

Requesting Organization :	World Vision Somalia				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Emergency Nutrition support to drought-affected communities in Puntland				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-17/H/99508	Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4667		
Cluster :	Nutrition	Project Budget in US\$:	201,175.00		
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 :	Under-nutrition is associated with 45% of child death. To reduce death caused by malnutrition, increasing nutritious food intake, identifying malnourished cases in time and facilitating proper treatment are crucial to prevent prevalence of malnutrition among the most vulnerable groups. In the light of this, the proposed action will conduct routine screening through active case finding, refer malnourished cases, treat and manage the cases. World vision will also provide capacity building to front-line health workers, distribute Micro-nutrient supplementation and conduct sensitization sessions in some of the most drought-stricken communities. World Vision will sensitize and mobilize communities to promote Infant and Young Child Feeding (IYCF), health seeking and promoting behavioral change through health talks and community dialogue sessions. Having sustainability in mind, the action seek to improve nutrition surveillance in the health system which can help containing malnutrition in the mid-to-long term.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	187	3,146	750	750	4,833
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	750	750	1,500
Committees	160	80	0	0	240
Pregnant and Lactating Women	0	3,000	0	0	3,000
Staff (own or partner staff, authorities)	27	66	0	0	93
Indirect Beneficiaries :					
There will be a wide range of in-direct beneficiaries that include; healthy children under 5 years of age and their care-givers, the fathers and other members of the SAM cases, and other health care providers at the targeted health centers. the project will target a total of 14,800 in-direct beneficiaries.					
Catchment Population:					
Within the catchment population that could also benefit from the ripple effects of the project is 148, 808. This will include other community members who will benefit from knowledge cascaded from the care-givers, community health workers (CHWs), community Nutrition workers (CNWs) and village leaders who will be involved in project implementation.					
Link with allocation strategy :					
The strategy outlined prioritize locations and highlighted elements of focus: drought-centered, life-saving, timely and protection-focused. The proposed project covers Garowe, Burtinle, Eyl and Godobjiran-which is a new district curved out from Eyl District) and in Puntland, locations which are prioritized in strategy. The project design focus on alleviating life-threatening malnutrition issue caused by food insecurity. WV aligns its project focus with cluster objective on balancing both treatment provision and morbidity and mortality prevention. This is achieved by health inputs provision, capacity building and facilitate effective case identification, management and referral. Protection is mainstreamed through community engagement which will minimize conflict caused by lack of transparency and to ensure service provision, for example mobile clinic location, is safe and accessible.					

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
Private funding	40,825.00
	40,825.00

Organization focal point :

Name	Title	Email	Phone
Ezekiel Sirya	Health & Nutrition Sector Lead	Ezekiel_Sirya@wvi.org	254725917550
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BACKGROUND**1. Humanitarian context analysis**

Severe drought continues to worsen across Somalia, due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Hagaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016). At the end of 2016, drought conditions exacerbated in Puntland and Somaliland. On 12 November 2016, the President of the Federal Government of Somalia issued an appeal to all Somalis and the international community to provide support to the drought-affected communities country-wide.

The ongoing drought continues to be the main driver of humanitarian needs in Somalia, and the analysis suggests that the current crisis is likely to intensify during the coming months and due to the projected below-average Gu rainfall. The likelihood of a famine remains real should the 2017 Gu season be very poor, household purchasing power declines to 2010/2011 levels and delivery of humanitarian assistance is hampered to people in need.

Over the past six months, the food security and nutrition situation in the country has worsened and malnutrition rates remain high, with 320,000 children under age 5 acutely malnourished, of which 50,000 are severely acutely malnourished and at the risk of death. In addition, the deepening drought and acute water shortages have led to an increased incidence of acute watery diarrhoea (AWD)/cholera outbreaks, which have already been reported in many regions across the country. This is further worsened by the lack of already existing basic health services in most regions that are affected by the drought. The lack of water and pasture has deteriorated livestock body conditions, access to livelihoods and increased the number of internally displaced.

Worsening drought conditions have increased displacement and put additional pressure on limited services and family structures, leading to family separation, intimate partner violence and an increase in harmful social norms such as child marriage and child labour. Displacement, inward migration and negative coping strategies also increase the risk of 90,000 children dropping out of school. Further, the number of displaced people to urban centres will increase during 2017.

2. Needs assessment

During the month of February 2, FEWS NET and FSNAU reported that more than 2.9 million people in Somalia will likely face Crisis or Emergency levels of acute food insecurity through June; this represents a more than 150 percent increase from 1.14 million people facing Crisis- or Emergency-level food insecurity as of mid-2016. An additional 3.3 million people are facing Stressed—IPC 2—levels of food insecurity, according to FEWS NET and FSNAU. This brings the total population experiencing acute food insecurity to approximately 6.2 million people, or more than half of Somalia's total population of 12.3 million. FSNAU also estimates that approximately 363,000 children younger than five years of age are acutely malnourished, including 71,000 children experiencing severe acute malnutrition. With already high rates of acute malnutrition, the severity and magnitude of food insecurity in Somalia could deteriorate in the coming months— including possible Famine among some populations—if the 2017 gu rains are below average, as currently forecast; purchasing power continues to decline; and relief actors are unable to reach populations in need. According to the October – December 2016 FSNAU survey, IPC classification in Nugal Region of Somalia, the projected nutrition situation is at critical at 15%-30% and estimated to worsen during the period February to April 2017. According to FSNAU the food security situation has deteriorated significantly across parts of Somalia following below-average 2016 gu rains and failed October-to-December 2016 deyr rains. Food security is expected to deteriorate further over the January-to-March jilal dry season, with limited improvements expected until gu rain effects by June in pastoral areas and July in agro-pastoral areas, at the earliest. Outbreak of diseases and increased morbidity and mortality are expected as access to water remains very poor while animal carcasses raise further threats of contamination. Outbreak of diseases and increased morbidity and mortality are expected as access to water remains very poor while animal carcasses raise further threats of contamination. The crude mortality rate is also expected to rise and would possibly surpass the threshold needed for the declaration of famine hence the need for immediate response towards the worsening humanitarian situation.

3. Description Of Beneficiaries

The overall impact of this project is to improve the health of all Somalis, however, due to the specific focus on reproductive, maternal and child health, under 5, pregnant women, and lactating women will be the main direct beneficiaries of demand. The project aims at targeting the vulnerable groups which have been adversely affected by the ongoing drought and will include children under five years of age, pregnant and lactating women prioritizing the 1000 days window. 1,500 children under 5 (750 girls and 750 boys) will be the primary targets due to the nature of the OTP programming calculated based on the number of affected children in the Nutrition Cluster determination of caseload. 3,000 care givers of the severely acute malnourished children will be targeted with nutrition, health and hygiene education. A total of 240 key influencers (religious and community leaders) and 72 community health care workers and the community health workers will be targeted to support in implementation. The proposed action will also target to train 21 nurses for training on Infant and Young child feeding (IYCF) and Integrated Management of acute Malnutrition (IMAM) but only 16 Nurses will receive incentives while the additional 5 will be based at the health facilities.

4. Grant Request Justification

The ongoing drought continues to be the main driver of humanitarian needs in Somalia, and the analysis suggests that the current crisis is likely to intensify during the coming months due to the projected below-average Gu rainfall. The likelihood of a famine remains real should the 2017 Gu season remains poor. Household purchasing power declines to 2010/2011 levels and existing humanitarian assistance is not sufficient to fill the widening gap. The malnutrition and child mortality rate will likely to be worsen due to the persistent dry spell. While no or limited improvement is expected in the coming months, timely and larger scale of interventions are crucial. World Vision has been operating in the proposed areas to provide cross section support. With the support of WFP, WV has also been conducting nutrition project in the hard-hit region, yet with the situation getting worsen and more people become food insecure, the existing interventions can no longer meet all the need. Although WV is well-positioned to provide immediate nutrition support to the communities because of the long present, funding is needed to allow scaling up of life-saving support.

5. Complementarity

The proposed project for the emergency response in Nugaal region will be complimented by the already existing project being implemented by World vision Somalia. The project will leverage on the ongoing EPHS project, the WFP supported TSFP project and the CMAM Godobjiran projects. This will involve the utilization of the already existing structures, staff, health facilities and mobile services which will be scaled up to enhance the response to the emergency. To complement these efforts, world Vision will work with MOH and other already existing implementing partners to increase support facility level and in the community and avoid duplication of services at community level.

LOGICAL FRAMEWORK

Overall project objective

To contribute towards the reduction of mortality and morbidity related to malnutrition among boys and girls under five years of age, pregnant and lactating women and to enhance equitable access to, preventive and curative nutrition service in Nugaal Region of Puntland.

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
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	37.5
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	25
Strengthening robust evidence based system for nutrition with capacity in decision making to inform need-based programming	Somalia HRP 2017	37.5

Contribution to Cluster/Sector Objectives : The nutrition cluster has its focus on basic life-saving interventions and community resilience building initiatives. The proposed actions pursue to improve curative nutrition service through case identification, referral and treatment to allow timely life-saving interventions. WV will also strengthen preventive nutrition service to curb increasing mortality rate of children due to malnutrition and ill health. Resilience in the face of prevalence malnutrition will be address through strengthening communities' preparedness capacity that will include the ability to collect, manage and utilize information to inform design. The project objective has been aligned to the nutrition cluster objectives and targets set as per the set indicators within the HRP 2017. World vision will implement the project in Nugaal Region where it is a rationalized partner. The proposed action is as per the nutrition cluster mapped out Nutrition Activities and will enhance coordination of emergency response, assessing the nutrition situation and enhancing coverage of the emergency response. The project will also focus on reducing morbidity and mortality related to malnutrition among vulnerable populations through systematic equal access to integrated curative and preventive food-based nutrition interventions which will be integrated within the already existing health system and will be complemented by other already existing projects such as the EPHS. The community based service delivery mechanism will be implemented through the provision of integrated outreach services of which are strategies within the Nutrition cluster.

Outcome 1

Reduced acute malnutrition rate among children aged 6-59 months in the target communities

Output 1.1

Description

Strengthened lifesaving preventive and curative nutrition services for vulnerable groups, through awareness raising, capacity building and micro-nutrient supplement.

Assumptions & Risks

Continuous availability of supplies, community acceptability and stable security situation

Activities

Activity 1.1.1**Standard Activity : Community screening for malnutrition and referral**

Community mobilization and sensitization sessions will be conducted at community level by world vision to create awareness of the up scaling of activities at community level thus enhance self-referral and accessibility to the nutrition services. The community members will then support in referral of malnourished cases and also participate in the actual screening process. Continuous active case finding, referral, follow-up and defaulter tracing will be conducted by the community Nutrition/Health workers who will be trained to support in screening at community and household level. The Community Nutrition/Health workers will be equipped with screening tools to be able to conduct the screening at community level. There will be a clear referral mechanisms of those identified at community level by the CHW/CNWs to access the services during the outreach activities or at health facility level. This will further be strengthened by continuous routine screening conducted by the health workers during the outreach activities.

Activity 1.1.2**Standard Activity : Treatment of severe acute malnutrition in children 0-59months**

World Vision will support the MOH to integrate the management of acute malnutrition into the on-going routine health services at all levels of the health infrastructure. Routine nutrition assessment and management will be incorporated in all treatment, care and support services. World vision will conduct Community outreach activities to provide Outpatient Therapeutic Program (OTP) programmes and a clear linkage to the ongoing Therapeutic Supplementary Feeding Programmes (TSFP). WV will admit, treat and manage children under five years (boys and girls) with severe acute malnutrition while providing routine treatment for complications. World vision will also ensure there is an effective referral mechanism for the severe acute malnutrition cases with complications to the Stabilization center for further management and care. World vision will work towards a proper linkage and coordination with the different implementing partners on the ground to ensure effective transfer of beneficiaries from one program to another and management of the beneficiaries for continuum of care to full recovery and to prevent relapses within the program. CHWs will also play a major role in follow up of program beneficiaries at house level to ensure that beneficiaries adhere to the treatment protocols.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of caregivers of IMAM beneficiaries receiving messages on iMAM programing at health facility and community outreach sites					3,240

Means of Verification : Program Reports

Indicator 1.1.2	Nutrition	Number of Under-fives 6-59 months admitted in the treatment programmes					1,500
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Means of Verification : HMIS and Program Reports**Outcome 2**

Improved nutritional status, growth and development, health, and survival of infants and young children through optimal infant and young child feeding practices

Output 2.1**Description**

To Strengthen lifesaving preventive nutrition services for vulnerable groups, through awareness raising, capacity building and micro-nutrient supplement.

Assumptions & Risks

Adequate micro-nutrient supplies available throughout the project cycle, MOH staff will be available to support in implementation, community ownership and acceptability of the project

Activities**Activity 2.1.1****Standard Activity : Infant and young child feeding promotion**

Breastfeeding is beneficial for promoting infant and child health and minimizing the impact of malnutrition-infection cycle. WV through the proposed funding will conduct community dialogues sessions and involve the key influencers to create awareness on appropriate IYCF practices. World vision together with the MOH will form the Mother-to-mother support groups (MtMSG) to enhance their knowledge towards appropriate infant and young child feeding practices. The MTMSGs will form a platform for information sharing, discussion and peer influence/support towards improved IYCF practices. WVI will counsel care givers on use of locally available foods. WVI also plans to conduct targeted communication to promote recommended infant/child feeding practices, using multiple channels and contextualized messages to address specific barriers to proper IYCF practices at community level.

Activity 2.1.2**Standard Activity : Not Selected**

Provide micro-nutrient supplementation to women and children for treatment and prevention: WV will conduct routine micro-nutrient supplementation during mobile/outreach activities at the community level among under-fives boys and girls pregnant and lactating mothers who are most susceptible to malnutrition. This will include: multiple micro-nutrients vitamin A supplementation, Iron folate supplementation, Zinc supplementation during diarrhea and De-worming. Supplementation may be recommended in addition to optimize use of locally available foods. WVI will liaise with MOH and UNICEF to ensure adequate stocks of micro-nutrient supplements are available and enhance report to avoid any stock out at health facility level. There will be continuous sensitization both at health facility and community level to enhance the uptake of the micro-nutrients by the community.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					864

Means of Verification : Project Reports							
Indicator 2.1.2	Nutrition	Number of PLW receiving multiple micronutrients					3,000
Means of Verification : Program Reports							
Outcome 3							
Improved capacity of health care workers to provide quality emergency services							
Output 3.1							
Description							
Health workers and community health workers trained on IYCF and IMAM and have capacity to provide effective emergency nutrition services.							
Assumptions & Risks							
MOH health workers and community health workers will be available to be capacity built.							
Activities							
Activity 3.1.1							
Standard Activity : Capacity building							
WV aims to improve health service quality through boosting the capacity of community health workers. World vision through the proposed project will conduct a capacity gaps assessment and conduct an IMAM training among 21 health care workers and 72 CHWs/CNWs to enhance their skills and capacity to offer quality IMAM services both at health facility and community level. This will be followed by continuous supportive supervision and mentorship to ensure the health care workers gain practical skills to be able to offer quality IMAM services. World vision was also offer continuous on-the- Job training to the health workers at health facility level to address the gaps identified during supervision thus enhance service provision.							
Activity 3.1.2							
Standard Activity : Capacity building							
World Vision during the project implementation period will conduct an Infant and Young Child feeding in Emergencies training that will target 21 health care workers and which will be aimed at enhancing their knowledge and practical skills to offer sensitization and counseling services both at community and health facility level. World vision will also train 72 Community Nutrition/Health Workers to enhance their knowledge and skills to conduct sensitizing on IYCF at community level. The training will equip health workers with the relevant skills to implement IYCF-E responses, plan for scale-up of support during the current emergency. There will be continuous on-the-job to health care workers and the community health/nutrition Workers to enhance their practical knowledge and skills to promote and conduct IYCF activities at health facility level. The training will be strengthened by continuous supportive supervision among health workers and community workers to implement integrated infant and young child feeding counselling and support addressing both breastfeeding and complementary feeding at key maternal and child health contacts.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					93
Means of Verification : Training reports							
Indicator 3.1.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					93
Means of Verification : Training reports							
Additional Targets :							
M & R							
Monitoring & Reporting plan							
The project monitoring will be done at various levels including community, district and regional levels. Monitoring and Evaluation will equally be streamlined throughout the project cycle using the WVI robust monitoring and evaluation system. This will be enhanced by the key Performance Indicators which will be used continuously and consistently to assess project performance. There will continuous monitoring of the situation and establishment of key early warning system mechanisms that will ensure effective trigger and response to the further worsening of situation. World vision together with MOH and other stakeholders will conduct quarterly joint monitoring visits to assess and follow up on the situation, progress and impact of the emergency response. World vision will also build the capacity of health workers and the CHWs to ensure quality and timely reporting for further utilization and decision making. World vision staff and identified facility supervisors will conduct monthly supportive supervision to assess the level/effectiveness of the response and quality of service provision. There will be continuous information sharing with the nutrition clusters for planning purposes. The project team will capture community feedback through community-based reflection meetings. However, the main project monitoring will still be undertaken by the WV's project team. The project technical committee will meet when necessary and regularly to discuss key monitoring data and achievements.							
Workplan							

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community mobilization and sensitization sessions will be conducted at community level by world vision to create awareness of the up scaling of activities at community level thus enhance self-referral and accessibility to the nutrition services. The community members will then support in referral of malnourished cases and also participate in the actual screening process. Continuous active case finding, referral, follow-up and defaulter tracing will be conducted by the community Nutrition/Health workers who will be trained to support in screening at community and household level. The Community Nutrition/Health workers will be equipped with screening tools to be able to conduct the screening at community level. There will be a clear referral mechanisms of those identified at community level by the CHW/CNWs to access the services during the outreach activities or at health facility level. This will further be strengthened by continuous routine screening conducted by the health workers during the outreach activities.	2017		X	X	X	X	X	X	X	X	X	X	
	2018												
Activity 1.1.2: World Vision will support the MOH to integrate the management of acute malnutrition into the on-going routine health services at all levels of the health infrastructure. Routine nutrition assessment and management will be incorporated in all treatment, care and support services. World vision will conduct Community outreach activities to provide Outpatient Therapeutic Program (OTP) programmes and a clear linkage to the ongoing Therapeutic Supplementary Feeding Programmes (TSFP). WV will admit, treat and manage children under five years (boys and girls) with severe acute malnutrition while providing routine treatment for complications. World vision will also ensure there is an effective referral mechanism for the severe acute malnutrition cases with complications to the Stabilization center for further management and care. World vision will work towards a proper linkage and coordination with the different implementing partners on the ground to ensure effective transfer of beneficiaries from one program to another and management of the beneficiaries for continuum of care to full recovery and to prevent relapses within the program. CHWs will also play a major role in follow up of program beneficiaries at house level to ensure that beneficiaries adhere to the treatment protocols.	2017		X	X	X	X	X	X	X	X	X	X	
	2018												
Activity 2.1.1: Breastfeeding is beneficial for promoting infant and child health and minimizing the impact of malnutrition-infection cycle. WV through the proposed funding will conduct community dialogues sessions and involve the key influencers to create awareness on appropriate YCF practices. World vision together with the MOH will form the Mother-to-mother support groups (MtMSG) to enhance their knowledge towards appropriate infant and young child feeding practices. The MTMSGs will form a platform for information sharing, discussion and peer influence/support towards improved YCF practices. WVI will counsel care givers on use of locally available foods. WVI also plans to conduct targeted communication to promote recommended infant/child feeding practices, using multiple channels and contextualized messages to address specific barriers to proper YCF practices at community level.	2017		X	X	X	X	X	X	X	X	X	X	
	2018												
Activity 2.1.2: Provide micro-nutrient supplementation to women and children for treatment and prevention: WV will conduct routine micro-nutrient supplementation during mobile/outreach activities at the community level among under-fives boys and girls pregnant and lactating mothers who are most susceptible to malnutrition. This will include: multiple micro-nutrients vitamin A supplementation, Iron folate supplementation, Zinc supplementation during diarrhea and De-worming. Supplementation may be recommended in addition to optimize use of locally available foods. WVI will liaise with MOH and UNICEF to ensure adequate stocks of micro-nutrient supplements are available and enhance report to avoid any stock out at health facility level. There will be continuous sensitization both at health facility and community level to enhance the uptake of the micro-nutrients by the community.	2017		X	X	X	X	X	X	X	X	X	X	
	2018												
Activity 3.1.1: WV aims to improve health service quality through boosting the capacity of community health workers. World vision through the proposed project will conduct a capacity gaps assessment and conduct an IMAM training among 21 health care workers and 72 CHWs/CNWs to enhance their skills and capacity to offer quality IMAM services both at health facility and community level. This will be followed by continuous supportive supervision and mentorship to ensure the health care workers gain practical skills to be able to offer quality IMAM services. World vision was also offer continuous on-the- Job training to the health workers at health facility level to address the gaps identified during supervision thus enhance service provision.	2017		X	X	X								
	2018												

Activity 3.1.2: World Vision during the project implementation period will conduct an Infant and Young Child feeding in Emergencies training that will target 21 health care workers and which will be aimed at enhancing their knowledge and practical skills to offer sensitization and counseling services both at community and health facility level. World vision will also train 72 Community Nutrition/Health Workers to enhance their knowledge and skills to conduct sensitizing on IYCF at community level. The training will equip health workers with the relevant skills to implement IYCF-E responses, plan for scale-up of support during the current emergency. There will be continuous on-the-job to health care workers and the community health/nutrition Workers to enhance their practical knowledge and skills to promote and conduct IYCF activities at health facility level. The training will be strengthened by continuous supportive supervision among health workers and community workers to implement integrated infant and young child feeding counselling and support addressing both breastfeeding and complementary feeding at key maternal and child health contacts.	2017			X	X	X													
	2018																		

OTHER INFO

Accountability to Affected Populations

Humanitarian accountability bench-marking will form part of the planned assessments. This will help the response team understand the community preferred mechanisms to receive information and provide feedback/complaints to WV. The assessment findings will inform the response team on specific mechanisms to be used during the response: However the 4 key mechanisms will be prioritized as highlighted in the WV Programme Accountability Framework:

Information Provision
Information ranging from beneficiary entitlements, stakeholders, interventions, sustainability, projects' timelines, donors and response approaches will be shared where appropriate. In order to enhance information sharing, the response will explore other technology supported mechanisms though the context will determine the scope. All response staff both at WV and partners' level shall be sensitized on WV information sharing guidelines in emergency situations and later provided with necessary materials to pass the information to affected communities and stakeholders. The trained shall move ahead to ensure appropriate information pieces are shared with communities through selected channel. The beneficiaries shall also be empowered through sensitization to continuously demand for information from WV and its partners. To ensure information sharing is adequately done, monitoring tools shall capture its progression and impact on communities.

Community Consultation
WVS endeavors to maximize community engagement throughout the project cycle including but not limited to project identification and beneficiary selection. The response team (including staff and partners) will be taken through a training on the importance of involving communities (both men, women, children, disabled persons and elderly) in decision making processes for every intervention. Equally, community consultation guidelines developed after the 2013 assessment shall be contextualized for the response. Staff and partners adherence to consultation shall be tracked through monitoring processes.

Participation
Community institutions (elders, committees, religious leaders and local administration) shall be involved in all processes of the response, including assessments, intervention designs, implementation and evaluation. Efforts shall be invested in ensuring that staff understand the commitment of participation and its contextualized guidelines. This component will also be included in the response monitoring to processes.

Do-No-Harm
Using Do No Harm principles, WV seek to avoid physical or psycho-social risks that would be detrimental to project beneficiaries. Updating of WV's Do No Harm Assessments in operating areas will be used to inform implementation and help in the design of programming. WV Somalia is intentional with regards to targeting conflict affected communities and requires a good understanding of the drivers of conflict among the communities themselves. Humanitarian assistance priorities will be calculated based on need alone, irrespective of age, sex, religion or clan. Complaint mechanisms will be established to monitor project implementation and ensure that the voices of beneficiaries are heard. WV will extend beyond traditional platforms for feedback, such as suggestion boxes and mobile phone lines, ensuring that a mechanism for confidential personal feedback is available even to those who are illiterate. WV is intentionally carrying out feedback mechanism through these ways to address the limited mobility of women. Humanitarian M&E Officer will be available in all WV operating districts to support the communities throughout the project cycle. By ensuring transparency and maximize involvement of communities, WV will minimize the risk of having dispute over the interventions among communities.

Implementation Plan

The proposed project will be implemented directly by World vision Somalia by working closely with MOH Puntland state to scale-up nutrition services within the hard to reach regions that do not have static health facilities while complementing the other already ongoing projects such as EPHS supported by UNICEF, the WFP TSFP projects and the CMAM Godobjiran projects. World vision will also strengthen the coordination between MOH and the other implementing partners within Nugaal Region to leverage on each other and ensure maximum impact. WVI will work towards capacity building health workers and CHWs/CNWs respond to the worsening emergency situation within the Region and scale up services in emergencies. The project will focus on mobile facilities with strong referral mechanisms to enhance access to services and increase coverage. At community level, world vision will work through the community structures through the CHWs/CNWs to support in active case finding and referral of malnourished beneficiaries for services. World vision will continuously monitor the situation through an elaborate early warning system while working with other stakeholders to enhance response to the worsening situation. The project will also focus on behavioral change activities especially to promote appropriate IYCF practices in emergencies and proper hygiene and sanitation practices at community level while evaluating common health and nutrition issues to apply promotion, prevention, and control strategies to prevent further harm.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SRCS (Somali Red Crescent Society)	World vision plans to coordinate the proposed activities with the other implementing partners to ensure effective continuity of care. SRCS Runs health services and OTP services, World Vision plans to ensure effective linkage and Coordination and ensure full care.
Save the Children	World Vision will also coordinate its activities within the proposed action with Save the Children who Run mobile nutrition for OTP in IDPs. this will enhance the program coverage and also ensure there is no duplication of services.

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

WV will endeavor to allow equal participation of women throughout the project cycle. Women and girls are approached in assessment and monitoring activity to ensure their opinions and needs are heard. Special needs for women and girls are taken into account in activity processes, including beneficiary selection and the appropriate design of implementation and distribution strategies. One of the examples of the effort is the intended nutrition intervention specifically targets pregnant and lactating women who are especially susceptible to malnutrition in the time of disaster. In light of this, the training of health workers engaged female than male as they are the key players in maternal health and children's nutrition.

Protection Mainstreaming

World Vision will ensure that the needs of all the target population including the most vulnerable without a voice. The project will ensure that nobody is left out, harmed, neglected, abused, discriminated or exploited. World vision will actively involve and allow the community to participate in program implementation and maintain their sense of ownership and responsibility. World vision will also strive to ensure that what we do does not generate disagreement or conflict and that staff adhere to the humanitarian principles.

Country Specific Information**Safety and Security**

World Vision will ensure that with providing services to the affected population, the security and safety of beneficiaries and the staff during service provision. while enhancing security, world vision will ensure that they serve the community on time to allow them to travel early for security purposes. By providing integrated outreach activities, they will ensure that the beneficiaries do not walk long distances to access the nutrition services. Throughout the project duration, world vision will monitor the security situation and also collaborate with the local administration and the community to ensure that the beneficiaries and the staff are well aware.

Access

World Vision during the project implementation period will ensure that all the beneficiaries access quality and effective nutrition services during the emergency response period. World Vision will provide mobile services which will enhance accessibility and availability while ensuring that beneficiaries maximize on the availability of services at community level. World Vision will also work with MOH and UNICEF to ensure the availability of adequate supplies hence ensuring that the beneficiaries access the supplies whenever they seek the services at community level. World Vision will conduct continuous community mobilization and sensitization to ensure that the community is aware of the available emergency response services and hence enhancing their health and nutrition service seeking behavior and accessibility to the available services at all times.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project Manager-N	D	1	8,874.47	9	10.00	7,987.02
	<i>Overall managing the project and tracking the implementation activities on the ground</i>						
1.2	Nutrition Project Officer	D	1	1,050.00	9	50.00	4,725.00
	<i>Coordinates all nutrition activities, collects and consolidates data and develops draft reports, implements central level and technical activities, such as training and review meetings</i>						
1.3	Project Assistant III(Community Mobilizer)-NEZ	D	1	700.00	9	100.00	6,300.00
	<i>Day to day coordination and supervision of activities at field level, especially of the mobile teams and the CHWs</i>						
1.4	Qualified Nurses	D	8	400.00	9	100.00	28,800.00
	<i>2 qualified Nurses per Team x 4 Teams (one Garowe, one Burtinle, one Eyl and One Godobjiran). (2 qualified nurses x \$400 per month per team and for 9 months)(8 nurses x \$400 x 9 months)</i>						
1.5	Auxilliary Nurses	D	8	250.00	9	100.00	18,000.00
	<i>2 auxiliary Nurses per Team x 4 Teams (one Garowe, one Burtinle, one Eyl and One Godobjiran). (2 auxiliary nurses x \$250 per month per team and for 9 months)(8 Auxilliary nurses x \$250 x 9 months)</i>						
	Section Total						65,812.02
Supplies, Commodities, Materials							
2.1	Medical & Nutrition supplies-NEZ	D	1	5,000.00	1	100.00	5,000.00
	<i>Theses supplies will be dependent on shortfalls in supplies from UNICEF. The supplies will include not not limited to items such as Amoxicillin; Paracetamole; Albendazole, OTP cards among others</i>						

2.2	Vehicle Hire for Mobile Teams-NEZ	D	4	1,900 .00	9	100.00	68,400.00
<i>Four mobile teams will be employed by this project. The vehicle hire unit cost is inclusive of fuel</i>							
2.3	Training on IYCF for Community Health Workers -NEZ	D	1	13,82 4.00	1	100.00	13,824.00
<i>3 days training x 72 CHWs -- see attached BOQ for the venue hire, stationary,transport facilitation, refreshments, training materials, trainer fee, participants allowance</i>							
2.4	IYCF training for Mobile Teams and Health Center Nurses-NEZ	D	1	4,472 .00	1	100.00	4,472.00
<i>3 day training x 21 nurses -- see attached BOQ for the venue hire, stationary,transport facilitation, refreshments, training materials, trainer fee, participants allowance</i>							
2.5	CHW Training on Screening, Mobilization and Referral for IMAM-NEZ	D	1	14,01 6.00	1	100.00	14,016.00
<i>4 day training x 72 CHWs -- see attached BOQ for the venue hire, stationary,transport facilitation, refreshments, training materials, trainer fee, participants allowance</i>							
2.6	Community Awareness Meetings -NEZ	D	1	6,480 .00	1	100.00	6,480.00
<i>20 participants x 24 villages x 1 meetings -- see attached BOQ which is inclusive of participants refreshment and facilitator per diem</i>							
2.7	Transport of Medical and Nutrition & CSB Supplies from Nairobi to Puntland(NEZ)	D	1	4,000 .00	1	80.00	3,200.00
<i>This will cover the transportation cost of the procured supplies</i>							
2.8	IMAM training for Mobile Teams and Health Center Nurses-NEZ	D	1	4,310 .00	1	100.00	4,310.00
<i>3 day training x 21 nurses -- see attached BOQ which is inclusive of the venue hire, stationary,transport facilitation, refreshments, training materials, trainer fee, participants allowance</i>							
Section Total							119,702.00
Travel							
5.1	Monitoring Visit -- Ministry of Health	D	1	2,500 .00	1	100.00	2,500.00
<i>The Ministry of Health, including the district, regional and central level staff, will visit this project quarterly. Please see the attached BOQ</i>							
Section Total							2,500.00
SubTotal			31.00				188,014.02
Direct							188,014.02
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,160.98
Total Cost							201,175.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nugaal	100	187	3,146	750	750	4,833	Activity 1.1.1 : Community mobilization and sensitization sessions will be conducted at community level by world vision to create awareness of the up scaling of activities at community level thus enhance self-referral and accessibility to the nutrition services. The community members will then support in referral of malnourished cases and also participate in the actual screening process. Continuous active case finding, referral, follow-up and defaulter tracing will be conducted by the community Nutrition/Health workers who will be trained to support in screening at community and

household level. The Community Nutrition/Health workers will be equipped with screening tools to be able to conduct the screening at community level. There will be a clear referral mechanisms of those identified at community level by the CHW/CNWs to access the services during the outreach activities or at health facility level. This will further be strengthened by continuous routine screening conducted by the health workers during the outreach activities.

Activity 1.1.2 : World Vision will support the MOH to integrate the management of acute malnutrition into the on-going routine health services at all levels of the health infrastructure. Routine nutrition assessment and management will be incorporated in all treatment, care and support services. World vision will conduct Community outreach activities to provide Outpatient Therapeutic Program (OTP) programmes and a clear linkage to the ongoing Therapeutic Supplementary Feeding Programmes (TSFP). WV will admit, treat and manage children under five years (boys and girls) with severe acute malnutrition while providing routine treatment for complications. World vision will also ensure there is an effective referral mechanism for the severe acute malnutrition cases with complications to the Stabilization center for further management and care. World vision will work towards a proper linkage and coordination with the different implementing partners on the ground to ensure effective transfer of beneficiaries from one program to another and management of the beneficiaries for continuum of care to full recovery and to prevent relapses within the program. CHWs will also play a major role in follow up of program beneficiaries at house level to ensure that beneficiaries adhere to the treatment protocols.

Activity 2.1.1 : Breastfeeding is beneficial for promoting infant and child health and minimizing the impact of malnutrition-infection cycle. WV through the proposed funding will conduct community dialogues sessions and involve the key influencers to create awareness on appropriate IYCF practices. World vision together with the MOH will form the Mother-to-mother support groups (MtMSG) to enhance their knowledge towards appropriate infant and young child feeding practices. The MTMSGs will form a platform for information sharing, discussion and peer influence/support towards improved IYCF practices. WVI will counsel care givers on use of locally available foods. WVI also plans to conduct targeted communication to promote recommended infant/child feeding practices, using multiple channels and contextualized messages to address specific barriers to proper IYCF practices at community level.

Activity 2.1.2 : Provide micro-nutrient supplementation to women and children for treatment and prevention: WV will conduct routine micro-nutrient supplementation during mobile/outreach activities at the community level among under-fives boys and girls pregnant and lactating mothers who are most susceptible to malnutrition. This will include: multiple micro-nutrients vitamin A supplementation, Iron folate supplementation, Zinc supplementation during diarrhea and De-worming. Supplementation may be recommended in addition to optimize use of locally available foods. WVI will liaise with MOH and UNICEF to ensure adequate stocks of micro-nutrient supplements are available and enhance report to avoid any stock out at health facility level. There will be continuous sensitization both at health facility and community level to enhance the uptake of the micro-nutrients by the community.

Activity 3.1.1 : WV aims to improve health service quality through boosting the capacity of community health workers. World vision though

the proposed project will conduct a capacity gaps assessment and conduct an IMAM training among 21 health care workers and 72 CHWs/CNWs to enhance their skills and capacity to offer quality IMAM services both at health facility and community level. This will be followed by continuous supportive supervision and mentorship to ensure the health care workers gain practical skills to be able to offer quality IMAM services. World vision was also offer continuous on-the- Job training to the health workers at health facility level to address the gaps identified during supervision thus enhance service provision.

Activity 3.1.2 : World Vision during the project implementation period will conduct an Infant and Young Child feeding in Emergencies training that will target 21 health care workers and which will be aimed at enhancing their knowledge and practical skills to offer sensitization and counseling services both at community and health facility level. World vision will also train 72 Community Nutrition/Health Workers to enhance their knowledge and skills to conduct sensitizing on IYCF at community level. The training will equip health workers with the relevant skills to implement IYCF-E responses, plan for scale-up of support during the current emergency. There will be continuous on-the-job to health care workers and the community health/nutrition Workers to enhance their practical knowledge and skills to promote and conduct IYCF activities at health facility level. The training will be strengthened by continuous supportive supervision among health workers and community workers to implement integrated infant and young child feeding counselling and support addressing both breastfeeding and complementary feeding at key maternal and child health contacts.

Documents

Category Name	Document Description
Budget Documents	WVI_ SHF Nutrition BOQ 2017.xls
Budget Documents	Final SHF Nutrition BOQs.xls Final_2017.xls
Budget Documents	SHF Nutrition BOQs.xls Final_10.02.2017.xls
Budget Documents	SHF Nutrition BOQs.xls _10.02.2017 last final document.xls
Budget Documents	SHF Nutrition BOQs.xls _10.02.2017 last final document. 1_20pm.xls
Budget Documents	SHF Nutrition BOQs.xls _10.02.2017 final document.WVI.xls
Budget Documents	FINAL REVISED SHF Nutrition BOQs.xls _10.02.2017 WVI.xls
Grant Agreement	HC signed WV GA 4667.pdf