

<b>Requesting Organization :</b>	World Vision Somalia				
<b>Allocation Type :</b>	Reserve 2016				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Nutrition		100.00			
		<b>100</b>			
<b>Project Title :</b>	Nutrition Support to Internally Displaced Persons (IDPs) in Baidoa				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-16/3485/R/Nut/INGO/2558		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	199,133.30		
<b>Planned project duration :</b>	9 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	15/10/2016	<b>Planned End Date :</b>	15/07/2017		
<b>Actual Start Date:</b>	15/10/2016	<b>Actual End Date:</b>	15/07/2017		
<b>Project Summary :</b>	This project will provide Outpatient Therapeutic Feeding Program (OTP) services to the IDP community in Baidoa, through two mobile teams and two fixed OTP sites.				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	1,515	5,013	1,658	2,158	10,344
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Pregnant and Lactating Women	0	3,000	0	0	3,000
Children under 5	0	0	1,658	2,158	3,816
Internally Displaced People/Returnees	1,500	2,000	0	0	3,500
Trainers, Promoters, Caretakers, committee members, etc.	15	13	0	0	28
<b>Indirect Beneficiaries :</b>					
The indirect beneficiaries will be the IDP population within the 12 targeted villages who are not directly support by the mobile teams or static facility during this project, as the child was not malnourished. This represents a population of 132,740 from the 12 targeted villages.					
<b>Catchment Population:</b>					
This project will target 12 villages with an estimated catchment population of 132,740. The 12 sites includes - 10 mobile sites and 2 static sites. The 10 mobile sites will be: Kormari, Bogolgalgalanjo, BB1 Towfiq, ADC2, ADC3, Beled Amin 2, Bakaarwyne, Garasgoot, Awal barwaq, Alforgan. The 2 static facilities that will be supported are Horsed MCH and Wadjir MCH. Hosed is the only site which will have duplication with SNS Consortium sites in Baidoa, this overlap is due to the ongoing TSFP intervention in this facility. This will allow parents and malnourished children to get all the necessary support in one facility. This integration justifies the overlap in service provision.					
If SHF Health funding is also granted to WV, we will be able to expand the catchment population to 40 villages. However, all targets below are based on receiving nutrition funding only, hence the proposal will be amended if both sources of funding are granted.					
<b>Link with allocation strategy :</b>					
This proposal was designed in alignment with the strategy for the SHF Reserve Allocation, which focuses addressing malnutrition within IDP communities through a holistic approach. IDPs in Baidoa have one of the highest malnutrition rates throughout the country, with a Severe Acute Malnutrition (SAM) rate of 4.4 and a Global Acute Malnutrition (GAM) rate of 14.5. Furthermore, the Acute Watery Diarrhea (AWD)/Cholera outbreak, coupled with lack of health care services and hygiene facilities and habits have reinforced the nutritional crisis within the IDP communities in Baidoa. The proposed intervention will increase OTP coverage to at least 12 villages through 2 mobile teams that will support 10 mobiles sites and 2 static OTP sites, of which 5 villages have ongoing World Food Program (WFP) Targeted Supplementary Feeding Program (TSFP), along with Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene Promotion (NHHP) education sessions. Through reserve funding for health, WV hopes to compliment the nutritional services with Maternal and Child Health (MCH) and Expanded Program on Immunization (EPI) services. Integration will lead to the highest impact in reducing malnutrition.					

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount
World Vision Taiwan	35,000.00
	<b>35,000.00</b>

**Organization focal point :**

Name	Title	Email	Phone
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**BACKGROUND****1. Humanitarian context analysis**

Globally, Somalia has one of the largest IDP community, comprising of over one million IDPs according to UNHCR. The majority of the IDPs are concentrated in Southern Somalia. IDPs continue to live in crowded settlements, in poor shelter conditions, exposed risks and with limited access to basic services, including health, sanitation and hygiene facilities. Consequently, IDP settlements are prone to disease outbreaks, such as water-borne diseases and measles. This has resulted in 68% of the total number of people in Crisis or Emergency, who need urgent life-saving assistance, are IDPs.

Baidoa District, with an estimated population of 227,761, is one of the most populated areas in the nation, while being ethnically and culturally diverse as many local residents originated from other parts of the country. The IDPs in Baido have sustained critical levels of malnutrition and, therefore, is classified as a hotspot (priority) for nutritional interventions. The challenging nutritional situation can be attributed to the combined poor and borderline food consumption score from Baidoa IDPs stands at 20%, reflecting the high levels of food insecurity. Furthermore, access to health services is poor to much of the population due to insecurity.

It is expected that in the coming months as the refugee camps, mostly Somalis, in Kenya close, that many of the refugees will return to Southern Somalia. The already crowded IDP populations in Baidoa could grow significantly in the coming months, adding additional strain to the WASH structure and the health & nutrition services already in place. As a result the malnutrition cases could increase exponentially. In a recent study led by INTERSOS, it was identified that 50% of the 72 IDP settlements in Baidoa were new arrivals from Kenya who had returned three months prior to the survey. Having the necessary structures in place will support the increased need for nutritional services.

Addressing the acute malnutrition in IDP settlements will require a holistic approach with concomitant WASH, health and food security interventions to reduce the elevated morbidity and mortality levels.

**2. Needs assessment**

Baidoa has a massive influx of displaced populations due to conflict, forced evictions and seasonal flooding in the neighboring regions. Due to the insecurity, only 1% of the population can access nutritional care within at least a 26 minute walk from their home to the closest health facility. An interagency survey conducted by Office for the Coordination of Humanitarian Affairs (OCHA) in August 2015 identified that only a few settlements have mobile clinics available. Furthermore, in a Semi-Quantitative Evaluation of Access and Coverage (SQUEAC) survey conducted by World Vision in June 2015, the main reason for low coverage (42.4%) was the distance to some site limiting admission and causing defaulting. Other reasons included: minimal community screening, competing activities for mothers, use of different guidelines and tools in the management of Integrated Management of Acute Malnutrition (IMAM), and the sale and sharing of Ready-to-Use Therapeutic Food (RUTF). An interagency survey also mentioned that the majority of newly arrived IDPs in Baidoa reported going out during the day to seek assistance from feeding centers and to the IDP settlements hoping to receive assistance, however assistance is not likely due to the massive arrivals at the centers. 40% of IDPs in Baidoa said they didn't know such services existed. It is predicted that as the refugee camps in Kenya close a similar situation could reoccur in Baidoa.

Furthermore, as per a WASH Evaluation conducted in 2014 by INTERSOS, in Baidoa IDP camps: 85%, 75%, 21% of caregivers do not wash their hands before breastfeeding, before preparing food and after cleaning a child's buttocks respectively. As women are the primary caregivers in the household, it is essential that habit change in their hygiene practices are supported and the necessary equipment for these habits are provided.

**3. Description Of Beneficiaries**

This response will target the population of 12 villages, with a specific focus on children U5 with SAM and their caregivers. The 12 villages will be selected based on the presence of IDPs and then on the available to other nutritional or health services implemented either by WV or other partners, in order to increase the package of services provides. Sequentially, the villages will be selected for their size and/or ability to make impact on the nutritional situation.

All children U5 within the 12 villages will be screened through Community Health Workers (CHWs) for malnutrition and referred accordingly. There is some funding available within the project design for referrals of children with SAM + complications to ensure they receive proper care. Furthermore, the caregivers of those children, specifically the mothers, will be targeted for IYCF and NHH education and promotional sessions by CHWs and through Mother to Mother support groups.

Additionally, the project will target 12 health care providers (identified as "others" above), including, nurses, nutritional assistants, etc. for the mobile team and the fixed facility, along with 28 community mobilizers (20 CHWs and 8 Mother to Mother Leads). The nurses and nutritional assistants will be selected with the support of the Ministry of Health, however the CHWs will be selected by WV with the support of the community leaders and the health committees, in order to ensure acceptance within the targeted communities.

#### **4. Grant Request Justification**

Through this funding, World Vision Somalia will be targeting 12 villages with two mobile teams and 2 health center/static OTP sites. Each village will have a CHW who will provide health education and referrals to the OTP/TSFP sites and follow up to malnourished children. Transportation costs will be covered for those children that need to go to a hospital with a Stabilization Center, this will help ensure that proper treatment is received. Five of the 12 OTP sites are currently TSFP sites, WV will be seeking support from WFP to increase the coverage of the TSFP programming. The OTP staff will be trained on IMAM and IYCF to ensure quality service provision.

Additionally, the health care providers will also provide nutrition, health and hygiene and IYCF promotion sessions each day at their respective sites. World Vision will also implement Mother to Mother support groups through Mother leaders. The mother leaders will lead the groups in frequent discussions around NHH and IYCF, while acting as a mentor and support mechanisms for the mothers. It is hoped that through engagement at different levels, feeding, hygiene and health promotion habits at the household will change.

World Vision will work closely with the Ministry of Health, South West State in order to build their capacity and ownership of future nutrition programming.

#### **5. Complementarity**

World Vision Somalia is currently the sole implementer of WFP nutrition programming (Blanket Supplementary Feeding Program (BSFP), TSFP and MCHN) within Baidoa District. Currently, World Vision is active in seven sites, all of which are within the IDP communities and have TSFP and BSFP programming. Additionally, two of the sites are functional Health Centers with maternal and child health services along with OTP service provision, through funding from SIDA, therefore they also implement the WFP MCHN services. However, there are five remaining sites that provide TSFP & BSFP programming, but don't provide the whole nutrition package due to lack of funding and supplies for OTP. Previously, the majority of these sites has OTP support through SIDA funding, but due to funding constraints and donor priorities, the mobile team providing health and OTP services had to be eliminated.

World Vision had hoped to receive SHF funding for WASH and Health, which would support a fully integrated approach within the targeted communities. However, WV is still pursuing its private donors and other donors in support of the WASH and Health interventions for an integrated approach to programming and for greater impact of the programmes. The mobile teams under this proposal and the health intervention funded by the Canadian government (GAC) will be able to provide OTP, EPI and child & maternal health services. Furthermore, hygiene education and WASH infrastructure support would be enhanced in the same villages. This integration by one NGO would be highly effective in improving the nutritional status of IDPs in Baidoa. However, in the selection of villages WV will work closely with all partners to ensure the highest level of collaboration and integration possible,

WV has confirmed receipt of additional resources/funding from WV Taiwan to support this project, this will result in a significant reduction in the overhead costs for this project, allowing a greater percentage of the funding to support direct project costs.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

Improve the wellbeing of IDPs, specifically women and children, in Baidoa through life-saving and life-sustaining nutrition assistance

Nutrition		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds	Somalia HRP 2016	100
<b>Contribution to Cluster/Sector Objectives :</b> Contribution to Cluster/Sector Objectives :		
<p>The sector has prioritized the provision of the whole package of the nutrition services by one service provider, when possible, and promotion of prevention through IYCF and NHHP, along with integrated WASH and Health service provision. World Vision is the primary nutrition provider among IDPs in Baidoa and would be able to provide an integrated package of services, due to its active involvement in WFP TSFP at 7 sites and MCHN service at 2 of those 7 sites. Therefore, this proposal will focus on OTP service provision which would complement the already ongoing WFP TSFP/MCHN programming. As the OTP footprint would be larger than the TSFP footprint, WV will work with WFP to explore the possibility of expanding TSFP services.</p> <p>Furthermore, World Vision is actively pursuing funding for Health and WASH in the same locations in Baidoa, this would allow the organization to provide an integrated package of Nutrition, Health and Hygiene across 36 IDP communities in Baidoa. If the funding is not received, WV will actively pursue other funding opportunities to ensure an integrated approach, while providing WV Gift-in-Kind, such as pharmaceuticals, soap, and hygiene kits, to the project in order to ensure a well-rounded approach.</p>		
<b>Outcome 1</b>		
Increased access of IDPs to essential nutrition services, through mobile and static service provision		
<b>Output 1.1</b>		
<b>Description</b>		
Provision of nutrition services in 12 targeted IDP communities, for children between 0-59 months with severe acute malnutrition		
<b>Assumptions &amp; Risks</b>		
<p>All IDPs in targeted communities will be able to access OTP sites  OTP supplies will be provided monthly to the facility  Access could be limited due to security</p>		
<b>Activities</b>		
<b>Activity 1.1.1</b>		
<b>Standard Activity : Community screening for malnutrition and referral</b>		
<p>954 children U5 (410 boys, 544 girls) with Severe Acute Malnutrition will be referred by CHWs to a targeted OTP site. There will be a CHW in each of the 12 targeted IDP settlements who will screen and refer children with acute malnutrition to the appropriate service provision – TSFP or OTP. Additionally, at the OTP sites, children with complications will then be referred to the Stabilization Center. World Vision supports seven TSFP sites within Baidoa, of which five will be supported under this funding opportunity and of which two are already supported. Support will be sought from TSFP to expand the scope of the current programming.</p> <p>Due to the distance to the Stabilization Center, WV will provide transportation costs to ensure that the child gets the necessary nutritional support. The cost to transport the child from Baidoa to the SC at Bayhaw Hospital or Bay Regional Hospital is \$60 per child, therefore it is estimated that the project will provide support to about 9 children per month.</p>		
<b>Activity 1.1.2</b>		
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>		
<p>Through two mobile teams and two static facilities, 3,816 (1658 boys, 2158 girls) children will be admitted for severe acute malnutrition. All children admitted to the OTP will be treated according to the IMAM guidelines. The 2 mobile team will target 10 villages within the IDP communities in Baidoa on a bi-weekly basis. Of the 10 mobile sites, 5 of them are TSFP sites and, additionally, one the two static health center that is targeted is also a TSFP site.</p> <p>The OTP sites (static and mobile) will strive to achieve the following performance ratios: Cure rate &gt; 75%, defaulter rate &lt;15% and death rate &lt;3%.</p> <p>The static OTP site at Horsed MCH will be supported with one team leader, one nurse, two nutrition assistant/auxiliary nurse, one guard and one cleaner; while the mobile team will be supported with one team leader, one nurse and two nutritional assistants/auxiliary nurses.</p> <p>World Vision will be looking for funding/supplies from other funding sources to ensure that the mobile team and the MCH can also provide a full package of health services.</p>		
<b>Activity 1.1.3</b>		
<b>Standard Activity : Supplementation Vitamin A</b>		
<p>As per the micronutrient guidelines, children will be provided with Vitamin A supplementation every six months to children U5. Additionally Vitamin A supplements will be provided to pregnant and post-partum women. During the course of the project 3,816 children U5 (1658 boys, 2158 girls) and 3,000 pregnant and lactating women will be given Vitamin A. Children who present themselves to the program will be targeted, including those screened and those who are admitted.</p>		
<b>Activity 1.1.4</b>		
<b>Standard Activity : Multiple micronutrient supplementation for children 6-24months</b>		
<p>Much like Activity 1.1.3 (Supplementation Vitamin A), World Vision will provide micronutrients to 3,816 children U5 (1658 boys, 2158 girls) and 3,000 pregnant and lactating women</p>		
<b>Activity 1.1.5</b>		

**Standard Activity : Deworming**

As per the OTP treatment guideline, all children admitted (3,816 -- 1658 boys, 2158 girls) will be provided with deworming (on a six month interval). In addition, to the above mentioned micronutrient and deworming support (MMN & Vit A), Systematic treatment for common diseases, including iron for anemia, zinc for AWD, amoxicillin for infection, etc. to ensure the effectiveness of CMAM program.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children referred to an OTP site by a CHW					954
<b>Means of Verification</b> : Registration cards, OTP register							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					3,816
<b>Means of Verification</b> : Registration cards, OTP register							
Indicator 1.1.3	Nutrition	Number of children U5 and PLWs provided with Vitamin A Supplementation					6,816
<b>Means of Verification</b> : Maternal Health Register, OTP Register							
Indicator 1.1.4	Nutrition	Number of children U5 and PLWs provided with micronutrients supplements					6,816
<b>Means of Verification</b> : Maternal Health Register, OTP Register							
Indicator 1.1.5	Nutrition	Number of children provided with deworming					3,816

**Means of Verification** : OTP Register

**Output 1.2****Description**

Awareness sessions conducted for community members, specifically caretakers, on prevention and treatment of malnutrition

**Assumptions & Risks**

Community members, especially mothers, don't respect support group leads  
 Food availability and diversity doesn't allow changes to feeding and hygiene habits  
 Awareness gains are loss, if mobile teams must change locations due to access

**Activities****Activity 1.2.1****Standard Activity : Nutrition health and Hygiene promotion**

Over the course of the project, the OTP sites will conduct 720 NHHP sessions. The mobile team will conduct one NHHP session per day at the static and mobile OTP sites (5 working days per week).

Additionally, the CHWs and the mother- to- mother support groups will facilitate additional sessions. The M2M groups will also conduct campaigns within their communities that will support increased awareness around the importance of health and hygiene for good nutritional outcomes. These campaigns will be supported once per quarter and will be organized jointly by the CHW and the M2M lead mother, activities will be focused at the community level.

There will also be Male focus group discussion sessions, which allow to have gender specific conversations, based on their role in the household, around how they can prevent malnutrition in the household. This will focus on the need for a diversified and nutritious diet, proper hygiene habits and recognizing the importance to seeking health care when malnutrition or illness develops.

Through these outreach activities it is hoped that 3500 IDPs will be targeted, 1500 men and 2000 women.

**Activity 1.2.2****Standard Activity : Infant and young child feeding promotion**

Over the course of the project, the OTP sites will conduct 720 IYCF session. The mobile team will conduct one IYCF session per day at the static and mobile OTP sites (5 working days per week).

Additionally, the CHWs and the mother- to- mother support groups will facilitate additional sessions. The M2M groups will also conduct campaigns within their communities that will support increased awareness around the importance of health and hygiene for good nutritional outcomes. These campaigns will be supported once per quarter and will be organized jointly by the CHW and the M2M lead mother, activities will be focused at the community level.

There will also be Male FDG sessions, which allow to have gender specific conversations, based on their role in the household, around how they can prevent malnutrition in the household. This will focus on the need for a diversified and nutritious diet, proper hygiene habits and recognizing the importance to seeking health care when malnutrition or illness develops.

Through these outreach activities it is hoped that 3500 IDPs will be targeted, 1500 men and 2000 women.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					720
<b>Means of Verification</b> : Health Education Register							
Indicator 1.2.2	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					720
<b>Means of Verification</b> : Health Education Register							
<b>Output 1.3</b>							
<b>Description</b>							
Training of community members and health care providers on how to treat and prevent malnutrition							
<b>Assumptions &amp; Risks</b>							
No turnover among health care providers and support group leads Training matches qualifications and capacity of staff and support group leads							
<b>Activities</b>							
<b>Activity 1.3.1</b>							
<b>Standard Activity : Capacity building</b>							
32 health care providers (19 men, 13 women). These will include 20 CHWs and 12 nurses & nutrition assistants, that will be trained on IMAM during the course of the project.							
<b>Activity 1.3.2</b>							
<b>Standard Activity : Capacity building</b>							
IYCF training will be provided to the following (32 health care providers [20 CHWs and 12 nurses and nutrition assistants] and 8 Mother Leads from the community members) making a total of 40 (19 men, 21 women).							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					32
<b>Means of Verification</b> : Training Report							
Indicator 1.3.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					40
<b>Means of Verification</b> : Training report							
<b>Additional Targets :</b>							
<b>M &amp; R</b>							
<b>Monitoring &amp; Reporting plan</b>							
<p>This project will have a multi-faceted monitoring and reporting system, which will align with the country level reporting system and other WV M&amp;E systems. Quarterly plans and phased budgets will be the primary monitoring tool along with the needs of the project, including the donor requirement. Additionally, there will be space for beneficiary, community and government involvement in the monitoring system. The monitoring and supportive supervision will happen daily, monthly and quarter by different actors and in different forums.</p> <p>Field supervision will happen daily by Baidoa Administrator, while will directly support the health facility, the mobile teams and CHWs, monthly by the Health coordination, who will identify technical and programmatic issues and support in providing solutions, and quarterly by the Health and Nutrition Technical Specialist, who will follow up on the overall technical and programmatic quality of the of the implementation. The Program Officer &amp; the M&amp;E Coordinator will provide support on as needed basis, based on the monthly programmatic and data reports submitted to the HQ in Nairobi. The project log frame, as well as the quarterly work plans and phased budgets linked with activities will be referenced in the M&amp;E framework ..</p> <p>Additionally, as World Vision works closely with the Ministry of Health in the Southwest State, especially through the secondment of MoH health care providers; the MoH will monitor the projects at least bi-annually to ensure quality implementation of all programming, along with the functionality of seconded staff and alignment with all relevant guidelines. All the costs for WV and MoH monitoring will be shared across all health and nutrition projects in Baidoa.</p> <p>Financial monitoring of the project will take place continuously by the H&amp;N Technical Specialists, who approves advances and expenses in alignment with the project budgets, by the Finance and Support Services Manager who validates receipts and back up documentation in order to facilitate payment, and finally by the Grants Accountant who will ensure expenditures are in alignment with donor regulations and generates donor financial reports. World Vision has an internal auditor who ensure that internal controls and policies are followed during the project implementation period and follows up on any matters that are identified.</p> <p>Financial and programmatic reports, including data summaries, will be produce monthly by the field team and submitted for review in Nairobi. Additionally, monthly HMIS and OTP reports will be submitted to MoH and UNICEF respectively. Reports will also be produced in alignment with the donor regulations.</p>							



Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: 954 children U5 (410 boys, 544 girls) with Severe Acute Malnutrition will be referred by CHWs to a targeted OTP site. There will be a CHW in each of the 12 targeted IDP settlements who will screen and refer children with acute malnutrition to the appropriate service provision – TSFP or OTP. Additionally, at the OTP sites, children with complications will then be referred to the Stabilization Center. World Vision supports seven TSFP sites within Baidoa, of which five will be supported under this funding opportunity and of which two are already supported. Support will be sought from TSFP to expand the scope of the current programming.</p> <p>Due to the distance to the Stabilization Center, WV will provide transportation costs to ensure that the child gets the necessary nutritional support. The cost to transport the child from Baidoa to the SC at Bayhaw Hospital or Bay Regional Hospital is \$60 per child, therefore it is estimated that the project will provide support to about 9 children per month.</p>	2016										X	X	X
	2017	X	X	X	X	X	X						
<p>Activity 1.1.2: Through two mobile teams and two static facilities, 3,816 (1658 boys, 2158 girls) children will be admitted for severe acute malnutrition. All children admitted to the OTP will be treated according to the IMAM guidelines. The 2 mobile team will target 10 villages within the IDP communities in Baidoa on a bi-weekly basis. Of the 10 mobile sites, 5 of them are TSFP sites and, additionally, one the two static health center that is targeted is also a TSFP site.</p> <p>The OTP sites (static and mobile) will strive to achieve the following performance ratios: Cure rate &gt; 75%, defaulter rate &lt;15% and death rate &lt;3%.</p> <p>The static OTP site at Horsed MCH will be supported with one team leader, one nurse, two nutrition assistant/auxiliary nurse, one guard and one cleaner; while the mobile team will be supported with one team leader, one nurse and two nutritional assistants/auxiliary nurses.</p> <p>World Vision will be looking for funding/supplies from other funding sources to ensure that the mobile team and the MCH can also provide a full package of health services.</p>	2016										X	X	X
	2017	X	X	X	X	X	X						
<p>Activity 1.1.3: As per the micronutrient guidelines, children will be provided with Vitamin A supplementation every six months to children U5. Additionally Vitamin A supplements will be provided to pregnant and post-partum women. During the course of the project 3,816 children U5 (1658 boys, 2158 girls) and 3,000 pregnant and lactating women will be given Vitamin A. Children who present themselves to the program will be targeted, including those screened and those who are admitted.</p>	2016										X	X	X
	2017	X	X	X	X	X	X						
<p>Activity 1.1.4: Much like Activity 1.1.3 (Supplementation Vitamin A), World Vision will provide micronutrients to 3,816 children U5 (1658 boys, 2158 girls) and 3,000 pregnant and lactating women</p>	2016										X	X	X
	2017	X	X	X	X	X	X						
<p>Activity 1.1.5: As per the OTP treatment guideline, all children admitted (3,816 -- 1658 boys, 2158 girls) will be provided with deworming (on a six month interval). In addition, to the above mentioned micronutrient and deworming support (MMN &amp; Vit A), Systematic treatment for common diseases, including iron for anemia, zinc for AWD, amoxicillin for infection, etc. to ensure the effectiveness of CMAM program.</p>	2016										X	X	X
	2017	X	X	X	X	X	X						
<p>Activity 1.2.1: Over the course of the project, the OTP sites will conduct 720 NHHP sessions. The mobile team will conduct one NHHP session per day at the static and mobile OTP sites (5 working days per week).</p> <p>Additionally, the CHWs and the mother- to- mother support groups will facilitate additional sessions. The M2M groups will also conduct campaigns within their communities that will support increased awareness around the importance of health and hygiene for good nutritional outcomes. These campaigns will be supported once per quarter and will be organized jointly by the CHW and the M2M lead mother, activities will be focused at the community level.</p> <p>There will also be Male focus group discussion sessions, which allow to have gender specific conversations, based on their role in the household, around how they can prevent malnutrition in the household. This will focus on the need for a diversified and nutritious diet, proper hygiene habits and recognizing the importance to seeking health care when malnutrition or illness develops.</p> <p>Through these outreach activities it is hoped that 3500 IDPs will be targeted, 1500 men and 2000 women.</p>	2016										X	X	X
	2017	X	X	X	X	X	X						

<p>Activity 1.2.2: Over the course of the project, the OTP sites will conduct 720 IYCF session. The mobile team will conduct one IYCF session per day at the static and mobile OTP sites (5 working days per week).</p> <p>Additionally, the CHWs and the mother- to- mother support groups will facilitate additional sessions. The M2M groups will also conduct campaigns within their communities that will support increased awareness around the importance of health and hygiene for good nutritional outcomes. These campaigns will be supported once per quarter and will be organized jointly by the CHW and the M2M lead mother, activities will be focused at the community level.</p> <p>There will also be Male FDG sessions, which allow to have gender specific conversations, based on their role in the household, around how they can prevent malnutrition in the household. This will focus on the need for a diversified and nutritious diet, proper hygiene habits and recognizing the importance to seeking health care when malnutrition or illness develops.</p> <p>Through these outreach activities it is hoped that 3500 IDPs will be targeted, 1500 men and 2000 women.</p>	2016																	X	X	X	
	2017	X	X	X	X	X	X														
Activity 1.3.1: 32 health care providers (19 men, 13 women). These will include 20 CHWs and 12 nurses & nutrition assistants, that will be trained on IMAM during the course of the project.	2016																		X		X
	2017																				
Activity 1.3.2: IYCF training will be provided to the following (32 health care providers [20 CHWs and 12 nurses and nutrition assistants] and 8 Mother Leads from the community members) making a total of 40 (19 men, 21 women).	2016																		X		X
	2017																				

**OTHER INFO**

**Accountability to Affected Populations**

World Vision has strong, long standing relationships with the communities it works with. In Baidoa, WV has been implementing health and nutrition programming within the IDP communities for the past three years. These relationships with the beneficiaries have created an open environment for discussion and feedback. In alignment with WV's TSFP programming, complain and feedback mechanisms will be used such as: suggestion boxes at selected mobile sites, community meeting and complain logbooks. Through these mechanisms, collection and processing community feedback will greatly improve accountability to communities. The different methods of receiving feedback and complaints will allow beneficiaries to scrutinize our work and then receive improved service delivery. The feedback and complaints will be discussed at the project review meetings to ensure a way forward.

**Implementation Plan**

The project will be implemented in its entirety by World Vision Somalia, but will work in close collaboration with the Ministry of Health in the South West State. All the health care providers at the health center and the mobile team will be seconded by the Ministry of Health. The MoH will lead the hiring process for all medical staff with the support and approval of World Vision. All incentives for seconded staff will be paid directly by World Vision, no funding will be directly transferred to the Ministry of Health. The ability to provide services will also be dependent on the provision of medical supplies, including vaccinations, and equipment by UNICEF.

Within the structure of World Vision, the Baidoa Administer will be responsible for the day-to-day logistics of implementing the health center and the mobile team. This includes the provision of supplies, payment of incentives and running costs of the facilities, vehicle hire and coordination, etc. However, the health & nutrition coordinator will be responsible for all of the technical components of the project, including the training, providing monitoring and support to the medical staff and CHWs, etc. The H&N Technical Specialist will ensure the technical and programmatic soundness of the project, ensuring that all problems are identified and resolved in a timely manner.

The nutrition proposals has been designed to ensure a degree of integration at Horsed MCH , WV will support Horsed health center to provide health care services as well. This health center will be set up to function as a referral point for the mobile nutrition teams , although the nutrition associated costs will be based on the Nutrition funding allocation,WV through Gift in Kind pharmaceuticals and private co-funding support from WV Taiwan will ensure availability of essential medical supplies and medical personnel to provide routine primary health care services at Horsed MCH including immunization services for children below one year while equally addressing the nutrition needs of malnourished children .This particular MCH and other selected mobile clinic locations also doubles up as supplementary nutrition intervention sites for management of moderate malnutrition through WFP support.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health, South West State	The implementation and the provision of nutrition services is an important component of MoH's mandate. All the health care providers will be seconded from the Ministry of Health, while the hiring process will be done jointly with WV. In hopes of growing the capacity of the ministry, MoH will play an active role in the monitoring and supervision of this project.
UNICEF	World Vision will be dependent on UNICEF for the provision of OTP supplies for the nature of this project. Furthermore, WV will report on the OTP implementation within the framework established and managed by UNICEF.
Nutrition Cluster & Other Nutrition Partners	World Vision will work closely with the Nutrition Cluster and the NGOs within the cluster on coordinating the intervention alongside other ongoing interventions within the district



DMO	This NGO is the holder of the supported health center in this proposal, however they have not been able to secure funding to ensure the functionality of the facility. World Vision will work closely with DMO in collaborating in the management of the health center, however no funding will be given to this entity.
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#### **Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

#### **Gender Marker Of The Project**

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

#### **Justify Chosen Gender Marker Code**

The project is designed to target both women and men, boys and girls, therefore significantly contributing to gender equality. Children and women are the primary beneficiaries of the project, due to the nature of the project. However, men are equally as important as the primary decision maker in the households. Men will be primarily targeted through the CHW, however the mobile team sites and the health facility will welcome male care givers who bring malnourished children. All genders will be treated equality throughout the project.

#### **Protection Mainstreaming**

Consideration of safety and dignity have been taken seriously in the design of this project and will continue to be taken seriously throughout the implementation. An advantage of employing mobile teams is that it reduces the distance that beneficiaries have to walk to access services. Additionally, the location in the village where the mobile team serves patients will be selected in consultation with community leaders, beneficiaries and the Ministry of Health to ensure that they create an ideal environment for women and children. This ensure that they are safe and served with dignity. While the focus of this project will be the IDP communities, members of the host community who visit the OTP sites will be provided the necessary services, in hopes of reducing the conflict that can be caused by service provision targeting one group.

#### **Country Specific Information**

#### **Safety and Security**

All of World Vision's security related matters are coordinated by an expatriate Security Officer, with support by a national Security Officer in each implementing area. The team has produced a Security Risk Assessment for Baidoa, which is in alignment with the WV Global Core Security Requirements. Furthermore, the team coordinates closely with other partners in Southern Somalia, including Bay District, and in Nairobi to ensure they are continuously informed of any potential threats. These interactions result in updated weekly reports, which are shared with all staff. Furthermore, all field visits are approved by the security team in advance.

#### **Access**

The situation in Baidoa is volatile, which can result in disruptions to access. While WV's expatriate and national can currently access Baidoa, as the situation changes it is evaluated by the Security Team (mentioned above). The team might limit access to National staff only or temporarily prohibit access. However, as World Vision is working with MoH seconded staff, the health care providers of the mobile teams and the static health facility will continue to provide services. Access may require that mobile team movements be modified accordingly depending on the situation.

#### **BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Health & Nutrition Technical Specialist	D	1	8,800.00	9	10.00	7,920.00
	<i>Overall managing the project and tracking the implementation activities on the ground. Provide technical nutrition support to steer project interventions and align with objectives ensuring they are delivered on time and on budget</i>						
1.2	Health & Nutrition Project Coordinator	D	1	1,600.00	9	30.00	4,320.00
	<i>Coordinates all nutrition activities, collects and consolidates data and develops draft reports, implements central level and technical activities, such as trainings and review meetings</i>						
1.3	Administrator Biadoa	D	1	900.00	9	20.00	1,620.00
	<i>Responsible for providing support to project staff including logistics, office space, communication, supplies and also ensuring project resources eg vehicle hire are used efficiently for the benefit of the project.</i>						
1.4	M&E Officer	D	1	900.00	9	30.00	2,430.00
	<i>Evaluates the quality of the Nutrition data provided by the field teams, supporting them in solving data collection issues. Ensure project quality during design and implementation through routine analysis of project data. Provide evidence learning and technical support in report writing</i>						
1.5	Operations Manager	S	1	2,700.00	9	4.00	972.00
	<i>Oversees the whole Southern Somalia Program, ensuring integration and collaboration between other nutrition projects in different zones and other sector projects in the same districts. Responsible for the safety and security of all staff.</i>						

1.6	Finance and Support Services Manager	S	1	4,000.00	9	4.00	1,440.00
<i>Responsible for day-to day financial reporting of expenditures of the project, while supporting the field team in making of payments. This position is based in Doolow</i>							
1.7	Program Officer	D	1	6,700.00	9	5.00	3,015.00
<i>This Nairobi based position, supports and monitors the project from a donor perspective to ensure donor requirements are fulfilled, including extensive field travel. Attends Health &amp; Nutrition coordination mechanisms in Nairobi (including the Health Cluster)</i>							
1.8	Grants Accountant	S	1	2,300.00	9	5.00	1,035.00
<i>Ensure that the donor's financial regulations are adhered to, while addressing any audit or financial reporting requirements established by the donor.</i>							
1.9	Supply Chain Manager	S	1	2,500.00	9	4.00	900.00
<i>Ensure that high quality supplies (IEC materials) and services (Vehicle Hire and venue for workshops) are procured at the best value for money and transported in a timely to the targeted project location</i>							
1.10	Salary for cleaner	D	2	100.00	9	100.00	1,800.00
<i>The monthly rate is \$100 for 2 staff or a total of \$1,800 for nine months. The Cleaner will undertake general cleaning of all non-clinical areas of the MCH, including floors, corridors and toilets. He/she will also undertake any other duties as requested.</i>							
1.11	Salary for guard	D	2	100.00	9	100.00	1,800.00
<i>Each will spend 100% of their time to the grant providing services at Horsed and Wadjir MCH. The monthly salary for each is \$100 or a total of \$1800 for nine months.</i>							
<b>Section Total</b>							<b>27,252.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Integrated Management of Acute Malnutrition (IMAM) Training for MoH Nutrition Staff	D	1	3,326.00	2	100.00	6,652.00
<i>A total of 16 health workers will go through 2 training sessions each lasting 5 full days, costs include hall hire, refreshment, participant accommodation, transport and stationery. Each session costs \$3326. Refer to attached BOQ</i>  <i>Through the IMAM training the health workers (nutrition case workers) will be empowered on IMAM protocol for case management of malnutrition, this will translate to improved case management practices among the health workers thereby contributing towards improved nutrition treatment outcomes for the severely malnourished children admitted in the program.</i>							
2.2	Infant and Young Child Feeding (IYCF) Training for Mother to Mother Support Groups	D	1	2,196.00	2	100.00	4,392.00
<i>Two IYCF training sessions for 12 mentor mothers, each session will last three full days, costs include hall hire, transport, refreshment and stationery for the participants, each session costs \$2555.5. The BOQ is as attached. Women are known to share information in informal set ups, this project seeks to help women in child bearing age form groups where they will be empowered through IYCF training to be able to freely steer IYCF discussions within such forums. Providing support to one another taking cognizance of the challenges faced by breastfeeding mothers and first time mothers. This will mentor more women to continue breastfeeding for two years and to exclusively breastfeed for 6 months, demystifying myths associated with child feeding practices thereby contributing to improved child nutrition status and well being resulting from adoption of the nutrition care practices promoted.</i>  <i>These mentor mothers are the lead mothers in each group comprising of 12 women, they will be responsible for steering group activities with support from the nutrition nurses.</i>							
2.3	IYCF & Nutrition Health and Hygiene (NHH) Campaign	D	1	2,656.00	3	100.00	7,968.00
<i>Three days IYCF and nutrition, health and hygiene campaigns to be done every quarter; costs include venue hires, banners, refreshment for male and female beneficiaries, PA system, security, community mobilizers and vehicle hires for mobilization, each sessions costs \$2656. BOQ as attached</i>  <i>IYCF, Nutrition, Health and hygiene practices significantly contribute towards child health and nutrition outcomes, through community sensitization on promoted IYCF, nutrition, health and hygiene practices it is envisaged that through such empowerment the community will adopt the promoted practices thereby minimizing the incidence of diarrhea diseases, malnutrition and poor health comes that all lead to child morbidity and mortality</i>							
2.4	IEC Material	D	1	4,780.00	1	100.00	4,780.00

	<p><i>Printing and distribution of 720 IYCF brochures @ \$4 , 4 pieces of nutrition and hygiene charts @\$100 . 4 pieces of food preparation banners @\$150 ,6 pieces of IYCF banners @ \$150</i></p> <p><i>During the IYCF , Nutrition , health and hygiene campaigns the project will develop pictorial fliers and brochures focusing on key nutrition messaging ,IYCF , banners on food preparation , nutrition and hygiene charts . This will support the facilitation of the nutrition and hygiene promotion sessions , in the long run contributing to emphasis on the nutrition messaging being imparted on the beneficiaries . This will contribute towards improved uptake of the promoted practices that lead to improved child health and nutrition status.</i></p>							
2.5	Incentives for Community Health Workers (CHWs)	D	12	50.00	9	100.00	5,400.00	
	<p><i>As per the guidelines for incentives Southern Somalia,each CHW will receive \$50 per month ,the project will engage 12 CHWs in total with one CHW placed at each outreach site .</i></p> <p><i>At the outreach sites , the project seeks to engage CHWs who will be involved in active case detection within the community , providing timely referral to the mobile nutrition team and facilitating follow ups and defaulter tracing .The CHWs will routinely carry out rapid nutrition screening of beneficiaries by use of MUAC and register them in readiness for admission for those that meet the OTP admission criteria .</i></p> <p><i>Through such initiatives , the CHWs will facilitate early detection of severely malnourished children , support them receive prompt treatment and also follow up and re-integrate defaulters to enable them follow through treatment course till they are fully cured . This contributes to improved nutrition treatment outcomes , thereby contributing towards reduced nutrition related mortality .To motivate the CHW to dedicate time supporting the project , each CHW will receive a monthly incentive of \$50 .</i></p>							
2.6	IYCF/IMAM Training for CHWs	D	1	3,211.50	2	100.00	6,423.00	
	<p><i>Two IMAM and IYCF training sessions for the 12 CHWs, each session costs \$3211.5 and lasts 4 full days , costs include , transport , hall hire , refreshment , and stationery .BOQ as attached</i></p> <p><i>The CHWs at the outreach sites will routinely carry out rapid nutrition screening, IYCF counseling and support ,beneficiary follow up and defaulter tracing , the IMAM /IYCF training will empower them to have a better understanding of the nutrition interventions promoted, their relevance to nutrition outcomes and the significance of CHW involvement in nutrition and child health . This will contribute to improved community nutrition care approaches .</i></p>							
2.7	Referral to Stabilization Centre (SC)	D	1	720.00	9	100.00	6,480.00	
	<p><i>Transport cost from Baidoa to the SC at Bayhaw Hospital or Bay Regional Hospital is \$80 per child, therefore it is estimated that the project will provide support to about 9 children per month</i></p> <p><i>While the project will be involved in active case detection of severely malnourished children , there are others who will be severely malnourished but have other medical complications that warrant inpatient care . A majority of the beneficiary are from poor economic backgrounds that makes it difficult for them to make arrangements for referral yet such children require urgent inpatient care at a stabilization center for them to survive.</i></p> <p><i>Provision of referral support will enable the beneficiaries to get to the Stabilization Center in real time and subsequently facilitate prompt initiation of treatment with resultant improved nutrition treatment outcomes and child well being</i></p>							
2.8	Support for Mother-2-Mother Support Group Meetings	D	120	2.00	18	100.00	4,320.00	
	<p><i>The 120 mothers enrolled in the mother to mother support group will hold one day meetings twice each month to discuss IYCF and other Nutrition promotion approaches at the household level.During such meetings each mother will have refreshment at a cost of \$2 per person /day</i></p> <p><i>The project will set up 12 mother to mother support groups, led by 12 mentor mothers , each mentor mother will lead a group of 12 women . Each of the 12 Mother to mother support groups will hold one day formal meetings twice every month , these meetings will provide forums for formal IYCF discussions, review of group progress for the month and plan of IYCF activities for the following month .</i></p> <p><i>During such meetings the mothers will consume refreshment a a cost of \$2 per person per day .</i></p>							
2.9	Male Focussed Group Discussions on IYCF & Malnutrition	D	1	539.00	4	100.00	2,156.00	
	<p><i>120 males are targeted with 4 sessions on IYCF and Malnutrition , during such sessions costs incurred will include refreshment and stationery , each sessions costs \$539.each session will last one day</i></p> <p><i>It is envisaged that involvement of males in IYCF discussion will contribute towards improved uptake of some of the promoted practices at the household level , recognizing the leadership position of the male and their ability to influence key decisions at the household level. For the men to successfully support IYCF implementation at the household level , the project plans to hold 4 IYCF FGD sessions targeting 120 males.</i></p> <p><i>This will impart knowledge on IYCF practices , demystify myths associated with IYCF practices and also to garner their support in IYCF practice at the household level.Through their involvement it is envisioned that there will be an increase in uptake of IYCF practices at the household level which translates to improved nutrition outcomes .</i></p>							
2.10	Vehicle Hire for the Mobile nutrition team	D	2	1,800.00	9	100.00	32,400.00	
	<p><i>The project will require 2 vehicles for hire to help in service delivery and monitoring. The unit cost of \$1,800 is the current rate for vehicle hire in the location the project will be implemented.</i></p> <p><i>The project will establish two mobile OTP teams, to facilitate their movement to the various outreach OTP locations as well as supplies, the project will hire two vehicles, one vehicle will be assigned to each team</i></p>							
2.11	Incentive for MoH seconded Team Lead/Nurse	D	4	500.00	9	100.00	18,000.00	

	<p>4 Team Lead x usd 500 unit cost x 9months. This includes a per diem for the continuous travel required by mobile team staff</p> <p>The project will hire qualified nutrition nurses and team leaders will be hired to steer the nutrition interventions , execute systematic treatment and case management of the malnourished .In each team there will be one team leader /Qualified nurse at a monthly incentive of \$500 per month per person .The team leaders will take an overall leadership role in the team, ensuring consistent availability of supplies, follow up of beneficiaries ensuring that all standard IMAM case management protocols are adhered to within the team .</p>							
2.12	Incentives for MoH seconded Nurse	D	4	400.00	9	100.00	14,400.00	
	<p>4 Nurses x usd 400 unit cost x 9months. This includes a per diem for the continuous travel required by mobile team staff</p> <p>The project will hire 4 nutrition nurse who will assist with case management of beneficiaries including systematic treatment , clinical assessment and prompt referral where necessary .</p>							
2.13	Incentives for MoH seconded Aux. nurse/Nutrition Assistant	D	8	250.00	9	100.00	18,000.00	
	<p>4 Auxiliary Nurses and 4 Nutrition Assistant x usd 250 unit cost x 9months. This includes a per diem for the continuous travel required by mobile team staff</p> <p>The project will hire 4 nutrition assistants who will work alongside the nutrition nurses in day to day case management of beneficiaries at the nutrition treatment sites. Each will receive a monthly incentive of \$ 250</p>							
	<b>Section Total</b>						<b>131,371.00</b>	
<b>Contractual Services</b>								
4.1	Security services during monitoring visits	D	3	240.00	9	100.00	6,480.00	
	<p>The project will require 8 SPUs (Special Police Escort Units) for three days every month, @ SPU costs \$10 per day thus \$240 monthly ,additionally the SPUs require 2 vehicles per day which will be rented at a cost of \$80 per vehicle per day thus \$480 per month security for one visit will require \$240 ; 8 SPUs cost \$80 and 2 vehicles @ \$160</p>							
	<b>Section Total</b>						<b>6,480.00</b>	
<b>Travel</b>								
5.1	Monitoring & Supervision of Nairobi based Staff	D	1	1,200.00	2	100.00	2,400.00	
	<p>This allows Nairobi based staff (including Program Officer and Grants Accountant) and the Health and Nutrition Technical Specialist and M&amp;E coordinator to travel to Baidoa to monitor and provide support to the project team. This will be 2 trips to the field @60 usdx 4 staff x 5 days (3 field and 2 travel days).</p>							
5.2	Vehicle hire for supportive supervision	D	1	1,800.00	9	50.00	8,100.00	
	<p>This will allow project staff, including the Health and Nutrition Technical Specialist, Health and Nutrition Technical Coordinator , to visit and supervise the project. Additional support will be provided through complementary projects.</p>							
	<b>Section Total</b>						<b>10,500.00</b>	
<b>General Operating and Other Direct Costs</b>								
7.1	Office Supplies	D	0	0.00	0	100.00	0.00	
7.2	Office Rent	D	1	1,600.00	9	15.00	2,160.00	
	<p>Monthly office rent for the sub-office where the project is implemented. This will be shared out to the projects in the sub-office based on an appropriate basis. We estimate about 15% of the cost will be charged to this project.</p>							
7.3	Office Utilities (Water and Electricity)	D	1	950.00	9	15.00	1,282.50	
	<p>This is cost for office electricity, water and other utilities for the Baidoa sub-office. This will be shared across projects in the sub-office based on an appropriate basis. We estimate about 15% of the cost will be charged to the project.</p>							
7.4	Communications for Project Staff	D	3	970.00	9	15.00	3,928.50	
	<p>This is cost of internet and communication for project staff. The cost relate to the sub-office where the project will be implemented. We estimate about 15% will be charged to the project</p>							
7.5	Bank Charges	D	1	3,131.89	1	100.00	3,131.89	

	<i>This is commission paid to the money transfer agent at a rate of 2% to facilitate sending funds to the field offices</i>						
<b>Section Total</b>					<b>10,502.89</b>		
<b>SubTotal</b>		181.00			<b>186,105.89</b>		
Direct					181,758.89		
Support					4,347.00		
<b>PSC Cost</b>							
PSC Cost Percent					7.00		
PSC Amount					13,027.41		
<b>Total Cost</b>					<b>199,133.30</b>		
<b>Project Locations</b>							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bay -> Baidoa	100	1,515	5,013	1,658	2,158	10,344	
Bay -> Baidoa -> Berdale							
Bay -> Baidoa -> Acd							
Bay -> Baidoa -> Boqolka							
Bay -> Baidoa -> Daynuunay							
Bay -> Baidoa -> Aawdiinle							
Bay -> Baidoa -> Garas-God							
Bay -> Baidoa -> Baab							
Bay -> Baidoa -> Kormari							
<b>Documents</b>							
Category Name	Document Description						
Signed Project documents	HC signed Combined Allocation letter for NRCs and WV.doc.pdf						
Signed Project documents	HC signed combined FTR for NRC and WV.pdf						
Signed Project documents	HC IP and EO Signed allocation letter 281016.pdf						
Budget Documents	BOQs - SHF Nutrition Baidoa -- WVI.xls						
Budget Documents	SHF Baidoa BOQ 25.7.2016.xls						
Budget Documents	SHF Baidoa BOQ 25.7.2016.xls						
Budget Documents	Copy of BOQs - SHF Nutrition Baidoa -- WVI 4.8.16.xls						
Budget Documents	Copy of BOQs - SHF Nutrition Baidoa -- WVI 9.8.16.xls						
Budget Documents	Office Supplies - Breakdown_22.08.2016.xlsx						
Budget Documents	Combined BOQs - SHF Nutrition Baidoa -- WVI 25.8.16.xls						
Budget Documents	Combined BOQs - SHF Nutrition Baidoa -Updated WVI 29.8.16.xls						
Budget Documents	BOQ revised- 2558 WVI.xls						
Budget Documents	Final BOQ revised- 09.09.16 WVI.xls						
Budget Documents	Final BOQ revised- 09.09.16 WVI.xls						
Grant Agreement	HC and IP signed agreement 12.10.2016.pdf						

