

Requesting Organization :	Salama Medical Agency				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Provision of access to life saving emergency nutrition services for the drought and AWD affected populations in Bay and Bakool regions				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/H/100048	Fund Project Code :	SOM-17/3485/SA1 2017/Nut/NGO/5038		
Cluster :	Nutrition	Project Budget in US\$:	174,956.25		
Planned project duration :	9 months	Priority:	A - High		
Planned Start Date :	30/03/2017	Planned End Date :	30/12/2017		
Actual Start Date:	30/03/2017	Actual End Date:	30/12/2017		
Project Summary :	<p>SAMA proposes this life saving emergency nutrition project which aims to provide access to life saving essential nutrition services for the Acute Water Diarrhea (AWD) and drought affected vulnerable populations in the various target locations in Bay and Bakool regions. The project will be implemented through facility based and mobile approach and will target six worst affected locations by AWD and drought conditions. The static facilities will include a Stabilization center (SC) in Baidoa town and the mobile facilities will include Seydhelow site, Neebsoy, Jeelow, and Munaawir. Each of the mobile facilities will cover populations in 5 sub villages. The project will be composed of an SC (Stabilization center) in Bayhaaw Hospital and four mobile OTP (Outpatient Therapeutic Program) sites which will target to benefit 5,550 vulnerable community members who include 2,550 children under five (1,275 boys 1,275 girls) 2,815 women and 185 men with access to life saving emergency nutrition services for the drought and Acute water diarrhea -AWD affected populations. Almost over 80% of the target beneficiaries are populations in rural locations and mainly consist of farmers, pastoralists and internal displaced persons who were badly affected by AWD and rapidly deteriorating drought conditions. The project will be implemented in complementary of current ongoing health and nutrition projects run by SAMA and in close collaboration and coordination with health and nutrition cluster partners as well as WASH cluster and Ministry of health . The SAMA nutrition project officer will manage the project in close collaboration with SAMA programme Coordinator and over all supervision and monitoring will be conducted by SAMA M & E officer who will also collaborate with SAMA Program Coordinator.. Prior to approval, the project will start on 24 March 2017 and end o 23 December 2017 and supplies will be requested and expected from UNICE and both organizations will also contribute with technical support. capacities of 45 staff will be built and strengthened as well as 20 key community volunteers and community nutrition workers..</p> <p>the capacity of staff and community members will improved through training and workshop</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	185	2,815	1,275	1,275	5,550
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,275	1,275	2,550
Pregnant and Lactating Women	0	2,800	0	0	2,800
Staff (own or partner staff, authorities)	20	15	0	0	35
Other	165	0	0	0	165
Indirect Beneficiaries :					
165 men will indirectly benefit from the project					
Catchment Population:					
170000 including people in Humanitarian Emergency					
Link with allocation strategy :					

This SAMA proposed project is closely linked and aligned with the humanitarian funding strategy and the nutrition cluster objectives hence it focuses on scale up of existing nutrition services and provision of urgent life saving services to mitigate impact of drought and prevent possible famine thus the main SAMA target locations are rural locations and hard to reach areas. Therefore SAMA in line with the humanitarian strategy and cluster objectives plans to provide adequate access to life saving emergency nutrition services to the Acute water diarrhea and drought affected vulnerable populations in rural locations and hard to reach areas. Preventive and curative emergency nutrition services will be provided and services will be scaled up in order to prevent the Acute water diarrhea and drought affected populations from sliding back into famine.

Below are the nutrition cluster objectives :

- 1 Reduction of nutrition related morbidity and mortality rates to below emergency sheets
- 2 The most vulnerable households groups and communities are better able to mitigate the risks and withstands shocks and stress

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
Mukhtar Mohamed Hassan	Program Coordinator	salamamedicala@gmail.com	+252615996698

BACKGROUND

1. Humanitarian context analysis

The expected two consecutive rainy seasons of GU and Deyr in 2016 have failed and have resulted poor farm crops harvesting and poor pasture, this has led to serious drought conditions which have negative affected the vulnerable populations in Bay and Bakool regions in terms of livelihood, food insecurity situations and poor household incomes as well as poor pasture for livestock animals. As a result serious Acute water diarrhea outbreak have started in Baidoa in late December 2017, tremendously spread to the various villages in Bay and Bakool regions thus this has further aggravated the humanitarian situation of the drought affected populations in Bay and Bakool regions. Moreover, displacement of the population and drier climatic conditions further deteriorate health and nutrition situation of the vulnerable population in the SAMA current target locations. Additional epidemic of other outbreak prone communicable diseases are the most worried public health concern among the community at this time. Acute malnutrition levels are on the rise among the vulnerable populations mainly affecting children under 5 years and pregnant and lactating women; the nutrition cluster pre-famine scale up plan and response updates in Jan 2017 indicates a GAM rate of 20% and SAM rate of 4.50% in Bay region, and a GAM rate of 23.7% and SAM rate of 2.20% in Bakool region hence this shows critical levels and increase of the acute malnutrition among the vulnerable populations in Bay and Bakool regions. Farmers, pastoralists and IDPs are the worst affected community groups especially those target populations in rural locations and hard to reach areas.

2. Needs assessment

According to the Somalia Operation plan for prevention of famine issued in February 2017, estimated that 6.2 million people are in need of humanitarian assistance across the country and this represents more than half of the total country population which is estimated at 12.3 million individuals. 2.9 million persons are in emergency and crisis conditions and 3.3 million individuals live in stressed food security and livelihood situations. Of the total number, 363,000 children are acutely malnourished. The humanitarian organizations plan to reach 5.5 million persons with life saving humanitarian assistance and livelihood support. Between January to February 2017, IOM DTM update in February estimates that 137,400 persons including 103,000 pastoralist households were displaced countrywide due to drought relation; of this total 4, 000 households were displaced in Bay region alone thus this is anticipated to deteriorate for the upcoming periods unless timely life saving humanitarian assistance is provided to the vulnerable populations. AWD outbreak is currently ongoing in various locations in Bay and Bakool regions including the current SAMA target locations. over 5,000 AWD cases were reported in Bay and Bakool regions since December 2016 and over 100 related deaths reported. Diarrheal diseases are one of the rapidly deteriorating and leading to acute malnutrition as well as other common communicable diseases which are potential epidemic prone diseases at this period thus the above combinations trigger the rapidly deteriorating need for provision and scale up of emergency life saving nutrition services for the AWD and drought affected populations in SAMA current target locations. FSNAU updates in January 2017 suggest that famine is possible in 2017 and that forecast anticipates drier climatic conditions due to estimation of poor rainfall of the upcoming April to June 2017 Gu season thus it recommends that urgent action is needed to ramp up and ensure provision of assistance and adequate humanitarian access to address risking levels of food insecurity and mitigate the potential for large scale loss of life. In this regard, SAMA through this proposal plans to implement emergency life saving essential nutrition project which will comprise of OTP and SC services and will also include routine Infant and young child feeding programme and Nutrition health and hygiene promotion NHHPs services and will target 5,550 vulnerable populations groups in six locations of high priority areas in Bay and Bakool regions badly affected by disastrous AWD outbreak and serious drought conditions that trigger extreme needs for emergency humanitarian assistance to prevent further aggravating grave situations and prevent and reduce morbidity and mortality related to acute malnutrition. SAMA through this project mainly focuses on farmers, pastoralist and IDPs populations in rural locations and hard to reach areas and who include 2,550 children under 5 years and 2,815 women out of the total population in the catchment population.

3. Description Of Beneficiaries

The Somali nutrition cluster targets to reach 2.2 million vulnerable community members, of whom 570,000 beneficiaries of children under 5 years and PLW will be targeted for treatment with TSFP and 1.43 million children and mothers with MCHN and BSFP for prevention of malnutrition. Moreover 200,000 SAM cases will also be targeted by the Somali nutrition cluster with life saving therapeutic nutrition interventions. Bay and Bakool regions are worst hit areas by the ongoing AWD (Acute Watery Diarrhea) outbreak and deteriorating drought conditions whereby over 5,000 AWD cases have been reported and over 100 deaths, most of the agro-pastoral population live in deteriorating drought conditions and have nothing to eat or feed their children and PLW. SAMA through this project currently targets to reach 5,550 male and female vulnerable population groups in four high priority locations affected by AWD and deteriorating drought conditions. 5,550 vulnerable community members will be targeted and will benefit with adequate access to quality life saving essential nutrition services; The project will specifically address and benefit 2,550 under 5 year children under five with improved and adequate access to life saving emergency nutrition services which will include OTP, SC and Infant and Young Child Feeding(IYCF) as well as Nutrition Hygiene and Health Promotion (NHHP) services. nutrition staff, CNWs (Community Nutrition Workers) as well as key community members will also benefit with incentives and capacity building training which will promote service delivery, utilization, quality and sustainability.

4. Grant Request Justification

The performance of the last GU and Deyr rainy seasons in 2016 was poor resulting poor farm crops harvesting with some families in very few locations in Bay and Bakool regions while majority of the farmer populations remain empty handed and stock outs. pastoralists have nothing to feed their animals, body conditions of livestock weakened and milk productions reduced as well as livestock sale declined and prices rapidly decreased to its lowest since 2011. FSNAU subsequently issued alerts of rapidly deteriorating drought conditions and other humanitarian community also raised the same concerns as well as the SFG, regional states and local authorities made subsequent declaration of deteriorating drought conditions possibly leading to famine unless adequate response is organized. Somali Pre famine operational plan has been developed indicating the extreme need to address the prevailing complex humanitarian emergency and crisis conditions and food insecurity situations before deterioration in to famine; the humanitarian community plan to reach 5.5 million people with adequate and timely humanitarian assistance out of the 6.2 million in need of humanitarian assistance. Of the total, the nutrition cluster targets to reach 2.2 million vulnerable community members, of which 570,000 beneficiaries of children under 5 years and PLW (Pregnant and Lactating Women) will be targeted for treatment with TSFP and 1.43 million children and mothers with MCHN and BSFP for prevention of malnutrition. Moreover 200,000 SAM cases will also be targeted by the Somali Nutrition cluster with life saving therapeutic nutrition interventions. Bay and Bakool regions are worst hit areas by the ongoing AWD outbreak and deteriorating drought conditions whereby over 5,000 AWD cases reported and over 100 deaths, most of the agro-pastoral population live in rapidly deteriorating drought conditions and have nothing to eat or feed their children and PLW thus this is also in line with the Somalia pre-famine operational plan which indicates that out of 6,244,000 people in food insecurity across Somalia, 768,000 persons live in Bay and Bakool regions and of whom 218,000 people are in emergency IPC4, 285,000 in crisis IPC3 and 265,000 people live in stressed phase IPC2. SAMA current target locations are high priority areas, hard to reach and rural locations seriously affected by the ongoing AWD outbreak and deteriorating drought conditions as well as gaps of access to essential basic health and nutrition services thus this project will significantly contribute in saving lives of vulnerable groups in the target locations. The current target beneficiaries of this project are mainly vulnerable population groups from farmers, pastoralists and IDPs

5. Complementarity

SAMA currently runs 5 OTP(Outpatient therapeutic program) sites in 5 target locations but this is not sufficient to cover the increasing needs of the populations in the various locations due to overwhelming needs as a result of rapidly deteriorating drought conditions, AWD outbreak and increasing cases of communicable diseases. Additional OTP(Outpatient therapeutic program) sites needs to be established in further high priority locations affected by AWD and drought. Moreover there are gaps of access to BSFP (Blanket Supplementary Feeding Program) and TSFP (Target Supplementary Feeding Program) services in the areas thus there is high need of such services to complement the ongoing and planned OTP (Outpatient therapeutic program) services. The SC in Bayhaaw Hospital will also be support to further strengthen services and complement the outpatient emergency nutrition program with provision of access to nearby SC services as well as improved referral mechanisms. SAMA will implement this project in complementary and supplementation of the current ongoing nutrition and health projects in terms of information sharing and referral and filling gaps of access to other nutritional services in the target locations. The project will also be an integral part of SAMA health program to ensure complementarity among the affected populations. It will also be implemented in close collaboration with the nutrition, health and WASH clusters in terms of information sharing and coordination forums to avoid overlaps and duplication, identify gaps and promote experience sharing.

LOGICAL FRAMEWORK

Overall project objective

The overall objective of this project is to provide access to and scale up adequate access to quality life saving preventive and curative nutrition services for 2,550 children under 5 years and 2,815 women (including 2,800 PLWs-Pregnant and Lactating Women) and 185 men among the AWD (acute watery diarrhea) and drought affected vulnerable populations in Bay and Bakool regions.

The project also aims to strengthen community resilience and build capacities of staff, community nutrition workers CNWs and community volunteers in order to maximize service utilization, promote exclusive breast feeding and foster change of adverse traditional behaviours among the vulnerable population.

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		Somalia HRP 2017	30				
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		Somalia HRP 2017	70				
<p>Contribution to Cluster/Sector Objectives : The project significantly contributes to the Somali nutrition cluster objectives that aim to save lives of vulnerable population groups affected by acute watery diarrhea (AWD) outbreak and rapidly deteriorating drought conditions through provision of equitable access to quality life saving preventive and curative nutrition services that includes optimal promotion of routine infant and young feeding IYCF and Nutrition Health and Hygiene promotion NHHP. The project will also contribute to the cluster objectives through continuous information sharing, experience sharing, lessons learned and enhanced nutrition surveillance with availability of affected population, nutrition situation and surveillance data as well as active participation of cluster forums and significant contributions.</p>							
Outcome 1							
Improved access to emergency nutrition services to vulnerable communities through OTPs (Outpatient therapeutic Program and SC (Stabilization Center) services in the target locations							
Output 1.1							
Description							
Increased utilization of 2,550 children under five and 2,815 women through 4 outpatient treatment programme OTP sites and 1 Stabilization center established, supported and properly functional							
Assumptions & Risks							
<p>Delay in supplies provision may delay timely delivery of services Lack of complementary health and WASH activities may create vacuums Insecurity against staff may cause security challenges during travel in roads due to presence two rival militias in roads and lack of respect to humanitarian principals by both sides. Conflict between the two rivals(SFG and AS) may resume thus it affects the target populations with increased demand for humanitarian assistance and may cause further large scale displacement. Drought conditions might worsen and further stretch the needs beyond current estimation based on anticipated poor rain fall in the Gu season April to June 2017</p>							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	number of children under five admitted and treated					2,550
Means of Verification : Registers monthly reports photos							
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					2,800
Means of Verification : Register photos reports							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region							
Activity 1.1.2							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide micro-nutrients supplementation and Vitamin A supplementation for 2,800 women in Bay region							
Output 1.2							
Description							
improved awareness regarding infant and child feeding practices at target communities							
Assumptions & Risks							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of IYCF promotion sessions held					10
Means of Verification : Number of sessions held, photos , reports							

Indicator 1.2.2	Nutrition	Number of care givers receiving awareness session on exclusive breastfeeding						250
Means of Verification : attendance sheet, reports photos								
Activities								
Activity 1.2.1								
Standard Activity : Infant and young child feeding promotion								
Organize 10 community\$ facility based infant and young feeding promotion sessions at target locations Infant and young feeding counselor will organize topic on maternal nutrition to mother bringing their children to nutrition sites to tackle underlying causes of malnutrition								
Activity 1.2.2								
Standard Activity : Infant and young child feeding promotion								
Conduct community awareness sessions on exclusives breastfeeding, child care targeting 250 care givers at target locations								
Output 1.3								
Description								
The capacity of 35 staff improved through training and workshops								
Assumptions & Risks								
Delays of funds								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					15	
Means of Verification : training report , photos, attendance sheet								
Indicator 1.3.2	Nutrition	Number of community nutrition workers trained on malnutrition signs and referral					20	
Means of Verification :								
Activities								
Activity 1.3.1								
Standard Activity : Capacity building								
Conduct integrated management of acute malnutrition training to 15 staff								
Activity 1.3.2								
Standard Activity : Capacity building								
Organize training for 20 community nutrition workers on malnutrition signs case finding , early referral to programme								
Additional Targets :								

M & R

Monitoring & Reporting plan

SAMA will conduct subsequent supportive supervision and monitoring of the project on monthly and quarterly basis to identify community complaints and provide feed back and ensure successful achievement of project objectives. facility registers will be reviewed, data collected and compared with surveillance data, service delivery observed, staff interviewed and communities consulted through monthly and quarterly field visits to project sites. The project manager will manage the project activities on daily basis and is responsible for ensuring day to day guidance of staff and management; the SAMA monitoring and evaluation officer will conduct monthly support supervision and monitoring of the project to identify weaknesses strengthen performance and maximum utilization of services as well as SAMA LAC members especially the SAMA program coordinator will carry out support supervision and monitoring of the project on quarterly guiding staff and ensuring compliance of project terms of reference and ethical considerations. The project will be evaluated at its end seeking for external evaluation firms.

SAMA will adhere all reporting procedures and observe agreed terms and follows reporting schedules thus will develop and share narrative progress and final reports indicating achievements, challenges and summary recommendations and other important information that deem necessary. The SAMA reporting elements will include as follows

Data will be collected on monthly basis and shared with the nutrition cluster, UNICEF

Quarterly support supervision and monitoring reports will be developed and shared with the nutrition cluster, UNOCHA SHF, and UNICEF
Mid term progress report will be developed and shared in August 2017

Final project report will be shared in January 2018

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provide micro-nutrients supplementation and Vitamin A supplementation for 2,800 women in Bay region	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.1: Organize 10 community\$ facility based infant and young feeding promotion sessions at target locations Infant and young feeding counselor will organize topic on maternal nutrition to mother bringing their children to nutrition sites to tackle underlying causes of malnutrition	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.2.2: Conduct community awareness sessions on exclusives breastfeeding, child care targeting 250 care givers at target locations	2017			X	X	X	X	X	X	X	X	X	X
Activity 1.3.1: Conduct integrated management of acute malnutrition training to 15 staff	2017				X								
Activity 1.3.2: Organize training for 20 community nutrition workers on malnutrition signs case finding , early referral to programme	2017				X								

OTHER INFO

Accountability to Affected Populations

SAMA will run this project in close collaboration with the local community throughout the project cycle. Subsequent community consultation meetings will be held with the local community; communities will be trained and given awareness to sensitize their role and the necessity to collaborate and participate throughout the project;. Community nutrition workers will be part of this project program to strengthen community participation and ensure maximum impacts of the project among the vulnerable community.

The agency involves and seeks the view of the affected populations and will ensure full participation of the affected community throughout the project cycles; the agency puts all efforts to ensure active role of the affected population and informed decisions and choices that can facilitate information sharing and dialogue between the organization and the affected population. Feedback and complaints mechanisms will be established and complaints will be addressed and involvement of the communities in designing, monitoring and evaluation will be ensured through streamlining of the project processes. Lessons learnt will be compiled and developed.

Implementation Plan

SAMA has fully dedicated staff in management, finance and logistics and promotes continuous cooperation with MOH FGs and MoH ISWA as well as the nutrition, WASH and health cluster partners and UNOCHA, WHO, UNICEF and UNFPA in Bay and Bakool regions. This life saving project will be implemented as a facility based and mobile project and will target 8 worst affected locations by AWD and drought conditions. The static facilities will include Baidoa town and the mobile facilities will be Seydelow, Neebsoy, Jeelow, and Munaawir and each of the mobile facilities will cover populations in 4 sub villages. The project will be composed of an SC in Bayhaaw Hospital and 4 mobile OTP sites which will target to benefit 5,550 vulnerable male and female community members of whom 2,550 will be children below 5 years and 2,800 PLWs with adequate access to life saving emergency nutrition services for the drought and AWD affected populations. The project will be implemented in complementary of current ongoing health and nutrition projects run by SAMA and in close collaboration and coordination with health and nutrition clusters and partners as well as WASH cluster and MoH ISWA. The SAMA field nutrition project officer will manage the project in close collaboration with SAMA Nutrition Project Coordinator and monthly supervision and monitoring will be conducted by SAMA M & E officer who will also collaborate with SAMA Project Coordinator. Dedicated finance assistant will be recruited as well as logistics and project manager to ensure efficient management of supplies and financial resources.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Provision of SC and OTP supplies for target sites as well as technical support; SAMA will share monthly surveillance data will be shared with UNICEF
Nutrition cluster	Monthly forums, surveillance data, quarterly 4w and 3 w matrix

Nutrition cluster partners in Bay and Bakool	Information sharing, experience sharing and referral of cases
MoH ISWA	safety and security of staff, active participation of coordination forums and continuous information sharing on nutrition situation as well as monthly surveillance data
Health cluster partners	information sharing on nutrition and emergency health situations and referral of cases

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2a- The project is designed to contribute significantly to gender equality

Justify Chosen Gender Marker Code

SAMA gives highest respect for ethical, cultural and religious behaviors of the target community to ensure acceptability and equitable access among all affected population groups. All humanitarian principles will be adhered, minority groups such as IDPs, pastoralists and black smiths will be given maximum considerations to specifically address their needs and ensure equal access to the humanitarian life saving nutrition services benefiting all community groups. All target cases satisfying the standard criteria will be selected and admitted to the relevant program regardless of race, gender, ethnicity or believes etc.

The nutrition staff will consist of both male and female nutrition workers who will be recruited through competitive process to ensure equal opportunity employer. The programme will significantly contribute in equal access to life saving preventive, promotive and curative nutrition services for both male and female community members including children under 5 of both girls and boys, pregnant and lactating women.

Protection Mainstreaming

It has been found that PLW wait longer than men to seek health and nutrition care mainly due to their unwillingness to disrupt household functions and not willing to share their medical background with male community health and nutrition workers until the situation forces them .To minimize such barriers, SAMA is slowly increasing the number of female Community Nutrition Workers (CNWs). Based on our experiences and understanding of gender issues and protection needs of women and children, this project interventions will significantly contribute in equitable access to services and build positive impacts for women and their malnourished children, preventive measures will also be put in places to contribute towards empowerment of women and children through involvement of men in awareness of activities to contribute towards care of sick and malnourished children and excessive need of PLWs. Beneficiaries' discrimination will be eliminated by ensuring transparent practices throughout project cycles.

Country Specific Information

Safety and Security

The current SAMA target areas are mainly rural locations and hard to reach areas, majority of them are controlled by non state actors, the communities in these target areas are badly affected by AWD outbreak and critical drought conditions, security situation is current good although conflict situation prevails between SFG and AS same as the other areas in South west zone and attacks can start at any time. SAMA maintains close links with the various community groups including community elders, chief clans and community based nutrition and health workers therefore this facilitates better and open access to all of the target locations. The community elders and chief clans take leadership in ensuring safety and security of SAMA staff and all of its humanitarian projects and SAMA continues to monitor the situation and gathers risk related information to identify potential risks and safety concerns and address them on timely manner in collaboration with the community elders and chief clans. The MoH ISWA also contributes safety and security of SAMA staff in its areas of control and SAMA promotes contact and continuous information sharing with MoH ISWA and MoH SFG.

Access

SAMA runs various health facilities and nutrition sites which are currently operational in the target locations although there is a big gap due to rapidly deteriorating drought conditions, drier climatic conditions and disastrous AWD outbreak and these combinations have expedited the need for scale up and immediate life saving emergency humanitarian services. SAMA has set up CTUs in several locations including in current target areas and are still operational although there are crucial gaps of funding and scarcity of resources. Therefore through this project, SAMA will be able to effectively and efficiently address the prevailing gaps in access to life saving essential nutrition services and strengthen existing services to provide adequate access among the vulnerable population.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1.1	Project coordinator	D	1	1,100.00	9	100.00	9,900.00
	<i>Coordination of project activities, supervision of ongoing nutrition activities and develops project reports, and sharing regular information to OCHA and Nutrition cluster as well as makes strategic and work planning</i>						
1.2	Logistics Officer	D	1	500.00	9	100.00	4,500.00
	<i>Maintain Supplies management, control supply status, and supplies will be received from UNICEF and distribution of supplies to the OTP (Outpatient Therapeutic Program) sites, and reporting of the supply balance and consumption to the project coordinator. Supplies will be received on quarterly basis from UNICEF.</i>						
1.3	Finance assistant	D	1	500.00	9	100.00	4,500.00
	<i>Dedicated assistant for the financial management and reporting of this project</i>						

1.4	Monitoring and evaluation officer	D	1	500.00	9	100.00	4,500.00
	<i>Conducts continuous monitoring and supportive supervision on project and reporting quarterly monitoring reports</i>						
1.5	Store keeper	D	1	300.00	9	100.00	2,700.00
	<i>Provides day to day supply requests and Stock management, monitoring stock condition, makes receipt and delivery notes and prepares stock cards and bin cards. This nutrition supplies will be provided by UNICEF</i>						
1.6	Field Nutrition Officer	D	1	500.00	9	100.00	4,500.00
	<i>Maintain and control day to day management of the project, data collection from all OTP (Outpatient Therapeutic Program) mobile sites and reporting to the program coordinator</i>						
1.7	Nutrition supervisor (Team leaders) One supervisor for all outreach mobile teams	D	1	400.00	9	100.00	3,600.00
	<i>Site based nutrition supervisor, leading all nutrition activities in the field, develops narratives for nutrition activities i.e. challenges and improvements.</i>						
1.8	Nurses (1 Nurse for each mobile team) for four mobile teams	D	4	400.00	9	100.00	14,400.00
	<i>Provide nutrition nursing services to children under 5 and PLWs through treatment and follow up to the malnourished children in five OTP (Outpatient Therapeutic Program) mobile in the target locations</i>						
1.9	Community nutrition supervisor (1 supervisor for all OTP sites)	D	1	300.00	9	100.00	2,700.00
	<i>Site based community nutrition supervisor, supervising all community nutrition activities in the field, supporting CNWs (Community Nutrition Workers), collecting data and reporting to Nutrition Field officer</i>						
1.10	Screeener (two screeeners for each OTP mobile for 4 OTP Mobile teams)	D	8	250.00	9	100.00	18,000.00
	<i>Measurement and screening of Moderate Acute Malnutrition (MAM) and Severe Acute Malnutrition (SAM) cases and admission</i>						
1.11	Registrars (One registrar for each OTP mobile team for 4 OTP mobile teams)	D	4	250.00	9	100.00	9,000.00
	<i>Records and registering malnutrition cases admitting in OTP (Outpatient Therapeutic Program) and discharges, referrals and deaths for OTP mobiles</i>						
1.12	Nutrition promoters (one promoter for each OTP mobile team for 4 OTP mobiles)	D	4	200.00	9	100.00	7,200.00
	<i>Focus on Infant Young Childrean Feeding (IYCF) and Nurtition Health Hygeine Promtion (NHHP) activities in target locations</i>						
1.13	Community nutrition workers	D	8	150.00	9	100.00	10,800.00
	<i>Conduct community based nutrition activities including early identification of acute malnutrition cases and referral, promotion of optimal IYCF (Young Childrean Feeding) and NHHP (Nurtition Health Hygeine Promtion) among the community</i>						
1.14	SC supervisor (One supervisor one SC)	D	1	500.00	9	100.00	4,500.00
	<i>Maintain management and supervision of the Stabilization Center, prepares daily data reports and monthly reports</i>						
1.15	SC Qualified nurse (Two qualified nurses for one SC)	D	2	400.00	9	100.00	7,200.00
	<i>Responsible for admission, diagnoses and treatment of severe acute malnutrition children with complication and follow of SAM (Severe Acute Malnutrition) cases with medical complications in stabilization center</i>						
1.16	SC auxiliary nurse (Six auxiliary nurses for one SC)	D	6	250.00	9	100.00	13,500.00
	<i>Screen and registering for Severe Acute Malnutrition children in the stabilization center and Provides prescribed medical treatments for day to day Stabilization Center's services and to Severe Acute Malnutrition SAM cases in SC (Stabilization Center)</i>						
1.17	Security guard(Two security guards for one SC)	D	2	145.00	9	100.00	2,610.00
	<i>The security guards: responsible for keeping and controlling security matters in the Stabilization Center.</i>						
1.18	Cleaners(two cleaners for one SC)	D	2	120.00	9	100.00	2,160.00
	<i>Cleaners provide all cleaning services required, collecting rubbish, and unwanted items in the stabilization center</i>						
	Section Total						126,270.00
Supplies, Commodities, Materials							
2.1	Utility cost	D	2	200.00	9	100.00	3,600.00
	<i>Fuel for generator, 2 barrels each barrel 200 liters of fuel and will be purchased monthly to maintain 24 hours electricity in the Stabilization Center.</i>						
2.2	Basic Nutrition Service Package Training	D	15	20.00	5	100.00	1,500.00

	<i>This training will be focused on management of severe acute malnutrition and referral mechanism and will benefit 15 participants with a daily per diem of \$20 USD for each participant. The training will be ongoing for 5 days</i>						
2.3	Community Nutrition Workers Training	D	20	20.00	5	100.00	2,000.00
	<i>20 participants of Community Nutrition Workers; each participant will be paid a daily per diem of \$20/day. The training will be ongoing for 5 days and will focus on basic skills in screening acute malnutrition cases, identification, referral and follow up of defaults as well as Nutrition,, Hygiene and Health Promotion (NHHP) and IYCF (Infant and Young Child Feeding)</i>						
	Section Total						7,100.00
Travel							
5.1	Vehicle rent for OTP and SC	D	2	1,800.00	9	100.00	32,400.00
	<i>Vehicle rent for OTP (Outpatient Therapeutic Program) and SC Stabilization Center, the vehicles will be used for routine transport of mobile staff and referral of target cases. As well the vehicles will also be narrowed to used for supervision</i>						
	Section Total						32,400.00
General Operating and Other Direct Costs							
7.1	Communication costs	D	1	95.00	9	100.00	855.00
	<i>Airtime 2 lines of \$95 USD each, for a duration of 9 months=1,710 to be used by the nutrition project coordinator and field nutrition officer for day to day communications throughout project cycles;</i>						
	Section Total						855.00
SubTotal			89.00				166,625.00
Direct							166,625.00
Support							
PSC Cost							
PSC Cost Percent							5.00
PSC Amount							8,331.25
Total Cost							174,956.25
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa -> Jeelow	17	30	500	90	90	710	Activity 1.1.1 : Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region
Bay -> Baidoa -> Baidoa	33	65	815	900	900	2,680	Activity 1.1.1 : Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region
Bay -> Baidoa -> Munaawir	17	30	500	97	98	725	Activity 1.1.1 : Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region
Bay -> Baidoa -> Neebsoy	18	30	500	112	113	755	Activity 1.1.1 : Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region
Bay -> Baidoa -> Saydheelow	15	30	500	75	75	680	Activity 1.1.1 : Admit and treat 2,550 children with malnourished through four Mobile Outpatient therapeutic treatment OTP and one stabilization center (SC) in Bay region

Documents	
Category Name	Document Description
Signed Project documents	HC signed GA for SAMA 5038.pdf
Budget Documents	sample BOQ.xls
Budget Documents	SAMA IMAM Project BoQ.xlsx
Budget Documents	SHF-SAMA- IMAM Project BoQ.xlsx
Grant Agreement	HC signed GA for SAMA 5038.pdf
Grant Agreement	HC and IP signed GA for SAMA 5038.pdf