

Requesting Organization :	SOS Children's Villages Somalia			
Allocation Type :	Reserve Allocation 3 (July 2022)			
Primary Cluster	Sub Cluster	Percentage		
Nutrition	Emergency Nutrition	60.00		
Health	Child health	40.00		
		100		
Project Title :	Integrated health and nutrition emergency response to drought affected communities in Burhakaba district of Bay region.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-22/3485/RA3/Nut-H/INGO/22721	
Cluster :		Project Budget in US\$:	499,295.28	
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>This project is a Health and Nutrition integrated response to needs of PLWs and children hard to reach, drought affected communities in Burhakaba district, in Bay region of South West State (SWS). It is a last mile delivery effort to mitigate the consequences of drought on populations in SWS where access to services is severely constrained by the presence of none state actors. The main objective of this project is to provide integrated life-saving emergency primary health and Nutrition services to 25,000 individuals (Nutrition- , 8306 girls, 7,700 boys, 1300 women, 1000 men,</p> <p>The health component will deliver 6 CORE EPHS interventions package to the target communities in Howlwadag, waberi, , Masusow, Aray, and Awyaye villages in Burhakaba district including maternal, reproductive & neonatal health, communicable diseases control, child health, first aid, treatment of common ailments and HIV/STI/TB, health staffs capacity building on IMCI, BeMonc and referral for secondary care. Nutrition component will entail community nutrition activities such as screening and referrals, SAM & MAM treatment, IYCF, hygiene promotion and capacity building for health staffs on IMAM.</p> <p>SOS CV has a strong presence in SWS providing health & nutrition in the region with a flagship district hospital in Baidoa and other health/nutrition facilities in Berdale, Hudur & Burhakaba. SOS CV is also an active member of health, nutrition and protection clusters and coordinates with national & local area coordination networks and has strong relations with Ministry of Health (MOH) at district, state and national levels. Over the years SOS CV has put in place strong accountability and feedback mechanisms to ensure safe programming through toll free lines, suggestion boxes, exit interviews & FGDs with KIs</p> <p>SOS CV will closely coordinate with SWS Burhakaba district authorities, State MOH/Federal level MOH and social mobilizers, elders involved in mobilizing activities. The proposed intervention will create synergies with other ongoing emergency drought response project in focusing on other sector including FSL, CP/GBV to maximize impact and avoid duplication and address the underlying and root causes of acute malnutrition . SOS CV will also coordinate with local humanitarian actors for proper referral and coordination's as well as health and nutrition clusters at regional and national level. SOS CV. Effects will be made to prevent occurrence of Gender-Based Violence (GBV) by collaborating with available mechanisms in the target locations. Gender mainstreaming will be fully ensured in the community mobilization events, service provision and for the raining of staff and other project stakeholders. Data for the beneficiaries will be disaggregated by age and sex. SOS will promote full participation of women, girls and boys, in the project planning, monitoring and implementation to promote their voices are heard and are taken into account including communication preferences. A particular focus will be given to ensure participation of people with special needs or with disabilities by targeting 10% of the total target population in both districts.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,200	5,500	8,188	9,062	24,950

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	1,500	4,500	5,688	6,062	17,750
Internally Displaced People	700	1,000	2,500	3,000	7,200

Indirect Beneficiaries :

SOS estimates that the integrated health and nutrition emergency lifesaving services at the static and mobile facilities will benefit 10,500 people indirectly.

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

The proposed activities are in line with the 2022 Somalia Humanitarian Response Plan's health priorities of reducing loss of life for 5 million of the most severely vulnerable people, including 1 million children under 5, by decreasing the prevalence of hunger, acute malnutrition, public health threats and outbreaks, and abuse, violence, and exposure to explosive ordinances by the end of 2022. The project interventions seek to reduce excess mortality and morbidity associated with impending famine in Agropastoral district of Burhakaba affecting mostly vulnerable women and children where access to humanitarian services remains low.

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
Abdikadir Dakane	National Director	Abdikadir.Dakane@sossomalia.org	+252613333155

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

Worsening drought is putting some areas in central and southern Somalia at an increased Risk of Famine through at least September 2022 if the current Gu season crop and livestock production fails, food prices continue to rise sharply and humanitarian assistance is not scaled up to reach those most in need. The situation in Bay region is particularly concerning as the acute malnutrition threshold for Famine (IPC Phase 5) has been breached in Baidoa district. Mortality (Crude Death Rate) has reached the Emergency (IPC Phase 4) threshold in Bay Agropastoral of Burhakaba and Baidoa districts, and death rates among children have reached the Emergency (IPC Phase 4) threshold in Bay Agropastoral of Baidoa district. While a Famine (IPC Phase 5) classification requires at least two of the three criteria to be met, the increase in acute malnutrition levels and mortality signal that loss of life and livelihoods is already occurring.

According to OCHA Draught monitoring Dash board, Acute malnutrition and mortality levels is on the increase. In Burhakaba, An estimated 5730 children under age 5 face server acute malnutrition and 12,210 who are likely to be severely malnourished. In Bay Region, adult and child mortality have risen above the Emergency (IPC Phase 4) and Crisis (IPC Phase 3) level. Burhakaba district has been identified as a difficult access districts at risk of famine owing to failed fourth consecutive rains in Bay Agro-pastoral region with attendant increase in humanitarian needs levels and Crude Mortality Rate has reached Emergency (IPC 4) levels. Acute water shortage, escalating food prices, insecurity, inadequate access to health & nutrition services, global inflation owing to Ukraine crisis and depleted livestock and crop yields complicate crisis. Recent communicable diseases outbreak in the district such as Acute Watery Diarrhea and measles, low knowledge of optimal IYCF practices & lack of adequate hygiene practices underlie the prevailing acute malnutrition in the district.

3. Description Of Beneficiaries**4. Grant Request Justification**

The proposed target district is among the districts with serious and critical GAM rates as well as IPC 3; and 4 as per latest FSNAU assessment report. In Burhakaba district is cut from other towns in the region making access for humanitarian partners difficult with few providing services . The district is has been also identified as a difficult access districts at risk of famine owing to failed fourth consecutive rains in Bay Agropastoral region with attendant increase in humanitarian needs levels and Crude Mortality Rate has reached Emergency (IPC 4) levels. Acute water shortage, escalating food prices, insecurity, inadequate access to health & nutrition services and depleted livestock and crop yields complicate crisis. In Bay Region, adult and child mortality have risen above the Emergency (IPC Phase 4) and Crisis (IPC Phase 3) levels.

The needs of these crisis-affected communities are often characterized by a high prevalence of acute and severe malnutrition which often

leads to increased risk of death among the affected population and in particular women and children are at most risk concerning the deterioration of their nutritional status during emergencies. In such situations, vulnerable displaced children and women need to be provided urgent support to recover from and prevent further deterioration in the nutrition situations particularly children under the age of five and pregnant and lactating women who will likely face acute malnutrition.

Therefore, SOS CV propose an integrated multi sector project aimed to reduce the prevalence of acute malnutrition through nutrition-specific and health interventions (community-based management of acute malnutrition (CMAM) and infant and young child feeding (IYCF) support) combined with nutrition-sensitive actions in response to the continued draught impacted communities in Burhakaba districts in Bay regions.

The proposed integrated multi sector project is aimed to reduce the prevalence of acute malnutrition through nutrition-specific and health interventions (community-based management of acute malnutrition (CMAM) and infant and young child feeding (IYCF) support) combined with nutrition-sensitive actions, in response to the continued draught impacted communities in Burhakaba districts in Bay regions. The proposed integrated emergency nutrition interventions will provide integrated lifesaving treatment for acute malnutrition in the targeted villages of Burhakaba through facility and community-based management of acute malnutrition (CMAM) targeting children under five and pregnant and lactating women (PLW). The proposed project aims to increase coverage and access to the management of both moderate and severe acute malnutrition (MAM/SAM), vitamin A supplementation and deworming as well as promotion of optimal infant and young child feeding (IYCF) practices. SOS will adopt an expansive IYCF in Emergencies (IYCF-E) strategy aimed at increasing reach beyond mothers raising infants but also fathers, grandfathers, community leaders, religious leaders, teachers, etc

The proposed activities are contributing to the nutrition cluster strategy and response plan as it will address the critical nutrition and health needs of the drought affected extremely vulnerable children and women through the provision of a full package of community and facility nutrition and health services in the target district of Burhakaba, The project is directly linked to the reserved allocation strategy and in line with the Nutrition Cluster Objectives and the priority needs of the 2022 OCHA Somalia Humanitarian Response Plan. The project, therefore, contributes to access timely and effective life-saving prevention and responses measures to the vulnerable displaced children and women and provide urgent support to recovery and prevent deteriorations in the nutrition situations particular children under the age of five and pregnant and lactating women who will likely face acute malnutrition.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

The overall objective of the project is to increase coverage and access to integrated emergency health and nutrition services through management of both moderate and severe acute malnutrition (MAM/SAM), vitamin A supplementation and de-worming, as well as the promotion of optimal infant and young child feeding (IYCF) practices and provision of maternal, reproductive and neonatal and child health services among the vulnerable crisis, affected population in the targeted District of Burhakaba.

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 intervention aligns with the Nutrition and Health Cluster Objectives and the priority needs of the 2022 OCHA Somalia Humanitarian Response Plan, and is recognized by the SHF. Consequently, the proposed action aims at enhancing equitable access to quality emergency and essential lifesaving health services for highly vulnerable and drought-affected displaced children in the Burhakaba district of the Bay region of the southwest state. This will be achieved through the support of a fixed health facility and a mobile clinic team reaching high priority areas with the most vulnerable populations in the targeted district.

Outcome 1

Increased access to quality and inclusive emergency life-saving healthcare services will lessen the number of children affected by drought who die from diseases associated with a lack of health care, inadequate nutrition, and unsanitary living conditions.

Output 1.1

Description

Drought-affected populations in Burhakaba district have improved access to basic health care for the prevention and treatment of infectious and non-infectious diseases, as well as for maternity, sexual, and reproductive health.

Assumptions & Risks

Peace and stability will be steady and supportive to the implementation of the project for both project beneficiaries and project personnel. Natural disasters caused by climate change, such as floods, famine, and locust invasions, would not worsen, hence not exacerbating family food shortages, protection, health complications, and displacements.

The Ministry of Health and local authorities are prepared to conduct monitoring and supervision to the project sites.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	# of outpatient consultations	1,000	1,300	7,400	7,900	17,606

Means of Verification : OPD registers, HMIS, Monthly ITT reports, DHSI2

Indicator 1.1.2	Health	# of women provided access to quality medication and medical services	0	1,700	0	0	1,700
-----------------	--------	---	---	-------	---	---	-------

Means of Verification : ANC register, DHSI2, HMIS, Monthly ITT reports

Indicator 1.1.3	Health	# of children under 1 year old vaccinated Against measles	0	0	588	612	1,200
Means of Verification : Immunization registers, HMIS, monthly ITT reports, DHSI2							
Indicator 1.1.4	Health	# of staff trained on BEmONC, STG and iCCM	24	30	0	0	54
Means of Verification : Participant list, training reports, Monthly ITT reports, Narrative progress reports							
Indicator 1.1.5	Health	Health awareness, social mobilization, education and advocacy activities in disease control, general wellbeing, health and nutrition	950	3,500	3,600	3,500	11,550
Means of Verification : participant list forms, Monthly ITT reports, Narrative progress reports							
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							
<p>SOS will continue to ensure and expand access to comprehensive primary health care packages and integrate them with nutrition services through the support of two static health facility and three mobile clinics that extend patient care to populations that cannot currently easily access the static facilities. SOS will provide 17,606 (1000 men, 1300 women, 7400 boys, 7906 girls) outpatient consultations that include clinical diagnosis, basic laboratory confirmation, and communicable disease treatment as appropriate. Antenatal care services comprising the prevention and treatment of minor pregnancy-related ailments, delivery preparation, maintaining follow-up visits, administering tetanus toxoid vaccine, and testing for anemia, Syphilis, and HIV. PLWs will receive a standard dose of iron and folic acid or multiple micronutrients to prevent and treat iron deficiency anemia. SOS will also provide skilled birth deliveries, postnatal care, child immunizations, and clinical management of rape. For regular service delivery, the mobile team will visit the villages of Dacaar, Masusow, Aray, and Awyaye in Burhakaba district once per week following a regular schedule. The mobile clinic will be attached to fixed facilities and will receive clinical oversight from the facility's medical doctor as well as support with medical supply management and pharmaceutical administration. The mobile clinics will conduct disease surveillance, which will be combined into the weekly WHO reports from the fixed facilities and uploaded to the DHIS2 database.</p>							
Activity 1.1.2							
Standard Activity : # of people served by medical supplies and medications							
<p>With the support of the project, 1700 women will receive a consistent and impartial access to quality medical care, ensuring patients' privacy and the confidentiality of their medical information, informing patients, and obtaining their consent before any medical intervention, and providing a safe clinical environment. SOS will be supported by UNICEF/ MOH SWS for medical additional medical supplies and medicines. Essential medical supplies and pharmaceuticals continue to be an integral part of the delivery of maternal health care services for women including the newly arrived IDPs. SOS CV will procure medical supplies and equipment for the five centres and will be transported to the project sites to ensure vulnerable women receive quality health care. This project will support qualified frontline health workers in Burhakaba district to provide critical medical care and a comprehensive IMAM package to populations impacted by drought in the five targeted sites. SOS will maintain a central warehouse to ensure that nutrition supplies and drugs are readily available at all project sites. On request, the distribution of commodities and drugs will be done quarterly. This will ensure effective storage, prevent stock-outs, reduce drug waste, and improve rational drug usage.</p>							
Activity 1.1.3							
Standard Activity : # children vaccinated							
<p>Routine immunization services will be offered to 1200 children (588 boys & 612 girls) under 1 year age on based on the recommended age schedule of MOH Somalia and the EPHS. Children will also receive growth monitoring to determine their delays and regression by the qualified vaccinators and nurses at the static and mobile sites. Vaccine preventable treatment including measles will be administered to 600 under 1 year children to reduce impact of deaths of vaccine preventable infection. The children will also receive vitamin A supplementation to boost their immunity.</p>							
Activity 1.1.4							
Standard Activity : # Health care staff trained							
<p>SOS will strengthen the ability of health care personnel and community health workers through on-the-job and trainings on treatment methods and current recommendations. 54 (24 male and 30 female) staff and community workers.(health, nutrition and hygiene) will be trained for 4 days on the Somali treatment guidelines (STG), iCCM, and BEmONC in order to diagnose, treat, monitor, and report common medical conditions in accordance with standard protocols and guidelines. as well as manage obstetric emergencies at multiple levels of care. This is intended to enhance the quality of service delivery and strengthening community connections to the health care system.</p>							
Activity 1.1.5							
Standard Activity : # of people reached by RCCE (disease prevention, H/Nut, BCC, PSS) (disaggregate by non-COVID / COVID-19)							
<p>SOS CV will engage qualified staff and CHWs to deliver hygiene promotion messages alongside key health and nutrition topics during health education sessions . Patients attending the facility/mobile clinic or mobilized from the community by CHWs attend these sessions. In conjunction to these educational workshops, community health workers visit households. IEC materials are disseminated and posted in public areas and health care facilities. In addition to distributing critical information regarding health, nutrition, and feedback mechanisms, health facilities will display basic, clear messaging in Somali regarding the GBV services available and referral paths. Messages on GBV will also be incorporated into the daily health education programs. At the end of the project, key health education and awareness messages will have reached a total of 11,550 people 950 men, 3500 women, 3600 boys, and 3500 girls).</p>							
Additional Targets : The project will promote vaccination of children against prevalent childhood illnesses. This will be accomplished through the use of education cards with illustrative local images. Further, the Covid19 public education and awareness-raising would be distributed in Somali through RCCE printing.							

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	SO1: Reduce loss of life for 5 million of the most vulnerable by decreasing the prevalence of hunger, acute malnutrition, public health threats, outbreaks, abuse, violence & exposure to explosive ordinance			50			
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on improving nutritional status through provision of supplementary nutrition products, appropriate infant and young child feeding practices in emergency and micronutrient interventions	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			50			
<p>Contribution to Cluster/Sector Objectives : The proposed project is well-aligned with the Nutrition and Health Cluster Objectives and the priority needs of the third reserve allocation strategy of famine prevention. . The proposed action will assist in improving equitable access to quality life-saving curative and preventative basic nutrition and health services through systematic identification, referral, and treatment of acutely malnourished 6-59 month old children and pregnant and lactating women (PLWs) through the support of integrated static and mobile teams that provide a comprehensive IMAM package and promote better health-seeking behaviours among the local populations.</p>							
Outcome 1							
Extended equitable access to quality prevention and treatment nutrition services for children and PLWs among IDPs and vulnerable populations in Burhakaba district of the Bay region through the provision of integrated static and mobile clinic services.							
Output 1.1							
Description							
Increased utilization of essential nutrition services for 1000 vulnerable children (0-59 months); Boys 500 and Girls 500 and 4000 PLWs in Burhakaba Districts							
Assumptions & Risks							
<p>There will not be a significant increase in armed attacks and blockades by non-state actors in implementation areas, which could disrupt humanitarian operations.</p> <p>Essential resources and skilled personnel are available</p> <p>Regular RUTF, RUSF, pharmaceuticals, and medical equipment will be received without interruptions from WFP and UNICEF to ensure the provision of health and nutrition services in the targeted district.</p> <p>Supplies transported by road to project locations are at risk of aid diversion and vandalism.</p>							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			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			5,000	5,000	10,000
Means of Verification : CMAM registers, HMIS, Monthly ITT reports, narrative progress reports							
Indicator 1.1.2	Nutrition	Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment			1,000	1,000	2,000
Means of Verification : CMAM registers, HMIS, Monthly ITT reports							
Indicator 1.1.3	Nutrition	Number of pregnant and lactating women receiving first individual counselling on appropriate IYCF/IYCF-E		1,000			1,000
Means of Verification : IYCF register, Monthly ITT reports,							
Indicator 1.1.4	Nutrition	# of staff and CHWs trained on IMAM guidelines, IYCF and maternal nutrition	22	48	0	0	70
Means of Verification : participant list, training reports, monthly ITT reports, Narrative progress reports							
Indicator 1.1.5	Nutrition	Number of OTPS and mobile outreach established.					5
Means of Verification : reports,							
Indicator 1.1.6	Nutrition	Number of mass MAUC screening sessions	500	1,000	1,000	1,000	3,500
Means of Verification : Registration list, weekly and Monthly reports.							
Indicator 1.1.7	Nutrition	Number of Gender-sensitive Community-based Accountability (AAP) mechanisms established and functional					5
Means of Verification : Registrations, attendance,, report, AAP records, AAP monthly report,							
Activities							

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

SOS will prioritize preventative and therapeutic approaches to address malnutrition crises in the target communities of this project by providing facility and IER (mobile) based health and nutrition services to vulnerable women and children in Burhakaba district. SOS will carry out massive and routine screening for children including monthly Mass MUAC screening sessions targeting new arrivals of IDPs and all malnourished children will be referred to OTP nutrition centres for proper admission in their respective treatment programs. In collaboration with MOH District Medical Officer and community leaders, SOS will recruit and train 60 Community Workers (Health, Nutrition and hygiene (CHNHWS) and will be deployed to the communities in order to carry out community sensitization, nutrition education, hygiene promotion, mobilization, and community-based screening of malnourished children using MUAC tape and oedema inspecting as part of activities for early detection of cases before they deteriorate into severe cases with complications. To effectively serve the community, the CHNWs will collaborate with an existing network of community workers and other service providers. In close collaboration with the project's nutrition and health staff, the CHNWs will continuously screen and refer 10,000 malnourished children (5000 boys and 5000 girls) in order to optimize the prevention of acute malnutrition and provide early treatment of SAM children with complications. The project will make additional efforts to identify and support disabled children, who account for 15% of the overall number of children targeted. Due to the early identification of malnutrition and active screening, the project will increase coverage of nutrition services to malnourished children and a decrease in the number of children requiring hospitalization. This was mostly because the child did not develop complications as a result of malnutrition. Community outreach will therefore play a significant role in extending program coverage and enhancing access to nutrition services for crisis-affected populations within the targeted district. To ensure malnourished children in the target communities receive supplementary feeding support which is not provided by the project, SOS CV will carry out screening and referral of MAM cases to existing TSFP supported by other NGOs.

Activity 1.1.2

Standard Activity : Treatment of Severe acute malnutrition in children 6-59 months

All children aged 6 to 59 months with SAM and no medical complications and a MUAC of ≥ 115 mm or WH $\geq -3Z$ or bilateral oedema will be admitted for nutritional feeding at the OTP sites following screening and identification. The project will establish and operationalize 5 integrated outpatient therapeutic centres, two static and three mobile sites in Dacaar, Masusow, Aray and Awyaye villages and Burhakaba town that will provide SAM treatment to 2000 (1000 boys and 1000 girls) drought affected children in Burhakaba district. Patients with SAM and no complications can receive treatment immediately at OTP centers. Project supported OTP sites will provide integrated treatment services through the provision of Ready to use therapeutic feedings (RUTF) from UNICEF and will adhere to standard protocols for routine medical care, such as the treatment of malaria and mild-to-moderate acute respiratory infection, measles vaccination, Vitamin A, and deworming. SAM Children will attend the OTP each week to have correct weights to calculate the amounts of RUTF to be distributed, to return empty sachets from the previous week, and to track their progress and address problems early on. Failure to respond to treatment needs more investigation or admission to the Stabilization center. SOS will aim to meet Sphere Standard targets for SAM recovery rate of at least 75% or more, default rate less than 15% and death rate less than 10%. OTP cases cured will also be linked to TSFP sites supported by other NGOs for further treatment. SOS has implemented a strong monitoring and evaluation system that ensures systematic monitoring and follow-up on the status of the treatment of children admitted in the nutrition services.

Activity 1.1.3

Standard Activity : Infant and young child feeding individual counselling

IYCF individual counseling sessions for 1000 pregnant and lactating mothers will be held in the designated IYCF rooms/areas. The daily sessions will encourage active participation by mothers and other caregivers in the promotion of optimal IYCF practices for breastfed and supplemented infants and young children. These sessions will be provided by IYCF counselors to mothers/caregivers shown to have breastfeeding or complementary feeding problems with their children. This will be conducted at the nutrition center or during home visits in order to provide privacy for the individual, who will be seen by a female IYCF counselor. Age-appropriate social and behavioural change messages, optimal IYCF practices, clinic attendance, hygiene promotion, sanitation, minor ailments, birth spacing, and food preparation will be aimed at caregivers to improve health seeking behaviors, access, and household income decisions. SOS CV will also organize awareness creation during the forthcoming world breastfeeding days and sensitize the mothers and the community on the importance of breastfeeding day.

Activity 1.1.4

Standard Activity : Capacity building on IMAM and IYCF

Through the provision of IMAM, IYCF, and maternal nutrition training, the capacity of nutrition staff and community health workers to provide preventive and curative care would be enhanced. The project will train 70 people (22 men and 48 women) for 3 days to undertake community screening and referral, OTP treatment regimens, community mobilization, IYCF counselling skills, documentation and reporting. The training will include sessions on mainstreaming Gender, GBV, AAP and Child Protection mechanism

Activity 1.1.5

Standard Activity : Treatment of Moderate Acute Malnutrition in Pregnant lactating women

The project will support existing and/or establishing 5 OTP sites in Dacaar, Masusow, Aray and Awyaye and Burhakaba town in Burhakaba district. The proposed OTP centres will be 3 mobile and 2 fixed centres with aim to provide integrated nutrition and health services. SOS will deploy trained nutrition and health staff in those sites under the guidance and support from the Area Health and Nutrition Project Coordinator with regular technical backstopping from National H&N Technical Manager and Emergency Response Advisor based in the country office in Mogadishu. SOS will identify, screen and refer 3000 children (6-59 months) and 500 PLWs to other NGOs supported nutrition sites providing moderate acute malnutrition (MAM) treatment. Using trained community nutrition workers and frontline staff, SOS will support beneficiaries in follow up of their treatment and provide IYCF messaging by a qualified IYCF councillors. Following the Somalia Integrated Management of Acute Malnutrition (IMAM) entry criteria, MAM cases will be identified, screened and referred through community- and facility-based screening, as well as discharges from OTP sites who will be directly linked to OTP sites for rebuilding their nutritional status and averting against relapse. Children aged 6-59 months with a weight-for-height score of ≥ -3 Z score and < -2 ZS or MUAC ≥ 11.5 and < 12.5 cm; and pregnant women (from 2nd trimester) and breastfeeding women with infants < 6 months with MUAC of < 21 cm are eligible for entry to the TSFP program. SOS will closely coordinate with other NGOs providing TSFP to ensure that beneficiaries once admitted, 14 sachets (3 kg) of ready-to-eat supplementary feeding (RUSF) will be provided every two weeks for a maximum of six-eight weeks. At the sites, there will be a regular distribution schedule and close monitoring of weight progress, as well as home-to-home follow-up. The project will support existing and/or establishing 5 OTP sites in Dacaar, Masusow, Aray and Awyaye and Burhakaba town in Burhakaba district.

Activity 1.1.6

Standard Activity : # monitoring conducted

The deteriorating situation of the drought forced people to move to the nearby towns in search of assistance and health and nutrition services. There are new influx of drought displaced people entering into Burhakaba every day, per reports from the local authorities. However, there is need to record the number of people arriving in the town for proper monitoring and for the purposes of advocacy. To monitor the new arrivals of IDPs in Burhakaba, SOS CV will carry out monthly regular screening and monitoring of the new arrivals and establish proper linkages to existing services in the target locations by closely working with the local authorities and community elders/leaders including IDP camp managers. SOS CV will share weekly and monthly updates on the new arrivals with local authorities, NGOs, state government line ministries, national drought committee, and with the cluster focal persons for the purposes of advocacy, gaps of services and ensuring that humanitarian response is reaching to the new arrivals and to the most vulnerable drought affected communities. SOS CV will train the project Community Health and Nutrition Workers on the displacement monitoring data collection tools to be used to conduct daily monitoring and screening of new arrivals of IDPs as part of the nutrition and health screening activities. SOS CV will engage a displacement monitoring professional consultant to develop a simple tool and questions to be included in the nutrition screening forms and will train the monitors on the tools. The consult will support SOS to create database for recording and reporting the data from the screening and referring exercise which will be updated and reported on weekly basis. The tools and the database will be developed in consultation with ICCM cluster and partners. To ensure sustainability and continuity of this exercise and to collect same information on the new arrivals from other districts, SOS will use the nutrition and health screening forms that is integrated with the displacement monitoring questions in all nutrition and health sites to help this critical information is collected and made accessible on a regular basis beyond the project life.

Activity 1.1.7

Standard Activity : Number of Community Response and Feedback Mechanism established & functional

As part of its safe and gender sensitive programming approach, SOS CV will conduct 5 community sessions on Gender and Accountability to Affected Populations (AAP) in an effort to strengthen community participation and establishing appropriate and localized channels for communities and beneficiaries to share their feedback and complaints related to the provision of the project services in all health and nutrition sites. In consultations with the target communities and beneficiaries, SOS CV will establish a number of accessible and safe community-based feedback and response mechanisms (CBFRM) to receive and respond to the concerns, complaints and feedback from communities and beneficiaries. For example, the accountability channels could include toll-free calls, use of community committees, installation of suggestion and complaint boxes at community centres, and OTP sites and the use of the organization's whistleblowing mechanism. Furthermore, the project will emphasis on mainstreaming Gender equality throughout all phases of the project and will take into consideration the gender dynamics, issues of power relations, representation/participation that are clearly monitored for instance by sex/gender disaggregated data, establish gender appropriate facilities and services that considers the specific needs of women and girls. SOS is an advocate for gender-sensitive service delivery in Health and Nutrition facilities and will ensure that planning, implementing and monitoring of the project activities will be fully adhere to its gender-sensitive policy and continue to conduct gender activities targeting especially women to empower them, advocate for their rights and gender equality within the areas of the project. The project will ensure availability of GBV services including trained nurses at health and nutrition centres and support referral of GBV survivals to existing services providers within the target districts. Furthermore, SOS promotes the prevention and protection of women and girls from potential risks of SGBV in all health and nutrition facilities. SOS includes specific sessions on Gender, GBV and AAP in all trainings for project staff and community workers.

Additional Targets : The project will promote the incorporation of hygiene and sanitation promotion messaging into the nutrition and IYCF sensitization through conveying ENHA messages alongside IYCF messages through facility and community based sessions. The proper feeding of sick children, safe food storage, the breakdown of sources of water - borne diseases, and the prevention of diarrhea are all aspects of the messages.

M & R

Monitoring & Reporting plan

The overall monitoring and evaluation process will be aligned with the Result Based Management (RBM) framework of SOS CV. Monitoring will be based on the developed work plans (M&E plan) that are derived from the project impact, outcomes and outputs and indicators. The project M&E efforts will build on previous and ongoing programs implemented by SOS CV Somalia to meet the information needs of the project.

Data quality will be ensured from the ground up through built-in checks and quality-assurance mechanisms. The M&E system will document and disseminate interim and final project outcomes and lessons learned; focus will be on progress towards targets during implementation and particularly to outcomes and outputs throughout the two-year lifespan of the project, facilitating critical adjustments to activities and other programmatic decision-making. The feedback loops built into the system will encourage data use at all levels and continuous project improvement.

MEAL plans will be established at the onset of the project to offer indicators, indicator definitions, formulae for calculating indicators, reporting frequency, collection instruments, data sources, and measurement techniques, as well as to allocate tasks. To inform program performance, an indicator tracking table (ITT) will be designed and utilized to track the progress of established output and outcome indicators against established targets. Monthly and quarterly output data will be gathered, analyzed, and compared to objectives. The information will be categorized by age and gender. The HMIS and MEAL teams will update the ITT, report hub, DHIS2, and EWARN platforms on a monthly basis. SOS CV Somalia will perform collaborative support supervision inspections at health and nutrition facilities on a quarterly basis.

On a daily basis, health and nutrition project officers will oversee operations at the community and health facility levels. A standard MOH quality checklist and other pertinent sectoral quality benchmarks will be employed to qualify and critique the execution strategy, as well as to document the essential modifications required to rectify discrepancies.

Overall design and management of the project's M&E will be the responsibility of the Project Coordinator in the program location with technical support from the National M&E advisor. SOS CV Somalia has a dedicated M&E officer to supervise related activities in the program location and to liaise and coordinate with the project coordinator. Project officers will be responsible for coordinating the collection of data and provision of feedback about the services the project is delivering to its primary and secondary beneficiaries.

There will be monthly/quarterly narrative

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: SOS will continue to ensure and expand access to comprehensive primary health care packages and integrate them with nutrition services through the support of two static health facility and three mobile clinics that extend patient care to populations that cannot currently easily access the static facilities. SOS will provide 17,606 (1000 men, 1300 women, 7400 boys, 7906 girls) outpatient consultations that include clinical diagnosis, basic laboratory confirmation, and communicable disease treatment as appropriate. Antenatal care services comprising the prevention and treatment of minor pregnancy-related ailments, delivery preparation, maintaining follow-up visits, administering tetanus toxoid vaccine, and testing for anemia, Syphilis, and HIV. PLWs will receive a standard dose of iron and folic acid or multiple micronutrients to prevent and treat iron deficiency anemia. SOS will also provide skilled birth deliveries, postnatal care, child immunizations, and clinical management of rape. For regular service delivery, the mobile team will visit the villages of Dacaar, Masusow, Aray, and Awyaye in Burhakaba district once per week following a regular schedule. The mobile clinic will be attached to fixed facilities and will receive clinical oversight from the facility's medical doctor as well as support with medical supply management and pharmaceutical administration. The mobile clinics will conduct disease surveillance, which will be combined into the weekly WHO reports from the fixed facilities and uploaded to the DHIS2 database.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.2: With the support of the project, 1700 women will receive a consistent and impartial access to quality medical care, ensuring patients' privacy and the confidentiality of their medical information, informing patients, and obtaining their consent before any medical intervention, and providing a safe clinical environment. SOS will be supported by UNICEF/ MOH SWS for medical additional medical supplies and medicines. Essential medical supplies and pharmaceuticals continue to be an integral part of the delivery of maternal health care services for women including the newly arrived IDPs. SOS CV will procure medical supplies and equipment for the five centres and will be transported to the project sites to ensure vulnerable women receive quality health care. This project will support qualified frontline health workers in Burkahaba district to provide critical medical care and a comprehensive IMAM package to populations impacted by drought in the five targeted sites. SOS will maintain a central warehouse to ensure that nutrition supplies and drugs are readily available at all project sites. On request, the distribution of commodities and drugs will be done quarterly. This will ensure effective storage, prevent stock-outs, reduce drug waste, and improve rational drug usage.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.3: Routine immunization services will be offered to 1200 children (588 boys & 612 girls) under 1 year age on based on the recommended age schedule of MOH Somalia and the EPHS. Children will also receive growth monitoring to determine their delays and regression by the qualified vaccinators and nurses at the static and mobile sites. Vaccine preventable treatment including measles will be administered to 600 under 1 year children to reduce impact of deaths of vaccine preventable infection. The children will also receive vitamin A supplementation to boost their immunity.	2022								X	X	X		
	2023												
Health: Activity 1.1.4: SOS will strengthen the ability of health care personnel and community health workers through on-the-job and trainings on treatment methods and current recommendations. 54 (24 male and 30 female) staff and community workers.(health, nutrition and hygiene) will be trained for 4 days on the Somali treatment guidelines (STG), iCCM, and BEmONC in order to diagnose, treat, monitor, and report common medical conditions in accordance with standard protocols and guidelines. as well as manage obstetric emergencies at multiple levels of care. This is intended to enhance the quality of service delivery and strengthening community connections to the health care system.	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to deliver hygiene promotion messages alongside key health and nutrition topics during health education sessions . Patients attending the facility/mobile clinic or mobilized from the community by CHWs attend these sessions. In conjunction to these educational workshops, community health workers visit households. IEC materials are disseminated and posted in public areas and health care facilities. In addition to distributing critical information regarding health, nutrition, and feedback mechanisms, health facilities will display basic, clear messaging in Somali regarding the GBV services available and referral paths. Messages on GBV will also be incorporated into the daily health education programs. At the end of the project, key health education and awareness messages will have reached a total of 11,550 people 950 men, 3500 women, 3600 boys, and 3500 girls).	2022								X	X	X	X	X
	2023	X											

<p>Nutrition: Activity 1.1.1: SOS will prioritize preventative and therapeutic approaches to address malnutrition crises in the target communities of this project by providing facility and IER (mobile) based health and nutrition services to vulnerable women and children in Burhakaba district. SOS will carry out massive and routine screening for children including monthly Mass MUAC screening sessions targeting new arrivals of IDPs and all malnourished children will be referred to OTP nutrition centres for proper admission in their respective treatment programs. In collaboration with MOH District Medical Officer and community leaders, SOS will recruit and train 60 Community Workers (Health, Nutrition and hygiene (CHNHWs) and will be deployed to the communities in order to carry out community sensitization, nutrition education, hygiene promotion, mobilization, and community-based screening of malnourished children using MUAC tape and oedema inspecting as part of activities for early detection of cases before they deteriorate into severe cases with complications. To effectively serve the community, the CHNWs will collaborate with an existing network of community workers and other service providers. In close collaboration with the project's nutrition and health staff, the CHNWs will continuously screen and refer 10,000 malnourished children (5000 boys and 5000 girls) in order to optimize the prevention of acute malnutrition and provide early treatment of SAM children with complications. The project will make additional efforts to identify and support disabled children, who account for 15% of the overall number of children targeted. Due to the early identification of malnutrition and active screening, the project will increase coverage of nutrition services to malnourished children and a decrease in the number of children requiring hospitalization. This was mostly because the child did not develop complications as a result of malnutrition. Community outreach will therefore play a significant role in extending program coverage and enhancing access to nutrition services for crisis-affected populations within the targeted district. To ensure malnourished children in the target communities receive supplementary feeding support which is not provided by the project, SOS CV will carry out screening and referral of MAM cases to existing TSFP supported by other NGOs.</p>	2022								X	X	X	X	X
	2023	X											
<p>Nutrition: Activity 1.1.2: All children aged 6 to 59 months with SAM and no medical complications and a MUAC of ≥ 115 mm or WH $\geq -3Z$ or bilateral oedema will be admitted for nutritional feeding at the OTP sites following screening and identification. The project will establish and operationalize 5 integrated outpatient therapeutic centres, two static and three mobile sites in Dacaar, Masusow, Aray and Awyaye villages and Burhakaba town that will provide SAM treatment to 2000 (1000 boys and 1000 girls) drought affected children in Burhakaba district. Patients with SAM and no complications can receive treatment immediately at OTP centers. Project supported OTP sites will provide integrated treatment services through the provision of Ready to use therapeutic feedings (RUTF) from UNICEF and will adhere to standard protocols for routine medical care, such as the treatment of malaria and mild-to-moderate acute respiratory infection, measles vaccination, Vitamin A, and de-worming. SAM Children will attend the OTP each week to have correct weights to calculate the amounts of RUTF to be distributed, to return empty sachets from the previous week, and to track their progress and address problems early on. Failure to respond to treatment needs more investigation or admission to the Stabilization center. SOS will aim to meet Sphere Standard targets for SAM recovery rate of at least 75% or more, default rate less than 15% and death rate less than 10%. OTP cases cured will also be linked to TSFP sites supported by other NGOs for further treatment. SOS has implemented a strong monitoring and evaluation system that ensures systematic monitoring and follow-up on the status of the treatment of children admitted in the nutrition services.</p>	2022								X	X	X	X	X
	2023	X											
<p>Nutrition: Activity 1.1.3: IYCF individual counseling sessions for 1000 pregnant and lactating mothers will be held in the designated IYCF rooms/areas. The daily sessions will encourage active participation by mothers and other caregivers in the promotion of optimal IYCF practices for breastfed and supplemented infants and young children. These sessions will be provided by IYCF counselors to mothers/caregivers shown to have breastfeeding or complementary feeding problems with their children. This will be conducted at the nutrition center or during home visits in order to provide privacy for the individual, who will be seen by a female IYCF counselor. Age-appropriate social and behavioural change messages, optimal IYCF practices, clinic attendance, hygiene promotion, sanitation, minor ailments, birth spacing, and food preparation will be aimed at caregivers to improve health seeking behaviors, access, and household income decisions. SOS CV will also organize awareness creation during the forthcoming world breastfeeding days and sensitize the mothers and the community on the importance of breastfeeding day.</p>	2022								X	X	X	X	X
	2023	X											
<p>Nutrition: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal nutrition training, the capacity of nutrition staff and community health workers to provide preventive and curative care would be enhanced. The project will train 70 people (22 men and 48 women) for 3 days to undertake community screening and referral, OTP treatment regimens, community mobilization, IYCF counselling skills, documentation and reporting. The training will include sessions on mainstreaming Gender, GBV, AAP and Child Protection mechanism</p>	2022								X	X	X	X	X
	2023	X											

Nutrition: Activity 1.1.5: The project will support existing and/or establishing 5 OTP sites in Dacaar, Masusow, Aray and Awyaye and Burhakaba town in Burhakaba district. The proposed OTP centres will be 3 mobile and 2 fixed centres with aim to provide integrated nutrition and health services. SOS will deploy trained nutrition and health staff in those sites under the guidance and support from the Area Health and Nutrition Project Coordinator with regular technical backstopping from National H&N Technical Manager and Emergency Response Advisor based in the country office in Mogadishu. SOS will identify, screen and refer 3000 children (6-59 months) and 500 PLWs to other NGOs supported nutrition sites providing moderate acute malnutrition (MAM) treatment. Using trained community nutrition workers and frontline staff, SOS will support beneficiaries in follow up of their treatment and provide IYCF messaging by a qualified IYCF councillors. Following the Somalia Integrated Management of Acute Malnutrition (IMAM) entry criteria, MAM cases will be identified, screened and referred through community- and facility-based screening, as well as discharges from OTP sites who will be directly linked to OTP sites for rebuilding their nutritional status and averting against relapse. Children aged 6-59 months with a weight-for-height score of ≥ -3 Z score and < -2 ZS or MUAC ≥ 11.5 and < 12.5 cm; and pregnant women (from 2nd trimester) and breastfeeding women with infants < 6 months with MUAC of < 21 cm are eligible for entry to the TSFP program. SOS will closely coordinate with other NGOs providing TSFP to ensure that beneficiaries once admitted, 14 sachets (3 kg) of ready-to-eat supplementary feeding (RUSF) will be provided every two weeks for a maximum of six-eight weeks. At the sites, there will be a regular distribution schedule and close monitoring of weight progress, as well as home-to-home follow-up. The project will support existing and/or establishing 5 OTP sites in Dacaar, Masusow, Aray and Awyaye and Burhakaba town in Burhakaba district.	2022								X	X	X	X	X
	2023	X											

OTHER INFO

Accountability to Affected Populations

Once a year, a satisfaction survey will be administered to all health and nutrition facilities in order to determine whether or not the level of satisfaction with the quality of services provided by the nutrition facilities matches their expectations and the sector's basic criteria. An annual protection evaluation will be conducted to monitor access, safety, exclusion, and dignity, as well as compliance with DO NO HARM humanitarian standards (humanity, impartiality, neutrality, independence, voluntary service, unity and universality). Throughout the implementation, monthly data review meetings will be held at the various health and nutrition facilities. Through data review sessions, the project will identify areas for quality improvement (QI), identify opportunities to advance the learning agenda, and establish a foundation for continual outcome monitoring.

SOS CV Somalia has established a number of accessible and safe community-based feedback and response mechanisms (CBFRM) for participants to record their concerns and feedback. The channels include of toll-free numbers, sectoral committees, suggestion and complaint boxes at community centers, and field offices. Additionally, the MEAL team will conduct focus group discussions (FGDs), exit interviews/satisfaction surveys, community consultation, review meetings, and face-to-face sessions in which beneficiaries can log complaints and feedback directly to community, facility, program, and program support staff.

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

Promotion of human rights for women and children. The project team is continuously sensitizing the community beneficiaries on their own roles in regards to human rights, children's rights, women empowerment, gender equality among others through dialogue meetings at different levels. Project will continue to engaging men in fighting gender-based violence and further foster the role model ideas, something that has a proven potential to reduce on cases of crime within the refugee settlement and the host communities.

Inclusion of disadvantaged groups such as children, elderly persons, persons with disabilities

The main focus is on vulnerable female-headed households with children (especially who are disadvantaged) in refugee settlements and host communities through empowering beneficiaries on their roles as head of household, child rights and pathways to get social services. The project will monitor use of services by persons with disabilities and include them in FGDs and CNWs.

Gender equality

Gender equality is a major emphasis of the project., throughout all phases, has taken into consideration the gender dynamics, issues of power relations, representation/participation that are a clearly monitored for instance by sex/gender disaggregated data. The team will continue to conduct gender activities targeting especially women to empower them, advocate for their rights and gender equality within the areas of operation.

SOS CVS is accountable to children and its beneficiaries, therefore it ensures that its programmes are safe for children, women and its beneficiaries. During the course of the action, the SOS CVS Child protection policy will be applied by all SOS CVS staff. Beneficiaries will also be made aware of the protection policy and use of the complaints/ accountability mechanism and will be encouraged for reporting any form of harm and Prevention of sexual exploitation and abuse PSA that could arise from implementing this project. However, efforts will be made to minimize the risks beneficiaries could likely face during project implementation, through adequate training of SOS CVS staff and other beneficiaries such as community committees on the implementation of the child protection and GBV mechanism and how to implement project activities safely. The safety and dignity of the beneficiaries will be prioritized by ensuring confidentiality, prioritizing the best interests of the child and respecting the wishes of parents/caregivers, where they do not endanger the child further. All measures to respect and adhere to the Do No Harm approach will be taken into account during the process of beneficiary selection, service provision and data collection and management information, education and communication on general protection principles and mechanism on how to seek assistance if they are victims of rights violations, whilst working with community leaders will promote ownership at the community level in combatting rights violations against children and women.

Country Specific Information

Safety and Security

Access

The project will create access to beneficiaries through multiple layers e.g., Conducting community mobilization and sensitization where community members-beneficiaries and non-beneficiaries will be actively involved in the project. Clear beneficiaries' selection criteria will explicitly be set, explained, discussed and endorsed to the community members so that all vulnerable population groups will be taken care of to participate in the project interventions. A proper site selection assessment will be conducted to map the access challenges for the varied target groups. The site will be established in a public community land that is easily accessible to all target beneficiaries. A periodic safe programming will be conducted to map safety risks that might hinder access to services. Regular program data & reports would be occasionally analyzed to showcase service uptake as per the trends indicated beneficiaries' profiles served. The program studies would ensure all vulnerable groups participate in the evaluation of quality of services. The project leadership would ensure ramps are available for disabled persons access to services at the facility. On need basis the project will figure out to scale up outreach services in case the stakeholder feedbacks outline services access is hindered by distance to the static facility and vulnerability of the subject population earmarked for outreach services.

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	Nutrition nurses	D	5	400.00	6	100.00	12,000.00
	<i>5 Nutrition nurses, will perform day to day work of treatment of children with SAM /MAM in 5 sites and provide the treatment/refer cases that need referral to the permanent health/Nutrition facilities in the district. The unit cost is \$400 per month and SHF will contribute 100% over the life of the Project.</i>						
1.2	Screeener	D	4	300.00	6	100.00	7,200.00
	<i>Four screeners will be directly responsible for screening children and pregnant and lactating mothers including new arrivals of IDPs in Burhakaba by taking their anthropometric measures, and identify malnourished children and pregnant and lactating mothers who are eligible for admission. Screeners will take MUAC and weight, height measurements following correct procedure as per the CMAM guideline. The unit cost is \$ 300 and SHF will contribute 100% over the life of the project.</i>						
1.3	Distributor	D	5	250.00	6	100.00	7,500.00
	<i>Under the supervision and guidance of the qualified Nurse, the five (5) Distributors will be primarily responsible for the distribution, recording and reporting of all Nutrition supplies and medicine for a systematic treatment at the 5 project sites in Burhakaba. They will educate beneficiaries on the correct use of health and nutrition supplies. They will also be responsible for safe guarding of all supplies in the site including mobile/IERT sites. The unit cost is \$250 each and SHF will contribute 100% over the life of the Project.</i>						
1.4	Registrar	D	5	300.00	6	100.00	9,000.00

	<i>5 registrars will be recruited for proper data administration and reporting in all the 5 project sites; 1 registrar per site. The registrars will undertake registration of children and PLWs including screened children under five for malnutrition and admitting them or discharging them through the appropriate program using the integrated management of acute malnutrition (IMAM) guidelines at a monthly all-inclusive salary of @\$300, SHF will pay 100% of the total cost.</i>							
1.5	IYCF Counselor	D	2	400.00	6	100.00	4,800.00	
	<i>2 IYCF counsellor will be recruited who will be primarily responsible for the IYCF promotion and counselling activities. They will provide counselling for mothers with difficulties in adapting optimal IYCF practices; do follow up with mothers, responsible for conducting IYCF promotion sessions in the treatment centers and in the community. They will also be responsible to support the recruitment of mother supporting groups, provide training and continues support. The unit cost is \$400 monthly and SHF will contribute 100% over the life of the project.</i>							
1.6	Medical Doctor	D	1	1,000.00	6	100.00	6,000.00	
	<i>The Doctor will be responsible in the implementation of the health component of the project and will routine be involve in all key activities of the project, he will do consolation for patience and facilitating capacity building and any support that is need by the health and nutrition staff. The unit cost is \$ 1000 monthly and SHF will contribute 100% over the life of the Project .</i>							
1.7	General Nurse	D	5	400.00	6	100.00	12,000.00	
	<i>5 Qualified Nurses - (100% of their time) will perform day to day work in the provision of primary health services to children and mothers including new arrivals of IDPs in the 5 project sites (2 permanent facilities and 3 mobile sites). The qualified nurses are critical health workers for the provision of medical treatment including ANC/PNC and support the OP consultation services to mothers and children under 5 years old. The Nurses will be deployed across the target 5 sites to ensure availability of continuous health services to drought affected vulnerable children and women. The unit cost is \$400 each per month and SHF will cover 100% for this project.</i>							
1.8	Midwife	D	6	500.00	6	100.00	18,000.00	
	<i>6 midwives will provide preventive, promote and curative care to pregnant women and lactating women (antenatal and postnatal care and assistance during deliveries), recognize pregnancy related risks and refer cases in needs of CEmOC services. The unit cost is \$500/months each for a period of 6 months. SHF will contribute 100% over the life of the project.</i>							
1.9	Auxiliary Nurse	D	5	200.00	6	100.00	6,000.00	
	<i>5 Auxiliary Nurses will assist the Qualified Nurses in giving medicines, record keeping, and performing procedures as assigned. They will work in the 5 project sites; 1 per site. The Unit Cost \$200/Months each for a period of 6months. SHF will contribute 100% over the life of the project.</i>							
1.10	Vaccinator	D	3	200.00	6	100.00	3,600.00	
	<i>The 3 Vaccinators will be responsible for routine immunization activities. The unit cost is \$ 200 per month for 6 months. SHF will contribute 100% of their salary over the life of the project.</i>							
1.11	Pharmacist	D	2	300.00	6	100.00	3,600.00	
	<i>The two (2) Pharmacists will be dedicated to perform their day to day work for this project. The Pharmacists will ensure proper management, recordkeeping, storage, and dispensing of medical drugs to patients following prescriptions from the doctor and reporting the utilization of medical supplies and pharmaceuticals on regular basis. The unit cost is \$ 300 per month for 6 months. SHF will contribute 100% to their salary over the life of this project.</i>							
1.12	Project MEAL assistant	D	1	800.00	6	100.00	4,800.00	
	<i>The Project Monitoring, Evaluation, Accountability and Learning (MEAL) Assistant will fully dedicate his/her time to support the day to day implementation of the project activities including conducting routine monitoring visits to the project sites and will ensure the implementation of the MEAL plan of the project. He/she will be responsible for setting up the accountability mechanisms for this project and will track and report the project performance on monthly basis. The unit cost is \$800 and SHF will contribute 100% over the life of the project.</i>							
1.13	Project Logistic Assistant	D	1	800.00	6	100.00	4,800.00	
	<i>Project Logistic assistant will be fully dedicated to the project responsible for day to day logistical support for this project, maintaining the inventory of supplies purchased under this project as well as organizing transport for project staff. The unit cost is \$800 and SHF will contribute 100% over the life of the project.</i>							
1.14	Project Finance Officer	D	1	1,400.00	6	50.00	4,200.00	
	<i>The Project Finance officer will be dedicated to the project 50%.He will be responsible for processing payments related to this project, budget monitoring and preparing financial report. The unit cost is \$1,400 and SHF will contribute 50% over the life of the Project.</i>							
1.15	HR officer	D	1	1,365.00	6	25.00	2,047.50	
	<i>The Human Resource Officer based in Baidoa will be responsible for recruiting staff the staff, capacity building for staff to ensure they are able to perform there duties effectively and efficiently and performing other HR functions. . The unit cost is \$1,365 and SHF will contribute 25% over the life of the project.</i>							
1.16	M&E Officer	D	1	1,130.00	6	20.00	1,356.00	

	<i>The Monitoring and Evaluation officer based in Baidoa will be responsible for the day to day implementation of the Monitoring and Evaluation plan. He will be responsible for setting up the accountability mechanisms and conducting routine monitoring. The unit cost is \$1,130 and SHF will contribute 20% over the life of the project.</i>							
1.17	Health and Nutrition Coordinator	D	1	2,488.00	6	22.00		3,284.16
	<i>Health Nutrition coordinator has the overall responsibility of ensuring quality reporting of the project I and provides support to the health/Nutrition staff by building capacities, supplies, reporting and coordination, thus he will be expect to extend support to SHF project team and dedicate part of his time to the quality programming. The unit cost is \$2,488 and SHF will contribute 22% over the life of the project.</i>							
1.18	Logistic Manager	D	1	3,600.00	6	15.00		3,240.00
	<i>The logistics Manager will be responsible for overseeing procurement and logistical support to the project. She will ensure Donor compliance is adhered for the procurements for the project. The unit cost is \$3600 .She will dedicate 15% of her time to the project</i>							
1.19	Security Officer	D	1	1,400.00	6	20.00		1,680.00
	<i>Security officer will support the project team in assessing security situation, provide security update, regularly monitor staff safety and ensure project implementation is done in a secure manner. The unit cost is \$1400 .he will dedicate 20% of his time to the project</i>							
1.20	Facility in charge	D	1	1,000.00	6	100.00		6,000.00
	<i>The Facility in charge will be directly responsible for the facility teams and will be supervising them on a day to day basis ensuring the team adheres to protocol and produces the daily/weekly OTP/TSPF/health site reports. The unit cost is \$1000.00 for 6 months and SHF will contribute 100%.</i>							
1.21	Store keeper	D	2	300.00	6	100.00		3,600.00
	<i>2 storekeeper will be tasked to manage the facility store and will be responsible managing medical/nutrition supplies of the project .The unit cost is \$300.00 for 6 months and SHF will contribute 100%.</i>							
1.22	Community worker (Health/Nutrition/Hygiene)	D	60	100.00	6	100.00		36,000.00
	<i>60 CNWs will responsible for active case finding, referral and follow-up and tracing defaulters, attached to TSPF team. 60 Community Nutrition/Health/Hygiene- Volunteers will be recruited . They will receive \$ 100 per month for 6 months and SHF will contribute 100% over the life of the project.</i>							
1.23	Lab technician	D	1	500.00	6	100.00		3,000.00
	<i>Laboratory Technician– (100% of their time) will be responsible for collecting, receiving, labeling, and/or analyzing samples of the patient, and testing in line with standard testing procedures, recording observations, and interpreting findings. The unit cost is \$500</i>							
1.24	Security guard	D	3	150.00	6	100.00		2,700.00
	<i>3 Facility watchkeepers will be responsible for the daily security situation of the SOS facility and will be vigilant on the community dynamics to ensure that the security situation is up to date and inform the project manager. They should be familiar with the dynamics of the area in relation to the security matters. Security will work on shift basis day and night. unit cost each is \$150 per month.SHF will pay 100% of their salary.</i>							
1.25	Cleaners	D	3	150.00	6	100.00		2,700.00
	<i>Three cleaners facilities _ (100% of their time) will provide cleaning services and ensure the working environment is clean. The unit cost is \$ 150 per month each and SHF will contribute 100% over the life of the project.</i>							
1.26	Nutrition Supervisor	D	1	800.00	6	100.00		4,800.00
	<i>One Nutrition Supervisor will be directly responsible for the mobile teams and will be supervising them on a day to day basis ensuring the team adheres to protocol and produces the daily/weekly OTP/TSPF/health site reports. The unit cost is \$800.00 for 6 months and SHF will contribute 100%.</i>							
1.27	Project officer	D	1	1,400.00	6	100.00		8,400.00
	<i>Health/Nutrition Project Officer will be responsible for the day to day project implementation, follow up of the Nurses and midwives in health facilities, provide technical support , capacity building of staff and reporting of project activities. The unit cost is \$ 1,400 us and SHF will contribute 100%.</i>							
1.28	GBV Nurse	D	2	400.00	6	100.00		4,800.00
	<i>2 GBV nurses, will perform day to day work of treatment of children identified with GBV related cases at the sites and provide the treatment/refer cases that need referral to health/Nutrition facilities. The unit cost is \$400 per month and SHF will contribute 100% over the life of the Project.</i>							
	Section Total							187,107.66
2. Supplies, Commodities, Materials								
2.1	Provide nutrition cards, registers and medical prescriptions	D	1	3,433.33	1	100.00		3,433.33

	<i>Nutrition cards, registers and medical prescription forms will be printed . The total cost will be \$ 4,500. The BOQ is attached.</i>						
2.2	Procure hygiene materials to beneficiaries (SOAP)	D	1	2,400.00	1	100.00	2,400.00
	<i>SOS will procure the soap to promote hygiene and sanitation, See attached BOQ . The total cost will \$2,400. see BOQ attached.</i>						
2.3	Procure PPEs for frontline staff	D	1	3,560.00	1	100.00	3,560.00
	<i>PPEs will be procured for key frontline staff. Total cost will be \$3,560. see BOQ attached.</i>						
2.4	Print out IEC materials for Staff & CHWs, RCCE and IYCF promotion sessions(Visibility & IEC materials), wall protocols	D	1	2,700.00	1	100.00	2,700.00
	<i>Print out IEC materials for Staff & CHWs, RCCE and IYCF promotion sessions(Visibility & IEC materials), wall protocols. Total cost will be be \$2700 See attached BOQ</i>						
2.5	Provision of essential Pharmaceuticals and medical supplies	D	1	70,851.50	1	100.00	70,851.50
	<i>Procurement of Provision of essential Pharmaceuticals and medical supplies including transportation of from supplier warehouse in Mogadishu to Baidoa Total cost will be \$70851.50.see attached BOQ</i>						
2.6	Procure furniture and equipment for the static and mobile team	D	1	4,020.00	1	100.00	4,020.00
	<i>Procure furniture and equipment for the static and mobile team. Total cost will be \$4,020.see attached BOQ</i>						
2.7	Clean drinking water for OTP/TSFP beneficiaries and mobile	D	1	1,800.00	1	100.00	1,800.00
	<i>Monthly clean drinking water cost(estimated @ 150 per site. Total: \$150*2*6</i>						
2.8	Two temporary tents for the mobile teams	D	2	2,000.00	1	100.00	4,000.00
	<i>Two temporary tents for the mobile teams will be procured and established. The project will cover the cost of setting up temporary tents for the two mobile teams during the outreach activities.. Total cost will be \$4,000.see attached BOQ</i>						
2.9	Training for Health/Nutrition frontline staff	D	1	6,995.00	1	100.00	6,995.00
	<i>See BOQ attached.</i>						
2.10	Integrated community case management (iCCM) training for CHWs	D	1	1,200.00	1	100.00	1,200.00
	<i>See BOQ attached.</i>						
2.11	BEmONC training	D	1	1,200.00	1	100.00	1,200.00
	<i>See BOQ attached.</i>						
2.12	Monthly Mass MUAC screening sessions/referral for new arrivals IDPs	D	1	6,340.00	1	100.00	6,340.00
	<i>SOS CV will engage a displacement monitoring professional consultant to develop a simple tool and questions to be included in the nutrition screening forms and will train the monitors on the tools. The consult will support SOS to create database for recording and reporting the data from the screening and referring exercise which will be updated and reported on weekly basis. The tools and the database will be developed in consultation with ICCM cluster and partners. To ensure sustainability and continuity of this exercise and to collect same information on the new arrivals from other districts, SOS will use the nutrition and health screening forms that is integrated with the displacement monitoring questions in all nutrition and health sites to help this critical information is collected and made accessible on a regular basis beyond the project life. -See attached BOQ</i>						
2.13	Accountability Sessions to affected population	D	1	6,425.00	1	100.00	6,425.00
	<i>5 Community Sessions on AEB will be conducted for the community representative including youth, leaders,women and IDPs to identify and agree on the appropriate mechanisms and channels for complaints and feedback mechanisms</i>						
	Section Total						114,924.83
3. Equipment							
3.1	Medical Equipment's- Health Facility	D	1	30,641.77	1	100.00	30,641.77
	<i>see attached BOQ</i>						
	Section Total						30,641.77
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00

	NA							
	Section Total							0.00
5. Travel								
5.1	Vehicle Hire - 2 @\$1800 for 6months for IERT teams	D	2	1,800 .00	6	100.00		21,600.00
	<i>The costs constitute monthly costs for hiring 2 vehicle in Burhakaba to be used by the 2 IERT team during the project implementation. Rates based on prevailing market rates. The unit cost per month is \$1800 each and SHF will contribute 100% for 6 months over the life of the Project.</i>							
5.2	Ambulance Hire (Transportation for referral cases)	D	1	1,800 .00	6	100.00		10,800.00
	<i>A transportation/ambulance services will be arranged for children to be transferred communities to the health center/Hospitals. The transportation services will be that referral cases receive comprehensive health services from the mobile sites to referral Main hospital and health centers. The ambulances will have a nurse and equipped emergency bed each in cases of emergency and during referrals. The cost of hiring an ambulance vehicle is \$1800 for 6 months. SHF will contribute 100%.</i>							
5.3	Airlifting cost for essential nutrition supplies	D	1	65,97 5.00	1	100.00		65,975.00
	<i>Airlifting cost for cost for essential Nutrition supplies (from Mog- Baidoa). Total cost will be \$65975. see attached BOQ</i>							
5.4	Road transportation cost for nutrition supplies	D	1	12,00 0.00	1	100.00		12,000.00
	<i>Transportation of Supplies from Baidoa to Burhakaba via road due to safety, Total cost\$12000.see attached BOQ</i>							
5.5	Project monitoring and supervision	D	1	4,000 .00	1	100.00		4,000.00
	<i>Travel for the 2trips for 2 Program,1 MEAL,1 Finance team, 4 trip from Mogadishu-Baidoa/Burhakaba-Mogadishu for Kick off meetings, program review meetings/Monitoring and close out of the project. see attached BOQ</i>							
	Section Total							114,375.00
6. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0		0.00
	NA							
	Section Total							0.00
7. General Operating and Other Direct Costs								
7.1	Contribution to office Rent	S	1	6,000 .00	6	15.00		5,400.00
	<i>This covers contribution to office rent for Baidoa location Office and National office. The total estimated cost is \$6,000 and SHF will contribute 15% over the life of the Project. The offices will support the project activities. The National Office will host program review meetings, kick off meetings, close out meetings and budget variance meetings which will be held in this particular office While Baidoa Office will host Nutrition teams and Area support /location management staff.</i>							
7.2	Contribution to office Utilities (Water/Electricity)	S	1	4,000 .00	6	25.00		6,000.00
	<i>This Covers contribution to office utilities (electricity, water running cost.) for Offices in Baidoa, National office and Burhakaba facility. The total estimated monthly cost is \$4,000 and SHF will contribute 25% over the life of the Project.</i>							
7.3	Contribution to Bank Charges	S	1	200.0 0	6	100.00		1,200.00
	<i>This is intended to facilitate bank charges for the transfer of Project funds from SOS CVI and also facilitate charges related to local transactions of project expenses including staff salaries/supplier payments etc through the life of the project. Total estimated monthly charges is \$200.SHF Contributes 100% through the life of the project</i>							
7.4	Office Stationery/Cleaning materials	S	1	2,154 .56	6	25.00		3,231.84
	<i>This will cover the cost of office supplies for the office in Baidoa and National Office which will be used by the project team when printing TORs for documentation, training attendance sheets, work plans and monthly reports. The unit cost is \$ 2154.56 and SHF will contribute 25%. See BOQ attached</i>							
7.5	Communication (internet and Airtime)	S	1	2,500 .00	6	25.00		3,750.00

	<i>This covers Internet and Telephone cost to support the daily implementation and reporting of project activities in both locations and at National office. Communication cost includes cost for telephone charges for key project staff.it also further facilitates cost incurred in feedback reporting mechanisms.SHF will contribute 25% of the estimated monthly \$2,500costs through the life of the project</i>		
	Section Total		19,581.84
SubTotal		151.00	466,631.10
Direct			447,049.26
Support			19,581.84
PSC Cost			
PSC Cost Percent			7.00
PSC Amount			32,664.18
Total Cost			499,295.28

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay > Buur Hakaba > Araay	20.00000	0	0	0	0		H: Activity 1.1.1: SOS will continue to ensure and expand access to ... H: Activity 1.1.2: With the support of the project, 1700 women will ... H: Activity 1.1.3: Routine immunization services will be offered to ... H: Activity 1.1.4: SOS will strengthen the ability of health care pe... H: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to de... Nut: Activity 1.1.1: SOS will prioritize preventative and therapeutic ... Nut: Activity 1.1.2: All children aged 6 to 59 months with SAM and no ... Nut: Activity 1.1.3: IYCF individual counseling sessions for 1000 preg... Nut: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal... Nut: Activity 1.1.5: The project will support existing and/or establis... Nut: Activity 1.1.6: The deteriorating situation of the drought forced... Nut: Activity 1.1.7: As part of its safe and gender sensitive programm...

Bay > Buur Hakaba > Aw Yaay	10.00000	0	0	0	0	0	<p>H: Activity 1.1.1: SOS will continue to ensure and expand access to ...</p> <p>H: Activity 1.1.2: With the support of the project, 1700 women will ...</p> <p>H: Activity 1.1.3: Routine immunization services will be offered to ...</p> <p>H: Activity 1.1.4: SOS will strengthen the ability of health care pe...</p> <p>H: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to de...</p> <p>Nut: Activity 1.1.1: SOS will prioritize preventative and therapeutic ...</p> <p>Nut: Activity 1.1.2: All children aged 6 to 59 months with SAM and no ...</p> <p>Nut: Activity 1.1.3: IYCF individual counseling sessions for 1000 preg...</p> <p>Nut: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal...</p> <p>Nut: Activity 1.1.5: The project will support existing and/or establis...</p> <p>Nut: Activity 1.1.6: The deteriorating situation of the drought forced...</p> <p>Nut: Activity 1.1.7: As part of its safe and gender sensitive programm...</p>
Bay > Buur Hakaba > Buur Hakaba/H/Wadag (Town	30.00000	0	0	0	0	0	<p>H: Activity 1.1.1: SOS will continue to ensure and expand access to ...</p> <p>H: Activity 1.1.2: With the support of the project, 1700 women will ...</p> <p>H: Activity 1.1.3: Routine immunization services will be offered to ...</p> <p>H: Activity 1.1.4: SOS will strengthen the ability of health care pe...</p> <p>H: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to de...</p> <p>Nut: Activity 1.1.1: SOS will prioritize preventative and therapeutic ...</p> <p>Nut: Activity 1.1.2: All children aged 6 to 59 months with SAM and no ...</p> <p>Nut: Activity 1.1.3: IYCF individual counseling sessions for 1000 preg...</p> <p>Nut: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal...</p> <p>Nut: Activity 1.1.5: The project will support existing and/or establis...</p> <p>Nut: Activity 1.1.6: The deteriorating situation of the drought forced...</p> <p>Nut: Activity 1.1.7: As part of its safe and gender sensitive programm...</p>
Bay > Buur Hakaba > Buur Hakaba/Waaberi	30.00000	0	0	0	0	0	<p>H: Activity 1.1.1: SOS will continue to ensure and expand access to ...</p> <p>H: Activity 1.1.2: With the support of the project, 1700 women will ...</p> <p>H: Activity 1.1.3: Routine immunization services will be offered to ...</p> <p>H: Activity 1.1.4: SOS will strengthen the ability of health care pe...</p> <p>H: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to de...</p> <p>Nut: Activity 1.1.1: SOS will prioritize preventative and therapeutic ...</p> <p>Nut: Activity 1.1.2: All children aged 6 to 59 months with SAM and no ...</p> <p>Nut: Activity 1.1.3: IYCF individual counseling sessions for 1000 preg...</p> <p>Nut: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal...</p> <p>Nut: Activity 1.1.5: The project will support existing and/or establis...</p> <p>Nut: Activity 1.1.6: The deteriorating situation of the drought forced...</p> <p>Nut: Activity 1.1.7: As part of its safe and gender sensitive programm...</p>

Bay > Buur Hakaba > Masusoow	10.00000	0	0	0	0	<p>H: Activity 1.1.1: SOS will continue to ensure and expand access to ...</p> <p>H: Activity 1.1.2: With the support of the project, 1700 women will ...</p> <p>H: Activity 1.1.3: Routine immunization services will be offered to ...</p> <p>H: Activity 1.1.4: SOS will strengthen the ability of health care pe...</p> <p>H: Activity 1.1.5: SOS CV will engage qualified staff and CHWs to de...</p> <p>Nut: Activity 1.1.1: SOS will prioritize preventative and therapeutic ...</p> <p>Nut: Activity 1.1.2: All children aged 6 to 59 months with SAM and no ...</p> <p>Nut: Activity 1.1.3: IYCF individual counseling sessions for 1000 preg...</p> <p>Nut: Activity 1.1.4: Through the provision of IMAM, IYCF, and maternal...</p> <p>Nut: Activity 1.1.5: The project will support existing and/or establis...</p> <p>Nut: Activity 1.1.6: The deteriorating situation of the drought forced...</p> <p>Nut: Activity 1.1.7: As part of its safe and gender sensitive programm...</p>
------------------------------	----------	---	---	---	---	---

Documents	
Category Name	Document Description
Budget Documents	SOS-Budget-SHF Buurhakabo-Final.xls
Budget Documents	SOS-Budget-SHF Buurhakabo-Final.xls
Budget Documents	SOS-Budget-SHF Buurhakabo-Final.xls
Budget Documents	SOS-Budget-SHF Buurhakabo-28.07.2022.xls
Budget Documents	SOS Budget-SHF Buurhakabo-H&N Project-31.07.2022-revised.xls
Grant Agreement	SOS GA 22721-signed HC.pdf
Grant Agreement	SOS GA 22721-signed HC -signed.pdf