

Requesting Organization :	Wamo Relief and Rehabilitation Services			
Allocation Type :	Standard Allocation 1 (Jan 2017)			
Primary Cluster	Sub Cluster	Percentage		
Nutrition	IMAM	100.00		
		100		
Project Title :	Provision of integrated Emergency management of acute malnutrition among children between 6- 59 months and pregnant and lactating women, in Dhobley Afmadow district, Lower Juba of south central Somalia.			
Allocation Type Category :				
OPS Details				
Project Code :	SOM-17/H/97857	Fund Project Code :	SOM-17/3485/SA1 2017/Nut/NGO/4538	
Cluster :	Nutrition	Project Budget in US\$:	190,156.76	
Planned project duration :	9 months	Priority:	A - High	
Planned Start Date :	20/03/2017	Planned End Date :	20/12/2017	
Actual Start Date:	20/03/2017	Actual End Date:	20/12/2017	
Project Summary :	<p>Lower Juba indicated a critical nutrition situation with 12850 acutely malnourished children under 5. The current drought has worked negatively to worsen morbidity rates, infant and young child feeding practices, and food and water prices All this amidst trade disruptions and reduced humanitarian assistance further worsening the nutrition situation. According to the FSNAU post Gu assessment food security situation in Dhobley was sustained as serious Currently this population struggles to meet food requirements and remain and are currently experiencing shocks that make made the situation to deteriorate further. They still highly vulnerable to more shocks that could push them back to crisis situation or beyond if no support is provided (joint FSNAU FESNET). Dhobley IDPS, showed serious levels of both GAM(11%) and SAM (1.4%) in the Gu assessment, but this have further deteriorated because of the drought (wamo relief ans rehabilitation services (WRRS), 2017). Morbidity rate is also high with cases of measles and diarrhea diseases reported (WRRS 2017); CDR and U5DR which went up significantly due to diarrhea and measles outbreak, and low coverage of vitamin A vaccination/supplementation in the last season could worsen this season.Nutrition services need to be scaled up in the area so that we avoid the impending disaster.</p> <p>The project staff 27 (9 female and 18 men) will primarily target children 6-59 months with screening and Treatment of SAM cases, and pregnant and lactating women (PLW) with education, support and micro nutrient supplementation. The two groups will be identified through screening that will be done by both Community Based workers (CBWs) and project staff. Our Community health workers (6 female and 2 men) will carry out routine screening , as part of their day to day activities, but will also be involved in mass screening which will be done Quarterly. Project staff will carry out screening every time they visit a treatment site. CBWs will also pass messages that relate to identification of symptoms of malnutrition, Nutrition health and hygiene promotion and use of available nutrition and health services in the community.</p> <p>The project is also expected to reach grand mothers, women of child bearing age, fathers and child caregivers , that might not have children with malnutrition. These will be reached through CBW , who will be IDP, living and working in the community, planned awareness campaigns and mass screening exercises.</p> <p>The project just like the allocation strategy will focus on mitigating the effects of the ongoing drought in an integrated manner. The project intends to integrate treatment of malnutrition by treating Moderate acute malnutrition,Uncomplicated severe acute malnutrition, and complicated severe acute malnutrition all which have reported increased prevalence in the last few months in Dhobley of Afmadow district. These will integrate other health and WASH related integration like hygiene promotion, IYCF education and EPI.These interventions are life saving interventions because they focus on those at risk of death due to any additional shocks. The project will also target children under five , pregnant and lactating women as the most vulnerable and should be prioritized in emergency settings.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
140	2,760	2,600	2,600	8,100

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,600	2,600	5,200
Pregnant and Lactating Women	0	2,600	0	0	2,600
Staff (own or partner staff, authorities)	18	9	0	0	27

Indirect Beneficiaries :

Additional 1200 people that will benefit from public health and nutrition education and promotion sessions.

Catchment Population:

Catchment population for Dhobley and surrounding villages is 71780.

Link with allocation strategy :

The project just like the allocation strategy will focus on mitigating the effects of the ongoing drought in an integrated manner. The project intends to integrate treatment of malnutrition by treating Moderate acute malnutrition, Uncomplicated severe acute malnutrition, and complicated severe acute malnutrition all which have reported increased prevalence in the last few months in Dhobley of Afmadow district. These will integrate other health and WASH related integration like hygiene promotion, IYCF education treatment of common illnesses and expanded program for immunisation (EPI). WRRS runs an maternal child and health clinic (MCH) / out patient department (OPD) in Afmadow. These interventions are life saving interventions because they focus on those at risk of death due to any additional shocks. The project will also target children under five, pregnant and lactating women as the most vulnerable and should be prioritized in emergency settings.

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
Aden Bundiid Duale	Executive Director	wrrs_ngo@yahoo.com	+254724278780

BACKGROUND**1. Humanitarian context analysis**

Recent post Gu 2016 food security and nutrition analysis unit (FSNAU) analysis estimates 14.9% of children U5 as malnourished, of these 2.6% are severely malnourished and at even greater risk of morbidity and death, indicating a deteriorating nutrition situation in Somalia. This situation has deteriorated further following the drought experienced in Afmadow right now. The Gu assessment also indicate that Global acute malnutrition (GAM), stunting and underweight is significantly higher in boys compared to girls. More than 74% of these malnourished children are located in south central Somali with a median Global Acute Malnutrition (GAM) rate of 17.3% and severe acute malnutrition (SAM) rate of 3.7%. Lower Juba indicated a critical nutrition situation with 12850 acutely malnourished children under 5. The current drought has worked negatively to worsen morbidity rates, infant and young child feeding practices, and food and water prices. All this amidst trade disruptions and reduced humanitarian assistance further worsening the nutrition situation. According to the FSNAU post Gu assessment food security situation in Dhobley was sustained as serious with the situation among IDPs seen as very critical. Currently this population struggles to meet food requirements and are currently experiencing shocks that have made the situation deteriorate further. The population is highly vulnerable to more shocks that could push them back to crisis situation or beyond if no support is provided (joint FSNAU FESNET). Dhobley internally displaced persons (IDP), showed serious levels of both GAM (11%) and SAM (1.4%) in the Gu assessment, but this has further deteriorated because of the drought (WRRS, 2017). Morbidity rate is also high with cases of measles and diarrhea diseases reported (WRRS 2017); crude death rate (CDR) and under 5 death rate (U5DR) which went up significantly due to diarrhea and measles outbreak, and low coverage of vitamin A vaccination/supplementation in the last season, which could worsen this season (Health cluster, 2016). The situation is further compounded by the increasing numbers of people repatriated from the Daadab refugee camp in Kenya. Nutrition services need to be scaled up in the area so that we avoid the impending disaster.

2. Needs assessment

Afmadow district in lower Juba is one of the areas in Somalia with chronic high levels of acute malnutrition beyond the emergency threshold. It is also a district where the IDPs present have 1 in every 5 children suffering acute malnutrition, the second highest rates among Somalia IDPs, almost 1 in every 2 children suffering from a communicable disease and 1 in every 5 pregnant or lactating women being acutely malnourished (FSNAU,2015). It is an area which had been rendered inaccessible due to insecurity for long, locking out humanitarian aid even after liberation because of perception of the community situation. The district outlook shows a serious state at the time of the assessment. The situation is expected to sustain serious status between August and December 2015 if all factors remain constant. Food security situation among the IDPs is stressed integrated phase classification (IPC 3), while the state of the district varies between minimal (IPC1) and stressed(IPC 2) (FSNAU, 2016). The situation is slightly improving but a lot needs to be done in this area that has recently become accessible, to prevent the situation from further deterioration.

WRRS therefore intends to intervene with projects that deliver lifesaving components through scale up of interventions, and also in cooperate interventions that will help beneficiaries recover from shocks experienced. Life saving interventions intend to save lives of nearly 1/5 of children(Boys and girls) 6-59 months and pregnant lactating women , who are acutely malnourished and at risk of either contracting diseases or dying due to malnutrition. This will be done through treatment of moderate acute malnutrition and both complicated and uncomplicated severe acute malnutrition. To increase access both Mobile and fixed sites will be put in place. Community health workers and volunteers will also be employed to increase access, as they hail from the community and thus frequently interact with them, offering services as needed, and appropriately referring those who need specialized assistance. They also follow up those receiving services thus promoting use of health and nutrition services. The project will use the organizations health facilities as fixed sites , so as to integrate the much needed health services. Due to limited resources the organization will try to avoid sale of supplies by asking caregivers of severe acute malnutrition (SAM) beneficiaries to bring back used sachets from the plumpy nuts and sap. This also avoid littering that might degrade the environment. Activities that will act to prevent malnutrition and re occurrence of the same, and help community members (Men and women) bounce back quickly from shock will include provision of micro nutrient to children 6-59 months and pregnant and lactating women (PLWs), nutrition health and hygiene promotion (NHHP) , infant and young child feeding (IYCF) support and maternal and child health and nutrition (MCHN).

3. Description Of Beneficiaries

The project staff (9 female and 18 men) will primarily target children 6-59 months with screening of (7512 boys and 7141 girls) and Treatment of (820 boys and 820 girls) SAM cases, (1869 boys and 1700 girls) moderate acute malnutrition(MAM) cases and pregnant and lactating women (PLW) with education, support and micro nutrient supplementation. The two groups will be identified through screening that will be done by both Community Based workers (CBWs) and project staff. Our Community health workers (female and men) will carry out routine screening , as part of their day to day activities, but will also be involved in mass screening which will be done Quarterly. Project staff will carry out screening every time they visit a treatment site. CBWs will also pass messages that relate to identification of symptoms of malnutrition, Nutrition health and hygiene promotion and use of available nutrition and health services in the community. The project is also expected to reach grand mothers, women of child bearing age, fathers and child caregivers , that might not have children with malnutrition. These will be reached through CBW , who will be IDP, living and working in the community, planned awareness campaigns and mass screening exercises.

4. Grant Request Justification

The project will apply the grant strategy and help achieve cluster objective 2 of providing life saving interventions especially for those affected by drought. It focuses on scaling up already existing interventions by WRRS to ensure this bring down the effects of the drought. This will be done by setting up 2 new outpatient therapeutic feeding program (OTP)/ targeted supplementary feeding program(TSFP) mobile teams to cover the population in the rural areas where as much as drought as stricken, food access is a huge problem. It is also an area where coverage for nutrition services is low according to the latest UNICEF semi qualitative assessment of access and coverage (SQUEAC) assessment in the area. The organization will therefore seek to increase coverage so that many more vulnerable women and children are reached.

It will also in cooperate basic health service package components, like detection and treatment of common communicable diseases so that lives are saved and the situation sustained. This will cover cluster objective one. Cluster objective 2 will be covered by provision of basic nutrition service package that will still serve to save lives.

Capacity of staff to respond to emergencies in a timely and professional manner will also be enhanced through relevant training.

5. Complementarity

WRRS is currently running stabilisation center (SC) and outpatient therapeutic feeding program (OTP) in Dhobley Afmadow District funded by Somalia humanitarian fund (SHF), and supported with supplies from UNICEF, and 1 maternal child health clinic (MCH) in Dhobley town. The organization also has several TSFP sites in Afmadow district We have successfully done this since November 2014 alongside our qualified staff with immense success. Since 2012, WRRS has been providing lifesaving nutrition assistance to Boys, girls, men ,pregnant and lactating women in many areas of Lower Juba including Dhobley, Afmadow, Diff and Kismayo. This assistance has been provided through running of OTPs, TSFPs, stabilisation center (SC) and an maternal and child health center (MCH) in Dhobley town, even when the area was very insecure. We are also Running a health facility and MCH in Kismayo with supplies provided by WHO, serving the IDPs.

The project will seek to scale up OTP and TSFP in the area by an additional 3 OTP/TSFP sites in the rural areas of Afmadow district. These will provide integration within the nutrition service provision because the organization is currently in a position of fully treating acute malnutrition. Treatment of moderate malnutrition, and severe malnutrition will be integrated. Besides treatment of severe malnutrition will be integrated with health services through our MCH /outpatient department (OPD), and with water sanitation and hygiene (WASH) activities through hygiene promotion activities. The program also proposes to add expanded program for immunisation (EP) to further strengthen the health component.

WRRS ensures that all nutrition projects are linked to WASH, Health and/or food security aspects that are relevant in the fight against malnutrition, and build resilience on the same. All our programs have a strong community component that has enabled us penetrate even remote communities with immense needs.

LOGICAL FRAMEWORK

Overall project objective

To provide emergency nutrition services to acutely malnourished children under five and pregnant and lactating women in Dhobley of Afmadow district using Integrated Management of Acute Malnutrition(IMAM) approach.

Nutrition		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	Somalia HRP 2017	40
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	40
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions	Somalia HRP 2017	20

Contribution to Cluster/Sector Objectives : The Project will contribute to Nutrition cluster objective 1 and 2 by undertaking targeted actions aimed at identifying severely acutely malnourished and providing them with equitable access to curative services while at the same time referring severely malnourished children to nutrition centers where they can access appropriate nutrition services. With regards to cluster objective 2; preventive nutrition intervention will be undertaken in the proposed nutrition sites both facility and community level. A group of well trained nutrition/health staff will undertake screening of children at community level using MUAC and referring them to the sites while at the same time educating and sensitizing target community members on a range of health/nutrition/WASH related issues including infant young child feeding, hygiene and sanitation including hand washing and care of sick children. Community health workers and nutrition promoters will be utilized to carry out this task and follow up on children admitted into the program. In addition ,for the purpose complementarily and coordination with relevant stakeholders; WRRS will undertake stakeholder mapping and subsequent engagement targeting local leadership and beneficiary representatives among others. Synergy will be established with other partners offering complementary services both I/LNGOs to ensure our actions are well coordinate and contribute to the sector strategy. The project will accomplish these lifesaving intervention by scaling up two static nutrition sites(one OTP site attached to the outpatient department of a maternal and child health center and one stabilization center) and one mobile team in Afmadhow District. The mobile outreach team while reach out far flung villages to expand program reach and thus improve access to services. malnourished cases.

Outcome 1

Increased access to integrated lifesaving nutrition services for children under the age of five years and Pregnant and Lactating women.

Output 1.1

Description

3,350 acutely malnourished persons including 2100 children under the age of five years(1050 boys and 1050 girls) and 1250 PLWs have access to basic nutrition services including detection, referral and treatment .

Assumptions & Risks

There will be security and area will be accessible.

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

Community nutrition workers and other nutrition workers will be tasked to undertake active case finding at community level by through routine screening using the standard anthropocentric measures to detect acutely malnourished children and link them to nutrition sites for management.5200 will be screened under this activity.

Activity 1.1.2

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

Provide treatment of severe acute malnutrition to 2100(1050 boys and 1050 girls) children between age of 6-59 months through two fixed sites and one mobile outreach team.

Activity 1.1.3

Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women

Through out the program period provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 1250 eligible pregnant and lactating women through the one static OTP centre and the community outreaches.

Activity 1.1.4

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

Conduct five days class room and practical training on the Management of acute malnutrition for nutrition staff to improve the skills and requisite competence of the target nutrition staff.In total 27 (18 men and 9 female) project staff will be trained.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children 6-59 months screened for malnutrition.					5,200

Means of Verification : -OTP reports - Mass screening reports							
Indicator 1.1.2	Nutrition	Number of acutely malnourished children 6-59 months treated in the nutrition program					2,100
Means of Verification : HMIS Reports,Monthly OTP reports.							
Indicator 1.1.3	Nutrition	Number of PLW receiving multiple micronutrients					1,250
Means of Verification : Monthly OTP reports,HMIS Data							
Indicator 1.1.4	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					27
Means of Verification : Training reports with photos and dully signed attendance sheets.							
Outcome 2							
Increased awareness of the target population on optimal nutrition and prevention of acute malnutrition with specific focus on pregnant and Lactating women and children between 0-59 months of age.							
Output 2.1							
Description							
The target beneficiaries have their knowledge on acute malnutrition and its preventive measures improved with specific focus on infant young child feeding.							
Assumptions & Risks							
- Security will be stable -Supplies for the activities will be adequately given by UNICEF Somalia.							
Activities							
Activity 2.1.3							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct three(3) days classroom and practical training on Nutrition health,hygiene promotion targeting 3 IYCF counselors and 6 nutrition health and hygiene promoters.The training will ultimate contribute to the enhancing the interpersonal communication and counseling skills of the target nutrition promoters and IYCF counselors thus effectively accelerating adoption of optimum behaviors by the target beneficiaries.							
Activity 2.1.1							
Standard Activity : Infant and young child feeding promotion							
Conduct community and facility-based IYC –E promotion in the health target facilities and at the community level. Nutrition workers including trained IYCF counselors and nutrition promoters will organize and conduct education sessions on IYCF, maternal nutrition and Nutrition health,hygiene promotion sessions targeting mothers and care takers of children between the ages of 6-59 months.5 sessions per site will be conducted per week per site targeting at least 20 persons thus 2700 care givers of children under the age of five years will be targeted for a period of 9 months.							
Activity 2.1.2							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct 2 days community dialogue and sensitization workshop on maternal child health and nutrition promotion targeting 100 persons including influential people,opinion leaders,grand mothers of women of child bearing age,pregnant and lactating women and religious leaders with aim of getting the participants opinions on malnutrition and health in general and sensitizing the target community on optimum health and nutrition behavior and practices.In total 60 women and 40 men will be targeted for this activity.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					2,700
Means of Verification : - IYCF reports -OTP reports							
Indicator 2.1.2	Nutrition	Number of community conversations/community dialogues conducted					1
Means of Verification : Event reports with photos and dully filled attendance sheets							
Indicator 2.1.3	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					6
Means of Verification : Training report							
Additional Targets : Commmunity members will also benefit from NHHP and IYCF promotion initiatives by CHWs							
M & R							
Monitoring & Reporting plan							

WRRS will have will have a clear monitoring and reporting system, as per the country level reporting system. The monitoring will be done regularly i.e weekly, monthly and quarterly for the program indicators and for UNICEF and WFP who will provide supplies , and also Bi annually and annually to SHF. means of verification will be used to check progress/completion of activities. Monitoring and reporting of the activities. This will be done by WRRS Monitoring and Evaluation Officer. Project team will generate information daily, then consolidate and share with M and E officer who will share with the project manager for wider circulation. At team level, monitoring will be done by the team leader. This information will also be used to improve the program by learning lessons of what was done well and showing areas of improvement. Information will also be shared during the cluster meetings as need arises. The same will periodically be shared with MoH authorities. Supporting documents will be collected and kept well.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Community nutrition workers and other nutrition workers will be tasked to undertake active case finding at community level by through routine screening using the standard anthropocentric measures to detect acutely malnourished children and link them to nutrition sites for management. 5200 will be screened under this activity.	2017				X	X	X	X	X	X	X	X	X
Activity 1.1.2: Provide treatment of severe acute malnutrition to 2100(1050 boys and 1050 girls) children between age of 6-59 months through two fixed sites and one mobile outreach team.	2017				X	X	X	X	X	X	X	X	X
Activity 1.1.3: Through out the program period provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 1250 eligible pregnant and lactating women through the one static OTP centre and the community outreaches.	2017				X	X	X	X	X	X	X	X	X
Activity 1.1.4: Conduct five days class room and practical training on the Management of acute malnutrition for nutrition staff to improve the skills and requisite competence of the target nutrition staff. In total 27 (18 men and 9 female) project staff will be trained.	2017				X								
Activity 2.1.1: Conduct community and facility-based IYC –E promotion in the health target facilities and at the community level. Nutrition workers including trained IYCF counselors and nutrition promoters will organize and conduct education sessions on IYCF, maternal nutrition and Nutrition health, hygiene promotion sessions targeting mothers and care takers of children between the ages of 6-59 months. 5 sessions per site will be conducted per week per site targeting at least 20 persons thus 2700 care givers of children under the age of five years will be targeted for a period of 9 months.	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.2: Conduct 2 days community dialogue and sensitization workshop on maternal child health and nutrition promotion targeting 100 persons including influential people, opinion leaders, grand mothers of women of child bearing age, pregnant and lactating women and religious leaders with aim of getting the participants opinions on malnutrition and health in general and sensitizing the target community on optimum health and nutrition behavior and practices. In total 60 women and 40 men will be targeted for this activity.	2017				X	X	X	X	X	X	X	X	X
Activity 2.1.3: Conduct three(3) days classroom and practical training on Nutrition health, hygiene promotion targeting 3 IYCF counselors and 6 nutrition health and hygiene promoters. The training will ultimate contribute to the enhancing the interpersonal communication and counseling skills of the target nutrition promoters and IYCF counselors thus effectively accelerating adoption of optimum behaviors by the target beneficiaries.	2017				X								

OTHER INFO

Accountability to Affected Populations

The project intends to involve the community in all stages of the program cycle, so that they understand the rationale behind decisions made. The project intends to use already existing community governance structures and use them as health committees. Health committees will be involved in recruitment of staff, community mobilization and monitoring of the project. Their presence will represent the interest and role of the community in successful completion of the project. The project will also have a feedback mechanism , from which complaints and comments from the community will be collected, and fed back to the same. This will be done in a highly confidential manner with very few staff in the management allowed to interact with this process. Complaints will be addressed immediately while compliments will also be shared with staff.

Implementation Plan

WRRS therefore intends to intervene with projects that deliver lifesaving to a community ravaged by drought . Life saving to save lives of nearly 1/5 of children(Boys and girls) 6 59 months and pregnant lactating women , who are acutely malnourished and at risk of either contracting diseases or dying due to malnutrition. This will be done through scaling up treatment of moderate acute malnutrition and both complicated and uncomplicated severe acute malnutrition. To increase access additional Mobile and fixed sites will be put in place. More community health workers and volunteers will also be employed to increase access, as they hail from the community and thus frequently interact with them, offering services as needed, and appropriately referring those who need specialized assistance. They also follow up those receiving services thus promoting use of health and nutrition services. The project will use the organisation's health facilities as fixed sites , so as to encourage integration. Prevention services will also be employed as a way of reducing incidence of malnutrition. These will include provision of micro nutrient to children 6-59 months and PLWs, Nutrition Health and hygiene promotion and IYCF support . The project will work with nutrition cluster partners to avoid overlapping and with health, WASH and food security partners to link beneficiaries to those projects as much as is possible.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	We will liase with them for supplies. We will also submit monthly reports and copperate as requested
Nutrition cluster	We will share information on events in the field and collaborate at that level.We will also share reports on monthly basis
MOH (Jubaland and federal)	Work together closely and share information as nutrition cluster partners working in the same district. We will also work together in initiation of projects
Internation organisation for migration (IOM) running heath projects	Coordinate with IOM . WRRS will refer patients referral to them and IOM to refer acutely malnourished patients to them
Save the children international (SC)	Share information and refer cases to one another.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

2b- The principal purpose of the project is to advance gender equality

Justify Chosen Gender Marker Code

The project will strive to consider gender in all areas of project development. More women will be employed than men because most interventions will be targeting care givers of children who are mostly women. The rest of the interventions will target women themselves, i.e the pregnant and lactating women (PLW). Besides these men and children will not be left out. The project will cosider their role in preventing malnutriton, and will be engaged in the same. Other community groups like religious leaders and local leaders will also be involved as per their role.

Protection Mainstreaming

Protection will he key in the project. We will ensure that girls and women that face abuse discovered in our centers get help. Our project will also treat all beneficiaries equally and protect the dignity of our beneficiaries.We will ensure that our project involves most community groups so as to demystify operations and avoid rumors of the projects' activities. We will also protect our staff by collecting security updates regulary and sharing with them in time so that they do not go to areas where their lives will be endangered.

Country Specific Information

Safety and Security

Our areas of operation are fairly safe and can be accessed by local employees; most whom come from the respective areas. Security updates will be collected and disseminated to staff on regular basis so as not to endanger their lives by allowing then go to insecure areas. The project staff live and work in their village of origin so will be safe when there is a threat.

Access

Dhobley and its environs are easy to access. Villages far away can be accessed by Vehicle.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration	% charged to CHF	Total Cost
1.1	Project coordinator	D	1	2,000.00	9	70.00	12,600.00
	<i>He/ She will be based in Nairobi and will be responsible for the overall project management including; providing technical backstopping, project staff training and management, preparation of donor reports and as well coordinating with the donor and stakeholders of the program to deliver highly effective program to the target beneficiaries. The project manager will be paid a total of \$2000 for 9 month all inclusive. He/she will give 70% of his time to this particular project.</i>						
1.2	Project Officer	D	1	1,600.00	9	100.00	14,400.00
	<i>The project officer will be a person with minimum education of degree in nutrition/public health and with extensive knowledge and experience in managing nutrition programs in complex environment like Somalia. He/ She will be tasked with running the day to day activities of the program; will be required to establish close working relationship with project staff and beneficiaries and report to the project coordinator routinely updating him/her on progress made and challenges facing implementation of the project. He/she will routinely undertake support supervision and monitoring visits providing technical support and on the job training to the project staff where necessary. Will be paid an all inclusive salary totaling @\$1600 per months for 9 months, SHF will pay 100% of the total cost.</i>						
1.3	Stabilisation center (SC) Doctor	D	1	1,400.00	9	100.00	12,600.00
	<i>One doctor will engaged for the entire project period to provide clinical services to children admitted in the Stabilisation center (SC) located in Dhobley. He/she will ensure children with complication admitted have their medical condition correctly diagnosed and appropriately treated based on integrated management of acute malnutroiton (IMAM)/Integrated management of childhood illnesses(IMCI) guidelines. He/she will paid @1400 per month for 9,SHF will pay 100% of the total cost.</i>						
1.4	Outpatient therapeutic feeding program (OTP) Nurses and Targeted supplementary feeding (TSFP) nurse. 1 each /per team	D	6	400.00	9	100.00	21,600.00

	<i>3 Outpatient therapeutic feeding program (OTP) nurses and 3 Targeted supplementary feeding (TSFP) P nurses will be employed who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patients medical records to ensure information is up to date for appropriate decision making. SHF will pay 100% of the salary.</i>						
1.5	Auxiliary nurses-1 per site	D	3	300.0 0	9	100.00	8,100.00
	<i>The auxiliary nurses will assist nurses in diagnosis and treatment of cases and appropriate follow up, they will equally identify and administer vaccines to eligible children under the age of five years. One per team will be paid @\$300 per month for 9 months, SHF will pay 100% of the total cost.</i>						
1.6	Infant and young child feeding (IYCF) counselors	D	3	400.0 0	9	100.00	10,800.00
	<i>Three Infant and young child feeding (IYCF) counselors will be employed for the project 1/team. They will report to the IYCF Supervisors and will be tasked with individual and group education and counseling of caretakers of children under five in the target camps using pre-designed and approved counseling cards. Will be paid @\$400 per month, SHF will pay 100% of the total project cost.</i>						
1.7	Nutrition health and hygiene promoters	D	3	400.0 0	9	100.00	10,800.00
	<i>Nutrition and hygiene promoters will be recruited from the target areas and well trained to provide preventive and promotive services at the community level. Their work will include; hygiene and sanitation promotion, child care, household water treatment, education on child and maternal nutrition, screening for malnutrition using mid upper arm circumference (MUAC) and edema test and referral of malnourished cases to relevant interventions. Will be paid all inclusive salary of \$400 per months for 9 months, SHF contributing 100% of the total cost.</i>						
1.8	Monitoring and evaluation officer	D	1	500.0 0	9	80.00	3,600.00
	<i>He/she will monitor the project to ascertain whether the project is progressing as required and give periodic reports on the progress. He will monitor all aspects of the project from staff attendance, performance indicators, achievement of objectives and use of supplies. He will also do a process evaluation and end term evaluation. He will be paid @\$500, SHF will pay 100% of the total cost.</i>						
1.9	Screeners	D	3	250.0 0	9	100.00	6,750.00
	<i>1 Screener / site will be recruited who will undertake screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the integrated management of acute malnutrition (IMAM) guidelines at a monthly all inclusive salary of @\$250, SHF will pay 100% of the total cost</i>						
1.10	Registrar	D	3	230.0 0	9	100.00	6,210.00
	<i>1 registrar per site will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient therapeutic feeding program (OTP) registers. SHF will contribute 100% of the total cost.</i>						
1.11	Distributors	D	3	150.0 0	9	100.00	4,050.00
	<i>Two persons will be employed to distribute plump nuts and as well control crowds during distribution days. He/she will be paid monthly salary of @\$150 per months for 9 months, SHF will pay 100% of the total cost.</i>						
1.12	Store keeper	D	1	200.0 0	9	100.00	1,800.00
	<i>The store keeper will work in the store under the logistic officer. He will be attached to the warehouse in Dhobley and his role will be to ensure the condition of the warehouse are up to standard, give stock status updates, dispense supplies on a daily basis, request for supplies in conjunction with the logistic officer, receive supplies and verify quantity once they arrive at the warehouse. Supplies in the store are of very huge quantity considering they will be for all three programs, i.e treatment of MAM and treatment of SAM (complicated and uncomplicated) Reporting to the logistics officer, he will in charge of the main WRRS nutrition warehouse in Afmadow. Will be tasked with ordering, receiving and releasing of nutrition supplies and keeping record to supply movement. Will ensure supplies are stored as per the required conditions and their potency maintained.</i>						
1.13	Logistics officer	D	1	500.0 0	9	100.00	4,500.00
	<i>The officer will work to ensure that vehicles and warehouse are well run. He will ensure that vehicles are well tracked, and move in scheduled times. In case there is need for vehicles, he will reorganise schedule to avail them. He will also oversee warehouse operations and ensure it is well maintained. He will request for supplies from the donor and ensure pipeline is continuous. The person will be paid 500 per month.</i>						
1.14	Guards	D	3	180.0 0	9	100.00	4,860.00
	<i>These will guard the facilities especially those with supplies. Facilities to be guarded are the warehouse and the stabilization center (SC). 1 day and night guard for the warehouse and 1 night guard for the stabilisation center (SC).</i>						
	Section Total						122,670.00
Supplies, Commodities, Materials							
2.1	Integrated program for acute malnutrition (IMAM) Training	D	1	3,122 .40	1	100.00	3,122.40
	<i>Five days class room and practical training on the Management of acute malnutrition for nutrition staff to improve the skills and requisite competence of the target nutrition staff. In total 27 (9 female and 18 male). training will be important in equipping the participants with knowledge and skill in management of malnutrition. See the attached BOQ for further details.</i>						

2.2	Water for site use	D	1	500.00	9	100.00	4,500.00
	<i>Water will be required for use in hand washing and drinking for beneficiaries and staff. Will also used by caregivers to feed therapeutic spread to their children as a test. a total of 300 beneficiaries in all sites will be served by the water per month. about 250 liters of water will be required for 3 teams per week.each liter cost USD 0.5</i>						
2.3	Nutrition health hygiene promotion (NHHP) training	D	1	1,012.20	1	100.00	1,012.20
	<i>3 days class room and practical training on nutrition health and hygiene promotion for infant and young child feeding (IYCF) and Nutrition health hygiene promotion (NHHP) officers to improve the skills and knowledge.In total 6 participants will be trained .Training will be important in equipping the participants with knowledge and skill in nutrition health and hygiene promotion at both community and facility level. See the attached BOQ for further details.</i>						
2.4	Community dialogue workshop	D	1	4,555.00	1	100.00	4,555.00
	<i>Conduct 2 days community dialogue and sensitization workshop on maternal child health and nutrition promotion targeting 100 persons including influential people,opinion leaders,grand mothers of women of child bearing age,pregnant and lactating women and religious leaders with aim of getting the participants opinions on malnutrition and health in general and sensitizing the target community on optimum health and nutrition behavior and practices.In total 60 women and 40 men will be targeted for this activity. See the attached BOQ.</i>						
2.5	Patient cards	D	10000	0.30	1	100.00	3,000.00
	<i>these will be used to store patients information and to monitor progress.</i>						
	Section Total						16,189.60
Travel							
5.1	Travel program manager - Nairobi to field for supervision	D	2	900.00	1	100.00	1,800.00
	<i>2 visits will be undertaken by the program manager to assess progress made and provide technical support to the field team. Cost includes DSA and travel costs. See the detailed budget.</i>						
5.2	Vehicles Hire	D	2	1,800.00	9	100.00	32,400.00
	<i>2 vehicles will be rented for a period of 9 months. The vehicles will be used by the mobile team to facilitate transport to reach out to target villages with treatment of acute malnutrition and will also be used refer cases to the stabilization centre. 1 vehicle /mobile team. They will also be used for general project supervision and and monitoring. Rent will be at a cost of \$1800 per months for 9 months including fuel, driver's salary and maintenance .SHF will pay the entire cost.</i>						
	Section Total						34,200.00
General Operating and Other Direct Costs							
7.1	Office rent	D	1	500.00	9	50.00	2,250.00
	<i>Rental charges for the coordination office in Afmadow, this project will cover 50% of the total cost.</i>						
7.2	Communication	D	1	180.00	9	50.00	810.00
	<i>This cost will cover telephone and internet charges per month. Telephone will be used by the administrative team to communicate to field staff. Team leaders will also be given airtime to communicate to the office to give daily updates on undertakings. They will also report emergencies. Internet and telephone will also be used to communicate internally and with the donor and other stakeholders, internet and telephone will be used to facilitate this function.</i>						
7.3	Utilities Cost	D	1	270.00	9	50.00	1,215.00
	<i>Cost of running water and electricity for the main office. Electricity will be used to facilitate office operations that need lighting and power. Water will be used for cleaning, other sanitation uses and for drinking for staff. See the attached BOQ.</i>						
7.4	stationary Suppliers	D	1	382.00	1	100.00	382.00
	<i>For office stationary to facilitate office work.Please see the BOQ</i>						
	Section Total						4,657.00
SubTotal				10,045.00			177,716.60
Direct							177,716.60
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							12,440.16
Total Cost							190,156.76

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Afmadow -> Dhobley	100	140	2,760	2,600	2,600	8,100	

Documents

Category Name	Document Description
Budget Documents	BoQ 30-01-17.xls
Budget Documents	WRRS_SHF_BoQ 30-01-17 (1).xls
Budget Documents	WRRS_SHF_BoQ 30-01-17 (1).xls
Budget Documents	FINAL BOQ 02-03.xls
Budget Documents	FINAL BOQ 03-03.xls
Budget Documents	FINAL BOQ 05-03.xls
Budget Documents	Revised FINAL BOQ 06-03.xls
Budget Documents	Revised FINAL BOQ 06-03.xls
Revision related Documents	FINAL BOQ.xls
Grant Agreement	HC signed WRRS GA 4538.pdf