

<b>Requesting Organization :</b>	Somali Aid				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Nutrition	Maternal Child health and nutrition Programme (MCHN)	100.00			
		<b>100</b>			
<b>Project Title :</b>	Provision of life saving nutrition interventions to boys and girls Under 5 years through integrated nutritional treatment services for SAM and preventive services such as IYCF and micronutrient supplementation to Internal Displaced Person ( IDPs) in Marino, Bulla Fatura, Camp Dhudu, Barawe, Badar IDP settlement in Kismayo district.				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Nut/NGO/2556		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	200,000.00		
<b>Planned project duration :</b>	12 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	01/09/2016	<b>Planned End Date :</b>	31/08/2017		
<b>Actual Start Date:</b>	01/09/2016	<b>Actual End Date:</b>	31/08/2017		
<b>Project Summary :</b>	<p>To address malnutrition among internally displaced people in Kismayo Internally Displaced Persons (IDP) settlements and ensure provision of life saving nutrition services for acutely malnourished children (girls and boys), women of child bearing age, Somali Aid will implement two stationary Out patient programs and One stabilization center where there will be preventive and promotive services such as infant young child feeding promotion and counseling as well as awareness creation and nutrition messaging within the community.</p> <p>Treatment of severely malnourished children under 5 years without medical complication will be done through the out patient therapeutic program targeting to treat at least 761 under fives. At least 180 children under fives will be treated through the stabilization center for severe acute malnutrition with medical complications.</p> <p>Nutrition and health promotion sessions will be conducted at the nutrition sites as well as within the community through community health workers assigned to house individual camps. Nutrition sessions will include sessions on infant and young child feeding, hygiene and health promotion as well as food and nutrients education.</p> <p>Mothers of children under five who are visiting the nutrition treatment centers will be targeted for nutrition session and IYCF counselling at the nutrition center while community health workers will continue with nutrition messaging at the community level targeting men and women in the camps. Generating community demand for improved maternal and child nutrition calls for a more integrated approach and building of capacities within communities to understand the nutrition services and ensure that women and children under five survive and remain healthy during pregnancy and through out the first five years of life amidst the presented climatic, political and geographical complexities. Creating awareness and demand in the communities will equip them with necessary knowledge to effectively participate in sustainable improvement of nutrition status among the Internally displaced hence the program will work with community health workers and community key leaders to establish well supportive and effective social environment within the community for the nutrition program.</p> <p>Technical nutrition team and the community health workers will be trained to build their capacity in management of acute malnutrition through a 5 day training on Integrated management of malnutrition for the technical team and a 3 day training for community health workers which will include; training on identification and referral of malnourished children under five and screening skills, reporting, peer health education and conducting community meetings and sessions.</p> <p>mobilization sessions will be done through the community key influential people and the camp leaders to create awareness of the program and also to ensure program ownership and utilization. at least 5 key leaders per camp shall be targeted for community program conception meetings and awareness.</p> <p>Somali Aid through the nutrition program is committed to ensure community systems are equally strengthened for community nutrition service delivery.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	10,757	11,190	2,145	2,233	26,325

<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Internally Displaced People	10,757	11,190	0	0	21,947
Children under 5	0	0	2,145	2,233	4,378
<b>Indirect Beneficiaries :</b>					
172861					
<b>Catchment Population:</b>					
191186					
<b>Link with allocation strategy :</b>					
<p>Somali Aid will utilize the Allocation through two strategies which will be the active identification and treatment of those children under five with severe malnutrition (with and without complication) through the set out out patient programs and one stabilization center. through the community health workers, Somali Aid will ensure early identification, referral and optimal treatment as per the treatment guidelines for Acute malnutrition. Somali Aid will carry out screening of under five to provide them with essential nutrition supplementation, increase the Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene Promotion (NHHP) coverage</p> <p>Building community resilience will be another of the strategies to be used in the allocation as it is paramount to ensure the internally displaced people (IDP) are able to cope with the environments around them that affect their nutrition status and health in general. Somali Aid will build community resilience through sensitization of community on nutrition and hygiene modules which will equip the mothers and caretakers of the children under fives as well as community in general with necessary knowledge of food and nutrition, meal planning, care for the the pregnant and lactating women and information of infant and young child feeding. Somali Aid will also Build capacity of the local staffs and CHWs in management of Acute malnutrition through training and mentoring as well as supportive supervision to ensure sustainability of the interventions beyond Somali Aid's support as the capacity of the CHWs and local staff to deliver quality services is improved..</p> <p>Somali Aid will implement project activities in an impartial and non discriminatory manner that promotes equal access to nutrition services for both male and female beneficiaries. Somali Aid will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and children &lt;5 years, unaccompanied minors, widows and girls and prioritize them for assistance.</p> <p>In order to reduce the malnutrition rate in the IDP camps,</p>					
<b>Sub-Grants to Implementing Partners :</b>					
<b>Partner Name</b>	<b>Partner Type</b>		<b>Budget in US\$</b>		
<b>Other funding secured for the same project (to date) :</b>					
<b>Other Funding Source</b>			<b>Other Funding Amount</b>		
<b>Organization focal point :</b>					
<b>Name</b>	<b>Title</b>	<b>Email</b>	<b>Phone</b>		
Nasra Muktar	Project Officer	nasra@somali-aid.org	+254722608833		
<b>BACKGROUND</b>					
<b>1. Humanitarian context analysis</b>					

On average, 40 per cent of the total population of Somalia has faced acute food insecurity annually over the last four years, according to FSNAU. According to 2016 humanitarian needs overview, Southern and central Somalia contributes to 65 per cent of acute malnutrition total burden in Somalia, Intensive humanitarian response activities and favorable climatic factors have helped reduce the overall number of people experiencing acute food insecurity in the post-famine period. However, most key food security and nutrition indicators in the last four years remained concerning, particularly in southern and central regions of Somalia and have not shown any marked improvement subsequently in Deyr 2014/15 and Gu 2015. The findings from the 2015/16 Post Deyr countrywide seasonal assessment by FSNAU and partners indicate that 931000 people will be in Crisis (IPC Phase 3) and 22 000 people in Emergency (IPC Phase4) across Somalia through June 2016. The prevalence of GAM for IDP's in Kismayo was 14.5% i.e. serious however having Critical levels of SAM 4.4% according to the Preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia done in June. This shows an increase from the Global Acute Malnutrition (GAM) 12.9% and Severe and Acute Malnutrition (SAM) 2.9% which were reported in the 2015 Deyr Nutrition Surveys Results in February which also reports that Underweight levels in Somalia are Medium to low prevalence with the exception of Kismayo IDPs that reported Very high prevalence.

Internally displaced persons (IDPs) represent 68 percent of the total number of people in Crisis and Emergency, rural populations (26 percent) and urban populations (6 percent). According to FSNAU post deyr Internally Displaced Persons continue to represent a large proportion (60-75%) of the total population have been in Crisis and Emergency over the past three years. Acute watery diarrhea has for the past 6 months of 2016 swept across Kismayo majorly within the IDP population further worsen the nutritional status.

Food prices have continued to increase in Kismayo as the roads used for food transportation are highly affected by insecurity because Al Shabaab continues to carry out high profile attacks and planting of IEDs on main road.

It was reported in the Minutes of the Kismayo Regional Civil Military Working Group (RCMWG) Meeting Thursday 19 May 2016, fluid security situation surrounding Kismayo is impacting on humanitarian access, 8 international NGOs, and more than 20 local NGOs have presence in Kismayo but they cannot reach out to beneficiaries outside the town due to insecurity there leading to increase in number of people migrating from the problematic rural areas to the urban IDP centers in Kismayo.

**2. Needs assessment**

Displaced people are particularly susceptible to under nutrition due to limited accessibility to foods and health services. The reported "critical" and "serious" levels of malnutrition in target areas, indicates there is a need to continue with management of Severe Acute Malnutrition to save lives and equally increase quality of life by providing preventive and curative nutrition services especially among displaced children under five and pregnant and lactating women.

According to FSNAU post Deyr 2015/2016 assessment, Infant and Young Child Feeding (IYCF) practices in regard to continued breastfeeding for up to 24 months, child dietary diversity and frequency of complementary feeding remained sub optimal among the IDPs in Kismayu. It also showed that underweight levels in Somalia are Medium to low prevalence with the exception of Kismayo IDPs and reported a GAM rate of 12.9% and SAM of 2.9% indicating a Serious nutrition situation which has since increased to GAM 14.5% and SAM of 4.4% according to Preliminary findings from 2016 Gu season nutrition surveys among Internally Displaced Persons (IDPs) in Somalia done in June.

Despite hosting a majority of IDPs from the middle and lower Juba, Kismayo has only one SC implemented by ICRC to serve a catchment population of 364973 people (host and IDP) with an estimated under five population of more than 72900 for urban and rural population in the lower juba. This will continue to be under stress considering that we expect IDP situation now under stress to deteriorate with the prevailing drought, and the expected influx of returnees from the Dadaab refugee camps.

Somali aid currently runs two main out patient and maternal child health programs in Kismayo and have reported sharp increase in the number of severely and moderately malnourished cases referred to existing nutrition treatment centers which is in accordance to the reported increase in the levels of malnutrition by GAM and Rates as reported above from preliminary FSNAU findings June post Gu seasonal nutrition survey.

Somali Aid is well positioned to implement the management of severe Acute Malnutrition both with and without medical complication since it already has well established health facility with a previously run stabilization center and out patient center that is located central to the IDP Centers of Marino, Bulla Fatura, Camp Dhudu, Barawe, Badar in Kismayo district. Equally, Somali Aid actively participates in nutrition cluster coordination meetings at regional level and closely co-ordinates with individual nutrition partners in referring the active cases. Somali Aid also has currently been working closely with the community through community health workers who will take lead in ensuring timely identification and referral of Malnourished cases from the IDP camps.

**3. Description Of Beneficiaries**

Direct Beneficiaries: The direct beneficiaries will be a total of 30600 made of men and women, boys and girls within the population of internally displaced people in Marino, Bulla Fatura, Camp Dhudu, Barawe, Badar IDP settlements in Kismayu district .

4375 Children (Boys 2145 and Girls 2233) 0-59 months are targeted for nutrition treatment programs program in the OTP and the SC, deworming and vitamin A supplementation.

At least 3258 pregnant and lactating women will benefit from IYCF counselling and promotion services while the general IDP population of 10725 males and 11162 females shall also benefit from nutrition, health and hygiene messaging through community mobilization and education sessions.

56 men and women who will be members of staff including the community health workers will benefit from capacity building through the project.

Indirect Beneficiaries: The general host population shall be indirect beneficiaries and totaling to 175000 men and women and children under five within the urban Kismayo setting.

**4. Grant Request Justification**

A rapid assessment done by Somali Aid in the IDP settlement in June of 2016 highlighted a dire need for nutrition interventions mainly, treatment of SAM in OTP and SC and IYCF promotion activities since there is currently only one SC running for the whole of Kismayo and no OTP in the IDP camps targeted. FSNAU 2016 report shows a higher burden of malnutrition among IDPs in Kismayu which calls for continuity of services to avoid a crisis. Displaced people are particularly susceptible to under nutrition due to limited accessibility to foods and health services. The reported "critical" and "serious" levels of malnutrition in target areas, indicates there is a need to continue with management of Moderate Acute Malnutrition and Severe Acute Malnutrition to prevent individuals from sliding into very critical situation.

Somali Aid will ensure equal numbers of boys and girls are assessed, therefore sex bias will not prevent equal access and any emerging gender gaps will be identified in a timely manner. Somalia IYCF indicators are some of the worst in the world, attributable to poor maternal knowledge and skills in young child care. Somali Aid will continue to strengthen caregiver capacities and empower mothers and male heads of households in decision making on child care. Gender specific topics will be incorporated into nutrition education messaging. Overall, Somali Aid will ensure that data collected from facilities is from women, men, boys and girls and disaggregated as such in monthly report. Women and men will be encouraged to equally participate in decision making processes. The capacity of local mother support groups and women organizations will be strengthened to provide support mechanisms for improving the nutritional status of PLW and women of child bearing age.

Somali Aid 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. Somali Aid 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. Somali Aid has previously implemented OTP and SC services in Kismayo and therefore has community good will and the needed expertise to implement the programs as stated and will greatly utilize the lessons learnt from previous program to ensure smooth running and achievement of the identified objectives and goals.

## 5. Complementarity

Somali Aid has undertaken a number primary health care assistance to the needy population with resultant impacts in Middle and Lower Juba regions of Somalia funded by WHO, UNOCHA, UNICEF among others. Currently, Somali Aid is implementing EPHS in Badhadhe district and 3 health facilities in Kismayu district also was running facilities including 1 hospital, 9 OTP sites and 1 SC to provide treatment of common illnesses as well ANC/PNC, immunization, leprosy treatment program, nutritional treatments and supplementary feeding. Somali Aid integrated healthcare services provisions include immunization to under 5 & WCBA, prevention and treatment of communicable diseases, health education/promotions, sanitation and prevention of epidemic diseases, support the integration of surveillance and response mechanisms, social mobilization and women empowerment in health promotion activities.

Somali Aid will operationalize 1 OTP sites and 1 SC serving both IDPs and host communities and complement on the health services provision in Kismayu. The technical staff will continuously be trained on WHO treatment guidelines and also based on their needs, roles and responsibilities. CHWs will be engaged to conduct health and nutrition promotions/awareness and community IYCF activities to strengthen the integration of different programs at the community level.

### LOGICAL FRAMEWORK

#### Overall project objective

To provide access to life saving treatment of malnutrition services to 4738 children under five and reach 2351 women with nutrition in the IDP camps of Kismayo urban with nutrition messaging and IYCF counselling in 12 months.

### 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 proposed project will help to the reduction of nutrition related morbidity and mortality rates to below emergency threshold and will provide the necessary equipment, supplies and provision to accessible nutrition treatment services, vitamin A supplementation, deworming and optimal IYCF services.

#### Outcome 1

2145 boys and 2233 girls under five have access and utilization to integrated essential quality nutrition services in one OTP sites and one stabilization center

#### Output 1.1

##### Description

2145 boys and 2233 girls under five are screened and at least 60 % of those children with Severe Acute Malnutrition are adequately treated through the out patient therapeutic programs and the stabilization program

##### Assumptions & Risks

Somali Aid is assuming to reach 60% of children with malnutrition while the other 40% can be reached through other partner run nutrition treatment programs.

There might be risk of supply rupture and Somali Aid will mitigate through ordering of supplies early enough from UNICEF and borrow from other partners doing nutrition in the area

#### Activities

##### Activity 1.1.1

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

regular identification and referral of acutely severe malnourished children

##### Activity 1.1.2

##### Standard Activity : Supplementation Vitamin A

supplementation of children 6-59 months eligible for vitamin A supplementation

<b>Activity 1.1.3</b>							
<b>Standard Activity : Deworming</b>							
correct deworming of children 6-59 months as per the deworming guidelines.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
treatment of children 6-59 months presenting with severe acute malnutrition with medical complications at the Stabilization center							
<b>Indicators</b>							
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					4,378
<b>Means of Verification</b> : OTP registers, Referral cards, Monthly and quarterly reports							
Indicator 1.1.2	Nutrition	Number children receiving Vitamin A supplementation					4,378
<b>Means of Verification</b> : OTP Registers, Monthly and Quarterly reports							
Indicator 1.1.3	Nutrition	Number of eligible children dewormed every 6 months					4,378
<b>Means of Verification</b> : OTP Registers, Site Vist report, Monthly reports							
Indicator 1.1.4	Nutrition	Number of acutely malnourished girls and boys under 5 identified and treated for severe malnutrition					2,626
<b>Means of Verification</b> : OTP and SC registers and referral cards, Site Visit reports and Quarterly reports							
Indicator 1.1.5	Nutrition	number of children under 5 years with Severe acute malnutrition with complications treated at the SC					137
<b>Means of Verification</b> : OTP referral forms, SC registers and SC referral forms as well as monthly, quarterly reports							
<b>Outcome 2</b>							
Strengthened capacity of the Somali Aid staff and the community workers in identification, referral and management of Acute malnutrition.							
<b>Output 2.1</b>							
<b>Description</b>							
capacity building of the nutrition team and community health workers to adequately provide quality nutrition services through the respective nutrition programs.							
<b>Assumptions &amp; Risks</b>							
During the training days, there might be security issues but can solved by engaging the security personnel through alerting them of the ongoing training as well as consulting them on security matters and advice on secure venues.							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Capacity building</b>							
Conduct IMAM training and training refresher training on nutrition and hygiene module for the project staffs							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Capacity building</b>							
Sensitize CHWs and community leaders on nutrition and hygiene module							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					20
<b>Means of Verification</b> : Training photos and training report							
Indicator 2.1.2	Nutrition	Number of CHW trained on the nutrition and hygiene module and how to conduct community sessions.					30
<b>Means of Verification</b> : IYCF reports, Training report, Training attendance sheet and photos							
<b>Outcome 3</b>							
Nutrition, health, hygiene (NHHP) preventative and promotional messages are integrated through the nutrition and health sessions.							
<b>Output 3.1</b>							
<b>Description</b>							

IYCF counselling and health hygiene and nutrition promotion is done through community and facility health promotion programs

**Assumptions & Risks**

Kismayu IDP camps are prone to flooding and that can affect scheduled community health and nutrition session days in the area. Somali Aid will utilize the mobile teams to reach the population on foot

**Activities**

**Activity 3.1.1**

**Standard Activity : Nutrition health and Hygiene promotion**

Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions

**Activity 3.1.2**

**Standard Activity : Infant and young child feeding counselling**

Conduct individual counseling/group sessions at the OTP/TSFP sites and through the community health workers

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					480

**Means of Verification :** Photos and registers

Indicator 3.1.2	Nutrition	number of women reached with IYCF counselling and Messaging					470
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**Means of Verification :** sessions photos and registers

**Additional Targets :**

**M & R**

**Monitoring & Reporting plan**

the monitoring and evaluation Officer and the nutrition coordinator are responsible for the overall project monitoring and will develop together with the nutrition coordinator a detailed activity plan forming the basis of project monitoring. Through the nutrition team will ensure project activities are running as scheduled and are reported. satisfactorily. The project coordinator will have overall responsibility for monitoring progress and generating mid-term and end-of-project reports. At the beginning of the project, community meetings and dialogue sessions with the community will be done to inform them of the project inputs and expected outputs. quarterly visits by the nutrition coordinator and the monitoring and evaluation officer to the program will ensure supportive supervision and timely problem solving. Indicators that will be measured to gauge the performance of the project will include cured rates, defaulting and death rates of the children under 5 years old admitted in nutrition programmes in Out patient therapeutic program and Stabilization centers. Program monthly, quarterly and weekly reports will be submitted through out the project implementation.

The findings of the monitoring process will be used to make informed decisions and timely adjustments with a view to ensuring that the project activities remain on track. Monthly reports will be compiled and shared with the cluster and other stakeholders. At the end of the project, a final report will be prepared as well. Lessons learnt and feedback from monitoring exercises will be documented and the information shared with the development partners. This will be done in joint and regular review meetings held with the communities/beneficiaries and stakeholders.

**Workplan**

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: regular identification and referral of acutely severe malnourished children	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				
Activity 1.1.2: supplementation of children 6-59 months eligible for vitamin A supplementation	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				
Activity 1.1.3: correct deworming of children 6-59 months as per the deworming guidelines.	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				
Activity 1.1.4: treatment of children 6-59 months presenting with severe acute malnutrition with medical complications at the Stabilization center	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				
Activity 2.1.1: Conduct IMAM training and training refresher training on nutrition and hygiene module for the project staffs	2016									X			
	2017			X									
Activity 2.1.2: Sensitize CHWs and community leaders on nutrition and hygiene module	2016									X	X		
	2017			X									

Activity 3.1.1: Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				
Activity 3.1.2: Conduct individual counseling/group sessions at the OTP/TSFP sites and through the community health workers	2016									X	X	X	X
	2017	X	X	X	X	X	X	X	X				

**OTHER INFO**

**Accountability to Affected Populations**

To ensure accountability to the affected population Somali Aid will be committed to the following:

- 1) Demonstrating the highest level of commitment to beneficiaries and target population by ensuring that feedback and accountability mechanisms are well integrated into the programme strategy, implementation, recruitment and inductions, capacity-building, performance management, and partnership agreements;
- 2) Providing accessible and timely information to beneficiaries and target populations on organizational procedures, structures and processes that affect them to ensure that they can make informed decisions and choices, and facilitating dialogue between Somali Aid and beneficiaries over information provision;
- 3) Actively seeking the views of beneficiaries and target populations to improve policy and practice in programming, and ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction. This includes issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications;
- 4) Enabling beneficiaries and target populations to play an active role in the decision-making processes that affect them through the establishment of clear guidelines and practices to engage them appropriately (through community consultations and committees) and ensure that the most marginalised and affected are represented and have influence; and
- 5) Designing, monitoring and evaluating the goals and objectives of programme with the involvement of beneficiaries and target populations, feeding learning back into the organization on an ongoing basis, and reporting on the results of the process.

**Implementation Plan**

This project will target Severely ACute Malnourished and will adopt and utilize standardized protocols which require the registration of all household with children under 5 years, preparation of OTP distribution timetable and communicating the dates and households monthly entitlement to the registered beneficiaries.

Two stationary out patient programs in Bulla Fatura and and in Fanole which is central to the IDP camps shall be implemented to ensure that all the children are able to access the treatment services. Severly malnourished cases with complications shall be treated or managed at the planned Stabilization center central to the camps at Fanole to be implemented by Somali Aid.

Somali Aid will refer cases of Acute moderated Malnutrition to other partners implementing nutrition treatment for moderately malnourished children under five and pregnant lactating women when identified at community level or the nutrition centers.

Somali Aid will collaborate and coordinate with other partners especially SAF UK to improve inter referrals and also provide holistic assistance to the IDP population being served including the immunization services at the health programs run by partners.

Somali Aid will ensure the use of Nutrition protocols that are standard and nationally approved and therefore will under take staffs training to orientate them on the same protocols and ensure quality services are offered in the nutrition programs.

Somali Aid will follow routine monitoring procedures and will provide monthly, quarterly, mid project and end of the month reports as requested.

Somali Aid will document all challenges, success stories and lessons learnt during program implementation in order to contribute to the general cluster monitoring and leaning process.

The program will also cover activities that give integrated treatment of malnutrition of children U5 and targeted PLWs for IYCF. Components will include OTP and SC services, hygiene promotion message and nutrition promotion activities in the selected IDP settlements

The project will provide the necessary equipment, supplies and provision of accessible nutrition delivery centers in order to offer the required SC and OTP and optimal IYCF services.

A team of trained and experienced staff, supervised by the Nutrition Coordinator will be responsible for overall implementation of the programme. The beneficiaries, community and the local administration will be fully kept in the loop in order to participate in mobilization, beneficiary selection and overall project implementation.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
MOH	Supervisory, decision making and coordination
UNICEF	Technical support and supplies for treatment of severe acute malnutrition through the out patient therapeutic program and the Stabilization center
SAF UK	inter agency referrals, joint nutritional assessments and coordination at the regional and national level as well as information sharing
IOM	Cordination to ensure immunization of children in the nutrition program is done as well as other significant information sharing especially concerning movement trends for both internally displaced and those returning from other countries. .

**Environment Marker Of The Project**

N/A: Not applicable, only used for a small number of services

**Gender Marker Of The Project**

2a- The project is designed to contribute significantly to gender equality								
<b>Justify Chosen Gender Marker Code</b>								
<p>Somali Aid has gender policy that ensure that when hiring staff that women are given 50% consideration in deferent positions. In addition, the project targets populations are segregated into men, women, boys and girls hence giving emphasis to all gender groups in the community. During the screening and admission of children into nutrition programs, boys and girls will be given equal chances. While training and education on child care conventionally targets women, this project will take deliberate steps to target men especially those who are responsible to care for children.</p> <p>Gender considerations was taken into account throughout the assessment, planning and design of the interventions and significant consideration will be given to pregnant women, mothers, and women of child-bearing age. For example, the project will hire female staff at the health centers and ensure equal access to health services regardless of gender and age. In the provision of health promotion campaigns, messaging will be targeted for specific gender and age groups and as appropriate the events will be organized separately. Equitable and gender-sensitive participation and decision-making approaches will be adopted throughout the project, including women's participation in the community health committees and access to gender-specific health information.</p> <p>Community consultations through focus-group discussions will take place during the project implementation, and stakeholders will be involved in decision-making processes to tailor the project to the needs of different gender and age groups. Furthermore, data will be disaggregated by age and gender in all recording and reporting.</p>								
<b>Protection Mainstreaming</b>								
There will be hygiene promotion, health education, counseling, protection services and capacity building during the overall implementation of the projects. The project will also work in line with health and livelihood sectors to ensure greater impact and resilience of the community								
<b>Country Specific Information</b>								
<b>Safety and Security</b>								
Currently, the situation in Kismayu is stable with no major attacks in the town and surrounding villages. Dalxiiska IDP settlement is located at the outskirts of the town as there is heavy presence of Somali army and KDF and Somali Aid staff are safe to work there								
<b>Access</b>								
Currently there are no accessibility issues in our planned area of operation as the situation is calm and no security threats								
<b>BUDGET</b>								
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost	
<b>Staff and Other Personnel Costs</b>								
1.1	Nutrition coordinator	D	1	2,500.00	12	20.00	6,000.00	
	<i>This project contributes 20% of the Nutrition Coordinator's salary. she will be responsible for the overall technical management, representation and coordination of the project. she will be responsible on overall reporting, liaison and communications with donors of the project (TimeUnit: months)</i>							
1.2	Field Project manager	D	1	1,400.00	12	73.00	12,264.00	
	<i>the project manager will utilize 73% of his time on the day to day of project management and running in the field. (TimeUnit: months)</i>							
1.3	Head Nurse	D	1	500.00	12	100.00	6,000.00	
	<i>the project will utilize 100% of his time on the day to day of the smooth running of the Stabilization Center (SC) and the Outpatient therapeutic Program(OTP) . (TimeUnit: months)</i>							
1.4	Nurses	D	8	400.00	12	100.00	38,400.00	
	<i>There will be 4 nurses at the SC and 4 nurses for the OTP site for the smooth implementation of the project ( 2 nurses for the outreach OTP sites and two nurses for the static OTP sites)</i>							
1.5	Auxilliary nurses	D	3	250.00	12	100.00	9,000.00	
	<i>the project will utilize 100% of his time on the day to day assisting the nurses at the OTP and the SC. (TimeUnit: months)</i>							
1.6	Weighers and measurers	D	3	200.00	12	100.00	7,200.00	
	<i>the project will utilize 100% of their time on the day to day screening the and identifyinhg the Severe Acute Malnutrition (SAM) patients. (TimeUnit: months)</i>							
1.7	Distributors	D	4	250.00	12	100.00	12,000.00	
	<i>the project will utilize 100% of their time on the day to day distributing the Plumpy nuts to the identified SAM patients. (TimeUnit: months)</i>							
1.8	Security guards	D	4	100.00	12	100.00	4,800.00	
	<i>They are the Stabilization Center (SC) and the Outpatient therapeutic Program(OTP) facilities guards on day and night basis. Provide security at the centres. (TimeUnit: months)</i>							

1.9	Project Accountant/Admin	D	1	600.00	12	80.00	5,760.00
	<i>field based accountant will support the project 80% on all financial reporting and accounting. he will paid 80% from this grant. (TimeUnit: months)</i>						
1.10	Logistics assistant	D	1	400.00	12	80.00	3,840.00
	<i>the logistics assistant is will be attached to the project and field based. she will do procurement, logistic needs and their documentation for these project and the project will contribute 80% of the salary. (TimeUnit: months)</i>						
1.11	Store Keeper	D	2	250.00	12	70.00	4,200.00
	<i>He will keep all supply records and dispensing of medicines to beneficiaries after consultations by the nurses and will be paid 70% from this project. (TimeUnit: months)</i>						
1.12	M&E officer	D	1	1,400.00	12	25.00	4,200.00
	<i>In charge of the monitoring and evaluation of the project indicator and will document on the project achievement, challenges and lessons learnt and the project contribute to 25% of her salary</i>						
1.13	CHWs	D	25	30.00	12	100.00	9,000.00
	<i>Community Health Workers (CHWs) are very important for community sensitization and referrals from the community to the Stabilization Center (SC) and the Outpatient therapeutic Program(OTP) sites</i>						
1.14	Cleaner	D	3	100.00	12	100.00	3,600.00
	<i>We need three cleaners that ensures the sites are clean for operations at a rate 100 dollars per month for 12 months</i>						
1.15	Cook	D	2	100.00	12	100.00	2,400.00
	<i>two cook for the Stabilization Center (SC) who will cook for the caregivers at 100 dollars per month for 12 months</i>						
	<b>Section Total</b>						<b>128,664.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Loading and offloading of the Supply	D	1	1,280.00	1	100.00	1,280.00
	<i>Cost for loading and offloading of the supply and truck hire and casuals for the 4 quarters will be 1280 and will be charged 100% on SHF, The supplies consists of the following for both the Stabilization Center and the Outpatient Therapeutic Program:</i>						
	<p><i>Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml</i>  <i>Ampicillin pdr/inj 500mg vial/BOX-25</i>  <i>Ceftriaxone pdr/inj 250mg vial/BOX-50</i>  <i>Chloramphenicol oral sus. 125mg/5ml/60ml</i>  <i>Folic acid 5mg tab/PAC-1000</i>  <i>Gentamicin inj 40mg/ml 2ml amp/BOX-50</i>  <i>Needle,disp,23G,ster/BOX-100</i>  <i>Syringe,2ml,w/needle,21G/BOX-100</i>  <i>Syringe,dispos,5ml,ster/BOX-100</i>  <i>Syringe,feeding,50ml,catheter tip,ster</i>  <i>Tube,feeding,CH08,L40cm,ster,disp</i>  <i>Zinc oxide ointment 10%/TBE-100g</i>  <i>Scale,electronic,mother/child, 150kgx100g</i>  <i>Scale,infant,springtype, 25kgx100g</i>  <i>Weighing trousers/PAC-5</i></p> <p><i>Blanket, wool/acrylic 160x220 /BALE-30</i>  <i>Soap, bar, approx. 110g /EACH</i></p> <p><i>F-100 therapeutic diet,sach., 114g/CAR-90</i>  <i>F-75 therap. diet,sachet,102.5g/CAR-120</i>  <i>ReSoMal, 84g sachet/1L /CTN-100</i>  <i>Therapeutic spread, sachet 92g /CTN-150</i>  <i>ID Bracelet,child,PAC-250</i>  <i>IMAM guidelines</i>  <i>Nutrition Promotion materials</i>  <i>OTP follow-up card</i>  <i>OTP ration card</i>  <i>OTP wall chart</i>  <i>SC follow-up card</i>  <i>W/H tables (z-score)</i>  <i>Feeding program referral card (booklet of 25)*</i>  <i>Field Cards - OTP</i>  <i>Field Cards - SC</i>  <i>Field Cards - SFP</i>  <i>MN reference sheets</i>  <i>MN wall charts series</i>  <i>IYCF Counseling Facilitator/Trainer materials</i>  <i>IYCF Counseling Participant materials</i></p>						

2.2	Warehouse rental	D	1	450.00	12	80.00	4,320.00
<p>store for keeping all supplies for the project. its monthly charge of 450 \$ for 12 months. the project will pay 80% of the total and the other 20% Somali Aid will contribute. The ware house will keep the following supplies for the nutrition program.</p> <p>Amoxici.pdr/oral sus 125mg/5ml/BOT-100ml  Ampicillin pdr/inj 500mg vial/BOX-25  Ceftriaxone pdr/inj 250mg vial/BOX-50  Chloramphenicol oral sus. 125mg/5ml/60ml  Folic acid 5mg tab/PAC-1000  Gentamicin inj 40mg/ml 2ml amp/BOX-50  Needle,disp,23G,ster/BOX-100  Syringe,2ml,w/needle,21G/BOX-100  Syringe,dispos,5ml,ster/BOX-100  Syringe,feeding,50ml,catheter tip,ster  Tube,feeding,CH08,L40cm,ster,disp  Zinc oxide ointment 10%/TBE-100g  Scale,electronic,mother/child, 150kgx100g  Scale,infant,springtype, 25kgx100g  Weighing trousers/PAC-5  Blanket, wool/acrylic 160x220 /BALE-30  Soap, bar, approx. 110g /EACH  F-100 therapeutic diet,sach.,114g/CAR-90  F-75 therap. diet,sachet,102.5g/CAR-120  ReSoMal, 84g sachet/1L /CTN-100  Therapeutic spread, sachet 92g /CTN-150  ID Bracelet,child,PAC-250  OTP follow-up card  OTP ration card  OTP wall chart  SC follow-up card  Feeding program referral card (booklet of 25)*  Field Cards - OTP  Field Cards - SC  IYCF Counseling Participant materials</p>							
2.3	Warehouse Fumigation	D	1	150.00	2	100.00	300.00
<p>Fumigation of the warehouse to ensure supply is safe from dust, ants,rats and other colony at 150 dollars per 6 months charging 100% on SHF(The fumigation will be done after six months/ twice a year from the 1st fumigation)</p>							
2.4	Vehicle hire	D	1	1,800.00	12	100.00	21,600.00
<p>The vehicle will be used for the project, field visits of technical staff to the SC and to the OTP and carry supply for the facilities at 1800 per month for 12 months charging 100%</p>							
2.5	Repair works of the OTP/SC	D	1	6,000.00	1	100.00	6,000.00
<p>Rehabilitation of the SC and the OTP sites which is one time repair works for the facilities.the SC need a lot of facelift so that it an accommodate for the children with severe malnutrition and with medical complication for 6000 dollars for once charging 100% on SHF</p>							
2.6	Training for the technical staff and CHWs + the consultant	D	1	3,173.00	1	100.00	3,173.00
<p>5 days training for 16 health staff on integrated management of acute Malnutrition(IMAM) at a total of USD 3173 at 100% on SHF</p>							
2.7	Training for the CHWs + the consultant fees	D	1	2,823.00	1	100.00	2,823.00
<p>3 days training for 30 community health workers (CHWs) on screening and identification of malnourished children and referral to the nearest OTP and SC at a cost of 2823 including facilitator fees. Breakdown is in the Bill of Quantity (BoQ)and charged 100% on SHF</p>							
2.8	Food for caregivers for patients in the SC	D	1	400.00	12	100.00	4,800.00
<p>Cost for the food given to 30 caregivers per month at the SC for 4800 dollars for the project period charging 100% on SHF</p>							
2.9	Water for the SC(48 DRUMS TO BE USED AN AVERAGE OF 1 PER WEEK)	D	48	2.00	12	100.00	1,152.00
<p>9600 liters of water over the project period. Cost for clean and fresh water for the mixture of the F100, F75 and the ReSoMaL and for drinking too</p>							
<b>Section Total</b>							<b>45,448.00</b>
<b>Travel</b>							
5.1	Travels(air tickets NBO-Kismayo-NBO, visa and perdiems) project team	D	1	9,400.00	1	100.00	9,400.00

	<i>Travel cost for the nutrition coordinator and the Monitoring &amp; Evaluation officer from Nairobi to Kismayu for four quarters for project monitoring and supportive supervision. This includes Meals, accommodations and flight tickets</i>						
	<b>Section Total</b>						<b>9,400.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	stationeries and office materials	D	1	2,040.00	1	50.00	1,020.00
	<i>Office stationery for smooth running of the office and the facilities at 2040 charging 50% on SHF and 50% on Somali Aid</i>						
7.2	Communications (incl internet usage)	D	1	200.00	12	90.00	2,160.00
	<i>Communication of staff while visiting the centers and the internet is for the office in ensuring that information is shared with the cluster and also SHF at a rate of 200 per month for 12 month charging 90% on SHF and 10% on Somali Aid</i>						
7.3	Utilities (water and electricity)	D	1	150.00	12	100.00	1,800.00
	<i>facility utility bills for the office in ensuring smooth operation of the activities.</i>						
7.4	Bank Charges	D	1	1,984.19	1	100.00	1,984.19
	<i>Transfer charges through dahabshil for payment and services at 1% of the total (TimeUnit: lumpsum)</i>						
	<b>Section Total</b>						<b>6,964.19</b>
<b>SubTotal</b>			121.00				<b>190,476.19</b>
Direct							190,476.19
Support							
<b>PSC Cost</b>							
PSC Cost Percent							5.00
PSC Amount							9,523.81
<b>Total Cost</b>							<b>200,000.00</b>
<b>Grand Total CHF Cost</b>							<b>200,000.00</b>
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Kismayo	100	10,757	11,190	2,145	2,233	26,325	Activity 1.1.1 : regular identification and referral of acutely severe malnourished children Activity 1.1.2 : supplementation of children 6-59 months eligible for vitamin A supplementation Activity 1.1.3 : correct deworming of children 6-59 months as per the deworming guidelines. Activity 1.1.4 : treatment of children 6-59 months presenting with severe acute malnutrition with medical complications at the Stabilization center Activity 2.1.1 : Conduct IMAM training and training refresher training on nutrition and hygiene module for the project staffs Activity 2.1.2 : Sensitize CHWs and community leaders on nutrition and hygiene module Activity 3.1.1 : Conduct Integrated Nutrition, health, hygiene (NHHP) preventative and promotional sessions Activity 3.1.2 : Conduct individual counseling/group sessions at the OTP/TSFP sites and through the community health workers
<b>Documents</b>							
Category Name				Document Description			
Project Supporting Documents				Copy of 2556 Somali Aid BOQs 23rd August 2016.xls			
Budget Documents				2556 Somali Aid BOQs - ek.xlsx			

Budget Documents	2556 Somali Aid BOQs .xlsx
Budget Documents	2556 Somali Aid BOQs4th Aug .xlsx
Budget Documents	corrected 2556 Somali Aid BOQs4th Aug .xlsx
Budget Documents	2556 Somali Aid BOQs 18th August 2016.xlsx
Budget Documents	2556 Somali Aid BOQs 19th August 2016.xlsx
Budget Documents	2556 Somali Aid BOQs 22nd August 2016.xlsx
Grant Agreement	SHF Nutrition BoQ.xlsx