REDUCTION OF EXCESS MORBIDITY AND MORTALITY CAUSED BY MALNUTRITION AMONGST CHILDREN UNDER 5 YEARS OF AGE AND PREGNANT AND LACTATING WOMEN (PLW).

Part I. SANID ORG. BRIEF INTRODUCTION

1. Org. Information.

Full Name:	SANID Organization for Relief & Development.
Abbreviation name	SORD.
Contact person:	Mohammed Hameed Al-kabous.
Postal address:	Al Wahdah District, Algeria ST, Next to UNHCR, Sana'a – Yemen.
Telephone number:	+967-01-205757 - +967771055500 - +967775433339.
Contact person's email:	info@sanid.org.
Address:	Yemen, Sana'a –Algeria Street, Next to UNHCR.
Website:	http://www.sanid.org.
Contact Person	Mohammad Hameed Al-kabous.

2. Synopsis of the SORD.

Sanid Organization is a non–governmental, non-profit and non-partisan Organization that works independently in the whole country of Yemen. Although it commenced operation as a youth initiative, it was officially established and registered in 2014 by the Ministry of Social Affairs and Labor Office under license No (1013). Since its establishment, the organization has implemented a variety of programs in food distribution, improvement of livelihoods, health care and treatment of malnutrition among the children under 5 years age, pregnant and lactating women and WASH in the most of the Governorates of Yemen.

Sanid is actively engaged in providing lifesaving services and relief assistance to the most vulnerable persons, poorest HHs and marginalized groups desperately in need of essential necessities for survival through provision of food baskets, NFI items and shelter.

The Organization strives to improve the living standards of the above categories of the population with special focus on women, youth and children. The Organization has implemented many humanitarian and relief projects in a reliable and efficient manner and at the lowest cost. Cost-effective manner.

The organization provides services via consultation and partnership with the beneficiaries in all work stages beginning with identifying the requirements, planning, and improvement of work tools, implementation, follow- up and evaluation.

The organization 's activities have expanded from the main office in Sana'a to the rest of the Republic's governments where branches were opened in many governorates (Sana'a – Al Hodaidah – Taiz – Aden – Mareb – Sadah – Al Jawf – Hajjah – Ammran – Al Mahweet – Thamar – Ibb – Al Bayda –Raimah- Socotra) have the ability and access to work in all Yemen governorates.

3. FIELD OF WORK/ EXPERIENCES

○ Shelter and NFI.	○ Food security and Agriculture.	○ *Humanitarian relief works.*
○ Health.	○ Education.	○ *Livelihood.*
○ Nutrition.	○ Wash.	○ *Capacity building.*
○ Protection.	○ Studies and survey assessment.	○ *Reconstruction and peace building*

4. Bank Information.

The bank information will be send separately.

Part 2 – A summary of the project details

PROJECT TITTLE: Reduction of excess morbidity and mortality caused by malnutrition amongst children under 5 years of age and pregnant and lactating women (PLW) through strengthen the current project activities.

Project ID	Yemen/02/NUT./2019				
Geographical Location	Country	Yemen	Governorates	Sana'a – Hamdan district	
	Area	Al-Raqqa	Health Unit	Qa'a Ar Earah health unit	
Project period	Support for second phase for another one year months. It will extend for another 6 months if malnutrition is not reduced. ***Shall commence from the date of signature of the agreement with the funder.***				
Modality of project delivery	SORD (Sanid organization for relief and development).				
Forum	SORD Yemen				
Requested partners	PARTNER/DONORS				
Local partners	Depend on.				
Thematic area(s) or the Needs to be addressed (including key sectors)	To strengthen current project activities: ☐ Shelter / NFI ☒ Food Security ☐ WASH ☐ Health ☐ Protection / Psychosocial ☐ Early recovery / Livelihood ☐ Education ☒ Nutrition ☐ Other Sector ☒ Children Support ☒ Unconditional cash ☐ Resilience ☐ DRR/Climate change ☐ Advocacy				
Project Impact	Targeting the most vulnerable to ensure immediate access to nutrition through Strengthen current project activities as well as establishing the others scale up of nutrition services (SAM and mam treatment include PLW, IYCF, micronutrient supplementation, strengthened reporting) to reduce of morbidity and mortality caused by malnutrition amongst children under 5 years of age and pregnant and lactating women (PLW).				
Modality of food distribution	Target Supplementary Feeding Program (TSFP) and Blanket Supplementary Feeding program (BSFP).				
Quantity of food in metric tons					
Project Outcome(s)	A. Scaling up treatment for SAM and MAM through screening and referral to TFC.				

B. TSFP /MAM Supplementary Feeding Programs
C. BSFP /SAM, MAM Blanket/ Target supplementary feeding.
D. Nutrition follow-up / independent surveys in the targeted locations .
E. Treatment and prevention of SAM and MAM.
F. Provision of supply for treatment of children under five years old with SAM
G. Deliver quality lifesaving management of acute malnutrition for at least 9% per cent of SAM cases in girls and boys 6-59 months and at least 90% of MA M cases in girls and boys aged 6-59 monthe and pregnant and lactating women in Qa'a Al Earah Health Unit.

Targeted beneficiaries

CU 2 Years	CU 6-29	PLW					TOTAL
1,45	1,980	1360					4,385

Governorate	District	Health Facilities/ Mobile Team Name (Arabic)	Health Facilities/ Mobile Team Name (English)	Total Population in catchment area	Total Number of Children <5 years	Number of SAM cases	Incidence number of SAM cases	Expected new admissions OTP Follow up	Monthly attendance of OTP follow up	Number of MAM cases	Incidence number of MAM cases	Expected new admissions MAM cases	Monthly attendance of MAM	Total PLW	Number of Acutely Malnourished PLW	Incidence number of Acutely Malnourished	Expected new admissions MAM PLW	Monthly attendance of PLW	Total expected new admissions	Estimated monthly attendence		
		A	B	C	D = C*18.4%	E=D*SAM prevalence	F=E*(1+(Project Duration*2.6/12)	G=F*Target Coverage	H=G/Project Duration*3	I=D*MAM Prevalence	J=I*(1+(Project Duration*2.6/12))	K=J*Target Coverage	L=K/Project Duration*3	O=C*8%	P=O*PLW GAM Prevalence	Q=P*(1+(Project Duration*1.6/12))	R=Q*Target Coverage	S=R/Project Duration*6	T=G+K+R	U=H+L+S		
Sana'a	Hamdan	وحدة قاع العرة الصحية	Qa'a Ar Earah health	17000	3,128	125	315	221	95	413	1,039	623	267	1,360	356	689	413	354	1,257	716	7.596	TSFP U5
																					14.868	TSFP PLW

Project cost (USD)	275,400 $ in USD
Total Requested Budget from Partner/donors	275,400 $ in USD

Part 3- The meaning of CMAM Programs.

CMAN PROGRAM.

Community-Based Management of Acute Malnutrition (CMAM) is a decentralized community-based approach to treating acute malnutrition. Treatment is matched to the nutritional and clinical needs of the child, with the majority children receiving treatment at home using ready-to-use foods. In-patient care is provided only for complicated cases of acute malnutrition.

CMAM consists of four components:

(1) stabilization care for acute malnutrition with complications.

(2) out-patient therapeutic care for severe acute malnutrition without complications.

(3) supplementary feeding for moderate acute malnutrition .

(4) community mobilization.

HOW DOES CMAM WORK?

There are four ke components to the CMAM approach:

1. Community Mobilisation

1. Build relationships and foster active participation of the community
2. Identify and mobilise community volunteers for CMAM
3. Volunteers measure Mid-Upper Arm Circumference (MUAC) of all children under 5 to identify those with acute malnutrition.

Supplementary Feeding Programme (SFP):

1. Provide take-home food rations and routine basic treatment for families of children with moderate malnutrition but no medical complications
2. Provide support for other groups with special nutrient requirements, including pregnant and lactating mothers

Outpatient Therapeutic Programme (OTP):

1. Provide home-based treatment and rehabilitation using RUTF for children with severe acute malnutrition but no medical complications (usually 80-85% of children)
2. Monitor children's progress through regular outpatient clinics
3. Provide food rations to the whole family of each severely malnourished child

Stabilisation Centre/Inpatient Care:

1. Provide intensive in-patient medical and nutrition care to acutely malnourished children with complications such as anorexia, severe medical issues or severe oedema
2. Link with OTP to allow early discharge and continued treatment in the community

Part 4 – The CMAM Proposal.

BACKGROUND / PROBLEM ANALYSIS/ (PARAGRAPH)

After four years of continuous conflict, the humanitarian crisis in Yemen is the worst in the world. A higher percentage of people face death, hunger and disease than in any other country. The degree of suffering is nearly unprecedented. Eighty percent of the entire population requires some form of humanitarian assistance and protection, an increase of 84 per cent since the conflict started in 2015. Twenty million Yemenis need help securing food and a staggering 14 million people are in acute humanitarian need.

Ten million people are one step away from famine and starvation. Two hundred and thirty of Yemen's 333 districts are now food insecure. This includes 148 districts which are classified as phase 4 under the Integrated Phase Classification (IPC) system, 45 districts with families in IPC phase 5, and 37 districts which have global acute

malnutrition rates above 15 percent. For the first time in Yemen, assessments confirm the presence of catastrophic levels of hunger. At least 65,000 people are already in advanced stages of extreme food deprivation and 238,000 people in districts with IPC 5 areas will face similar conditions if food assistance is disrupted for even a few days.

Seven million, four hundred thousand people, nearly a quarter of the entire population, are malnourished, many acutely so. Acute malnutrition rates exceed the WHO emergency threshold of 15 percent in five governorates and close to 30 percent of all districts record critical levels of malnutrition. Two million malnourished children under five and 1.1 million pregnant and lactating women require urgent treatment to survive.

Conditions are worsening at a nearly unprecedented rate. In 2014, prior to the conflict, 14.7 million people required assistance. In 2015, this number increased to 15.9 million; in 2016 to 21.2 million and in 2018 to 22.2 million. In 2019, 24.4 million people need assistance to survive. The number of severely food-insecure districts has risen by 60 percent in one year from 107 districts in 2018, to 190 in 2019. In the last 12 months, the number of people unable to predict when they will next eat has risen by 13 percent and is expected to increase by 20 percent or more unless humanitarian operations are dramatically expanded in the early months of 2019.

The severity of suffering is shocking. The number of civilians in acute humanitarian need across all sectors has risen 27 percent since last year. In the health sector, the number has risen 49 percent to 14 million. In the shelter sector, the number has increased 73 percent; in protection 26 percent and in education 32 percent. In every cluster, at least half of all the people in need are in acute need. Acute needs are highest in the conflict-impacted governorates of Hodeida, Sa'ada and Taizz, where more than 60 per cent of the population requires help to survive.

Every humanitarian sector and most, if not all parts of the country, are impacted by the conflict. In the health sector, 203 districts are classified as acute. Less than 50 per cent of health facilities across the country are fully functional and those which are operational lack specialists, equipment and medicines. Immunization coverage has decreased by 20-30 percent since the conflict started and most health personnel have not received salaries for two years, or more.

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.

Yemenis are facing multiple crises, including armed conflict, displacement, risk of famine and disease outbreaks that have created the worst man-made humanitarian crisis. Some 75 per cent of the population (22.2 million people) are in need of humanitarian assistance, including 11.3 million people in acute need who urgently require immediate assistance to survive. This is an increase by one million since June 2017 (YHRP 2018). 107 out of 333 districts are identified jointly by Nutrition, Health, Food security and WASH clusters, as the first priority, and are facing heightened risk of famine and require integrated response efforts to avert a looming catastrophe (YHRP 2018).

According to the 2018 Humanitarian Needs Overview, 1.8 million children under the age of 5 years are at risk of acute malnutrition, including 400,000 at risk of severe acute malnutrition. In total, one out of every three children in Yemen is at risk of acute malnutrition, reflecting the deepening needs across the country. Given that a child with severe acute malnutrition is 11 times more at risk of death than a healthy child, preventing, detecting and treating malnutrition among children and improving IYCF practices are essential life-saving interventions that will contribute significantly to reducing the impact of the ongoing conflict on children in Yemen.

Yemen has among the highest rates of stunting in the world. Chronic malnutrition in Yemen has been reported as high as 70% in some governorates, such as Sa'ada. Ending malnutrition is critical for economic and human development. Childhood stunting, an overarching measure of long-term malnutrition, has life-long consequences not just for health, but also for human capital and economic development, prosperity, and equity. Being stunted in early childhood reduces schooling attainment, decreases adult wages, and makes children less likely to escape poverty as adults.

Essential basic services and the institutions that provide them are at the brink of total collapse. Conflict, economic decline and subsequent disruption of operational budgets and salary payments in public sector institutions have contributed to this collapse. In this situation, Yemen is increasingly becoming susceptible to disease outbreaks: crippled public health and WASH systems contributed to the unprecedented scale of the 2017 cholera outbreak, which is followed by a rapidly spreading suspected diphtheria outbreak attributed to low vaccination coverage and higher rates of malnutrition. Only half of all health facilities are fully functioning, and even these functional ones face severe shortages in medicines, equipment, and staff. Similarly, some 16 million people lack adequate access to clean water, sanitation and hygiene, which is attributed to the physical damage to infrastructure, lack of resources (including fuel), and suspension of salaries of staffs. To alleviate suffering of most vulnerable populations, the humanitarian community has identified 107 most vulnerable districts to be targeted for an integrated humanitarian assistance.

To address the needs, WFP and its nutrition partner's 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 1 districts of Sana'a 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 (TSFP-BSFP). The actions proposed have the objective to treat MAM and SAM cases, and reduction of excess morbidity and mortality caused by malnutrition amongst children under 5 years of age and pregnant and lactating women (PLW) through strengthen the current project activities. This action will also benefit them on the long-term.

Furthermore, preventive services include active and passive screening and referral, health and hygiene promotion and support of Infant and Young Child Feeding (IYCF) practices. SANID intends to 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.

PROJECT OBJECTIVES

a. To support the of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs).
b. To support the of severe acute malnutrition (SAM) amongst affected population (children U5 years).
c. To prevent acute malnutrition among U2 children through health education and promotion activities at health facility as well as at community level
d. To prevent morbidity and mortality by sever acute malnourished with complications among Children by referral of MAM and SAM cases with medical complication and failed appetite.

e. to promote the current treatment of MAM and SAM without medical complication and treatment of MAM for PLW
f. Referral of MAM and SAM cases with medical complication and failed appetite
g. : Support community nutrition workers to conduct daily screenings
h. Providing social behavioral change communications

PROJECT IMPLEMENTATION STRATEGY

The project design was 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.

SORD has ensured 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 TFC among the community, TSFPs, and OTPs sites. SANID will further strengthen its partnership with local NGOs 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.

Through the second phase, Sanid is now seeking to complete malnutrition treatment services and expand its activities. Sanid has been operating the health unit to treat acute acute malnutrition without complications since December, 2018. With the support of its partner, Partner/donors. It is currently seeking to introduce therapeutic and preventive feeding programs (TSFP-BSFP) and referral program for acute malnutrition cases with complications. In addition to treating malnutrition among pregnant and lactating women and supporting the infant feeding program (IYCF).

Mechanism for implementing and strengthening the program to treat acute malnutrition.

By strengthening the location of the outpatient (OTP) clinics with supplementary and preventive supplementary feeding sites, in addition to sever acute malnutrition referral program with complications as follows:

1. Treatment of MAM among children U5 years, PLW and other vulnerable groups under TSFP: targeted supplementary feeding programme (TSFP): aims to treat MAM cases without medical complications through the provision of outpatient treatment, consisting of high energy and nutrient dense supplementary food rations, routine medications, and a prevention package:
   - Screen and enroll 1,451 children under 5 for TSFP/MAM
   - Screen and enroll 1,360 PLWs in Supplementary Feeding Programs
   - Enhance effective functioning of TSFP site.

2. Prevention of SAM and MAM under BSFP: blanket supplementary feeding programme (BSFP): aims primarily to prevent a deterioration in the nutritional status and to reduce the prevalence of acute malnutrition among vulnerable groups through the provision of energy and nutrient dense supplementary food rations, micronutrient supplements, and a prevention package to all members of the at-risk groups:
   - Carry out facility - based nutrition screening conducted by CHVs and nutrition workers according to national and international guidelines
   - Provide supplementary food products to children under 2 and PLW
   - Deliver nutrition education messages Enrolled 1,045 CU2 in BSFP
3. Prevention of SAM and referral for acute malnutrition cases with complications under OTP:
   - Screening 3,128 Children (under five)U5 & 1,360 PLWs through community health volunteers (CHVs)
   - Referral SAM cases with complications to TFC.
   - Prevention SAM and MAM cases.
   - Support communication for development activities through CHVs
   - Provision of treatment for children U5 with severe acute malnutrition (SAM) at health facility and community level
   - Provision of consumable hygiene kits to children with SAM.
   - Referral for acute malnutrition cases with complications to Inpatient TFC or hospital.

PROJECT ENHANCE THE SUCCESS

1. Community assessment, the following need to be identified
   - Determining factors that are likely to impact both service delivery and demand
   - The key community persons, leaders, other influential people, and organizations to help sensitize the communities on the CMAM programme about existing structures and community based organizations/groups; social and cultural characteristics related to nutrition; effective formal and informal channels of communication; attitudes and health seeking behaviors; other existing nutrition and health interventions in the community.
   - The health and nutrition staff in charge of CMAM services at the Governorate Ministry of Health should conduct the community assessment.
2. Community sensitization strategy
   - Develop sensitization messages.
   - Community sensitization as one of the most crucial aspects of the process of community mobilization.
   - Develop sensitization plans.

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

1. Conducting training

This involves training of HHPs/volunteers on the following:

- Basic information on the types, causes, identification and treatment of malnutrition.
- Objectives and target groups for the management of acute malnutrition.
- Screening for acute malnutrition, care, referral, and follow-up of children and PLW with acute malnutrition
- Education and sensitization on prevention of malnutrition.
- Roles and responsibilities of HHPs/volunteers.
- Collecting and reporting nutrition data using community based HMIS, among others.

SUPPLY DELIVERY AND STORAGE

SANID will transport the inputs from its 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.

COMMUNITY/COUNTERPART PARTICIPATION

(A) MoPHP/GHOs of Sana'a : The MoPHP has been playing an integral role in this proposed action. They has being 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 MoPHP 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

PROJECT LOG FRAME

Programme description			
Activities'	Programme Area	Interventions Covered	Targeted Governorate And Districts
	Nutrition	• Screening and referral of children (under five)U5 & PLWs through community health volunteers (CHVs) • Support communication for development activities through CHVs • Provision of treatment for children U5 with severe acute malnutrition (SAM) at health facility and community level • Provision of consumable hygiene kits to children with SAM. • Support infant and young child feeding (IYCF) promotion at health facility and community level • Provision of micronutrients sprinkles supplementation for children under two years • Support vitamin A supplementation for children U5 • Deworming for children U5 • Support Iron-foliate supplementation for PLW • Growth monitoring for children under two years. • Support scale up of community management of acute malnutrition (CMAM) interventions • Support establishment of IYCF corners • Support referral cost for families to access therapeutic feeding centres (TFCs) in the catchment area • Support operational search • Promote home grown solution (promotion of consumption of improved shabiza) to prevent malnutrition	**Sana'a Governorate, Hamdan district**

	Community based interventions and health systems strengthening	• Support health facilities to conduct regular community outreach services to provide integrated health and nutrition services. • Support the deployment of mobile teams to provide integrated health and nutrition services • Support functionality of health facilities including provision WASH services. • Support behavior change communication on key behavioral life saving messages at facility and community level	

Expected results	
2.2 Expected results *Outcome 1: Improved and equitable use of high-impact maternal, newborn and nutrition specific and sensitive interventions* *1.1 Prevalence (%) of moderate and severe stunting among children U5s* *1.2 Mortality among children under five due to SAM with complications.* *1.3 Reduction in Under five morbidity and mortality due to preventable causes* *1.4 The health of children under the age of five, pregnant and lactating women are improved, and the low prevalence of malnutrition.*	*"What" this programme will achieve:* 1. 3,128 girls and boys 6-59 months of age screened for acute malnutrition in one targeted districts 2. 661 girls and boys with severe acute malnutrition (SAM) who are admitted for treatment in one targeted districts 3. 440 children with SAM provided with basic hygiene kits 4. 1,045 targeted caregivers of children 0-23 months counselled on IYCF practices for promoting appropriate feeding in xxx targeted districts. 5. 1,980 children 6-59 months received Vitamin A supplementation during the year. 6. 1,980 children 6-59 months received deworming tabs 7. 180 children 6-23 months received micronutrients sprinkles supplements 8. 1,360 pregnant and lactating women received iron and folate supplementation 9. 1,360 children under two enrolled for growth monitoring and promotion in xx targeted districts. *The table below defines the programme results*

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**
Project Goal: To contribute to the reduction of morbidity and mortality from acute malnutrition among children under-5 and PLW in Sana'a Governorate-Hamdan district Yemen	Cured rate of MAM children U5 = > 75%	CMAM database	**Risks:** - The security situation worsens in Sana'a boarding districts and prevents a permanent and sustainable implementation of the activities. - The community and local authorities (e.g.: MOPIC, health line ministries) don't allow the implementation of the project. **Assumptions:** - Security conditions allow access to beneficiaries for SANID staff). - There is no major disease outbreak deteriorating the health situation dramatically. - The community and local authorities (e.g.: MOPIC, health line ministries) accept and support the interventions.
Objectives	**Objective 1:** To support the management and prevention of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs).		
	Objective 2: To support Lifesaving nutrition interventions provided to girls, boys and their mothers		

	Objective 5: To prevent acute malnutrition among U5 children through health education and promotion activities at health facility as well as at community level and improve the capacity of health facility and community based workers is developed to provide health and nutrition services at community level**.**		
Narrative Summary	**Objectively Verifiable Indicator (OVI)**	**Method of Verification (MOV)**	**Assumptions/Risk**
Objective 1: To support the management of moderate acute malnutrition (MAM) amongst affected population (children U5 and PLWs) **Objective 2:** To support Lifesaving nutrition interventions provided to girls, boys and their mothers			
Output 1.1: Support to 2 fixed health facilities **Output 1.2**: 1,451 moderately malnourished children below 5 year have access to treatment of MAM (TSFP) in Hamdan district **Output 1.3:** 1,360 PLW are enrolled for the treatment	# fixed health facilities in function # of children under 5 years enrolled in TSFP (boys/girls) Discharge rates for U5 according to CMAM protocol: Cure rate >75% Death rate<3% Defaulter rate <15% Non-Response rate <15%	Mapping of health facilities, with CMAM services CMAM database Monthly Progress reports	**Risks:** Supply chains are disrupted leading to supply breakdown. WFP does not supply the planned quantities of this FLA to SANID, in the sufficient quantities or in a timely manner. **Assumptions:** There is no interruption of supply chain, and WFP can provide to SANID the quantities planned in this FLA.

of MAM in Sana'a , Hamdan district			
Output 1.5: 1,045 CU2 are enrolled in BSFP in Sana'a , Hamdan district.	# of Pregnant and # of Lactating Women enrolled in TSFP program Cure rate >75% Death rate<3% Defaulter rate <15% Non-Response rate <15%	CMAM Database Monthly Progress reports Monthly Distribution reports	
Output 2.1 1,980 of girls and boys 6-59 months of age screened for acute malnutrition	# of CU2 enrolled in BSFP	Monthly Distribution reports	
Output 2.2 661 of girls and boys with severe acute malnutrition (SAM) who are admitted for treatment or referral to TFC	# Cure rate for CMAM program	Monthly Distribution reports	
Output 2.3 1,045 of targeted caregivers of children 0-23 months counselled on IYCF practices for promoting appropriate feeding	# Defaulters rate for CMAM program # number of SAM cases with complications		

Output 2.4 support Nutrition services for prevention of stunting and other forms of malnutrition provided to girls, boys, adolescents and women of reproductive age	transferred to TFC or hospitals # of SAM with complications under 24 ours health care. # of children with SAM provided with basic hygiene kit # of children under two enrolled for growth monitoring and promotion # of PLW receiving IFA supplementation # of children 6-59 months received deworming tabs # of children 6-23 months received micronutrients sprinkles supplements		

Narrative Summary	Objectively Verifiable Indicator (OVI)	Method of Verification (MOV)	Assumptions/Risk
Objective 3: To prevent acute malnutrition among U5 children through health education and promotion activities at health facility as well as at community level			
Output 3.1: The promotion of health, nutrition and hygiene key messages is ensured at health facility and community level **Output 3.2**To improve the capacity of health facility and community based workers is developed to provide health and nutrition services at community level**.**	# Beneficiaries reached with key health, hygiene and nutrition key messages at the health facility level. # of regular outreach rounds conducted on monthly basis # of CHWs deployed to provide community based services # of CHWs deployed to are trained based services	Monthly Progress reports	**Risks:** Access to HF and villages is restrained. **Assumptions:** Security conditions allow access to beneficiaries for SANID staff.

GENDER, EQUITY AND SUSTAINABILITY

"How" this programme takes into account gender, equity and sustainability

This section briefly mentions the practical measures taken in the programme to address gender, equity and sustainability considerations.

To ensure equity, the project will target the most vulnerable in the community, including the IDPs. Project is targeting mostly women and children, 100% of the community based workers will be females due to the culture in Yemen. All data provided will be sex disaggregated. Reporting will be based on MOH national reporting tools. Presence of female health staff and female community volunteers/workers will be enhanced to ensure access and the dignity of female patients. Special care will be taken to improve privacy at health site for women and girls. Feedback on the community's satisfaction with the project will also be asked through hotline and suggestion boxes and Sanid organization commits to follow up and address the issues where possible. To ensure sustainability of the project, the project has inbuilt components for sustainability. Community based workers, Community health volunteers, community midwifes, health workers and field staff are selected from the project areas and as such capacity for continued delivery of services after the project life span will remain in the community. Sanid organization is implementing the project in partnership with Government departments and will involve District and Governorate Health and nutrition personnel into planning, implementation, joint supervision and project review. The partnership approach with government bodies is aimed to enhance the capacity of existing system and sustain the current structure instead of creating a separate system. Furthermore guidelines and training curricula approved by Government will be use in all trainings of both health facility and community based workers. In addition we will hire qualified staffs to provide the services included in this project

REQUESTED BUDGET

Section 3. Programme work plan and budget
The table below defines the programme implementation work plan (the specific activities to be undertaken towards achievement of each of the programme outputs; the schedule of implementation; and the planned budget.

Result Level	Result/activity	Timeframe (quarters/year(s)					Total (CSO+ACT)	CSO contribution	Requested from ACT	
		Q1	Q2	Q3	Q4	Year2			Cash[1]	Supply
Main Activities for malnutrition treaatment	*E.g. Community-based management of SAM introduced in 4 villages In 1 districts* Performance indicator(s), *- # children receiving RUFT/in patient* *- # children receiving RUFT/ community* *- recovery rate*						*260,000*	*0*	*60,000*	*200,000*
Act.1.1	*Organise training of 20 health workers in community nutrition in 1 districts*	*x*	*x*				*4,000*	*-*	*4,000*	*-*
Act. 1.2	*Undertake community outreach activities & referral in 4 villages in 1 districts*	*x*	*x*	*x*	*x*		*5,000*	*-*	*5,000*	*-*
Act. 1.3	*Provide nutrition equipment & supplies in 1 health centres-3 sites*	*x*			*x*		*200,000*	*-*	*-*	*200,000*
Act. 1.4	*Programme management, technical supervision and logistic services*	*x*	*x*	*x*	*x*		*25,000*	*-*	*25,000*	*-*
Act. 1.5	*Referral for children from OTP to TFC*	*x*	*x*	*x*	*x*		*5,000*		*5,000*	
Act 1.6	*Consumable hygiene kits to children with SAM.*						*8,000*		*8,000*	

[1]IN USD

Act 1.7	*Food assistances and unconditional cash for vulnerable PLW*	*x*	*x*	*x*	*x*		*13,000*		*13,000*	
Sub-total for the Direct and indirect costes							260,000			
Other services	Effective and efficient programme management						*5,600*		*3,60*	*2,000*
Act 4.1	*Standard activity:* In-country management & support staff pro-rated to their contribution to the programme (representation, planning, coordination, logistics, admin, finance)						0			0
Act 4.2	*Standard activity:* Operational costs pro-rated to their contribution to the programme (office space, equipment, office supplies, maintenance)						2,000			2,000
Act 4.3	*Standard activity:* Planning, monitoring, evaluation and communication, pro-rated to their contribution to the programme (venue, travels, etc.)	x	x	x	x		3,600		3,600	
Sub-total for programme costs							265,000		63,000	202,000
HQcosts	HQ technical support (4% of the cash component)						10,400			
Total programme document budget							275,400 $ in USD			