

Requesting Organization : Action Contre la Faim

Allocation Type: Standard Allocation 2 (Nov-Dec 2017)

Primary Cluster	Sub Cluster	Percentage
Nutrition		100.00
		100

Project Title :

Strengthening Nutrition surveillance in key malnutrition hotspots through conducting nutrition assessments using the Standardized Monitoring and Assessment of Relief and Transitions (SMART) methodology.

Allocation Type Category:

OPS Details

Project Code :		Fund Project Code :	SOM-17/3485/SA2/Nut/INGO/7646
Cluster :		Project Budget in US\$:	150,000.00
Planned project duration :	4 months	Priority:	
Planned Start Date :	07/02/2018	Planned End Date :	06/06/2018
Actual Start Date:	07/02/2018	Actual End Date:	06/06/2018

Project Summary:

The proposed project is aimed at providing quality and timely nutrition information through conducting Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys in five districts where the Global Acute Malnutrition (GAM) rates have been consistently high. The districts are Garowe, Gaalkacyo, Mogadishu, Dollow and Matalan.

The purpose of this survey is to monitor changes of nutrition and mortality status, as well as and other contextual factors of affecting nutrition status among children below five years in districts and populations where the situation is suspected to have worsened due to the existing drought, displacements and conflicts. The survey results will provide stakeholders with integrated nutrition and food security assessment report which will form a solid basis for situation monitoring, planning and appropriate decision making.

ACF will identify consultants to support concurrent implementation of the survey in the target districts, Assessment protocol and tools will be developed and presented to the Assessment and Information Management Working Group (AIMWG). Based on feedback provided by AIMWG, Action Contre La Faim (ACF) will revise the protocols and share back for further review. ACF will then share the preliminary findings with AIMWG for the technical review and input. The AIMWG has the final the overall mandate to either validate the results entirely or partly. Once validated, findings will be shared in country at sub national cluster level. ACF will the submit the final report using appropriate templates provided, with all comments addressed, within one month after validation.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
75	375	1,530	1,470	3,450

Other Beneficiaries:

Beneficiary name	Men	Women	Boys	Girls	Total
Staff (own or partner staff, authorities)	75	75	0	0	150
Children under 5	0	0	1,530	1,470	3,000
Pregnant and Lactating Women	0	300	0	0	300

Indirect Beneficiaries:

439497 boys and girls in the 5 project target districts will benefit from the results of the assessment to access timely curative and preventive quality nutrition interventions.

Catchment Population:

2102985 men, women, boys and girls among the population in the project target locations will indirectly benefit from this project through interventions arising out of the recommendations from the assessment.

Link with allocation strategy:

In line with the allocation strategy, the nutrition cluster has pre-approved an amount within the allocation for ACF to conduct critical surveys in five districts. The surveys are aimed at providing timely and quality nutrition information for decision making. The Selected location for the assessment has been malnutrition hotspots for long in Somalia. SMART survey conducted in these locations in 2017 showed critical to very critical levels of malnutrition and heavy investments in prevention and treatment of SAM cases was employed. The surveys are expected to provide data to monitor the drought situation more frequently. The surveys, as opposed to FSNAU livelihood and blanket surveys are expected to provide more representative findings that would help unearth underlying contextual factors contributing to the high malnutrition rates in those districts.

As drought situation continues poor households in High and Low Potential Agro pastoral areas and IDPs are expected to experience extreme loss of livelihood assets that will likely lead to extreme food consumption gaps with little coping options, and likely fall into Emergency (IPC Phase 4) between February and June 2018. The surveys are therefore expected to

•Establish the current situation that will aid in planning for 2018.

•Get district level data that can be used to make area specific recommendations based on specific location findings, actionable and unique to the localized challenges.

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
DAVID MWANIKI	GRANTS AND COMMUNICATIONS MANAGER	gcm@so-actionagainsthunger.org	+254720367990

BACKGROUND

1. Humanitarian context analysis

Somalia is one of the top ten countries with the highest prevalence of malnutrition in the world, and the third highest in the eastern and southern Africa region. The Global Acute Malnutrition (GAM) is at 17.4 per cent 49 amongst children under five years, with 3.2 per cent being severely malnourished. Despite the large scale humanitarian assistance delivered, the Food Security and Nutrition Assessment Unit / Famine Early Warning Network (FSNAU/FEWS NET) post-Gu assessment indicates sustained high-level risk of famine in some parts of Somalia by the end of the year. This is due to a combination of severe food insecurity, high acute malnutrition and high burden of disease. The projected number of children who are, or who will be acutely malnourished, has increased since the beginning of the year to 1.2 million, 51 including over 231,829 (including IDPs) who have or will suffer life-threatening Severe Acute Malnutrition (SAM) over the next one-year period from Sep 2017-Sep 2018. Severely malnourished children are nine times more likely to die of killer diseases such as Acute Watery Diarrhea (AWD)/cholera and measles, and the rising malnutrition outcomes are a direct manifestation of the combined impact of drought and conflict.

As per the FSNAU/FEWS NET post-Gu 2017 food security and nutrition assessment findings, the current global acutely malnourished population quantified from both IDPs settlements and rural livelihood zones have increased by 20 per cent and 10 per cent, respectively. At the beginning of the year, the GAM rate was 14.9 per cent, while the SAM rate was 3.07 per cent, with 363,000 acutely malnourished and 71,000 SAM prevalence while projected figures were 971,503 acutely malnourished and 188,000 SAM cases. Currently the GAM rate has increased to 17.4 per cent, while SAM rate increased to 3.20 per cent with 388,070 acutely malnourished children and 87,250 SAM (point prevalence estimate). Between September 2017 and August 2018, the need in the cluster is estimated to be 1.2 million acutely malnourished children of which 231,829 are severely malnourished children. The FSNAU/FEWS NET post Gu 2017 preliminary results revealed that the current poor nutritional situation identified in most of the IDPs settlements and rural livelihood zones will further deteriorate or remain in serious or critical situation. Recent assessments show higher malnourished/to be malnourished children under five prevalence of GAM in boys compared to girls across all under five children. The significant deterioration of malnutrition situation seen among the IDPs can be attributed to high morbidity (disease incidence e.g. AWD/cholera, measles), low humanitarian support, poor child feeding and caring practices. Similarly, food insecurity, limited health service availability, like poor EPI coverage, and increased morbidity, poor health seeking behavior, and difficulty of accessing clean water supply are driving factors for the current situation.

2. Needs assessment

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The nutrition situation in Somalia has continued to deteriorate, especially in northern and central parts of Somalia. Acute food insecurity has persisted in Somalia with increase in levels of acute malnutrition and continued risk of famine. An estimated 3.1 million people, 25 percent of the population, are expected to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) through December. Results from 31 separate nutrition surveys conducted by FSNAU and partners between June and July 2017 indicate that an estimated 388,000 children under the age of five are acutely malnourished, including 87 000 who are severely malnourished and face an increased risk of morbidity and death. In twothirds of the 31 nutrition surveys conducted, Global Acute Malnutrition (GAM) prevalence were considered Critical (15-30%) or Very Critical (>30%). Mortality rates have also increased. Crude Death Rates (CDR) and/or Under-Five Death Rate (U5DR) have surpassed emergency thresholds in seven of the population groups surveyed (i.e. CDR > 1/10 000/day and U5DR > 2/10 000/day, respectively). In the backdrop of the prevailing emergency situation, the Nutrition Cluster continues to play its critical role in nutrition advocacy, supporting, planning and monitoring needs assessments in ensuring quality data is available for utilization by partners. The Assessment and Information Management Working Group (AIMWG) is the technical group tasked with the review and validation of protocols and surveys conducted in Somalia. Composed of members of the AIMWG are drawn across members of the Nutrition cluster consisting of UN agencies, International Non-Governmental Organizations (INGOs) and Local Non Governmental Organizations (LNGOs), the AIMWG has identified a need to conduct SMART surveys based on administrative zones to improve the reliability of data for planning of nutrition and health programs. This will also avail more data for planning with the possibility of having additional data collected alongside nutrition and mortality data. The group have also identified a need to do follow up verification surveys in areas persistently high GAM rates above famine. Most of the SMART surveys conducted in the 5 target district have shown higher level of malnutrition in camps compared to host population an indication of high vulnerability. IDP agenda is further complicated by the random patterns of population movements, evictions and conflicts in the areas of origin making a longer term strategy building a challenge.

The 4 IDPs selected for assessment presents location with the highest number of IPS with Banadir (Mogadishu IDPs) presenting more than a third of all IDPs in the entire country. The above explanations make IDPs a group of great interest to the Nutrition cluster whose mandate is to ensure optimal nutrition of the population lack of which has direct impact in the productivity of any population.

The purpose of this survey is to monitor changes of nutrition and mortality status, as well as and other contextual factors of affecting nutrition status among children below five years in districts and populations where the situation is suspected to have worsened due to the existing drought, displacements and conflicts. The survey results will provide stakeholders with integrated nutrition and food security assessment report which will form a solid basis for situation monitoring, planning and appropriate decision making.

3. Description Of Beneficiaries

Direct beneficiaries will include survey teams consisting of 150 people drawn Ministry of Health (MOH) staff, staff of organizations implementing nutrition activities in targeted locations and community health workers who will be trained on the Standardized Measurement of Relief and Transitions (SMART) methodology. 3000 (1530 boys and 1470 girls) Children 6-59 months who will be screened during the assessment and referred to appropriate treatment programs will also directly benefit from the project.

Below is breakdown of the 160 direct project beneficiaries 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology)

and 30 (6 each district) MOH nutrition unit staff on SMART methodology.

4. Grant Request Justification

Due to gaps in Nutrition information's for use in program design and decision making, there is need to conduct urgent nutrition assessment to ascertain the nutrition situation in the target locations and use the information collected through the assessments to reduce further deterioration in nutrition situation and nutrition related morbidity and mortality. However, only curative services are not enough for populations experiencing persistently high levels of acute malnutrition thus the need for additional multifaceted interventions such as the Scaling Up of existing nutrition interventions coupled with interventions aimed at addressing the Underlying causes and contributing factors such as care practices, health seeking behavior as well as improve access to Health and WASH services

Selected location for the assessment have been malnutrition hotspots for long in Somalia. In 2017, SMART survey conducted in these locations showed critical to very critical levels of malnutrition and heavy investments in prevention and treatment of SAM cases was employed. The cluster in particular proposes an independent entity to conduct surveys in the locations to:

- Check the progress made after the heavy investment by cluster through partners.
- Establish the current situation that will aid in planning for 2018
- Get district level data that can be used to make area specific recommendations based on specific location findings, actionable and unique to the localized challenges.

5. Complementarity

ACF has been responding to the immense nutrition needs in South Central Somalia and specifically in Mogadishu to save lives and improve the nutrition situation, this has been through curative nutrition services mainly Outpatient Therapeutic Programme (OTP) and Stabilization Centres (SC) coupled with preventive nutrition components such Infant and Young Child Feeding (IYCF), Health and nutrition education, community mobilization and sensitization as well as building local capacities on health and nutrition. In order to respond to the worrying Health and Nutrition situation in Mogadishu IDPs. ACF is currently running Community Management of Acute Malnutrition (CMAM) programmes specifically 2 stabilization centres (SC) and 2 OTPs in Hodan and Abdiaziz districts of Mogadishu, The SCs centres receive referrals of complicated SAM cases from all the districts in Mogadishu thus ACF will maintain the existing Health and Nutrition facilities in Abdiaziz and Hodan Districts of Mogadishu. ACF will complement the nutrition interventions run by other actors in the project target locations by referring all malnourished children identified in the assessment to appropriate programs in the respective districts. The information from the SMART surveys will also be used in decision making on scaling up of nutrition interventions.

LOGICAL FRAMEWORK

Overall project objective

Assess the nutrition, mortality, and food security situations, and other contextual factors in drought affected districts /populations of Galkacyo, Garowe, Dollow, Mogadishu IDP and host community in Matabaan district to closely monitor nutrition status of these areas.

Nutrition		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthening robust evidence based system for nutrition with capacity in decision making to inform need-based programming	2017-SO1: Provide life-saving and life- sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	80
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions	2017-SO1: Provide life-saving and life- sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	10
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	2017-SO1: Provide life-saving and life- sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	10

Contribution to Cluster/Sector Objectives: The project will contribute to cluster objective of robust evidence based system for nutrition with capacity in decision making to inform need based programming through production of quality, representative and timely nutrition data and mortality data for use in decision making on programming in respective locations. The findings of the assessments will be used for decision making on whether to scale up or maintain the same level of response. Additionally these project will contribute to cluster objective of integration between nutrition and other sectors through development of sound recommendation to address the underlying causes of high malnutrition rates in project target locations. The project will also improve equitable access to quality lifesaving curative nutrition services through systematic identification and referral of all malnourished children identified during the assessment to appropriate treatment programs. This will increase the coverage of nutrition interventions and ensure all malnourished children are linked with treatment services.

Outcome 1

Strengthen the capacity of local staff on SMART methodology and strengthen nutrition surveillance through implementation of SMART surveys to provide timely, district level representative and quality nutrition information in 5 drought affected districts.

Output 1.1

Description

Capacity of nutrition stakeholders in 5 target district to conduct SMART surveys is improved

Assumptions & Risks

The security situation will allow access to all the selected clusters in the assessment

Indicators

		End cycle		End cycle beneficiaries				ies	End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target			
Indicator 1.1.1	Nutrition	Number of Nutrition operational researches conducted					5			
- Analysis shee	<u>Means of Verification</u> : SMART survey reports, survey photos, survey protocol and tools. Completed data collection tools - Analysis sheets - Formal validation of results from AIMWG									
Indicator 1.1.2	Nutrition	Number of male and female staff and community health workers of nutrition implementing partners in each of the target district trained on the SMART methodology.					120			
Means of Verification: Training reports, training photos										
Indicator 1.1.3	Nutrition	Number of children (6-59months) and pregnant and lactating women screened		300	1,53 0	1,47 0	3,300			

Means of Verification: Training report, SMART survey report.

Means of Verification: Referral data, SMART report, referral slips

Activities

Activity 1.1.1

Indicator 1.1.4 Nutrition

Standard Activity: Nutrition SMART survey

Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the standardized Monitoring of Relief and Transitions (SMART) surveys methodology will be used to measure the nutrition status of under five children and PLWs in target districts. ACF will Present SMART survey protocol, tools and results to Assessment and Information Management Working Group (AIMWG) for review, feedback and validation

Number of male and female staff from MOH

SMART methodology.

nutrition unit at federal and state level trained on

Activity 1.1.2

Standard Activity: Capacity building

30

Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to each of the project locations will be held. Therefore 5 training's are expected to be achieved. Each training will cover a period of 5 days.

Activity 1.1.3

Standard Activity: Community screening for malnutrition and referral

Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all project target districts

Activity 1.1.4

Standard Activity: Capacity building

Training of 30 (6 each district) MOH nutrition unit staff in project intervention districts on SMART methodology for 5 days in each district. The purpose of this activity is to build the capacity of MOH staff on nutrition assessment so as to provide leadership in standardization of nutrition assessments in Somalia.

Additional Targets: Specific objectives of the project are as follows

The specific objectives for this survey are:

- i. To Assess the prevalence of (acute) malnutrition amongst children aged 6 -59 months (magnitude & Distribution)
- ii. To assess retrospective mortality rate among the total population and under five children (90 days recall)
- iii. To determine immunization coverage status on measles (9-59 months) and Vitamin A for children aged 6-59months.
- iv. To determine the prevalence of common illnesses (diarrhea, measles and ARI).
- v. To assess water, sanitation and hygiene practices.
- vi. To assess the prevailing situation of household food security in livelihoods /populations.

M & R

Monitoring & Reporting plan

Throughout the implementation period ACF will maintain a specific M&E plan for the action. During data collection the overall survey manager will be in the field to support the teams and visit specific locations to ensure the teams are doing the right thing. This will be done systematically to ensure each team gets direct support. This real time monitoring of data quality and addressing related challenges will ensure no piling of gross mistakes. On daily basis the data collection team will be monitored by an external consultant. A team from the MOH nutrition unit trained on SMART methodology will be assigned monitoring and supervision role in each of the 5 target districts during the data collection. Plausibility checks will be done daily to check the quality of data and feedback provided.

To ensure quality of data collected, all survey data will be collected on mobile platform, this will allow direct entry and submission to central repository online. The survey will use ODK (Android application) for data collection and ONA (online platform) as the repository for the data. Entire survey questionnaire will be uploaded; Cluster control form will also be uploaded and managed by the team leader.

Data collected will be shared with the AIMWG for review, feedback and validation. Field visit by staff from Nairobi will also take place to provide an independent monitoring of the progress in addition to the routine monitoring by consultant. Training reports will be developed for all training done prior to the data collection. A final SMART survey report of the 5 target district will be developed and shared with AIMWG. Once the report is validated it will be shared with the AIMWG.

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the standardized Monitoring of Relief and Transitions (SMART) surveys methodology will be used to measure the nutrition status of under five children and PLWs in target districts. ACF will Present SMART survey protocol, tools and results to Assessment and Information Management Working Group (AIMWG) for review, feedback and validation	2018		X	X	X								
Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to each of the project locations will be held. Therefore 5 training's are expected to be achieved. Each training will cover a period of 5 days.	2018		X										
Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all project target districts	2018		X	X	X								
Activity 1.1.4: Training of 30 (6 each district) MOH nutrition unit staff in project intervention districts on SMART methodology for 5 days in each district. The purpose of this activity is to build the capacity of MOH staff on nutrition assessment so as to provide leadership in standardization of nutrition assessments in Somalia.	2018		X										

OTHER INFO

Accountability to Affected Populations

The project is entirely designed to generate information on the prevalence of undernutrition and possible contributing factors among children 6-59 months the target districts. At the start, the information on the survey, which includes the objectives, methodology and uses of the survey findings, will be discussed with the local authorities to allow them to understand and to provide an opportunity to clarify any issues. The project will survey a sample from the population in the districts using a simple random sampling method to select the households and will interview the caregivers of the children or the heads of households. The survey teams will work with the community leaders in the sampled villages to list and identify the sampled households. The survey teams will involve the heads of households when taking anthropometric measurements of the children as well as Pregnant and Lactating Women (PLWAs) so that they understand the information being collected and will have an opportunity to interact with the team. Their understanding of the factors contributing to malnutrition and their experience on how this can be addressed will also be collected as part of the survey. The survey team will also explain clearly that as a data collection process the survey is not a promise to intervene (or not immediately) to ensure that the expectations of the community are no raised unrealistically.

Implementation Plan

The project will be entirely implemented by ACF who will hire and train enumerators to collect data while also working closely with the local authorities in the target districts. The implementation of the survey activities will be guided by the work plan and will be overseen by the Head of Department, Medical and Nutrition and the Monitoring and Evaluation Manager. At the field level, the survey teams will be guided and managed by the Program Managers in charge of Nutrition who will oversee the preparations and implementation of the survey in the respective districts. The data will be collected through smartphones, then uploaded on the Emergency Nutrition Assessment (ENA) Software and will be available for the M&E Manager and the Head of Department (HoD) Medical and Nutrition on real time.

The support elements that include financial and supply chain management will be managed by the relevant ACF departments. Procurement of materials and services required for this project will be managed by the logistics department. This includes procurement for training materials and venues. All payments will be validated and facilitated by the Finance department upon verification and they will be in charge of ensuring proper documentation for all expenses incurred.

The information on the surveys will be shared with the Nutrition cluster at national and sub-national level and the Working group on Assessments and Information as part of the coordination efforts. This will ensure close coordination with respective nutrition cluster partners and MOH at sub-national level. The survey teams in each of the 5 locations include 14 enumerators, 7 team leaders, 3 data entry clerks and 6 MOH staff. There will be seven teams in each of the project target locations and each team will have a team leader and 2 enumerators. The assessments in the 5 districts will be done concurrently therefore all 7 teams will be involved concurrently in the respective districts. A total of 45 villages will be selected for the survey in the 5 target districts and each village will have a guide to support the team.

Coordination with other Organizations in project area

Name of the organization

Trocaire ,All nutrition partners in Mogadishu ,Save the Children (SCI) ,World Vision International (WVI),Nutrition cluster partners in Galkacyo. ,Nutrition cluster ,Federal and state Ministry of Health (MOH) Dollow district ,

Areas/activities of collaboration and rationale

ACF will refer all malnourished children identified during the survey to Trocaire run nutrition treatment centres in Dollow. Trocaire is the nutrition cluster rationalized partner. ,The survey in Mogadishu will cover all the districts and as such will refer malnourished children identified during the assessment to respective nutrition cluster rationalized partner. ,ACF will refer all malnourished identified during the assessment to Save the children nutrition program in Matabaan and Garowe. SCI is the cluster rationalized partner for Matabaan and Garowe districts. ,WVI is the nutrition cluster rationalized partner in Garowe jointly with SCI and ACF will refer all malnourished children identified during the assessment. ,ACF will link with nutrition cluster rationalized partner in Galkacyo for referrals ,The nutrition cluster will advise ACF on which partners to collaborate with in the field ,MOH will provide ethical clearance for the assessment, participate in the SMART training in the targeted locations and monitor the implementation of the assessment.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

1- The project is designed to contribute in some limited way to gender equality

Justify Chosen Gender Marker Code

The SMART survey objective is to assess the current nutrition situation among children under 5-years and women of childbearing age, crude and under-5 mortality rates, and collect data on potential risk factors for under nutrition (IYCF practices, immunizations, micro nutrient supplementation, WASH) in the target districts. The main targets of the survey are boys and girls under 5 years of age and Pregnant and Lactating women. Understanding the prevalence of acute malnutrition and contributing factors will be of benefit to boys, girls, lactating women and caregivers of children (male and female). Moreover, data collection tools will desegregate information in terms of gender, while analysis and reporting will also identify and compare the prevalence of acute malnutrition for boys and girls and factors that contribute.

Protection Mainstreaming

The participation in the SMART survey will be voluntary with participants duly informed about the objectives, purpose and use of the information collected. Participants will be given an opportunity to opt out if they are not comfortable and those who agree will be asked to sign a consent form to acknowledge that their participation is voluntary. During the process of taking measurements and the entire survey the caregivers of the children will be present. Participants will not be identified by name in the data analysis and reporting. Moreover, information gathered during the survey will be treated with utmost confidence and only be used for the purpose outlined in the project.

Country Specific Information

Safety and Security

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This action is implemented in a volatile security context where the security situation is highly unpredictable with high levels of risks to both national and international staff. There is an active on-going conflict and there is a continued shift of actors in control (there is a consistent offensive and counter-offensive strategies employed by the armed actors involved in the conflict).

Some of the key security challenges predicted to be of concern during the implementation of the action includes deliberate targeting of aid workers through arrests at checkpoints; attack on key facilities (such as hotels, government buildings or NGO facility); threats and intimidation; traffic accidents and kidnapping. Mogadishu has been impacted by an increase in number of high-profile attacks on hotels while and militia groups respectively.

Aid agencies staff movement could be subjected to such risks by been at a wrong place at a wrong time. To minimize loses of high-value assets in the field, ACF do not use agency-owned vehicles in the field. Use of armed guards is also used to a limited extent to protect office premises and during movement of international staff (from high-profile countries).

Conflicts over resources are a key issue within the local communities and agencies or her staff could be targeted when they are seen as been "resourceful". Beneficiary registrations and distribution activities are especially sensitive. If a robust beneficiary sensitization and awareness creation isn't conducted at inception, communities not reached by the interventions could create security risks such as preventing the continuation of activities in their areas of influence. Recognising such risks, ACF put lots of emphasis on community mobilization and ensure that all activities are preceded by a strong sensitization and re-emphasis on targeting criteria. Community leaderships are also been involved in the design and implementation of the action to boost the acceptance of the action

Access

The proposed districts for the SMART surveys are currently accessible despite the security caution all the time. ACF will only undertake the surveys in clusters that are accessible and under the control of the government. As such coordination with the local authorities will be integral to the survey process. ACF have staff on the ground in the areas targeted and are continually abreast of the security situation. Their acceptance in the community and knowledge of the local dynamics will be crucial in the implementation of the target activities.

BUDGE	т						
Code	Budget Line Description	D/S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1. Supp	lies (materials and goods)						
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Trans	sport and Storage						ı
NA	NA	NA	0	0.00	0	0	0.00
	NA	ı					ı
	Section Total						0.00
3. Interi	national Staff						
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Loca	I Staff						
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Train	ing of Counterparts						
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
6. Cont	racts (with implementing partners)						
NA	NA	NA	0	0.00	0	0	0.00
	NA						l.
	Section Total						0.00
7. Othe	r Direct Costs						
NA	NA	NA	0	0.00	0	0	0.00

	NA		
	Section Total		0.00
8. Indir	rect Costs		
NA	NA NA 0 0.00	0	0.00
	NA		
	Section Total		0.00
11. A:1	Staff and Other Personnel Costs: International Staff		
NA	NA NA 0 0.00	0 0	0.00
	NA		
	Section Total		0.00
12. A:1	Staff and Other Personnel Costs: Local Staff		
NA	NA NA 0 0.00	0 0	0.00
	NA	<u> </u>	
	Section Total		0.00
13. B:2	Supplies, Commodities, Materials		
NA	NA NA 0 0.00 (0	0.00
	NA		
	Section Total		0.00
14. C:3	B Equipment		
NA	NA NA 0 0.00	0 0	0.00
	NA		
	Section Total		0.00
15. D:4	Contractual Services		
NA	NA NA 0 0.00 (0	0.00
	NA		
	Section Total		0.00
16. E:5	Travel		
NA	NA NA 0 0.00	0	0.00
	NA		
	Section Total		0.00
17. F:6	Transfers and Grants to Counterparts		
NA	NA NA 0 0.00	0	0.00
	NA		
	Section Total		0.00
18. G:7	General Operating and Other Direct Costs		
NA	NA NA 0 0.00 0	0	0.00
	NA		
	Section Total		0.00

NA	NA	NA	0	0.00	0	0	0.00			
	NA									
	Section Total						0.00			
20. Sta	ff and Other Personnel Costs									
1.1	Team leaders incentive during data collection	D	35	40.00	7	100.00	9,800.00			
	In each of the 5 survey target districts, 7 team leaders who will be brings the number of team leaders to 35. They will be hired for a per day is \$40. No meals will be provided during the data collection and will support the consultant in ensur	a perio tion. Ti	d of 7 days he team lea	during d der is in	data collection charge of a	on in each l team of er	ocation at a cost			
1.2	Team leaders incentive during training	D	35	30.00	1	100.00	1,050.00			
	Team leaders will participate in a training inorder to understand the SMART methodology and the specific da protocols. In each district, there will be 7 team leaders, each team leader in charge of one team of enumerate provided an incentive of \$30 since they will also be provided with meals during the training. The training incewill be paid once at the end of the training. Each team leader will receive 30\$ at the end of the 5 days training.									
1.3	Enumerators incentive during data collection	D	70	37.00	7	100.00	18,130.00			
	To assist in the actual data collection, a team of enumerators will enumerator is pegged at \$37. 14 enumerators in each of the 5 ld days during data collection									
1.4	Enumerators incentive during training	D	70	25.00	1	100.00	1,750.00			
	The enumerators will initially attend a training to be trained on the SMART methodology and the data collection protocols. Dur the training they will receive an incentive of \$25 for during the entire period of training									
1.5	Data entry Clerks	D		37.00	7	100.00	3,885.00			
	To input data from the forms into the platform, the project will hire 3 enumerators in each of the 5 target locations making a total o 15 data entry clerks. The cost of one data entry clerk is estimated at \$37 and they will be required for a period of 7 days. 3 data clerks in each of the 5 locations will be paid 37\$ per day for 7 days.									
1.6	Village Guide Allowance	D	45	10.00	5	100.00	2,250.00			
	During the actual data collection exercise, the data collection team will be guided by members of the from the villages to help them identify the sampled households. The village guides will each receive an incentive of \$10 for 5 days. A total of 45 villages will be selected for the survey in the 5 target districts and each village will have one guide to support the team.									
	Section Total						36,865.00			
21. Su	pplies, Commodities, Materials									
2.1	Hall Hire	D	5	0	5	100.00	2,500.00			
	The cost of hiring a standard room for the SMART training including standardization. The cost is estimated at \$100 per day in each location. In each location the training will take a period of 5 days and hence the total cost per district is \$500.									
2.2	Training participants (conference and meals)	D	160	25.00	5	100.00	20,000.00			
	This covers the cost of meals and refreshment for training participants. The average rates are estimated at \$25 per day per participant. The 160 participants includes 14 enumerators, 7 team leaders, 3 data entry clerks, 2 trainers and 6 MOH staff in each of the 5 survey target districts. The unit cost is \$10 for lunch and \$5 each for morning and afternoon snacks and refreshments.									
2.3	Meals for children & caregivers used for standardization during training	D	60	15.00	1	100.00	900.00			
	The cost for meals for the caregivers participating in the standar estimated at \$15 dollars for the survey day. A total of 12 caretak the 5 districts. The \$15 caters for lunch (\$10) and morning and a standardization test.	ers an	d their child	dren will	be required	for this exe	ercise in each of			
2.4	Incentives for caregivers during training standardization	D	60	5.00	1	100.00	300.00			
	This covers the cost of two way transport reimbursement for the meant to ensure that the tools are appropriate for the contect. A									
2.5	Stationery for 5 days SMART training in 5 locations	D	1	4,021 .50	1	100.00	4,021.50			
	The estimated cost of re-producing the survey questionnaire and training materials for the survey participants and data collectors. This cost also includes stationery to be used by the participants during the training and smart phones for data collection. Each participant will be issued with a set of stationery that will include a note book, pencil and pen. The state will be used during the training sessions for participants to take notes. A total of 14 enumerators, 7 team leaders, 3 data clerks, trainers and 6 MoH staff will participate in the 5 day training in each location. A smartphone with large display, connectivity and a good camera for taking photos (capable of producing clear pictures with good resolution. Preferred or equivalent. The estimated cost is a lumpsum of \$4022.5 See BoQ annexed for a breakdown of the cost									

	MOH staff perdiem (somali based)	D	2	40.00	7	100.00	560.00
	2 MoH staff will work with the team to provide supportive superfor the staff. The team is tasked with supervision of the data of					of \$40 dol	lars is budgeted
2.7	Drinking Water (1 litre)	D	60	1.00	7	100.00	420.00
	This covers the cost of drinking water for the survey team and days during the 7 days of data collection.	is budge	eted at \$1.	each of	the 30 team	members	will receive 1L per
	Section Total						28,701.50
22. Eq	uipment						
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Co	entractual Services						
4.1	Consultancy fee	D	5	434.0 0	30	100.00	65,100.00
	The project will hire the services of five qualified and experier They will be in charge of training the team, preparing the survin each of the 5 districts. A daily cost of \$434 based on ACF 6 30 days.	ey quest	ionnaire, da	ita chec	k, analysis a	and reportin	g for the survey
	Section Total						65,100.00
24. Tra	avel						
5.1	Vehicle Rental	D	8	100.0	7	100.00	5,600.00
	The survey teams will be expected to travel to the different clu facilitate their movements. The cost is estimated based on cu two vehicles for 7 days per team. The vehicle cost includes fu	rrent rate	es of vehicle				
	two verileies for r days per team. The verileie cost includes to						
5.2	Transport allowance for survey team in Matabaan district	D	24	10.00	4	100.00	960.00
5.2		rs and 3 ata colled rom durii avelling i	data entry o ction exercis ng the data	clerks in se. They collection	one district will make 4 on. Travel re	will receive 1 trips durin imburseme	transport g the exercise (ent is only
5.2	Transport allowance for survey team in Matabaan district The survey team composed of 14 enumerators, 7 team leade reimbursement budgeted at \$10 per trip for the training and d to and from their homes during the training and again to and I planned for Matabaan district where the survey team will be trip.	rs and 3 ata colled rom durii avelling i	data entry o ction exercis ng the data	clerks in se. They collection	one district will make 4 on. Travel re	will receive 1 trips durin imburseme	transport g the exercise (ent is only
	Transport allowance for survey team in Matabaan district The survey team composed of 14 enumerators, 7 team leader eimbursement budgeted at \$10 per trip for the training and do to and from their homes during the training and again to and to planned for Matabaan district where the survey team will be to the allowances paid to survey team under staff and personell	rs and 3 ata colled rom durii avelling i	data entry o ction exercis ng the data	clerks in se. They collection	one district will make 4 on. Travel re	will receive 1 trips durin imburseme	transport g the exercise (ent is only not covered in
	Transport allowance for survey team in Matabaan district The survey team composed of 14 enumerators, 7 team leade reimbursement budgeted at \$10 per trip for the training and d to and from their homes during the training and again to and I planned for Matabaan district where the survey team will be ti the allowances paid to survey team under staff and personell Section Total	rs and 3 ata colled rom durii avelling i	data entry o ction exercis ng the data	clerks in se. They collection e the tou	one district will make 4 on. Travel re	will receive 1 trips durin imburseme	transport g the exercise (ent is only not covered in
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To ensure that team leaders and the coordination team are in constant communication to address any emerging issues during
the survey a small allowance to cover the cost of scratch cards is budgeted at \$10. the allowance is 7 team leaders, 6 MOH team
doing supervision during data collection and 5 consultants and 2 ACF staff.

Section Total		2,960.42
SubTotal	676.00	140,186.92
Direct		140,186.92
Support		
PSC Cost		
PSC Cost Percent		7.00
PSC Amount		9,813.08
Total Cost		150,000.00

Project Locations								
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location				iaries	Activity Name	
		Men	Women	Boys	Girls	Total		
Banadir -> Mogadishu -> Mogadishu	20	15	75	306	294	690	Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the stan Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all pr	
Gedo -> Doolow -> Doolow	20	15	75	306	294	690	Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the stan Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all pr	
Hiraan -> Belet Weyne -> Matabaan	20	15	75	306	294	690	Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the stan Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all pr	
Mudug -> Gaalkacyo -> Gaalkacyo	20	15	75	306	294	690	Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the stan Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all pr	

Nugaal -> Garowe -> Garowe	20	15	75	306	294	690	Activity 1.1.1: Conduct 1 SMART surveys each in Mogadishu, Dollow, Galkacyo and Garowe IDPs and Matabaan District, Hiraan region. The nutrition survey using the stan Activity 1.1.2: Training of 120 assessment team members (35 Team leaders, 70 enumerators and 15 data entry clerk on the SMART methodology). one training specific to Activity 1.1.3: Refer 3000 (1530 boys and 1470 girls) children 6-59 months and 300 PLWs identified during the SMART survey to appropriate treatment program in all pr
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Documents

Category Name	Document Description
Project Supporting Documents	SMART Survey protocol_ ACF_Somalia.docx
Budget Documents	Annex02a_Budget guidance.pdf
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	ACF SHF Nutrtion Smart Survey 7646 Budget v3.xlsx
Budget Documents	Copy of ACF SHF Nutrtion Smart Survey 7646 Budget OCHA comments 9 jan 018.xlsx
Budget Documents	ACF SHF Nutrtion Smart Survey 7646 Budget OCHA comments 16 Jan 018.xlsx
Budget Documents	ACF SHF Nutrtion Smart Survey 7646 Budget OCHA comments 22 Jan 018.xlsx
Budget Documents	ACF SHF Nutrtion Smart Survey 7646 Budget OCHA comments 23 Jan 018.xlsx