

Requesting Organization :	Somali Lifeline Organization			
Allocation Type :	Reserve Allocation 3 (July 2022)			
Primary Cluster	Sub Cluster	Percentage		
Health		46.00		
Nutrition		54.00		
		100		
Project Title :	Lifesaving health and nutrition intervention for drought-affected communities in Ceel Barde District			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-22/3485/RA3/H-Nut/NGO/22763	
Cluster :		Project Budget in US\$:	462,549.23	
Planned project duration :	6 Months	Priority:		
Planned Start Date :	01/08/2022	Planned End Date :	31/01/2023	
Actual Start Date:	01/08/2022	Actual End Date:	31/01/2023	
Project Summary :	<p>Acute food insecurity has continued to worsen across Somalia following series rain failure coupled with conflicts and the secondary impact of COVID-19. Nearly 50 percent of the population in Somalia (7.1 million people) are now facing crisis-level food insecurity or worse through September 2022 with an estimated 213,000 people facing catastrophic hunger and starvation and 800,000 persons have been displaced due to draught. According to UNICEF Somalia's Situation Report No.6, 1.5 million severely malnourished children under the age of five, accounting for 45 per cent of all children are among those affected by the ravaging drought.. The need for life saving responses is urgent.</p> <p>In Ceel Barde, the situation is dire with the potential of famine occurring high. People are moving away from their homes and farmlands due to prolonged draught that has resulted in crop failure and loss of animals, insecurity, and limited access to humanitarian services. Pastoral, IDPs and urban communities district have borne the brunt facing constrained access to basic services such as health and nutrition services due to high cost of living, lack of services and distance to the nearest health facilities where they exist.</p> <p>In the proposed project, SOLO in partnership with SHF will seek to intervene by providing integrated health and nutrition services that will expand the availability of quality services to boys, girls, women, and men who are at heightened risk of morbidity and mortality from diseases and malnutrition. This will be done through one health center and three mobile units putting special attention to areas that are not accessing sufficient health and nutrition services with women, boys, girls from vulnerable and marginalized families including those from internally displaced households, nomads, urban poor, and persons with disabilities prioritized resulting in reduced morbidity and mortality from poor health. In designing and setting up the project, Somalia integrated management of acute malnutrition(IMAM) guidelines will be applied ensuring all the four sites provide treatment of severe acute malnutrition at Outpatient Therapeutic sites for children 6-59 months and pregnant and lactating as well as quality primary health care services such as routine immunization, treatment of illnesses at outpatient clinics, ANC services, skilled delivery and response to emergencies including Acute Watery Diarrhea (AWD)/Cholera and measles. In addition, children and mothers will receive Vitamin A supplementation and will be dewormed to enhance their chances of survival. Extensive community sensitization and education will be rolled out by deploying community health workers and conducting community dialogue to achieve community participation and sustained use of services. Active and passive case finding of sick and malnourished children will be carried through the community health workers and frontline health and nutrition workers to ensure sick children are identified early enough and appropriate treatment instituted without delay. Consequently, 3,774 girls and 3,626 boys, and 3,330 pregnant and lactating mothers will access a range of preventive and curative nutrition services including treatment of 960 children at OTP sites following screening of 4,440 children under five years for acute malnutrition. So that services are integrated, and optimal continuum of care is attained, mapping of partners providing complementary services such as inpatient management of acute malnutrition and secondary healthcare will be carried out and cross transfer of case established.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
6,290	7,029	11,656	12,025	37,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	5,346	5,975	9,908	10,221	31,450
Internally Displaced People	944	1,054	1,748	1,804	5,550

Indirect Beneficiaries :

The indirect beneficiaries include all community members, men, women, boys and girls, and youth who will benefit from different aspects of the Basic nutrition service package (BNSP) and health awareness within the catchment area. Community health workers/volunteers, committee groups and relevant MOH staff will benefit from capacity building components. These are estimated to be about 15,000

Catchment Population:**Link with allocation strategy :**

In line with the July 2022 allocation strategy, this intervention is meant to save lives by meeting nutrition and health emergencies in Ceel Barde which is at high risk of famine. This is an integrated response to prevent the worst outcomes through essential health and nutrition while protecting highly vulnerable households. Nutrition and health services will target the same villages. The proposed action also complies with the health cluster SO2, SO3 and nutrition cluster SO 1, SO 2 and SO 3 under HRP 2022.

Comprehensive primary health care and nutrition services will be provided to the populations that are most drought-affected and prone to famine, including children under the age of five, pregnant and breastfeeding mothers, and women of childbearing age. The nutrition services include provision of targeted supplementary feeding programme at fixed health facilities and outreach for the treatment of children and PLWs with moderate acute malnutrition, outpatient therapeutic programme at fixed health facilities and outreach and promotion of maternal, infant and young child nutrition through preventive services health facility and community based. Health services include provision of lifesaving primary health care services through fixed health facilities and outreach (including PHC, clinical care, child health care, communicable disease treatment), sexual and reproductive health services, basic mental health/psychosocial services, essential medicines and supplies, emergency Referral services and health promotion and health sensitization through CHWs.

The selected rural villages in Ceel Barde are underserved with minimal or non-existent health and nutrition services. The project will take a rights-based and inclusive approach to planning, implementation and monitoring of all its activities. Respecting the needs and rights of the targeted women, men, boys, and girls, ensuring equal participation in decision-making, and ensuring that intended services are accessible to all members of the community, including people with disabilities.

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
Kulmiye Hussein	Executive Director	k.hussein@somalilifeline.org	+254722263346
Eric Chibole	Finance Manager	finance@somalilifeline.org	+254724956994

BACKGROUND**1. Humanitarian context analysis****2. Needs assessment**

The October-December 2021 Deyr season was characterized by a delayed start, early end, and erratic rainfall distribution. As a result, cumulative rainfall was 40 to 60 percent below average across most parts of south/central Somalia. The poor rains led to crop failure and below-average Deyr crop production. The result was the third lowest Deyr harvest since 1995 in southern Somalia. The hopes placed on Gu season rainfall to support and normalize livestock production were dashed when available forecasts indicated an increased likelihood of moderately below-average rainfall during the 2022 Gu (April-June) season across most of the country, with adversely food security and nutrition outcomes. The region and in general the country have experienced the fourth consecutive failed rainy season, skyrocketing commodity prices and an unprecedented increase in the number of people facing catastrophic levels of food insecurity, starvation, and disease in Somalia. More than 805,000 people have been displaced due to drought since October 2021. The drought has devastated the lives and livelihoods of the most vulnerable including women, children and minority clans. Acute malnutrition in children is on the rise. Disease outbreaks have spiked, with 7,284 cholera cases reported from 26 drought-affected districts, while 11,220 suspected measles cases have been reported across the country since January 2022.

In Bakool region, authorities estimate that up to 10,000 cattle, sheep, goats and camels died in February alone. Many more have been lost since then due to deteriorating pasture conditions and water scarcity, thereby, stripping communities of their livelihoods. Bakool region is among the four regions where household purchasing power is near the lows last observed in 2011. Poor pastoralists are unable to cope with the extended impact of the ongoing drought due to rising costs of water and food, especially when they are already experiencing a significant decline in saleable animals due to distressed sales and excess deaths. According to the Integrated Food Security Phase

Classification updated on 4th June 2022, the pastoral households are expected to face moderate to large food consumption gaps through September 2022, based on few livestock births, reduced income from livestock sales, and low availability of milk for both adults and children. Already, 76,680 people in the region are classified in emergency (IPC Phase 4) and this number is projected to increase to 114,670 between June and September 2022.

Acute malnutrition is already at Critical levels in Ceel Barde, and the number of acutely malnourished children being admitted to treatment centers is rapidly increasing. Worsening food security conditions and limited access to clean water have led to outbreaks of acute watery diarrhea (AWD) in many areas. Coupled with an increase in measles cases, disease incidence is contributing to rising levels of acute malnutrition, reflected in the rising number of moderately and severely malnourished children admitted to treatment centers. The district has recorded a critical Global Acute Malnutrition (GAM) prevalence of 15-29.9%.

Reports (ACF Smart Surveys) indicate low coverage of health services like immunizations, vitamin A supplementations and deworming, as well as, limited access to safe drinking water (19.0%) and household latrines (42.9%) which are attributed to worsening of the situation. Only 26.3% of the children received BCG vaccines and 49.5% were immunized against measles, showing very low immunization coverage status. This is attributed to among others access issues due to the remoteness of the villages and awareness among the majorly pastoral communities. The common illnesses reported in the district include diarrhea, malaria, respiratory infections, typhoid fever and skin infections. SOLO has observed that the current nutrition and health interventions in the area are inadequate due to high costs and distance, majority of women

3. Description Of Beneficiaries

4. Grant Request Justification

According to Drought Response and Famine Prevention plan, May to December 2022, nearly 50 percent of the population, 7.1 million people, now face crisis-level food insecurity or worse through at least September 2022. Of those, 213,000 people face catastrophic hunger and starvation. More areas are at risk of famine, particularly in the south of the country in regions where insecurity and conflict make humanitarian access more challenging. The Somalia IPC Acute Food Insecurity Update for May 2022 concluded that 7.1 million people in Somalia need food assistance to prevent Crisis (IPC Phase 3) or worse outcomes from June to September 2022. In addition, there is a Risk of Famine (IPC Phase 5) if crop and livestock production fail, food prices remain high or rise even further, and food aid does not reach populations in need. The areas of highest concern for a Risk of Famine (IPC Phase 5) include several agropastoral areas in Bakool region. Ceel Barde is among these areas of concern.

To respond to these growing and urgent needs, maximize on impact and help prevent famine, SHF has prioritized the implementation of an area based inter-sectoral response in line with the Joint inter-sectoral famine prevention and mitigation response strategy within the Somalia Drought Response and Famine Prevention Framework. The proposed project is in response to 3rd SHF 2022 Reserve Allocation round on Famine Prevention.

The proposed project will bolster the capacity of both the Federal Member State government of Southwest and Federal government at national level and humanitarian actors to effectively respond to the draught and forestall famine.

Integrated health and nutrition services will be provided across the Ceel Barde district where a range of maternal and child health services including identification, treatment and prevention of acute malnutrition at OTP sites, mass MUAC screening and family MUAC, Promotion of maternal, infant and young child nutrition through preventive services (MIYCAN, Vitamin A supplementation, deworming, MNPs) at health facility and community, Provision of lifesaving primary health care services through fixed health facilities and outreach including PHC (EPHS) clinical care, child health care and communicable disease treatment including cholera treatment (OPD services, ANC, PNC, Immunization services).

To ensure services are of high quality and readily available, essential health and nutrition supplies will be procured and frontline health workers and community health workers trained on specific topics of interest.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To improve access to crisis-affected underserved populations by providing emergency lifesaving integrated health and nutrition interventions in Ceel Barde district, Bakool region, Somalia.

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities			
Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.2 million IDPs and 3.5 million nondisplaced population		SO2: Sustain the lives of 5.5 million people, including 3.9 million non-IDPs, 1.6 million IDPs & PWDs across 74 districts, by ensuring safe, equitable & dignified access to livelihoods & essential services		100			
Contribution to Cluster/Sector Objectives : The project is in line with and contributes to the health objective strategic objective(SO) 4 to improve equitable access to quality emergency and essential lifesaving health services for the crisis-affected population, SO3 improved case management and referral services for 150 survivors of sexual or gender-based violence and SO 1 reduce of excess morbidity and mortality due to disease outbreak driven by climatic shocks and conflict among 2.8 million IDPs and non-displaced. Hence, SOLO will contribute to access to health services for those in underserved rural communities in Ceelbarde district through primary health care services and to develop and supporting referrals to secondary health care services. The project will be implemented through 1 Fixed MCH serving over 18,000 rural communities; and 3 mobile sites covering 14 villages Gahayrley IDPs Camp, Biyo qaboobe Village/ IDPs,Boholajid Village, Banaaney IDPs,Jiiftoy Village, Dhaba riib Village,Salkudhoble, Fikta village,Ceel kuusow village, Kunaso IDPs Camp,Dhobale village,Lawareeg Location area, Daanshood village, Dharkenley village ,Biyo Fadhi village and Wargarweyne to enable comprehensive care for rural and urban villages. The project will target all the communities across the 14 villages, primary under-five children, pregnant women, and older individuals at higher risk of morbidity and mortality. Services will include essential clinical care through referral services, maternal-child health care services including child spacing, mental health services, sexual and reproductive care, and immunization.							
Outcome 1							
Enhanced access to and provision of emergency and essential health care services to underserved, urban and hard-to-reach rural communities in the Ceel Barde district through PHC and mobile medical services							
Output 1.1							
Description							
37,000 Vulnerable and marginalized communities including 7,400 children under five and 3,330 pregnant and Lactating women in Ceel Barde district have increased access to integrated lifesaving primary health care and nutrition services through 1 Health Centre and 3 mobile sites							
Assumptions & Risks							
1.The security will remain fairly stable to allow access to basic services. 2.Essential supplies will be available in time to allow uninterrupted delivery of services.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	# of outpatient consultations	1,872	5,616	5,504	5,728	18,720
Means of Verification : Monthly OPD consultation report, DHIS, Monthly progress report							
Indicator 1.1.2	Health	# of individuals provided with the management of SGBV services, including rape	2	30	4	10	46
Means of Verification : DHIS report, Monthly project report							
Indicator 1.1.3	Health	# of women attending 4+ ante-natal visits		1,100			1,100
Means of Verification : DHIS 2 report and monthly progress report							
Indicator 1.1.4	Health	# of U1 children vaccinated with pentavalent 3 doses			666	666	1,332
Means of Verification : DHIS report, EPI monthly report							
Indicator 1.1.5	Health	# of emergency referrals conducted.	22	60	25	25	132
Means of Verification : OPD report, monthly referral report							
Indicator 1.1.6	Health	Health awareness, social mobilization, education and advocacy activities in disease control, general wellbeing, health and nutrition	288	1,728	432	432	2,880
Means of Verification : Progress reports,event reports							
Indicator 1.1.7	Health	# of births assisted by a skilled birth attendant					200
Means of Verification : DHIS 2 reports, progress reports							
Indicator 1.1.8	Health	Number of Health workers trained	5	10	0	0	15
Means of Verification : Training report, beneficiary list							
Indicator 1.1.9	Health	WASH and Waste Management in HCFs					1
Means of Verification : # of health facilities with improved medical waste management capacity							
Activities							
Activity 1.1.1							
Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment							

All the sites will provide basic primary healthcare services at outpatient departments including treatment of childhood and other illnesses, antenatal care, skilled delivery, well child health services, screening for acute malnutrition, supplementation with Vitamin A, deworming, first aid and critical care services. By the end of the project a total of 18,720 persons including 1,872 men, 5,616 women, 5,728 girls and 5,504 boys would have visited the outpatient clinics to access quality lifesaving basic health services.

Activity 1.1.2

Standard Activity : Provision of sexual and reproductive health (SRH) services (including for SGBV)

SOLO will operationalize one health centre and capacitate to provide Sexual and Gender Based Violence services. Essential medicines related supplies and qualified Staff will be availed to ensure adequate capacity to manage and refer cases exists. By the end of the project a total of 46 patients/clients including 2 men, 30 women, 4 boys and 10 girls would have accessed SGBV services.

Activity 1.1.3

Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment

The operated sites will provide a comprehensive maternal and child healthcare services to pregnant women more so those from vulnerable and marginalized households. Antenatal visits will be encouraged through targeted individual and group education resulting in 1,100 pregnant women accessing 4+ focused antenatal care services. This is expected to result increased health facility delivery and positive outcomes on pregnancies.

Activity 1.1.4

Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment

To reduce child mortality from vaccine preventable diseases ,all the four sites will be stocked with adequate vaccines as per Somalia EPI guidelines and will offer routine immunization for children under .Defaulters will be recorded and traced by CHWs and by calling their caregivers to attain up to 90% coverage among the catchment population total of 1,332(666 boys and 666 girls) will receive 3rd dose of Pentavalent vaccine.

Activity 1.1.5

Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment

Upon the approval of the project, mapping of partners providing secondary healthcare and other complementary services will be mapped and cross referrals advocated for. A total of 132 patients that require specialized/secondary for conditions such as complicated deliveries, severe acute malnutrition with medical complications, injuries including gun shot wounds and children with severe disease will be referred for management. Dedicated ambulance will be set up for this purpose.

Activity 1.1.6

Standard Activity : Health awareness, social mobilization, education and advocacy activities in disease control, general wellbeing, health and nutrition

Extensive community mobilization and education will be conducted to increase awareness of the services and improve uptake, attain positive behavior change reducing morbidities and educate individuals and families on public health emergencies and disease outbreaks with focus on mesales, COVID-19 and cholera. By the end of the project, 288 men, 864 boys and girls and 1,728 mother will be reached.

Activity 1.1.7

Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment

The Health centre supported will provide Basic emergency obstetric and new-born care (BEmONC) services 24/7 to reduce complications resulting from unskilled deliveries, 200 mothers will access skilled delivery at the facility.

Activity 1.1.8

Standard Activity : # Health care staff trained

To improve the technical capacity of frontline healthcare workers to respond to detect outbreaks and provide quality IMNCI, 15 clinical staff from the four clinics will be trained for a period of 7 days. The trainings will be facilitated by an external consultant and will be in line with the approved trainings by MOH Somalia, WHO and UNICEF.

Activity 1.1.9

Standard Activity : WASH and Waste Management in HCFs

To improve infection prevention and hospital waste management, SOLO will construct an incinerator and placenta pit to ensure medical waste and products of conception are managed appropriately.

Additional Targets :

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives		Percentage of activities			
Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases		SO2: Sustain the lives of 5.5 million people, including 3.9 million non-IDPs, 1.6 million IDPs & PWDs across 74 districts, by ensuring safe, equitable & dignified access to livelihoods & essential services		100			
Contribution to Cluster/Sector Objectives :							
<p>The project aligns with the nutrition cluster objective 1 in providing equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases to mitigate the effects of draught and prevent famine.To achieve the intended results, one health centre and three mobile units will be instituted lifesaving primary healthcare and nutrition services.</p> <p>Upon operationalisation, the sites will provide comprehensive nutrition promotion and curative services such screening, management, referral and follow up children 6-59 months with acute malnutrition, strengthening community health system for health and nutrition to carry out promotion, community mobilisation and referral functions. Furthermore, children 6-59 months and PLWV will be able to access promotion of maternal, infant and young child nutrition through preventive services (MIYCAN, Vitamin A supplementation, deworming, MNPs) at health facility and community based. SOLO will also identify partners providing secondary care services and will establish efficient referral system that will ensure children are taken to stabilisation centres and hospital for inpatient management as required.</p> <p>The net effect of the intervention is to significantly reduce morbidity and mortality from childhood illness by widening the available of critical nutrition services for those most affected by the draught.</p>							
Outcome 1							
Improved access to lifesaving preventive nutrition services for children (aged under 5 years) and pregnant and lactating mothers among drought affected population of Ceek Barde district.							
Output 1.1							
Description							
7,770 children 6-59 months and pregnant and lactating women(4,440 children 6-59 months and 3330 PLW) in Ceel Barde district including those from vulnerable and marginalized households will access quality basic nutrition services.							
Assumptions & Risks							
The security situation is stable, and the timely availability of supplies does not obstruct project implementation.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of girls and boys aged 6-59 months screened for acute malnutrition and referred			2,176	2,264	4,440
Means of Verification : ONA report, Monthly progress report, U5 registers, DHIS							
Indicator 1.1.2	Nutrition	Number of pregnant and lactating women (PLW) screened for acute malnutrition and referred		3,330		0	3,330
Means of Verification : ONA report, Monthly progress report, registers, DHIS							
Indicator 1.1.3	Nutrition	Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment			470	490	960
Means of Verification : ONA report, OTP Monthly progress report, U5 OTP registers, DHIS							
Indicator 1.1.4	Nutrition	Number of girls and boys aged 6-59 months with moderate acute malnutrition (MAM) who are admitted for treatment			458	465	923
Means of Verification : ONA report, OTP Monthly progress report, U5 OTP registers, DHIS							
Indicator 1.1.5	Nutrition	Number of community nutrition workers/volunteers trained	10	20			30
Means of Verification : DHIS, Training report, Monthly progress report							
Indicator 1.1.6	Nutrition	Number of community nutrition workers/volunteers trained	5	15			20
Means of Verification : Beneficiary list, Monthly progress report, Training Report							
Indicator 1.1.7	Nutrition	Number of boys and girls 6-59 months with severe acute malnutrition with medical complication referred for inpatient management.			240	255	495
Means of Verification : 1.Functional stabilization centers will be available in Ceelbarde. 2.Security situation will allow for the transfer of patients.							
Indicator 1.1.8	Nutrition	# of people sensitized on PSEA including available reporting mechanisms.	210	400			610
Means of Verification : Project progress reports, beneficiary list							
Activities							
Activity 1.1.1							

Standard Activity : Community screening for malnutrition and referral
Routine and monthly mass MUAC screening will be conducted to identify children 6-59 months with severe acute malnutrition so as to treat and link them to the appropriate programs. The initiative will realize at least 4,440 children screened. The screening will be undertaken by both frontline health workers managing the fixed sites and mobile units and Community health workers trained for the purpose of identifying children with SAM while at the same time educating families on proper nutrition. SAM cases with medical complications or unable to feed will be referred to stabilization center for inpatient treatment whereas those with moderate acute malnutrition will be referred to TSFP sites managed by other partners.
Activity 1.1.2
Standard Activity : Community screening for malnutrition and referral
A total of 3,330 PLW will be routine screened for acute malnutrition. The screening will be done at two levels, at the community level through active case finding by the 30 community health workers in 18 sites including 4 town sections and 14 villages, during routine health visits at the site and in some cases through mother MUAC. Critically malnourished PLW will be referred to a designated outpatient location including TSFP and MCHN services implemented by WFP partners in the district such as ACF. In addition, family members including mothers, grand mothers, fathers will be oriented on how to take MUAC of children under five and PLW to enable families detect malnutrition early enough and alert either the health facility/mobile unit staff or CHWs for confirmation and appropriate treatment, the initiative will improve prognosis and chances of survival for affected children.
Activity 1.1.3
Standard Activity : Treatment of Severe acute malnutrition in children 6-59 months
490 girls and 470 boys 6-59 months with severe acute malnutrition were treated at 1 MCH site and 3 mobile outreach teams covering 14 villages.
All severe acute malnutrition boys or girls identified with MUAC of less than 11.5 cm or weight height less than 3 Z-score without medical complications will be admitted to the OTP (Outpatient treatment program) service. Children with SAM without complications receive nutritional management and routine medical care once a week on a set day until they reach a predetermined discharge weight. Once they have attained their recommended weight, they will be discharged as cured and referred to the nearest Targeted supplementary feeding centre for continuum care.
For those severe acute malnutrition boys and girls with medical complications and/or with no appetite, a designated site team will refer them to the nearest hospital for inpatient treatment; follow-up will be done to determine the child's progress and ensure discharge to OTP is followed for continuum care. Mother or caretakers will be provided with a free ambulance service during the referral and discharge from in-patient care.
Activity 1.1.4
Standard Activity : Treatment of Moderate acute malnutrition in children 6-59 months
458 boys and 465 girls were admitted and treated for moderate acute malnutrition in 1 fixed site and 3 mobile outreach teams covering 14 targeted villages.
All identified under five boys and girls with MUAC less than 12.5cm with no medical complications will be admitted to TSFP for management of MAM. The management of MAM aims to provide additional energy and nutrient density to the existing home-based diet to support catch-up growth, and it is done by encouraging increased intake of home food.
Activity 1.1.5
Standard Activity : Treatment of Moderate Acute Malnutrition in Pregnant lactating women
Train 10 male and 20 female community health workers will be recruited in close collaboration with leadership structures of the community. 4-day training for 30 community health workers will be conducted in Ceelbardhe to equip them with technical skills in community mobilization, promotion, communication, data collection, and reporting. In addition, the community health workers will be trained to support community-based IYCF activities. Furthermore, the CHWs will lead and promote various community structures such as community health committees.
Activity 1.1.6
Standard Activity : Capacity building on IMAM and IYCF
Train 5 male and 15 female health workers will be trained for five days on Integrated Management of Acute Malnutrition (IMAM). The staff to be trained based on Somalia IMAM guidelines, those who will be trained include nurses, nutrition screeners, nutrition height and weight measures, distributors and IYCF counsellors.
Activity 1.1.7
Standard Activity : Community screening for malnutrition and referral
Boys and girls 6-59 months who are severely malnourished with medical complication will be identified and referred to stabilization Centre run by partners in Ceel barde district. 495 children will be referred.
Activity 1.1.8
Standard Activity : Number of Community Response and Feedback Mechanism established & functional
SOLO will include PSEA as part of their mobilization, sensitization and community education activities. Along with public health education sessions, PSEA sessions will be integrated and communicated to the affected community as part of information sharing on their rights to service provision, the conduct and behaviour of SOLO staff in service provision and the mechanism of reporting an incident PSEA. In addition, all the staff, volunteers and contractors under SOLO will be taken through induction and signed to the organization's code of conduct. 210 men and 400 women will be sensitized on PSEA.
Output 1.2
Description

18,000 Individuals including women, men, girls and boys in the target households and communities have improved knowledge of essential nutrition behaviors and have increased capacity to plan manage and monitor recurrent shocks and stresses in Middle Shabelle .

Assumptions & Risks

- 1.security will remain stable.
- 2.people will be responsive to the education and mobilization activities undertaken by nutrition staff and CHWs and there will be no resistance.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition (MIYCN) counselling	10	6,240			6,250

Means of Verification : ONA/DHIS 2 reports, progress reports

Indicator 1.2.2	Nutrition	Number of boys and girls aged 6-59 months reached with de-worming			1,554	1,556	3,110
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Means of Verification : 1.Access will not be hindered by insecurity.
2.Community will accept the deworming of their children.

Indicator 1.2.3	Nutrition	Number of girls and boys aged 6-59 months who received vitamin A supplement in semester 1.			1,555	1,555	3,110
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Means of Verification : ONA/DHIS 2 reports, Progress reports

Indicator 1.2.4	Nutrition	Number of family members trained on Family Led MAUC.	20	380			400
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Means of Verification : progress reports, event report, beneficiary list

Indicator 1.2.5	Nutrition	Number of persons attending GBV awareness creation sessions	30	30			60
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Means of Verification : event reports, beneficiary list,progress report

Indicator 1.2.6	Nutrition	Number of Nutrition staff trained on IYCF		10			10
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Means of Verification : Training report, beneficiary list,project progress report

Activities

Activity 1.2.1

Standard Activity : Infant and young child feeding counselling

All the four sites will have a dedicated space set up for IYCF sessions for mothers of children 2-24 months. Dedicated IYCF counselors will be stationed at the facility and will provide individual and group counselling sessions. 6,250 mothers will be counselled each site counselling 10 mothers per day for 26 days a month.

Activity 1.2.2

Standard Activity : Deworming for children 6-59 months

To improve child health,3110 children 6-59 months will be dewormed at the mobile units sites and the health centre. The deworming will be preceded with by community sensitization and plans will be made to carry out the deworming exercise concurrently with mass MUAC screening.

Activity 1.2.3

Standard Activity : Supplementation Vitamin A

Micronutrient deficiency among children 6-59 remains high in Somalia and Ceelbarde, to address the situation 3,110 (1,555 boys and 1,555 girls) children 6-59 months visiting the health facility and mobile unit sites will receive age appropriate dose of Vit A unless contraindicated.

Activity 1.2.4

Standard Activity : Community screening for malnutrition and referral

To ensure children 6-59 months and PLW with severe acute malnutrition are detected early enough and referred for treatment,400 family members will be oriented on family led MUAC. They will be expected to screen not just their children but also those of their neighbors. CHWs will be trained initially will be responsible for this activity.

Activity 1.2.5

Standard Activity : Not Selected

Two GBV awareness sessions will be conducted to increase community understanding of GBV and solicit for concerted effort to stop GBV.A total of 60 participants selected from among men, women, leaders, local security officials, youth and religious leaders will participate in the sessions. The various sections of the community such as men, women, minorities, religious leaders and local elders will take part in the sessions. The sessions will be gender disaggregated.

Activity 1.2.6

Standard Activity : Capacity building on IMAM and IYCF

Four days refresher training on IYCF will be conducted for 10 nutrition staff to improve capacity to plan and conduct IYCF sessions properly. The training will be in line with UNICEF's IYCF training guidelines.

Additional Targets :

M & R

Monitoring & Reporting plan

The Fixed and Mobile health and nutrition sites will have well-trained personnel who will document activities using SOLO internal and Health Cluster provided standard reporting templates. The site leader will compile weekly reports with the support of the OTP/TSFP nurses and health Nurse. The technical field supervisors will verify the reports before submitting them to the DHIS officer for compilation. These will then be submitted to the health and nutrition program coordinator for verification. SOLO MEAL manager will approve the reports and submit them to the relevant cluster and stakeholders. The weekly reports feed into the monthly reports and the same process will be followed to ensure quality and accuracy. In addition to the standard reporting systems on ONA and DHIS2, SOLO will put in place the following monitoring mechanisms to provide the most effective monitoring:

- Periodic monitoring exercises (monthly meetings with the field staff and management) to address emerging issues.
- Every 2 months, SOLO MEAL officer will conduct a monitoring exercise in the health and nutrition intervention using standard checklists through observation, staff interview, and conducting of FGD with communities. The findings will be shared with the field and management staff, and action points and plans will be set and followed up with the site leader.
- SOLO's Finance Manager, in collaboration with the nutrition coordinator, will conduct quarterly financial monitoring against the disbursement plan.
- SOLO will share updates with Health and Nutrition Clusters on ad hoc basis as may be required
- The community structures including elders, women and youth networks and community health workers will also be involved in the monitoring, with frequent meetings between SOLO program staff and community representatives.
- SOLO management team will organize for periodic visits to the project sites to monitor progress.
- MOH will be invited to make quarterly visits to the project sites and make independent observations
- A interim progress and end of term reports will be shared with SHF at mid-term and end of project respectively

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: All the sites will provide basic primary healthcare services at outpatient departments including treatment of childhood and other illnesses, antenatal care, skilled delivery, well child health services, screening for acute malnutrition, supplementation with Vitamin A, deworming, first aid and critical care services. By the end of the project a total of 18,720 persons including 1,872 men,5,616 women,5,728 girls and 5,504 boys would have visited the outpatient clinics to access quality lifesaving basic health services.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.2: SOLO will operationalize one health centre and capacitate to provide Sexual and Gender Based Violence services. Essential medicines related supplies and qualified Staff will be availed to ensure adequate capacity to manage and refer cases exists. By the end of the project a total of 46 patients/clients including 2 men,30 women,4 boys and 10 girls would have accessed SGBV services.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.3: The operated sites will provide a comprehensive maternal and child healthcare services to pregnant women more so those from vulnerable and marginalized households. Antenatal visits will be encouraged through targeted individual and group education resulting in 1,100 pregnant women accessing 4+ focused antenatal care services. This is expected to result increased health facility delivery and positive outcomes on pregnancies.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.4: To reduce child mortality from vaccine preventable diseases ,all the four sites will be stocked with adequate vaccines as per Somalia EPI guidelines and will offer routine immunization for children under .Defaulters will be recorded and traced by CHWs and by calling their caregivers to attain up to 90% coverage among the catchment population total of 1,332(666 boys and 666 girls) will receive 3rd dose of Pentavalent vaccine.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.5: Upon the approval of the project, mapping of partners providing secondary healthcare and other complementary services will be mapped and cross referrals advocated for. A total of 132 patients that require specialized/secondary for conditions such as complicated deliveries, severe acute malnutrition with medical complications, injuries including gun shot wounds and children with severe disease will be referred for management. Dedicated ambulance will be set up for this purpose.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.6: Extensive community mobilization and education will be conducted to increase awareness of the services and improve uptake, attain positive behavior change reducing morbidities and educate individuals and families on public health emergencies and disease outbreaks with focus on mesales,COVID-19 and cholera. By the end of the project,288 men,864 boys and girls and 1,728 mother will be reached.	2022								X				
	2023												
Health: Activity 1.1.7: The Health centre supported will provide Basic emergency obstetric and new-born care (BEmONC) services 24/7 to reduce complications resulting from unskilled deliveries,200 mothers will access skilled delivery at the facility.	2022								X				
	2023												
Health: Activity 1.1.8: To improve the technical capacity of frontline healthcare workers to respond to detect outbreaks and provide quality IMNCI,15 clinical staff from the four clinics will be trained for a period of 7 days. The trainings will be facilitated by an external consultant and will be in line with the approved trainings by MOH Somalia, WHO and UNICEF.	2022									X			
	2023												

Health: Activity 1.1.9: To improve infection prevention and hospital waste management, SOLO will construct an incinerator and placenta pit to ensure medical waste and products of conception are managed appropriately.	2022								X				
	2023												
Nutrition: Activity 1.1.1: Routine and monthly mass MUAC screening will be conducted to identify children 6-59 months with severe acute malnutrition so as to treat and link them to the appropriate programs. The initiative will realize at least 4,440 children screened. The screening will be undertaken by both frontline health workers managing the fixed sites and mobile units and Community health workers trained for the purpose of identifying children with SAM while at the same time educating families on proper nutrition. SAM cases with medical complications or unable to feed will be referred to stabilization center for inpatient treatment whereas those with moderate acute malnutrition will be referred to TSFP sites managed by other partners.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.1.2: A total of 3,330 PLW will be routine screened for acute malnutrition. The screening will be done at two levels, at the community level through active case finding by the 30 community health workers in 18 sites including 4 town sections and 14 villages, during routine health visits at the site and in some cases through mother MUAC. Critically malnourished PLW will be referred to a designated outpatient location including TSFP and MCHN services implemented by WFP partners in the district such as ACF. In addition, family members including mothers, grand mothers, fathers will be oriented on how to take MUAC of children under five and PLW to enable families detect malnutrition early enough and alert either the health facility/mobile unit staff or CHWs for confirmation and appropriate treatment, the initiative will improve prognosis and chances of survival for affected children.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.1.3: 490 girls and 470 boys 6-59 months with severe acute malnutrition were treated at 1 MCH site and 3 mobile outreach teams covering 14 villages. All severe acute malnutrition boys or girls identified with MUAC of less than 11.5 cm or weight height less than 3 Z-score without medical complications will be admitted to the OTP (Outpatient treatment program) service. Children with SAM without complications receive nutritional management and routine medical care once a week on a set day until they reach a predetermined discharge weight. Once they have attained their recommended weight, they will be discharged as cured and referred to the nearest Targeted supplementary feeding centre for continuum care. For those severe acute malnutrition boys and girls with medical complications and/or with no appetite, a designated site team will refer them to the nearest hospital for inpatient treatment; follow-up will be done to determine the child's progress and ensure discharge to OTP is followed for continuum care. Mother or caretakers will be provided with a free ambulance service during the referral and discharge from in-patient care.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.1.4: 458 boys and 465 girls were admitted and treated for moderate acute malnutrition in 1 fixed site and 3 mobile outreach teams covering 14 targeted villages. All identified under five boys and girls with MUAC less than 12.5cm with no medical complications will be admitted to TSFP for management of MAM. The management of MAM aims to provide additional energy and nutrient density to the existing home-based diet to support catch-up growth, and it is done by encouraging increased intake of home food.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.1.5: Train 10 male and 20 female community health workers will be recruited in close collaboration with leadership structures of the community. 4-day training for 30 community health workers will be conducted in Ceelbardhe to equip them with technical skills in community mobilization, promotion, communication, data collection, and reporting. In addition, the community health workers will be trained to support community-based IYCF activities. Furthermore, the CHWs will lead and promote various community structures such as community health committees.	2022								X				
	2023												
Nutrition: Activity 1.1.6: Train 5 male and 15 female health workers will be trained for five days on Integrated Management of Acute Malnutrition (IMAM). The staff to be trained based on Somalia IMAM guidelines, those who will be trained include nurses, nutrition screeners, nutrition height and weight measures, distributors and IYCF counsellors.	2022								X				
	2023												
Nutrition: Activity 1.1.7: Boys and girls 6-59 months who are severely malnourished with medical complication will be identified and referred to stabilization Centre run by partners in Ceel barde district. 495 children will be referred.	2022								X				
	2023												

Nutrition: Activity 1.1.8: SOLO will include PSEA as part of their mobilization, sensitization and community education activities. Along with public health education sessions, PSEA sessions will be integrated and communicated to the affected community as part of information sharing on their rights to service provision, the conduct and behaviour of SOLO staff in service provision and the mechanism of reporting an incident PSEA. In addition, all the staff, volunteers and contractors under SOLO will be taken through induction and signed to the organization's code of conduct. 210 men and 400 women will be sensitized on PSEA.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.2.1: All the four sites will have a dedicated space set up for IYCF sessions for mothers of children 2-24 months. Dedicated IYCF counselors will be stationed at the facility and will provide individual and group counselling sessions. 6,250 mothers will be counselled each site counselling 10 mothers per day for 26 days a month.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.2.2: To improve child health, 3110 children 6-59 months will be dewormed at the mobile units sites and the health centre. The deworming will be preceded with by community sensitization and plans will be made to carry out the deworming exercise concurrently with mass MUAC screening.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.2.3: Micronutrient deficiency among children 6-59 remains high in Somalia and Ceelbarde, to address the situation 3,110 (1,555 boys and 1,555 girls) children 6-59 months visiting the health facility and mobile unit sites will receive age appropriate dose of Vit A unless contraindicated.	2022								X	X	X	X	X
	2023	X											
Nutrition: Activity 1.2.4: To ensure children 6-59 months and PLW with severe acute malnutrition are detected early enough and referred for treatment, 400 family members will be oriented on family led MUAC. They will be expected to screen not just their children but also those of their neighbors. CHWs will be trained initially will be responsible for this activity.	2022								X	X	X	X	
	2023												
Nutrition: Activity 1.2.5: Two GBV awareness sessions will be conducted to increase community understanding of GBV and solicit for concerted effort to stop GBV. A total of 60 participants selected from among men, women, leaders, local security officials, youth and religious leaders will participate in the sessions. The various sections of the community such as men, women, minorities, religious leaders and local elders will take part in the sessions. The sessions will be gender disaggregated.	2022								X		X		
	2023												
Nutrition: Activity 1.2.6: Four days refresher training on IYCF will be conducted for 10 nutrition staff to improve capacity to plan and conduct IYCF sessions properly. The training will be in line with UNICEF's IYCF training guidelines.	2022								X				
	2023												

OTHER INFO

Accountability to Affected Populations

During the development of this project, the Southwest State government, local administration and community representatives have been consulted on the gaps and priority sites to target. The project activities will start with a launch forum where the purpose of the project, services, rights and roles of the communities will be explained. This will be followed by community-wide mobilization to share the same information and enhance participation of beneficiaries. Information about the donor, qualification for support, target sites and dates and nutrition and health packages available will also be shared during mobilization. In addition, the project will create or make use of additional avenues of information sharing and communication with beneficiaries and communities. These include elders, women and youth networks, CHWs, volunteers and local administration. The same channels will play a role in gathering feedback and complaints from the community and feeding it back into the project and influence decision making. This mechanism which is safe and accessible to all include a community feedback desk, hotline number and suggestion boxes at fixed and mobile sites to enable the flow of complaints and provision of feedback on the level of satisfaction with quality and effectiveness of the assistance received. The mechanism which is in line with SOLO feedback and complaints policy allows for confidentiality where complainants can remain anonymous while the information given may not be disclosed. The complaints are recorded and response given in a timely manner.

Monthly meetings with stakeholders including representatives of the affected communities will provide a more holistic update and feedback on the ongoing project, discuss emerging issues and advance the interest of beneficiaries to ensuring their needs are met. In a bid to ensure that no unintended harm is caused to the beneficiaries, SOLO has PSEA, Protection and Child Safeguarding policies, all serving to guide on protecting affected communities. All existing staff of the organization are trained in protection. The same staff if seconded to the projects will receive refresher training and any new staff recruited trained on PSEA, inclusion and Do-No-Harm. In addition, all the staff and volunteers under SOLO will be taken through induction and guided to adhere to the organization's code of conduct. Prior to selection of any new staff, background checks will be done to in a bid to minimize any potential harm to children and beneficiaries in general. As part of integration of PSEA, SOLO will educate beneficiaries on their rights and ensure their dignity is observed and respected by all during mobilization and nutrition and health sensitization campaigns. In particular, women and girls will be made to understand that all project services are to be provided free of charge, hence no need to offer sexual favours.

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Environment Marker Of The Project	

Gender Marker Of The Project
4- Likely to contribute to gender equality, including across age groups
Justify Chosen Gender Marker Code
Protection Mainstreaming
<p>As a principle, protection of all persons affected and at risk must inform humanitarian decision-making and response and this is central to this project as part of bigger efforts to save lives in Ceel Barde district. All nutrition and health services will be planned and offered in safe places that are friendly to boys, girls, adolescents, women and men and to facilitate referrals as needed. The project will build the capacity of staff to effectively screen for violence and refer victims to appropriate services, and to better educate and involve men in sexual and reproductive health. The project recognizes that women and girls have specific health care needs for sexual, reproductive and maternal health, and additional nutrition needs when pregnant and lactating. All nutrition and health staff will be trained on gender-sensitive nutrition and health service delivery.</p> <p>Due to the ongoing drought and the resulting food insecurity, girls may be forced to marry early, or women and girls forced to exchange sex for food. As part of integration of PSEA, SOLO will educate beneficiaries on their rights and ensure their dignity is observed and respected by all during mobilization and nutrition and health sensitization campaigns. In particular, women and girls will be made to understand that all project services are to be provided free of charge, hence no need to offer sexual favours.</p> <p>The locations of mobile sites and operating hours will consider the needs of men, women, boys, and girls. Also there will be gender balanced health and nutrition teams while in some cases such as maternal health services and management of GBV among women and girls, female staff will be prioritized and preferred.</p> <p>In order to ensure Do-No-Harm, responses to GBV will be done carefully in order not to increase protection risks. Confidentiality of sexual assault survivors seeking medical help will be maintained to prevent retaliation by the attacker.</p>
Country Specific Information
Safety and Security
Access
<p>The project sites are currently accessible and security is relatively stable. SOLO has presence and an office in Ceel Barde where it is able to monitor access and determine if any changes in security will affect access to the project sites. The organization will engage local staff to the largest extent possible because they have reduced exposure to insecurity and can easily access the target sites. The heavy community involvement starting with launch to mobilization, implementation and monitoring that involves elders, women and youth networks will contribute to reduced likelihood of disruption of activities due to local ownership and involvement. Having implemented other projects in the region, SOLO possesses useful knowledge of the local context including areas controlled by insurgents, political affiliations, clan dynamics and economic trends. The start of the project coincides with the successful conclusion of the electoral process which is hoped will lead to more stability.</p> <p>SOLO will collaborate with other organizations to monitor access while participating in regional and district level coordination meetings which look into access. Previously, these partners teamed up with local administration and elders to negotiate when access reduces and when this interferes with life saving interventions in any part of the region. This option will be given a chance while informing and exploring other SHF and exploring alternatives.</p>

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.1	Project coordinator (100%)	D	1	2,700.00	6	100.00	16,200.00
	<i>The project coordinator is the overall person responsible for ensuring the overall program goals and objectives are achieved and providing all the standards of implementation are followed and maintained in all SOLO operation areas. Ensures that patients receive the best quality health and nutrition treatment across Primary Health Care facilities and OTP/SFP sites in targeted 15 villages. He will also be responsible for preparing reports and ensuring stakeholder engagement.</i>						
1.2	Project Officer(100%)	D	1	1,300.00	6	100.00	7,800.00
	<i>The project officer will be tasked with day to day running of project activities and ensuring implementation goes as planned. The position will report to the project coordinator.</i>						
1.3	Qualified Midwives	D	7	450.00	6	100.00	18,900.00
	<i>A total of 7 midwives(4 fixed sites and 1 per mobile unit) will be deployed to provide maternal and child health services including antenatal care, skilled delivery, postnatal care, birth spacing counselling and IYCF. She will act as the head of maternity service in primary health care and ensure care is provided ethically, effectively, and efficiently.</i>						
1.4	Assistant Midwives	D	3	300.00	6	100.00	5,400.00
	<i>3 midwives will be stationed at the primary health care center to assist in labor and delivery services, examination, birth spacing counselling and IYCF. The three will be stationed at the health center to support the qualified midwives.</i>						

1.5	Qualified Nurses	D	6	400.00	6	100.00	14,400.00
	<i>6 qualified nurses will be recruited to provide curative and preventive/promotive services. They treat minor illnesses, conduct health and nutrition education and home visits as needed.</i>						
1.6	Pharmacist- Technician	D	1	400.00	6	100.00	2,400.00
	<i>One pharmacy technician will run the min pharmacy at the primary health centre; their central role is to accurately dispense the prescription. He/ she will report to the medical doctor.</i>						
1.7	Laboratory Technician	D	1	400.00	6	100.00	2,400.00
	<i>1 Laboratory Officer will run a simple laboratory at the primary health center; their central role is to process and analyze samples. He/ she will report to the medical doctor. This cost covers only salary</i>						
1.8	IYCF counsellors	D	4	300.00	6	100.00	7,200.00
	<i>Four IYCF counsellors will be recruited to plan and conduct IYCF sessions and orient families on Family Led MUAC. Each site will have one 1 IYCF counsellor.</i>						
1.9	Auxiliary nurses	D	5	300.00	6	100.00	9,000.00
	<i>Supports the medical doctor and nurses in providing clinical, immunization and promotion services in the health centre. Two of them will be based in the fixed site and the three mobile will have one auxiliary nurse deployed.</i>						
1.10	Nutrition Nurses	D	4	400.00	6	100.00	9,600.00
	<i>One nutrition nurse will be placed in of the four sites to deliver high-quality medical and nutritional treatment to children and PLW visiting the OTP clinics. They will also guide the auxiliary nurses in the mobile teams to ensure they administer vaccines correctly and safely.</i>						
1.11	Screeners(OTP fixed and Mobile)	D	4	300.00	6	100.00	7,200.00
	<i>1 person for each site i.e. 1 static and 3 mobiles site are in charge of anthropometric measures (weighing, measuring, and taking MUAC), crowd control, and nutrition promotion. This cost covers Salary</i>						
1.12	Community Health Workers	D	30	150.00	6	100.00	27,000.00
	<i>A total of 30 community health workers will be recruited to conduct community mobilization, conduct home visits, undertake nutrition assessment this include screen of under five children, refer, follow -up, and defaulter tracing of malnourished children to the sites. They will also provide health- seeking massages, and send children and mothers to the appropriate sites for EPI and sexual and reproductive services. They will support the mobile teams in conducting mass MUAC screening campaigns and conducting screening of new IDP arrivals.</i>						
1.13	Cleaners	S	3	200.00	6	100.00	3,600.00
	<i>Three cleaners will be recruited to maintain cleanliness of the health centre.</i>						
1.14	Security guards (4 for 1 fixed site and Warehouse)	S	4	200.00	6	100.00	4,800.00
	<i>4 security guards for fixed site (Primary health center) and warehouse. Responsible for keeping warehouses secure day and night. The security guards will be working in shift 2 in the morning and 2 at night, and the remaining 2 will interchange between the night and day guards to cover for the day offs. This cost covers salary</i>						
1.15	Monitoring and Evaluation Officer	D	1	1,200.00	6	100.00	7,200.00
	<i>1 person to supervise all field health and nutrition activities within the 12 location overseeing both technician and community mobilization activity. Will be responsible for collection, analyzing and submitting of report to from health and nutrition project officer and to different platform. This cost covers salary</i>						
1.16	Monitoring Evaluation and Learning Manager	S	1	1,600.00	6	30.00	2,880.00
	<i>1 person to provide consultations on project design, routine monitoring, ongoing reflection and learning, and periodic evaluations. Ensure analysis and verification of data from field before submission to the relevant stakeholders including the health and nutrition cluster. Provide feedback on the progress of the program, including lesson learned. Supervise the MEAL(Monitoring evaluation and learning) assistant. This cost covers salary</i>						
1.17	Finance and operations Manager	S	1	4,000.00	6	30.00	7,200.00
	<i>Responsible to assist SOLO in the implementation of financial and procurement management plans, oversee budget management and control at field level and ensure integrity and accuracy in financial reporting</i>						
1.18	HR & Admin officer	S	1	2,000.00	6	50.00	6,000.00
	<i>1 person responsible for coordinating procurement, human resource and Admin support (including managing the procurement process, processing employee data, updating company policies and assisting in the hiring process, file management, information management among other duties assigned by the Finance and operations manager</i>						
1.19	Finance officer	S	1	2,000.00	6	50.00	6,000.00

	1 person responsible for financial reporting to internal and external stakeholders ensuring compliance of expenses to donor requirements, manage internal cash management and transactions including disbursements.						
1.20	Executive Director	S	1	6,000.00	6	30.00	10,800.00
	Responsible for providing oversight to ensure timely execution of the proposed activities. The Director ensures integration of proposed activities into the continuum of services provided by organization.He will oversee budget expenditures and reporting, and provide direct supervision of the Health and Nutrition Programmed Coordinator and Finance and operations manager						
1.21	Medical doctors	D	2	1,000.00	6	100.00	12,000.00
	Two medical doctors will be recruited. The doctors will be responsible for providing a range curative services including consultations at the outpatients clinics. He/she will be the head of the clinics and will ensure services are organized well for ease access by patients.						
1.22	Registrars	D	4	300.00	6	100.00	7,200.00
	4 will be recruited, will be tasked with recording accurately biodata and anthropometric measurements of OTP admissions. They will generate reports from the OTP registers on monthly basis and handover to immediate supervisor.						
1.23	Branded Uniform for health workers and CHWs	D	70	90.00	1	100.00	6,300.00
	Uniforms branded with SOLO and MOH will be designed and purchased for 70 staff						
1.24	Nutrition and health supply Logistics officer	D	1	2,000.00	6	50.00	6,000.00
	Manages the health and nutrition supply, receive supply on behalf of SOLO, monitor consumption ensures the safe and secure movement of supplies from the warehouses to the sites. And provide a monthly stock report. This cost cover salary.						
	Section Total						207,480.00
2. Supplies, Commodities, Materials							
2.1	Integrated management of Acute malnutrition (IMAM) training	D	1	4,695.20	1	100.00	4,695.20
	5 days of training for 20 staff on IMAM for NUTRITION nurses, screeners, registrars, distributors and IYCF counselors in El berde. (Amount to cover facilitator cost, participants allowances, venue hire stationaries and refreshments- see attached BOQ) Nutrition Standard Activity- 1.1.4						
2.2	Community health workers (CHW) Training Package	D	1	3,882.00	1	100.00	3,882.00
	3 days of training for 30 staff on community mobilization and sensitization activities in El berde. (Amount to cover facilitator cost, participants allowances, venue hire stationaries and refreshments- see attached BOQ)						
2.3	Outbreak response and Integrated management of childhood illness (IMCI) Training	D	1	4,240.20	1	100.00	4,240.20
	To improve the technical capacity of frontline healthcare workers to respond to detect outbreaks and provide quality IMNCI, 15 clinical staff from the four clinics will be trained for a period of 5 days. The trainings will be facilitated by an external consultant and will be in line with the approved trainings by MOH Somalia, WHO and UNICEF. Nutrition Standard Activity 1.1.8						
2.4	Refersher training on IYCF	D	1	2,310.80	1	100.00	2,310.80
	4 days of training refresher training for 10 nutrition staff to improve quality of IYCF sessions. Standard Act. 1.2.6						
2.5	Essential out-patient department (OPD) drugs and Maternity drugs	D	1	46,462.70	1	100.00	46,462.70
	This are drugs to utilize at the primary health care center and outreach site for Outpatient department and maternity to be procured and delivered to Elberde .The cost does not include transport.						
2.6	Production of IEC materials and registers	D	1	8,295.00	1	100.00	8,295.00
	Information Education and Communication (IEC)material including posters, counselling cards as well as registers and OTP cards will be printed for recording patient information and for counselling/education.See the attached BOQ						
2.7	Personal Protection Equipment (PPE) Kit	D	1	7,925.00	1	100.00	7,925.00
	To enhance IPC strategies in the sites assorted items including masks, soap for hand washing will be procured and used to beef up infection control capacities .see the attached BOQ						
2.8	Monthly water supply to OTPs sites	D	3	200.00	6	100.00	3,600.00
	The OTP sites will be supplied with water for drinking and for other domestic use @US\$200 per month per site						
2.9	Primary healthcare running cost	D	1	7,200.00	1	100.00	7,200.00
	The cost covers electricity, water supply and communication for the fixed HF. See the attached BOQ						
2.10	Equipment for sites(4 sites)	D	1	13,552.00	1	100.00	13,552.00

	To ensure smooth delivery of essential health and nutrition services equipment including hospital beds and other essentials will be procured. cost. Attach BOQ .						
2.11	Community Health Workers Tool kit	D	1	1,236.00	1	100.00	1,236.00
	tools that include stationaries to be used by community health workers (CHW), during their mobilization and sensitization activities at the community level for recording and storage of their tools (Find BOQ for details)						
2.12	GBV awareness sessions for 60 participants	D	1	3,855.60	1	100.00	3,855.60
	Three sessions for 20 persons each will be conducted to improve awareness on GBV among diverse members of the community.						
2.13	Family Led MUAC for 400 persons	D	1	13,080.00	1	100.00	13,080.00
	400 persons will take part in family led MUAC orientation sessions organized by IYCF and Nutrition staff						
2.14	Construction of incinerator	D	1	3,775.50	1	100.00	3,775.50
	Small size incinerator will be constructed to dispose medical wastes. See the attached BOQ						
2.15	Construction of Placenta pits	D	1	2,174.00	1	100.00	2,174.00
	A placenta pit will be constructed to dispose off products of conception. See the attached BOQ						
2.16	Furniture for the heath centre and three mobile units	D	1	7,840.00	1	100.00	7,840.00
	Cost relates to furniture required for service provision, includes benches and chairs.						
2.17	Casual Laborer -Loaders	D	8	12.00	20	100.00	1,920.00
	8 loaders working as casual laborer's where they load and unload nutrition and health supplies from trucks receiving incoming supplies at SOLO warehouse and outgoing supplies to the selected sites. These are casual laborer's who will work on a daily basis when their service is required; hence they will each work 20 days in 3 quarters at 12 dollars daily. This cost covers Salary. See attached BOQ						
	Section Total						136,044.00
3. Equipment							
3.1	N/A		0	0.00	0	0.00	0.00
	N/A						
3.2	N/A		0	0.00	0	0.00	0.00
	N/A						
3.3	N/A		0	0.00	0	0.00	0.00
	N/A						
3.4	N/A		0	0.00	0	0.00	0.00
	N/A						
3.5	N/A		0	0.00	0	0.00	0.00
	N/A						
	Section Total						0.00
4. Contractual Services							
4.1	N/A		0	0.00	0	0.00	0.00
	N/A						
4.2	N/A		0	0.00	0	0.00	0.00
	N/A						
	Section Total						0.00
5. Travel							
5.1	Travel costs - monitoring	D	1	4,400.00	1	100.00	4,400.00

	Joint monitoring to the project site by Senior management team that consist of the executive director, Director of program and MEAL Adviser from Nairobi to El berde. This monitoring visit will enable the SOLO management team to measure and verify outputs and achievement result, meeting with field staff on the overall project performance including challenges, meeting with community representative and relevant government department on their view of the program, feedback on the SOLO performance and other discussion relating to the response. This process will build and enhance mutual relationship with different stakeholders and build trust over time. The cost covers air return transportation from Nairobi to El berde for 2 pax for 2 quarters						
5.2	Mobile Team Vehicle rental	D	3	2,100.00	6	100.00	37,800.00
	For supervision and mobile staff (3 cars for 3 mobile teams) this rate include car hire and fuel. This vehicle is essential to operate in the targeted 12 villages. The mobile teams are not working on static sites; hence, they will alternate from villages to enable coverage. One mobile team will operate in 2 or 3 villages 3 days per village in a week. Therefore all the supplies and staffs need to be transported to mobile sites alternating days to different assigned villages. Note that also they need to ferry back all the EPI and other supplies each day back to the central primary health unit for storage.						
5.3	Ambulance car	D	1	2,100.00	6	100.00	12,600.00
	The the vehicle will be used to refer cases to respective health unit across all the health center sites including the main hospital in Kismayo town						
	Section Total						54,800.00
6. Transfers and Grants to Counterparts							
6.1	N/A	D	0	0.00	0	0.00	0.00
	N/A						
6.2	N/A		0	0.00	0	0.00	0.00
	N/A						
6.3	N/A		0	0.00	0	0.00	0.00
	N/A						
6.4	N/A		0	0.00	0	0.00	0.00
	N/A						
6.5	N/A		0	0.00	0	0.00	0.00
	N/A						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.1	Communication	D	1	500.00	6	100.00	3,000.00
	Usage of Internet and Mobile phone						
7.2	Rent	S	1	800.00	6	100.00	4,800.00
	Office rent in El barde 100%						
7.3	Office Utility	S	1	750.00	6	50.00	2,250.00
	contribution in payment of water, fumigation services and electricity usage						
7.4	Bank transfer costs	S	1	4,115.00	1	100.00	4,115.00
	Transaction transfer costs at 1%						
7.5	Warehouse rent	D	1	800.00	6	100.00	4,800.00
	A warehouse will be rented in secure location to store health and nutrition supplies at a cost of US\$800 a month.						
7.6	Car Rental for local running	D	1	2,100.00	6	100.00	12,600.00
	A vehicle will be rented for local running-the cost includes fuel, repairs/maintenance and driver salary.						
7.7	Office supplies and consumables	D	1	400.00	6	100.00	2,400.00

	Office stationeries, cleaning detergents, beverages will be required for office operations			
	Section Total			33,965.00
SubTotal		195.00		432,289.00
Direct				379,844.00
Support				52,445.00
PSC Cost				
PSC Cost Percent				7.00
PSC Amount				30,260.23
Total Cost				462,549.23

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bakool > Ceel Barde > Ceel Barde	100.00000	0	0	0	0		H: Activity 1.1.1: All the sites will provide basic primary healthca... H: Activity 1.1.2: SOLO will operationalize one health centre and ca... H: Activity 1.1.3: The operated sites will provide a comprehensive m... H: Activity 1.1.4: To reduce child mortality from vaccine preventabl... H: Activity 1.1.5: Upon the approval of the project, mapping of part... H: Activity 1.1.6: Extensive community mobilization and education wi... H: Activity 1.1.7: The Health centre supported will provide Basic em... H: Activity 1.1.8: To improve the technical capacity of frontline he... Nut: Activity 1.1.1: Routine and monthly mass MUAC screening will be c... Nut: Activity 1.1.2: A total of 3,330 PLW will be routine screened for... Nut: Activity 1.1.3: 490 girls and 470 boys 6-59 months with severe ac... Nut: Activity 1.1.4: 458 boys and 465 girls were admitted and treated... Nut: Activity 1.1.5: Train 10 male and 20 female community health work... Nut: Activity 1.1.6: Train 5 male and 15 female health workers will be... Nut: Activity 1.1.7: Boys and girls 6-59 months who are severely malno... Nut: Activity 1.1.8: SOLO will include PSEA as part of their mobilizat...

Documents	
Category Name	Document Description
Budget Documents	BOQ -Intergrated Health and Nutrition Program SOLO Elbarde.xlsx
Budget Documents	20220718-113004_BOQ -Intergrated Health and Nutrition Program SOLO Elbarde.xlsx
Budget Documents	Revised BOQ -Intergrated Health and Nutrition Program SOLO Elbarde.xlsx
Budget Documents	BOQ -Intergrated Health and Nutrition Program SOLO Elbarde_updated on 29.07.2022.xlsx
Budget Documents	BOQ -Intergrated Health and Nutrition Program SOLO Elbarde_updated on 02.08.2022.xlsx