

Requesting Organization :	CARE Somalia				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Nutrition				100.00	
				100	
Project Title :	Emergency Nutritional support for the Acutely malnourished drought affected population in Qardho and Bosaso				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/Nut/INGO/2487		
Cluster :		Project Budget in US\$:	215,894.76		
Planned project duration :	8 months	Priority:			
Planned Start Date :	01/05/2016	Planned End Date :	31/12/2016		
Actual Start Date:	01/05/2016	Actual End Date:	31/12/2016		
Project Summary :	This Project is designed to provide emergency nutrition assistance that matches immediate needs of drought affected women and children (boys and girls) < the age of 5 years in Bari region (Qardho and Bosaso) that are currently experiencing severe drought conditions. The project will prioritize the management of severe acute malnutrition and Infant and Young child Feeding (IYCF) and seeks to provide emergency nutrition assistance to 2500 boys and girls < the age of 5 years and 500 pregnant and lactating women in the drought affected communities in Bosaso and Qardho.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	500	1,250	1,250	3,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,250	1,250	2,500
Pregnant and Lactating Women	0	500	0	0	500
Indirect Beneficiaries :					
Catchment Population:					
189,000					
Link with allocation strategy :					
The project is designed to provide emergency nutrition support to women and children that are currently affected by the severe drought conditions. The proposed nutrition interventions will benefit a total of 2500 children < the age of 5 years and 500 Pregnant and lactating women who are acutely malnourished. The proposed project has therefore strong linkage to the allocation strategy .					
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
Maryan Hish Mohamed	Nutrition Adviser	maryan.hish@care.org	+252907080304
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BACKGROUND**1. Humanitarian context analysis**

Somalia faces large-scale food insecurity between now and June 2016 as a result of poor rainfall and drought conditions in several areas, trade disruption, a combination of protracted and new population displacement, all of which is exacerbated by chronic poverty. Acute malnutrition remains high in many parts of the country. According to the recent FSNAU post deyr 2015/16 report, an estimated 304 700 children under the age of five were acutely malnourished. This includes 58 300 children under the age of five that are severely malnourished and face increased risk of morbidity and death. Despite changes in seasonal food security and livelihood outcomes and continued humanitarian interventions, Critical rates of acute malnutrition persist among several population groups. This shows the protracted nature of the nutrition crisis among these groups. Since the onset of El Nino in the last quarter of 2015, the impact has been severe in the northern parts of Somalia. Most parts of Puntland particularly Bari, Nugaal, Sanaag and Sool regions received below average rains since 2015 GU. In November 2015, cyclones Chapala and Megh caused significant damage which affected more than 70,000 people according to FAO-SWALIM. Agro-pastoral and pastoral communities were the worst affected. Malnutrition rates in hard hit areas have doubled to 18% GAM and caseloads of malnourished children admitted into nutrition centres in Puntland have steadily increased since July 2015. The Nutrition Cluster estimates that 23,000 children under the age of five in Puntland are acutely malnourished. (Feb 2016 inter agency assessment in Bari, Karkaar and Sanaag region)

2. Needs assessment

According to the February 2016 rapid inter-agency assessment in Bari, Karkar and parts of Sanaag regions, malnutrition rates in drought-affected areas of Puntland have doubled to 18% GAM and caseloads of malnourished children admitted into nutrition centers in Puntland have steadily increased since July 2015. The Nutrition Cluster estimates that 23,000 children under the age of five in Puntland are acutely malnourished. Acute malnutrition persists across Qardho and Bosaso district. Serious levels of acute malnutrition (GAM >10%) with aggravating factors (the ongoing droughts in Bari region combined with sub optimal IYCF practices) indicate the need for robust and sustained nutritional support. Infant and Young Child Feeding (IYCF) practices among children <5 years is poor in Bosaso and Qardho IDPs. Nutrition KAP survey conducted by CARE in Sep 2015 reveals only 18% of infants (0-6 months) were exclusively breastfed while 33% of children (6-24 months) received 4 food groups daily. Poor IYCF practices are due to low income levels resulting to poor dietary diversification and engagement of lactating mothers in menial jobs to fend for their families restricting exclusive breastfeeding, widespread social and cultural beliefs affecting proper infant feeding practices, early or late introduction of complementary feeding, inadequate knowledge on and practices of optimum complementary feeding practices, poverty, lack of diversity in the diet - Unhygienic preparation, sanitation and storage of complementary feeds. According to the recent FSNAU post Deyr 2015/16 report, the nutrition situation in the drought affected areas of Bari region is expected to deteriorate until the next Gu rains are fully established in April 2016. This is due to the expected reduction in availability of milk for children and reduction in access to water for both human and livestock consumption. Critical levels of maternal malnutrition (23.4 – 31.4%) has been sustained since Gu 2015 among the pregnant and lactating women in Qardho and Bosaso IDPs. According to FSNAU Post Deyr 2015/16 report, the nutrition situation of Qardho and Bosaso IDP populations has deteriorated with Global Acute Malnutrition (GAM) rates standing at 10.4% and 16.8% respectively. The prevalence of acute malnutrition in Bosaso is considered Critical as it exceeds the UN trigger for emergency action (Global Acute Malnutrition-GAM ≥ 15%) The current SAM rate among Qardho and Bosaso IDPs stands at Alert and Serious levels of 1.1% and 2.9% respectively. CARE assessment in February,2016 also noted that nutrition situation in Bosaso and Qardho is deteriorating due to scale down of operations by key partners/service providers such as Save the Children. For instance, available data in Stabilization Centre in Bosaso Hospital shows that new cases of severely acutely malnourished children increased from 18 in Oct 2015 to 48 by Dec 2015 – an increase of 166%. Total admissions also increased from 29 to 74 in the same period.

3. Description Of Beneficiaries

This Project will provide emergency nutrition assistance to 3000 drought affected women and children (boys and girls) < the age of 5 years in Bari region (Qardho and Bosaso) that are currently experiencing severe drought conditions. The project will prioritize the management of severe acute malnutrition and infant and young child feeding (IYCF) and seeks to provide emergency nutrition assistance to 2500 boys and girls < the age of 5 years and 500 pregnant and lactating women in the drought affected communities in Bosaso and Qardho. In the recent inter agency assessment in Bari and Sanaag region, the nutrition cluster estimated 23,000 individuals to be acutely malnourished, CARE is therefore planning to reach approximately 15% (approx 3500) of this acutely malnourished individuals with Emergency nutrition interventions in the next 8 months.

4. Grant Request Justification

CARE and the recent inter agency assessments identified that Bari region in Puntland faces multiple changes-severe droughts; cyclone and persistently high levels of malnutrition are undermining the survival of children less than 5 years, pregnant and lactating women. Rates of acute and chronic malnutrition have consistently exceeded the emergency threshold, mainly in the IDP settlements in Bari region. The ongoing drought situations are expected to further deteriorate the nutrition status of at risk population groups such as children under 5 years and pregnant and lactating women. There is need to expand nutrition services and in particular management of severe acute malnutrition. Due to the scale of the humanitarian situation in Puntland and the alarmingly high rates of acute malnutrition, management of severe acute malnutrition in proposed locations remains a high priority to prevent associated excess morbidity and mortality. CARE proposes to scale up the management of SAM in five locations that are currently nonfunctional. Currently, the nutrition situation remains dire as confirmed by the results of February 2016 rapid inter-agency assessment in Bari, Karkaar and parts of Sanaag regions as well as FSNAU Post Deyr 2015/16 report. Moreover, there was a deterioration in nutrition situation among Bosaso IDPs from "Serious" levels (GAM and SAM levels of 12.5% and 1.5%) in Gu 2015 to "Critical" levels (GAM and SAM levels of 16.8% and 2.9%) in Deyr 2015/16. This signifies a great need to upscale curative services, which are meant to avert possible mortalities resulting from severe acute malnutrition.

5. Complementarity

CARE has strong programmatic presence in proposed regions through its development and humanitarian programming which complement each other. In particular, the organization has ongoing multisectoral activities (Nutrition, WASH, CASH and protection) in Bari region that will complement proposed interventions. CARE is also implementing long-term development programs in proposed project areas which include Education, Natural Resource Management and Livelihoods.

LOGICAL FRAMEWORK

Overall project objective							
To contribute to reduction in nutrition related morbidity and mortality in 2,500 children under the age of 5 years and 500 pregnant and lactating women in vulnerable drought affected populations of Bosaso and Qardho districts in Bari region, Punt land Somalia							
Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds		Somalia HRP 2016			100		
Contribution to Cluster/Sector Objectives : The project contributes to the Nutrition cluster objective one, the lifesaving nutrition interventions is an early response to the humanitarian emergency in the drought affected areas of Bari region and is expected to contribute to a reduction of nutrition related morbidity and mortality rates to below emergency threshold.							
Outcome 1							
Decreased rates of malnutrition and nutrition related morbidity and mortality in Children < the age 5 years and pregnant and lactating women in Bosaso and Qardho districts in Bari region.							
Output 1.1							
Description							
At least 2500 children under 5 years are screened and admitted into the OTP program in 6 OTP sites in Qardho(2) and Bosaso (4)							
Assumptions & Risks							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Provide Nutrition rehabilitation using RUTF and routine medications to 1250 boys and 1250 girls							
Activity 1.1.2							
Standard Activity : Community screening for malnutrition and referral							
Screening of children under the age of five years using anthropometric measurement. At least 1250 girls and 1250 boys screened for malnutrition							
Activity 1.1.3							
Standard Activity : Multiple micronutrient supplementation for children 6-24months							
provide micro nutrient supplementation to all children between 6 - 24 months admitted into the OTP program							
Activity 1.1.4							
Standard Activity : Capacity building							
Training of nutrition staff on IMAM guidelines for 7 days							
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					2,500
Means of Verification : Beneficiary ration cards,Health facility registers and program reports							
Indicator 1.1.2	Nutrition	Number of children screened in the community and referred to the nutrition sites for management of acute malnutrition					3,000
Means of Verification : program reports							
Indicator 1.1.3	Nutrition	number of children who received micro nutrient supplementation					2,500
Means of Verification : beneficiary cards and program reports							
Indicator 1.1.4	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20
Means of Verification : Training and Program reports							
Output 1.2							
Description							
At least 500 Pregnant and lactating women are provided with optimal IYCF promotion and counseling sessions							
Assumptions & Risks							
Activities							
Activity 1.2.1							

Standard Activity : Infant and young child feeding counselling														
Provision of Nutrition counselling for caregivers														
Activity 1.2.2														
Standard Activity : Capacity building														
At least 20 nutrition staff trained on Nutrition, health and hygiene promotion and IYCF counseling techniques for 5 days														
Indicators														
			End cycle beneficiaries				End cycle							
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target							
Indicator 1.2.1	Nutrition	Number of IYCF promotion sessions held					350							
Means of Verification : Program reports														
Indicator 1.2.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					20							
Means of Verification : Program reports														
Additional Targets :														
M & R														
Monitoring & Reporting plan														
<p>Close monitoring of project activities will be conducted throughout the project period to find out if project objectives are being met. Project progress will be monitored through site visit and observations, community feedback and monthly reporting. Day-to-day monitoring of project activities will be carried out by CARE field staff. The Nutrition advisor will conduct regular field visits to monitor and assess the project progress, quality of work, challenges, and pace of project implementation against the implementation plan. Monthly monitoring and overall activity progress reports will be compiled and shared with OCHA.</p> <p>The program beneficiaries will be followed up, at the facility level, on a weekly basis. During follow-up visits, each beneficiary will receive thorough physical examination as well as history taking. This will involve identification of any problems that might have arose during the previous week (could be medical and/or barriers to adequate adherence to treatment regimen), head to toe examination, taking of anthropometric measurements, carrying out an appetite test for each child and further medical investigation, where necessary. Following this, the action protocol will be used to guide the staff on the next steps to be taken.</p> <p>All the information gathered will be documented in individual cards as well as the OTP register. Depending on the outcome of the physical examination and history taking, staff will draw a plan for follow-up of individual children who may require home visits as well as tailored messages. The ones who will have attained discharge criteria will be exited from the program through TSFP using the discharge protocol</p>														
Workplan														
	Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
	Activity 1.1.1: Provide Nutrition rehabilitation using RUTF and routine medications to 1250 boys and 1250 girls	2016					X	X	X	X	X	X	X	X
	Activity 1.1.2: Screening of children under the age of five years using anthropometric measurement. At least 1250 girls and 1250 boys screened for malnutrition	2016					X	X	X	X	X	X	X	X
	Activity 1.1.3: provide micro nutrient supplementation to all children between 6 - 24 months admitted into the OTP program	2016					X	X	X	X	X	X	X	X
	Activity 1.1.4: Training of nutrition staff on IMAM guidelines for 7 days	2016					X							
	Activity 1.2.1: Provision of Nutrition counselling for caregivers	2016					X	X	X	X	X	X	X	X
	Activity 1.2.2: At least 20 nutrition staff trained on Nutrition, health and hygiene promotion and IYCF counseling techniques for 5 days	2016					X							
OTHER INFO														
Accountability to Affected Populations														
<p>Throughout the implementation of this project CARE will ensure that acceptable humanitarian standards are upheld. The delivery of this program will be done in a transparent manner by involving all the stakeholders (community leaders, government authorities and beneficiaries) in addition CARE will strengthen engagement with the beneficiaries through an existing feedback, complaints and response mechanisms. CARE will also closely work with the Ministry of Health in Punt land in the implementation of this project. MoH will be responsible for the direct implementation of activities in the two target locations with technical and financial support from CARE.</p>														
Implementation Plan														
<p>CARE will implement all proposed nutrition interventions through the ministry of Health – Puntland. This ensures sustainability of the interventions beyond CARE s support as the capacity of the MoH staff to deliver quality services is improved. CARE has strong programmatic presence in Bari region supported by an operational office in Bosaso town. In addition, CARE believes adequate coordination is vital for efficient delivery of humanitarian assistance and ensuring complementary of efforts among partners. CARE is an active member of Nutrition cluster in Puntland and will continue to attend and contribute to the monthly cluster meetings .The proposed project will work through the clusters and other humanitarian actors to avoid overlap and prevent duplication in target locations.</p>														

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	CARE will work in partnership with the Ministry of Health (MoH) in Punt land in the implementation of this project. MoH will be responsible for the direct implementation of activities in the two target locations. CARE will also closely work with the nutrition cluster members and attend the nutrition cluster meetings in Punt land to ensure no duplication in activities and that gaps are covered where possible.
UNICEF and OTHER PARTNERS	CARE will coordinate with UNICEF and other Nutrition cluster partners working in the same area of intervention to ensure information sharing and no duplication and overlap of activities.

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

CARE will implement project activities in an impartial and non-discriminatory manner that promotes equal access to nutrition services for both male and female beneficiaries. Admission to the nutrition programs will be based purely on Somalia IMAM guidelines. CARE will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and children <5 years, unaccompanied minors, widows and girls and prioritize them for assistance. In both Qardho and Bosaso CARE works directly with Puntland Ministry of Health (MoH) staff in the implementation of all its nutrition activities. This ensures sustainability of the interventions beyond CARE s support as the capacity of the MoH staff to deliver quality services is improved. In this project CARE plans to continue with the same approach.

Protection Mainstreaming

The proposed nutrition activities will take into consideration, the special nutrition needs of the most vulnerable groups such as pregnant /lactating women, children under 5 years, adolescent girls and women of childbearing age. Issues that could pose danger to the lives of the beneficiaries, such as security related issues and distance to nutrition sites would be identified on a continuous basis and risk mitigation measures developed. CARE seeks to scale up nutrition activities in existing sites, which are easily and safely accessible. The project team will work closely with the IDP camp committees, host community as well as the Ministry of Health –Puntland, in regularly finding out new nutritional needs of different vulnerable groups. The appropriate working hours during which nutrition services are provided will be agreed upon, to ensure that all persons, including women, children and the elderly have access to services. CARE will ensure that there are adequate levels of female staff in the nutrition sites, with skills and experience in women and children. The project team will ensure that target beneficiaries are trained on the proper use of the nutrition supplies such as the RUTF. Issues related to confidentiality and privacy of the beneficiaries will be upheld. The monitoring and evaluation team (M&E Manager, M&E Officer) as well as the Nutrition Advisors and Nutrition Supervisor will, on regular basis, assess the nutrition sites to find out whether service delivery are adequate and if services are provided in a dignified manner. CARE has a policy on sexual exploration and abuse (PSEA) that will guide the team during beneficiary selection and provision of services.

Country Specific Information

Safety and Security

CARE conducts regular monitoring of the security situation in all project areas and has security procedures put in place to take care of project staff and other resources at all times. CARE maintains good relationships with communities and key stakeholders, ensuring a perception of fairness and transparency in planning. CARE’s Security Adviser continually monitors the security situation in all target areas. In the case of sustained deterioration in security or access, CARE may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is expected that security situation will allow continuity of services. Currently, the security situation of the project target region is stable.

Access

CARE maintains permission to operate and access remains open; reasonable stability in the security situation is maintained; and logistical pipelines remain open. CARE maintains good relationships with communities and key stakeholders, ensuring a perception of fairness and transparency in planning. The targeted areas are accessible to CARE and other partners. CARE has been working and continues to work in the proposed project region and has successfully engaged local communities to mitigate against access/security risks. The organization has strong community acceptance in the target locations which will enable successful implementation of proposed project.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Emergency Director	D	1	10,500.00	8	1000.00 %	8,400.00
	<i>Provides overall leadership to the emergency team to ensure quality programming</i>						
1.2	Emergency Coordinator	D	1	5,901.00	8	1000.00 %	4,720.80
	<i>his position is responsible for ensuring quality program implementation and monitoring at field level.</i>						

1.3	Nutrition Advisor	D	1	4,000.00	8	5000.00%	16,000.00
<i>The Nutrition Advisor will provide technical guidance and oversight for the Nutrition sector.</i>							
1.4	Project Officers	D	2	2,000.00	8	10000.00%	32,000.00
<i>These two positions will be responsible for direct implementation of all nutrition interventions in Bosaso and Qardho districts. They will be fully dedicated to the project.</i>							
1.5	Nutrition workers	D	10	350.00	8	10000.00%	28,000.00
<i>The project will provide monthly incentives to ten (10) Nutrition Workers working in Qardho and Bosaso.</i>							
1.6	CHW Incentives	D	30	150.00	8	10000.00%	36,000.00
<i>The project will provide monthly incentives to thirty (30) Community Health Workers (CHWs) working in Qardho and Bosaso.</i>							
Section Total							125,120.80
Supplies, Commodities, Materials							
2.1	Nutrition supplies - RUTF	D	700	75.00	1	10000.00%	52,500.00
<i>For management of severe acute malnutrition, the project will procure a total of 700 cartons as part of the nutrition supplies. Each carton costs US\$ 75. Total requested amount is therefore US\$ 52,500</i>							
2.2	Vehicle rental	D	1	1,600.00	8	10000.00%	12,800.00
<i>The cost of hiring one project vehicle for nutrition outreach/mobile activities in Bosaso.</i>							
2.3	Training staff on IMAM guidelines	D	1	4,200.00	1	10000.00%	4,200.00
<i>CARE will conduct 7 days Training on Integrated Management of Acute Malnutrition (IMAM) for Nutrition staff to better equip them carry out standardized management of acute Malnutrition. This line will cover the costs of the training. Please see attached BoQ</i>							
2.4	Training staff on NHHP and IYCF	D	1	3,000.00	1	10000.00%	3,000.00
<i>CARE will conduct 5 days Training on Nutrition, Health and Hygiene Promotion (NHHP) and Infant and Young Child feeding (IYCF) for Nutrition staff to ensure appropriate NHHP and IYCF messages are disseminated to the beneficiaries. This line will cover the costs of the training. Please see attached BoQ</i>							
2.5	Assorted tools and equipment s	D	1	4,150.00	1	10000.00%	4,150.00
<i>This line will cover the cost of procuring assorted nutrition tools (Height board, Digital Weighing scale and MUAC tapes) for nutrition sites. Please see the attached BoQ.</i>							
Section Total							76,650.00
SubTotal			749.00				201,770.80
Direct							201,770.80
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							14,123.96
Total Cost							215,894.76
Grand Total CHF Cost							215,894.76

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 -> Bossaso -> Bossaso	60		300	400	400	1,100	Activity 1.1.1 : Provide Nutrition rehabilitation using RUTF and routine medications to 1250 boys and 1250 girls Activity 1.1.2 : Screening of children under the age of five years using anthropometric measurement. At least 1250 girls and 1250 boys screened for malnutrition Activity 1.2.1 : Provision of Nutrition counselling for caregivers
Bari -> Qardho -> Qardho	40		200	350	350	900	Activity 1.1.1 : Provide Nutrition rehabilitation using RUTF and routine medications to 1250 boys and 1250 girls Activity 1.1.2 : Screening of children under the age of five years using anthropometric measurement. At least 1250 girls and 1250 boys screened for malnutrition Activity 1.2.1 : Provision of Nutrition counselling for caregivers

Documents

Category Name	Document Description
Budget Documents	SAMPLE OF boq.xls
Budget Documents	BoQ - Nutrition.xlsx
Budget Documents	Final FCS 2487-BOQ CARE.xls
Signed Project documents	signed GA-2487.pdf