessments in Bay region, with current Global Acute Malnutrition (GAM) level of 17.3 percent. The acute malnutrition level of Baidoa IDP as per the post deyr 2015 assessment was 14.5%, with critical level of Severe Acute Malnutrition (SAM) (4.4%), similarly the previous assessment result showed above critical level. The persistence high level of GAM rates in Baidoa IDPs irrespective of seasonal change was mainly related with household food insecurity, poor access to safe water and sanitation, low immunization coverage such as Vitamin A (48.2%) and measles (41.4%), high prevalence of morbidity rate (24.4%),poor maternal nutrition (16.4%) and as well sub optimal infant and young child feeding (IYCF). Indicating the need to have multi-faceted interventions to address the underlying contributing factors of acute malnutrition.

2. Needs assessment

SCI/GREDO is currently implementing community management of acute malnutrition since 2012 in Baidoa targeting the IDPs and host communities in the area. The Bay region has persistently shown under-5 GAM rates for boys and girls above the 15% threshold since 2007 with 2015-2016 Post Gu results showing a GAM of 14.5% among the IDP population in Baidoa. There are high rates of maternal malnutrition which are mainly linked to increased nutrient demands during pregnancy, which are not being met. High diarrhea prevalence rates show that hygiene conditions are very poor, adding to the poor nutritional status of both children and pregnant/lactating women.

SCI/GREDO have established a good community system reaching out to the beneficiaries in the area, the 2015 SQUEAC survey revealed a coverage of 70%. The current project Strengthening Nutrition in Somalia (SNS) is a consortium project aiming at improving the nutritional status of children under 5 in targeted areas of South Central Somalia which goes beyond the emergency treatment phase. It combines emergency aid provision with transitional support towards longer-term development goals. The activities therefore include: 1) treatment for the severe acute malnutrition cases; 2) prevention through IYCF program; 3) surveillance linked in to allow scale up and down as per needs; and 4) capacity building of community and existing health and nutrition structures. This approach identifies and addresses some of the root causes of malnutrition, and increase the level of locally available expertise in preventing, detecting and treating malnutrition. There are 10 Outpatient Therapeutic Program (OTP) centres in Baidoa running under the SNS project.

This however leaves a gap in the treatment of moderately malnourished children under five and pregnant and lactating women in the 10 OTP sites in Baidoa region and need for extensive community mobilization, hygiene promotion and preventive services for the larger number of moderately malnourished individuals. It is in this line that SCI proposes to incorporate this missing component of TSFP, targeting the moderately malnourished children 6-59 months and PLWs. This will also reduce the number of children deteriorating to SAM and therefore becoming more at risk of morbidity and mortality associated with severe acute malnutrition. The IYCF and community hygiene promotion messages will encourage mothers and caregivers in giving appropriate care to their children and therefore prevention of both moderate and severe acute malnutrition among especially the IDPs in Baidoa.

GREDO is an active member of the nutrition sub-cluster in the region and also the lead with the proposed activities being integrated in SCI's overall health, nutrition and food security programmes addressing underlying causes of malnutrition in Baidoa.

School Nutrition

Following the Nutrition Causal Analysis (NCA) conducted in 2015, south Central Somalia including Baidoa region, Adolescents were found to also contribute largely to the intergeneration cycle of malnutrition. In order to address this, SCI proposes to implement a school nutrition program targeting 4 schools in the Baidoa IDPs with key interventions being; 1. Establish a system to provide a comprehensive and routine nutrition assessment and counselling services for adolescents at school/community level and 2. Develop key oriented nutrition behavior change communication messages for adolescents and especially girls and promote and demonstrate these messages through different communication channels. This will therefore involve a baseline and end line survey in the schools which will include anthropometric measurements, Hemoglobin and KAP to determine the nutrition status of the adolescent and determine the status at the end of the yearlong project. Provision of Ferrous tables or Multiple Micro Nutrient (MMN) will be issued to the adolescent girls and those found to be malnourished will be referred to OTP

3. Description Of Beneficiaries

The proposed interventions are directly in line with the cluster proposed priority intervention strategies targeting Baidoa IDPs aiming at reducing the level of MAM and re-admission of cured SAM cases in the target population by implementing the targeted supplementary feeding program. This will address the current critical gaps of the ongoing nutrition program of SCI/GREDO in Baidoa IDPs. SCI will recruit community nutrition volunteers among the IDPs to support the regular case identification within the community, and also to support the nutrition team on bi-monthly mass screening of acute malnutrition targeting all eligible children, and pregnant lactating mothers in the IDPs settlements as per the IMAM guideline.

The TSFP will target the most vulnerable children 6-59 months and PLWs with moderate acute malnutrition. The project will target and screen beneficiaries based on Somalia IMAM guidelines as well as in line with international benchmarks such as SPHERE standards. Eligible beneficiaries will be identified in the community and will be re-screened by nutrition team to confirm their eligibility. The admitted beneficiaries will be given rations according to WFP's ration calculation.

SCI will promote optimal IYCF practices as a way of preventing acute malnutrition among the most vulnerable group of 0-24 months. This will be done through the establishment of Mother Support groups in the IDPs settlements as way to promote peer to peer education and counseling within these groups. These activities will be done by trained IYCF counselors. The counselors will also help in conducting IYCF mass education in the community.

Promoting key health and hygiene messages is critical to prevent new cases of malnutrition and managing those already affected and more often than not, women in the community are expected to take care of the young child. If the awareness and status of women on this issue is low, they may have little control over the resources within the family. Consequently, they will lack the awareness and resources to exercise good child-caring practices. Therefore, the project intends to provide nutrition, hygiene and health education, in the communities, and distribution sites to bring positive change on childcare and nutrition.

School Nutrition

Different studies have shown that school going children face high levels of illness and malnutrition as they go through the crucial growth of puberty and adolescent. 53% of school-age children suffer from Iron Deficiency Anemia, the major health Consequences of which are impaired physical and cognitive development, as well as increased morbidity from infectious diseases. Approximately 85 million or 7% of all school-age children lack sufficient vitamin A. Long-term vitamin A deficiency negatively impacts growth, impairs learning ability, and those who have VAD are at risk of blindness, malnutrition (anemia), infections (e.g. parasitic worms, malaria) and death. The prevalence of stunting and underweight among school children, two key indicators for malnutrition, is high in low-income countries, ranging from 48 to 56% for stunting and 34 to 62% for underweight children. Poor health and nutrition can have a magnified impact on the next generation, especially school-age girls. Malnourished girls become mothers who face high levels of maternal mortality and bear low birth-weight babies at greater risk of infant mortality. Schools are now a key setting where the education and health sectors can jointly take action to improve and sustain the health, nutrition and education of children previously not reached, especially girls. Save the Children is proposing interventions to integrate nutrition with a main focus on nutrition education for adolescence, micro nutrient supplementation (in line with WHO guidelines 2011), screening of children for acute malnutrition, and one to one nutrition counseling of the student. Nutrition education will target five schools in Baidoa IDPs

4. Grant Request Justification

Acute malnutrition remains a major public health problem in South central Somalia and more so in Baidoa especially amongst the IDPs. This significantly contributes to the increased morbidity and mortality among the most vulnerable community members. The Post Gu FSNAU nutrition results indicated a GAM of 14.5% amongst the IDPs in Baidoa with the situation expected to deteriorate further given the factors. Baidoa is the capital of Bay region, has been under the control of the Federal government of Somalia since the defeat of Al Shabaab in February 2014. Al Shabab imposed an economic siege and blocked all inland entries into the town. The protracted conflict, as well as recurring droughts, has severely affected the lives of people in Baidoa and more especially the IDPs displaced from the outskirts of Baidoa and its environs. 2016.

The communities of Baidoa and specifically the IDPs continue to experience critical challenges to food security following the 2015 elneo / flooding situation. With acute water shortages, pasture and food availability/purchasing power coupled with a struggling health system and in some cases non-existence, the community is struggling to mitigate the situation and therefore the need for SCI to respond the immediate nutrition needs.

Poor health and nutrition can have a magnified impact on the next generation, especially school-age girls. Malnourished girls become mothers who face high levels of maternal mortality and bear low birth-weight babies at greater risk of infant mortality. Schools are now a key setting where the education and health sectors can jointly take action to improve and sustain the health, nutrition and education of children previously not reached, especially girls. Research has shown that school-based nutrition programs improve children's health and nutrition, in turn leading to increased enrolment, attendance, reduced class repetition and increased educational attainment. For example, micronutrient supplementation and deworming have been shown to improve school performance and restore intelligence points. Hygiene and sanitation promotion in schools is known to improve children's health, boost school attendance and improve gender equity

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5. Complementarity

Save the children has been implementing community management of acute malnutrition project in Baidoa with support from the SNS grant covering the severe acute malnutrition cases and some of the IYCF activities and MFA- Norway covering the TSFP aspect. The TSFP project ended in February 2016 and the current proposed activities will therefore be complimenting the full component of the management of acute malnutrition and therefore comprehensively addressing and treating both severe and moderate cases of malnutrition and the community interventions to include full scale IYCF promotion to prevent malnutrition among children 0-24 months.

Save the Children will coordinate with World Vision International on their TSFP project in Baidoa. Save the Children proposed sites for the TSFP, are sites where there is a gap and no actors that are providing TSFP services, and the proposed sites will further increase the access of nutrition services in the area. Save the Children is also an active member of sub-national, national and regional coordination mechanisms in South Somalia and Nairobi, and coordinates closely with community-based organisations and other international actors operating in Biadoa. SC will work in partnership with GREDO which is the lead partner of the sub-national nutrition cluster Bay region, also active member sub-national inter-cluster meetings. Save the Children will work in close collaboration with the United Nations (particularly OCHA and UNHCR) on issues related with returnees and possible new displacement.

Save the Children will work in collaboration with Intersos and the Education Cluster who are supporting the schools in Baidoa in order to implement the school nutrition program. This will include attending the education sub-cluster meetings in Baidoa, identifying the adolescents in the schools with Intersos who will be provided the ferrous tables and the nutrition education sessions held in the schools, school clubs and other venues targeting the school going children. SCI will also work with UNICEF and the nutrition cluster to get the supplies for the schools nutrition to include the ferrous for the adolescent girls. The main activities will include treatment for the severe acute malnutrition cases among school going children by refereeing the identified cases to the nutrition centers within Baidoa and provision of ferrous tablets, prevention of malnutrition through nutrition education sessions, surveillance to assess the needs and capacity building of community and existing health and nutrition structures.

Save the Children and Center for Peace and Democracy (CPD) participate regularly in Cluster coordination , sharing information with other agencies; assisting in jointly assessing/analyzing information; prioritizing in-country interventions and locations to fill gaps and avoid the duplication of efforts; monitoring the humanitarian situation and the sector response; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action.

LOGICAL FRAMEWORK

Overall project objective

Contribute to the reduction of morbidity and mortality related to malnutrition by Increase access to quality live saving nutrition services for children under five, pregnant and lactating women and reduce among the Baidoa IDPs by July 2017

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 objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women

Outcome 1

Increased access to emergency nutrition services to children under five and pregnant and lactating women in Baidoa IDP settlements

Output 1.1

Description							
Improved access to quality TSFP service for Moderate malnourished children 6-59months of age and pregnant and lactating mother							
Assumptions & Risks							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams							
Activity 1.1.2							
Standard Activity : Not Selected							
Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges							
Activity 1.1.3							
Standard Activity : Treatment of moderately malnourished pregnant and lactating women							
Admission of pregnant and lactating women with MAM into TSFP program							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of under five PLW's screened					21,826
Means of Verification : TSFP registers, TSFP weekly tally sheets, CMAM reports							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,872
Means of Verification : TSFP registers, TSFP weekly tally sheets, CMAM reports (3230 children 6-59 months and 642 PLWs)							
Outcome 2							
Increased access to IDP communities in integrated nutrition, hygiene and health education preventive services							
Output 2.1							
Description							
Improved nutrition, hygiene and health behaviors amongst the targeted communities							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct nutrition, hygiene and health education for community and care-takers attending TSFP							
Activity 2.1.2							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct training for community volunteers on key nutrition/health/hygiene messaging,							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					480
Means of Verification : NNHP registers and monthly reports							
Indicator 2.1.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					280
Means of Verification : NNHP registers and monthly reports							
Indicator 2.1.3	Nutrition	Number of people reached with Key messages					17,210
Means of Verification : NNHP registers and monthly reports							
Outcome 3							
Nutritional status of school children improved , reversal of cognitive loss of school children, and increased health awareness of students							
Output 3.1							
Description							

Improved nutritional status among adolescents children							
Assumptions & Risks							
Activities							
Activity 3.1.1							
Standard Activity : Capacity building							
Conduct nutrition education sessions at the schools, and provide nutrition counselling for students							
Activity 3.1.2							
Standard Activity : Not Selected							
Establish school nutrition Club							
Activity 3.1.3							
Standard Activity : Not Selected							
Conduct baseline and end line nutrition surveys (School nutrition survey)							
Activity 3.1.4							
Standard Activity : Not Selected							
Supplementation of micronutrient for student							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Numbers of students receiving nutrition counselling					445
Means of Verification : School registers, monthly reports							
Indicator 3.1.2	Nutrition	Number of school nutrition clubs established					5
Means of Verification : School registers, monthly reports, club registers							
Indicator 3.1.3	Nutrition	Number of Nutrition operational researches conducted					2
Means of Verification : survey reports							
Indicator 3.1.4	Nutrition	Number of students (Adolescent girls) supplemented with micronutrients					1,855
Means of Verification : school registers and monthly reports							
Indicator 3.1.5	Nutrition	No. of students (boys and girls) reached with Key nutrition and Health messages promotion messages					3,710
Means of Verification : school registers and monthly reports							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

SCI is expanding upon traditional monitoring and evaluation, with what is called the SCI MEAL approach. This is an integrated system that generates detailed, field-based information and continuously improves program quality and learning. Led by an independent MEAL team, this system ensures stakeholder opinions are actively sought, activities are assessed against quality benchmarks, program improvement actions are planned and completed, and findings feedback into management decision making and organizational knowledge. A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SCI data collection tools for the existing nutrition program will be used to collect and analyze project data. At project level, there will be a monthly review and analysis of data from program implementation and the results will be used to make any required implementation adjustments. Monthly review meetings will also include discussions key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learned. SCI MEAL will conduct independent monitoring of program quality following standards that are agreed upon by the technical and the MEAL team. Outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings

GREDO: In terms of programme monitoring, documentation will be put in place to include the beneficiary registers, patient cards and ration cards. This also includes daily consumption sheets of all nutrition supplies signed by the beneficiaries through thumb print. SCI M & E team will visit the area and with the presence of SCI in Baidoa, continuous monitoring will take place on a monthly basis. During the monitoring visits and technical specialists visits, all these documentations will be triangulated to show the use of nutrition supplies and if this is appropriate and in accordance with the international standards.

In some of the OTP centers where access by SCI staff is limited, additional layer of performance assessment will be maintained through remote monitoring, whereby pictures of registers and OTP cards are maintained and uploaded to a centralized database on a weekly basis. This will ensure that staff in Mogadishu and Nairobi, including international staff, can access key documents and ensure that different programmatic and technical criteria are met.

Beneficiary exit interviews will also be conducted frequently to show how the service delivery has been undertaken by the staff. All real time nutrition data will be managed through on-line CMAM database per site for the nutrition specialists to be able to look through the weekly data and identify any shortfall immediately

Nutrition surveillance will be practiced where children are screened on a monthly basis in the community by the Community Nutrition Volunteers (CNVs) on mobile data and this is analyzed in the country office to give a snapshot of the nutrition situation in the communities being served. This will assist in the planning of the activities for the subsequent month with anticipation of either an increase or decrease in beneficiaries.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams	2016											X	X
	2017	X	X	X	X	X	X	X	X				
Activity 1.1.2: Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges	2016											X	X
	2017	X	X	X	X	X	X	X	X				
Activity 1.1.3: Admission of pregnant and lactating women with MAM into TSFP program	2016											X	X
	2017	X	X	X	X	X	X	X	X				
Activity 2.1.1: Conduct nutrition, hygiene and health education for community and care-takers attending TSFP	2016											X	X
	2017	X	X	X	X	X	X	X	X				
Activity 2.1.2: Conduct training for community volunteers on key nutrition/health/hygiene messaging,	2016												
	2017	X		X									
Activity 3.1.1: Conduct nutrition education sessions at the schools, and provide nutrition counselling for students	2016											X	X
	2017	X	X	X	X	X	X	X	X				
Activity 3.1.2: Establish school nutrition Club	2016											X	X
	2017	X	X										
Activity 3.1.3: Conduct baseline and end line nutrition surveys (School nutrition survey)	2016												
	2017								X				
Activity 3.1.4: Supplementation of micronutrient for student	2016											X	X
	2017	X											

OTHER INFO

Accountability to Affected Populations

A detailed Monitoring Evaluation Accountability and Learning (MEAL) Framework and plan will be developed for the project. Joint monitoring visits by Save the Children and the partner will be conducted at least quarterly to all project sites. The outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings. Further key stakeholders, including children, will be given platforms to participate in critical reflection and feedback processes on the performance of this project. Save the Children's child participation tools will be applied to ensure meaningful, safe, inclusive and voluntary participation of children. A robust and user friendly accountability mechanism will be agreed between beneficiaries (children – boys and girls, and community adults) who are stakeholders in the project. The system will involve sharing project information with beneficiaries, creating opportunities for beneficiaries to participate in implementing the project and a mechanism for receiving and handling feedback and complaints. Outcomes of the accountability system will be fed into monthly review meetings to inform decision making in regard to improving the quality of services delivered to beneficiaries. Communities will be able to provide feedback confidentially using the Save the Children's hotline number.

Implementation Plan

In Baidoa Save the Children has been working in partnership with local NGO GREDO, who will directly implement activities with Save the Children's technical and training support to ensure quality programming. Save the Children has been partnering with GREDO in BAIDOA since 2012 in the following sectors: WASH, Nutrition, and Health. They have proven to be a strong implementing partner and their staff have expertise across a range of sectors and have demonstrated their capacity to deliver quality and timely interventions. GREDO team will be supported by SCI nutrition program manager and Program Officers based in Baidoa field office to ensure close monitoring and support to implementing partner.

By taking the dispersed nature of 72 IDPs settlements in and around Baidoa town, Save the Children/GREDO will deploy two mobile nutrition teams to increase access to service to IDPs in 20 selected sites; the sites will be selected with consultation of representatives based proximity of the cluster of IDPs settlement, convenience for the beneficiaries, and population size. The mobile team will consist of nutrition supervisor, nutrition nurse, screener, registration Clerk, community mobilizer, and IYCF counselors. The nutrition team will support by nutrition program manager who will conduct regular supportive supervision and monitoring to ensure the program quality. In addition to mobile team SCI/GREDO will recruit from IDPs community nutrition volunteers that will support the team on community mobilization and active case finding, each treatment sites will have at least four CNVs. The CNV will be selected from different IDP settlements to ensure fair distribution, and in selection process SCI/GREDO will actively involve the project IDP implementation committees. Save the children will also establish 20 mother supporting groups to promote peer to peer support on IYCF promotion activities, each supporting groups will consist at least 10 members, . The Mother supporting group will be supported and supervised IYCF councillors. Save the Children will train nutrition and community volunteers on IMAM, IYCF and Key messages on nutrition, Hygiene, and health, Save the Children have active PCA and FLA with UNICEF and WFP respectively, covering Mogadishu, Hiran, Puntland and Somaliland. Save the Children will approach WFP for FLA amended to obtain supplies needed for this project. SCI will also budget procurement of contingency supplies to cover for possible pipeline break and the duration of FLA amendment process. SCI will obtain supplies of TSFP (MUAC, weight scale, height board) from UNICEF and RUSF from WFP. Save the children will hire light vehicles for the mobile nutrition team and also hire regularly trucks to transport supplies from the center to project site.

Save the Children is active member of sub-national, national and regional coordination mechanisms in South Somalia and Nairobi, and coordinates closely with community-based organizations and other international actors operating in Baidoa. GREDO is the lead partner of the sub-national nutrition cluster Bay region, also active member sub-national inter-cluster meetings. Save the Children will work in close collaboration with the United Nations (particularly OCHA and UNHCR) on issues related with returnees and possible new displacement. Save the Children and GREDO participate regularly in Cluster coordination , sharing information with other agencies; assisting in jointly assessing/analyzing information; prioritizing in-country interventions and locations to fill gaps and avoid the duplication of efforts; monitoring the humanitarian situation and the sector response; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action. Save the children will coordinate with Intersos in the implementation of the school nutrition in the 4 schools identified in Baidoa and will also work closely with the education sub-cluster members i

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNOCHA	Issue related with IDPs and returnees
UNCHR	Issue related with IDPs and returnees
Nutrition cluster	Sharing information, assessment, coordination
WFP	Supplies for MAM treatment
INTERSOS	To identify the adolescents in the schools who will be provided the ferrous tables and the carrying out nutrition education sessions.
UNICEF	supplies for the schools nutrition and ferrous tables

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

- Women will be included in the process of selecting a safe distribution point and time schedule to ensure that no delays in service provision can cause security threats to women and children
- The project will collaborate with available mechanisms to prevent occurrence of gender-based violence. This will be fully mainstreamed in the trainings and community mobilization events
- Beneficiaries data will be disaggregated by age and gender
- Emergency teams include women and men, and you strive to achieve gender balance
- Save the Children will monitor intended and unintended effects of the response on women and men

Protection Mainstreaming

Save the Children has strong accountability framework policy. Every staffs are trained before being deployed to the field. The community will be actively participated throughout the project implementation process. From the community the project team will use/establish village level committees, and regular review meeting will be conducted. The proposed activities are crafted to ensure the full and active participation of women in project implementation and on-going monitoring-based planning, particularly in the community components of the project. Opportunities to directly encourage women's participation exist through ensuring a 50:50 gender balance in the community structures such as village committees, community based volunteer. The mobile nutrition sites will be selected in collaboration with the village committee in area that is safe from any violence to the beneficiaries. Save the Children will make a beneficiary feedback mechanism that is context based on the context.

Country Specific Information

Safety and Security

Save the Children has developed the necessary security protocols and procedures to effectively work in Somalia, which are regularly reviewed and updated. In addition, Save the Children devotes appropriate resources to security management for our staff, programming and beneficiaries. Strict adherence to agency security policies is enforced.

While emergency interventions in Somalia carry a high degree of risk, Save the Children has experience implementing programs in Somalia, and more specifically, experience implementing health, nutrition and WASH interventions in the area proposed for this project. With this experience comes knowledge and skills in risk mitigation. Save the Children operates on a low profile basis, limiting branding and not advertising our presence in the area, and by maintaining minimal staff and assets. Our priority is the safety of our beneficiaries, GREDO and Save the Children staff, and delivering the lifesaving assistance needed to the communities

Access

SCI has an office in Baidoa and is currently implementing other projects in IDP settlements in Baidoa which will make access/ monitoring easier for project staff. Save the Children will also participate in the regular INGO – Donor – UN coordination group that is monitoring humanitarian access in critical areas of Somali. Should access to the area of intervention (or parts of it) be limited due to political/military events/decisions save the children will do everything possible to negotiate access. Should the area become and remain inaccessible save the Children will discuss with the donor about further procedures/ processes.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition Program Manager	D	1	3,500.00	12	22.25	9,345.00
	<i>Nutrition Programme Manager has the overall responsibility of ensuring quality reporting of nutrition projects and provide support to the nutrition staff by building capacities, supplies, reporting through the database and coordination, thus nutrition PM will expect to extend support to SHF project team and dedicate part of his time to the quality programming. The unit cost is \$3,500 and SHF will contribute 22.25% over the life of the award.</i>						
1.2	Nutrition Project coordinator -BAIDOA	D	1	2,096.00	12	100.00	25,152.00
	<i>Nutrition project coordinator will be based in Baidoa and will be in charge to coordinating the Implementation of SHF nutrition projects in BAY regions region s/he is also responsible for coordinating with the government and partners on the ground with support from the Nutrition Program Manager. S/he will manage project budget, prepare quality reports and ensure quality service delivery. The unit cost is \$2,096 and SHF will contribute 50% over the life of the award.</i>						
1.3	Technical Assistance Support	D	1	275.00	2	100.00	550.00
	<i>The Technical Assistance will be involved in the kick off meetings, project monitoring and review of the reports hence SHF will contribute 2 days of other cost at \$275 each.</i>						
1.4	Head of Monitoring Evaluation Accountability and Learning (MEAL)	D	1	6,224.00	12	7.60	5,676.29
	<i>The head of Monitoring Evaluation Accountability and Learning (MEAL) will give overall management of key monitoring and evaluation activities including reports on quality benchmarks, digital data gathering, baselines and third party monitoring activities. The unit cost is \$6,224 and SHF will contribute 7.6% over the life of the award.</i>						
1.5	Finance Assistant-Baidoa	D	1	772.00	12	35.00	3,242.40
	<i>The Finance Assistant will be assisting the finance officer for managing this award and ensuring all our expenditure is in line with the donor regulations .processing payments and maintaining cash. The unit cost is \$772 and SHF will contribute 35% over the life of the award.</i>						
1.6	Logistic Assistant-Baidoa	D	1	772.00	12	35.00	3,242.40
	<i>The logistics Assistant will be assisting the Log officer for purchasing supplies for this project, maintaining the inventory of drugs purchased under this project as well as organising transport for the mobile teams and during workshops. The unit cost is \$772 and SHF will contribute 35% over the life of the award.</i>						
1.7	Admin/Human Resources officer-Baidoa	D	1	1,450.00	12	35.00	6,090.00

	<i>The Admin/Human Resources officer will be responsible for recruiting staff the staff, capacity building for staff to ensure they are able to perform there duties effectively and efficiently and performing other HR functions. She/He is also responsible for the admin functions like organising meetings and workshops as well as flight bookings.ms and during workshops. The unit cost is \$1,450 and SHF will contribute 35% over the life of the award.</i>							
1.8	Area Representative	D	1	6,550.00	12	5.00		3,930.00
	<i>The Area Representative has oversight over the field team in the area where the program is being implemented. The unit cost is \$6,550 and SHF will contribute 5% over the life of the award.</i>							
1.9	Area Awards Coordinator	D	1	2,096.00	12	7.00		1,760.64
	<i>This position is primarily responsible for ensuring compliance with donor/Save the Children regulations, contract management, donor reporting and auditing. The unit cost is \$2,096 and SHF will contribute 7% over the life of the award.</i>							
1.10	Area Security Manager	D	1	3,275.00	12	7.00		2,751.00
	<i>The person is responsible for conducting security assessment in the field and updating the Area Senior Management Team on the security situation in the areas we operate and come up with Security mitigation plans. The unit cost is \$3,275 and SHF will contribute 7% over the life of the award.</i>							
1.11	Donor reporting Coordinator	D	1	3,902.00	12	6.40		2,996.74
	<i>The Donor Reporting Coordinator will be responsible for coordinating the reporting process, reviewing the reports against financials and submitting this to the donor and member. The unit cost is \$3,902 and SHF will contribute 6.4% over the life of the award.</i>							
1.12	Communication Officer	D	1	1,572.00	12	10.00		1,886.40
	<i>Communications Officer will support the development of the project narrative report through gathering impact and evidence studies during the implementation of the project. The unit cost is \$1,572 and SHF will contribute 10% over the life of the award.</i>							
	Section Total							66,622.87
Supplies, Commodities, Materials								
2.1	Medical equipment and supplies	D	1	3,567.84	1	100.00		3,567.84
	<i>Haemoglobin test Strips : is required for the survey to determine the haemoglobin level of the after taking blood sample, this is a standard way of determining whether children are anaemic or not. The anthropometric equipment (Weight, Height board) is need for screening of children and Pregnant and Lactating Women whether they are malnourished or not. FERROUS fumarate ; for the school nutrition Micronutrient supplementation is part of the proposed intervention to fight anaemia in school children as it has impact on cogitation, physical growth and health. See BOQ attached.</i>							
2.2	School baseline and endline nutrition Survey	D	2	11,360.20	1	100.00		22,720.40
	<i>School nutrition is integrating nutrition interventions especially behavioural communication and also Micronutrient supplementation. To the impact of this intervention on the nutritional status as well as positive change in knowledge, attitude and practices of the students there is a need to have baseline and end line survey to measure project impact. The knowledge generated from this baseline end line will help scaling up similar intervention in other schools and preventing malnutrition. we plan on conducting 2 surveys a baseline and end line survey. This should be 18 people who will be conducting the survey-4 enumerators,4 supervisors,4 medical lab technician, 4 measurers , 1 data clerk and 1 consultant. See BOQ attached.</i>							
2.3	IEC Materials e.g pamphlets and posters for School Nutrition	D	1	825.00	1	100.00		825.00
	<i>We will print pamphlets to be issued to 1500 beneficiaries of the haemoglobin test. These pamphlets contains key messages on nutrition needs for the adolescent. The posters will be issued to the school clubs and they will be put up during the club meetings. See BOQ attached</i>							
2.4	Integrated Management of Acute Malnutrition (IMAM) training for Nutrition staff	D	1	2,133.20	1	100.00		2,133.20
	<i>This will cover the cost of conducting 1 Integrated Management of Acute Malnutrition trainings for 8 participants . The cost of trainings will \$2133.2. The participants will be SCI /GREDO nutrition staff. We estimate we will share 10 different documents per participants hence the figure 40(10*8/2). The documents are Look up tables, 2 WHO WHZ tables (1boy& 1girl), Therapeutic Supplementary Feeding Programme (TSFP) or Pregnant and Lactating Women (PLW) patient card(3) and ration cards(3) and weekly and monthly reporting formats per participant.</i>							
2.5	Infant and Young Child Feeding (IYCF) training and facilitation mobile nutrition team	D	1	2,061.20	1	100.00		2,061.20

	<i>This will cover the cost of conducting Infant and Young Child Feeding (IYCF) trainings for 8 participants . The cost of the training will \$ 2061.2. The participants will be SCI/GREDO nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on exclusive breastfeeding, breast attachment, complimentary feeding, care practices of under 2yr old and pictorials on the same for each of the 8 participants. Approximately this will be 10 page document per participant hence the unit 80(8*10).</i>							
2.6	Infant and Young Child Feeding & Integrated Management of Acute Malnutrition training (screening and active case finding) for Community Nutrition Volunteer (CNV) staff	D	1	3,390.40	1	100.00	3,390.40	
	<i>This will cover the cost of conducting Community Management of Acute Malnutrition trainings for 80 participants . The total cost of the trainings will be \$ 3390.40 .The participants will be the Community Nutrition Volunteer staff. Community mobilization is big component of Community Management of Acute Malnutrition programs. Community nutrition volunteers will be playing central role in the outreach activities. The will conduct community screening and referrals. This budget will be used to provide training that includes refreshments, stationaries , and to cover the transportation cost -see the budget break down. We plan to print different documents for the team to familiarize and practice with the different templates they will be using such as –admission criteria, Mid Upper arm Circumference cut-offs, look up tables and other key messages . We estimate we will share 10 different documents times 80 participants hence the figure 800.</i>							
2.7	Production of Information, Education and Communication (IEC) materials for Community Nutrition Volunteer (CNV) and Infant and Young Child Feeding promotion	D	28	44.80	1	100.00	1,254.40	
	<i>Information, Education and Communication (IEC) materials or Behavior Change Communication material on key messages related to nutrition and hygiene will be printed and distributed to the nutrition staffs, Community Nutrition Volunteer (CNV), and Mother to Mother Support Group (MtMSG) so that they will be able to use to educate the community. We plan on colour printing and laminating 28 flip charts @ \$44.8 with key messages and drawings to be distributed. each flip chart has 56 pages and printing will be done on both sides.</i>							
	Section Total						35,952.44	
Equipment								
3.1	Laptops for the project staff	D	1	1,650.00	1	100.00	1,650.00	
	<i>The laptop will be used by the nutrition program coordinator in Baidoa. The cost of the laptop is \$1,650 this is based on the cost we have paid for the recent laptops that we have purchased. We plan on recruiting these staff purposely for this project hence the need to purchase the laptop.</i>							
	Section Total						1,650.00	
Travel								
5.1	Staff Travel Costs - Perdiem, Flights and Accomodation	S	1	6,675.00	1	100.00	6,675.00	
	<i>The Nutrition Program Manager and Project Coordinator will be traveling to the field sites for kick off meetings, implementation of the project such as trainings and monitoring the implementation of the project. It also includes travel cost for the Area representative and the Area Finance manager for the kick off meeting, monitoring & review and close out meetings It also includes travel cost for the Head of Monitoring Evaluation Accountability and Learning (MEAL) and the donor reporting coordinator for the kick off meeting and monitoring visit. The BOQ is attached with the breakdown.</i>							
	Section Total						6,675.00	
Transfers and Grants to Counterparts								
6.1	Nutrition counselor -School Nutrition _GREDO	D	2	450.00	12	100.00	10,800.00	
	<i>School nutrition Counselor will be responsible for the promotion and counselling activities for the students in the school , it will also support school nutrition clubs and provide technical guidance. She/He will also conduct nutrition education session within the school. The person will spend 100% of his time on this project and SHF will contribute 100% of the time spent on this project</i>							
6.2	School Nutrition Nurse -School Nutrition_ GREDO	D	2	500.00	12	100.00	12,000.00	
	<i>School Nutrition nurse will be responsible to regular screening of children, and micro nutrient supplementation for the student. The person will spend 100% of his time on this project and SHF will contribute 100% of the time spent on this project</i>							
6.3	Infant and Young Child Feeding (IYCF) counselors _GREDO	D	1	450.00	12	100.00	5,400.00	
	<i>Infant and Young Child Feeding (IYCF) Counsellor will be primarily responsible for IYCF promotion and counselling. They will provide counselling for mothers with difficulties in adapting optimal IYCF practices, do follow up with mothers, responsible in conducting IYCF promotion sessions in the treatment centres and in the community. They will also responsible to support the recruitment of mother supporting groups, provide training and continues support. The unit cost is \$450 and SHF will contribute 100% over the life of the award.</i>							
6.4	Nurse _GREDO	D	2	500.00	12	100.00	12,000.00	

	<i>Therapeutic Supplementary Feeding Programme nurses will perform day to day work of treatment and medical check of for children admitted to the Therapeutic Supplementary Feeding Programme program and provide the treatment/refer cases that need referral to health facilities, the cost/incentive (equivalent to current) of nurses will be covered from SHF grant. The unit cost is \$500 and SHF will contribute 100% over the life of the award.</i>							
6.5	Measurers_ GREDO	D	2	450.00	12	100.00	10,800.00	
	<i>Measures are responsible in screening children and pregnant and lactating mothers by taking their anthropometric measures, and identify children and pregnant and lactating mothers who are eligible to the program- they will take Mid Upper arm Circumference , weight, height following correct procedure as per the guideline. The unit cost is \$450 and SHF will contribute 100% over the life of the award.t</i>							
6.6	Community Mobilizer _GREDO	D	2	400.00	12	100.00	9,600.00	
	<i>Community Mobilizers will be responsible for community mobilization and supervision of Community Nutrition Volunteers. The unit cost is \$400 and SHF will contribute 100% over the life of the award.</i>							
6.7	Human Resources & Admin Officer-GREDO	D	1	1,000.00	12	15.00	1,800.00	
	<i>The Human Resources/Admin officer will be responsible for recruiting staff the staff, capacity building for staff to ensure they are able to perform there duties effectively and efficiently and performing other Human Resources functions. She/ He is also responsible for the admin functions like organizing meetings and workshops as well as flight bookings.ms and during workshops. The unit cost is \$1,000 and SHF will contribute 15% over the life of the award.</i>							
6.8	Head of Program-GREDO	D	1	2,500.00	12	15.00	4,500.00	
	<i>The Head of program has the overall responsibility of managing this project and ensuring that the activities are implemented according to the minimum standards. The unit cost is \$2,500 and SHF will contribute 15% over the life of the award.</i>							
6.9	Accountant-GREDO	D	1	700.00	12	16.00	1,344.00	
	<i>The Accountant will be responsible for processing payments and maintaining cash. The unit cost is \$700 and SHF will contribute 16% over the life of the award.</i>							
6.10	Logistics Officer-GREDO	D	1	1,000.00	12	18.00	2,160.00	
	<i>The Logistics officer-Gredo will be responsible for purchasing supplies for this project, maintaining the inventory of drugs purchased under this project as well as organizing transport for the mobile teams and during workshops. The unit cost is \$1,000 and SHF will contribute 18% over the life of the award.</i>							
6.11	Finance Officer-GREDO	D	1	1,000.00	12	18.00	2,160.00	
	<i>The Finance officer will be responsible for managing this award, doing bank reconciliation, approving payments and ensuring all our expenditure is in line with the donor regulations. The unit cost is \$1,000 and SHF will contribute 18% over the life of the award.</i>							
6.12	Monitoring Evaluation Accountability and Learning officer_ GREDO	D	1	1,000.00	12	20.00	2,400.00	
	<i>The Monitoring Evaluation Accountability and Learning Officer will be responsible for achieving the target beneficiary of the project, checking activities are implemented in line with the minimum quality standards and ensuring our beneficiaries are aware of the hot lines and the complaint mechanism put it place. The unit cost is \$ 1,000 and SHF will contribute 20% over the life of the award.</i>							
6.13	Vehicle hire for School nutrition team, & supervision_ GREDO	D	1	1,800.00	12	100.00	21,600.00	
	<i>SCI will hire a vehicle to be used for transporting the school nutrition team to the different schools for testing, club activities and health education and counselling . CHF will contribute 100% of the cost over the life of the award. The unit costs is \$ 1800.</i>							
6.14	Infant and Young Child Feeding for Support mother groups staff _GREDO	D	1	2,044.40	1	100.00	2,044.40	
	<i>This will cover the cost of conducting 20 trainings for 10 participants each. We will be operating in 20 sites hence we will have 10 groups in total and we will conduct a training for each site. We will use the Information, Education and Communication (IEC) materials for this trainings hence no need to print.</i>							
6.15	Clean drinking water for Therapeutic Supplementary Feeding Programme beneficiaries_ GREDO	D	800	0.09	12	100.00	864.00	
	<i>During the Therapeutic Supplementary Feeding Programme days children will need clean water. Usually we encourage the mothers to give clean water with the Ready to Use Supplementary Food . These budget is included to make sure that children and caretakers are getting clean water in the Therapeutic Supplementary Feeding Programme. Each of the 2 TSFP sites will use 20 litres of water per day for 20 days a month(2*20days*20litres)=800 for the 12 months and each litre is \$0.09.</i>							
6.16	Furniture for mobile team (Chairs and Tables) _GREDO	D	1	800.00	1	100.00	800.00	

	<i>These budget will be used to procure Chairs , tables and materials for mobile nutrition team during consultation in Internally Displaced Person settlement. The price of the materials is based on the local markets . see the BOQ</i>						
6.17	Community Nutrition volunteers incentives _ GREDO	D	8	50.00	12	100.00	4,800.00
	<i>Community volunteers responsible for active case finding, referral and follow-up and tracing defaulters, attached to Therapeutic Supplementary Feeding Programme team. 4 Community Nutrition Volunteer will be recruited for each of the 2 teams = 8</i>						
6.18	Vehicle hire for herapeutic Supplementary Feeding Programme mobile teams at field level	D	2	1,800.00	12	100.00	43,200.00
	<i>There are 2 mobile teams each team will be assigned a vehicle for the period of the project which they will use for the daily herapeutic Supplementary Feeding Programme activities. The cost of hiring the vehicle is \$1800 for 12 months. SHF will contribute 100%.</i>						
6.19	Staff Travel Costs - Perdiem, Flights and Accomodation _GREDO	D	1	4,420.00	1	100.00	4,420.00
	<i>The Nutrition Program Manager and Head of Program will be traveling to the field for implementation of the project such as trainings and monitoring the implementation of the project. It also includes travel cost for the Finance officer/accountant during submission of documents and liquidation of the finance documents. The BOQ is attached with the breakdown.</i>						
6.20	Gredo Office Support costs	D	1	6,923.40	1	100.00	6,923.40
	<i>This includes the cost of electricity and water for the partners office. The unit cost is \$686.50 and CHF will contribute 15%.It also includes the cost of office stationery for the partners office. The unit cost is \$113.25 and SHF will contribute 30%. Cost of internet for the partner is also included at a unit cost is \$800 and SHF will contribute 15%.Finally cost of paying office rent for the partners office. The unit cost is \$2,000 and SHF will contribute 16%.See BOQ attached</i>						
	Section Total						159,615.80
General Operating and Other Direct Costs							
7.1	Office Rent	S	1	4,650.00	12	12.00	6,696.00
	<i>This is the cost of paying office rent in baidoa where this project is being implemented. The office will be occupied by project staff who will be doing project implementation and monitoring and other support staff. The baidoa office will be devoted to the direction and co-ordination of the various project activities. SHF will contribute 12% over the life of the award.</i>						
7.2	Utilities (Water-\$100 and Electricity- \$150)	S	1	250.00	12	12.00	360.00
	<i>This is the cost of office utility(electricity-\$150 and water -\$100) bill in Baidoa the unit cost is \$ 250 per month and SHF will contribute 12% over the life of the award.</i>						
7.3	Contribution to Bank Charges	S	1	2,802.00	1	100.00	2,802.00
	<i>This will cover all charges and fees made to the bank as a result of transfer of funds to different suppliers who will provide either goods or services to support this project in Baidoa and staff and consultants salaries in Baidoa. All transfers will be done through Dahabshil and the bank rate will be 1% of the total direct project cost.</i>						
	Section Total						9,858.00
	SubTotal		884.00				280,374.11
	Direct						263,841.11
	Support						16,533.00
PSC Cost							
	PSC Cost Percent						7.00
	PSC Amount						19,626.19
	Total Cost						300,000.30

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa -> Bulaas	8	65	730	44	44	883	Activity 3.1.1 : Conduct nutrition education sessions at the schools, and provide nutrition counselling for students Activity 3.1.2 : Establish school nutrition Club
Bay -> Baidoa -> Burey Mannas	5	84	963	59	59	1,165	Activity 3.1.1 : Conduct nutrition education sessions at the schools, and provide nutrition counselling for students
Bay -> Baidoa -> Aaminow	6	107	1,234	75	75	1,491	Activity 2.1.1 : Conduct nutrition, hygiene and health education for community and care-takers attending TSFP
Bay -> Baidoa -> Aleemi	7	117	1,350	82	82	1,631	Activity 1.1.3 : Admission of pregnant and lactating women with MAM into TSFP program
Bay -> Baidoa -> Gaal-Diid	2	64	730	44	44	882	Activity 3.1.2 : Establish school nutrition Club
Bay -> Baidoa -> Goof-Mareer Yerey	7	119	1,365	83	83	1,650	Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams
Bay -> Baidoa -> Haween	3	44	511	31	31	617	Activity 1.1.2 : Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges Activity 1.1.3 : Admission of pregnant and lactating women with MAM into TSFP program Activity 2.1.1 : Conduct nutrition, hygiene and health education for community and care-takers attending TSFP
Bay -> Baidoa -> Hayaado	6	107	1,241	75	75	1,498	Activity 3.1.3 : Conduct baseline and end line nutrition surveys (School nutrition survey)
Bay -> Baidoa -> Baahini	6	115	1,270	77	77	1,539	Activity 2.1.2 : Conduct training for community volunteers on key nutrition/health/hygiene messaging,
Bay -> Baidoa -> Idale	6	174	1,686	61	61	1,982	Activity 3.1.4 : Supplementation of micronutrient for student
Bay -> Baidoa -> Jannaal	6	111	1,277	78	78	1,544	Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams Activity 1.1.2 : Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges
Bay -> Baidoa -> Baidoa	12	233	3,065	3,898	3,898	11,094	Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams Activity 1.1.2 : Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges Activity 1.1.3 : Admission of pregnant and lactating women with MAM into TSFP program Activity 2.1.1 : Conduct nutrition, hygiene and health education for community and care-takers attending TSFP Activity 2.1.2 : Conduct training for community volunteers on key nutrition/health/hygiene messaging, Activity 3.1.1 : Conduct nutrition education sessions at the schools, and provide nutrition counselling for students Activity 3.1.2 : Establish school nutrition Club Activity 3.1.3 : Conduct baseline and end line nutrition surveys (School nutrition survey) Activity 3.1.4 : Supplementation of micronutrient for student

Bay -> Baidoa -> Baidoa/Horseed/Laanta 2Aa	3	12	139	49	49	249	Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams Activity 1.1.2 : Admission of children 6-59 months with MAM into TSFP program. This will include OTP discharges Activity 1.1.3 : Admission of pregnant and lactating women with MAM into TSFP program Activity 2.1.2 : Conduct training for community volunteers on key nutrition/health/hygiene messaging,
Bay -> Baidoa -> Safarnooley	6	95	1,095	67	67	1,324	Activity 1.1.1 : Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community nutrition volunteers and nutrition teams
Bay -> Baidoa -> Sariirta	4	65	730	44	44	883	Activity 3.1.1 : Conduct nutrition education sessions at the schools, and provide nutrition counselling for students
Bay -> Baidoa -> Tifow	9	147	1,686	102	102	2,037	Activity 1.1.3 : Admission of pregnant and lactating women with MAM into TSFP program
Bay -> Baidoa -> Yaqaay	4	74	854	52	52	1,032	

Documents

Category Name	Document Description
Signed Project documents	Allocation letter for SC and FENPS RCHC LT 065.pdf
Signed Project documents	Signed allocation letter 3706 and 2569.pdf
Project Supporting Documents	RCHC-LT-016-066 SHF Donors.pdf
Project Supporting Documents	20160815_SC-GREDO_SOM-16-2470-R-Nut-INGO-2569_emaildonors.pdf
Budget Documents	SHF_Nutrition BOQs 10.08.2016.xls
Budget Documents	Revised Nutrition 17.08.2016.xls
Budget Documents	SHF_Nutrition Revised BOQ 22.08.2016.xls
Grant Agreement	2569-Agreement signed by Save the children.pdf