

---

## Food Assistance Project Proposal

### PART 1

**NAME OF AGENCY/NGO:** SANID organization for Relief and Development.

**MODALITY OF FOOD DISTRIBUTION:** Target Supplementary Feeding Program (TSFP).

**NUMBER OF BENEFICIARIES:** Sana'a (200 CU5, 500 PLWs and 0 CU2).

**QUANTITY OF FOOD IN METRIC TONS:** Sana'a and ( 30 MT of plump sup, 10 MT of plumpDoz, 50 WSB++).

**PROJECT LOCATION:** Hamdan (2 locations)

**REGION:** Sana'a governorates

**IMPLEMENTATION PERIOD FROM:** 31<sup>st</sup> December, 2018 TO: 31<sup>st</sup> May 2019.

**NO. OF DAYS:** 184

**CONTACT PERSON:** Mohammed Alkabous

**EMAIL:** info@sanid.org

**TEL. NO.** 771055500-01/231744

**DATE PROPOSAL SUBMITTED:** November 30, 2018

### PART 2

#### **BACKGROUND / PROBLEM ANALYSIS/ (PARAGRAPH)**

With 2.5 years into the crisis, 22.1 million people in Yemen are in need of humanitarian assistance, making it one of the largest humanitarian emergencies in the world.<sup>1</sup> Food security and nutrition conditions are deteriorating rapidly due to the ongoing conflict. Malnutrition rates are above the WHO emergency threshold levels of 15% (GAM rate). In 2018, there are 1.8 million children, in 2019, there is 2.9 million acutely malnourished and 1.1 million pregnant and lactating women, acutely malnourished, including 400,000 children under the age of five who are suffering from severe acute malnutrition. An estimated 7.5 million people are in need of nutrition assistance, with 2.9 million people who will require treatment for acute malnutrition<sup>2</sup>.

#### **PROJECT JUSTIFICATION**

The humanitarian situation in Yemen has deteriorated devastatingly after the conflict and violence broke out since March 2015. As an immediate consequence, the already dire situation worsened. Food insecurity, population displacements, limited access to basic services, disease outbreaks, limited access to health and WASH services are all contributing factors which led to emergency malnutrition crisis.

To address the needs, SANID plans to scale up CMAM services across the country according to its request and nutrition cluster reporting update on famine,. SANID intends to join the efforts to address the nutrition emergency in 3 districts of Sana'a and 9 districts in Marib governorates.

The rapidly deteriorating humanitarian situation therefore calls for immediate interventions and resources to conduct life-saving nutrition activities in a quick, effective and sustainable manner to respond to the increasing needs of vulnerable people. SANID intends to maximize allocated resources to reach populations that are more vulnerable and provide life-saving preventive and curative nutrition services. The actions

proposed have the objective to treat MAM cases and to prevent the targeted population to further fall to SAM by reducing their immediate vulnerabilities. This action will also benefit them on the long-term, as it will have an impact on stunting and their overall development.

SANID has started treat acute malnutrition (MAM) among children under 5 and PLW through provision of Plumpy sup and WSB-super cereal to Children U5 and PLW respectively in Sana'a governorate.. This proposed strategy fits into the CMAM scaling up efforts put in place by nutrition actors in Yemen to respond to this nutritional crisis. The current context also justifies this intervention, taking into account a GAM rate above 15% and all aggravating factors faced in Yemen .

### **PART 3** **PROJECT OBJECTIVES**

Project Goal: To contribute to the reduction of the morbidity and mortality from acute malnutrition among children under-5 and PLW in Sana'a Governorate, Yemen.

Specific objectives:

1. To support the management of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs).

### **PART 4** **PROJECT IMPLEMENTATION STRATEGY**

The project design is based on proactive and continuous collaboration between SANID, the local government, its partners, key stakeholders and the nutrition cluster. In order to ensure proper coordination, adherence to the activity plan and capacity of prompt project adjustments (when required), project coordination bodies will be purposely established and meet on regular basis to ensure achievement of expected results. SANID will continue working in partnership with the National MoPHP, GHO and DHO, particularly in facilitating health and nutrition system coordination, health information management systems, and transition strategies.

SANID will ensure provision of therapeutic and supplementary nutrition care among children under 5 and pregnant and lactating women (PLW). SANID will ensure provision of the minimum package of nutrition care based on the CMAM approach. SANID will strengthen the internal and external referrals among the community, TSFPs, and OTPs sites. SANID will further strengthen its partnership with local agencies and the cluster to ensure better coordination as well as to avoid duplication in programming and minimizing missed opportunities. In addition, SANID will advocate integrating the nutrition activities into the delivery of Primary Health services.

SANID

will facilitate the employment of trained health and nutrition staff both males and females at its project sites ensuring the health and nutrition workers at the project sites implement project activities according to the CMAM guideline/Protocols as well as within the MAM guidelines (international and national ones). Training events will be closely linked and coordinated with the MoPHP and other partners and will include necessary guidance on management of referrals.

#### **Treatment of MAM among children U5 years, PLW and other vulnerable groups :**

- Screen and enrol **200** children under 5 for TSFP/MAM for Sana'a in in .one location at Hamdan district
- Screen and enrol **500** PLWs in Supplementary Feeding Programs for Sana'a.

- Nutrition follow-up for 10800 of the location populations.

### Capacity building of Health and Nutrition staff

The programme will enhance capacity of Health and Nutrition staff as well as CHVs in diagnosis and management of SAM and MAM affected children and PLW regular coaching to improve knowledge and skills in order to improve nutrition services delivery to the beneficiaries and promote project sustainability. SANID aims to:

- Ensure effective reporting and information sharing with other partners at the governorate and national levels including GHO, Nutrition Cluster and MoPHP in a timely manner
- Ensure better data collection mechanisms at SFP sites
- Participate actively in Nutrition Cluster and sector coordination meetings at National and/or Governorate level to discuss nutrition and health related activities to improve outcomes in targeted districts
- Work with the government departments at the Governorate and the county level in ensuring that the project activities are fully implemented with the involvement of local authorities

### Supply Delivery and Storage

SANID will transport the inputs from Its stores and MoHP stores to the respective distribution sites according to distribution schedule. Storekeepers will manage the stores day-to-day activities with the support of SANID Logistics team. Records keeping will be well maintained to allow accountability.

## PART 5

### EXPECTED PROJECT ACTIVITIES for SAM programs

Activity	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Apr 2019	May 2019
Train 194 nutrition staff on TSFP as refresh course for both governorates	x					
Train 384 CHVs on screening and referral of MAM	x					
Screen children and PLWs for acute malnutrition regularly	x	x	x	x	x	x
Provide TSFP supplies to targeted beneficiaries through nutrition staff in the existing health facilities	x	x	x	x	x	x
Monitoring and supervision of CHVs & teams	x	x	x	x	x	x
Carry out post distribution monitoring for supplementary feeding supplies.	x	x	x	x	x	x
INTERNAL weekly and monthly reporting	x	x	x	x	x	x
Establish and maintain referral mechanisms (e.g. referral forms, accurate information on referral facilities, records) with regular updates	x	x	x	x	x	x
Submit monthly reports using CMAM database	x	x	x	x	x	x
Quarterly and Final report					x	x
Coordination with INGOs, MoPHP and Nutrition sub cluster,	x	x	x	x	x	x

## **PART 6**

### **AGENCY'S PREVIOUS EXPERIENCE**

Sanid Organization for Relief and Development is a non-governmental, non-profit and non-partisan organization dedicated to provision of lifesaving services and relief assistance to the most vulnerable people, displaced families and marginalized groups with special focus on women, children and people with special needs. The Organization was established and officially registered on 8<sup>th</sup> July 2014. With a registration certificate No. 1013 issued by the Ministry of Social Affairs and Labor (MoSAL). The Organization has implemented a variety of programs in the field of food distribution and treatment of malnutrition among the children under 5-years age in Sana'a and Amanat Al Asimah Governorates. The organization has provided food assistance and NFI items for the IDPs who fled their residences, left all their properties behind and became dependent on humanitarian aid in Amanat Al Asimah, which is hosting the largest number of IDPs. The Organization is based in Sana'a where most of its activities are implemented. Sanid maintains excellent relations with all the humanitarian actors, stakeholders, local authorities and CSOs and knows the sporadic areas in which the most vulnerable IDPs, refugees and asylum seekers.

Sanid Organization has been implementing a Mobile health project for the treatment of malnutrition of SAM and provision of nutritious foods for the patients in two districts of Yemen titled Sa'afan, and Manakha and Al Earah Halth unit of the Sana'a Governorate. The project is still ongoing.

## **PART 7**

### **COMMUNITY/COUNTERPART PARTICIPATION**

(A) MoPHP/GHOs of Sana'a : The MoPHP will play an integral role in this proposed action. They will be involved from the very beginning of the project so as to develop ownership and approval of proposed activities. Furthermore, SANID works closely with the MoPHP through the clusters and regular meetings, informed by activities implemented through the proposed action. SANID also works closely with the GHOs on, assessment of Health facilities and recruitments and training etc.

(B) UNICEF: Given UNICEF's unique position as Nutrition Cluster lead in Yemen, SANID collaborates closely with UNICEF and has been obtaining nutrition supplies including MNPs, Information, Education, Communication (IEC) materials for nutrition education and training manuals/materials as needed.

(C) WFP: SANID will work closely with WFP on CMAM/TSFP activities. Building on this relationship, SANID will coordinate with WFP on identifying nutrition gaps and obtain Ready-to-Use Supplementary Food (RUSF) for treatment of MAM.

(D) Nutrition Sub Cluster: SANID coordinates with the Nutrition Sub Cluster at country level and ensure that programs are in line with the cluster work plan and are filling an identified gap in emergency response

## **PART 8**

### **PROJECT INPUTS REQUIRED**

<b>Beneficiary groups</b>	<b>Type of Food</b>	<b>Total Ration(MT)</b>
MAM CU5	Plumpy Sup	30 MT

PLW	WSB ++	50 MT
BSFP	Plumpy Doz	10
<b>Total</b>	<b>NA</b>	<b>80</b>

SANID will distribute the inputs to:

- All the HFs for the activities run in fixed and temporary health facilities

Organization providing inputs	Type/quantity of Inputs	Value (USD)
Donors/ Global giving	Cash	85000

## PART 9

### EXPECTED OUTPUTS, INDICATORS AND TARGETS ()

#### OUTPUTS

- Moderately malnourished children below 5 year have access to treatment of acute malnutrition
- PLWs are enrolled for the treatment of MAM
- Program performance indicators are maintained within SPHERE standards
- Supplementary food (Plumpy Sup and WSB++) is distributed to Children U5 and PLW respectively for MAM treatment
- Health and nutritional status of children are monitored and assessed on monthly basis
- Health facilities (both fixed and temporary) have capacity to offer quality curative nutrition services (TSFP)

## PART 10

### REPORTING and MONITORING ARRANGEMENTS (NOT MORE THAN ONE PAGE)

- 1) SANID has established a robust monitoring and evaluation (M&E) system in Sana'a that will guide successful implementation of the project, including key gender sensitive indicators. SANID intends to establish the same M & E system in the proposed intervention areas in other project sites. It will be a continuous process of collecting information and presenting data, throughout the project cycle, in order to assess the impact and lead to improvements in the effectiveness of the project.
- 2) SANID monitoring efforts in the project will ensure compliance with CMAM guidelines and international standards, policies and relevant learning is documented, disseminated to staff and used to make future decisions. Based on the reporting mechanisms, field focal points will continue

verifying project implementation and evaluations regularly. Data will be collected (disaggregated by sex and age), synthesized and analysed for summary and thematic reports on M&E findings. SANID will share the data regularly following cluster data reporting schedules.

- 3) SANID will follow the Funder/ Global giving financial and narrative reporting requirements in a timely manner. SANID will further develop and facilitate training materials and presentations for capacity building of project staff on M&E. The project team will regularly review and improve the M&E system by seeking stakeholder inputs and through consultations with other organizations working in the region. At the end of the project, progress on achieving the project objectives will be assessed and next steps to promote sustainable activities will be considered.

Continuous monitoring of project activities will be ensured by:

- **Effective Monitoring System:**
  - (i) Compilation of daily/weekly/monthly health facility registers
  - (ii) Compilation of monthly and quarterly progress reports for funders
- **Effective Financial Monitoring System:**
  - (i) Budget follow-up will be elaborated and approved by project department together with the request for funds.
  - (ii) Compilation of financial report will be elaborated by SANID administration with the support of a Project accountant.
- **Qualified Technical Assistance:**

SANID has envisaged employment of technical human resources skilled in management and supervision, responsible for assisting local nutrition staff at both facility and outreach level. They will be based at each of the main project locations and will ensure daily supervision of the quality of the services provided. Support is also provided by the technical department.
- **External Monitoring:**

SANID will share periodical information and data on the project implementation with Nutrition Cluster focal persons in the proposed project areas, to share views and get additional inputs and comments.
- Sanid shall commit to submit the essential monthly cooperating and funder partner distribution report.

**Annex 3 (c): Project Log frame**

The below table shows the expected outcomes and indicators to measure the performance of the project

**EXPECTED OUTPUTS, INDICATORS AND TARGETS**

Project Title		Implementing agency	SANID
Narrative Summary	Objectively Indicator	Method of Verification (MOV)	Assumptions/Risk
<p><b>Project Goal:</b></p> <p>To contribute to the reduction of morbidity and mortality from acute malnutrition among children under-5 and PLW in Sana'a Governorate, Yemen</p>	<p>Cured rate of MAM children U5 =&gt; 75%</p>	<p>CMAM database</p>	<p><b>Risks:</b></p> <ul style="list-style-type: none"> <li>- The security situation worsens in Sana'a boarding districts and prevents a permanent and sustainable implementation of the activities.</li> <li>- The community and local authorities (e.g.: MOPIC, health line ministries) don't allow the implementation of the project.</li> </ul> <p><b>Assumptions:</b></p> <ul style="list-style-type: none"> <li>- Security conditions allow access to beneficiaries for SANID staff).</li> <li>- There is no major disease</li> </ul>

			<p>outbreak deteriorating the health situation dramatically.</p> <ul style="list-style-type: none"> <li>- The community and local authorities (e.g.: MOPIC, health line ministries) accept and support the interventions.</li> </ul>
<b>Objectives</b>	<b>Objective 1:</b> To support the management and prevention of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs).		
<b>Narrative Summary</b>	<b>Objectively Verifiable Indicator (OVI)</b>	<b>Method of Verification (MOV)</b>	<b>Assumptions/Risk</b>
<b>Objective 1:</b> To support the management of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs)			
<p><b>Output 1.1:</b> Support to 2 fixed health facilities</p> <p><b>Output 1.2:</b> 200 moderately malnourished children below 5 year have access to treatment of MAM (TSFP) in Sana'a while 200 CU5 for Marib</p> <p><b>Output 1.3:</b> 500 PLW are enrolled for the treatment of MAM in Sana'a while 500 PLW for Marib</p>	<p># fixed health facilities in function</p> <p># of children under 5 years enrolled in TSFP (boys/girls)</p> <p>Discharge rates for U5 according to CMAM protocol: Cure rate &gt;75% Death rate &lt;3% Defaulter rate &lt;15% Non-Response rate &lt;15%</p> <p># of Pregnant and # of Lactating Women enrolled in TSFP program Cure rate &gt;75% Death rate &lt;3% Defaulter rate &lt;15% Non-Response rate</p>	<p>Mapping of health facilities, with CMAM services</p> <p>CMAM database Monthly Progress reports</p> <p>CMAM Database Monthly Progress reports</p> <p>Monthly Distribution reports</p>	<p><b>Risks:</b> Supply chains are disrupted leading to supply breakdown. Partner/ donors, MoHP does not supply the planned quantities of this FLA to SANID, in the sufficient quantities or in a timely manner.</p> <p><b>Assumptions:</b> There is no interruption of supply chain, and Funders can provide to SANID the quantities planned in this FLA.</p>

	<15%		
<b>Narrative Summary</b>	<b>Objectively Verifiable Indicator (OVI)</b>	<b>Method of Verification (MOV)</b>	<b>Assumptions/Risk</b>
<b>Objective 2:</b> To prevent acute malnutrition among U5 children through health education and promotion activities at health facility as well as at community level			
<b>Output 2.1:</b> The promotion of health, nutrition and hygiene key messages is ensured at health facility and community level	# Beneficiaries reached with key health, hygiene and nutrition key messages at the health facility level.	Monthly Progress reports	<p><b>Risks:</b> Access to HF and villages is restrained.</p> <p><b>Assumptions:</b> Security conditions allow access to beneficiaries for SANID staff.</p>

The report of reached children for December 2018 – January 2019 in Al-earah health unit under Sanid Supervision

## Malnutrition monthly report January, 2019

### Monthly Statistical Report of the Preventive Treatment Program for Acute Malnutrition Cases for Children, Mothers, Pregnant and Lactating Women - Program - (CMAM)

The malnutrition programs has been starting in December, 2018. The program funded by ACT foundation.

Programs	Malnutrition treatment for children under 5 years in Yemen.
Facility health Name	Qa'a Al-Earah Health unit.
Targeted area	Sana'a governorate, Hamadan district.
Population	10,000 People.
Children < 5 years and PLW	800 PLW 1,840 Under 5 Years
Funder	MoPH +ACT foundation + Sanid organization for relief and development
Implemented by	SORD.
Period of the programs	6 Months.
Started program	January, 2019.

Program treatment	<input type="checkbox"/> TFC/SC	<input type="checkbox"/> SFP/MAM	<input checked="" type="checkbox"/> OTP-SAM	<input checked="" type="checkbox"/> CMAM
-------------------	---------------------------------	----------------------------------	---	--

### Program targeted Details (Number of children targeted)

Program targeted						
Population	Total of Children Under 5 Years	Total of PLW	SAM of children <5 Years	MAM of PLW	MAM of children <5 Years	Estimated CMAM Treatment of monthly attendance
10,000	1,840	800	74	210	243	421

### Number of children reached Details for December, 2018 and January, 2019.

Program reached								
Month	Population	Total of Children Under 5 Years	Total of PLW	SAM of children <5 Years	MAM of PLW	MAM of children <5 Years	Estimated CMAM Treatment of monthly attendance	
December, 2018	10,000	66	185	66	98	117	532	
January, 2019		66	245	67	92	74	544	
Feb, 2019								
Mars, 2019								
April, 2019								
May, 2019								

Newly recruited children in program (CMAM), to treat malnutrition for December, 2018.

Program type	Targeted from last month	Sex	MUAC<11.5 Cm	Z-SCORE<3	Total	Total of children attending to Health unit
SAM without complications for children <5	0	Male	17	5	22	22
	0	Female	24	20	44	44
	0	Total	41	25	66	66



	nt and lactating mothers	pregnant	Lactating	pregnant	lactating	Referal	Awareness
December, 2018	185	57	41	45	42	-----	155
January, 2019	245	49	43	61	72	-	220-

### List of Medical supplies' for January, 2019.

Items Description	Unit	Left From The last month	Delivered for this month	storage Total	Given	Damaged	Refund	Remaining	Monthly need
WSB++	Bag								
PLUMBY SUP	BOX								
PLUMBY DOZ	BOX								
PLUMBY NUT	BOX	26	149	175	85			86	
MUAC for Children	TAPE								
MUAC for Mothers	TAPE								
Micronutrients(Powder)	BOX	120	-	120	120			0	
Micronutrients(bills)	CAN								
Folic Acid	CAN								
Amoxicillin syp	CAN	0	300	300	266			34	
Paracetamol syp	CAN								
Mebendazole Tab	CAN								
Vitamin A	CAN								
Nystation oral sups	CAN								
Metronidazole syp	CAN								
Benzyl benzoate lotion	CAN								
Etracycline eye ointimer	PIPE								
Cleen kits	BOX								
F75 – treatment Milk	BOX								
F100- treatment Milk	BOX								
RESMOL	BOX								
OTHERS									

## Caseload calculation of Children and PLW for malnutrition programs

Baseline population data

The baseline population (total per district and children 0-59 months per district) is estimated 2018 population based on Census 2004 with population growth rate applied per year (source: CSO 2018), accounting for the IDPs movement based on the 16th TFPM report (Task Force on Population Movement).

Total of population (10,000).

Equations for calculating malnutrition based on the total population of the target area					
Description	Children 0-59	Children 6-59	Children 0-23	Children 6-23	PLW
Equations	18.4 % of population	69 % of 0-59	8 % of population	5.7 % of 0-59	8% of Population
CMAM	1,840	1269	147	570	800