

Requesting Organization :	Cooperazione E Sviluppo - CESVI			
Allocation Type :	Reserve Allocation 4 (October 2022)			
Primary Cluster	Sub Cluster	Percentage		
Health	Maternal, Neonatal and Child Health	50.00		
Nutrition	Emergency Nutrition	50.00		
		100		
Project Title :	Provision of essential Health and Nutrition life-saving services for communities at high risk of famine in Hobyo District of Mudug region.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-22/3485/RA4/H-Nut/INGO/23937	
Cluster :		Project Budget in US\$:	484,909.66	
Planned project duration :	6 Months	Priority:		
Planned Start Date :	01/11/2022	Planned End Date :	31/05/2023	
Actual Start Date:	01/12/2022	Actual End Date:	31/05/2023	
Project Summary :	<p>The proposed intervention will deliver integrated lifesaving emergency health and nut services including maternal, neonatal and child health together with an integrated basic nutrition service package (OTP,SC,community mobilization) through 3 static Health facilities (Wargalo, Galbarwaako,Elgula, 5659 HHs) and 3 mobile health clinics serving 15 far flung villages hosting a total of 5265 HHs (Xerodhagaxley, Xaaro, Afgaduudle, Garday, Lulubsho, Toore, Qarsoni, Dabaqalooc , Hadiile, Hogcadaadley , Eldibir, Garowale, Dhidhin, Cadale, Dhaga Xiskula) without static health facilities in close proximity in Hobyo District. This action will complement and strengthen CESVI's health care, WASH,FSL activities in the same areas with funds from AICS, FCDO and SHF. On top of the health services, the mobile clinics will also provide nutrition treatment and prevention services through OTP, Micronutrients and IYCF services using the standard Somalia IMAM guidelines. The 3 health facilities will be equipped with essential medicines and equipment to provide quality services. Emphasis will be laid on Maternal and Child Health, including BEMONC, and EPI to IDPs and most vulnerable communities. This project will focus on provision of both curative and preventive health services at primary level integrated. Emphasis will be laid on application of standard treatment guidelines as per EPHS at PHC. On top of the health services, the static HF will also provide nutrition treatment services both inpatient (SC) and outpatient (OTP) treatment services for severely acute malnourished children. The facilities will provide malnutrition preventive services including MIYCN services with special focus on promotion of breastfeeding, community mobilization on promotion of nutrition seeking behavior and provision of micronutrient supplementation to prevent Micronutrient Deficiencies. This action will deliver comprehensive reproductive health care to women of reproductive age among the target beneficiaries and promotion of health seeking behavior including adoption of preventive practices through campaigns, health and hygiene education sessions. Referral system for patients seeking secondary healthcare services will be done to Galkayo hospital and will be strengthened with focus on pregnant women requiring emergency services, victims of gun shots, casualties from accidents, trauma cases among others using Cesvi owned ambulance vehicle. Children between 6-59 months of age will be screened from acute malnutrition and those with SAM without complications will be treated through OTP at both static and mobile clinics using the RUTF plumpynut supplies from UNICEF and medical treatments. Furthermore, the severely malnourished children with complications will be treated at the facility level through the stabilization center (SC) in Elgula, Wargalo, Galbarwaqo using F100 and F75 supplies from UNICEF and medical treatments. Children with MAM will be treated through combined protocol therapy, using RUTF since there are no functional TSFP facility nearby. This s aimed at treating these children and preventing a relapse to SAM. Cesvi will provide all of the four components of CMAM (OTP, SC, TSFP and community mobilization). Cesvi interventions focus on people as they are at the heart of humanitarian action: Cesvi actions and procedure are aligned with the essential element of the CHS and the commitment to improve the quality and effectiveness of the assistance with the aim to bring better quality and greater accountability to all aspects of the intervention. The health program is designed to protect and provide services to vulnerable groups, especially PLW and U5. The project will focus on prioritize safety and dignity avoid causing harm, ensure meaningful access and participation and empowerment of the most vulnerable groups. In the entire project life, CESVI will carefully consider gender and age issues.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
7,265	7,743	7,496	7,496	30,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	5,086	5,420	5,247	5,247	21,000
Internally Displaced People	2,179	2,323	2,249	2,249	9,000

Indirect Beneficiaries :

The indirect beneficiaries for this project will be the family members of the 30,000 direct beneficiaries, reaching a total of 76,469 total beneficiaries (total population of the target villages).

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

The health and nutrition situation in Hobyo district is worsening due to the compounded negative impacts of the drought, conflicts and lack of basic health/nutrition services. Water scarcity is extreme and hunger is rising due to lack of food and pastures. The FSNAU projects for Mudug are dire: 207,110 people will be in IPC 4 and 32,210 people in IPC5 by the end of 2022. The proposed project is in line with the 4th SHF 2022 Reserve Allocation, aimed at reducing the risk of famine. The allocation promotes an area based integrated response in key locations through essential health and nutrition services: the proposed health and nutrition intervention will support vulnerable communities in 18 villages and related catchment areas in Hobyo that are coping with the prolonged drought condition. The action will be integrated with the other humanitarian activities implemented by Cesvi in the district. In fact, the project will be harmonized with the other Health, Nutrition, WASH (water points rehabilitation) and FSL (MPCAs) activities currently implemented in the same areas (funded by AICS, FCDO, SHF) in order to support a stronger collective response. The activities will also be the natural continuation of the ongoing SHF funded project: " Provision of quality Health and Nutrition essential services for drought affected populations living in areas at risk of famine in Hobyo District of Mudug Region.", ending on 30th Nov 2022. The project will focus on life-saving humanitarian response in hard-to access areas, ensuring the centrality of accountability to affected people and prioritization of direct implementation through Cesvi staff. In line with the 4th SHF 2022 RA, Cesvi will scale-up and extends its interventions to reach more beneficiaries in 18 locations with integrated life-saving activities and will provide lifesaving, quality health and nutrition services to the population affected by the drought in the targeted areas through Integrated Emergency Response Teams (IERT). The intervention will focus on:

- Scaling up/strengthening the Community Health Workers (CHW) system for health and nutrition promotion.
- Mass MUAC Screening and promotion of Family MUAC approach.
- Provision of targeted supplementary feeding programme at 3 fixed health facilities and through 3 mobile clinics for the treatment of children and PLWs with moderate acute malnutrition.
- Provision of OTP at 3 fixed health facilities and through 3 mobile clinics for the treatment of children with severe acute malnutrition.
- Provision of services for the treatment of severe acute malnutrition with medication complications in 3 stabilization centres.
- Promotion of maternal, infant and young child nutrition through preventive services (MIYCAN, Vitamin A supplementation, deworming, MNPs) at health facility and community based.
- Provision of lifesaving primary health care services through 3 fixed health facilities and 3 outreach including PHC (EPHS) clinical care, child health care, communicable disease treatment including cholera treatment. (OPD services, ANC, PNC, Immunization services).
- Provision of sexual and reproductive health services such as maternal health.
- Provision of basic mental health/psychosocial services and referral.
- Provision of essential medicines and supplies.
- Provision of emergency Referral services.
- Provision of health promotion and health sensitization through CHWs, CVs etc.

In line with the HRP strategy, Cesvi will aim at reaching the most vulnerable people and those with the most severe needs, those with acute needs in life-threatening situations, particularly women, girls, who are often exposed to gender-based violence (GBV), sexual violence and abuse. Adolescent girls, along with children under the age of five, are particularly vulnerable to malnutrition, which has significant impacts on brain development, which undermines educational attainment, health, and ability to earn a living.

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 :

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

The 4 consecutive seasons of failed/below average rains combined with prevailing insecurity, impact of war in Ukraine, COVID and climate change, have overpowered the coping capacity of vulnerable communities in Somalia. With degraded access to food, water and pasture, the largely pastoral and agro-pastoral economy is devastated. Somalia faces famine unless humanitarian support is stepped up. More than 7.8M people need urgent assistance in Somalia, 1.1M people are displaced due to the impact of drought (Cesvi-BRCiS-Sep. 2022). According to FSNAU (Sep 2022), if humanitarian assistance is not scaled up and sustained, acute food insecurity and malnutrition will deteriorate further and faster between Oct and Dec 2022, with 6.7 M people (41% of the total population) expected to face Crisis (IPC Phase 3) or worse outcomes, including 2.2M people that will likely be in Emergency (IPC Phase 4) and at least 300,560 people that will likely be in Catastrophe (IPC Phase 5). Based on the results of 29 integrated food security, nutrition and mortality surveys conducted by FSNAU and partners in May/June, July 2022 and the subsequent IPC acute malnutrition analysis conducted in August, the total estimated acute malnutrition burden for Somalia from August 2022 to July 2023 is approximately 1.8M children, equal to 54.5 % of the total population of children in Somalia. The figure includes 513,550 children who are likely to be severely malnourished. The drought is expected to worsen the level of humanitarian needs during the January to March 2023 dry Jilaal season across most of the Country. IPC Phase 5 is projected in Baidoa and Burhakaba districts in Bay region, where malnutrition and mortality levels are already very high. Moreover, many areas in central and southern Somalia have an increased Risk of Famine through at least December 2022 if the 2022 Deyr season rainfall turns out to be poorer than currently predicted. Widespread water shortages and inadequate access to sanitation and hygiene facilities have heightened the risk of outbreaks of diseases including cholera and measles, especially in camps for IDPs. An estimated 6.4 M people lack sufficient access to water with many increasingly using untreated water from shallow wells and dwindling rivers, increasing public health risks. Communal strategic water sources in most affected areas are significantly depleted leading to increased water prices, which is a key driver of displacements and diarrhea-related morbidity in many parts of Somalia (WASH Cluster, Oct 2022). From Jan. to Aug. 2022, nearly 9,300 suspected cholera cases, including 42 associated deaths, were reported. The spike in cases of measles is attributed to suboptimal routine immunization services, with most cases reported in children from inaccessible areas who are not vaccinated as required. Over 65 % of the cases are children under age 5. In some areas, the case-fatality rate for cholera has exceeded the emergency threshold of one per cent. The number of suspected measles cases continues to rise., with over 13,000 cases reported since January; 78 per cent being children under age 5 (UNOCHA, Sept 2022).

3. Description Of Beneficiaries

4. Grant Request Justification

The projections are looking dire for Mudug region, the likelihood of worsening humanitarian situation is extremely highly. The deterioration of the nutrition situation is due to the poor hygiene/sanitation practices linked to water shortage, food insecurity due to death of livestock and loss of livelihood assets as a result of drought, conflict and massive scale displacements of the population in search of water/pasture. By Dec. 2022, the number of people in IPC 3 is projected to be 401,600 while the number of people in IPC-4 is 207,110; in addition, 32,210 people will be in IPC5 (FSNAU 2022). Access to healthcare remains very limited resulting in poor health outcomes such as high maternal and U5 mortality rates. Availability of safe drinking water and sanitation are vital for reducing the burden of disease and improving health/nutrition outcomes. Significant challenges persist in the provision of health services with primary health confined to major towns, majority in rural areas have limited or no access to health/nutrition care. Cesvi has been operating in Hobyo district for 13 consecutive years and is currently implementing an integrated health, nutrition, WASH and FSL intervention with funds from FCDO, AICS, SHF. In line with the 4th SHF 2022 RA, Cesvi will scale-up and extends its interventions to reach more beneficiaries in 18 locations with integrated life-saving activities and will provide lifesaving, quality health and nutrition services to the population affected by the drought in the targeted areas through Integrated Emergency Response Teams (IERT). Through 3 fixed facilities with stabilization centers and 3 mobile units, the intervention will support 18 vulnerable communities in Hobyo, coping with the extreme drought. The modality of the implementation embeds the following approaches :1) Integrated approach - integration of effective management of acute malnutrition into the health is achieved through the delivering of both services in the same facilities/outreach units 2) Bottom-up/Community-based approach: in service provisions, Community Health Workers play a pivotal role in tracing, screening and referral of malnutrition, complicated pregnancy, and assist Cesvi staff in the implementation 3) Do No Harm approach. All activities are planned and carried out with consideration of protection risks, especially the rights of children and minors, and the rights and protection risks of women as well as the impact on environment, i.e. safe disposal of medical waste. The project targets drought affected communities and, as explained above, constitutes a life-savings response through the provision of nutrition, health basic services. In line with the Som Drought Response and Famine Prevention Plan (Health and Nut objectives), the proposed intervention aims at:

- Providing 30,000 people with life-saving services and health protective action. The intervention will scale up lifesaving interventions to populations at risk of famine and death and increase access by providing health services as close as possible to the affected populations. Children and PLW/G will be prioritized to protect and prevent from and ensure early detection and treatment of diseases.
- reducing the mortality and morbidity by improving the nutritional status of 6882 PLW/G and 15,294 children U5 among IDPs and the host population. This will be achieved through the provision of life saving curative and preventive nutrition services to SAM and MAM children through static and mobile nutrition clinics. Cesvi will improve access to nutrition through mother led MUAC approach by sensitizing mothers with malnourished children or at risk of malnutrition for MUAC screening. The intervention aims to reach 1177 mothers for this action. micronutrients supplementation will also be a priority activity for both children and PLWs. Cesvi will also focus on and implement MIYCN activities as part of the preventive activities.

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

To guarantee access to quality life-saving emergency primary health and nutrition services including maternal and child health through both statics and mobile health clinics in Hobyo district of Mudug Region.

Health							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Reduce of excess morbidity and mortality due disease outbreak driven by climatic shocks and conflict among 4.7 million IDPs and nondisplaced		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				
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		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				
Contribution to Cluster/Sector Objectives : By providing quality lifesaving primary health services to reduce morbidity and mortality to the population at risk of famine, the project will contribute to the Health cluster objectives 1 & 4 which are also in line with HRP strategic objective in reducing excess morbidity and mortality rate due to disease outbreak driven by climate shocks							
Outcome 1							
To guarantee equitable access to quality emergency and essential lifesaving health services for populations at risk of famine living in Hobyo district of Mudug Region							
Output 1.1							
Description							
Increased access to free primary lifesaving services, emergency assistance and health promotion for population at risk of famine of Hobyo district of Mudug Region.							
Assumptions & Risks							
The assumption here is that the community members will accept the activities of the project and participate fully. The risk is that insecurity may hamper implementation of activities and a worsening of the situation will escalate into famine The mitigation measure here is that CESVI will maintain active pro-neutrality policy and will always monitor the evolution of the security situation in the area for remedial action. The project will mitigate the risk of a deterioration of the situation.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	# of outpatient consultations	7,265	7,743	7,496	7,496	30,000
Means of Verification : Facility registers, HMIS reports, progress reports, monthly and quarterly, activity photos							
Indicator 1.1.2	Health	# of births assisted by a skilled birth attendant					3,059
Means of Verification : Facility registers, HMIS reports, progress reports, monthly and quarterly, activity photos							
Indicator 1.1.3	Health	# of people served by medical supplies and medications	7,265	7,743	7,496	7,496	30,000
Means of Verification : Pharmacy register, HMIS register, activity report, medicine procurement dossier, activity photos							
Indicator 1.1.4	Health	# of children vaccinated			1,529	1,530	3,059
Means of Verification : Vaccination registers, HMIS Reports, monthly progress reports, activity photos							
Indicator 1.1.5	Health	# beneficiaries reached with Health and Hygiene messages	7,265	7,743			15,008
Means of Verification : HMIS Report, monthly and progress report, activity photos							
Indicator 1.1.6	Health	# health facilities with patient feedback mechanisms in-place					3
Means of Verification : CFM database, monthly report, progress report, activity photos							
Indicator 1.1.7	Health	# Health care staff trained	16	32			48
Means of Verification : Training report, attendance list, activity photos							
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							

This activity will be implemented in Hobyo district for a period of 6 months and will reach 30,000 beneficiaries through outpatient consultations and treatment of endemic diseases. Primary health services will be offered at 3 fixed Health facilities in Galbarwaako, Elgula and Wargalo and 3 mobile clinics covering total of 15 villages in Hobyo district. The mobile clinics will be used to strengthen outbreak response and provide transport of the most serious cases to the Galkayo hospital for specialized services. Medical Supplies, drugs, materials and salaries will be provided / procured in order to ensure free of charge consultations and treatments.

The following Primary Health Services will be offered:

- Outpatients services including treatment of emergencies and common illnesses for children and adults with particular regard to high mortality diseases (AWD, malaria, ARIs) and stitching of small traumas.
- MCH (Maternal and child health services) including ANC and PNC services (Antenatal and postnatal clinics) and BEmONC (safe delivery and basic neonatal services).
- Immunization services for children
- Drugs, medical and non-medical supplies will be regularly dispatched to the mobile clinics from the central pharmacy/warehouse.

Cesvi will provide a safe and skilled birth attendance service to 3,059 pregnant women in Hobyo district. Cesvi will deploy 9 qualified midwives to conduct safe delivery services for the pregnant women at facility level in Elgula, Galbarwaaqo and Wargalo and for the 3 outreach services. The qualified midwives will follow the standard delivery guidelines developed by WHO and MoH. The agency also will mobilize 36 community health workers (2 each village) who will conduct sensitization sessions on health seeking behavior for pregnant women which will enable the pregnant women to link to the facilities. On top of that, Cesvi plans to distribute 1474 clean delivery kits for pregnant women in rural areas to help them access safe and clean delivery. The qualified midwives will use BeMONC approach for the safe delivery (basic emergency maternal, obstetric and neonatal care). The midwives will use partogram tool for the follow-up and monitoring of the three phases of child birth. For the complicated pregnant cases that require urgent referral such as Breach presentation cases, Cesvi will have an ambulance referral services which will transport the patients to Galkayo referral hospital whereby they will access advanced health care such as CeMONC services (comprehensive emergency maternal, obstetric and neonatal care) mainly Caesarian section surgical delivery.

Activity 1.1.2

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

Cesvi will reach a total of 3,059 pregnant women with at least four antenatal care (ANC) visits. A package of sexual and reproductive health programme consisting of maternal and new-born health, family planning, management of re-productive tract infections (RTIs) and sexually transmitted infections (STIs), including HIV/AIDS will also be provided within this action. This action will seek to provide confidential, preventive health care to both females and males to help address the sexual health and reproductive health needs in Hobyo district. This will be done at the community level through trained community health workers and health staff who will sensitize the communities on the health benefits of birth spacing, in close collaboration with the community gatekeepers, religious leaders and the ministry of Health authorities.

The three health facilities; Garbawaako, Elgula and Wargalo will also be equipped with both medical and non-medical supplies to offer reproductive health services. Some of the services to be offered will include; breast and pelvic examinations, prescription and dispensing of various birth control methods, pregnancy testing, common screening and treatment of sexually transmitted infections/diseases like syphilis, gonorrhoea, among others. Antenatal care service is one of the key safemotherhood services for affected population. The agency will mobilize 9 qualified midwives (2 each facility and 1 per mobile clinic) to conduct sexual and reproductive health services. The goal of antenatal care (ANC) is to help women maintain normal pregnancies through focused assessment and individualized care, including: Early detection and treatment of existing conditions and complications, prevention of complications and diseases, birth-preparedness and complication-readiness and health promotion.

Activity 1.1.3

Standard Activity : Medical logistics and contingency supplies

This activity will reach 30,000 beneficiaries and will be conducted in Hobyo district within 6 months of the project's life. Procurement and Repositioning of routine medical supplies and emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera, measles, malaria among others will be undertaken. This will ensure that immediately an epidemic outbreak has been declared, then the required medical supplies will be availed to promptly address the epidemic. A complete BoQ of all the supplies to be purchased has been provided. Outbreaks of epidemics cause a great number of deaths. Communicable or infectious diseases are also a major cause of mortality in the aftermath of natural or man-made disasters. To effectively control epidemic outbreaks, this action will mount a rapid response.

Activity 1.1.4

Standard Activity : Targeted [supplemental] vaccination campaigns

Routine vaccination services for children under 12 months in Elgula, Galbarwaqo, Wargalo and neighboring communities. Vaccination services will be active with dedicated staff (vaccinators nurses) to offer vaccination packages recommended by the World Organization (poliomyelitis - OPV, tuberculosis - BCG, measles, pentavalent: tetanus, diphtheria, pertussis, hepatitis B, haemophilus influenza B) of health care for children under 12 months, Staff will adhere to the guidelines of the World Health Organization and the protocols issued by the Ministry of Health with administration specifications (dosages for age and duration). Through the mobile clinics, Cesvi will activate the vaccination program directly in the community in order to guarantee access to the immunization service even for those who are unable to reach the clinic. The target number of children under one year to be vaccinated is 3,059 (1529 boys and 1530 girls)

Activity 1.1.5

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

This activity will reach 15,008 (7,265 men and 7,743 women) and will be conducted in Hobyo district for a period of 6 months. Sensitization sessions will be undertaken with the support of 36 CHWs and 3 hygiene promoters. On a monthly basis each of the targeted villages will be reached by 2 trained CHWs and hygiene promoters with health sensitization messages. The field based project staff will oversee the sensitization activities. The topics to be covered during sensitization sessions will include; importance of looking for health services when sick, infection prevention of covid-19, signs, symptoms and preventive measures for endemic diseases associated with the prevalent diseases, hygiene promotion messages; importance of breastfeeding, appropriate IYCF practices, basic protection including GBV and child protection concepts to improve case identification and referral. Awareness sessions will be organized in a central area of the villages and will seek participation of all the layers of the population, including women, children, people with disability and the elderly. Efforts will be made to ensure that covid-19 prevention measures like hand washing, wearing of face masks and social distancing are adhered to during health awareness, social mobilization and education sessions

Activity 1.1.6

Standard Activity : Accountability: patient feedback, community outreach

Compliant feedback mechanism is in place in Elgula and Garbaarwako HFs and communities are informed on how it works and the system is managed in a timely, fair and appropriate manner by Cesvi M&E team. The CFM will be put in place also in Wargalo HF where operation will be resumed with this intervention. Through its M&E e CFM systems in place Cesvi intervention is in line with the key AAP objectives for 2022 aiming at increasing the percentage of households: 1. who are aware of how to make complaints or give feedback about humanitarian aid 2. who feel their opinions are being taken into account 3. who feel able to cover their most important needs with the aid they receive (life-saving health need provision for this action) 4. who feel informed of available aid and services. CESVI team will also conduct Community awareness session on complaint/feedback mechanisms for each village target of the Action.

Activity 1.1.7

Standard Activity : # Health care staff trained

Cesvi will reach a total of 48 staff within the three facilities (16 each static facility, 27 female - 31 male). Staff to be trained: Medical doctors 3 / Qualified Nurses 6 / Qualified Midwives 9 / EPI vaccinators 6 / Hygiene promoters 3 / SC nurses 3 / SC auxiliaries 3 / Pharmacist 3 / Registrars 3 / Screeners 9. H&N staff will be trained by Cesvi staff for 3 days each HC on topic regarding mainstreaming GBV and Child Protection safeguarding to ensure that access at health services for all in need and health staff are aware of safe identification and referral protocols for GBV protection cases providing services for survivors of sexual violence and GBV. The project will ensure that all staff is trained on PSEA (CESVI PSEA policy to be signed) and that staff is aware and follow protection toolkit and guidelines (Minimum Standards for Child Protection in Humanitarian Action (CPWG), Gender-Based Violence Guidelines (IASG), Humanitarian Charter & Minimum Standards in Humanitarian Response - Sphere).

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	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	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

Contribution to Cluster/Sector Objectives : By providing quality nutrition services to reduce and prevent malnutrition to the population at risk of famine, the project will contribute to the Nutrition cluster objectives 1, and 2 which are also in line with HRP strategic objective to reduce the mortality and morbidity by improving the nutritional status of PLW/Gs and children under the age of five through the provision of life saving curative and preventive nutrition services to severely acute malnourished (SAM) and moderately acute malnourished (MAM) boys and girls through static and mobile nutrition clinics

Outcome 1

To guarantee access to quality lifesaving curative nutrition services among boys and girls (06-59 months) through screening, referral and treatment of SAM and MAM cases

Output 1.1

Description

Children <5 are screened, referred and guaranteed access to nutrition services.

Assumptions & Risks

Access to the facilities is guaranteed by a stable security situation and the famine situation is prevented

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			7,647	7,647	15,294
Means of Verification : Registers of facilities, project reports, DHIS data (District Health Information System), activity photos							
Indicator 1.1.2	Nutrition	Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment			588	589	1,177
Means of Verification : Facilities register, screening report, OTP report, SC report, activity photos							
Indicator 1.1.3	Nutrition	Number of girls and boys aged 6-59 months with moderate acute malnutrition (MAM) who are admitted for treatment			2,433	2,434	4,867
Means of Verification : Facilities register, screening report, OTP report, SC report, activity photos							

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Conduct active case finding in the community through regular community nutritional screening, social mobilization by trained community health workers (CHWs) and nutrition teams. The screening of malnutrition is done by Cesvi staff as soon as a child enters in Cesvi-run health facilities and by the community health workers (CHWs). 36 community health workers (CHWs). (34 women and 2 man) and 9 screeners will conduct active screening of children 6-59 months using mid upper arm circumference (MUAC) screening. All children whose mid upper arm circumference (MUAC) is less than <11.5 cm are directly referred to Cesvi outpatient (OTP) site, while the children whose MUAC is less than 11.5cm with medical complications will be referred to the stabilization centers, and those children with mid upper arm circumference (MUAC) of >11.5 and <12.5 are referred to TSFP Targeted Supplementary Feeding Programme (TSFP) centres for further screening and action. The project will screen a total of 15,294 children in Hobyo district (7647 boys and 7647 girls). Out of these, the Severe acute malnutrition (SAM) cases expected to enter in the OTP program programme are 1177 (588 boys and 589 girls), while the number of expected children to be admitted into the stabilization center is 188 children (94 boys and 94 girls). To ensure provision of Community Management of acute Malnutrition-CMAM, staff will screen children aged 6-59, admit SAM children using clinical and anthropometric measurements, and, on weekly basis, provide RUTF, medications and counseling support. All the children admitted into the nutrition program will be given with Deworming and Vitamin A supplements.

Cesvi will also conduct mass MUAC screening through mother-led MUAC approach by sensitizing mothers with children between 6-59 months on how to properly measure MUAC AT last3 round of MUAC training for mothers). This is important to prevent and treat malnutrition through early detection. The sensitization will be conducted by trained community health workers targeting PLWs whose children are in the program or are risk of malnutrition. Mother-led MUAC approach will allow Cesvi to improve access nutrition services to the vulnerable affected populations in timely manner. The target for the MUAC sensitization approach activity is 1,177 PLWs

Activity 1.1.2

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

Cesvi will treat a total of 1,177 children (588 boys and 589 girls) with severe acute malnutrition (SAM) through outpatient therapeutic program (OTP). Severe acute malnutrition (SAM) cases are referred to the nutritional staff composed by 6 qualified nurses, 9 screeners, 3 registers and 36 CHWS. The agency will use the Somalia OTP treatment protocol. The activity will be implemented in 6 OTP sites (3 fixed and 3 mobile sites). The nurses manage the team, takes history and does physical examination of the child, along with supplies management at the site level. The screeners are responsible (along with the screening of all children aged 6-59 months), of ensuring alignment of admission and discharge criteria of the children and of controlling the crowd for smooth progress of the daily activities. Registers are responsible for registering patient details, supporting nurses in charge and of record keeping. The nutrition program, run by the agency, is designed to achieve full integration of CMAM services (OTP, SC, TSFP and community mobilization) integrated with the health sector. All children entering into the nutrition program are immunized. Health teams and nutrition teams develop a monthly expanded programme on immunization (EPI) which stipulates the days in which the vaccinators will take place. On top of that, nurses in the health facilities ensure that all under five (U5) children coming for outpatient department (OPD) consultations are screened for malnutrition. At the same time, the nutrition staff refers to the health facilities screened children with pathologies for further evaluation and treatment (inter-referral between health and nutrition teams). Expected Severe acute malnutrition (SAM) cases entering in the program in 6 months are 1177 (588 boys and 589 girls).

Activity 1.1.3

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

Cesvi will provide moderate acute malnutrition treatment for children between 6-59 months who are found to be moderately malnourished either through MUAC screening (between 11.5cm-12.4cm) or through Z-score less than minus 2(yellow). Since there are no ongoing TSFP interventions in the target locations, Cesvi will use the combined treatment protocol approved by the nutrition cluster for treatment of MAM patients using RUTF. The children will be provided weekly RUTF rations, weekly medical regimen, weekly growth monitoring and close follow-up of their progress to achieve effective early recovery. The community health workers will be sensitized to conduct daily MUAC screening and identification of children with moderate acute malnutrition and referral to the TSFP centers. the interventions aims to reach 4867 children across 18 villages under Hobyo district (2433 boys and 2434 girls).

Outcome 2

To improve nutritional status of vulnerable communities in Hobyo district through provision of supplementary nutrition products, IYCF practices and micronutrient

Output 2.1

Description

Nutritional status of children < 5 is improved

Assumptions & Risks

Security situation allow beneficiaries to access the facilities and famine is prevented

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 2.1.1	Nutrition	Number of boys and girls 6-59 months with Severe acute Malnutrition with medical complication treated			94	94	188
Means of Verification : SC report, monthly report, facility report, activity photos							
Indicator 2.1.2	Nutrition	Number of boys and girls aged 6-59 months reached with de-worming			588	589	1,177
Means of Verification : Monthly report, facility report, activity photos							
Indicator 2.1.3	Nutrition	Number of boys and girls (6-23 months) who received multiple micro-nutrient supplements			588	589	1,177
Means of Verification : Monthly report, facility register, activity photos							
Indicator 2.1.4	Nutrition	Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition (MIYCN) counselling	382	3,441			3,823

Means of Verification : Activity report, HMIS report, activity photos							
Indicator 2.1.5	Nutrition	Number of girls and boys aged 6-59 months who received vitamin A supplement in semester 1.			588	589	1,177
Means of Verification : OTP register, facility register, activity photos							
Indicator 2.1.6	Nutrition	Number of pregnant and lactating women who received iron folate		6,882			6,882
Means of Verification : OTP register, facility register, activity photos							
Indicator 2.1.7	Nutrition	Number of pregnant and lactating women receiving first individual counselling on appropriate IYCF/IYCF-E		6,882			6,882
Means of Verification : Activity report, facility register, activity photos							
Indicator 2.1.8	Nutrition	Number of boys and girls 6-59 months with Severe acute Malnutrition with medical complication treated			94	94	188

Means of Verification : SC registers, Monthly Progress Report, activity photos

Activities

Activity 2.1.1

Standard Activity : Treatment of severe acute malnutrition with medical complication in children 6-59 months

Cesvi will treat the children with severe acute malnutrition plus medical complication through stabilization centers in Elgula, Galbarwaaqo and Wargalo health centers. The agency will mobilize a total of 63 nutrition workers (3 medical doctors, 3 SC nurses, 6 SC nutrition assistant, 3 SC auxiliary nurses, 9 screeners, 3 registrars and 36 CHWs) who will work 6 days a week to treat 188 SAM+ children in the SC (94 boys and 94 girls). In the stabilization centers, children with SAM and with medical complications will be treated through in-patient. During SC treatment protocol, the child will be treated in three phases as per Somalia SC treatment guidelines (phase-1: Stabilization, phase-2 transition and phase-3 growth and recovery). The children will be treated with F-100 and F-75 milk formulas plus exhaustive medical management. The staff in the stabilization center will work through shifts in order to provide 24 hours care for the children. The SCs in both Elgula and Galbarwaaqo were operationalized within the previous action. In the framework of this new action Cesvi will start the treatment of children with medical complication in Wargalo: SC will be equipped with beds for children and mattress for the caretakers being the service functioning 24 hours a day and hospitalization is needed. To avoid defaulter case caretakers will be provided with food: three-meal daily food as per the BoQ attached to the budget.

Activity 2.1.2

Standard Activity : Deworming for children 6-59 months

Cesvi will provide deworming services to the children admitted into the OTP program by giving albendazole tablet as per Somalia treatment guidelines. Deworming is part of the medical management package for the children with severe malnutrition, providing the children with the protection against intestinal worms that render the children to be deficient of micronutrients. As per protocol, the Deworming starts at the second week of the treatment period. The deworming treatment will be given by the OTP nurses who are familiar with the protocol. The activity will be implemented in 18 nutrition sites (3 fixed and 15 mobile sites covered by the 3 mobile clinics). The agency will reach 1177 children with deworming (588 boys and 589 girls) within 6 months period.

Activity 2.1.3

Standard Activity : Provision of Multiple Micronutrient data to children 6-23

As part of treatment for the micronutrient deficiency (silent hunger), Cesvi will provide multiple micronutrients to the children in the OTP program to promote their nutrition status and elevate their recovery. The provision of micronutrient services will be provided by the OTP nurses and the activity will be conducted in 18 nutrition sites (3 fixed and 15 mobile sites). The agency targets to reach 1177 children with this activity (588 boys and 589 girls) within 6 months period.

Activity 2.1.4

Standard Activity : Infant and young child feeding counselling

Cesvi will provide maternal and young child nutrition feeding counseling to the primary caregivers with children between 6-23 months. Organization of community forums on nutritional issues and awareness-raising sessions on Infant and Young Child Feeding (IYCF). These sessions are intended to protect and promote good feeding practices for babies and children and are essential for both preventions and treatment of malnutrition. Community based promotion of correct feeding practices of infants and young children, is recognized as one of the fundamental pillars for improving nutritional status during the first 1,000 critical days (UNICEF). In an emergency environment, stress, lack of food, limited privacy and distribution Uncontrolled replacement of breast milk are some of the factors that can undermine the practices of infant feeding. Because the interruption of breastfeeding can lead to rapid deterioration of a child's health, adequate support is required from professionals, capable of promoting safe and appropriate practices. The activity will be implemented by IYCF community health workers. Community forums will take place in the health centers and through mobile clinics. The agency targets to reach 3823 lactating women with children between 6-23 months (5% of the total population) within 6 months period

Activity 2.1.5

Standard Activity : Supplementation Vitamin A

As part of the prevention against micronutrient deficiency, Cesvi will provide Vitamin-A to children in the OTP program. The service will be conducted on a weekly basis at both the static and mobile sites (total of 18 sites). The service will be provided by trained nurses. The agency targets to reach 1,177 children with this service (588 boys and 589 girls).

Activity 2.1.6

Standard Activity : Provision of iron foliate to pregnant and lactating women

Cesvi will provide iron-folate treatment to the pregnant and lactating women in Hobyo district to prevent anaemia during pregnancy and lactation period. The service will be provided both at the static and mobile sites (18 sites in total). The qualified midwives will be providing the services to the PLWs. The agency targets to reach 6882 women (9% of the total population) within 7 months' period

Activity 2.1.7

Standard Activity : Infant and young child feeding individual counselling

Cesvi will provide IYCF counseling (both group and individual) to pregnant and lactating women visiting the health centers and mobile clinic sites. Cesvi IYCF strategy is aligned with Somalia IYCF strategy and action plan for SCZ. The new approach that Cesvi employs for improving IYCF practices is the use of the CHWs in IYCF sessions, in contrast to previous interventions whereby the OTP teams conducted IYCF. The current activities to improve infant and young child feeding practices among the communities are as follows:

- House to house visits: 36 CHWs will conduct house to house infant and young child feeding (IYCF) counselling sessions.

Community health workers (CHWs) are equipped with information, education & communication (IEC) materials with depictions on one side while having notes on the other page. The CHWs have memorized messages on the information, education & communication (IEC) materials and they provide them to the pregnant and lactating women (PLWs).

- Infant and young child feeding (IYCF) group sessions: on weekly basis, the 36 community health workers (CHWs) conduct infant and young child feeding (IYCF) group sessions for 10 mothers. The agency targets to reach 6,882 PLWs with this activity within 6 months period..

Activity 2.1.8

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

Cesvi will treat the children with severe acute malnutrition plus medical complication through stabilization centers in Elgula, Galbarwaaqo and Wargalo health centers. The agency will mobilize a total of 63 nutrition workers (3 medical doctors, 3 SC nurses, 6 SC nutrition assistant, 3 SC auxiliary nurses, 9 screeners, 3 registrars and 36 CHWs) who will work 6 days a week to treat 188 SAM+ children in the SC (94 boys and 94 girls). In the stabilization centers, children with SAM and with medical complications will be treated through in-patient. During SC treatment protocol, the child will be treated in three phases as per Somalia SC treatment guidelines (phase-1: Stabilization, phase-2 transition and phase-3 growth and recovery). The children will be treated with F-100 and F-75 milk formulas plus exhaustive medical management. The staff in the stabilization center will work through shifts in order to provide 24 hours care for the children. The SCs in both Elgula and Galbarwaaqo were operationalized within the previous action. In the framework of this new action Cesvi will start the treatment of children with medical complication in Wargalo: SC will be equipped with beds for children and mattress for the caretakers being the service functioning 24 hours a day and hospitalization is needed. To avoid defaulter case caretakers will be provided with food: three-meal daily food as per the BoQ attached to the budget.

Additional Targets :

M & R

Monitoring & Reporting plan

Cesvi monitoring system is based on the collection of qualitative and quantitative data.

Qualitative data gathering: a 2-levels system is in place. First level: on site monitoring is conducted by the field M&E and it is based on 3 tools (M&E monthly plan, weekly reports and standard checklists). Monthly plans set the goals and objectives of the monitoring. The weekly report comprises information on methodology used in data collection; findings/critical observation; recommendations and follow up action recommended, pictures. Standard checklists are developed to monitor a particular activity. The monitoring will be carried out with a mix of methodologies: FGDs, HHs interviews, conversation with Cesvi staff, general observation. All the tools are compiled by field M&E officer and sent to Regional Office: control will be performed by the staff in Nairobi that supervises overall the implementation/quality and performance of the programmes. The M&E staff will review the reports, provide feedback and seek clarification from the PM. If needed, the M&E coordinator, along with the Project Manager, will suggest actions/adjustments. Cesvi has in place a strong downward accountability mechanism (Complaint and Response Feedback Mechanism) to enable beneficiaries and non-beneficiaries to report areas of concern, provide feedbacks on the activities and propose corrections or new interventions to the agency. The mechanism is based on a free toll line available to all beneficiaries and stakeholders, boxes placed in all project areas, FGDs and beneficiary's interviews. Beneficiaries will also be encouraged to give feedbacks on quality and accountability. Complaints and other feedbacks received will be categorized and recorded in a specific table and the field M&E, in coordination with the project management, follows up on all relevant complaints in order to seek resolution. Since the Somali culture is a very oral culture, Cesvi will prioritize this means for the spreading of information in target communities.

Quantitative monitoring: an ITT (Indicator Tracking table) will be used under to monitor and consolidate all the cumulative achievements of the project activities by indicators. The tool is colour coded to provide an opportunity to spot at a glance any aspect of the project which require attention for remedial action. In the framework of information sharing, coordination and monitoring, the agency will share data with the clusters and other coordination mechanism on a monthly basis.

Having a focus on the health sector, this intervention will put in place this specific sectoral monitoring mechanism: 1. Cesvi M&E officer will conduct weekly monitoring visits to HCs. Weekly and monthly monitoring reports are issue, and recommendations shared with Health Centre teams, project management as well as with the Programme Unit for prompt response. 2. Cesvi installed in each health facility a complains and feedback mechanism (CFM). Cesvi M&E conduct regular community mobilization and sensitization on the use of CFM in order to inform the beneficiaries on the modality of complain and feedback. Database of CFM is regularly updated. 3. Standard supervision checklist is in place and filled in after each visit. The outcomes are shared with the program management. MoH standard registers are in use in all MCHs and are filled by respective nurses and midwives on duty for monthly report. Furthermore, HMIS template is filled and sent to HMIS officer by the health center supervisor. The HMIS officer shares it with Medical Coordinator, data officer and then the Project Manager. HMIS data is sent by 10th of every month to MoH.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Health: Activity 1.1.1: This activity will be implemented in Hobyo district for a period of 6 months and will reach 30,000 beneficiaries through outpatient consultations and treatment of endemic diseases. Primary health services will be offered at 3 fixed Health facilities in Galbarwaako, Elgula and Wargalo and 3 mobile clinics covering total of 15 villages in Hobyo district. The mobile clinics will be used to strengthen outbreak response and provide transport of the most serious cases to the Galkayo hospital for specialized services. Medical Supplies, drugs, materials and salaries will be provided / procured in order to ensure free of charge consultations and treatments.</p> <p>The following Primary Health Services will be offered:</p> <ul style="list-style-type: none"> - Outpatients services including treatment of emergencies and common illnesses for children and adults with particular regard to high mortality diseases (AWD, malaria, ARIs) and stitching of small traumas. - MCH (Maternal and child health services) including ANC and PNC services (Antenatal and postnatal clinics) and BEmONC (safe delivery and basic neonatal services). - Immunization services for children - Drugs, medical and non-medical supplies will be regularly dispatched to the mobile clinics from the central pharmacy/warehouse. <p>Cesvi will provide a safe and skilled birth attendance service to 3,059 pregnant women in Hobyo district. Cesvi will deploy 9 qualified midwives to conduct safe delivery services for the pregnant women at facility level in Elgula, Galbarwaaqo and Wargalo and for the 3 outreach services. The qualified midwives will follow the standard delivery guidelines developed by WHO and MoH. The agency also will mobilize 36 community health workers (2 each village) who will conduct sensitization sessions on health seeking behavior for pregnant women which will enable the pregnant women to link to the facilities. On top of that, Cesvi plans to distribute 1474 clean delivery kits for pregnant women in rural areas to help them access safe and clean delivery. The qualified midwives will use BeMONC approach for the safe delivery (basic emergency maternal, obstetric and neonatal care). The midwives will use partogram tool for the follow-up and monitoring of the three phases of child birth. For the complicated pregnant cases that require urgent referral such as Breach presentation cases, Cesvi will have an ambulance referral services which will transport the patients to Galkayo referral hospital whereby they will access advanced health care such as CeMONC services (comprehensive emergency maternal, obstetric and neonatal care) mainly Caesarian section surgical delivery.</p>	2022												X
	2023	X	X	X	X	X							
<p>Health: Activity 1.1.2: Cesvi will reach a total of 3,059 pregnant women with at least four antenatal care (ANC) visits. A package of sexual and reproductive health programme consisting of maternal and new-born health, family planning, management of re- productive tract infections (RTIs) and sexually transmitted infections (STIs), including HIV/AIDS will also be provided within this action. This action will seek to provide confidential, preventive health care to both females and males to help address the sexual health and reproductive health needs in Hobyo district. This will be done at the community level through trained community health workers and health staff who will sensitize the communities on the health benefits of birth spacing, in close collaboration with the community gatekeepers, religious leaders and the ministry of Health authorities.</p> <p>The three health facilities; Garbawaako, Elgula and Wargalo will also be equipped with both medical and non-medical supplies to offer reproductive health services. Some of the services to be offered will include; breast and pelvic examinations, prescription and dispensing of various birth control methods, pregnancy testing, common screening and treatment of sexually transmitted infections/diseases like syphilis, gonorrhoea, among others. Antenatal care service is one of the key safemotherhood services for affected population. The agency will mobilize 9 qualified midwives (2 each facility and 1 per mobile clinic) to conduct sexual and reproductive health services. The goal of antenatal care (ANC) is to help women maintain normal pregnancies through focused assessment and individualized care, including: Early detection and treatment of existing conditions and complications, prevention of complications and diseases, birth-preparedness and complication-readiness and health promotion.</p>	2022												X
	2023	X	X	X	X	X							
<p>Health: Activity 1.1.3: This activity will reach 30,000 beneficiaries and will be conducted in Hobyo district within 6 months of the project's life. Procurement and Repositioning of routine medical supplies and emergency supplies for prompt response to epidemic outbreaks like AWD/Cholera, measles, malaria among others will be undertaken. This will ensure that immediately an epidemic outbreak has been declared, then the required medical supplies will be availed to promptly address the epidemic. A complete BoQ of all the supplies to be purchased has been provided. Outbreaks of epidemics cause a great number of deaths. Communicable or infectious diseases are also a major cause of mortality in the aftermath of natural or man-made disasters. To effectively control epidemic outbreaks, this action will mount a rapid response.</p>	2022												X
	2023	X	X	X	X	X							

Name of the organization	Areas/activities of collaboration and rationale
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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

The process of incorporating protection principles by promoting meaningful access, safety and dignity in humanitarian aid throughout the program cycle it focuses not just on activities itself but rather on how the activities are implemented. To ensure protection the project will focus on prioritize safety and dignity avoid causing harm, ensure meaningful access and participation and empowerment of the most vulnerable groups. Vulnerable groups take into consideration the physical vulnerability, social/family vulnerability and financial vulnerability of different persons affected by the crises in addition to the specific cultural and social power dynamics and lack of social support networks in Somalia (including women and person with disability). In order to ensure inclusion of women and mitigate them to be exposed to violence during activities as a result of the distance to the services, this action will deploy one mobile clinics. As part of the protection mainstream strategy the project ensures the equal access of the beneficiaries to services targeting in particular women and children, ensuring confidentiality, informed consent and safety. Also the action ensure access at health services for all in need and health staff are aware of safe identification and referral protocols for GBV protection cases. The project will ensure that all staff is trained on PSEA (CESVI PSEA policy to be signed) and that staff is aware and follow protection toolkit and guidelines (Minimum Standards for Child Protection in Humanitarian Action (CPWG), Gender-Based Violence Guidelines (IASC), Humanitarian Charter & Minimum Standards in Humanitarian Response - Sphere).

In the implementation of the day to day activities, CESVI will carefully consider gender and age issues. Men, women, boys and girls actively participate in the programme design and in the implementation through a gender sensitive approach: all groups are consulted regularly through targeted single-sex and age-based Focus Group Discussions (FGDs) and interviews. in order to consider the needs and priorities of both the female and male population. All community-based activities will pay attention on gender issues, taking action only when this will not lead to retaliation against the vulnerable groups. Disaggregate data are recorded (also for the disability component) and analyzed at every stage of the action and the overall strategy of the project is designed to address the needs of most vulnerable groups, being women and children the main beneficiaries of the health intervention. Cesvi has also carefully accessed any risk related to the engagement of women in the project and will continue during the course of the action. Preference for outreach services and community based activities were also taken to avoid long travel for women and ensure their involvement in the project. Selection vulnerability criteria will include female and PLWs headed HHs and consultation with the community will be used ensuring that different groups are engaged separately to enrich community feedback and needs assessments. The gender approach shall however be locally rooted as to Do no Harm – components of mediation and sensitization weaved in so as to not create negative social dynamics. The health programme is designed to protect and provide services to vulnerable groups pregnant and lactating women (PLW) and under five (U5). Cesvi thought the CHW system will make sure that those vulnerable individuals access health services provided by the agency. In case more specialized care is required, the agency will refer the cases to specialized facility

Country Specific Information

Safety and Security

Access

Cesvi has been operating in Mudug for many years (since 2010), with a high level of acceptance from the communities, constantly collaborating with the local authorities and with the communities to guarantee acceptance, access and security of property and personnel. Nevertheless, for this action, partial remote management is needed. In Mudug region, the humanitarian space and access still remain very limited with Humanitarian workers facing various threats (armed clashes, explosive devices, targeted killing, clan conflict). Armed clashed among clan actors, especially due to land issues, are very frequent. Clan conflicts are endemic in the area and pose a major threat to the actors operating on the ground. Cesvi will implement the proposed activities through the local staff based in Galkayo South district. The Country Office staff will be involved in support to the action and will regularly visit the project locations. However, the access to Galkayo and Hobyo districts from expats (regional and international) is extremely limited due to high security risks, hence the partial remote management in providing backstopping and support

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 Manager	D	1	2,800.00	6	60.00	10,080.00
	<i>Based in Hobyo and is in charge of the actual supervision of implementation of all project activities. Reports on a weekly basis to Regional Manager. 60% dedicated to the project.</i>						
1.2	Hygiene Promoters	D	3	250.00	6	100.00	4,500.00
	<i>Junior positions, based in Hobyo. They will be in charge of running all HP activities under the supervision of the PM Amount inclusive of salary, insurance, house allowance, taxes, gratuity, eid bonus.</i>						

1.3	Community Health Workers	D	36	100.00	6	100.00	21,600.00
	<i>They will be selected among the beneficiaries population and will support the HP activities under the supervision of the HPs. They will also undertake community sensitization and infection control. 2 CHWs each village</i>						
1.4	Qualified Nurses	D	6	400.00	6	100.00	14,400.00
	<i>Based in Hobyo District and within the Health facilities / mobile clinics they will deliver health activities in the field within the structure of the project: conduct visits, distribute medications on the basis of the diagnosed diseases and transport/ refer critical patients. Fully dedicated to this project 1 staff each HF and mobile clinic</i>						
1.5	Qualified Midwives	D	9	400.00	6	100.00	21,600.00
	<i>Qualified Midwives: responsible for the follow up of all mothers in need of reproductive health services. The Midwife under the guidance of MCH supervisor provide treatment to the pregnant women, patients in need of ANC Services, Skilled Deliveries, referral of obstetric emergencies and follow up. 2 qualified midwife each facility and 1 each mobile clinics</i>						
1.6	EPI vaccinators	D	6	350.00	6	100.00	12,600.00
	<i>One EPI vaccinator per facility (3 fixed and 3 mobile clinics), to provide immunization services to children as per EPI schedule to children.</i>						
1.7	Pharmacists	D	3	260.00	6	100.00	4,680.00
	<i>One pharmacist per health center in Elgula, Galbarwaaqo and Wargalo to support in dispensing drugs to the patients according to prescriptions</i>						
1.8	Screeners	D	9	300.00	6	100.00	16,200.00
	<i>2 screeners each Health Facilities and one each mobile clinic..</i>						
1.9	Registrars	D	3	200.00	6	100.00	3,600.00
	<i>The three registrars will work in the static health centers (one each) to record the patient details in the OTP and SC centers</i>						
1.10	SC Nurses	D	3	400.00	6	100.00	7,200.00
	<i>The three SC nurses will work in the SC facilities in Elgula, Wargalo and Galbarwaaqo (one each) to be in charge of the stabilization center activities</i>						
1.11	SC Nutrition assistants	D	6	150.00	6	100.00	5,400.00
	<i>The nutrition assistants will work as milk ladies for the stabilization centers to assist the SC nurses in managing SAM+ cases (2 each facility)</i>						
1.12	SC Auxiliary nurses	D	3	300.00	6	100.00	5,400.00
	<i>Based in Hobyo district and within the Health Facilities they will assist the SC staff (Doctor and nurses). They will work in shift to guarantee 24 hours service. 1 Auxiliary nurses each facility.</i>						
1.13	Medical Doctor for CS	D	3	1,000.00	6	100.00	18,000.00
	<i>The doctors will be responsible for the medical treatment of the children in the stabilization centers in Elgula, Wargalo and Galbarwaaqo.</i>						
1.14	Guards	D	6	150.00	6	100.00	5,400.00
	<i>Each Health facility in Elgula, Wargalo and Galbarwaako will have 2 guard to provide security services</i>						
1.15	Cleaners	D	6	150.00	6	100.00	5,400.00
	<i>Cleaners will be based in Galbarwaako, Wargalo and Elgula to provide cleaning services to the health facilities. (2 each facility)</i>						
1.16	Administrator/HR Officer	S	1	1,500.00	6	60.00	5,400.00
	<i>They are responsible for the administrative and HR aspects of the project and ensures that the project is donor complaint in these aspects (supervision of payments and support document consolidation, Recruitments and staff management in terms of leave, tracking of contract renewal and staff attendance.)</i>						

1.17	Cashier/Accountant	S	1	1,200.00	6	60.00	4,320.00
	<i>They are the first point of contact for initiating payment processing at the base level, ensuring all financial transactions are recorded accurately and reconciliation of bank and cash accounts are done regularly.</i>						
1.18	M&E officer	S	1	1,550.00	6	60.00	5,580.00
	<i>Key staff necessary to ensure the project activities are undergoing regular monitoring and data collected and shared to the donor is accurate.</i>						
1.19	Procurement officer	S	1	1,100.00	6	60.00	3,960.00
	<i>Focal point for all matters procurement relating to the project, from initiation of the procedure, contact with suppliers and drafting on procurement documents and ensuring that donor and organizational policies are followed.</i>						
1.20	Office Security guards/cleaner	S	10	265.00	6	60.00	9,540.00
	<i>These staff are fundamental to supporting the office functions at the office where the project is based and where the project drugs are stored.</i>						
1.21	Technical Programme staff	S	3	5,500.00	6	30.00	29,700.00
	<i>Program Staff in charge of the overall coordination of the entire health and nutrition program in Somalia, with functions also of technical supervision and advisory. Represents CESVI at technical coordination meetings/ Working Groups.</i>						
	Section Total						214,560.00
2. Supplies, Commodities, Materials							
2.1	Drugs and medical supplies	D	1	35,000.00	1	100.00	35,000.00
	<i>Drugs and other medical supplies will be purchased for one static and one mobile clinic in Hoby district to deliver emergency life saving health services to the crisis affected population in Mudug Region. See the BoQ of the items to be purchased. For quality purposes the drugs will be purchased in Nairobi. This BL is related to both the Nutrition (Outcomes 1 and 2) and the Health (Outcome 1) components. Health Indicators: 1.1.1, 1.1.2, 1.1.3, 1.1.4. Nut indicators: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6.</i>						
2.2	Transport of the drugs by Air/road	D	1	11,200.00	1	100.00	11,200.00
	<i>Cargo of drugs from Nairobi to Galkayo and transport of the drugs by road from Galkayo warehouse to the MCHs in Galbarwaqo and Elgula. This BL is related to both the Nutrition (Outcomes 1 and 2) and the Health (Outcome 1) components. Health Indicators: 1.1.1, 1.1.2, 1.1.3, 1.1.4. Nut indicators: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6.</i>						
2.3	Warehouse costs	D	1	500.00	6	50.00	1,500.00
	<i>The warehouse will be used to store the drugs and medical equipment and will be used as central delivery station for the monthly drugs order from Mobile team and MCHs. The health project will contribute 50% of the rent of the warehouse. This BL is related to both the Nutrition (Outcomes 1 and 2) and the Health (Outcome 1) components. Health Indicators: 1.1.1, 1.1.2, 1.1.3, 1.1.4. Nut indicators: 2.1.1, 2.1.2, 2.1.3, 2.1.5, 2.1.6.</i>						
2.4	Training of the staff on mainstreaming GBV and child protection safeguarding	D	1	7,188.80	1	100.00	7,188.80
	<i>These are the items and the equipment needed to train the staff on GBV: Personal Protective Equipment for frontline Health and Nutrition workers for infection prevention and control of Covid-19. This BL is related to the Health component (Outcome 1), indicator 1.1.7.</i>						
2.5	Medical and Non Medical consumables	D	1	17,431.00	1	100.00	17,431.00
	<i>Medical consumables will be purchased for use in three fixed facilities in Elgula, Galbarwaqo and Wargalo plus 3 mobile clinic to deliver emergency life saving health services to crisis affected population of Mudug. See the BoQ of the items to be purchased. This BL is related to the Health component (Outcome 1). Health Indicators: 1.1.1, 1.1.2, 1.1.3, 1.1.4.</i>						
2.6	IEC Materials for awareness raising on hygiene promotion and nutrition awareness	D	1	5,850.00	1	100.00	5,850.00
	<i>the details of this BL is provided in the BoQ. These items will be distributed during the awareness sessions on Hygiene and nutrition. This BL is related to both the Nutrition (Outcome 1 and 2) and the Health (Outcome 1) components. Health indicator: 1.1.5 Nutrition indicators: 1.1.1, 2.1.7,</i>						
2.7	Consumables and stationary for HF/MC running costs	D	1	820.00	6	100.00	4,920.00

	<i>the details of this BL is provided in the BoQ. These materials are needed by the staff working in the MCs and the HFs for the daily activities of the centres/units. This BL is related to both the Nutrition (Outcomes 1 and 2) and the Health (Outcome 1) components. All indicators.</i>						
2.8	Purchase of Beds and SC supplies for inpatients	D	1	6,534.50	1	100.00	6,534.50
	<i>the details of this BL is provided in the BoQ. These items are needed to establish the stabilization center in Wargalo to host inpatients (SAM with complication children). This BL is related to the Nutrition component (Outcome 2). Nutrition indicators: from 2.1.1 to 2.1.8</i>						
2.9	Purchase of OTP supplies for mobile teams	D	1	13,860.00	1	100.00	13,860.00
	<i>the details of this BL is provided in the BoQ. These is the equipment needed for the implementation of the nutrition activities done by the Mobile Units. This BL is related to the Nutrition (Outcomes 1 and 2) component. All nut indicators.</i>						
2.10	Purchase of clean delivery kit for pregnant women	D	1474	23.10	1	100.00	34,049.40
	<i>the details of this BL is provided in the BoQ. Equipment needed for the deliveries at the facilities and field level. The list is the one recommended by UNFPA. This BL is related to the Health component (Outcome 1). Health indicator: 1.1.2</i>						
2.11	Purchase of caretaker food for the primary caretakers of SC children	D	1	9,989.40	1	100.00	9,989.40
	<i>the details of this BL is provided in the BoQ. Food to be provided to the caregivers at the stabilization centres, since they have to be present 24/24 hours (3 meals per day). This BL is related to the Nutrition component (Outcome 2). Nut indicators:from 2.1.1 to 2.1.8</i>						
2.12	Refreshments for PLWs attending in the sensitization sessions on mother led MUAC activity	D	1177	2.50	3	100.00	8,827.50
	<i>The details of this BL is provided in the BoQ. Refreshments for 1177 PLWs attending in the sensitization sessions for mother led MUAC activity. This BL is related to the Nutrition component (Outcome 1). Nutrition indicator: 2.1.4 and 1.1.1</i>						
	Section Total						156,350.60
3. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
5. Travel							
5.1	Flights to/from Somalia / Visas and flight fees (EC/UNHAS flight)	D	1	1,105.50	2	100.00	2,211.00
	<i>"Travel cost for A/R ticket NAIROBI- Mogadishu/Galckayo with UNHAS or EC flights and visa cost. Round trips: 1 round trips Kenya- Somalia for the Regional Head of Programme, for coordination and M&E purposes; 1 round trip Somalia - Kenya for the Project Manager, for project workshop at the Regional Office in Nairobi . "</i>						
5.2	Per diem and accommodation during monitoring missions	D	1	80.00	16	100.00	1,280.00
	<i>Project manager: 1 mission *6 day. Coordination staff: 1 missions*10 days @\$80/day</i>						
5.3	Hire Vehicle - car for supervision of project activities	D	1	1,000.00	6	100.00	6,000.00
	<i>Rent for vehicle (including fuel and driver) for supervision of the activities in Hobyo District. The vehicle will be hired for only 15 days/month, hence the small unit cost.</i>						
5.4	Car Hire for Mobile Activities	D	3	2,200.00	6	100.00	39,600.00

	<i>This will be the cost for monthly rental of 2 motor vehicles (fully equipped as mobile clinic) to be used for mobile Health activities in serving the 9 far flung villages of Hobyo District including driver and fuel).</i>						
5.5	Referral vehicle for emergency cases(fuel and driver)	D	1	2,000.00	6	100.00	12,000.00
	<i>Cesvi owns an ambulance vehicle, this cost will cover the driver and fuel for the ambulance that is referring the complicated emergency cases to Galkayo hospital</i>						
5.6	Security during missions	D	1	1,000.00	5	100.00	5,000.00
	<i>Cost of daily security (armored vehicle and guards) for field visit by the coordination staff</i>						
	Section Total						66,091.00
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	Air time for program staff	D	1	515.00	6	50.00	1,545.00
	<i>This will be the cost of monthly airtime for communication activities on matters revolving around the project</i>						
7.2	Office supporting costs Galkaayo Office	S	1	1,280.00	6	50.00	3,840.00
	<i>The BL covers general costs of the field Office in GLK. The office will support the project activities. The Project Manager will be based at Cesvi Galkayo Office. The program review meetings, close out meetings logistical and administrative support will be provided from this office. This BL includes the cost for the to support the project implementation providing: office space, consumables, Utilities and monthly cost for the internet and communication.</i>						
7.3	Office support costs Mogadishu	S	1	2,760.00	6	50.00	8,280.00
	<i>This BL that covers general costs of the Somalia Country Office. The Mogadishu Country office will support the project activities, from logistical, administrative/compliance and coordination side, by providing backstopping and technical support. The PSC covers Italy-HQ costs. These expenses are related to the organization as a whole, in particular are connected with the funding of HQ expenses that support all the projects implemented. The Country Office doesn't not receive any PSC from Cesvi HQ, hence the need to charge a very small % on the budget, based on the above mentioned contribution of the regional structure to the project itself.</i>						
7.4	Financial costs (bank fees)	S	1	420.00	6	100.00	2,520.00
	<i>The BL covers bank charges to transfer money to Somalia.</i>						
	Section Total						16,185.00
SubTotal			2,793.00				453,186.60
Direct							380,046.60
Support							73,140.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							31,723.06
Total Cost							484,909.66

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug > Hobyo > Ceelguula	100.00000	0	0	0	0		<p>H: Activity 1.1.1: This activity will be implemented in Hobyo distri...</p> <p>H: Activity 1.1.2: Cesvi will reach a total of 3,059 pregnant women ...</p> <p>H: Activity 1.1.3: This activity will reach 30,000 beneficiaries and...</p> <p>H: Activity 1.1.4: Routine vaccination services for children under 1...</p> <p>H: Activity 1.1.5: This activity will reach 15,008 (7,265 men and 7,...</p> <p>H: Activity 1.1.6: Compliant feedback mechanism is in place in Elgul...</p> <p>H: Activity 1.1.7: Cesvi will reach a total of 48 staff within the t...</p> <p>Nut: Activity 1.1.1: Conduct active case finding in the community thro...</p> <p>Nut: Activity 1.1.2: Cesvi will treat a total of 1,177 children (588 b...</p> <p>Nut: Activity 1.1.3: Cesvi will provide moderate acute malnutrition tr...</p> <p>Nut: Activity 2.1.1: Cesvi will treat the children with severe acute m...</p> <p>Nut: Activity 2.1.2: Cesvi will provide deworming services to the chil...</p> <p>Nut: Activity 2.1.3: As part of treatment for the micronutrient defici...</p> <p>Nut: Activity 2.1.4: Cesvi will provide maternal and young child nutri...</p> <p>Nut: Activity 2.1.5: As part of the prevention against micronutrient d...</p> <p>Nut: Activity 2.1.6: Cesvi will provide iron-folate treatment to the ...</p> <p>Nut: Activity 2.1.7: Cesvi will provide IYCF counseling (both group an...</p> <p>Nut: Activity 2.1.8: Cesvi will treat the children with severe acute m...</p>

Documents	
Category Name	Document Description
Project Supporting Documents	Beneficiary disaggregation by location_SHF 4th RA_CESVI.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation Revised 31.10.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation Revised 02.11.2022.xlsx
Project Supporting Documents	List of villages for convergence Cesvi CPD WVI_07 Nov 2022.xlsx
Project Supporting Documents	Beneficiary disaggregation by location_SHF 4th RA_CESVI_convergence_07 Nov 2022.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation Revised 08.11.2022.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation Revised 10.11.2022.xlsx
Budget Documents	Cesvi_SHF Proposal Budget_Template_HN 4th allocation Revised 11.11.2022.xlsx
Grant Agreement	OCHA Agreement - CESVI 23937 HC signed.pdf
Grant Agreement	OCHA Agreement - CESVI 23937 HC signed_Cesvi.pdf