

Requesting Organization :	Save the Children				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Scaling up of treatment and prevention of acute Malnutrition among children under 5 and PLW in drought affected Bari region of Puntland				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/H/99266	Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4707		
Cluster :	Nutrition	Project Budget in US\$:	240,000.00		
Planned project duration :	9 months	Priority:	A - High		
Planned Start Date :	20/02/2017	Planned End Date :	20/11/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/11/2017		
Project Summary :	<p>The proposed nutrition project is mainly targeting Bari region, one of the regions most affected by the current drought in Somalia, where the Global Acute Malnutrition (GAM) rates are above emergency threshold, with GAM rates of 18.0% in part of Bari and 17.7% in Garowe IDP (FSNAU post deyr 2016). The project will scale up treatment and prevention of acute malnutrition among under-five children and pregnant lactating women who are the most vulnerable group for morbidity and mortalities related with acute malnutrition. The project is aiming to deploy five mobile nutrition units and it will cover 25 sites which do not have access to life saving nutrition services. The nutrition program includes Outpatient Therapeutic Program (OTP), targeted supplementary feeding programs (TSFP) and will support the referral of Severe acute malnutrition (SAM) children with medical complication to Qardho and Garow stabilization centers. The project also promotes optimal infant and young child feeding practices, including the provision of one to one counselling for mothers and caretakers with difficulties in adopting optimal infant and young child feeding (IYCF) practices. At the end of the project, a total of 5,258 (1,669 SAM, 3,589 MAM) boys and girls under the age of five and 866 Pregnant and Lactating Women (PLWs) with acute malnutrition will be targeted. In addition to that a total 13,216 men and women will be reached with key IYCF messages in the targeted area.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	1,082	12,159	2,629	2,629	18,499
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,629	2,629	5,258
Pregnant and Lactating Women	0	5,618	0	0	5,618
Women of Child-Bearing Age	0	6,541	0	0	6,541
Other	1,082	0	0	0	1,082
Indirect Beneficiaries :					
55,497					
Catchment Population:					
The total catchment population of the 5 target locations is 129,640					
Link with allocation strategy :					
The project is directly related to the allocation strategy. In line with the Nutrition Cluster Objective, this project will contribute to reducing the morbidity and mortality related with acute malnutrition among vulnerable groups in drought affected area of Puntland. The project will be scaling up treatment and prevention of acute malnutrition in drought affected region of Puntland, which is directly linked with nutrition cluster allocation strategies.					

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
Meftuh Omer	Senior Technical Specialist –Nutrition	meftuh.omer@savethechildren.org	+252633146471

BACKGROUND**1. Humanitarian context analysis**

Puntland and Somaliland are currently experiencing severe drought due to below average rain recorded for two consecutive seasonal rains (Gu' and Deyr' 2015 and Gu and Deyr 2016). The drought conditions worsened in December, it is expected that conditions will deteriorate further as Somalia enters the months of the dry season. Bari, Nugaal, Sanaag, Sool and Togdheer are the worst affected regions, where mass deaths of livestock have already been observed due to the lack of water and pasture (OCHA Humanitarian Bulletin, Issued on 30 December 2016). As a result, atypical livestock migration was reported from Northern Inland Pastoral and Addun Pastoral livelihood zones toward Burtinle and Garowe Districts of Nugaal Region and areas bordering Ethiopia. North-Eastern areas of the country are more likely to remain in emergency (IPC 4 outcome) in early to mid-2017, and if the Gu 2017 season is below average as forecasted, the food security and nutrition situation is more likely to deteriorate further (FEWS net –Food assistance outlook briefing –Jan 2017). This extended drought condition has exacerbated the acute food and nutrition insecurity situation in the region. Local staple cereal prices have significantly increased in several areas, and livestock prices and wage labor have declined, lowering food access. According to the interagency needs assessment that was conducted from 4-10 September 2016, a sharp decline of milk availability in the area was indicated, and the prices of milk had increased from 18,000 Somali shilling to 40,000 Somali shilling (approximately US\$2 per liter). This increases the vulnerability of children and pregnant and lactating women to risk of malnutrition, as milk is the vital source of nutrition for pastoralist communities.

In July 2016, FSNAU's nutrition survey report identified critical levels of GAM (greater than 15%) in 14 out of 28 surveys including Bossaso, Garowe, Qardho and Galkayo IDPs in Puntland. These survey results when compared to the one that was conducted 6 months before by FSNAU, where 8 out of 28 surveys results records above emergency threshold, indicates significant deterioration of nutrition situation across the country. Northern inland pastoralist includes Bandarbayla, Bosaso, Burtinle, Eyl, Galgodob, Garowe, Godobjiran, Haradhere, Hobyo, Iskushuban, Jariiban, and Qardho districts, it is worst affected area by the current drought and the nutrition situation is deteriorating fast, the GAM rate has jumped to 18.0% from 10.5% (FSNAU 2016) within the past 6 months (FSNAU 2016), indicating the significant impact of drought on the nutrition and food security situation in the area and the urgency of scaling up live saving nutrition intervention and mitigating the situation from further deterioration.

2. Needs assessment

The Inter-Agency Needs Assessment conducted September 2016 in Bari, Sanaag, and Sool regions revealed critical levels of acute malnutrition across the regions, with proxy Global Acute Malnutrition (GAM) rates based on Mid-Upper Arm Circumference (MUAC) assessment of 21% and 33% for Sool/Nugaal and Bari/Sanaag respectively. In addition to the alarming level of acute malnutrition, the report revealed limited access of the affected community to out-patient therapeutic programme (OTP) and Targeted supplementary feeding programmes (TSFP) programs, specially the pastoralist rural community. Similarly, the multi sector rapid need assessment conducted by Save the Children the first week of December 2016 in 6 districts in Puntland (Badhan, Bandebeyla, Dangoroyo, Gardo, Hafun, Xingalol) indicated that about one third of under five children were reportedly sick in the last two weeks prior to the survey. The most common illness reported were diarrhoea, malaria, and respiratory illnesses which are the common illness associated with acute malnutrition. The GAM rate of Garowe IDP (internally displaced persons) sustained critical level, according to the FSNAU SMART survey reports Jun 2016 the GAM rate was 20.0% showing upward trend compared to the survey conducted 6 months before and the one conducted similar time in 2015 which indicating a rate of 15.7% and 19.5% respectively. SCI is familiar with Bari region of Puntland since 2005, as it has been implementing health and nutrition programs which financed and supported by Department for International Development (DFID), United Nations Children's Fund (UNICEF) and World Food Programme (WFP). The nutrition project with all the major components of (OTP and stabilization centers - SC), Targeted supplementary feeding programmes (TSFP), Capacity building and Community mobilization was implemented by SC in the targeted area. Save the Children nutrition project give greater focus to the prevention of malnutrition through integrating health, nutrition education, hygiene and sanitation, and food security and livelihood. Save the Children recognized that the Ministry of Health (MoH) as the primary responsible government body and has been working very closely in the implementation of various health and nutrition projects in the targeted area and ensured ownership at various levels starting from the state, region, and district level. SC emergency responses have been more focused on emergency related gaps of the current program; through this funding in Bosaso and Garowe IDPs Save the Children will integrate OTP program to the TSFP projects supported by WFP and will continue supporting the stabilization center in Garowe IDP. In Bari region the current Joint Health and Nutrition Programme (JHNP) nutrition services mainly limited to Maternal and Child Health (MCH) centers, and there is gap in rural area, also Primary Health Care Units (PHCU) due to inadequate number of staffs to work on nutritional interventions in relation to emergency and presence of skill gap among MOH health staffs based in PHCU to provide quality, effective and efficient nutritional services. According to rapid need assessment conducted by Save the Children in December 2016, indicated that nearly 49 % of the drought affected areas that were assessed have no access to life saving nutrition services. The proposed project will provide surge capacity in scaling up life saving nutrition services to mitigate the emergency related nutritional sufferings and deaths on the vulnerable groups in areas without access using Mobile Nutrition Unit; special focus will be given to remote areas, pastoralist communities and people displaced by the drought and conflict.

3. Description Of Beneficiaries

The intervention targets the most vulnerable groups of society, namely severely and moderately malnourished infants and children under five years of age and pregnant and lactating women. The rationale for focusing on these subgroups is based on their increased vulnerability to malnutrition related morbidities and mortalities. Infants and children under five years of age are at increased risk of malnutrition in emergencies like the current drought due to disrupted food supplies, poor water and sanitation, and a lack of support and knowledge regarding appropriate and safe child feeding practices. Growth faltering begins in the first six months of life with malnutrition rates generally increasing until about two years of age; malnutrition at early stage of life has irreversible impact on children. Pregnancy and lactation is a period of increased risk during which preventive measures are most effective to ensure the nutritional well-being of mother and the child. High-energy output or low food intake during pregnancy can also lead to low birth weight and associated risks.

The nutritional requirements of a pregnant or lactating woman extend beyond her immediate needs or those of her child. Not only does failure to address the nutritional needs of pregnant women and very young children generally lead to lasting negative consequences, the effects transmit over generations. Women who were malnourished as children have a higher risk of adverse pregnancy outcomes when they become mothers. Moreover, these women are more likely to give birth to infants with low birth weight who thus will face the effects of malnutrition diminishing their potential from the day they are born. While the maternal functions of child bearing, breastfeeding, and proper nutrition care provide the principal justifications for targeting pregnant and lactating women, the broader aim is to safeguard their overall care and increase the potential for these women in physical, social and educational respects by promoting healthy and safe behaviour. Accordingly, women and adolescent girls who have yet to conceive will also be targeted for awareness raising in order to build their capacity in this regard. Targeted districts are the one prioritized by the nutrition and the most affected regions by the current drought. Malnutrition rate in all proposed districts and IDP camps the Global acute malnutrition (GAM) rate is above emergency threshold as per WHO threshold ranging from 18.0% to 20.0%, indicating vulnerabilities of children and PLWs in the area. Targeting of beneficiaries for OTP and TSFP will be performed in accordance with Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines 2010. Anthropometric measurements of Weight for Height, Checking for oedema and Mid Upper Arm Circumference (MUAC) will be used for the screening, admission and follow-up.

The criteria for admission of Severe acute malnutrition (SAM) in OTP are: Children 6-59 months with MUAC <11.5cm or bilateral pitting oedema (grade + and grade ++) who have passed the appetite test, are alert and do not present any medical complication. While SAM children who have bilateral pitting oedema (grade +++), or with failed appetite test, or with medical complications and infant less than six months of age with visible wasting or bilateral pitting oedema will be referred to stabilization centres in Garow and Qardho hospital. The admission criteria for TSFP are children with MUAC >115 - <125 mm and no nutritional oedema will be admitted into TSFP. Pregnant women in their 2nd and 3rd trimester and lactating mothers with children under six months will be admitted into the targeted supplementary feeding program based on the MUAC <210 cm. While infant and young child feeding (IYCF promotion sessions, counselling and Mother to Mother supporting group targets PLW, women of child bearing age, fathers, grandmother, and caretakers of children in OTP/TSFP.

4. Grant Request Justification

The worsening drought situation in Bari region of Puntland have exacerbated the food and nutrition situation in the area; the acute malnutrition rate has escalated within the past six months above emergency threshold, most families lost their livelihood means, access to food is very limited. The nutrition situation will get worst in the coming months and further increasing the vulnerability of children and pregnant and lactating women to morbidities and mortalities related with acute malnutrition. In addition to the escalating rate of acute malnutrition access to live saving nutrition services are very limited, especially for pastoralist communities who are the most affected communities by the current drought. The proposed intervention targets the most vulnerable groups of society, namely severely and moderately malnourished infants and children under five years of age, and pregnant and lactating women in Bossaso, Iskushuban, B/beyla, Garowe, and Galkayo in Puntland. These districts have been selected as they have been given priority 1 rating by the nutrition cluster as indicated in 1st round SHF allocation and due to that these districts are hosting IDPs and drought affected communities. The rationale for focusing on these subgroups is based on their increased vulnerability to malnutrition. The nutrition intervention implementation will be integrated with other sectors like WASH, Health and FSL to address some of the root causes of malnutrition.

The proposed nutrition interventions will be complementing the health and nutrition project under Joint health and Nutrition Programme (JHNP) in Bari and CHANGE project in Karkar regions which mainly supporting the services in health facilities, and the proposed project will scale up and increase access to life saving nutrition service in hard to reach areas through Mobile Nutrition Units (MNU). The proposed nutrition programs activities Outpatient Therapeutic Program (OTP), Targeted Supplementary Feeding Program (TSFP) and IYCF-E. The OTP services will target children with severe acute malnutrition provide treatment within the community, while the TSFP services target under five children and PLWs with moderate acute malnutrition and prevent from becoming severe cases. IYCF program in emergency is very crucial and live saving intervention in, during the emergency child care practices is compromised, the water sanitation and hygienic condition is poor, donation of BMS compromises breast feed these all increases the risk of infant and young children to acute malnutrition. By promoting optimal IYCF practices in affected community live of the children spared, and the proposed IYCF activities will empower the community by providing skill and knowledge they required for optimal childcare practices.

5. Complementarity

Save the Children has maintained a strong presence in Puntland, enabling us to launch humanitarian interventions and be at the forefront of the response. Save the Children, in partnership with UNICEF and the MOH Puntland, has been implementing the Essential Package of Health Services (EPHS) through static health facilities in six districts of Bari region (namely Armo, Iskushuban, Ufeyn, Qandala Alula and Bargal) since July 2015. The impact of deepening drought in Bari region is increasing the number of malnutrition cases, and access to health facilities is very limited for pastoralist living in remote villages as indicated in the interagency need assessment. The proposed nutrition activities will complement and support the ongoing health and nutrition activities and will give the surge capacities for scaling up live saving nutrition interventions into remote villages that left without access by using Mobile Nutrition Units. In response to the drought SC is distributing food vouchers under a Food for Peace (FFP) project in Bari region, as well as unconditional cash transfers through internal SC mobilized funds. The proposed nutrition SHF project will target the same locations of the SC WASH and Health project in Bari region that funded through SHF. Integrating Nutrition, Health, WASH and FSL projects will complement each other and maximizes the synergistic impact to mitigate and quickly improving situation. The health, Wash, and FSL projects address some of the underlying causes of malnutrition that contributes improving the nutrition situation in the area.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the reduction of morbidity and mortality related to acute malnutrition among vulnerable boys, girls (0-59 months), pregnant and lactating women (PLW) through improved access and provision of quality and integrated curative and preventive nutrition services

Nutrition		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.	Somalia HRP 2017	100
Contribution to Cluster/Sector Objectives : The proposed nutrition project is in line with nutrition cluster strategic objectives of Improving/scaling-up integrated management of acute malnutrition , and prevention by increasing access to nutrition services to the remote villages through Mobile Nutrition Unit		
Outcome 1		
Improved access to nutrition services for children and Pregnant and Lactating women with acute malnutrition in drought affected Bari region		
Output 1.1		
Description		
Provision of effective treatment for 6,124 (2,629 Boys , 2629 Girls and 866 PLW) under-fives, and Pregnant lactating women with acute malnutrition at Targeted supplementary feeding programmes (TSFP) and Outpatient Therapeutic Programme (OTP)		
Assumptions & Risks		
UNICEF and WFP will provide supplies required for the project, Security situation in the area will be stable and sites to for OTP/TSFP is accessible for nutrition program team .		
Activities		
Activity 1.1.1		
Standard Activity : Community screening for malnutrition and referral		
To enhance early detection, timely referral and treatment outcomes, 20 community nutrition volunteers and community nutrition workers will be trained on early detection, screening and referral. Community-level screening and referral for treatment of acute malnutrition will be conducted. Community nutrition volunteers with the support of community mobilizers will screen all children under five years of age as well as pregnant and lactating women to enhance early detection, timely referral and treatment in the community. Children with severe acute malnutrition (SAM) will be immediately referred to OTP (Outpatient Therapeutic Programme). Children identified with moderate acute malnutrition (MAM) will be referred for Targeted supplementary feeding programmes (TSFP). Pregnant and lactating women with a Mid-Upper Arm Circumference (MUAC) less than 21.0 cm will also be referred to the TSFP. Those identified to be malnourished will be treated for acute malnutrition in line with the Somalia IMAM guidelines 2010. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centres, whereas the W/HZ scores will be assessed at nutrition mobile centres.		
Activity 1.1.2		
Standard Activity : Treatment of severe acute malnutrition in children 0-59months		
In this project is Save the Children proposed to support additional 15 new OTPs ((outpatient therapeutic programme) targeted districts of Bari region and also will continue supporting 5 OTP sites of Grawo IDPs (5 Bosaso IDPs, 5 Garow IDPs, 5 Bander bayle, and 5 iskushuban). Identification of children with SAM will be done through Mid-Upper Arm Circumference (MUAC)/ WFH-Z scores screening and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height z-score= ≤ -3 or Oedema +/+ will be assessed for medical complications and admitted to the OTP. Treatment will be administered by trained nutrition nurses. After admission SAM children in the program will be followed on weekly bases and up on follow up visit nutrition team monitor weight of the children, do routine medical check-up and provide micro-nutrient supplementation, nd de-worming according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines. Children without complication will be managed outpatient with Plumpy'Nut, and rations given weekly as per the weight. Children admitted in the program will also be provided routine drugs as per the IMAM guidelines upon recovery, children will be referred to Targeted supplementary feeding programmes (TSFP) for follow up before being discharged to minimize the risk of relapse. A total of 1669 (Boys 835, 834 Girls) SAM children will be admitted and treated in the OTP. Caretakers will receive instruction on how to give the therapeutic food. Severe acute malnourished children with complications will be referred for inpatient care at Stabilization Centres in Garowe and Qardho Hospitals with transport provided by Stabilization Center (SC). The Programme Cooperation Agreements (PCAs) with UNICEF for 2017 will ensure the availability of therapeutic supplies for SAM (severe acute malnutrition) as well as basic routine medications, equipment for screening and management of malnutrition. Appropriate warehousing for supplies will be done to ensure safety of commodities.		
Activity 1.1.3		
Standard Activity : Not Selected		
Through this project SC will implement Therapeutic Supplementary Feeding Programme (TSFP) that will be integrated with OTP (outpatient therapeutic programme) activities according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines. In this project SC will support additional 10 new TSFP sites (5 Iskushuban, and 5 in Bandarbeyla), the TSFP program will target children U5 and PLW (Pregnant and Lactating Women) with Moderate acute malnutrition. SC will support Community Volunteers to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutrition. Children will be screened, enrolled and managed fortnightly. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. PLW Targeting will be based on a Mid-Upper Arm Circumference (MUAC) < 21.0 cm in the 2nd trimester for pregnant women and for lactating women with children less than 6 months. The TSFP follow up for those admitted in the program will be every two weeks. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. SC will include the supplies required for the treatment of moderate acute malnutrition (MAM) in the World Food Programme (WFP) Field Level Agreement of 2017. A total of 3589 (Boys 1794, Girls 1795) and 866 PLW with moderate acute malnutrition will be admitted and treated in TSFP program by the end of the project.		
Indicators		

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					6,124
Means of Verification : 6,124 (2,629 Boys , 2629 Girls and 866 PLW)							
Indicator 1.1.2	Nutrition	Number of boys and girls admitted into OTP (outpatient therapeutic programme)					1,669
Means of Verification : (boys=835, girls= 834)							
Indicator 1.1.3	Nutrition	Number of boys, girls and PLWs admitted into Targeted supplementary feeding programmes (TSFP)					4,455
Means of Verification : Women 8,66, Boys 1,794 and girls1,795							
Outcome 2							
Improved Infant and Young Child feeding practices among care givers of children 0-23 months							
Output 2.1							
Description							
Provision of optimal IYCF practice Key messages to 13,216 (Female 12,134, and Male 1082) messages to care givers at nutrition centers and in the community and 1190 mothers will be provide one to one counselling							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Infant and young child feeding counselling							
The Infant and Young Child Feeding (IYCF) councilors with the support of community mobilizer and community nutrition volunteers will conduct regularly group sessions at the nutrition centres to promote optimal infant and young child feeding .In order to create supportive environment and to involve male other influential community members' group sessions in addition to care givers of children admitted to the OTP (outpatient theurapetic programmes), TSFP (targeted supplementary feeding programme) it will target fathers, religious and clan leaders to sensitize and increase awareness about IYCF and malnutrition. The group sessions will be held on weekly bases and a total of 560 group sessions will be held within the project implementation period (one group sessions per site per week), reaching a total of 13,216 (female 12,134, male 1,082) beneficiaries. Similarly IYCF promotion sessions will be held within the community to reach fathers, women that are not coming to health facilities, and other influential community members.							
Activity 2.1.2							
Standard Activity : Infant and young child feeding counselling							
The program will also form 20 Mother-to-Mother Support groups (four groups per quarter) during the project implementation period to re-enforce the facility and community Infant and Young Child Feeding (IYCF) promotion intervention through peer education In order to encourage mothers to adopt optimal IYCF practices. Each group will have 5 to 10 members and will have one session per week and is aimed to complete the key message. The groups will be involved in practical skill development for supporting mothers on breastfeeding difficulties, counselling peers on appropriate initiation to breastfeeding, positioning of the child during breastfeeding, different techniques to manage and prevent breast feeding challenges, appropriate introduction of complementary feeding using locally available foods, hygiene and care needed in the introduction of complementary feeding.							
Activity 2.1.3							
Standard Activity : Infant and young child feeding counselling							
Infant and Young Child Feeding (IYCF) counsellors will be employed to increase knowledge and practices of key nutrition actions that have a significant impact on reducing maternal and child malnutrition. At the nutrition treatment centres all mothers/caretakers will be screened for IYCF practices, and mothers with any breastfeeding difficulties or sub optimal IYCF practices, and will be provided with one-to-one counselling using illustrative IYCF counselling cards. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions. Special emphasis will be given to interpersonal communications (counselling of individual mothers) that are reinforced by group sessions, campaigns organized on World Breastfeeding Day, as well as other community meetings and events. A total of 1,190 pregnant and lactating mothers will be benefit from one to one counselling.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of caregivers (male and female) receiving IYCF promotion key messages					13,216
Means of Verification : Men 1,082 and women 12,134							
Indicator 2.1.2	Nutrition	Number of mother to mother (MTM) support groups established; (20 MTMSG will be established and each mother supporting group will be consisting of 5 to 10 member making a total of 100)					100
Means of Verification :							

Indicator 2.1.3	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.						1,190
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Means of Verification :

Outcome 3

Improved capacity of MoH to deliver quality Community-Based Management of Acute Malnutrition (CMAM) and infant and young child feeding (IYCF) programing to drought affected community

Output 3.1

Description

Strengthening the community's capacity on delivering of quality nutrition services

Assumptions & Risks

Activities

Activity 3.1.1

Standard Activity : Capacity building

Community Nutrition volunteers (CNVs) will provide a key link between the nutrition treatment facilities and community level. To enhance early detection, timely referral and treatment outcomes, 20 community nutrition volunteers (10 male and 10 female) and community nutrition workers will be trained on early detection, screening using Mid-Upper Arm Circumference (MUAC) tape referral, and home visit. In addition to that community nutrition volunteers will be trained on key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits

Activity 3.1.2

Standard Activity : Capacity building

Training of 20 mother to mother (MTM) support groups will be established during the projected period, each supporting group will have 5-10 female members, and the group will be leader will be one of the group members that will be elected by group members. For the 20 MTM supporting will have 20 lead mothers that will facilitate Mother to Mother supporting group (MTMSG) sessions. The leader will be provided training on group facilitation and key IYCF messages by the IYCF counsellor. IYCF counsellors and leader mothers will have regular meetings to discuss progress and challenges. The group members after completing the group session they will finally graduate and will be provided material incentive to motive them and share they knowledge and skill they gained to the rest of the community members.

Activity 3.1.3

Standard Activity : Capacity building

Training of 20 staff (10 male and 10 female) on integrated management of acute malnutrition (IMAM), infant and young child feeding (IYCF) guidelines. To ensure the quality of the nutrition services are in line with the Somalia IMAM protocol and international standards, SC will train all the nutrition workers in the mobile nutrition team over the course of five days with the collaboration of the MoH Nutrition Department. The training topics will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized to IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills. The IYCF training will be based on the UNICEF Community Infant and Young Child Feeding Counselling Package; it will cover essential emergency IYCF aspects and will be based on the contents of different modules adapted from the UNICEF IYCF Package. The training methodology will be a participatory approach; participants will be able to clarify misconceptions, practice effective facilitation and counselling skills.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20

Means of Verification :

Indicator 3.1.2	Nutrition	Number of MTM support groups lead mothers trained on IYCF promotion and counselling					20
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Means of Verification :

Indicator 3.1.3	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					20
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Means of Verification : 10 men and 10 women

Additional Targets :

M & R

Monitoring & Reporting plan

Following SC Somalia/land country office Monitoring, Evaluation, Accountability and Learning (MEAL) framework, a detailed MEAL framework will be developed jointly with the program team. The MEAL framework will encompasses Monitoring and Evaluation plan, data collection tools, accountability action plan and quality benchmarks. The accountability action plan will be emphasizing how the key project information (Donor, goal, objectives, activities, project time frame and target beneficiaries) will be shared with all project stakeholders including children, women, government and CSOs. The accountability action plan also indicates how the implementing team will enable children and other community members participate implementation of the activities as well as how and where to send their feedback and complaints. Further, the project quality benchmarks (Quality Benchmarks are minimum standards for program activities) will be developed for all the project activities in a participatory process with the project staff and MEAL team. The purpose for developing the quality benchmarks is to ensure project activities are carried out following agreed processes and result in quality outputs and outcomes.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: To enhance early detection, timely referral and treatment outcomes, 20 community nutrition volunteers and community nutrition workers will be trained on early detection, screening and referral. Community-level screening and referral for treatment of acute malnutrition will be conducted. Community nutrition volunteers with the support of community mobilizers will screen all children under five years of age as well as pregnant and lactating women to enhance early detection, timely referral and treatment in the community. Children with severe acute malnutrition (SAM) will be immediately referred to OTP (Outpatient Therapeutic Programme). Children identified with moderate acute malnutrition (MAM) will be referred for Targeted supplementary feeding programmes (TSFP). Pregnant and lactating women with a Mid-Upper Arm Circumference (MUAC) less than 21.0 cm will also be referred to the TSFP. Those identified to be malnourished will be treated for acute malnutrition in line with the Somalia IMAM guidelines 2010. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centres, whereas the W/HZ scores will be assessed at nutrition mobile centres.	2017		X	X	X	X	X	X	X	X	X	X	
Activity 1.1.2: In this project is Save the Children proposed to support additional 15 new OTPs ((outpatient therapeutic programme) targeted districts of Bari region and also will continue supporting 5 OTP sites of Grawo IDPs (5 Bosaso IDPs, 5 Garow IDPs, 5 Bander bayle, and 5 iskushuban). Identification of children with SAM will be done through Mid-Upper Arm Circumference (MUAC)/ WFH-Z scores screening and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height z-score= \leq -3 or Oedema +/++ will be assessed for medical complications and admitted to the OTP. Treatment will be administered by trained nutrition nurses. After admission SAM children in the program will be followed on weekly bases and up on follow up visit nutrition team monitor weight of the children, do routine medical check-up and provide micro-nutrient supplementation, nd de-worming according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines. Children without complication will be managed outpatient with Plumpy'Nut, and rations given weekly as per the weight. Children admitted in the program will also be provided routine drugs as per the IMAM guidelines upon recovery, children will be referred to Targeted supplementary feeding programmes (TSFP) for follow up before being discharged to minimize the risk of relapse. A total of 1669 (Boys 835, 834 Girls) SAM children will be admitted and treated in the OTP. Caretakers will receive instruction on how to give the therapeutic food. Severe acute malnourished children with complications will be referred for inpatient care at Stabilization Centres in Garowe and Qardho Hospitals with transport provided by Stabilization Center (SC). The Programme Cooperation Agreements (PCAs) with UNICEF for 2017 will ensure the availability of therapeutic supplies for SAM (severe acute malnutrition) as well as basic routine medications, equipment for screening and management of malnutrition. Appropriate warehousing for supplies will be done to ensure safety of commodities.	2017		X	X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Through this project SC will implement Therapeutic Supplementary Feeding Programme (TSFP) that will be integrated with OTP (outpatient therapeutic programme) activities according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines. In this project SC will support additional 10 new TSFP sites (5 Iskushuban, and 5 in Bandarbeyla), the TSFP program will target children U5 and PLW (Pregnant and Lactating Women) with Moderate acute malnutrition. SC will support Community Volunteers to carry out home visits where necessary. Children under five and PLWs with moderate acute malnutrition will be admitted to TSFP where treatment will be administered by a trained nutrition. Children will be screened, enrolled and managed fortnightly. During follow-up, weight progress monitoring, routine treatment medication, de-worming, micro nutrient supplementation and immunization services, and RUSF will be provided. Household investigation for children who are deteriorating will be conducted per case by the community nutrition Volunteers (CNVs) and nutrition workers. PLW Targeting will be based on a Mid-Upper Arm Circumference (MUAC) < 21.0 cm in the 2nd trimester for pregnant women and for lactating women with children less than 6 months. The TSFP follow up for those admitted in the program will be every two weeks. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation. SC will include the supplies required for the treatment of moderate acute malnutrition (MAM) in the World Food Programme (WFP) Field Level Agreement of 2017. A total of 3589 (Boys 1794, Girls 1795) and 866 PLW with moderate acute malnutrition will be admitted and treated in TSFP program by the end of the project.	2017		X	X	X	X	X	X	X	X	X	X	

Activity 2.1.1: The Infant and Young Child Feeding (IYCF) councilors with the support of community mobilizer and community nutrition volunteers will conduct regularly group sessions at the nutrition centres to promote optimal infant and young child feeding .In order to create supportive environment and to involve male other influential community members' group sessions in addition to care givers of children admitted to the OTP (outpatient therapeutic programmes), TSFP (targeted supplementary feeding programme) it will target fathers, religious and clan leaders to sensitize and increase awareness about IYCF and malnutrition. The group sessions will be held on weekly bases and a total of 560 group sessions will be held within the project implementation period (one group sessions per site per week), reaching a total of 13,216 (female 12,134, male 1,082) beneficiaries. Similarly IYCF promotion sessions will be held within the community to reach fathers, women that are not coming to health facilities, and other influential community members.	2017			X	X	X	X	X	X	X	X	X		
Activity 2.1.2: The program will also form 20 Mother-to-Mother Support groups (four groups per quarter) during the project implementation period to re-enforce the facility and community Infant and Young Child Feeding (IYCF) promotion intervention through peer education In order to encourage mothers to adopt optimal IYCF practices. Each group will have 5 to 10 members and will have one session per week and is aimed to complete the key message. The groups will be involved in practical skill development for supporting mothers on breastfeeding difficulties, counselling peers on appropriate initiation to breastfeeding, positioning of the child during breastfeeding, different techniques to manage and prevent breast feeding challenges, appropriate introduction of complementary feeding using locally available foods, hygiene and care needed in the introduction of complementary feeding.	2017	X				X								
Activity 2.1.3: Infant and Young Child Feeding (IYCF) counsellors will be employed to increase knowledge and practices of key nutrition actions that have a significant impact on reducing maternal and child malnutrition. At the nutrition treatment centres all mothers/caretakers will be screened for IYCF practices, and mothers with any breastfeeding difficulties or sub optimal IYCF practices, and will be provided with one-to-one counselling using illustrative IYCF counselling cards. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions. Special emphasis will be given to interpersonal communications (counselling of individual mothers) that are reinforced by group sessions, campaigns organized on World Breastfeeding Day, as well as other community meetings and events. A total of 1,190 pregnant and lactating mothers will be benefit from one to one counselling.	2017	X	X	X	X	X	X	X	X	X	X	X		
Activity 3.1.1: Community Nutrition volunteers (CNVs) will provide a key link between the nutrition treatment facilities and community level. To enhance early detection, timely referral and treatment outcomes, 20 community nutrition volunteers (10 male and 10 female) and community nutrition workers will be trained on early detection, screening using Mid-Upper Arm Circumference (MUAC) tape referral, and home visit. In addition to that community nutrition volunteers will be trained on key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits	2017	X	X											
Activity 3.1.2: Training of 20 mother to mother (MTM) support groups will be established during the projected period, each supporting group will have 5-10 female members, and the group will be leader will be one of the group members that will be elected by group members. For the 20 MTM supporting will have 20 lead mothers that will facilitate Mother to Mother supporting group (MTMSG) sessions. The leader will be provided training on group facilitation and key IYCF messages by the IYCF counsellor. IYCF counsellors and leader mothers will have regular meetings to discuss progress and challenges. The group members after completing the group session they will finally graduate and will be provided material incentive to motive them and share they knowledge and skill they gained to the rest of the community members.	2017	X	X											
Activity 3.1.3: Training of 20 staff (10 male and 10 female)on integrated management of acute malnutrition (IMAM), infant and young child feeding (IYCF) guidelines. To ensure the quality of the nutrition services are in line with the Somalia IMAM protocol and international standards, SC will train all the nutrition workers in the mobile nutrition team over the course of five days with the collaboration of the MoH Nutrition Department. The training topics will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized to IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills. The IYCF training will be based on the UNICEF Community Infant and Young Child Feeding Counselling Package; it will cover essential emergency IYCF aspects and will be based on the contents of different modules adapted from the UNICEF IYCF Package. The training methodology will be a participatory approach; participants will be able to clarify misconceptions, practice effective facilitation and counselling skills.	2017	X	X											

OTHER INFO

Accountability to Affected Populations

To further promote the accountability to beneficiaries, the project information particularly the deliverables and individual entitlements will be translated into local language and printed as posters which will be fixed into boards at gathering places. To also educate the community on their rights and accountability mechanisms (toll free number and other avenues) put in place, a community level kickoff meetings will be conducted in all project target areas.

An independent MEAL team will periodically undertake field visits to monitor program quality and conduct feedback sessions with beneficiaries. The outcomes of monitoring visits will be feedback to the project implementing teams and document actions for improvement that will be monitored to inform the learning and quality agenda at both project and programme level.

Implementation Plan

At the inception stage, a detailed implementation plan (DIP) specific to this project will be developed and adopted throughout the lifespan, and the proposed activities will be implemented directly by SC (no implementing partners will be used). The project will establish and deploy five mobile nutrition Units to remote villages in drought affected areas that have no access to live saving nutrition services. Each mobile nutrition team will work five days per week and will cover five sites, making the total sites to be covered by this project 25. The selection of the sites will be determined based on need and will be identified with close consultation and coordination with MOH and community members. Each team will consist of five team members- Nutrition Nurse, Nutrition Screener, Registrar, IYCF counselor, and community mobilizer and these staff will be recruited from MOH. SC will work particularly closely with the Puntland Ministry of Health (MOH) throughout the implementation, signing memorandum of understanding (MOU) highlighting roles and responsibilities at field level. SCI is considering it is MOH staff at the nutrition sites and the need to have joint monitoring and supportive supervision visits. MoH staff in the project will be trained on IMAM and IYCF which will take 5 and 3 days respectively using the Somalia IMAM guidelines and UNICEF IYCF training package. In consultation with the local community and MOH community nutrition volunteers will be identified based on clear agreed criteria, then the identified CNVs will be provided three days on screening for active case finding and referral, follow up and Home visit of cases admitted in the IMAM program, and also they will be provided training on Key health, nutrition and hygiene promotion messages, to disseminate to the rest of community members during active case finding within the community. Similarly, the project will establish mother to mother supporting groups in close consultation with community members- priority will be given to mothers with young children, pregnant mothers, PLW with difficulties in adopting optimal IYCF practices. The mother to mother supporting groups will regularly meet at the nutrition centers, and with the support of IYCF counselor and lead group, mothers will discuss key IYCF messages, mothers will share barriers in adopting recommended IYCF practices and their experience to overcoming such barrier. Save the Children have active Programme Cooperation Agreement (PCA) with UNICEF and Field Level Agreements with World Food Programme for the proposed districts and reached understanding with both agency to amend the beneficiaries figure and supplies to include mobile nutrition sites and additional beneficiaries.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Supplies and cluster coordination
WFP	Supplies and cluster coordination
CARE, World Vision, Somalia Red Crescent and Horn of Africa Aid and Development Organization (HADO)	Coordination and referral of OTP/TSFP/SC cases in target location.
Ministry of Health	Coordination in project implementation

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

Access to health care for women and girls is a challenge. In addition to the lack of services available and/or their accessibility, responsibility for decisions related to health-seeking behaviour, such as when to travel to clinic for treatment, may reside with male members of the household and contribute to delays in seeking care. In cases where access to food is limited, the household will often favour men and boys. Sub-optimal infant and young child care and feeding practices are common in Somalia and have a significant impact on malnutrition. For example, breastfeeding is initiated late with only 17.4% of women initiating within the first hour after birth. There is a lack of knowledge by mothers and other key decision makers (particularly husbands and mother-in-law) on the importance of optimal IYCF and its various practices. Women are not given the space, support, time or other resources to practice optimal IYCF. Therefore, SC will employ several strategies: 1) PLW, women of child bearing age, as well as men (particularly husbands/fathers) and those who influence IYCF behavior, such as grandmothers and mothers-in-law, will all receive sensitizing messages on IYCF, so that they contribute to improving practices/changing behaviours. 2) Men will be encouraged to play a role in IYCF promotion to encourage improved health seeking behavior, breastfeeding and other key child feeding and caring practices; 3) All the IYCF counselors working in the nutrition centers will be female. This is important due to the fact that the main targets of the nutrition programme are PLWs and caretakers of the under-five. PLWs and women care takers are more likely to build a positive relationship and feel more comfortable discussing the issues (including barriers) with another female due to the sensitivity of the topic under the cultural context.

Protection Mainstreaming

The project will utilize an effective and efficient community mobilization and sensitization mechanism in which all community members in the targeted project locations will be fully informed about the project through public community meetings. The information that will be shared with the targeted communities are; potential beneficiaries, project duration, beneficiary selection criteria, project benefits and the implementation methodology of the project. This community wide approach in which all community members are present to be informed about the project, will significantly minimize the potential conflict that may arise from community members in the targeted project locations. The community will actively participate throughout the project implementation process. From the community the project team will use/establish village level committees, and regular review meetings 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

The general security situation in Nugal, Puntland is relatively calm, with information of isolated, targeted killings, especially targeting the in some parts of the region. Unconfirmed reports indicate that some Alshabab/ISIS fighters are spotted in the mountainous areas around the coastal town of Bossaso. The parliamentary elections of both upper and lower houses of parliament went on smoothly. There has been some on and off clashes between the military of Puntland and Galmudug, to the South of Puntland. There has however been a concerted effort to mediate in the conflicts. So, in terms of access, the threat is not very big to impeded field accessibility to reach the beneficiaries. There is always a security briefing and advisory sought before embarking on any field trip. The situation still remains fluid though. Save the Children has comprehensive safety and security guidelines with specific recommendations for teams operating in Somalia and has a robust Safety and Security Plan to safeguard SC beneficiaries, staff, and property, and undertaken a risk assessment and implemented mitigating measures. These guidelines are updated regularly in order to ensure appropriateness to the prevailing context. We have a fully-fledged safety and security department centrally led by the Head of Safety & Security who oversees a team of dedicated area security managers based in each area office. This network of professional safety and security staff continuously gather and analyse security information and generate security advice to staff and the country SMT for decision making. Weekly staff meetings are held at both Nairobi and field level which include updating all staff about security incidents, how these impact our programmes and staff, and the decisions/actions taken. The safety and security team work closely with the regional security forums as well national security bodies such as the NSP (National Security Protection), (NGO security programme), UNDSS (UN department for safety and security) and the local security authorities to access security information which often serves the early warning and early action purpose. Save the Children is committed to minimising safety and security risks to staff and ensuring staff are given training, support, and information to reduce their risk exposure while maximizing the impact of our programmes for children and families. Save the Children International seeks to provide safe and healthy working conditions for all staff, mindful that each individual staff member also has responsibility for achieving this. All Save the Children staff will have access to, and orientate themselves on, the Safety and Security policy, standards, procedures and supporting tools and guidelines. All staff are required to complete Personal Safety & Security training course as part of their induction; receive Basic First Aid training at least twice a year, and Psychological First Aid training at least once a year; and newly recruited staff must participate in a Resilience Profiling Training prior to starting their mission. All Save the Children staff and consultants must undergo a mandatory online personal safety and security trainings before deployment in the field for an assignment.

Access

The proposed geographic areas for intervention are accessible and currently Save the Children is implementing different humanitarian Responses, Save the Children will 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

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Nutrition Technical Specialist	D	1	5,500.00	9	6.00	2,970.00
	<i>The Nutrition technical Specialist based in Nairobi will be responsible for project design ensuring the implementation is in line with the minimum international standards in place to include Sphere standards. Will be giving overall technical support to the project manager. The unit cost is \$5,500 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 6%.</i>						
1.2	Nutrition Program Manager	D	1	3,500.00	9	25.00	7,875.00
	<i>Nutrition Programme Manager has the overall responsibility to ensure quality reporting of nutrition projects in Puntland and technically supports 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 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 25%.</i>						
1.3	Nutrition Deputy manager	D	1	2,332.00	9	40.00	8,395.20

	<i>Nutrition DPM will be in charge coordination and Implementation of SHF nutrition projects in Bari, Nugal and Mudug regions, s/he is also responsible to coordinate with the government and partners on the ground, with support Nutrition PM, manage project budget, Ensure quality reporting and ensure quality service delivery, .The unit cost is \$2,332 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 40%.</i>						
1.4	Nutrition Officer	D	3	1,335.00	9	50.00	18,022.50
	<i>Three Officers will be based in three operation areas Bossaso, Gardo and Galkayo with overall responsibility of monitoring project activities and support the MOH nutrition staff to ensure the quality of work to be done at field level. The unit cost is \$1335 each which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 50%.</i>						
1.5	Data Entry Clerks	D	1	755.52	9	100.00	6,799.68
	<i>The data clerk is responsible collection of nutrition statistics data from OTP and SC, analysis and reporting, the unit cost is \$755.20 which is inclusive of Social security, terminal benefits and medical insurance and SHF will contribute 100%</i>						
1.6	Field manager	D	1	3,989.00	9	10.00	3,590.10
	<i>The field manager based in Bosasso has oversight over the field team in the area where the program is being implemented. The unit cost is \$3,989,SHF will contribute 10% over the life of the project, which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.7	Monitoring and Evaluation Officer	D	1	1,559.00	9	10.00	1,403.10
	<i>The M&E officer based in Bosasso will be responsible for the monitoring of the project implementation, beneficiary recording implementing the M&E plan for this project and project evaluation. The unit cost is \$1559. SHF will contribute 10% over the life of the award, which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.8	IT Coordinator	D	1	1,965.00	9	10.00	1,768.50
	<i>The IT coordinator based in Garowe will be responsible for ensuring the internet is working to enable the project staff and the support staff perform their work without interruptions. He will be responsible for ensuring effective communication system are put in place and data back up for project reporting and during project implementation. The unit cost is \$1,965. SHF will contribute 10% which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.9	Logistics Officer	D	1	1,559.00	9	10.00	1,403.10
	<i>The logistics officer based in Bossasso will be responsible for purchasing supplies for this project and also maintaining the inventory of drugs purchased under this project. The unit costs is \$1559.00 SHF will contribute 10% over the life of the project. Which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.10	Finance Officer	D	1	2,188.00	9	10.00	1,969.20
	<i>The finance officer based in Bosasso will be managing this award and ensuring we are in line with the donor regulations ,processing payments and maintaining cash. The unit cost is \$ 2188.00. SHF will contribute 10% over the life of the project. Which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.11	Admin/HR Officer	D	1	1,559.00	9	10.00	1,403.10
	<i>The Admin/HR officer based in Bossasso will be responsible for recruiting staff the right staff, capacity building for staff to ensure they are able to perform there duties in effectively and efficiently and performing other HR functions. The unit cost is \$1,559.00 SHF will contribute 10% over the life of the project. Which is inclusive of Social security, terminal benefits and medical insurance .</i>						
1.12	Nutrition Focal person	D	1	500.00	9	100.00	4,500.00
	<i>The Nutrition Focal person will support the day to day implementation of the nutrition activities through provision of supplies (F100, F75, PPN, drugs) and he/she will also ensure Community Nutrition Volunteers (CNV) are trained on hygiene promotion and follow-up on their daily work . This is a staff of the Ministry of Health (MOH) and we will pay incentive of \$500 for 9 months and SHF will contribute 100%.</i>						
1.13	IYCF (infant and young child feeding) counsellor	D	4	300.00	9	100.00	10,800.00

	<i>4 IYCF (infant and young child feeding) Counsellor will assist in improving Infant and Young Child feeding practices at Community level and will closely work with Mother Support Group. they are Ministry of Health (MOH) staff and will be paid incentive of \$300 each for 9 months and SHF will contribute 100%.</i>						
1.14	OTP (Outpatient Therapeutic Programme) Nurses	D	4	400.00	9	100.00	14,400.00
	<i>4 OTP (Outpatient Therapeutic Programme) nurses will support in OTP daily work for treatment and medical check of SAM cases. They are Ministry of Health (MOH) staff and will be paid incentive of \$400 each for 9 months and SHF will contribute 100%.</i>						
1.15	Nutrition Assistants/ Screeners OTP (Outpatient Therapeutic Programme)	D	4	300.00	9	100.00	10,800.00
	<i>4 Nutrition Assistants/ Screeners will support in OTP and Targeted Supplementary Feeding Programme(TSFP). They are responsible for screening children and lactating mothers as well as assisting the nurses to administer treatment to SAM cases. They are Ministry of Health (MOH) staff and will be paid incentive \$300 each for 9 months and SHF will contribute 100%.</i>						
1.16	Registrars OTP (Outpatient Therapeutic Programme)	D	4	300.00	9	100.00	10,800.00
	<i>The 4 registrars will be responsible for daily registration of nutrition records including register books and OTP (Outpatient Therapeutic Programme) cards, They are Ministry of Health (MOH) staff and will be paid incentive of \$300 each for 9 months and SHF will contribute 100%.</i>						
1.17	Community Nutrition volunteers	D	20	50.00	9	100.00	9,000.00
	<i>Community Nutrition volunteers (20) responsible for active case finding, referral and follow-up and tracing defaulters, attached to OTP (Outpatient Therapeutic Programme) team .The will be paid incentive of \$50 each for 9 months and SHF will contribute 100%.</i>						
1.18	MTM (mother to mother) support groups incentives	D	100	30.00	1	100.00	3,000.00
	<i>We will establish 20 Mother to Mother supporting groups and each will have 5 members.IYCF counsellors and lead mothers will have regular meetings to discuss progress and challenges. The group members after completing the group session they will finally graduate and will be provided material incentive of \$30 each to motive them and share</i>						
	Section Total						118,899.48
Supplies, Commodities, Materials							
2.1	Nutrition Medical Drugs	D	1	2,650.00	1	100.00	2,650.00
	<i>We will purchase drugs to be administered to the malnourished. These are routine drugs to treat children with acute malnutrition. Children with acute malnutrition usual have minor illness that can be treated as an outpatient, and this will be handled by nurses .The total cost will be see \$2,650. BOQ attached</i>						
2.2	Integrated Management of Acute Malnutrition (IMAM)/infant and young child feeding (IYCF) training for Nutrition (OTP and TSFP) staff	D	1	2,802.40	1	100.00	2,802.40
	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) and infant and young child feeding (IYCF) trainings for 20 participants in PL. The cost of the training will \$ 2802.4.The participants will be OTP (Outpatient Therapeutic Programme) staff and SCI staff. See BOQ attached</i>						
2.3	Integrated Management of Acute Malnutrition (IMAM) training (screening and active case finding) for Community Nutrition Volunteers (CNV)	D	1	1,827.80	1	100.00	1,827.80
	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) training for 20 participants in PL. The cost of one training will \$ 1,827.8.The participants will be the Community Nutrition Volunteers (CNV) staff. Community mobilization is big component of community-based management of acute malnutrition (CMAM) programs. Community nutrition volunteers will be playing a central role in the outreach activities. They will conduct community screening and referrals. This budget will be used to provide training that includes refreshments, stationary and also cover the transportation cost. See BOQ attached</i>						
2.4	IYCF (infant and young child feeding) training for Mother to mother support groups	D	1	3,053.40	1	100.00	3,053.40
	<i>Twenty (20) Mother to mother supporting groups will be established and members will have regular meeting with community at the nutrition sites , and have discussion on the key infant and young child feeding (IYCF) messages, common barriers they are facing to adopt optimal IYCF practices, and share experience to overcome barriers. We will train the 20 lead mothers on facilitation of the IYCF sessions to disseminate the same information to the group members at a cost of \$3,053.40.</i>						
2.5	Clean drinking water for OTP (Outpatient Therapeutic Programme) beneficiaries	D	1	2,250.00	1	100.00	2,250.00

	<i>During the OTP (Outpatient Therapeutic Programme) days children need clean water. Usually it is encouraged that mothers give clean water with the ready-to-use therapeutic foods (RUTFs) . These is included to ensure that children and caretakers are getting clean water during OTP/TSFP (Targeted supplementary feeding programmes) visits. The total cost will be \$2250. See BOQ attached</i>						
2.6	Production of IEC Materials for Nutrition, Health and Hygiene Promotion (NHHP) promotion	D	1	1,971.20	1	100.00	1,971.20
	<i>IEC(information, education & communication)/Behaviour Change Communication material with key messages related to nutrition and hygiene will be printed and distributed to the nutrition staffs, Community Nutrition Volunteers (CNV), and Mother-to-Mother Support Group (MtMSG) so that they will be able to use to educate the community. The total cost will be \$1,971.2 See BOQ attached</i>						
2.7	Furniture for mobile team (Chairs and Tables)	D	1	1,840.00	1	100.00	1,840.00
	<i>These budget will be used to procure Chairs , tables and lockers and other materials that are needed for mobile nutrition team during the consultation in the outreach villages. The price of the materials is based on the local markets . The total cost \$1,840. See the BOQ.</i>						
2.8	Referral Support for SAM (severe acute malnutrition cases to stabilization centers	D	35	90.00	1	100.00	3,150.00
	<i>This will cover transport cost for the SAM cases to the stabilization center. This will cover the fuel and per diem for the drivers. The unit cost is \$90 which is the standard rate we will target 35 cases @90 USD each of total of 3,150 USD. See BOQ attached.</i>						
	Section Total						19,544.80
Travel							
5.1	Staff Travel Costs - Perdiem, Flights and Accomodation	D	1	3,350.00	1	100.00	3,350.00
	<i>The Nutrition Program Manager and Nutrition technical specialist will be traveling to the field sites for kick off meetings, implementation of the project such as training and monitoring the implementation of the project. It also includes travel cost for the Field Manager and the MEAL Officer for the kick off meeting, monitoring & review and close out meetings The total cost will be \$3,350. The BOQ is attached with the breakdown.</i>						
5.2	Vehicle hire for supervision, meetings, etc at field level	D	1	1,800.00	9	30.00	4,860.00
	<i>SCI will hire vehicles to be used to transport staff during review meetings, monitoring and supervision by the Project officers, PM and the DPM. The vehicles will also be used to transport the staff to the training venues as well. The cost of hiring the vehicle is \$1800 which is inclusive of other associated costs such as fuel and drivers costs for 9 months. SHF will contribute 30% of the cost over the life of the award. The total costs is \$4860.</i>						
5.3	Vehicle hire for OTP mobile teams at field level	D	4	1,800.00	9	95.00	61,560.00
	<i>There are 4 mobile teams each team will be assigned a vehicle for the period of the project which they will use during there outreach activities. The cost of hiring the vehicle is \$1800 which is inclusive of other associated costs such as fuel and drivers costs for 9 months. The total cost will be \$61560. SHF will contribute 95%</i>						
	Section Total						69,770.00
General Operating and Other Direct Costs							
7.1	Office Rent	D	1	4,200.00	9	16.00	6,048.00
	<i>This covers office rent for the office in Bosasso. The office will support the project activities. The program review meetings, kick off meetings, close out meetings and budget variance meetings will held in this office. Where possible some training will also be conducted in the office. total cost is \$6048. See BOQ attached.</i>						
7.2	Utilities (Water-\$700 and Electricity- \$120)	D	1	820.00	9	16.00	1,180.80
	<i>This covers the cost of electricity and water. This is meant to ensure the office has electricity which powers the laptops/desktops, the servers thus enabling communication and also water for staff to drink and maintain a clean working environment. total cost is \$1,180.80. See BOQ attached.</i>						
7.3	Office Internet and Communication Costs	D	1	2,000.00	9	16.00	2,880.00

	<i>This will cover internet costs which enable the staff to communicate, exchange of project documents, storing of digital data gathered and also liaison with the different stakeholders. Total cost is \$2,880. See BOQ attached.</i>						
7.4	Contribution to Bank Charges	D	1	2,231.99	1	100.00	2,231.99
	<i>This will be used to pay for the transfer of funds from SCI and also to pay suppliers. Dahabshil charges 1% for all the transfers. Total cost is \$2,231.99. BOQ attached.</i>						
7.5	Security - SPU (special police unit) incentives	D	1	2,600.00	9	16.00	3,744.00
	<i>This will cover the cost of office security. SCI has a contract with a security company. The company provides escorts to project staff going for field visits during training, meetings and also for the office where some of the project meetings like the review meetings will be conducted. Total cost is \$3,744. See BOQ attached.</i>						
	Section Total						16,084.79
SubTotal			203.00				224,299.07
Direct							224,299.07
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							15,700.93
Total Cost							240,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bari -> Bandarbayla -> Bandarbayla	20	184	2,067	386	386	3,023	
Bari -> Bossaso -> Bossaso	20	325	3,648	697	697	5,367	
Bari -> Iskushuban -> Iskushuban	20	119	1,337	347	347	2,150	
Mudug -> Gaalkacyo -> Gaalkacyo	20	292	3,283	895	895	5,365	
Nugaal -> Garowe -> Garowe	20	162	1,824	304	304	2,594	
Documents							
Category Name		Document Description					
Budget Documents		BOQs Nutrition 31.01.2017.xls					
Budget Documents		BOQs Revised 07.02.2017.xls					
Budget Documents		BOQs Revised 07.02.2017.xls					
Budget Documents		BOQs 08.02.2017.xls					
Budget Documents		Final revised SC BOQs 08.02.2017.xls					
Budget Documents		BOQs Revised 10.02.2017.xls					
Budget Documents		Revised Final BoQs 10.02.2017.xls					
Grant Agreement		HC signed SC GA 4707.pdf					
Grant Agreement		GA signed by SC -4707.pdf					