

<b>Requesting Organization :</b>	DEH Relief and Development Organization				
<b>Allocation Type :</b>	Standard Allocation 1 (Jan 2017)				
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>			
Nutrition		100.00			
		<b>100</b>			
<b>Project Title :</b>	Provide life saving nutrition intervention to the drought affected population in Xarardhere and Hobyo district in Galgadud and Mudug regions.				
<b>Allocation Type Category :</b>					
<b>OPS Details</b>					
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA1 2017/Nut/NGO/4588		
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	184,093.50		
<b>Planned project duration :</b>	9 months	<b>Priority:</b>			
<b>Planned Start Date :</b>	15/03/2017	<b>Planned End Date :</b>	15/12/2017		
<b>Actual Start Date:</b>	15/03/2017	<b>Actual End Date:</b>	15/12/2017		
<b>Project Summary :</b>	<p>DEH is planning to expand its outreach nutrition services by adding 3 new outreach sites at Haradhere district and one static and one mobile in Hobyo for the provision of emergency nutrition interventions to ensure a comprehensive approach to the reduction of morbidity and mortality associated with malnutrition and other diseases and hazards resulting from lack of access to nutrition services. Most importantly, DEH will focus on improvements in the provision of nutrition services for the vulnerable drought affected population in target areas. This propose the project to address basic needs of communities through provision of life-saving primary nutrition services through which to contribute to emergency drought response of malnutrition and AWD/Cholera outbreak. As it is described in detail in the context analysis, the prospect and prediction for food security and nutrition in the target district remain critical. The major causes of this food and nutrition situation are continuing conflict, displacement and worsening drought in the area, limited purchasing capacity of the communities prevalence of diseases and inadequate nutrition services, poor infant and young child feeding practice. Because of these, vulnerable groups of the community: children, pregnant and lactating women, at increased risk of morbidity and mortality unless lifesaving intervention is put forward immediately. DEH will improve the access and utilization of integrated nutrition services for women and children living Haradhere district through the establishment of outreach activities and strengthening of referral system between the mobile/outreach sites and the fixed nutrition sites. The project will support on 2000 boys, 2000 girls and 1200 PLW for 4 Outreach. Also the project will scale up the capacity building of the staff as well community through capacity IMAM, CMAM and IYCF guidelines for effective case management and referral. DEH considers the nutrition needs as priority number one as a lifesaving intervention.</p>				
<b>Direct beneficiaries :</b>					
	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
	20	1,225	2,000	2,000	5,245
<b>Other Beneficiaries :</b>					
<b>Beneficiary name</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>
Children under 5	0	0	2,000	2,000	4,000
Pregnant and Lactating Women	0	1,200	0	0	1,200
Trainers, Promoters, Caretakers, committee members, etc.	20	25	0	0	45
<b>Indirect Beneficiaries :</b>					
<p>Apart from the drought affected population, the IDPs with nutrition needs will be assisted, the elderly and the disabled PLWs who cannot move far also will be getting assistance as well. Nutrition and Health education as well as community sensitization will be offered to the whole community living in these target areas.</p>					
<b>Catchment Population:</b>					
The catchment population in the target areas are 18000 both host communities, IDPs and returnees.					
<b>Link with allocation strategy :</b>					

The project focuses in providing emergency life saving nutrition intervention to the drought affected population in Mudug and Galgadud region. This is inline with the SHF and nutrition cluster strategic response plan in Somalia. The target areas are also experiencing high number of children under five and pregnant and lactating mothers with high GAM and SAM rate and hence the projects intends to increase outpatient therapeutic treatments coverage to at least 5 locations through 4 mobile teams and a 1 static outpatient therapeutic site in which the location have ongoing WFP target supplementary program along with infant young child feeding and nutrition, health and hygiene promotion education sessions. The project will be able to compliment with the SHF and UNICEF health and nutrition intervention as well as scaling up in some areas where DEH is actively engaged with community in Mudug and Galgadud. The project activities are designed to provide life saving and life sustaining emergency nutrition intervention integrated with other sectors such as health and WASH programs in the same areas.

**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
Mohamed Abdi Yussuf	Executive director	deh_org@hotmail.com	+254722548133

**BACKGROUND**

**1. Humanitarian context analysis**

Somalia is experiencing worsening drought conditions, leading towards a deteriorating humanitarian situation in a protracted crisis environment affected by long-term conflict and cyclical natural hazards, where some 3.3 million people are already in need of emergency health services across Somalia. Many indicators of the crisis are similar to those in 2010/2011 before the famine that resulted in 260,000 deaths. Key challenges facing the Somali health sector include limited and unequal access to essential nutrition services, and poor quality and safety of services across all levels of care.

Galgadud and Mudug region have sustained critical levels of malnutrition and, therefore, is classified as a hotspot (priority) for nutritional interventions. The challenging nutritional situation can be attributed to the combined poor and borderline food consumption aggravated by infighting within the region as well as the poor Gu rains in the entire region which led increased in GAM 19.8% and SAM of 4.5% in Galgadud pastoral and agro pastoral livelihoods. Based on GAM prevalence estimates from the 2016 Gu food security and nutrition assessments, an estimated 323 350 children under the age of five across Somalia were suffering from acute malnutrition at the time of the assessment. Out of this total, 57 340 were severely malnourished. Approximately 58 percent of the acutely malnourished children are found in Southern and Central Somalia. The regions are among the worse accounting for one third of the total malnourished population in the country. According to the FSNAU recent Assessment on the Current Situation of Haradhere and Ceelbur Vulnerable women,boys and girls Host Communities affected by Conflicts and droughts in Galgadud region, there are about 6 IDPs camps covering 8 sections of the town. The majority of the people have fled from the areas of conflict to the safe areas in Haradhere and Hobyo district, where they can access and get immediate response from Humanitarian Aid services. Poor living conditions and insufficient nutrition and healthcare has led to measles and AWD outbreaks to the affected draught stricken communities in these areas and hence urgent emergency life saving is of paramount to support the vulnerable women, boys and girls nutritional status.

**2. Needs assessment**

Gu 2016 assessment results show Critical levels of GAM (16.3%) prevalence and SAM (3.7%) among Hawd Central livelihood which is showing a deteriorated situation when compared with Serious GAM in Deyr 2015 (12.0%)Addun livelihood recorded Serious of GAM prevalence of 10.4 percent and SAM prevalence of 1.6 percent which shows deterioration from Alert (9.5% GAM). Very Critical levels of maternal malnutrition levels was recorded Coastal Deeh (>31.5%), while Dhusamareb IDPs show Critical level of maternal malnutrition (23.4–31.4%). Addun is the only livelihood with Alert prevalence of maternal malnutrition level (12.7%).In pastoral livelihoods in Central regions acquire a significant proportion (60-70%) of their food through market purchases, while in agropastoral livelihoods poor households purchase 30 to 35 percent of their food. In the pastoral livelihoods, 66 percent of income is derived from livestock sales; 24 percent from livestock product sales and 10 percent from loan and gifts. In agropastoral areas, main income sources are derived from livestock/ livestock products sales (50%) followed by self-employment (30%) such as charcoal burning and collection bush products. There are minor income sources, which include crop sales and labour, which contribute 10 percent to the overall income as well as gifts (10%)

Hawd livelihood is the current hotspot in Central Somalia with Critical prevalence of acute malnutrition (16.3%) and the key aggravating factors are mainly related to public health indicators. The most significant public health indicator contributing for the current prevalence in Hawad livelihood was incidence of morbidity, this was confirmed by high of malaria (20.1%) and measles outbreak (2.2%). Programs aimed at strengthening public health service, such as EPI program and treatment service will likely contain or reverse the high prevalence of malnutrition in Hawd livelihood zone.

Urgent life- saving nutrition services is required to reach the vulnerable women,boys and girls drought affected population in Haradhere and Elbur district in Galgadud regions.However,DEH will complements nutrition and food security in order to achieve the intended integration and hence serving IDPs and host communities with better better nutrition services in the region. DEH intends to use its previous area experience and relations to establish and roll out the same services or rather accelerate the previous ongoing activities to enable build more robust services to the communities

**3. Description Of Beneficiaries**

The project will target the most vulnerable members of the draught affected pastoral communities and host communities. This includes 2000 girls; 2000 boys; 1200 PLW pregnant and lactating women, as well as vulnerable members of their host communities. The overall proposed project activities are specifically targeting women and children (Boys and Girls) less than 5 years of age, IDPs and the host community. Women are considered as vulnerable group because of the dangers they face due to pregnancy and delivery, considering their living conditions and culture. Their vulnerability is increased by the limited nutrition facilities and services that address their basic nutrition needs. DEH will mainstream gender across planned interventions. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks will be considered in the consultation, decision making and capacity development. The intervention will ensure equity through the selection of equal numbers of male and female.

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

Acute malnutrition remains a major public health problem in South central Somalia and more so in the draught affected Galgadud regions especially amongst the pastoral livelihoods and urban poor population. This significantly contributes to the increased morbidity and mortality among the most vulnerable community members, which makes the nutrition situation in the proposed target areas, is very critical due to the long crisis and the insecurity. People in these areas are the most vulnerable community; women and children are most vulnerable as they are at risk of acquiring diseases, malnourishment and GBV. DEH has been implementing Nutrition and Health (both primary and secondary) in Galgadud Region, so DEH is better position to understand the situation living the host communities. In order to curb further disease transmission and reduce mortality and morbidity rates, DEH will implement establishing integrated management response for nutrition activities in Haradhere and Elbur district. To facilitate a more rapid response to the community and to reduce the case fatality rate, DEH will boost the life-saving capacity in the nutrition sector service through harmonized integrated package of health, nutrition and hygiene promotion mobilizations. DEH will provide intensified supportive supervision for timely and accurate HMIS surveillance in coordination with the nutrition cluster. DEH can also implement cost effective and evidence based activities by providing targeted services to meet the specific need of IDPs and host communities in the target areas.

#### **5. Complementarity**

DEH seeks to complement the ongoing projects especially those targeting draught affected host communities located in Outreach Haradhere, Hobyo and Elbur district. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where DEH has been strongly operational present for the past 10 years. Therefore, DEH will put in place the full component of the management of acute malnutrition and comprehensively addressing and treating both severe and moderate cases of malnutrition and the community interventions which will be included full scale IYCF promotion to prevent malnutrition among children and pregnant lactating women. In addition to this DEH will be doing community based case management service through use of 20 Female Workers by providing integrated community management of acute malnutrition and provide treatment of common childhood illnesses such as malaria, diarrhea and identification of children with malnutrition within the community. DEH will strive to coordinates with Health and WASH clusters in Hobyo and Haradhere district to enable provide a holistic program implementation.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To provide life saving emergency nutrition intervention to severely and moderately malnourished under five children boys, girls and pregnant and lactating mothers by providing integrated nutrition services package for 4 mobile outreach and one static outpatient therapeutic program at Haradhere and Hobyo districts.

#### **Nutrition**

<b>Cluster objectives</b>	<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	100

**Contribution to Cluster/Sector Objectives :** The project objective is directly contributing the cluster objective in scaling up nutrition services to treat and prevent acute malnutrition and related morbidity and mortality among under-five children and pregnant and lactating women in Galgadud and Mudug target district.

#### **Outcome 1**

Increased access to emergency nutrition services to children under five and pregnant and lactating women in Haradhere and Hobyo districts.

#### **Output 1.1**

##### **Description**

5200 under 5 children boys, girls and pregnant and lactating women have improve and sustain access and utilization of integrated essential quality nutrition services of OTP for under five children and pregnant and lactating women in Hobyo and Haradhere districts.

##### **Assumptions & Risks**

#### **Activities**

##### **Activity 1.1.1**

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

Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreaches and one static OTP and TSFP in Hobyo, Haradhere

##### **Activity 1.1.2**

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

Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys, girls with RUTF (ready to use therapeutic foods).

##### **Activity 1.1.3**

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

Referral services within and outside the programme sites and follow up of beneficiaries in the 5 Outreaches Haradhere and Hobyo OTP centers for effective severe case management.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					5,200
<b>Means of Verification</b> : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos,							
Indicator 1.1.2	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					4,000
<b>Means of Verification</b> : Weekly and Monthly reports, Patient cards, patient registers, HMIS reports, OTP registers, field photos							
Indicator 1.1.3	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					200

**Means of Verification** : Number of referral cases,Referral slips documented.

#### Outcome 2

Enhanced Basic Nutrition Service Package to beneficiaries (2000 Boys, 2000 Girls and 1200 PLW) in Hobyo Haradhere and Hobyo district.

#### Output 2.1

##### Description

Reduce Morbidity and Mortality rates through Improved accessibility by providing Basic Nutrition Service Package to beneficiaries in Hobyo,Haradhere.

##### Assumptions & Risks

#### Activities

##### Activity 2.1.1

###### Standard Activity : Maternal child health and nutrition (MCHN) packages

Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.

##### Activity 2.1.2

###### Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women

Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.

##### Activity 2.1.3

###### Standard Activity : Supplementation Vitamin A

Provide routing vitamin A supplementation,deworming and multiple micro nutrient to 4000 under five children boys and girls in haradhere and Hobyo project sites.

##### Activity 2.1.4

###### Standard Activity : Infant and young child feeding counselling

Provide Infant and young child feeding program counseling to 102 caregivers/pregnant and lactating women.

#### 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					18
<b>Means of Verification</b> : Weekly and Monthly reports, HMIS reports, OTP registers, field photos							
Indicator 2.1.2	Nutrition	Number of PLW receiving multiple micronutrients					1,200
<b>Means of Verification</b> : Beneficiary list,Beneficiary photos							
Indicator 2.1.3	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					4,000
<b>Means of Verification</b> :							
Indicator 2.1.4	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					102

**Means of Verification** : number of counseling session conducted,

#### Outcome 3

Improved service delivery through capacity building of the staff, community volunteers both men and women on nutrition management both basic and refresher integrated management of acute malnutrition training.

Output 3.1													
Description													
45 staff and community health workers (20 Male, 25 Female) trained on effective management on nutrition,health and hygiene promotion and integrated management of acute malnutrition treatment guidelines													
Assumptions & Risks													
Activities													
Activity 3.1.1													
Standard Activity : Capacity building													
Conduct 5 days capacity building of IMAM training to 20 project staff on effective acute Malnutrition management for 10 Male and 10 female staff.													
Activity 3.1.2													
Standard Activity : Capacity building													
Conduct 5 days training to community health workers both 10 MALE and 15 Female on nutrition, hygiene and health promotion.													
Indicators													
Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 3.1.1	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					20						
<b>Means of Verification</b> : Participant list, training attendance sheet, perdiem payment vouchers, training report, contact lists, photos, refreshment bills, venue rent details,													
Indicator 3.1.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					25						
<b>Means of Verification</b> : Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion													
Additional Targets :													
M & R													
Monitoring & Reporting plan													
The overall monitoring and reporting responsibility will rest on the Project Coordinator and the M&E Officer based in Elbur and continues goes to field to monitor the activities. The field supervisor will be supervising and monitoring the nutrition outreach teams on a daily basis and provide statistics and reports on the activity on a weekly basis. Photos will be taken to capture the distribution as a means of verification. The M&E Officer will review monthly monitoring data against the indicators and targets set in the Results Framework as well as the detailed work plans developed by the Project Coordinator. To ensure total inclusivity in its interventional approach, DEH will strengthen nutrition service provision to the vulnerable population; work closely with MOH, UNICEF and nutrition partners in Galgadud region. The objective is an holistic and all inclusive approach to draught affected population area that cannot be adequately covered by one partner. DEH has in place a variety of M&E tools that will be used to assess programme activities in the nutrition service. DEH project manager will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between DEH and MoH will be scheduled.DEH shall also share monthly outpatient therapeutic report with nutrition cluster and as well attend sub national cluster meeting in the regions.													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere	2017			X	X	X	X	X	X	X	X	X	
Activity 1.1.2: Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys,girls with RUTF (ready to use therapeutic foods).	2017			X	X	X	X	X	X	X	X	X	
Activity 1.1.3: Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.1: Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.2: Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.3: Provide routing vitamin A supplementation,deworming and multiple micro nutrient to 4000 under five children boys and girls in haradhere and Hobyo project sites.	2017			X	X	X	X	X	X	X	X	X	
Activity 2.1.4: Provide Infant and young child feeding program counseling to 102 caregivers/pregnant and lactating women.	2017			X	X	X	X	X	X	X	X	X	

Activity 3.1.1: Conduct 5 days capacity building of IMAM training to 20 project staff on effective acute Malnutrition management for 10 Male and 10 female staff.	2017		X																					
Activity 3.1.2: Conduct 5 days training to community health workers both 10 MALE and 15 Female on nutrition, hygiene and health promotion.	2017		X																					
<b>OTHER INFO</b>																								
<b><u>Accountability to Affected Populations</u></b>																								
Accountability to affected population is a key aspect in the transformative agenda and DEH is committed to this. To ensure accountability to beneficiaries and stakeholders, DEH will involve them in project planning and implementation through a participatory approach. This will include holding consultation meetings with beneficiary representatives, community leaders and local authorities to inform them of the project site selection, which will contribute to increasing their ownership and sustainability of the activities. To the full extent possible, DEH will establish an efficient feedback mechanism through which beneficiaries will be able to register their complaints and their general feelings about the project activities. Part of the monitoring tools to be developed, will specifically invoke beneficiaries to state their level of satisfaction with services they receive from the project activities																								
<b><u>Implementation Plan</u></b>																								
DEH will implement this project directly whilst working closely with local authorities and partners at the field. DEH will improve the access and utilization of nutrition services for children and pregnant and lactating women living and the drought affected pastorals and IDPs as well as host communities through the establishment of outreach activities and strengthening of referral system between the internally displaced persons and the fixed nutrition and health facilities. Focus will be on the increasing the awareness/sensitization of communities through messages and community gathering. Recruitment and training of Community mobilizers within the drought affected pastoral areas as well as poor urban dwellers in Haradere and Hobyo district. DEH has good collaboration with Haradhere hospital, we will utilize the hospital as referral for complicated cases especially SAM with complications for Stabilization centers support. In order to achieve these objectives, nutrition facility staff will have technical training on delivery of high quality services and supportive supervision will be undertaken for both packages of mothers and children at various stages of their life cycles including offering antenatal care services, prompt referral from the community, identification of malnutrition in pregnancy through use of Mid-upper arm circumference, ensure immediate and exclusive breastfeeding, timely complementary .DEH will establish 3 outreach/mobile teams to reach pastorals in the drought affected areas as well as host communities and provide integrated outpatient/target supplementary program service, treatment of sick children, community awareness through community health workers and referral of severe cases to nearby health and nutrition facilities. DEH will Conduct 5 days integrated management training on effective acute Malnutrition management for 10 Male and 10 female staff. Also 5 days training for community health workers both 10 MALE and 10 FEMALE on nutrition, hygiene and health promotion will be carried out during project period. Finally DEH will do three YCF session training for 15 Male and 10 female staff and, 10 Male and 10 Female community volunteers.																								
<b><u>Coordination with other Organizations in project area</u></b>																								
<table border="1"> <thead> <tr> <th>Name of the organization</th> <th>Areas/activities of collaboration and rationale</th> </tr> </thead> <tbody> <tr> <td>RAWA</td> <td>DEH will coordinate with RAWA on the TSFP referrals of beneficiaries and other local coordination activities in Haradhere district.</td> </tr> <tr> <td>Nutrition cluster</td> <td>DEH will coordinates with Nutrition sub national cluster at Hobyo to enable improve the effective coordination services and information sharing to the national nutrition cluster.</td> </tr> <tr> <td>UNICEF</td> <td>For supply provision and supportive supervision</td> </tr> <tr> <td>Ministry of health</td> <td>For leadership and coordination in the local administration.</td> </tr> </tbody> </table>															Name of the organization	Areas/activities of collaboration and rationale	RAWA	DEH will coordinate with RAWA on the TSFP referrals of beneficiaries and other local coordination activities in Haradhere district.	Nutrition cluster	DEH will coordinates with Nutrition sub national cluster at Hobyo to enable improve the effective coordination services and information sharing to the national nutrition cluster.	UNICEF	For supply provision and supportive supervision	Ministry of health	For leadership and coordination in the local administration.
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<b><u>Environment Marker Of The Project</u></b>																								
A+: Neutral Impact on environment with mitigation or enhancement																								
<b><u>Gender Marker Of The Project</u></b>																								
2a- The project is designed to contribute significantly to gender equality																								
<b><u>Justify Chosen Gender Marker Code</u></b>																								
In a bid to ensure attention to priority cross cutting issues (sex, age, disability and health), the project will take into consideration gender mainstreaming and will give priority to women led households, households with children aged below five years, older persons, the disabled and those with sick persons). The daily work load will be reduced to encourage women participation. The project will ensure the significant representation of either sex in project committees. The elderly and the minorities will be considered in targeting and enlisting of the beneficiaries																								
<b><u>Protection Mainstreaming</u></b>																								
Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. DEH will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, DEH will consult with the beneficiaries on the location of the Nutrition facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, DEH will be able to reach the underserved, the elderly and the weak and will be able to transport them to their dwellings when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health and nutrition committees which foster participation, empowerment and accountability.																								
<b><u>Country Specific Information</u></b>																								
<b><u>Safety and Security</u></b>																								

Security in Somalia is quite challenging and unpredictable, though we have managed to operate in Somalia and especially South central Somalia with many challenging scenarios, through updating our security and safety tools and trainings of our staff through affiliated memberships of Security training organizations. We do have Country Plan, Local safety and security Plans, Guidelines as well as risk Analysis that we do time and time when incidents happen. Personal safety of our staff is taken serious. The security situation of Mogadishu is so far stable. However all our staff regularly undergo a short training on field safety and acquainted with our security policy. DEH will also give priority to qualified personnel from the area during the recruitment process before out sourcing. Regular up date will be given to all the staff on the security situation of the It is hoped that this will enhance sharing of security information.

#### Access

DEH has been working in Galgadud regions more so in Haradhere and Elbur district since 2005 and enjoys the support of the community and the authorities. DEH expects to keep good relationships with all actors in the regions and expects that this will allow DEH to work in Mogadishu IDP camps without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all DEH interventions. DEH has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context.

#### BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>Staff and Other Personnel Costs</b>							
1.1	Nutrition project officer	D	1	1,000.00	9	100.00	9,000.00
	<i>The nutrition officers will be responsible for successful implementation of nutrition project in the designated districts through collaboration with the other actors. He/she will provide supervision and direction of DEH Nutrition operations, facilitating good practice and ensuring compliance to applicable implementation process of Nutrition interventions - in particular as they relate to DEH mandate, Ministry of health guidelines and the country priorities including planning, implementation and follow up.</i>						
1.2	Outpatient therapeutic treatment nurse	D	6	400.00	9	100.00	21,600.00
	<i>The nurse will provide patient treatment both at the static and mobile sites in the target areas.</i>						
1.3	Outpatient therapeutic registrars/Measurers	D	4	350.00	9	100.00	12,600.00
	<i>Project will employ registrars /Measures who shall be able to provide the registration records of the project beneficiaries.</i>						
1.4	Community health workers/Promoters	D	20	150.00	9	100.00	27,000.00
	<i>They will provide effective community mobilization and sensitization of community to enable them seek the available nutrition services .</i>						
1.5	Outpatient therapeutic outreach supervisor	D	2	600.00	9	100.00	10,800.00
	<i>They will supervisors the outpatient therapeutic mobile teams in the various location. The shall also provide an oversight to the program quality in the target location.</i>						
1.6	Finance officer	D	1	600.00	9	50.00	2,700.00
	<i>The finance officer will provide project financial management and accounting for effective management of the program.He/She will prepare monthly expenditure plan as well as the project staff remuneration at the end of the months.</i>						
1.7	Auxiliary nurse	D	4	300.00	9	100.00	10,800.00
	<i>The will assist the nurses in the community case management in the treatment centers.</i>						
1.8	Infant and young child feeding counsellors	D	1	400.00	9	100.00	3,600.00
	<i>They will provide IYCF counselling to the mothers and other caregivers for effective beneficiary information and skills development in the areas of good nutrition practices,.</i>						
	<b>Section Total</b>						<b>98,100.00</b>
<b>Supplies, Commodities, Materials</b>							
2.1	Warehouse and storage cost	D	1	450.00	9	100.00	4,050.00
	<i>This will facilitates the program warehousing/storage of the supply management in Haradhere. The storage cost will be costed at \$ 450 per months for the 9 months of the project periods.</i>						
2.2	Outpatient therapeutic program water	D	100	12.00	9	100.00	10,800.00
	<i>Clean drinking water will be provided at the project static and mobile sites to benefits a total of 5220 beneficiaries. A total of 100 drums of water will be purchase at acost of \$ 12 per drum per months for 9 months, hence this will cost the project a total of \$ 10,800;</i>						
2.3	Integrated management of acute malnutrition(IMAM) training for project staff	D	1	5,020.00	1	100.00	5,020.00

	<i>20 Project staff will be capacity build on effective management of Integrated management of acute malnutrition program for 5 days so as to enhanced their skills and knowledge on case management within the static and mobile services.</i>						
2.4	Nutrition,health and hygiene promotion (NHHP) training to CHW/promoters	D	1	5,805.00	1	100.00	5,805.00
	<i>The community health workers will be trained for 5 days to 25 community health workers/promoter on nutrition,health and hygiene promotion services for effective community health and nutrition promotion services .</i>						
2.5	Infant young child feeding counselling promotion session(102 Pax*3 sessions*20)	D	102	20.00	3	100.00	6,120.00
	<i>Caregivers will be provide with IYCF counselling session to enable them understand the best early child nutrition practices. A total of 102 caregivers for 3 sessions.The participants will be provided with refreshmentAT ACOST OF \$20 PER PERSON PER DAY FOR 3 SESSION.</i>						
	<b>Section Total</b>						<b>31,795.00</b>
<b>Travel</b>							
5.1	Referral car for Outpatient therapeutic program outreach services	D	2	1,800.00	9	100.00	32,400.00
	<i>The project will hire 2 vehicle for outreach outpatient therapeutic program in the two districts.Each districts will have one car since the area is far from one another.</i>						
	<b>Section Total</b>						<b>32,400.00</b>
<b>General Operating and Other Direct Costs</b>							
7.1	Office rent	D	1	300.00	9	100.00	2,700.00
	<i>Monthly DEH haradhere office rent charges.</i>						
7.2	Communication cost	D	1	150.00	9	100.00	1,350.00
	<i>Monthly office internet charges at Haradhere districts.</i>						
7.3	Office stationary	D	1	1,200.00	1	100.00	1,200.00
	<i>DEH will procure office attestations in Haradhere and shall be supply two times during the project duration</i>						
7.4	Utilities(office water)	D	1	100.00	9	100.00	900.00
	<i>This will be used in DEH Haradhere office and shall be be used on monthly basis</i>						
7.5	Bank Transfer	D	1	3,605.00	1	100.00	3,605.00
	<i>Bank transaction charges at 2% of the overall cost.</i>						
	<b>Section Total</b>						<b>9,755.00</b>
<b>SubTotal</b>			251.00				<b>172,050.00</b>
Direct							172,050.00
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							12,043.50
<b>Total Cost</b>							<b>184,093.50</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Hobyo -> Xin Barwaqo	5		320	300	400	1,020	<p>Activity 1.1.1 : Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere</p> <p>Activity 1.1.2 : Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys,girls with RUTF (ready to use therapeutic foods).</p> <p>Activity 1.1.3 : Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.</p> <p>Activity 2.1.1 : Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.</p> <p>Activity 2.1.2 : Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.</p> <p>Activity 2.1.3 : Provide routing vitamin A supplementation,deworming and multiple micro nutrient to 4000 under five children boys and girls in haradhere and Hobyo project sites.</p> <p>Activity 3.1.1 : Conduct 5 days capacity building of IMAM training to 20 project staff on effective acute Malnutrition management for 10 Male and 10 female staff.</p>
Mudug -> Hobyo -> Xinlabi	5		130	300	200	630	<p>Activity 1.1.1 : Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere</p> <p>Activity 1.1.2 : Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys,girls with RUTF (ready to use therapeutic foods).</p> <p>Activity 1.1.3 : Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.</p> <p>Activity 2.1.1 : Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.</p> <p>Activity 2.1.2 : Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.</p> <p>Activity 2.1.3 : Provide routing vitamin A supplementation,deworming and multiple micro nutrient to 4000 under five children boys and girls in haradhere and Hobyo project sites.</p> <p>Activity 3.1.1 : Conduct 5 days capacity building of IMAM training to 20 project staff on effective acute Malnutrition management for 10 Male and 10 female staff.</p> <p>Activity 3.1.2 : Conduct 5 days training to community health workers both 10 MALE and 15 Female on nutrition, hygiene and health promotion.</p>

Mudug -> Xarardheere -> Caad	30		130	300	300	730	<p>Activity 1.1.1 : Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere</p> <p>Activity 1.1.2 : Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys,girls with RUTF (ready to use therapeutic foods).</p> <p>Activity 1.1.3 : Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.</p> <p>Activity 2.1.1 : Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.</p> <p>Activity 2.1.2 : Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.</p>
Mudug -> Xarardheere -> Camaara	30		100	600	780	1,480	<p>Activity 1.1.1 : Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere</p> <p>Activity 1.1.3 : Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.</p> <p>Activity 2.1.1 : Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.</p> <p>Activity 2.1.2 : Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.</p> <p>Activity 3.1.1 : Conduct 5 days capacity building of IMAM training to 20 project staff on effective acute Malnutrition management for 10 Male and 10 female staff.</p>
Mudug -> Xarardheere -> Qosol Tire	30	20	545	500	320	1,385	<p>Activity 1.1.1 : Screen and admit 2000 boys, 2000 girls and 1200 PLWs of MAM and SAM without medical complications to 5 mobile Outreachs and one static OTP and TSFP in Hobyo, Haradhere</p> <p>Activity 1.1.2 : Mobile outreach and static sites management through the provision of therapeutic treatment to under five children boys,girls with RUTF (ready to use therapeutic foods).</p> <p>Activity 1.1.3 : Referral services within and outside the progamme sites and follow up of beneficiaries in the 5 Outreachs Haradhere and Hobyo OTP centers for effective severe case management.</p> <p>Activity 2.1.1 : Provide awareness on appropriate infant and young child feeding practices for twice a months to caregivers of malnourished children in the project areas.</p> <p>Activity 2.1.2 : Provision of multiple micro nutrient supplementation and deworming tablets to 1200 pregnant and lactating women in Haradhere and Hobyo project locations.</p>

#### Documents

Category Name	Document Description
Budget Documents	DH Nutrition BOQs -24.02.2017.xls
Budget Documents	DEH Nutrition revised BOQs -28.02.2017.xls
Budget Documents	DEH Nutrition revised BOQs -1.03.2017.xls
Grant Agreement	HC signed GA for DEH.pdf
Grant Agreement	HC signed GA for DEH.pdf