

Requesting Organization :	CARE Somalia				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Lifesaving Nutrition response to the drought affected population in Qardho district.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/Nut/INGO/4607		
Cluster :		Project Budget in US\$:	209,361.40		
Planned project duration :	6 months	Priority:			
Planned Start Date :	20/02/2017	Planned End Date :	20/08/2017		
Actual Start Date:	20/02/2017	Actual End Date:	20/08/2017		
Project Summary :	This Project is designed to response to the critical nutrition situation in the drought affected population of Qardho district. The nutrition situation is at critical levels due to the severe drought conditions in the area. The proposed interventions will provide nutrition assistance that matches immediate needs of the most vulnerable and drought affected women and children (boys and girls) < the age of 5 years. The project will prioritize the management of Acute Malnutrition and Infant and Young child Feeding (IYCF) practices and seeks to provide lifesaving nutrition assistance to 700 boys and girls < the age of 5 years and 300 pregnant and lactating women in the drought affected communities in Qardho district.				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	0	300	350	350	1,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	350	350	700
Pregnant and Lactating Women	0	300	0	0	300
Indirect Beneficiaries :					
Catchment Population:					
Link with allocation strategy :					
<p>The project is designed to provide lifesaving nutrition support to women and children that are currently affected by the severe drought conditions. The proposed nutrition interventions will benefit a total of 700 children < the age of 5 years and 300 Pregnant and lactating women who are acutely malnourished. The proposed project has therefore strong linkage to the allocation strategy since the population to be targeted are those currently facing severe drought conditions. This projects will build upon CARE's current Nutrition interventions in the target areas. Proposed activities will prioritize children < the age of five years and women, who are most at risk in the unfolding humanitarian emergency in the target locations.</p> <p>The proposed interventions are a priority focus for the Somalia Nutrition Cluster. Persistent food insecurity and continued high levels of acute malnutrition are reported in Bari region. The proposed interventions seeks to address the existing critical Nutrition situation in these region, where the majority of the population are vulnerable pastoralist and internally displaced people (IDPs).</p>					
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
USAID/OFDA	100,000.00
	100,000.00

Organization focal point :

Name	Title	Email	Phone
Maryan Hish Mohamed	Nutrition Advisor	maryan.hish@care.org	+254721687881
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BACKGROUND**1. Humanitarian context analysis**

According to the Punt land's Humanitarian Affairs and Disaster management Agency (HADMA) updates on the current drought situation in Puntland, The drought situation in Puntland at large progressively deteriorated at an alarming rate. All regions of Puntland feel the burden of the drought. In Addition Puntland remains one of the worst drought hit places in Somalia for the last two years. The region has experienced below average rains for four consecutive seasons while some areas within Puntland recorded more missed rains in succession. This has impacted the lives of both pastoralists and the urban people. The poor performance of Deyr rains (October –December 2016) in particular have further exacerbated the situation and resulted to high malnutrition rates and displacement of many pastoralist families to the major urban cities and the nearby pastoral settlements. The most recent FSNAU update on December 2016, Qardho IDPs showed a significant deterioration ($p < 0.01$) in nutrition situation with critical level of GAM (15.2%) and Serious level of SAM (2.3%) compared to GU 2016. High morbidity levels (39.3) have also been recorded in Deyr 2016 assessment. In Qardho, Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold. Some urban areas in Puntland in Particular Bari region, is facing food security deterioration and high rates of malnutrition due to worsening drought conditions and consequent increase in staple food prices that will lower food access. Food security and nutrition situation is expected to further deteriorate over the coming months with improvements not expected until the next Gu rains are established in April – July 2017. In general, the levels of acute malnutrition in Somalia have increased since July 2016. Results from 27 separate nutrition surveys conducted between November and December 2016 by FSNAU and partners indicate that an estimated 363 000 children under the age of five are acutely malnourished, including 71 000 who are severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold in 13 out of 27 rural and displaced population groups surveyed, Qardho being one of them. Severe Acute Malnutrition (SAM) is Critical/Very Critical ($\geq 4.0\%$) in 6 out of 27 rural and displaced population groups surveyed.

2. Needs assessment

Malnutrition rates in drought-affected areas of Bari region is at critical levels. Critical levels of acute malnutrition in Qardho (15.2% GAM levels) district with the current droughts indicate the need for robust and sustained nutritional support. The prevalence of GAM among the population in Qardho stands above 15%, which shows a critical situation as it surpasses above the 15% emergency threshold. Food security and nutrition situation is expected to further deteriorate over the coming months with improvements not expected until the next Gu rains are fully established in April - June 2017. If the 2017 Gu season is also poor, as currently forecast, the severity and magnitude of food insecurity will be even larger than currently anticipated. There will be reduction in availability of milk for children and reduction in access to water for both human and livestock consumption. The most recent FSNAU update on December 2016, showed a significant deterioration ($p < 0.01$) in nutrition situation with critical level of GAM (15.2%) and Serious level of SAM (2.3%) in Qardho IDPs compared to GU 2016. High morbidity levels (39.3) have also been recorded in Deyr 2016 assessment in Qardho district. The higher levels of malnutrition in this population call for continued support and provision of lifesaving nutrition interventions. There is also need to strengthen appropriate child care practices and particularly in the provision of appropriate complementary foods. In addition Measures to improve food availability, provide sufficiently energy dense foods for young children, promote appropriate infant and young child feeding practices, and ensure environmental sanitation as well as adequate integrated basic health care services will be vital for preventing a deterioration in the nutritional situation.

3. Description Of Beneficiaries

This Project will provide lifesaving nutrition assistance to 1000 drought affected women and children (boys and girls) < the age of 5 years in Qardho district that are currently experiencing severe drought conditions. The project will prioritize the management of Acute malnutrition and infant and young child feeding (IYCF) practices and seeks to provide emergency nutrition assistance to 700 boys and girls < the age of 5 years and 300 pregnant and lactating women in the drought affected communities in Qardho. CARE previous nutrition report forms the baseline for the beneficiary target.

4. Grant Request Justification

Bari region in Puntland faces severe droughts and persistently high levels of acute malnutrition, undermining the survival of children less than 5 years, pregnant and lactating women. Rates of acute and chronic malnutrition have consistently exceeded the emergency threshold, mainly in the IDP settlements in Bari region. The ongoing drought situations are expected to further deteriorate the nutrition status of at risk population groups such as children under 5 years and pregnant and lactating women. There is need to continue and scale up with the nutrition services and in particular management of acute malnutrition. Due to the scale of the humanitarian situation in Puntland and the alarmingly high rates of acute malnutrition, Management of Severe and Moderate Acute Malnutrition (SAM & MAM) in proposed locations remains a high priority to prevent associated excess morbidity and mortality. CARE proposes to continue and scale up the management of acute malnutrition in Qardho district. Currently, the nutrition situation remains dire as confirmed by the results of FSNAU Post GU and the update of December 2016 report. Moreover, there was a deterioration in nutrition situation among Qardho IDPs with "Critical" GAM levels of 15.2%. This signifies a great need to upscale curative services, which are meant to avert possible mortalities resulting from acute malnutrition.

5. Complementarity

CARE has strong programmatic presence in proposed regions through its development and humanitarian programming which complement each other. In particular, the organization has ongoing multisectoral activities (Nutrition, WASH, Livelihoods and protection) in Bari region that will complement proposed interventions. CARE is also implementing long-term development programs in the proposed project areas which include Education, Natural Resource Management and Livelihoods. CARE has ongoing works in rehabilitation of strategic water points (shallow wells and boreholes) in Bari region funded by USAID/OFDA that is targeting 21,000 beneficiaries (10,710 Women and 10,290 men). Nutrition intervention are also ongoing in Bari region that will complement proposed interventions. CARE has also provided Emergency water trucking activities in Bari region in the most recent. The organization has provided emergency water trucking to 14,130 persons in Ceel-Afweyn, Elrigavo, Garadag districts of Sanaag and 5,790 persons in Iskushuban, Qardo, Bandardayla districts of Bari region.

LOGICAL FRAMEWORK

Overall project objective

To provide lifesaving nutrition intervention to 700 children under the age of 5 years and 300 pregnant and lactating women in vulnerable drought affected populations of Qardho districts in Bari region, Punt land Somalia

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	50
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	50

Contribution to Cluster/Sector Objectives : The project contributes to the Nutrition cluster objective one and two: a). strengthening 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 in Bari region. b). Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases.

Outcome 1

Decreased rates of malnutrition and nutrition related morbidity and mortality in Children < the age 5 years and pregnant and lactating women in Qardho districts in Bari region.

Output 1.1

Description

At least 700 children under 5 years and 300 pregnant and lactating women are screened and admitted into the OTP and SFP programs in Qardho district.

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Screening of children under the age of five years as well as pregnant and lactating women using anthropometric measurement. At least 350 girls and 350 boys under the age of five years and 300 pregnant and lactating women screened for malnutrition

Activity 1.1.2

Standard Activity : Infant and young child feeding counselling

Provision of Nutrition counselling for caregiver. At least 500 caregivers receive nutrition counseling.

Activity 1.1.3

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

Provide Nutrition rehabilitation using RUTF and routine medications to 175 boys and 175 girls

Activity 1.1.4

Standard Activity : Treatment of moderately malnourished pregnant and lactating women

Provide Nutrition rehabilitation using RUSF and routine medications to 300 Pregnant and Lactating women

Activity 1.1.5

Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months

Provide nutrition rehabilitation using RUSF and routine medications to 175 girls and 175 boys under the age of five years.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of beneficiaries screened and referred for treatment					1,000

Means of Verification : Monthly reports

Indicator 1.1.2	Nutrition	Number of IYCF promotion sessions held																		500		
Means of Verification : Monthly reports																						
Indicator 1.1.3	Nutrition	Number of severely malnourished children under the age of five years admitted in the OTP program																			350	
Means of Verification : Beneficiary registers and Monthly reports																						
Indicator 1.1.4	Nutrition	Number of moderately malnourished pregnant and lactating women admitted to the TSFP program to under go treatment.																			300	
Means of Verification : Beneficiary registers and monthly reports																						
Indicator 1.1.5	Nutrition	Number of moderately malnourished children under the age of five years admitted to the TSFP program to under go treatment																				350
Means of Verification : Beneficiary registers and monthly reports																						
Additional Targets :																						

M & R

Monitoring & Reporting plan

Close monitoring of project activities will be conducted throughout the project period to find out if project objectives are being met. Project progress will be monitored through site visit and observations, community feedback and monthly reporting. Day-to-day monitoring of project activities will be carried out by CARE field staff. The Nutrition adviser and M/E manager will conduct regular field visits to monitor and assess the project progress, quality of work, challenges, and pace of project implementation against the implementation plan. Monthly monitoring and overall activity progress reports will be compiled and shared with OCHA.

The program beneficiaries will be followed up, at the facility level, on a weekly (OTP) and Bi weekly (SFP) basis. During follow-up visits, each beneficiary will receive thorough physical examination as well as history taking. This will involve identification of any problems that might have arose during the previous week (could be medical and/or barriers to adequate adherence to treatment regimen), head to toe examination, taking of anthropometric measurements, carrying out an appetite test for each child and further medical investigation, where necessary. Following this, the action protocol will be used to guide the staff on the next steps to be taken.

All the information gathered will be documented in individual cards as well as the OTP and SFP register. Depending on the outcome of the physical examination and history taking, staff will draw a plan for follow-up of individual children who may require home visits as well as tailored messages. The ones who will have attained discharge criteria will be exited from the program using the discharge protocol. Those who default from the program will be followed up and traced by the Community Health Workers (CHWs) and will be returned to the program for continuation of treatment.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screening of children under the age of five years as well as pregnant and lactating women using anthropometric measurement. At least 350 girls and 350 boys under the age of five years and 300 pregnant and lactating women screened for malnutrition	2017		X	X	X	X	X	X	X				
Activity 1.1.2: Provision of Nutrition counselling for caregiver. At least 500 caregivers receive nutrition counseling.	2017		X	X	X	X	X	X	X				
Activity 1.1.3: Provide Nutrition rehabilitation using RUTF and routine medications to 175 boys and 175 girls	2017		X	X	X	X	X	X	X				
Activity 1.1.4: Provide Nutrition rehabilitation using RUSF and routine medications to 300 Pregnant and Lactating women	2017		X	X	X	X	X	X	X				
Activity 1.1.5: Provide nutrition rehabilitation using RUSF and routine medications to 175 girls and 175 boys under the age of five years.	2017		X	X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

CARE will involve local authorities and community leaders to ensure smooth running of project, enhanced community participation and long term sustainability. At the initial stage, CARE will organize and conduct community mobilization and sensitization sessions with key community stakeholders, such as community and religious leaders, local authorities, men, women, grandmothers and mothers-in-law to create awareness on key nutrition messages. CARE will also ensure integration of grandmothers and mothers-in-law actively into nutrition education programs to build on their roles and knowledge, while integrating key positive nutrition practices on breastfeeding.

CARE will use its Feedback, Complaints and Response Mechanism (FCRM) system to provide a safe, accessible and effective channel for project beneficiaries to exercise their right to give feedback and raise complaints and for a response or redress to be given. This will assist CARE project team to improve the quality of assistance and accountability to stakeholders. A toll-free hotline dedicated for feedback and complaints has been established and will be disseminated to beneficiaries to provide unsolicited feedback/complaints. Collected FCRM data will be analyzed and disaggregated by sex, age and beneficiary categories (IDP, host population) and used to improve quality of service delivery.

Screening, admission and treatment of beneficiaries – the targeted beneficiaries will be screened by use of anthropometric measurement both at the community and the facility level by community health workers and nutrition workers respectively. Admission and treatment of all the beneficiaries to the nutrition programs will be based purely on Somalia IMAM guidelines. The information collected from the beneficiaries during admission will be filled-in in a register and beneficiary ration card. This ensures that only registered persons receive assistance. It will also help track beneficiaries during follow up visit and defaulter tracing. The delivery of this program will be done in a transparent manner by involving all the stakeholders (community leaders, government authorities and beneficiaries). CARE will work closely with the Ministry of Health in the implementation of this project and will ensure that the design of the project will have no negative impact or cause any harm to the beneficiaries. CARE will strengthen engagement with the beneficiaries through the existing feedback, complaints and response mechanisms where the beneficiaries will provide feedback or complaints in case any problems arises during program implementation period. .

Implementation Plan

CARE will implement all proposed nutrition interventions in partnership with the ministry of Health – Puntland. MoH will be responsible for the direct implementation of activities in the two target locations, MoH nutrition workers will be seconded to the project and they will receive monthly incentive from CARE. This ensures sustainability of the interventions beyond CARE s support as the capacity of the MoH staff to deliver quality services is improved. CARE has strong programmatic presence in Puntland and especially Bari region supported by an operational office in Bosaso and Garowe. In addition, CARE will coordinate with UNICEF and other Nutrition cluster partners working in the same area of intervention to ensure information sharing and no duplication and overlap of activities. Close monitoring of project activities will be conducted throughout the project period. Project progress will be monitored through site visit and observations, community feedback and monthly reporting. Day-to-day monitoring of project activities will be carried out by CARE field staff. The Nutrition adviser and M/E manager will conduct regular field visits to monitor and assess the project progress, quality of work, challenges, and pace of project implementation against the implementation plan.

The key staff who will be involved in the successful implementation of this project will include: a nutrition advisor who will provide technical guidance and oversight for the project and she will be the main focal person for this project. There will also be two nutrition project officer will be responsible for direct implementation of all nutrition interventions in Qardho districts. They will also supervise the Ministry nutrition staff in the implementation of the project. The project will also have a monitoring and evaluation officer who will provide technical support related to M/E functions including data collection, quality controls report writing and documentation of best practices. There will be a finance Officer will be in-charge of all finance related issues including, data entry, review and documentations of all payments and extraction of reports.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF and Other Cluster Partners	CARE will coordinate with UNICEF and other Nutrition cluster partners working in the same area of intervention to ensure information sharing and no duplication and overlap of activities.
Ministry of Health - Puntland	CARE will work in partnership with the Ministry of Health (MoH) in Punt land in the implementation of this project. MoH will be responsible for the direct implementation of activities in the target locations. CARE will also closely work with the nutrition cluster members and attend the nutrition cluster meetings in Punt land to ensure no duplication in activities and that gaps are covered where possible.

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

CARE will implement project activities in an impartial and non-discriminatory manner that promotes equal access to nutrition services for both male and female beneficiaries. Admission to the nutrition programs will be based purely on Somalia IMAM guidelines. CARE will continuously assess vulnerabilities to identify most vulnerable members of the community, such as ethnic minorities, pregnant and lactating women, and children <5 years, unaccompanied minors, widows and girls and prioritize them for assistance. In Qardho CARE works directly with Puntland Ministry of Health (MoH) staff in the implementation of all its nutrition activities. This ensures sustainability of the interventions beyond CARE s support as the capacity of the MoH staff to deliver quality services is improved. In this project CARE plans to continue with the same approach.

Protection Mainstreaming

The proposed nutrition activities will take into consideration, the special nutrition needs of the most vulnerable groups such as pregnant /lactating women, children under 5 years, adolescent girls and women of childbearing age. Issues that could pose danger to the lives of the beneficiaries, such as security related issues and distance to nutrition sites would be identified on a continuous basis and risk mitigation measures developed. CARE seeks to scale up nutrition activities in existing sites, which are easily and safely accessible. The project team will work closely with the IDP camp committees, host community as well as the Ministry of Health –Puntland, in regularly finding out new nutritional needs of different vulnerable groups. The appropriate working hours during which nutrition services are provided will be agreed upon, to ensure that all persons, including women, children and the elderly have access to services. CARE will ensure that there are adequate levels of female staff in the nutrition sites, with skills and experience in women and children. The project team will ensure that target beneficiaries are trained on the proper use of the nutrition supplies such as the RUTF and RUSF. Issues related to confidentiality and privacy of the beneficiaries will be upheld. The monitoring and evaluation team (M&E Manager, M&E Officer) as well as the Nutrition Advisors and Nutrition Supervisor will, on regular basis, assess the nutrition sites to find out whether service delivery are adequate and if services are provided in a dignified manner. CARE has a policy on sexual exploration and abuse (PSEA) that will guide the team during beneficiary selection and provision of services.

Country Specific Information

Safety and Security

CARE conducts regular monitoring of the security situation in all project areas and has security procedures put in place to take care of project staff and other resources at all times. CARE maintains good relationships with communities and key stakeholders, ensuring a perception of fairness and transparency in planning. CARE's Security Adviser and security field manager continually monitors the security situation in all target areas. In the case of sustained deterioration in security or access, CARE may briefly suspend and in extreme cases relocate activities to more secure areas where similar needs exist, although it is expected that security situation will allow continuity of services. Currently, the security situation of the project target region is stable.

Access

CARE maintains permission to operate and access remains open; reasonable stability in the security situation is maintained; and logistical pipelines remain open. CARE maintains good relationships with communities and key stakeholders, ensuring a perception of fairness and transparency in planning. The targeted areas are accessible to CARE and other partners. CARE has been working and continues to work in the proposed project region and has successfully engaged local communities to mitigate against access/security risks. The organization has strong community acceptance in the target locations which will enable successful implementation of proposed project.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Emergency Director	D	1	10,500.00	6	5.00	3,150.00
	<i>Provides overall leadership to the emergency team to ensure quality programming. The position has direct responsibility to oversee and provide direction to matters of emergency and relating to the donor regulations. Based in Nairobi he will devote 5% of his time to the project.</i>						
1.2	Humanitarian Coordinator	D	1	5,901.00	6	5.00	1,770.30
	<i>The position has overall responsibilities to coordinate all emergency projects and ensure quality program implementation and monitoring at field level. He will constantly be relating to Emergency Director in order for the donor to get the right information on progress of the project. He is based in Garowe and will devote 5% of his time to the project</i>						
1.3	Emergency Team Leader - North	D	1	4,900.00	6	15.00	4,410.00
	<i>Based in Garowe he will devote 15% of his time to the project. The position is also based in the field and will provide technical support to the implementing team.</i>						
1.4	Nutrition Advisor	D	1	4,000.00	6	50.00	12,000.00
	<i>The Nutrition Advisor will provide technical guidance and oversight for the Nutrition sector. she will dedicate 50% of her time to the project</i>						
1.5	Project Officers	D	2	2,000.00	6	40.00	9,600.00
	<i>These two positions will be responsible for direct implementation of all nutrition interventions. They will dedicate 40% of their time to the project.</i>						
1.6	M&E Officer	D	1	1,078.00	6	30.00	1,940.40
	<i>she will devote 30% of her time to the project. The position will provide technical support related to M/E functions including data collection, quality controls report writing and documentation of best practices.</i>						
1.7	Finance Officer-Garowe	S	1	1,637.00	6	15.00	1,473.30
	<i>The Finance Officer will be in-charge of all finance related issues including, data entry, review and documentations of all payments and extraction of reports. He will dedicate 15% of his time to the project.</i>						
1.8	Finance Director	S	1	8,450.00	6	5.00	2,535.00
	<i>The position provides both financial and grants management leadership. Reviews budgets and donor reports. Based in Nairobi he will devote 5% of his time to the project.</i>						
1.9	Grants Manager -Garowe	S	1	5,004.00	6	10.00	3,002.40
	<i>This position is responsible of grants management -monitoring, reporting and compliance and based in the field. she will dedicate 10% of her time to the project.</i>						
1.10	Community Health Workers (CHW) Incentives	D	15	150.00	6	100.00	13,500.00
	<i>The project will provide monthly incentives to fifteen (15) Community Health Workers (CHWs) working in Qardho. They will be fully dedicated to the project.</i>						
1.11	Nutrition supervisors	D	2	400.00	6	100.00	4,800.00
	<i>This are the Ministry of health facility in charges who be responsible for all the nutrition activities in Qardho district. They will be responsible for day to day supervision of all the activities. They will be fully dedicated to this project.</i>						
1.12	Outpatient Therapeutic Program (OTP) and Targeted Supplementary Feeding Program (TSFP) Nurses	D	3	350.00	6	100.00	6,300.00
	<i>The nurses will ensure effective management of clinical and other ailments at OTP and TSFP centers. The nurses will perform medical checkup and history taking as well as administration of systematic treatment. They will be fully dedicated to the project</i>						
1.13	Measures	D	2	280.00	6	100.00	3,360.00
	<i>The measures will be responsible for taking all the anthropometric measurements at the Nutrition sites. They will be fully dedicated to the project</i>						

1.14	Registrars	D	2	280.00	6	100.00	3,360.00
	<i>The registrars will be recording the beneficiaries details in both the registrars and the ration cards. They will also ensure that the beneficiary records are well kept. They will be fully dedicated to the project.</i>						
1.15	Infant and young child feeding (IYCF) Counselors	D	2	265.00	6	100.00	3,180.00
	<i>The IYCF counselors will be responsible for all the nutrition related counseling activities in the nutrition centers as well as routine health education. They will be dedicated 100% to the project.</i>						
	Section Total						74,381.40
Supplies, Commodities, Materials							
2.1	Nutrition supplies - Ready to Use Therapeutic Food (RUTF)	D	830	80.00	1	100.00	66,400.00
	<i>For management of Severe Acute Malnutrition (SAM), the project will procure a total of 830 cartons as part of the nutrition supplies for the targeted 700 beneficiaries under SAM management. Each carton costs US\$ 80. Total requested amount is therefore US\$ 66,400.</i>						
2.2	Nutrition supplies - Ready to Use Supplementary Food (RUSF)	D	252	90.00	1	100.00	22,680.00
	<i>For management of Moderate Acute Malnutrition (MAM), the project will procure a total of 252 cartons as part of the nutrition supplies for the targeted 300 beneficiaries under MAM management . Each carton costs US\$ 90. Total requested amount is therefore US\$ 22,680</i>						
2.3	Information, Education and Communication (IEC Materials)	D	1	3,000.00	1	100.00	3,000.00
	<i>This are practical information guide for health and nutrition promotion messages. its has pictorial images and information that is simple and easy to understand which will be used by both the nutrition workers and the beneficiaries as a guide. this will cost approximately \$ 3000. This line will cover the cost of procuring IEC materials such as fliers, brochures, Nutrition counseling cards and posters). The breakdown is attached.</i>						
2.4	Beneficiary registers and ration cards	D	1	2,900.00	1	100.00	2,900.00
	<i>This line covers the cost of procuring Beneficiary registers and ration cards. This will cost approximately \$2900. The breakdown is attached.</i>						
2.5	Branding and Visibility	D	6	250.00	1	100.00	1,500.00
	<i>This line covers the costs of billboards with the donor and CARE logo to be erected in the nutrition sites for visibility purpose. The breakdown is attached.</i>						
	Section Total						96,480.00
Travel							
5.1	Vehicle rental (Including fuel)	D	1	1,700.00	6	100.00	10,200.00
	<i>This line cover cost related to one hired vehicle dedicated to this project</i>						
5.2	Per diem and accomodation on mission	D	4	240.00	6	100.00	5,760.00
	<i>This line will cover meals and accommodation of project staff based in Puntland and who are undertaking activity implementation and monitoring. Key staff on mission include Nutrition Advisor, Area manager, M&E officer and Project officers. It is estimated 4 staff will be engaged in monitoring of activities for a period of a month spending at least 3 nights at a costs of US\$80 per days to cover the costs of meals and accommodation for 6 months</i>						
5.3	Local Flights -Somalia	D	1	250.00	6	100.00	1,500.00
	<i>One trip per month for the senior staff (Emergency director) based in Nairobi to provide oversight supervision while visiting project sites. preferably using ECHO estimated to costs US\$200 and additional US\$50 payment at the airport. In total one trip is estimated to cost US\$250 and a total of 6 trips will be made during the project period.</i>						
	Section Total						17,460.00
General Operating and Other Direct Costs							
7.1	Office rent contribution - Puntland	D	1	1,666.70	6	30.00	3,000.06
	<i>Country office Rent (Nairobi) will be providing overall coordination, while Garowe office which are the area offices will provide program support for the project activities in Bari region. The project will make a partial contribution to the office rent in Garowe & Nairobi at 30%. The break down is attached.</i>						
7.2	Office Utilities (Garowe and Nairobi)	D	2	500.00	6	30.00	1,800.00
	<i>The project will make a partial contribution to the office utilities in Garowe and Nairobi at 30%. the break down is attached under the documents tab.</i>						
7.3	Communication and Internet (Garowe & Nairobi)	S	2	375.00	6	30.00	1,350.00

	<i>Cost of communication and internet for Garowe & Nairobi offices. The project will make a partial contribution of the communication costs of these offices @ 30%</i>						
7.4	Office supplies (Garowe and Nairobi	D	2	663.00	6	15.00	1,193.40
	<i>Assorted supplies for the two offices, Nairobi providing coordination and Garowe office providing program support at field level. The project will make a partial contribution of the office supplies at 15%</i>						
	Section Total						7,343.46
SubTotal			1,139.00				195,664.86
Direct							187,304.16
Support							8,360.70
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							13,696.54
Total Cost							209,361.40
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bari -> Qardho -> Qardho	100		300	350	350	1,000	
Documents							
Category Name		Document Description					
Budget Documents		Break down for office rent and utilities..xlsx					
Budget Documents		BOQ 2.3 -2.5.xlsx					
Budget Documents		Budget Breakdown.xlsx					
Budget Documents		BOQ 2.3 -2.5.xlsx					
Budget Documents		Budget Breakdown - revised.xlsx					
Budget Documents		BOQ 2.3 -2.5. revised.xlsx					
Budget Documents		Break down for office rent and utilities - revised.xlsx					
Budget Documents		Combined all BoQs - Revised.xlsx					
Grant Agreement		HC signed GA CARE 4607.pdf					
Grant Agreement		HC signed GA by CARE..pdf					