

Requesting Organization :	Save the Children				
Allocation Type :	Standard Allocation 1 (Feb 2015)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Treatment and prevention of acute Malnutrition among children under 5 and PLWS in IDPs of Garowe, state of Puntland				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-15/DDA-3485/SA 1/Nut/INGO/2467		
Cluster :		Project Budget in US\$:	299,221.52		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/01/2016	Planned End Date :	31/12/2016		
Actual Start Date:	01/01/2016	Actual End Date:	31/12/2016		
Project Summary :	N/A				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	17	6,079	331	332	6,759
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	331	332	0	0	663
Women of Child-Bearing Age	0	6,051	0	0	6,051
Staff (own or partner staff, authorities)	17	28	0	0	45
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
N/A					
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		
Zinet Nezir	Senior technical specialist- Nutrition	zinet.nezir@savethechildren.org	+254786131473		

BACKGROUND

1. Humanitarian context analysis

Food security and nutrition situation in Somalia continues to be extremely fragile. According to FSNAU's Post-Gu 2015 report, projections through to the end of 2015 are: 1,014,000 people across Somalia will be in Crisis and Emergency (936,000 in IPC 3 and 78,000 in IPC 4) In addition, approximately 3.9 million additional people in acute food security (IPC Phase 2). The estimated total number of food insecure people is 4.9 million, which represents 40% of the country's total population. This figure represents a 19% increase over the estimate for February to June 2015. Displaced populations across Somalia remain the most vulnerable and account for 57% of the population in IPC 3 and 4. The increase in the number of people in Crisis and Emergency (IPC Phases 3 and 4) is attributed to below average cereal harvests in crop dependent areas; poor rainfall in some northern pastoral and agropastoral areas; trade disruption in some southern urban areas due to insurgent activities; new and continued population displacement. Widespread acute malnutrition continues to persist across Somalia. An estimated 307,800 children under the age of five are acutely malnourished, of which 55,800 (18%) of them severely. The number of acutely and severely malnourished children is likely to increase to 343,400 and 63,400, respectively, through the end of the year. The median Global Acute Malnutrition (GAM) rate is 13.6 percent and a median Severe Acute Malnutrition (SAM) rate of 2.3 percent of children under the age of five in Somalia.

2. Needs assessment

Five IDP settlements have Critical levels of GAM ($\geq 15\%$), thereby exceeding the emergency threshold: Dhobley (Lower Juba), Baidoa (Bay), Dollow (Gedo), Garowe (Nugaal) and Galkayo (Mudug). Furthermore, acute malnutrition levels in these two IDP settlements (Dollow, Garowe and Galkayo) are sustained at Critical levels over the past two years. IYCF indicators in Somalia are some of the worst in the world, with most infants introduced drinks before six months. The situation is further aggravated by the under performance and the weak referral center for malnourished children with medical complication in Garowe. The only stabilization center is located in Garowe Hospital but does not function as per the IMAM guidelines for many reasons including the limited infrastructure and space available for stabilization center. Due to no other options available, the SC is currently integrated into the exiting pediatric ward to utilize any space available. This poses a great risk to severely malnourished children as the risk of cross infection and spread of infectious disease like pneumonia, TB, meningitis, are very high. WHO studies show that SAM patients have 5-20 times higher risk of death from common childhood illness compared to well-nourished children. The overcrowding of the ward has led to beneficiary dissatisfaction, resulting in increased defaulter rate (20%) which exceeds SPHERE standards. See justification document and letter of support from the MoH attached.

3. Description Of Beneficiaries

N/A

4. Grant Request Justification

N/A

5. Complementarity

Save the Children has been implementing community based management of acute malnutrition in Puntland since 2010, targeting IDPs and neighboring host communities in Bossaso and Garowe camps. SCI has a well-established presence in PL with good community networks and acceptance as demonstrated by the several coverage surveys conducted by SCI; in 2014 the coverage in Garowe was 89% (SCI SQUEAC 2014), an improvement from 76.6% in 2012.

LOGICAL FRAMEWORK

Overall project objective

Contribute toward the reduction of morbidity and mortality related to acute malnutrition among children under-five in Garowe IDPs and surrounding host community through management of acute malnutrition and capacity building of MOH and local community.

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
N/A	N/A	100

Contribution to Cluster/Sector Objectives :

Outcome 1

Provision of effective treatment of acute malnutrition for under fives at OTP and at Stabilization Centre

Output 1

Description

-

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Eighteen staff/community health workers/outreach workers (3 men and 15 women) trained on identification, referral and follow up of beneficiaries.

Activity 1.1.2

Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Identify, admit and manage under fives - boys (307) and girls (307) - with Severe Acute Malnutrition and no medical complication at OTP							
Activity 1.1.3							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct daily Health and hygiene promotion sessions at OTP and SC							
Activity 1.1.4							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Identify, admit and manage under fives - boys (24) and Girls (24) - with Severe acute malnutrition with medical complication at Stabilisation Centre							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					18
Means of Verification :							
Indicator 1.1.4	Nutrition	Number of under five boys and girls admitted to the stabilization centre					48
Means of Verification :							
Indicator 1.2	Nutrition	Number of under five boys and girls admitted in the outpatient Therapeutic feeding programme					614
Means of Verification :							
Indicator 1.3	Nutrition	Number of nutrition, health and hygiene promotion session conducted					336
Means of Verification :							
Outcome 2							
Improved Infant and Young Child Feeding (IYCF) practices by caregivers							
Output 2							
Description							
-							
Assumptions & Risks							
Activities							
Activity 2.2.1							
Standard Activity : Capacity building							
Train OTP and SC staff and community workers (13 men and 32 women) on optimal IYCF practices							
Activity 2.2.2							
Standard Activity : Infant and young child feeding counselling							
Provide one-to-one counseling services to care takers (663 women) with children admitted at nutrition centers							
Activity 2.2.3							
Standard Activity : Infant and young child feeding promotion							
Organise IYCF promotion sessions at nutrition centers and at community level through the use of community workers, reaching 6051 people (600 men and 5451 women)							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					45
Means of Verification :							
Indicator 2.2	Nutrition	Number of mothers received counselling					663
Means of Verification :							
Indicator 2.3	Nutrition	Number of men and women reached with IYCF, health and hygiene messages					6,051
Means of Verification :							
Outcome 3							
Strengthen the capacity of MOH and the community to deliver quality nutrition services.							

Output 3													
Description													
-													
Assumptions & Risks													
Activities													
Activity 3.3.1													
Standard Activity : Capacity building													
Training needs identified and relevant training sessions conducted for MOH staff supporting the SC, as well as the community nutrition volunteers (13 men and 32 women) - The staff last received specific SC training in 2012 and so refresher training and on the job mentoring and support to ensure SC guidelines and standard protocols are adhered to.													
Activity 3.3.2													
Standard Activity : Capacity building													
Construct specific room for stabilisation centre for treatment of SAM case with medical complications (and equip with the necessary supplies) in order to reduce overcrowding of patients, improve conditions, and reduce likelihood of SAM patient contracting diseases.													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target						
			Men	Women	Boys	Girls							
Indicator 3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					45						
Means of Verification :													
Indicator 3.2	Nutrition	Well equipped functioning SC room					1						
Means of Verification :													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SCI data collection tools for the existing health program will be used to collect and analyze project data. At project level, there will be a monthly review and analysis of data from program implementation and the results will be used to make any required implementation adjustments. Monthly review meetings will also include discussions key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learnt. SCI MEAL will conduct independent monitoring of program quality following standards that are agreed upon by the technical and the MEAL team. Outcomes of these monitoring visits will be discussed with the project team to address quality shortcomings.													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Eighteen staff/community health workers/outreach workers (3 men and 15 women) trained on identification, referral and follow up of beneficiaries.	2016	X	X	X	X								
Activity 1.1.2: Identify, admit and manage under fives - boys (307) and girls (307) - with Severe Acute Malnutrition and no medical complication at OTP	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.3: Conduct daily Health and hygiene promotion sessions at OTP and SC	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 1.1.4: identify, admit and manage under fives - boys (24) and Girls (24) - with Severe acute malnutrition with medical complication at Stabilisation Centre	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.1: Train OTP and SC staff and community workers (13 men and 32 women) on optimal IYCF practices	2016	X	X	X	X								
Activity 2.2.2: Provide one-to-one counseling services to care takers (663 women) with children admitted at nutrition centers	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.2.3: Organise IYCF promotion sessions at nutrition centers and at community level through the use of community workers, reaching 6051 people (600 men and 5451 women)	2016	X	X	X	X	X	X	X	X	X	X	X	X
Activity 3.3.1: Training needs identified and relevant training sessions conducted for MOH staff supporting the SC, as well as the community nutrition volunteers (13 men and 32 women) - The staff last received specific SC training in 2012 and so refresher training and on the job mentoring and support to ensure SC guidelines and standard protocols are adhered to.	2016	X	X	X	X	X							
Activity 3.3.2: Construct specific room for stabilisation centre for treatment of SAM case with medical complications (and equip with the necessary supplies) in order to reduce overcrowding of patients, improve conditions, and reduce likelihood of SAM patient contracting diseases.	2016	X	X	X									
OTHER INFO													

Accountability to Affected Populations

N/A

Implementation Plan

SCI will support the MOH to provide lifesaving services through outpatient and inpatient therapeutic feeding programme. The OTP and SC program will use the existing MOH nutrition team to undertake the IMAM intervention. The Outpatient Therapeutic feeding programme will be provided from seven OTP centers. The OTP team will be composed of a supervisor, nurses, measurers, register, Health/Nutrition educator and IYCF counselor. The team will be supported by community nutrition volunteers. SCI will also ensure the target communities (women, girls, boys and men) are effectively mobilized and sensitized and ensure community engagement in the programme. Screening will take place regularly at the sites and in the communities. Under five Boys and Girls identified with SAM/MAM cases will be referred to OTP/SC/TSFP services. OTP and SC treatment will be provided according to national and international guidelines using routine medicine and ready to use therapeutic food - Plumpy nut at OTP and F75 and F100 in SC. Upon discharge from OTP, beneficiaries will be admitted to TSFP for follow up, and discharges from SC will be assisted in OTP. Infant and Young Child Feeding (IYCF) support will also be provided to pregnant and lactating women, women of childbearing age and those who influence IYCF Practices. The IYCF counselors, health and nutrition educator and Community Health Workers as well as the OTP nurses will be involved in the promotion and counseling activities at the different levels

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Provision of RUFT
Cluster	F100 and necessary medicines supplies for the Management of SAM cases
WVI and MOH	Provision of OTP and SC services and necessary vaccinations
MOH	Although the program is being directly implemented by SCI (no sub-contractors), it will be undertaken in close partnership with the Ministry of Health, which is essential to the program's successful implementation, as well as the future sustainability of the health facility. Close collaboration with MOH will be key as the project will be implemented in an MOH facility with MOH staff.

Environment Marker Of The Project**Gender Marker Of The Project**

3- Not Specified

Justify Chosen Gender Marker Code

Both women and men will be recruited to work in the nutrition program. Boys and Girls under the age of 5 years will be the prime beneficiaries of the treatment services while the IYCF targets women care takers. Influential men and women in the community will also be part of the community level promotion activity. Men and women community members will be involved in the monitoring where they will give feedback on the services provided

Protection Mainstreaming**Country Specific Information****Safety and Security****Access****BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.2	Project Officer	D	1	1,332.00	12	100%	15,984.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Based in Garowe with overall responsibility of monitoring project activities and support nutrition staff to ensure the quality of work to be done at field level, he is also responsible to coordinate with the government and partners on the ground, the current salary including allowances will be charged to CHF project and expected to devote 100% of his time in the project (TimeUnit: Month)</i>						
1.3	Data Entry Clerk	D	1	755.52	12	100%	9,066.24
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) SCI staff responsible collection of nutrition statistics data from OTP and SC, analysis and reporting, (TimeUnit: Month)</i>						

1.4	Hygiene Promoter	D	1	755.5 2	12	100%	9,066.24
<i>(A:1 Staff and Other Personnel Costs: Local Staff) This person will coordinate WASH intervention including hygiene promotion in nutrition programme, he/she will ensure CNV are trained on hygiene promotion and follow-up daily work. CHF will contribute 100% (TimeUnit: Month)</i>							
1.5	Other Local Staff	D	1	35,99 8.56	1	100%	35,998.56
<i>(A:1 Staff and Other Personnel Costs: Local Staff) See BOQ attached (TimeUnit: Lumpsum)</i>							
1.1	Awards Director	D	1	1,780 .20	12	30%	6,485.62
<i>(A:1 Staff and Other Personnel Costs: International Staff) The awards director will be responsible for providing direction to the awards team. Awards will be responsible for conducting audits, ensuring the donor regulations are adhered. The unit costs includes the salary costs only. The unit costs is \$1780 which is (\$8,901*20%) CHF will contribute 30% of this over the life of the project. (TimeUnit: Month)</i>							
Section Total							76,600.66
Supplies, Commodities, Materials							
2.1	2.1.1 Nutrition Medical Drugs	D	1	23,06 4.00	1	100%	23,064.00
<i>This is the cost of purchasing drugs which will be used for beneficiaries with severe acute malnutrition. See breakdown attached (TimeUnit: Lumpsum)</i>							
2.2	2.1.2 IMAM training for Nutrition (OTP and SC) staff	D	1	4,977 .00	1	100%	4,977.00
<i>This is the cost of training the 30 participants for 5 days both SC staff and OTP staff on IMAM. Breakdown attached (TimeUnit: Lumpsum)</i>							
2.3	2.1.3 IMAM training (screening and active case finding) for CNV staff	D	1	3,562 .00	1	100%	3,562.00
<i>This is the cost of training CNV staff on screening and active case finding. The participants are 20 and the training will be conducted for 5 days (TimeUnit: Lumpsum)</i>							
2.4	2.1.4 IYCF and Hygiene Promotion training for Nutrition (IYCF, OTP and SC) staff	D	1	4,477 .00	1	100%	4,477.00
<i>This is the cost of training 30 participants for 5 days on hygiene promotion and IYCF (TimeUnit: Lumpsum)</i>							
2.5	2.1.5 IYCF training for CNV and Support mother groups staff	D	1	10,61 7.00	1	100%	10,617.00
<i>This is the cost of training 30 participants (CNV and mother support groups) for 5 days on IYCF. BOQ attached (TimeUnit: Lumpsum)</i>							
2.6	2.1.6 Hospital Bed with mattress	D	6	600.0 0	1	100%	3,600.00
<i>This is the cost of purchasing 6 beds together with a mattress at @ \$600 each. (TimeUnit: Lumpsum)</i>							
2.7	2.1.7 Construction of three rooms (5X5 m)	D	1	43,02 8.62	1	100%	43,028.62
<i>Cost of Construction of rooms for treatment of SAM with medical complication and equipping with the necessary supplies. See BOQ for breakdown of costs. (TimeUnit: Lumpsum)</i>							
2.8	2.1.8 Freight Costs	D	1150	6.00	1	100%	6,900.00
<i>This is the cost of transporting medical drugs from Nairobi to Bossaso. We have a framework agreement with Circle logistics and they charge us \$ 6 per KG for any weight between 1000-1300. We anticipate the weight will fall within this range with an average of 1150Kg. Please note this is an estimate at this point based on the list of drugs. (TimeUnit: Lumpsum)</i>							
2.9	2.1.9 Vehicle hire for supervision, meetings, etc at field level	D	12	1,600 .00	1	75%	14,400.00
<i>This is the cost of renting a vehicle to be used for transporting staff to the project site, during meeting, trainings and the monitoring visits. The cost of hiring the vehicle is \$1600 per month which CHF will contribute 75%. (TimeUnit: Month)</i>							
2.10	2.1.10 Supervisor MOH	D	1	500.0 0	12	100%	6,000.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) incentive (equivalent to EPHS standard of MOH staff) of one supervisor Based in Garowe will be paid from this grant, the supervisor is in charge in OTP daily activities, provide technical support to Stabilization center, and ensure coordination/integration of SCI nutrition supported programmes with MOH quality of work. CHF will contribute 100% (TimeUnit: Month)</i>							
2.11	2.1.11 Stabilization Center nurse (2) - MOH	D	2	400.0 0	12	100%	9,600.00
<i>(A:1 Staff and Other Personnel Costs: Local Staff) Qualified nurses working in Stabilization Center working in three shifts in 24 hours, the cost/salary (equivalent to current) of nurses will be covered from CHF grant. CHF will contribute 100% (TimeUnit: Month)</i>							
2.12	2.1.12 Nutrition Assistants SC(4) - MOH	D	4	300.0 0	12	100%	14,400.00

	<i>(A:1 Staff and Other Personnel Costs: Local Staff) will handle daily work of nutrition support including provision of supplies (F100, F75, PPN, drugs). CHF will contribute 100% (TimeUnit: Month)</i>						
2.13	2.1.13 IYCF councillor - MOH	D	1	300.00	12	100%	3,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Improve Infant and Young Child feeding practices at Community level, and closely work with Mother Support Group. CHF will contribute 100% (TimeUnit: Month)</i>						
2.14	2.1.14 OTP Nurses(2) MOH	D	2	400.00	12	100%	9,600.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) Qualified nurses will be supported in OTP daily work for treatment and medical check of SAM cases, the cost/incentive (equivalent to current) of nurses will be covered from CHF grant. CHF will contribute 100% (TimeUnit: Month)</i>						
2.15	2.1.15 Community Mobilizers OTP - MOH	D	1	200.00	12	100%	2,400.00
	<i>(A:1 Staff and Other Personnel Costs: Local Staff) MOH staff responsible for community mobilization and supervision of Community Nutrition Volunteers. CHF will contribute 100% (TimeUnit: Month)</i>						
2.16	2.1.16 Security - SPU incentives Bosaso	D	10	210.00	12	40%	10,080.00
	<i>This is the cost of hiring SPU to ensure the effective and smooth implementation of the projects and field visits, supervision. The unit costs is \$105(210*50%) which CHF will contribute 80%. (TimeUnit: Month)</i>						
2.17	2.1.17 Nutrition Assistants OTP - MOH	D	2	300.00	12	100%	7,200.00
	<i>Qualified nurses will be supported in OTP and TSFP, and three nurses in Stabilization Center working in three shifts in 24 hours, the cost/salary (equivalent to current) of nurses will be covered from CHF grant 100%</i>						
2.18	2.1.18 IYCF Councillors OTP (1) - MOH	D	1	300.00	12	100%	3,600.00
	<i>Improve Infant and Young Child feeding practices at Community level, and closely work with Mother Support Group. CHF will contribute 100%</i>						
2.19	2.1.19 Registrars -MOH	D	1	300.00	12	100%	3,600.00
	<i>Daily registration of nutrition records including register books and OTP cards. CHF will contribute 100%</i>						
	Section Total						184,705.62
Equipment							
3.1	3.1.1 Laptop for the Project Officer	D	1	1,200.00	1	100%	1,200.00
	<i>This is the cost of replacing the laptop for the project officer. The unit costs will be \$ 1,200 based on what we have spent in the past. The project officer will use this laptop in completing his monthly reports, doing write-ups for the daily supervision visits, storing data collected on the beneficiaries and the compilation of the donor report. (TimeUnit: Lumpsum)</i>						
	Section Total						1,200.00
Travel							
5.1	5.1.1 Staff Travel Costs - Perdiem, Flights and Accommodation	D	1	7,150.00	1	100%	7,150.00
	<i>This is the cost of travel for the Nutrition technical advisor, Program manager and the deputy project manager during the monitoring visits and supervision of the project activities. The Nutrition Manager and the deputy manager will be providing technical support to the project officer. They will be attending the quarter project review meetings and taking part in the trainings. The nutrition technical specialist will attend the review meetings and provide technical input in this project. The BOQ is attached. (TimeUnit: Lumpsum)</i>						
	Section Total						7,150.00
General Operating and Other Direct Costs							
7.1	7.1.1 Office Rent	D	1	4,750.00	12	7%	3,990.00
	<i>This is the cost of Office rent for Puntland office. The monthly rent charged to CHF is \$ 950(4750*20%) of which CHF will contribute 35% of this. The unit cost is based on the lease agreement we have with the landlord. (TimeUnit: Month)</i>						
7.2	7.1.2 Utilities (Water-\$100 and Electricity- \$150)	D	1	250.00	12	100%	3,000.00
	<i>This is the cost of utilities for PL office which includes \$150 for electricity and \$100 for water which CHF will contribute 100%. The unit cost is based on the average cost we pay per month. (TimeUnit: Month)</i>						
7.3	7.1.3 Contribution to Bank Charges	D	1	3,000.00	1	100%	3,000.00

	<i>This is the cost of transferring the projects fund to the field office and subsequent payment to the supplier. This is 1% of the total budget which is based on the contract agreement we hold with Dahabshil. (TimeUnit: Lumpsum)</i>		
	Section Total		9,990.00
SubTotal		1,209.00	279,646.28
Direct			279,646.28
Support			
PSC Cost			
PSC Cost Percent			7%
PSC Amount			19,575.24
Total Cost			299,221.52
Grand Total CHF Cost			
			299,221.52

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nugaal -> Garowe -> Garowe	25						
Nugaal -> Garowe -> Garowe/Waberi	25						
Nugaal -> Garowe -> Garowe/Wadajir	25						
Nugaal -> Garowe -> Siiga Dheer	25						

Documents	
Category Name	Document Description
Signed Project documents	2467 SC- Grant Agreement.doc
Signed Project documents	signed Agreement-SC-2467.pdf
Project Supporting Documents	Plan layout of the stabilization structure
Project Supporting Documents	Roof Plan Layout of the stabilization Center
Project Supporting Documents	Foundation Plan layout of the stabilization Center
Project Supporting Documents	Revised CHF Nutrition BOQ 13.03.2015
Project Supporting Documents	Justification of SC construction and staff training
Project Supporting Documents	Letter of support from MoH on SC construction
Budget Documents	2467CHF Nutrition BOQ 11 12 2015.xls
Budget Documents	721 SC BOQ- 14.12.2015.xls