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|-----------------------------------|--|---------------------------------|-----------------------------------|--------------|--------------|
| Requesting Organization : | Women and Child Care Organization | | | | |
| Allocation Type : | Standard Allocation 1 (Jan 2017) | | | | |
| Primary Cluster | Sub Cluster | Percentage | | | |
| Nutrition | | 100.00 | | | |
| | | 100 | | | |
| Project Title : | Prevention and treatment of acute Malnourished Boys, Girls, pregnant and lactating women through Outpatient Therapeutic Programme (OTP) with stabilization center services to avert nutrition related morbidity and mortality in Balcad district. | | | | |
| Allocation Type Category : | | | | | |
| OPS Details | | | | | |
| Project Code : | SOM-17/H/98482 | Fund Project Code : | SOM-17/3485/SA1 2017/Nut/NGO/4561 | | |
| Cluster : | Nutrition | Project Budget in US\$: | 170,551.05 | | |
| Planned project duration : | 9 months | Priority: | A - High | | |
| Planned Start Date : | 20/02/2017 | Planned End Date : | 20/11/2017 | | |
| Actual Start Date: | 20/02/2017 | Actual End Date: | 20/11/2017 | | |
| Project Summary : | <p>Under this project, Wocca will respond to the life threatening nutrition situation in Somalia currently being exacerbated by the current drought situation happening across the country. It will specifically target Balad district where Wocca is the primary rationalized partner. Wocca will run an Outpatient Therapeutic programme (OTP) with Stabilization center (SC) services with the main objective being to save the lives of individuals that have developed Severe Acute Malnutrition (SAM) and to prevent the development of severe acute malnutrition (SAM).</p> <p>More specifically the project will emphasize on the following three segments:- (1). Community mobilization, whose objective will be to sensitize the population to the problem of malnutrition and how to identify it, in order to reach more children and at an earlier stage in their development of acute malnutrition, therefore increasing programme coverage and recovery. Screening of children through assessment of Mid-Upper Arm Circumference (MUAC) and nutritional Oedema, mobilization of key leaders and associations, education and sensitization, promotion of acceptance of the programme by the community and follow up of patients in programmes that default or present a problem will constitute the major interventions under the community mobilization segment. -(2). Outpatient care - to treat patients with SAM who have a good appetite and no medical complications through weekly or biweekly distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines, medical and nutritional monitoring of the patient. (3). Inpatient care - to treat patients with SAM who have poor appetite and/or medical complications through daily therapeutic milk and medical treatment in inpatient care centre. A referral system will be put in place to transfer patients from one component to the next (when the patient condition worsens), or to return to the previous one if the evolution of treatment is satisfactory.</p> <p>Wocca will operate one stabilization center (sc) in its facility in Balad town from where also one fixed OTP will be run: This 1 fixed OTP and 1 mobile OTP will serve 5 locations namely Horseed, Halgan, Waberi star, Hawo tako and Ceel Gelow. Another mobile OTP will serve the furthest locations of Balcad district namely Qolimow and Farax gololey; all cases that warrant SC will be transferred to Balad town. WOCCA will thereafter extend its activities to the remaining components of the Basic nutrition service package viz; Micronutrient support for vulnerable groups (pregnant and lactating women and children under age 5) e.g. with Vitamin A and multiple micro-nutrients (MMN), Food based and non-food based preventive actions including nutrition sensitization activities, Integrated multi sectoral nutrition, health, hygiene (NHHP) preventative, food-security and promotional support and Infant & young child feeding support (promotional and preventative) especially support to caregivers for feeding sick children. The primary targets of the project are children under 5 & PLW. Efforts will be made to reach other vulnerable groups including the elderly and the disabled</p> | | | | |
| Direct beneficiaries : | | | | | |
| Men | Women | Boys | Girls | Total | |
| 0 | 7,869 | 484 | 727 | 9,080 | |
| Other Beneficiaries : | | | | | |
| Beneficiary name | Men | Women | Boys | Girls | Total |
| Children under 5 | 0 | 0 | 484 | 727 | 1,211 |
| Pregnant and Lactating Women | 0 | 7,869 | 0 | 0 | 7,869 |

Indirect Beneficiaries :

Indirect beneficiaries will include 7869 infants who directly depend Lactating Women benefiting directly from this project. This figure represents an estimated number of under one year old infants in the district that could use our service outside of the beneficiaries targeted in this project

Catchment Population:

87438 being the project site's (Balcaad district) estimated population. Its a summation of the following estimated figures from each location;- Horsed (18084), Halgan (14466), Waberi Star (30042), Hawo Tako (4872), Ceel Gelow (6252), Qalimow (7944), Farax Gololey (5778).

Link with allocation strategy :

This project is designed primarily to respond to the life threatening nutrition situation in Somalia currently being aggravated by the prevailing drought conditions happening across the country, this is in line with the first core element of the integrated CERF/SHF approach directing development partners towards a focus on drought response. Another linked element of the CERF/SHF Integrated Approach is Life-saving focusing on immediate life-saving response; This project aims to deliver an integrated package of life-saving nutritional humanitarian assistance to children under 5 years and pregnant and lactating mothers. The response package includes outpatient nutrition programs to reduce and/or prevent the rate at which children fall into SAM (Severe Acute Malnutrition), Outpatient Therapeutic Programme/ Stabilization center (OTP/SC) to address treatment of severe acute malnutrition completing the full cycle of addressing acute malnutrition so as to enable avoid excess mortality. The proposed project shall complement the ongoing WASH and proposed health interventions in the target locations to increase synergy and to effectively address drought related diseases such as Acute Watery Diarrhoea AWD/cholera and measles. Wocca will further coordinate with active organizations in Balcaad implementing WASH, Food Security, Nutrition, Protection, Health and Education projects to ensure multi-sectoral integrated response to address nutrition causal factors affecting the communities, conforming to the whole-of-system approach advocated by the CERF/SHF integrated approach.

Sub-Grants to Implementing Partners :

| Partner Name | Partner Type | Budget in US\$ |
|--------------|--------------|----------------|
| | | |

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

| Other Funding Source | Other Funding Amount |
|----------------------|----------------------|
| | |

Organization focal point :

| Name | Title | Email | Phone |
|-----------------------|-------------------|----------------------------------|---------------|
| Joseph Mutunga | Programme officer | livelihoods@woccaorg.com | +254718992246 |
| Robbert van der steeg | CEO | Robbert.vandersteeg@woccaorg.com | +254734775122 |

BACKGROUND**1. Humanitarian context analysis**

Drought, caused by failure of successive rains, remains the most significant climatic driver of the humanitarian crisis in Somalia at the moment. As the economy is highly dependent on livestock, agriculture and fisheries sectors (accounting for over 60% of total employment), which are typically characterized by low productivity, lives and livelihoods are vulnerable to a wide range of shocks, including natural phenomena (droughts/floods), commodity price fluctuations and disrupted markets. The majority of Somalis in rural areas depend on subsistence farming and pastoralism for their livelihoods, with men and women making significant contributions to the household economy and food production. Given the dependency of rural livelihoods on the seasonal calendar, the impact of up to three seasons of failed rains, has been so severe that recovery for many requires more than one beneficial rainy season to recover.(2017 Somalia Humanitarian needs Overview [HNO])

As a result of the reduced rainfall and moisture levels in most regions of Somalia, which extended the dry season beyond the normally acceptable period, there have been significant production failure, poor access to livestock products and severe water shortage. These dry conditions alongside rise in food prices have aggravated the already existing poor nutrition situation. The currently observed impact of the drought on nutrition includes high level of malnutrition, risk of mortality and longer-term consequences including cognitive, social and economic impacts, several mortalities have so far been observed. (FSNAU briefing note, Jan 2017)

In south central zone, the FSNAU Gu 2016 assessments reveals sustained serious levels of GAM prevalence among the Shabelle Agro Pastoral (14.5%) and Shabelle Riverine (12.5%). The SAM prevalence of Shabelle Agro Pastoral (2.4%) and Shabelle Riverine (2.2%) sustained an Alert phase and this has been the case since Deyr 2015. The report further classified the nutrition situation in 6 south central livelihoods zones at Critical (GAM >15%) while 2 were classified Serious (GAM 10.0-14.9%). an estimated 322 350 children under the age of five across Somalia were suffering from acute malnutrition. Out of this total, 57 140 were severely malnourished. Approximately, 67% of these acutely malnourished children are found in Southern and Central Somalia. Some studies have showed a strong correlation of high prevalence of malnutrition and poor water and sanitation, poor health seeking behavior and sub optimal child feeding practices (2017 HNO), poor child feeding practices will further be worsened by the drought which gives women's excessive workloads in search of water, which commonly take mothers away from their very young children

Based on the above reasons South Central region is in need of nutrition services in order to ensure accessibility of quality nutrition services in the integrated management of acute malnutrition. These include children under 5 (CU5) who are severely and moderately malnourished as well as pregnant and lactating women (PLW) who are acutely malnourished. Psychological trauma, poor nutritional and physical health experienced due to loss of livelihoods and insecurity, limit the capacity of child care and care of other vulnerable group's elderly, orphans, and disabled. PLW are also disproportionately affected by under nutrition due to increased physiological needs. In addition as caretakers, women take extra activities to support household food security, where male heads are absent often leading to disruptions in infant young child feeding and reduced care practices. For this reason measures to prevent and treat malnutrition related morbidity and mortality cases have to be implemented. In order to reduce the levels of malnutrition WOCOA will address cases among children under 5 and PLW, through systematic treatment inform of multiple micronutrient supplements as well as Basic Nutrition Service Packages in Balad district

2. Needs assessment

Climatic shocks characterized by the prevailing drought conditions fueled by continued insecurity and armed conflict, recurrent human rights violations and political instability contribute to high levels of protracted humanitarian needs in Somalia. Acute food insecurity and malnutrition rates remain prevalent, disease outbreaks re-occur and poor basic service delivery continues to weaken the coping capacity of vulnerable Somalis. Pervasive protection violations, gender-based violence and exploitation, remain widespread and continue to affect the most vulnerable groups, especially women and girls, the elderly and minority groups.

Low livestock and agricultural production has been reported in rain deficit areas in the northeast and parts of southern and central Somalia, adversely affecting food security outcomes in these areas. Southern and central regions have been experiencing major increase of Acute Watery Diarrhea (AWD)/cholera cases in 2016. As at end September, a total number of 13,643 suspected cases of cholera, including 497 deaths were recorded in the WHO Diseases Surveillance system. To date, the AWD/cholera outbreak has affected 25 districts in the southern and central regions of Somalia. The WASH cluster estimates that only 63% of the populations have access to basic sanitation. All the aforementioned factors have a direct correlation to the worsening nutrition situation in the country. According to the 2017 humanitarian needs overview, acute malnutrition in children 6-59 months in Somalia is a direct outcome indicator of recent changes in nutritional status which could be attributed to changes in Food security, WASH and health situations among others. Further analysis on the seasonal surveys conducted by FSNAU from 2007 to 2016 reveal that acute malnutrition trends remains consistent with an emergency level of Global Acute Malnutrition/ Severe Acute Malnutrition (GAM/SAM) threshold with no significant variations in the malnutrition rates over the years ($p>0.05$).

The nutrition cluster estimates the need/burden to be 850,050 acutely malnourished children of whom 150,000 are severely malnourished children. This further reveals 700,050 children under age 5 are moderately malnourished in Somalia. Based on calculations by the nutrition cluster the need/burden in Balcad district in middle shabelle is actual SAM (U5) caseload (60% coverage) of 818, actual MAM(U5) caseload (60% coverage) of 393 and PLW case load of 7869. In harmony with the 2017 humanitarian response plan, Wocca will implement the following response activities to address the high cases of Malnutrition:- (1). Regular identification of acutely malnourished children and pregnant and lactating women; (2). Therapeutic feeding support for treatment of acute malnutrition cases; (3). Micro nutrient support for vulnerable groups (pregnant and lactating women and children under age 5) e.g. with Vitamin A and multiple micro-nutrients (MMN); (4). Food based and non-food based preventive actions including nutrition sensitive activities; (5). Integrated multi sectoral nutrition, health, hygiene preventative (NHHP) food-security and promotional support; (6). Infant and young child feeding support (promotional and preventative), especially support to caregivers for feeding sick children.

3. Description Of Beneficiaries

The project will target children (boys and girls) under 5 years and pregnant and lactating women. Beneficiaries will be identified by screening children through assessment of MUAC, weight for height, nutritional Oedema, Severe Wasting and other clinical signs of SAM and its complications. Project staff, Community health workers, volunteers, screeners will be brought on board into this program, they will be better trained and monitored during case identification. Wocca will seek to obtain broader support by mobilizing community leaders, elders, TBAs, traditional healers, etc.

4. Grant Request Justification

Identified needs include acute malnutrition, compounded with food insecurity, disease outbreaks and inadequate WASH services. In line with the Nutrition cluster approach (Scaling up lifesaving treatment and prevention of excess morbidity and mortality among severely and moderately malnourished children under five years and pregnant and lactating women in drought affected areas) under the SHF/CERF integrated approach, wocca will run an outpatient therapeutic programme (OTP) with stabilization center (SC) services aimed at decreasing the Severe Acute Malnutrition (SAM) caseload among children younger than five years. We will employ the following modalities/approaches; Facility based therapeutic feeding centre/stabilization centre and Community based therapeutic programme or Outpatient Therapeutic Programme (OTP). We will run 3 OTPs (2 mobile, 1 static) and 1 SC in balad. WOCCA will extend its activities to the remaining component of the Basic nutrition service package. Planned response activities include:- Regular identification of acutely malnourished children and pregnant and lactating women; Therapeutic feeding support for treatment of acute malnutrition cases; Micro-nutrient support for vulnerable groups (pregnant and lactating women and children under age 5) e.g. with Vitamin A and multiple micro-nutrients (MMN); Food based and non-food based preventive actions including nutrition sensitive activities; Integrated multi sectoral nutrition, health, hygiene (NHHP) preventative, food-security and promotional support; Infant and young child feeding support (promotional and preventative), especially support to caregivers for feeding sick children. To address the underlying factors of food insecurity, disease outbreaks and inadequate WASH services the project will adopt a multi sectoral integrated approach and coordinate activities with the relevant clusters. The interventions are planned to take nine months, this is because harvest as a result of the GU rains are not expected until mid July. whether the harvests turn out to be good or bad, patients admitted under the programme will still need more time to recover. weather forecasts are unfortunately pointing to failure of the GU rains and a subsequent famine; if this happens, the nutrition situation might be so severe that we might admit more persons than anticipated or prolong the project period beyond the planned duration.

5. Complementarity

This project will complement an ended OTP/SFP (Outpatient Therapeutic Programme/ Supplementary Feeding Programme) project previously run by wocca in Adale, Balcad and Afgoye. In this project that targeted children under five and pregnant and lactating women, operated 6 OTPs/SFPs in Adale and Balcad. Since the target location now is Balcad district only the programme will run 3 OTPs and 1 Stabilization Center (SC) and will scale up the operations to accommodate the high cases of malnutrition likely to be hiked by the prevailing drought condition in Balcad district. To address situations of food insecurity the project will be complemented by woccas project under the food security and livelihoods sector which will run concurrently with the nutrition cluster in the same region. Similarly cases of protection and GBV will be referred to Woccas Protection sector project which is currently active. The proposed project shall also complement the ongoing WASH and proposed health interventions in the target locations to increase synergy and to effectively address the gaps in the locations. Wocca will further coordinate with active organizations in Balcad implementing Nutrition WASH, Food Security, Protection, Health and Education projects to ensure multi-sectoral integrated response to address nutrition causal factors affecting the communities. These organizations include intersos (in Waberi village), Qatar red crescent (in Hawo Tako village), Somali red crescent society (in Halagan village), Islamic relief (in Horseed village), Zamzam (in Gololey) and Shardo (in Waberi star village). Wocca will also benefit from guidance and technical advise from UNICEF from where Wocca will also receive nutrition supplies

LOGICAL FRAMEWORK

Overall project objective

The overall objective is to prevent excess morbidity and mortality among severely and moderately malnourished children under five years and pregnant and lactating women in drought affected areas of Balcad district with community (mobile OTP) and facility based (fixed OTP/SC) nutrition interventions.

The programs expected results will be achieved through a two-pronged strategy of Scaling up of treatment for SAM through screening and referral and promoting adequate infant young child feeding practices through intensive community mobilization. The program is primarily intended to target the children under-five and pregnant/ lactating women who are the most affected by the current nutrition crisis. WOCCA will make operational 3 OTPs (1 static and 2 mobile) and start 1 SC in Bal'ad

| Nutrition | | |
|---|--|--------------------------|
| Cluster objectives | Strategic Response Plan (SRP) objectives | Percentage of activities |
| Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases | Somalia HRP 2017 | 50 |
| Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition. | Somalia HRP 2017 | 50 |

Contribution to Cluster/Sector Objectives : The project is designed to contribute to cluster objectives 1, i.e. "Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micro nutrient interventions and optimal maternal nutrition" and 2, i.e. "Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases". The need/burden in the nutrition cluster is estimated to be 850,050 acutely malnourished children of whom 150,000 are severely malnourished children. and 700,050 children under age 5 being moderately malnourished in Somalia. Through this project Wocca will work towards reducing the burden by targeting 1211 malnourished under five children and 7869 pregnant and lactating women in need with life saving curative and nutritive interventions.

Outcome 1

Improved access to and utilization of life saving quality, high impact nutrition interventions for 7869 pregnant and lactating women and 1211 children under 5 boys and girls resulting in reduced mortality and morbidity in Balad district.

Output 1.1

Description

Improved access to quality life-saving nutrition services and emergency assistance for 7869 Pregnant and Lactating Women (PLW) and children under five (CU5) 1211 girls and boys from 3 Outpatient therapeutic programme - OTP (2 outreach 1 fixed) and 1 Stabilization center (SC) services in Balcad districts of Middle Shabelle region

Assumptions & Risks

- Stable civil security;
- Good accessibility
- Community acceptance and participation
- No widespread and continued conflict;
- No exceptional climatic shocks;

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)

Activity 1.1.2

Standard Activity : Treatment of severe acute malnutrition in children 0-59months

Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient

Activity 1.1.3

Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme

Activity 1.1.4

Standard Activity : Capacity building

Conduct 1 day event awareness within the community to 90 key persons. besides being used as an entry point for this project persons will be sensitized on malnutrition causes, the misconceptions about nutrition and prevention mechanisms

Indicators

| Code | Cluster | Indicator | End cycle beneficiaries | | | | End cycle Target |
|-----------------|-----------|---|-------------------------|-------|------|-------|------------------|
| | | | Men | Women | Boys | Girls | |
| Indicator 1.1.1 | Nutrition | Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes | | | | | 9,080 |

| | | | | | | | |
|---|----------------|---|--------------------------------|--------------|-------------|--------------|------------------|
| Means of Verification : Outpatient Therapeutic programme (OTP) registers progress/interim/final project reports | | | | | | | |
| Indicator 1.1.2 | Nutrition | Number of severely malnourished children (0 to 59 months) that get cured | | | | | 1,211 |
| Means of Verification : OTP registers IMAM reports Monthly progress/interim/final project reports | | | | | | | |
| Indicator 1.1.3 | Nutrition | number of moderately malnourished pregnant and lactating women that get cured | | | | | 7,869 |
| Means of Verification : OTP registers IMAM reports project reports | | | | | | | |
| Indicator 1.1.4 | Nutrition | Number of community conversations/community dialogues conducted | | | | | 1 |
| Means of Verification : project reports event report and attendance list | | | | | | | |
| Output 1.2 | | | | | | | |
| Description | | | | | | | |
| Enhanced Basic Nutrition Service Package to beneficiaries (1211 Boys & Girls and 7869 pregnant and lactating women (PLW) for 3 OTPs (2 mobile, 1 fixed) and 1 SC services in Balcad districts of Middle Shabelle region | | | | | | | |
| Assumptions & Risks | | | | | | | |
| Activities | | | | | | | |
| Activity 1.2.1 | | | | | | | |
| Standard Activity : Infant and young child feeding counselling | | | | | | | |
| Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers | | | | | | | |
| Activity 1.2.2 | | | | | | | |
| Standard Activity : Capacity building | | | | | | | |
| Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and, 1 Male and 2 Female community volunteers | | | | | | | |
| Activity 1.2.3 | | | | | | | |
| Standard Activity : Deworming | | | | | | | |
| Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys & girls | | | | | | | |
| Activity 1.2.4 | | | | | | | |
| Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women | | | | | | | |
| Iron supplementation for 7869 pregnant and lactating women. | | | | | | | |
| Indicators | | | | | | | |
| | | | End cycle beneficiaries | | | | End cycle |
| Code | Cluster | Indicator | Men | Women | Boys | Girls | Target |
| Indicator 1.2.1 | Nutrition | Number of individuals (male and female) attending IYCF(E) awareness sessions | | | | | 7,869 |
| Means of Verification : IMAM reports OTP registers Monthly/interim/final project reports Evaluation report | | | | | | | |
| Indicator 1.2.2 | Nutrition | Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition | | | | | 19 |
| Means of Verification : Training reports progress/interim/final project proposals | | | | | | | |
| Indicator 1.2.3 | Nutrition | Number of under five children that receive vitamin A and are dewormed | | | | | 1,211 |
| Means of Verification : OTP reports IMAM reports progress/interim/final project reports | | | | | | | |
| Indicator 1.2.4 | Nutrition | Number of PLW receiving multiple micronutrients | | | | | 7,869 |
| Means of Verification : OTP reports Progress/Interim/final project reports IMAM records | | | | | | | |
| Additional Targets : | | | | | | | |
| M & R | | | | | | | |

Monitoring & Reporting plan

Participatory monitoring and evaluation will be employed with regard to frequency, keeping track/ assessing the effectiveness of the interventions with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Our project M&E Officer together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The field's reports will be sent to the Program Manager who will then assemble the project team to analyze and match actual reporting with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan. Disparities will be explained and appropriate remedial action taken in consultation with the program manager. In this project, wocca will use four tier level monitoring approaches (i) reporting against agreed work plan (ii) staff field visit, meetings, supervision and technical support, (iii) Baseline assessment and post project assessment will be conducted to measure the impact of the intervention (iv) Community Feedback and Response Mechanism (CFRM) to check on satisfaction, curb aid diversion and re-evaluation and possible re-adjustments of the intervention. The PM develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities. Telephone numbers of community members and authorities will be collected to allow independent and remote monitoring to OCHA and WOCCA top management. Monitoring reports of project activities accompanied by photographic evidence with GPS tags will be sent to woccas program manager and OCHA for evidence. PM and the other project staff will monitor the activities carried out by the CHWs using a variety tools such as daily monitoring tools to record population reached based on gender, weekly distribution forms signed by the beneficiaries will be kept for evidence. Wocca will develop elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be advised on how to use the complaint / feedback system to enhance transparency and accountability. Monthly and quarterly progress reports with photographic evidence by the project team to inform wocca senior management on progress and support requirements will be developed. The target locations are accessible, thus the PM will make day-to-day site visits to supervise and monitor progress. Wocca will regularly update the 4W matrix and inform the WASH cluster and OCHA on the progress. Structured quarterly monitoring and internal end of project evaluation is anticipated to measure effects and/or impacts made by the project and learn lessons accordingly. Finally Wocca will organize joint monitoring missions with OCHA/WASH cluster partners after the project is completed.

Workplan

| Activitydescription | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Activity 1.1.1: Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW) | 2017 | | | X | X | X | X | X | X | X | X | X | |
| Activity 1.1.2: Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient | 2017 | | | X | X | X | X | X | X | X | X | X | |
| Activity 1.1.3: Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme | 2017 | | | X | X | X | X | X | X | X | X | X | |
| Activity 1.1.4: Conduct 1 day event awareness within the community to 90 key persons. besides being used as an entry point for this project persons will be sensitized on malnutrition causes, the misconceptions about nutrition and prevention mechanisms | 2017 | | | X | | | | | | | | | |
| Activity 1.2.1: Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers | 2017 | | | X | X | X | X | X | X | X | X | X | |
| Activity 1.2.2: Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers | 2017 | | | | X | | | | | X | | | |
| Activity 1.2.3: Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls | 2017 | | | X | X | X | X | X | X | X | X | X | |
| Activity 1.2.4: Iron supplementation for 7869 pregnant and lactating women. | 2017 | | | X | X | X | X | X | X | X | X | X | |

OTHER INFO

Accountability to Affected Populations

WOCCA will hold at the inception of the project, community mobilization, and sensitization meetings with all stakeholders to officially launch the project. During the sensitization meetings, the project objectives, implementation strategies, scope, beneficiary selection criteria, beneficiary entitlement and roles and duties of each stakeholder including M&E roles will be discussed and agreed. WOCCA will develop an elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be sensitized on how to use the complaint /feedback system to enhance transparency and accountability. Community ownership of the project will be done through formation of structures such as Beneficiary Representatives (consisting of women and men). In order to meet the needs of the affected community, wocca will involve the target community through its leaders and engendered committees in the first stage of planning of the project to ensure community participation. The organization will establish engendered committees (women participation will be strictly adhered) that will have hand-in-hand working relations with the project team and beneficiary communities; both sides will exchange any information related to the management and implementation of the project activities. Community Feedback and Response Mechanism (CFRM) will also be used to make sure that the beneficiaries are satisfied with services provided and complaints can be channeled to the right direction. Wocca will adhere the principles of "do no Harm" through not creating any partial, nepotism, conflict oriented and sensitive issues within the project beneficiaries. Wocca will adhere to these principles of "do no harm" at all times throughout the project cycle by involving all categories of the community.

Implementation Plan

This project will have a project director, a project manager, an M&E officer and an accountant in the senior management level; the Project Director will provide a single point of accountability to deliver the project in accordance with the project objectives. The director has full project authority, within the limits of the established budget and company operating policies, to manage and direct assigned project resources and make decisions regarding the project direction. The director will also establish the project resource assignments and ensures that the project is properly managed and staffed, participate in Steering Committee meetings and take decisions; the project manager will be responsible, at field level, of all project implementation in close consultation with the Nairobi based support officer, he/she shall be the interface between Wocca and the community on all matters project. This includes but not limited to overseeing mobilization, field level activity management, preparation of raw monthly and interim progress reports of the project; In close working relationship with the field based programme manager and the director, he/she will be managing the project effectively and efficiently in line with the LFA and Work plan, receiving and streamlining project reports from the field programme manager for communication to the donors and senior management, ensure timely reporting, delivery of project as per budget and schedule, making sure the financials are in order from the accountant, doing follow-ups; The M&E officer shall oversee the M&E component of the project. He/she together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The M&E officer will be responsible for learning needs of the project and will come up with findings based on real data to show performance of the projects. The project staff will get support through M&E findings in enhancing flow of information and its management. The M&E officer will play role in promoting of key learning for the improvement of the project and for wider leaning of the organization; The Accountant will be needed in this intervention to oversee the financial procedures of the Project and support the accountability of the organization. Develop both organizational and project budgets, oversee, monitor and evaluate expenditure whilst approving deliverable and invoices and comply with audit procedures.

The technical aspects of the project will be handled by hired technically qualified staff including doctor, nurses, nutritionists, health workers, logistics officer, screener, store keeper who will report to the project manager.

In the implementation proper, Wocca will implement the project with the participation of other key stakeholders using participatory approaches and methods. Mobilization and consultative meetings with communities and other stakeholders will be held regularly at field level. We will recruit experienced personnel who will ensure effective community participatory approach in project planning and implementation. To provide effective coordination, Wocca will provide monthly activity updates with partners including Nutrition cluster both regional and Nairobi level, Other agencies working in the field who are doing other sector projects in the project sites will also be updated to avoid duplication and promote effective and longer sustainability of the project. Wocca will identify the risk of conflict in the project area and immediately avert this risk, the organization will closely engage the local leaders, government officials and the community to sort out any possible threat.

Coordination with other Organizations in project area

| Name of the organization | Areas/activities of collaboration and rationale |
|------------------------------------|--|
| Intersos | Referral in regards to AWD, they are the primary health partner of Wocca with interventions in Waberi village |
| Qatar red crescent (QRC) | QRC is involved in health/MCH in Hawo tako village. |
| Somali red crescent society (SRCS) | SCRC is involved in health/MCH in Halgan village |
| Islamic relief (IR) | IR is involved in health/MCH in Horseed village |
| Zamzam | involved in health/MCH in Gololey village |
| Shardo | Shardo is running a TSFP programme in Waberi village, there will be referrals between Shardos TSFP and Woccas OTP/SC |
| UNICEF | Wocca will get nutrition supplies from Unicef and benefit from guidance and technical advise from unicef where necessary |

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 primary targets for the project are children under the age of 5 years of age. These are by definition boys and girls; anthropometric measurements such as MUAC, weight for height and checking for clinical signs e.g. oedema will be used indiscriminately to refer boys/girls in the appropriate programme for management of acute malnutrition if necessary. PLW are also women by definition, they are disproportionately affected by under nutrition due to increased physiological needs. In addition as caretakers, women take extra activities to support household food security, where male heads are absent often leading to disruptions in infant young child feeding and reduced care practices. For this reason measures to prevent and treat malnutrition related morbidity and mortality will be directed to them..

Protection Mainstreaming

WOCCA is currently running two projects in this region, the protection caseworkers and outreach staff will participate in the implementation of this project. Our staff are already embedded into the community villages. The state of protection including GBV in the target area is well known through our staff in the field. WOCCA will include the members of the most vulnerable to GBV in the target area. Assessments carried out by WOCCA's staff in protection and their experience in the area are quite valuable for this project.

Women and girls will participate through out the project duration. WOCCA will adopt a participatory approach during the community outreach by involving men and women, boys and girl. Using the do no harm principle WOCCA will avoid any physical risk that may further affect the survivor negatively or put their lives at risk and will provide all with equal services irrespective of the persons age, religion or the clan from where they come from. WOCCA will also adopt the integration approach by working with the other sectors within WOCCA and outside WOCCA by building there capacity and scaling up on the outreach activities during this emergency phase

Country Specific Information

Safety and Security

The security situation in Balcad and the surrounding areas has been relatively calm for a relatively long time now compared to other areas in although there has been some Al Shabaab insurgents seen in the region but operating under cover due to the heavy presence of security providers such as the AMISOM regiments operating in the district as well as some civilian police force. Wocca has a longstanding presence in Mogadishu since its establishment and has good understanding of the context. Wocca has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation. Wocca also maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups. Wocca has analyzed the security context in each proposed target location for this project, the locations are accessible to the project staff. Wocca is currently implementing WASH, food security and Nutrition projects in the region with out any security problem. Security in Somalia is dynamic and the district security focal point will be analyzing security situation and advice the front line staff the situation every morning. It is anticipated that the security will remain calm and allow smooth implementation of activities within the project time frame. Wocca will identify the risk of conflict in the project area and immediately avert this risk, the organization will closely engage the local leaders, government officials and the community to sort out any possible threat

Access

The project location can be easily accessed by the local and international organizations and no incidents have been reported recently. Wocca has been operating in the project location since its inception, Thus, the relationship between wocca and the community in the district is very strong, this has enabled wocca to implement many projects in the sectors of WASH, Nutrition and food security, this shows that wocca has cordial relationship with the communities in the regions where it intervenes, Wocca enjoys full access from all corners of the district including the government , civil societies and beneficiaries. we have main office in Mogadishu and Johwar, which allows easily to access the targeted locations.

BUDGET

| Code | Budget Line Description | D / S | Quantity | Unit cost | Duration Recurrence | % charged to CHF | Total Cost |
|--|---|-------|----------|-----------|---------------------|------------------|------------|
| Staff and Other Personnel Costs | | | | | | | |
| 1.1 | Programme Director | D | 1 | 5,000.00 | 9 | 33.33 | 14,998.50 |
| | <i>The Project Director will provide a single point of accountability to deliver the project in accordance with the project objectives. The director has full project authority, within the limits of the established budget and company operating policies, to manage and direct assigned project resources and make decisions regarding the project direction. The director will also establish the project resource assignments and ensures that the project is properly managed and staffed, participate in Steering Committee meetings and decisions.</i> | | | | | | |
| 1.2 | Field based Programme manager | D | 1 | 1,500.00 | 9 | 100.00 | 13,500.00 |
| | <i>The project will hire a field based programme manager specifically for this project. He will be responsible (100% of his time), at field level, of all project implementation in close consultation with the Nairobi based programme officer, he/she shall be the interface between wocca and the community on all matters project. This includes but not limited to overseeing mobilization, activity management, preparation of raw monthly, interim progress reports of the project, the project manager will be hired at rate of 1500 dollar per month.</i> | | | | | | |
| 1.3 | Nairobi based programme officer | D | 1 | 2,000.00 | 9 | 50.00 | 9,000.00 |
| | <i>The Nairobi based programme officer will be in close working relationship with the field based programme manager and the director, he/she will be managing the project effectively and efficiently in line with the Logical framework and Work plan, receiving and streamlining project reports from the field programme manager for communication to the donors and senior management, ensure timely reporting, delivery of project as per budget and schedule. making sure the financials are in order, doing follow-ups. The Nairobi based support officer is hired at the rate of 2000 dollars per month</i> | | | | | | |
| 1.4 | Administration and finance officer | D | 1 | 1,000.00 | 9 | 50.00 | 4,500.00 |
| | <i>The Administration and finance officer will be needed in this intervention to oversee the financial procedures of the Project and support the accountability of the organization. Develop both organizational and project budgets, oversee, monitor and evaluate expenditure whilst approving deliverable and invoices and comply with audit procedures. he/she will be hired at 1000 dollars per month.</i> | | | | | | |
| 1.5 | Monitoring and Evaluation Officer | D | 1 | 1,000.00 | 9 | 50.00 | 4,500.00 |
| | <i>The Monitoring and evaluation officer shall oversee the Monitoring and evaluation component of the project. He/she together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. He/She will be responsible for learning needs of the project and will come up with findings based on real data to show performance of the projects. The project staff will get support through Monitoring and evaluation findings in enhancing flow of information and its management. The officer will play role in promoting of key learning for the improvement of the project and for wider leaning of the organization he/she will be hired st 1000 dollars per month.</i> | | | | | | |
| 1.6 | Doctor | D | 1 | 800.00 | 9 | 100.00 | 7,200.00 |
| | <i>One qualified doctor will be hired for all the three Outpatient therapeutic programmes and the Stabilization Center, all consultations and prescriptions of medical nature will go through him. he will work hand in hand with the three nurses (one hired for each Outpatient therapeutic Programme/Stabilization Center). He will leave instructions with the nurses as he moves around the OTPs. he will be hired at 800 dollars per month including medical and security charges</i> | | | | | | |
| 1.7 | Nurse | D | 3 | 450.00 | 9 | 100.00 | 12,150.00 |
| | <i>The nurses will carry and execute doctors instructions, three of them will be hired one for each Outpatient Therapeutic Programme/Stabilization Center, they will spent more time with patients than the doctor and administer treatment as per doctors prescriptions. they will followup on patients. A nurse will be hired at 450 dollars including medical and security charges</i> | | | | | | |

| | | | | | | | |
|---|---|---|----|------------|---|--------|-------------------|
| 1.8 | Nutritionist | D | 1 | 500.0 0 | 9 | 100.00 | 4,500.00 |
| | <i>One senior nutritionist will be hired, he will give overall guidance to the project as pertains the curative nutrition aspects, he will handle all consultations and prescriptions to treat Acute malnutrition. he will move through and attend to patients in all the 3 Outpatient therapeutic programmes. A senior nutritionist will be hired at 500 dollars including medical and security charges.</i> | | | | | | |
| 1.9 | Nutrition supervisor | D | 1 | 400.0 0 | 9 | 100.00 | 3,600.00 |
| | <i>A nutrition supervisor will have a supervisory role across board to. His role will ensure all admitted cases are cured and no or few defaulters are recorded. He will see to it that the senior nutritionists directions are followed to the letter. He/she will be hired at 400 dollars per month including medical and security allowances.</i> | | | | | | |
| 1.10 | Community health worker | D | 3 | 250.0 0 | 9 | 100.00 | 6,750.00 |
| | <i>Community health workers will work with the community, impacting an understanding of malnutrition in the community while at the same time identifying and referring cases of acute malnutrition among Children Under 5 and Pregnant and Lactating Women to the programme. A community health worker will be hired at 250 dollars including medical and security allowances</i> | | | | | | |
| 1.11 | screeener | D | 3 | 250.0 0 | 9 | 100.00 | 6,750.00 |
| | <i>Screeners will administer Mid-Upper Arm Circumference and refer patients to the different components of the programme, 3 of them will be hired, 1 for each Outpatient therapeutic programme, they will work hand in hand with the registrars and will be hired at 250 dollars a month including medical and security charges.</i> | | | | | | |
| 1.12 | registrar | D | 3 | 150.0 0 | 9 | 100.00 | 4,050.00 |
| | <i>A registrar will maintain a clean Outpatient therapeutic programme register, his work will begin during screening and will maintain an Outpatient Therapeutic Programme record capturing all the transfers within and without the different components of the IMAM. Screeners will be hired at 150 dollars including medical and security allowances.</i> | | | | | | |
| 1.13 | logistics officer | D | 1 | 500.0 0 | 9 | 50.00 | 2,250.00 |
| | <i>Logistics Officer ensures the proper functioning of supply chain including procurement planning, purchasing of goods and services, their transport and storage, supervises the organization, planning, and maintenance of the fleet, evaluates/reports the need and ensures the proper use of equipment, assesses and ensures the functioning of the means of communication appropriate. He/she is responsible for the security on the base including staff, premises, as well as security of materials and assets. this project will hire one at 500 dollars per month including medical and security charges</i> | | | | | | |
| 1.14 | Store keeper | D | 1 | 200.0 0 | 9 | 100.00 | 1,800.00 |
| | <i>A store keeper will work hand in hand with the logistics officer, he/she keeps stored inventory he also keeps track of the expiry dates of supplies. a store keeper will be hired at 200 dollars per month including medical and security charges.</i> | | | | | | |
| 1.15 | Food distributor | D | 3 | 150.0 0 | 9 | 100.00 | 4,050.00 |
| | <i>A food distributor will distribute nutrition supplies to project beneficiaries across the target location from the central stores. 3 of them will be hired, one for each outpatient therapeutic programme. A food distributor will be hired at 150 dollars per month including medical and security charges.</i> | | | | | | |
| 1.16 | crowd controllers | D | 3 | 100.0 0 | 9 | 100.00 | 2,700.00 |
| | <i>A crowd controller will maintain order, avoiding push and pull that might cause injuries during sreenings and distribution activities.A crowd controller will be hired at 100 dollars per month including medical snd security charges.</i> | | | | | | |
| | Section Total | | | | | | 102,298.50 |
| Supplies, Commodities, Materials | | | | | | | |
| 2.1 | Warehouse rent | D | 1 | 450.0 0 | 9 | 100.00 | 4,050.00 |
| | <i>Payment for a rented wocca warehouse for storage of nutrition supplies for 9 months at the rate of 450 USD per month.</i> | | | | | | |
| 2.2 | Personnel training on integrated management of Acute Malnutrition | D | 1 | 692.0 0 | 1 | 100.00 | 692.00 |
| | <i>This cost will be born for conducting a 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community workers, expenses will be as per attached Bill Of Quantities (B.O.Q).</i> | | | | | | |
| 2.3 | Community sensitization meeting malnutrition causes, misconceptions about malnutrition and prevention mechanisms. | D | 1 | 450.0 0 | 1 | 100.00 | 450.00 |
| | <i>This cost will be born for conducting a 1 day awarenessevent within the community to 90 key persons. besides being used as an entry point for this project, persons will be sensitized on malnutrition causes, the misconceptions about nutrition and prevention mechanisms. Expenses will be as per the attached B.O.Q</i> | | | | | | |
| 2.4 | Tables | D | 10 | 30.00 | 2 | 100.00 | 600.00 |
| | <i>Tables will be used by the Mobile team to set up base in the community</i> | | | | | | |
| 2.5 | Chairs | D | 40 | 30.00 | 2 | 100.00 | 2,400.00 |

| | | | | | | | |
|---|---|---|-------|----------|---|--------|-------------------|
| | <i>chairs will be used by the mobile team to set up base in the community</i> | | | | | | |
| | Section Total | | | | | | 8,192.00 |
| Travel | | | | | | | |
| 5.1 | Travel cost | D | 2 | 800.00 | 4 | 100.00 | 6,400.00 |
| | <i>Return ticket from Nairobi to Mogadishu once every two months during the project period for the project director and the Nairobi based programme officer (i.e. 4 times during the project period)</i> | | | | | | |
| 5.2 | Car rental for Mobile team | D | 2 | 1,800.00 | 9 | 100.00 | 32,400.00 |
| | <i>The project will enter into contractual agreement with reputable providers of car rental services to provide transport services to the 2 mobile teams to outpatient Therapeutic cost sites during the project period</i> | | | | | | |
| | Section Total | | | | | | 38,800.00 |
| General Operating and Other Direct Costs | | | | | | | |
| 7.1 | Mogadishu Office rent | D | 1 | 300.00 | 9 | 100.00 | 2,700.00 |
| | <i>This cost is contribution to Mogadishu office rent, with SHF contributing 300 USD every month for 9 months.</i> | | | | | | |
| 7.2 | Mogadushu office Utilities | D | 1 | 300.00 | 9 | 100.00 | 2,700.00 |
| | <i>This cost is contribution to Mogadishu office utilities at a monthly rate of USD 300 (see the attached B.O.Q)</i> | | | | | | |
| 7.3 | Mogadishu office stationery | D | 1 | 2,903.00 | 1 | 100.00 | 2,903.00 |
| | <i>This cost is for the purchase of Stationery and office materials for the Mogadishu main office. (see the attached B.O.Q)</i> | | | | | | |
| 7.4 | communication | D | 1 | 200.00 | 9 | 100.00 | 1,800.00 |
| | <i>This cost is for communication, telephone and internet charges between the Mogadishu office and between the field teams (see attached B.O.Q.)</i> | | | | | | |
| | Section Total | | | | | | 10,103.00 |
| SubTotal | | | 89.00 | | | | 159,393.50 |
| Direct | | | | | | | 159,393.50 |
| Support | | | | | | | |
| PSC Cost | | | | | | | |
| PSC Cost Percent | | | | | | | 7.00 |
| PSC Amount | | | | | | | 11,157.55 |
| Total Cost | | | | | | | 170,551.05 |

Project Locations

| Location | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location | | | | | Activity Name |
|---|--|---|-------|------|-------|-------|--|
| | | Men | Women | Boys | Girls | Total | |
| Middle Shabelle -> Balcad -> Ceel Geelow | 15 | | 563 | 35 | 52 | 650 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |
| Middle Shabelle -> Balcad -> Faarax-Goleley | 15 | | 520 | 32 | 48 | 600 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |

| | | | | | | |
|-------------------------------------|----|-------|----|-----|-------|--|
| Middle Shabelle -> Balcad -> Halgan | 15 | 1,302 | 80 | 120 | 1,502 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |
| Middle Shabelle -> Balcad -> Hawaay | 10 | 438 | 27 | 41 | 506 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |

| | | | | | | | |
|-------------------------------------|----|--|-------|-----|-----|-------|--|
| Middle Shabelle -> Balcad -> Balad | 15 | | 2,704 | 165 | 250 | 3,119 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |
| Middle Shabelle -> Balcad -> Balcad | 15 | | 1,628 | 100 | 150 | 1,878 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |

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|--------------------------------------|----|-----|----|----|-----|--|
| Middle Shabelle -> Balcad -> Qalimow | 15 | 715 | 44 | 66 | 825 | <p>Activity 1.1.1 : Screen and refer to the appropriate component (i.e. Outpatient Therapeutic Programme, OTP, Stabilisation Centre, SC) 9080 persons i.e.1211 under five boys and girls and 7869 pregnant and lactating women (PLW)</p> <p>Activity 1.1.2 : Treatment of 1211 targeted/actual SAM (U5) case load through Outpatient Therapeutic Programme (Outpatient care) - OTP and/or Stabilisation Centre (Inpatient care) - SC: done through distributions of Ready to Use Therapeutic Foods (RUTFs) and routine medicines; medical and nutritional monitoring of the patient</p> <p>Activity 1.1.3 : Treatment of 7869 case load of moderately malnourished pregnant and lactating women through supplementary feeding programme</p> <p>Activity 1.2.1 : Conduct awareness sessions for caregivers accessing OTPs, on appropriate infant and young child feeding practices for twice a month at the OTP centers</p> <p>Activity 1.2.2 : Conduct 2 day training on effective acute Malnutrition management for 8 Male and 8 female staff and,1 Male and 2 Female community volunteers</p> <p>Activity 1.2.3 : Provide Vitamin A and, Deworming tablets to vulnerable 1211 U5 boys& girls</p> <p>Activity 1.2.4 : Iron supplementation for 7869 pregnant and lactating women.</p> |
|--------------------------------------|----|-----|----|----|-----|--|

Documents

| Category Name | Document Description |
|----------------------------|--|
| Budget Documents | BOQ.xls |
| Budget Documents | Updated BOQ.xls |
| Budget Documents | Updated BOQ 2.xls |
| Budget Documents | Final REVISED BOQ WOCCA.xls |
| Revision related Documents | 'Under pre-SR' Comments and feedback.doc |
| Revision related Documents | 'Under TR CC specialist' comments and feedback.doc |
| Grant Agreement | HC signed WOCCA GA 4561.pdf |
| Grant Agreement | Grant Agreement (nutrition project) signed.pdf |