

Organization	UNICEF (United Nations Children's Fund)				
Project Title	Nutrition Response for the treatment of severe acute malnutrition in CSZ.				
CHF Code	CHF-DMA-0489-585				
Primary Cluster	Nutrition	Secondary Cluster			
CHF Allocation	Standard Allocation 1 (March 2014)	Project Duration	12 months		
Project Budget	1,499,259.40				
CAP Details	CAP Code	SOM-14/H/64487	CAP Budget	31,532,673.00	
	CAP Project Ranking	A - HIGH	CAP Gender Marker		
Project Beneficiaries		Men	Women	Total	
	Beneficiary Summary	0	0	0	
		Boys	Girls	Total	
		4,537	4,360	8,897	
		Total			8,897
	Total beneficiaries include the following:				
	Children under 5	4,537	4,360	8,897	
Implementing Partners	Partner		Budget		
	CSZ Implementing Partners		434,500.00		
			434,500.00		
Organization focal point contact details	Name: Sarah Ng'inja Title: Donor Relations Specialist Telephone: 0724255650 E-mail: snginja@unicef.org				

BACKGROUND INFORMATION

<p>1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters)</p>	<p>For the last ten years Somalia has been almost continuously in a food security and nutrition crisis, with rates of acute and chronic malnutrition exceeding emergency thresholds in most areas. The situation is worsened by low coverage of primary health care facilities, poor child care practices (especially those associated with infants and pregnant and lactating women), poor access to hygiene and sanitation facilities and vulnerable livelihoods. Furthermore, the 2013/14 Post-Deyr report highlights the continuation of a very critical nutritional situation in CSZ. Considering the high caseload and high risk of death associated with un-treated acute malnutrition - over nine times more risk of death for Severely Acutely Malnourished (SAM) children as compared to non-acutely malnourished children, treatment of acute malnutrition remains a significant priority for UNICEF and the Somalia Nutrition Cluster. In addition to excessive child mortality, these high acute and chronic malnutrition levels contribute to irreversibly compromised cognitive development and physical capabilities of the Somali population. The situation thus remains of high concern and sustained focus on a holistic treatment, promotion and prevention programme focused at the community level is required in order to build the resilience of Somalis to withstand shocks. Acutely malnourished children will require life-saving treatment, while their mothers learn improved feeding practices to reduce risks of malnutrition.</p>
<p>2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data</p>	<p>The Post Deyr 2013/14 report highlights the continuation of a very critical nutritional situation in CSZ. Since Gu 2013, Beletweyne, Baidoa IDPs, Kismayo IDPs, Banadir IDPs, S Gedo Agropastoral and Riverine areas in the South have shown a deterioration, with Bay Agropastoral, Bakool Pastoral, Gedo and Juba Agropastoral/Riverine classified as Malnutrition Hotspots. As of Feb 2014, median GAM prevalence for children under five across Somalia is estimated at 14.2%, approximately 203,000 children under five. Of the 203,000 children, 51,000 are severely malnourished requiring immediate lifesaving interventions. With a conservative estimate, UNICEF will target 60% of the total yearly caseload (153,000 children under five), i.e. 92,000 SAM children under five, in 2014. A significant proportion of these severely malnourished boys and girls (68%) are located in the South, where there are concerns about their ability to access vital basic services needed for survival. It is expected that acute malnutrition rates will increase during the rest of the dry season until April '14 and into the first part of the wet season until as late as June 2014. Somalia is also characterized by some of the worst IYCF and MN indicators in the world, with the prevalence of exclusive breastfeeding at 5.3%, while 73% of children under two are anaemic owing to poor complementary feeding practices. Analysis results also identify a higher proportion of acutely malnourished PLW than non-PLWs.</p>
<p>3. Activities. List and describe the activities that your organization is currently implementing to address these needs</p>	<p>Due to the diversity of factors contributing to Somalia's very poor nutrition situation, a sustained treatment, promotion and prevention programme as defined in the Basic Nutrition Services Package (BNSP) continues to be promoted in Somalia. However, the quality and regularity of provision of these services is very varied throughout the country. The nutrition section will continue to address these barriers to access in 2014 through strengthened strategies, including a drive to ensure full coverage of CHWs. Equally, a Joint Resilience Strategy has been developed with a strong focus on community-led programming, with CHWs forming a major activity in the Access to Basic Services Pillar of the strategy. Therefore, it is expected that the implementation of the BNSP reinforced by the Resilience Strategy, with a community-based emphasis, will allow for a holistic response to both emergencies and development contiguum. The nutrition cluster will use a variety of response strategies to best suit the vulnerable populations being served. The main target beneficiaries will be boys and girls under five and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.</p>

LOGICAL FRAMEWORK

Objective 1	To avert excess mortality due to acute malnutrition and associated morbidities for 8,897 severely malnourished (4,537 boys and 4,360 girls) under 5 children through the provision of quality treatment and prevention services as defined in the BNSP.
Outcome 1	4,537 severely malnourished boys under five and 4,360 severely malnourished girls under five will receive therapeutic care for the management of SAM.
Activity 1.1	Provide supplies and operational support costs to implementing partners providing services for treatment of severe acute malnutrition for boys and girls under five through OTPs/SCs.
Activity 1.2	

Activity 1.3														
Indicators for outcome 1		Cluster	Indicator description									Target		
	Indicator 1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes									8897		
	Indicator 1.2													
	Indicator 1.3													
Outcome 2	Three nutrition coverage surveys conducted to monitor barriers to service utilization and develop strategies to address identified barriers													
Activity 2.1	Operational costs for the planning and implementation of three coverage surveys in EPHS regions													
Activity 2.2														
Activity 2.3														
Indicators for outcome 2		Cluster	Indicator description									Target		
	Indicator 2.1	Nutrition	Number of SQUEAC Coverage surveys conducted									3		
	Indicator 2.2													
	Indicator 2.3													
Outcome 3	Enhanced Cluster Coordination at regional and zonal level.													
Activity 3.1	Cluster Coordination for Central South Zone at regional and national level in collaboration with MOH and relevant nutrition actors. The nutrition cluster will use a variety of response strategies to best suit targeted vulnerable populations. The main beneficiaries will be boys and girls under-5 and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.													
Activity 3.2														
Activity 3.3														
Indicators for outcome 3		Cluster	Indicator description									Target		
	Indicator 3.1	Enabling Programmes	Number of cluster meetings held									12		
	Indicator 3.2	Nutrition										0		
	Indicator 3.3													
WORK PLAN														
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	UNICEF CHF nutrition activities will be implemented within an extended network of health facilities and, upon ensuring the implementation of nutrition services into health facilities, they will give a significant emphasis on developing and sustaining strong links between communities and service providers. Working primarily with local NGOs as implementing partners will help to ensure that activities realise an acceptable level of sustainability. Furthermore, UNICEF Somalia's nutrition response has been restructured to improve access to Community-based Management of SAM after the rapid scale-up during the famine. Partnerships with local NGOs have been rationalized, thus ensuring equitable access to treatment and prevention activities in all areas, while reducing conflict and competition for resources amongst communities. Capacity strengthening activities further ensure that the quality of programming is minimally compromised, while ensuring the inclusion of prevention and promotion measures to avoid further deterioration. Through extended access to the BNSP, communities will be supported in their efforts to build resilience against recurrent crises. UNICEF will do its due diligence to ensure that implementation happens according to Cluster and Project objectives. UNICEF does not have access to information on funding sources for other partners but will do its utmost to avoid cross-funding. UNICEF will procure supplies that will be distributed in the focus regions.													
Project workplan for activities defined in the Logical framework	Activity Description	Month 1-2	Month 3-4	Month 5-6	Month 7-8	Month 9-10	Month 11-12							
	Activity 1.1 Provide supplies and operational support costs to implementing partners providing services for treatment of severe acute malnutrition for boys and girls under five through OTPs/SCs.	X	X	X	X	X	X							
	Activity 2.1 Operational costs for the planning and implementation of three coverage surveys in EPHS regions	X	X	X	X	X	X							
	Activity 3.1 Cluster Coordination for Central South Zone at regional and national level in collaboration with MOH and relevant nutrition actors. The nutrition cluster will use a variety of response strategies to best suit targeted vulnerable populations. The main beneficiaries will be boys and girls under-5 and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.	X	X	X	X	X	X							
M & E DETAILS														
					<i>Month (s) when planned M & E will be done</i>									
Activity Description	M & E Tools to use	Means of verification	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1 Provide supplies and operational support costs to implementing partners providing services for treatment of severe acute malnutrition for boys and girls under five through OTPs/SCs.	- 3rd party monitoring - Data collection - Field visits - KAP survey - Other - Post Distribution Monitoring - Survey - Verification	Monthly and bi-annual partner reports.	X	X	X	X	X	X	X	X	X	X	X	X
Activity 2.1 Operational costs for the planning and implementation of three coverage surveys in EPHS regions	- Survey	Coverage survey reports.	X	X	X	X	X	X	X	X	X	X	X	X

<p>Activity 3.1 Cluster Coordination for Central South Zone at regional and national level in collaboration with MOH and relevant nutrition actors. The nutrition cluster will use a variety of response strategies to best suit targeted vulnerable populations. The main beneficiaries will be boys and girls under-5 and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.</p>	<ul style="list-style-type: none"> - Data collection - Field visits - Other 	Nutrition Cluster meeting minutes.	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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OTHER INFORMATION

Coordination with other Organizations in project area	<table border="1"> <thead> <tr> <th>Organization</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>1. FSNAU</td> <td>Conduct needs assessment and evaluation of nutrition situation in selected regions</td> </tr> <tr> <td>2. Clusters</td> <td>Zonal and national cluster coordination</td> </tr> <tr> <td>3. All Nutrition Actors in CSZ</td> <td>Including organizing cluster meetings and facilitating review/verification of proposals</td> </tr> <tr> <td>4. WFP</td> <td>Coordination of IMAM Activities</td> </tr> <tr> <td>5. WHO</td> <td>Coordination across various strategies and programmes</td> </tr> <tr> <td>6. Relevant ministries</td> <td>including EPHS and the Joint Resilience strategy</td> </tr> <tr> <td>7. including MOH</td> <td>Coordination and capacity development at regional</td> </tr> </tbody> </table>	Organization	Activity	1. FSNAU	Conduct needs assessment and evaluation of nutrition situation in selected regions	2. Clusters	Zonal and national cluster coordination	3. All Nutrition Actors in CSZ	Including organizing cluster meetings and facilitating review/verification of proposals	4. WFP	Coordination of IMAM Activities	5. WHO	Coordination across various strategies and programmes	6. Relevant ministries	including EPHS and the Joint Resilience strategy	7. including MOH	Coordination and capacity development at regional
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7. including MOH	Coordination and capacity development at regional																

Gender theme support	Yes
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Outline how the project supports the gender theme	<p>In regards to mainstreaming gender, UNICEF is proactive in ensuring that boys and girls are assessed so that sex-preference or bias does not prevent equal access, to ensure that any emerging gender gaps can be identified and assessed in a timely manner. Additionally, Somali IYCF indicators are some of the worst in the world, attributable to poor maternal knowledge and skills in young child feeding care. UNICEF thus works with partners to strengthen caregiver capacities, especially to empower mothers and male heads of household in decision making on child care. UNICEF will continue to make efforts to achieve gender balance at all levels of the project cycle in 2014. Final evaluations and assessment methodologies will be inclusive and representative of all eligible children, irrespective of their gender and health status. Special focus will also be given to recruitment of female outreach staff. Support will also be provided to both men and women in all activities that involve community members and government bodies, through appropriate planning of activities with relevant stakeholders.</p>
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Select (tick) activities that supports the gender theme	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>Activity 1.1: Provide supplies and operational support costs to implementing partners providing services for treatment of severe acute malnutrition for boys and girls under five through OTPs/SCs.</td> </tr> <tr> <td><input checked="" type="checkbox"/></td> <td>Activity 2.1: Operational costs for the planning and implementation of three coverage surveys in EPHS regions</td> </tr> <tr> <td><input type="checkbox"/></td> <td>Activity 3.1: Cluster Coordination for Central South Zone at regional and national level in collaboration with MOH and relevant nutrition actors. The nutrition cluster will use a variety of response strategies to best suit targeted vulnerable populations. The main beneficiaries will be boys and girls under-5 and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.</td> </tr> </table>	<input checked="" type="checkbox"/>	Activity 1.1: Provide supplies and operational support costs to implementing partners providing services for treatment of severe acute malnutrition for boys and girls under five through OTPs/SCs.	<input checked="" type="checkbox"/>	Activity 2.1: Operational costs for the planning and implementation of three coverage surveys in EPHS regions	<input type="checkbox"/>	Activity 3.1: Cluster Coordination for Central South Zone at regional and national level in collaboration with MOH and relevant nutrition actors. The nutrition cluster will use a variety of response strategies to best suit targeted vulnerable populations. The main beneficiaries will be boys and girls under-5 and PLW. The cluster will focus on community resilience building activities as well as basic life-saving activities, while supporting capacity-building activities. Furthermore, new political developments and improving security provide an opportunity for building the nutrition sector, especially since government systems are becoming more receptive to sustainable development.
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BUDGET

A:1 Staff and Personnel Costs		1.1 International Staff								
Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total	
1.1.1	Nutrition Cluster Coordinator	1	15200	3	Months	45,600.00	0.00	45,600.00		
1.1.2	Nutrition Cluster Information Manager	1	13700	3	Months	41,100.00	0.00	41,100.00		
1.1.3	Nutrition Specialist	1	15100	3	Months	45,300.00	0.00	45,300.00		
1.1.4	Nutrition Specialist	1	13400	2	Months	26,800.00	0.00	26,800.00		
1.1.5										
1.1.6										
1.1.7										
1.1.8										
1.1.9										
1.1.10										
Subtotal						158,800.00	0.00	158,800.00	11.3	

Budget Narrative: Nutrition posts are costed according to levels and varying number of dependents. P4. Nutrition Cluster Coordinator (under US\$ 100,000 envelope). P3. Nutrition Cluster Information Manager (under US\$ 100,000 envelope). P4. Nutrition Specialist. Technical Support. P3. Nutrition Specialist. Head of Section CSZ.

1.2 Local Staff		Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total	
1.2.1	Nutrition Cluster Focal Point	1	2300	3	Months	6,900.00	0.00	6,900.00		
1.2.2	Data Entry Assistant	1	1600	4	Months	6,400.00	0.00	6,400.00		
1.2.3	Nutrition Officer	1	7900	3	Months	23,700.00	0.00	23,700.00		
1.2.4	Nutrition Officer	1	3150	3	Months	9,450.00	0.00	9,450.00		
1.2.5	Programme Assistant	1	2150	3	Months	6,450.00	0.00	6,450.00		

1.2.6	Nutrition Monitor	1	1500	6	Months	9,000.00	0.00	9,000.00	
1.2.7	Nutrition Monitor	1	1800	4	Months	7,200.00	0.00	7,200.00	
1.2.8	Nutrition Monitor	1	1500	3	Months	4,500.00	0.00	4,500.00	
1.2.9	Logistics Assistant	1	2700	3	Months	8,100.00	0.00	8,100.00	
1.2.10									
Sub Total						81,700.00	0.00	81,700.00	5.8

Budget Narrative: GS6. Nutrition Cluster Focal Point, Mogadishu (under US\$ 100,000 envelope). GS4. Data Entry Assistant. Entry of monthly data. NOC. Nutrition Officer. Technical support. NOA. Nutrition Officer. Technical support. GS5. Programme Assistant. Administrative support. GS5. Nutrition Monitor. Monitors Programme. GS5. Nutrition Monitor. Monitors Programme. GS5. Nutrition Monitor. Monitors Programme. GS5. Logistics Assistant. Monitors supply deliveries.

B:2 Supplies, Commodities, Materials

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
2.1.1	Ready To Use Therapeutic Food	6000	51	1	Cartons	306,000.00	0.00	306,000.00	
2.1.2	Transportation, freight, storage and distribution costs	90	1000	1	MT	90,000.00	0.00	90,000.00	
2.1.3									
2.1.4									
2.1.5									
2.1.6									
2.1.7									
2.1.8									
2.1.9									
2.1.10									
Sub Total						396,000.00	0.00	396,000.00	28.3

Budget Narrative: 1 carton per child. Average cost 51 USD/carton 1,000 USD/MT. 6,000 cartons RUTF = 90 MT

C:3 Equipment

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
3.1.1									
3.1.2									
3.1.3									
3.1.4									
3.1.5									
3.1.6									
3.1.7									
3.1.8									
3.1.9									
3.1.10									
Sub Total						0.00	0.00	0.00	0.0

Budget Narrative:

D:4 Contractual Services

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
4.1.1	Nutrition Coverage Survey	3	40000	1	Lump Sum	120,000.00	0.00	120,000.00	
4.1.2									
4.1.3									
4.1.4									
4.1.5									
4.1.6									
4.1.7									

4.1.8										
4.1.9										
4.1.10										
Sub Total						120,000.00	0.00	120,000.00	8.6	

Budget Narrative: Average cost for coverage survey = 40,000 USD. 1 Coverage survey in Gedo, one in Hiraan and one in Mudug. Surveys: Coverage surveys will be conducted in Central South regions where the Essential Package of Health Services (EPHS) is implemented in order to identify factors affecting access, coverage and quality of Integrated Management of Acute Malnutrition (IMAM) services. Furthermore, consultants will support capacity development within UNICEF, the Ministry of Health (MoH) and implementing partners in Somalia to ensure that coverage surveys are undertaken on a regular basis. It is expected that actionable recommendations will be developed from survey outcomes, so as to improve the acceptance, uptake and coverage of nutrition services in Somalia.

E:5 Travel

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
5.1.1									
5.1.2									
5.1.3									
5.1.4									
5.1.5									
5.1.6									
5.1.7									
5.1.8									
5.1.9									
5.1.10									
Sub Total						0.00	0.00	0.00	0.0

Budget Narrative:

F:6 Transfers and Grants to Counterparts

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
6.1.1	Transfers and Grants to Partners	1	434500	1	Lump Sum	434,500.00	0.00	434,500.00	
6.1.2									
6.1.3									
6.1.4									
6.1.5									
6.1.6									
6.1.7									
6.1.8									
6.1.9									
6.6.10									
Sub Total						434,500.00	0.00	434,500.00	31.0

Budget Narrative: Transfers and grants to partners: Programme costs cover such things as staff nurses, nutrition assistants, outreach workers, nutrition team supervisors, transportation costs, etc. These costs are needed to ensure correct and efficient care is provided; no life can be saved without them. At present, based on the value for money monitoring, staff costs account for 56 per cent and transport expenditures account for 20 per cent of programme costs, while travel, training, contracts and equipment account for four to six per cent each. UNICEF's Global Partnership Cooperation Agreement (PCA) guidelines stipulate that a maximum of two per cent of NGO programme costs can be used for direct programme support costs; this includes staff required for supervising and managing the programme, monitoring and supervision costs. Specific partners and numbers of partners supported through this grant cannot be estimated at this time

G:7 General Operating and Other Direct Costs

Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	% of CHF Total
7.1.1	Cross Sectoral Costs	1	210177	1		210,177.00	0.00	210,177.00	
7.1.2									
7.1.3									
7.1.4									
7.1.5									

7.1.6									
7.1.7									
7.1.8									
7.1.9									
7.1.10									
Sub Total						210,177.00	0.00	210,177.00	15.0

Budget Narrative: Cross sectoral support costs are assessed on all contributions to UNICEF Somalia and cover the costs of security, administration and finance support functions (both at central Nairobi level and in the zonal offices), operations (including office rental, utilities, communications, fuel, stationery, IT, etc), transport, planning, monitoring, evaluation and reporting. Cross sectoral support has a clear and critical impact on the success, or failure, of programme implementation in Somalia. One of UNICEF's strengths in Somalia is its network of sub-offices that ensure direct contact with emerging local authorities and communities, enabling strong programming and use of resources. Every tangible programme result is possible because there are staff and support structures in place.

TOTAL						1,401,177.00	0.00	1,401,177.00	
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H.8 Indirect Programme Support Costs	Code	Budget Line Description			Amount(USD)	Organization	CHF	% of CHF Total
	8.1.1	Indirect Programme Support Costs			98,082.40	0.00	98,082.40	7.0000
	GRAND TOTAL				1,499,259.40	0.00	1,499,259.40	100.0

Other sources of funds

Description	Amount	%
Organization	0.00	0.00
Community	0.00	0.00
CHF	1,499,259.40	100.00
Other Donors	a)	0.00
	b)	0.00
TOTAL	1,499,259.40	

LOCATIONS

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bakool	Ceel Barde	Abeesale	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	4.90445	44.5206	NB-3814-C23-001
Bakool	Rab Dhuure	Afgooye	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	4.00288	43.16308	NB-3813-Z26-005
Bakool	Tayeeglow	Abaq Tururuuq	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	3.92551	44.43131	NA-3802-B21-002
Bakool	Waajid	Aleemow	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	3.97815	43.26761	NA-3801-A28-001
Bakool	Xudur	Abaarey	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	4.00666	43.88569	NB-3814-Z09-003
Bay	Baidoa	Aabaraka	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	332	3.06661	43.48935	NA-3801-Y33-006
Bay	Buur Hakaba	Aabaan Weyn	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	2.64585	44.01572	NA-3806-J12-003
Bay	Diinsoor	Aawjika	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	2.48343	43.04562	NA-3805-N24-001
Bay	Qansax Dheere	Abuurrow/Daarti	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	332	2.77067	42.7798	NA-3805-F18-002
Gedo	Baardheere	Aaminaay	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	2.30921	42.33992	NA-3805-S08-004
Gedo	Belet Xaawo	Aqallo	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	332	3.84051	41.89078	NA-3704-D31-003
Gedo	Ceel Waaq	Abrone	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	2.4694	41.5783	NA-3708-N24-001
Gedo	Doolow	Arda-Jiroow	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	4.08344	41.99745	NB-3716-X33-001
Gedo	Garbahaarey	Aboore	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	3.27311	42.48675	NA-3801-T11-002
Gedo	Luuq	Abdi Kheyr	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	332	3.87355	42.52765	NA-3801-D12-002
Hiraan	Belet Weyne	Alanweyn	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	5.21538	45.50393	NB-3811-U12-004
Hiraan	Bulo Burto	Aboorey	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months		Children under-5	329	4.011	45.68113	NB-3815-Z15-001

Hiraan	Jalalaqsi	Adadere	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	331	3.2676	45.6278	NA-3803-T14-001
Lower Juba	Afmadow	Aboli	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	0.4	41.672699	NA-3716-Q26-001
Lower Juba	Badhaadhe	Allanga Gurrow	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	-0.3204	41.048901	SA-3704-H13-001
Lower Juba	Jamaame	Abdi Arbo	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	-0.0277	42.599899	SA-3801-A14-004
Lower Juba	Kismayo	Abdale Birole	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	-0.49016	42.19793	SA-3801-M05-002
Mudug	Gaalkacyo	Abaarey	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	7.05899	47.48927	NB-3804-Y22-001
Mudug	Galdogob	Bacaadweyn	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	7.19168	47.52673	NB-3804-V23-001
Mudug	Hobyo	Af-Barwaaqo	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	6.49712	48.78341	NB-3905-N18-002
Mudug	Jariiban	Areri Lalamod	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	7.3817	49.1474	NB-3901-Q26-001
Mudug	Xarardheere	Aliyalo	nutrition cluster coordination, Nutrition Coverage Surveys, Treatment of severe acute malnutrition in children 0-59months	Children under-5	329	4.78812	47.72711	NB-3816-F27-001
TOTAL					8,897			

DOCUMENTS

Document Description
1. BOQ template
2. List of Partners
3. Responses to Comments April 2014
4. Budget narrative
5. Comments on the Questions