

Requesting Organization :	World Vision Somalia	
Allocation Type :	Reserve 2016	
Primary Cluster	Sub Cluster	Percentage
Nutrition		100.00
		100
Project Title :	Nutrition intervention for the drought response in Garowe and Burtinle	
Allocation Type Category :		

OPS Details			
Project Code :		Fund Project Code :	SOM-16/2470/R/Nut/INGO/2486
Cluster :		Project Budget in US\$:	250,705.68
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/05/2016	Planned End Date :	31/10/2016
Actual Start Date:	01/05/2016	Actual End Date:	31/10/2016

Project Summary : Based on the drought situation in Northern Somalia and in alignment with the Nutrition Cluster's Strategic Response Plan, WV is proposing a scale up on the nutritional services in Garowe and Burtinle Districts of Nugal Region, Puntland. The scale up will be done through scaling up the scope and depth of the current nutrition programming being implemented by WV in the targeted districts, UNICEF EPHS and WFP TSFP. This will include the addition two mobile teams will be mobilized to reach remote communities that are currently not receiving services and four EPHS health centers will be provided with an additional nurse to support the increased SAM caseload. Community outreach (mobilization, screening, referral and follow up of malnutrition cases) will be done by Community Nutrition Workers supported and trained by this project. World Vision will implement this project with support from Ministry of Health and UNICEF. A detailed monitoring plan has been established to ensure a quality and timely humanitarian response.

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
345	1,205	500	500	2,550

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	500	500	1,000
Trainers, Promoters, Caretakers, committee members, etc.	312	168	0	0	480
Women of Child-Bearing Age	0	1,000	0	0	1,000
Staff (own or partner staff, authorities)	33	37	0	0	70

Indirect Beneficiaries :
 Indirect beneficiaries will include all the children U5 (62,333) and all pregnant and lactating women (12,467) within Garowe and Burtinle Districts. Furthermore, there will be fathers and other members of the targeted households who benefit indirectly from this project.

Catchment Population:
 The population for Garowe is estimated at 246,702 while Burtinle is 64,963 giving a total population of 311,665

Link with allocation strategy :
 Funding from the 2016 Reserve for Somalia should be used to fund this grant due to the urgent humanitarian needs in Garowe and Burtinle Districts of Nugal Region, Puntland. According to the Nutrition Cluster, Garowe is a Hot Spot #1 Priority District and Burtinle is a Hot Spot #3 Priority District. However, as indicated below, over 86% of the OTP admissions in the last three months at EPHS health centers supported by WV in Burtinle and Garowe have been in Burtinle District. Additionally, in Garowe District, the OTP admissions have been extremely low due to lack of community awareness around malnutrition and community outreach. As the SAM rate in Garowe is high, it is essential that vulnerable communities (especially IDPs) are accessing the nutrition services they need.

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
Napoleon Phiri	Operations Director	napoelon_phiri@wvi.org	+254706164100
Patricia Gimode	Humanitarian & Emergency Affairs Manager	Patricia_Gimode@wvi.org	+ 254 722 361 607

BACKGROUND**1. Humanitarian context analysis**

Despite above average rainfall in Somalia overall due to the El Nino conditions (increased and prolonged rainfall that surpasses the normal expected rains), many parts of Puntland and Somaliland currently face drought due to water shortages (Somalia Humanitarian Snapshot, 12 February 2016). Puntland has missed two rainy seasons and this dry season (Jilaal) has hit exceptionally hard. Many parts of Puntland and Somaliland, including Nugaal region of Puntland (target location for this project) are Crisis (IPC Phase 3) while some parts of Bari in Puntland, Sanaag, Sool, Woqooyi and Awdal in Somaliland are classified as Emergency (IPC Phase 4). Most of rural and pastoral settlements continue to face severe water shortage, especially those settlements that depend on Berkads. Water shortages affect personal consumption, while also impacting crop and livestock production. More than 70% of the population currently lack access to clean drinking water. Additionally, the cereal harvest is at a low – in the Northwest Agropastoralist livelihood, it is 87% lower than the five year average (2010 -2014). Water scarcity for animals has also resulted to loss and reduced health of livestock which has had direct consequences in reduction of milk production. One of the main causes of malnutrition is the frequency of and lack of dietary diversity in meals. Of the approximately 510,000 drought affected people in Somaliland and Puntland (215,000 in Puntland), 304,700 of them are children who are acutely malnourished (representing 12% of the total population of children under 5). The Nutrition Cluster estimates that 23,000 children under the age of five in Puntland are acutely malnourished (Interagency Drought Assessment in Puntland Report, 2015). Malnutrition rates in hard hit areas have doubled to 18% GAM, which has resulted in a steady increase in caseloads of malnourished children admitted into nutrition centers in Puntland since July 2015. As a result of the ongoing drought, the Puntland President sent out an appeal on 5 February 2016 to respond to the drought emergency affecting several regions including Nugal, Bari, Karkaar, Sanaag, and Sool. It is assumed that these conditions will maintain at least through mid-2016, which will result in a worsening of the current nutritional situation.

2. Needs assessment

Nutrition Cluster estimate based on the latest survey findings, 22,950 children under the age of five are also estimated to be acutely malnourished in Puntland (Nutrition Cluster Update, February 3, 2016). Nugal comprises of two main livelihoods, Hawd & Northern Inland Pastoral. According to the most recent FSNAU report (Feb 2016), in Hawd Livelihood Zone the GAM and SAM rates are 12% and 2.8 respectively (Serious). While the Northern Inland Pastoral livelihood is indicated as Alert for GAM Nutritional Situation, with Garowe Urban and IDPs highlighted as Serious and Critical respectively. Due to the high malnutrition rates, the Nutrition Cluster has identified Garowe as Hotspot Priority #1 District and Burtinle as Hotspot Priority #3 District. IDP communities have been especially hit by the drought. Garowe IDPs have reported Critical GAM rates in almost all of the past seven seasonal assessments (conducted twice a year) have reported Critical GAM rates amongst (FSNAU Feb 8 2016). Currently the GAM rate in Garowe IDPs is at 19.5%, while the SAM rate is 3.8% (FSNAU Feb 8 2016). In the implementation of EPHS in Garowe, the OTP admission rates have been significantly lower than bordering Burtinle. Of all the registered OTP admission at EPHS facilities in Garowe and Burtinle, 87% have been in Burtinle District. It is observed by the WV project team that the IDP communities are not accessing services due to lack of awareness or understanding the importance of obtaining nutritional support. Additionally, the high levels of OTP caseload in Burtinle have been due to the disadvantaged IDP communities who have little access to humanitarian support. Furthermore, the water source is unclean which has resulted in increased cases of diarrheal diseases in children under five years of age, resulting in dehydration and malnutrition. Furthermore, the coverage of nutrition services is focused in the urban centers of both districts, where health centers provide integrated OTP services. Through the EPHS project in Burtinle and Garowe, there are two mobile teams that provide integrated OTP and immunization support to rural communities. These teams are able to cover eight of the 11 Primary Health Units (basic health facilities, with minimal service provision), leaving the other rural PHUs without access to nutritional services. Additionally, only 14 of the 24 WFP TSFP sites are being covered by OTP services. Hence, in rural communities access to nutritional services is low.

3. Description Of Beneficiaries

The direct beneficiaries of this project include children under five years of age, their caregivers, service providers and community leaders. This responses will target specifically children under five and their caregivers (mostly women of the childbearing age) from the general population and the IDP communities in Garowe and Burtinle Districts. 1000 children under five years of age (500 boys and 500 girls) will be the primary target due to the nature of OTP programming. The children under five beneficiaries were calculated based the number of affected children in the Nutrition Cluster determination of case load. The number of affected children was used instead of the caseload due to the duration of the project. Additionally, the 1000 care givers (mainly women of the child bearing age) of the severely acute malnourished children will be targeted with nutrition (inclusive of IYCF), health and hygiene education. Educating the caregiver is essential to ensure that the treatment protocol is adhered to and that healthy habits are established to prevent malnutrition in the future.

70 service providers (33 men and 37 women), including 12 nurses and 58 Community Health Workers, and 480 community leaders (312 men and 168 women) will be targeted through capacity building activities.

In addition, there will be a wide range of indirect beneficiaries including the health children under the age of five and their caregivers, the fathers and other member of the SAM cases, and other service providers at targeted health centers.

4. Grant Request Justification

Addressing the nutritional needs of the community is a reactive response to the humanitarian situation. Early detection and treatment of malnutrition can lead to reduced risk of morbidity and mortality during a particularly difficult situation. WV has proposed different solutions to ensure This project will focus on increasing access to nutrition services through mobile teams and health facilities and strengthening the capacity of community health workers and Ministry of Health to manage and prevent cases of acute malnutrition. Some of the activities include:

- Treatment of severe acute malnutrition in children under five years of age
- Community screening and referral of children U5 with malnutrition
- Nutrition (inclusive of IYCF), Health and Hygiene promotion
- Capacity building of community leaders, community health workers and nutrition service providers

Based on the different needs addressed above, different interventions will be provided. The whole districts will benefit from increased awareness raising and active community level case detection, which has been identified as a shortfall throughout the current EPHS programming. Additionally, the IDP communities will be prioritized through increased availability of service provision in their health centers and through intensified community outreach by the Community Health Workers and the health facility staff. Finally, the rural communities will be targeted through an increased number of mobile teams, which will bring service provision to remote communities in both districts. Through this project, in coordination with the EPHS programming and the WFP Nutrition programming, all of the nutritional needs of the targeted districts should be addressed. The activities align to the Nutrition Cluster Strategic Plan and their objective of reducing nutrition related morbidity and mortality rates to below emergency thresholds

5. Complementarity

This proposed project will be operational in the same districts that WV implements the EPHS with funding from UNICEF. This project will support additional 2 mobile health teams that will complement the existing 3 mobile teams, under the EPHS project. Additionally, it will provide support to the EPHS supported health centers that have the highest caseload of OTP patients. Finally, it will complement the EPHS by adding Community Health Workers to support the community mobilization and behavior change, which is not addressed through this specific EPHS project. Additionally, it will complement the SHF Health funding for Garowe, Dangorayo and Eyl that has already been preselected by the Health Cluster. This project will provide training on mobilization, screening and referral, along with IYCF for the CHWs mobilized under the SHF Health Project. Respectively, under the SHF Health Project the CHWs will be trained on health promotion and outreach. In addition to the EPHS, WV is also implementing the WFP Nutrition (TSFP) at 24 sites in Garowe and Burtinle. In selecting the targeted villages, those that already have TSFP programming were identified as priority districts. Furthermore, some of the CHWs that will be mobilized for this project have also been supporting the TSFP project. There will be an active referral system between OTP impended through this project and through EPHS, the 24 TSFP sites and the two stabilization centers supported by EPHS. As this project is will be a short term relief for the current humanitarian crisis, the ongoing programming will continue to support the targeted districts after the termination of this project.

LOGICAL FRAMEWORK

Overall project objective

Contribute towards the reduction of child morbidity and mortality among children U5 through CMAM programming in Garowe and Burtinle Districts of Nugal Region, Puntland

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds	Somalia HRP 2016	100

Contribution to Cluster/Sector Objectives : This project is in direct alignment with the Nutrition Cluster SRP, especially the Cluster Strategy and Priority Activities. This project will focus on the following strategy points from the SRP:

- (1) Integrated into the health system – WV is implementing the EPHS in Garowe and Burtinle. This project will support the EPHS facilities by adding an additional nurse to facilities with a high caseload and active case finding and referral for IDP communities within the catchment of a health facility.
- (2) Community based service delivery mechanism – In order to ensure that the most vulnerable communities are receiving services, this project will support two additional mobile teams. These teams will be supported by CHWs who will mobilize, screen, refer and follow up with malnourished children and their families.
- (3) Active case finding – the Community Health Workers will be essential in the active case finding of patients.

Furthermore, the all of the priority activities will be addressed through this approach, including identification and treatment of acutely malnourished children, micro nutrient support for children, integrated Nutrition, Health and Hygiene Promotion (NHHP) and Infant and Young Child Feeding (IYCF) promotional support. This is described in more detail in the below activities.

Additionally, this project is in alignment with the Cluster Rationalization Plan, where WV is indicated as the lead implementing agency for nutrition activities for Garowe and Burtinle. WV will also utilize the standardized reporting mechanism designed and led by UNICEF for this project.

Outcome 1

Rate of acute malnutrition reduced in children aged 6-59 months

Output 1.1

Description

Increase access to nutrition services through mobile teams and health facilities

Assumptions & Risks

Not all mothers have access to the health facilities, which will be served by the mobile team

Security situation will allow mobile teams to access targeted villages

OTP treatment protocol will be followed by mothers of children in treatment and health care providers

No stock outs of nutrition supplies during the duration of the project.

Activities

Activity 1.1.1

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

1000 children U5 (500 girls, 500 boys) will be treated for severe acute malnutrition through support provided by this project. In addition to the EPHS, this project will support two mobile teams and 4 health facilities. There will be one mobile team in Garowe and one in Burtinle that will visit a total of 10 target villages weekly to provide OTP services, including screening, treatment and referral. The mobile teams will comprise of four nurses: one for screening and referral, one for treatment of common diseases associated with malnutrition and two for admission and treatment. The teams and the fixed facilities will be monitoring on the following SPHERE indicators: <75% cured, >15% defaulters, >5% deaths out of total exits.

Additionally, the four health centers (supported under the EPHS) that are receiving the highest number of SAM caseload will be supported with one additional nurse. The facilities receiving additional support will be: Gargaar and Gambol in Garowe District and Kalkaal and Shafie in Burtinle District. These nurses will support the already engaged EPHS nurse in the daily screening, treatment and referral to IMAM services, while admitting and providing treatment to children in OTP. All the nurses (mobile and health center) will be seconded from the Ministry of Health.

The treatment will be in alignment with the Ministry of Health/UNICEF OTP Guidelines for Somalia. The teams and the fixed facilities will be monitoring on the following SPHERE indicators: <75% cured, >15% defaulters, >5% deaths out of total exits. Children who have defaulted from the program will be followed up by the Community Nutrition Worker (CNW) who will be engaged and trained by this project.

The plumpy nut and other nutrition supplies will be provided by UNICEF and through WV Gift-in-Kind. Additionally, a small budget line has been established for the purchase of medical and nutritional supplies, to ensure that there is no supply shortage which could result stopped services. Additionally, CSB (Corn Soya Blend) will be procured and distributed to families of children with SAM. The family ration of CSB will ensure that children follow the treatment protocol by ensuring that plumpy nuts are not shared within the household. It will also help prevent malnutrition in other family members.

Activity 1.1.2

Standard Activity : Infant and young child feeding promotion

Infant and Young Children Feeding promotion will be conducted at the household and OTP site levels. The CNWs will be trained on IYCF, which will allow them to provide messaging at households and within small groups within the community during their community mobilization and screening. Additionally at the OTP sites, promotion sessions will be conducted by the mobile teams and the health center nurse. The MoH seconded staff will be trained by WV at the start of the project. The messaging from several sources will be an essential validation mechanism for the information provided -- health care providers and community workers have different levels of influence. During the duration of the project, 240 IYCF promotional sessions will be conducted (1 session per day of work for each of the two mobile teams and four health facilities), all 1,000 targeted caregivers will benefit at least once from these sessions.

Activity 1.1.3

Standard Activity : Nutrition health and Hygiene promotion

Much like the IYCF sessions, the Nutrition, Health and Hygiene Promotion sessions will be conducted in the communities by the CNWs and at OTP sites by the nurses. Both the CNWs and the nurses will be trained on IYCF and to effectively create behavior change within the community. During the duration of the project, 240 promotional sessions will be conducted (1 session per day of work for each of the two mobile teams and four health facilities), all 1000 targeted caregivers will benefit at least once from these sessions.

Activity 1.1.4

Standard Activity : Supplementation Vitamin A

1000 children U5 (500 girls, 500 boys) will be provided with basic health services, as part of the OTP protocol, including deworming and Vitamin A. These supplies will be provided through UNICEF, WV Gift in Kind and through the supplies purchased in this project

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) admitted in OTP treatment program					1,000
Means of Verification : OTP Register OTP Summary Sheet Monthly Project reports							
Indicator 1.1.2	Nutrition	Number of IYCF promotion sessions held					240
Means of Verification : IYCF Register Monthly Project Reports							
Indicator 1.1.3	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					240
Means of Verification : Health Education Register Monthly Project Reports							
Indicator 1.1.4	Nutrition	Number of boy and girls (6-59 months) provided with Vitamin A supplements					1,000

Means of Verification : OTP Register

OTP Summary Sheet

Monthly Proje

Output 1.2**Description**

Strengthened capacity of health workers from communities and Ministry of Health to manage and prevent cases of acute malnutrition

Assumptions & Risks

Security deteriorates and there is no escalation to allow continuous access for international staff

Activities**Activity 1.2.1****Standard Activity : Capacity building**

IYCF training will be provided to 70 health care providers (including 12 nurses & 58 CHWs). 5 day training of 58 Community Health Workers (29 women, 29 men) on Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene Promotion (NHH). 48 CHWs will be directly supporting the OTP services provided by this project and the EPHS project, while the remaining 10 CHWs will supporting the locations targeted by the WV Health SHF project in Garowe. All of the 58 CHWs will be trained for 5 days. This training will provide CHWs with the necessary capacity to provide IYCF promotion to the mothers of malnourished and non-malnourished children.

Additionally, 12 nurses (8 women, 4 men) from the targeted fixed facilities and the mobile teams will be trained for 3 days on IYCF and NHH. This will support the nurses in providing quality education during the day-to-day engagement with patients and caregivers, along with the health education sessions that will be conducted at the OTP sites.

Both trainings will be done in alignment with the IYCF Guidelines

Activity 1.2.2**Standard Activity : Capacity building**

IMAM Training will be provided to 70 health care providers (including 12 nurses & 58 CHWs). 58 CHWs (29 women, 29 men) will be trained for 4 days on mobilization, screening and referral for IMAM. This will allow CHWs to mobilize, screen and refer communities in Garowe and Burtinle to nutrition services provided by this project or through the EPHS static health centers and mobile teams.

12 nurses (8 women, 4 men) from the fixed facilities and the mobile teams will be trained for 4 day on IMAM to ensure proper treatment of SAM cases

Both trainings will be done in alignment with the OTP guidelines

Activity 1.2.3**Standard Activity : Capacity building**

Through two-- half day meetings with 20 community leaders and key influencers (13 men, 7 women) in the 24 targeted communities, awareness will be raised around the programming that is being done within the communities and feedback will be provided about the program. The awareness raising component will be crucial at the start of the project to ensure that communities understand what services are being provided and what they should expect from WV as the implement. Furthermore, the secondary meeting will be essential for the M&R Plan, as feedback will be provided on the program being implemented.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					70

Means of Verification : Training Report

Attendance Lists

Indicator 1.2.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene (NHH) Promotion					70
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Means of Verification : Training Reports

Participants List

Indicator 1.2.3	Nutrition	Number of community meetings conducted					48
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Means of Verification : Meeting minutes

Participants Lists

Additional Targets :**M & R****Monitoring & Reporting plan**

This project will have a multi-faceted monitoring and reporting system, which will align with the country level reporting system, WV M&E systems, along with the needs of the project, including the donor requirements. Additionally, there will be space for beneficiary, community and government involvement in the monitoring system. The monitoring and supportive supervision will happen daily, monthly and quarterly by different actors and in different forums.

Field supervision will happen daily by the Project Assistant, who will directly support the CHWs and the mobile team, monthly by the Nutrition Project Officer, who will identify technical and programmatic issues and support the team in providing solutions, and quarterly by the Health and Nutrition Project Manager, who will follow up on the overall technical and programmatic quality of the implementation. The Program Officer will visit the project based on the needs identified in the monthly programmatic reports. The project log-frame as well as quarterly work plans and phased budgets linked with activities will be used as a primary tool for this monitoring. Furthermore, the Ministry of Health at the District, Regional and Central levels will monitor the project quarterly to ensure quality implementation of all programming, along with functionality of MoH seconded staff, and alignment with the OTP Guidelines. The results of all the monitoring visits will be discussed during quarterly review meetings with community leaders and the Ministry of Health to ensure all issues are identified and addresses effectively and efficiently. All monitoring visits will be done, when possible, in alignment with the EPHS programming that is already ongoing.

Financial monitoring of the project will take place immediately by the Project Manager who approves advances and expenses in alignment with the project budget, by the Financial and Support Services Manager who validates receipts and back up documentation in order to facilitate payment, and finally by the Grant's Accountant who will ensure expenditures are in alignment with donor regulations and generate donor financial reports. World Vision has an internal auditors who ensures that the internal controls and policies are followed during the project implementation period and follows up on any matters that are identified.

The project will institute a participatory M&E system to track progress against stated outcomes of the project, document lessons learnt and best practices to be fed back into the implementation and planning cycle. All key stakeholders including government representatives, community members and beneficiaries will be involved in monitoring. The qualitative feedback from different stakeholders and the communities, along with project data will result in narrative reports. Project progress will be reported on monthly and quarterly basis to ensure the achievement, and measurement of out-comes against the set objectives. Monthly nutrition data will be submitted to UNICEF in alignment with the nationwide data collection strategy. Narrative and financial reports will be prepared and shared for timely dissemination to the donor. The reports will outline activities undertaken and accomplished during the reporting period, financial expenses, achievements to date and constraints faced.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
<p>Activity 1.1.1: 1000 children U5 (500 girls, 500 boys) will be treated for sever acute malnutrition through support provided by this project. In addition to the EPHS, this project will support two mobile teams and 4 health facilities. There will be one mobile team in Garowe and one in Burtinle that will visit a total of 10 target villages weekly to provide OTP services, including screening, treatment and referral. The mobile teams will comprise of four nurses: one for screening and referral, one for treatment of common diseases associated with malnutrition and two for admission and treatment. The teams and the fixed facilities will be monitoring on the following SPHERE indicators: <75% cured, >15% defaulters, >5% deaths out of total exits.</p> <p>Additionally, the four health centers (supported under the EPHS) that are receiving the highest number of SAM caseload will be supported with one additional nurse. The facilities receiving additional support will be: Gargaar and Gambol in Garowe District and Kalkaal and Shafie in Burtinle District. These nurses will support the already engaged EPHS nurse in the daily screening, treatment and referral to IMAM services, while admitting and providing treatment to children in OTP. All the nurses (mobile and health center) will be seconded from the Ministry of Health.</p> <p>The treatment will be in alignment with the Ministry of Health/UNICEF OTP Guidelines for Somalia. The teams and the fixed facilities will be monitoring on the following SPHERE indicators: <75% cured, >15% defaulters, >5% deaths out of total exits. Children who have defaulted from the program will be followed up by the Community Nutrition Worker (CNW) who will be engaged and trained by this project.</p> <p>The plumpy nut and other nutrition supplies will be provided by UNICEF and through WV Gift-in-Kind. Additionally, a small budget line has been established for the purchase of medical and nutritional supplies, to ensure that there is no supply shortage which could result stopped services. Additionally, CSB (Corn Soya Blend) will be procured and distributed to families of children with SAM. The family ration of CSB will ensure that children follow the treatment protocol by ensuring that plumpy nuts are not shared within the household. It will also help prevent malnutrition in other family members.</p>	2016					X	X	X	X	X	X		

Activity 1.1.2: Infant and Young Children Feeding promotion will be conducted at the household and OTP site levels. The CNWs will be trained on IYCF, which will allow them to provide messaging at households and within small groups within the community during their community mobilization and screening. Additionally at the OTP sites, promotion sessions will be conducted by the mobile teams and the health center nurse. The MoH seconded staff will be trained by WV at the start of the project. The messaging from several sources will be an essential validation mechanism for the information provided -- health care providers and community workers have different levels of influence. During the duration of the project, 240 IYCF promotional sessions will be conducted (1 session per day of work for each of the two mobile teams and four health facilities), all 1,000 targeted caregivers will benefit at least once from these sessions.	2016					X	X	X	X	X	X		
Activity 1.1.3: Much like the IYCF sessions, the Nutrition, Health and Hygiene Promotion sessions will be conducted in the communities by the CNWs and at OTP sites by the nurses. Both the CNWs and the nurses will be trained on IYCF and to effectively create behavior change within the community. During the duration of the project, 240 promotional sessions will be conducted (1 session per day of work for each of the two mobile teams and four health facilities), all 1000 targeted caregivers will benefit at least once from these sessions.	2016					X	X	X	X	X	X		
Activity 1.1.4: 1000 children U5 (500 girls, 500 boys) will be provided with basic health services, as part of the OTP protocol, including deworming and Vitamin A. These supplies will be provided through UNICEF, WV Gift in Kind and through the supplies purchased in this project	2016					X	X	X	X	X	X		
Activity 1.2.1: IYCF training will be provided to 70 health care providers (including 12 nurses & 58 CHWs). 5 day training of 58 Community Health Workers (29 women, 29 men) on Infant and Young Child Feeding (IYCF) and Nutrition, Health and Hygiene Promotion (NHH). 48 CHWs will be directly supporting the OTP services provided by this project and the EPHS project, while the remaining 10 CHWs will supporting the locations targeted by the WV Health SHF project in Garowe. All of the 58 CHWs will be trained for 5 days. This training will provide CHWs with the necessary capacity to provide IYCF promotion to the mothers of malnourished and non-malnourished children. Additionally, 12 nurses (8 women, 4 men) from the targeted fixed facilities and the mobile teams will be trained for 3 days on IYCF and NHH. This will support the nurses in providing quality education during the day-to-day engagement with patients and caregivers, along with the health education sessions that will be conducted at the OTP sites. Both trainings will be done in alignment with the IYCF Guidelines	2016					X							
Activity 1.2.2: IMAM Training will be provided to 70 health care providers (including 12 nurses & 58 CHWs). 58 CHWs (29 women, 29 men) will be trained for 4 days on mobilization, screening and referral for IMAM. This will allow CHWs to mobilize, screen and refer communities in Garowe and Burtinle to nutrition services provided by this project or through the EPHS static health centers and mobile teams. 12 nurses (8 women, 4 men) from the fixed facilities and the mobile teams will be trained for 4 day on IMAM to ensure proper treatment of SAM cases Both trainings will be done in alignment with the OTP guidelines	2016					X							
Activity 1.2.3: Through two-- half day meetings with 20 community leaders and key influencers (13 men, 7 women) in the 24 targeted communities, awareness will be raised around the programming that is being done within the communities and feedback will be provided about the program. The awareness raising component will be crucial at the start of the project to ensure that communities understand what services are being provided and what they should expect from WV as the implement. Furthermore, the secondary meeting will be essential for the M&R Plan, as feedback will be provided on the program being implemented.	2016					X			X				

OTHER INFO

Accountability to Affected Populations

Complaints and feedback mechanisms will be used such as: suggestion boxes at selected OTP sites, community meetings and complaint log books. Through these mechanisms, collection and processing community feedback will greatly improve accountability to communities. This will strengthened WV Somalia relationships with communities. The different methods of receiving feedback and complaints from communities will influenced beneficiaries to scrutinize our work and they then receive improved service delivery. Also through the feedback mechanisms, communities will be empowered.

Implementation Plan

The project will be implemented in its entirety by World Vision, but will work in close collaboration with the Ministry of Health. All of the nurses for the mobile teams and fixed facilities will be seconded from the Ministry of Health, as per the Memorandum of Understanding between the two entities. Ministry of Health will be provided funding to pay the incentives of the seconded staff, after which all necessary documentation will be provided to WV, who will ensure the appropriate utilization of funding. Additionally, WV will coordinate with UNICEF, who will provide all the necessary nutritional supplies, through the provision of monthly OTP data from the OTP sites and UNICEF verification of the technical soundness of the project. As Save the Children is also implementing CMAM programming in Garowe Town, WV will work closely with them in order to ensure complementarity and resolve any issues as quickly as possible.

World Vision has detailed structures in place to ensure quality programmatic and financial implementation of the project. The programmatic implementation is led by the Project Manager, who is directly supported by the Nutrition Project Officer and Project Assistant. The Project Manager has the overall responsibility of the quality (technical, on-time and on-target) implementation of WV's Health and Nutrition Program in Garowe. The Nutrition Project Officer leads the implementation of all nutrition projects within the region, ensuring the technical and programmatic accuracy of the project. S(he) takes responsibility of implementing high level activities, such as trainings, coordination and review meetings, while consolidating data and drafting all project reports. The Project Assistant is supervised by the Project Officer and implements village level activities, with a focus on the CHWs and the mobile teams. Additional support is also provided the Program Officer, along with the Technical Advisor and the M&E Officer, all based in Nairobi. The Nairobi support teams reviews all project reports and monthly data reports and when necessary travels to the project site for additional supervision. All challenges are escalated from the Project Assistant to the Project Officer to the Project Manager or from the Nairobi support team to the Project Manager. When necessary, challenges are reported the Program Officer, who shares with the donor. The Project Manager, with the support of the Technical Assistant and Program Officer, finds solutions to all relevant issues and ensures issues are addressed by the project team accordingly.

The financial management of the project is led by the Finance and Support Services Manager, with the support of the Project Manager and Grant's Accountant. The Project Manager approves advances and expenses in alignment with the project budget. Then the Finance and Support Services Manager facilitates payment, through the valuation of receipts and back-up documentation. Finally all expenditures are verified by the Grant's Accountant to ensure validity within the donor regulations. When internal controls and policies are not followed, the auditor will conduct a thorough investigation. The detailed structures and support mechanisms will lead to the quality and timely implementation of this project.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	The implementation and provision of nutrition services is an important component of MoH's mandate. All of the nurses for the mobile teams and the fixed facilities will be hired by the Ministry of Health (with significant support from WV) and seconded to World Vision for the purpose of this project. Additionally, MoH will play an important role in technical supervision and community engagement.
UNICEF	UNICEF will provide plumpy nuts and other nutritional supplies for the implementation of this project. All OTP data will also be submitted to UNICEF, in alignment with their mandate.
Save the Children	WV will coordinate closely with Save the Children in the selection of OTP sites in Garowe to ensure that there is no duplication of services.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

This project is designed to target both women and men, boys and girls therefore significantly contributing to gender equality. Children and women being the main beneficiaries and men being part of the care givers and decision makers at household level. All genders will be treated equally deserving to the various roles they play in the community.

Protection Mainstreaming

Considerations of safety and dignity have been taken seriously. An advantage of employing mobile teams is that it reduces the distance that the beneficiaries have to walk to access services. This ensures that they are safe and are served in dignity. Both host community and IDPs will be targeted in this project therefore reducing the conflict over service provision that may come about by targeting one group only.

Country Specific Information

Safety and Security

WV Security Advisor shares weekly security and safety briefs to all staff. Additionally, staff go through mandatory in house security training at scheduled intervals. During field trips, staff are accompanied by armed security personnel. Both Garowe and Burtnile districts have been cleared as 'safe' operational areas.

Access

World Vision is currently operational in both Garowe and Burtnile so access to project sites is assured.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Project Manager	D	1	8,800.00	6	1500.00 %	7,920.00
	<i>Overall managing the project and tracking the implementation activities on the ground</i>						
1.2	Programme Officer	D	1	8,500.00	6	1500.00 %	7,650.00
	<i>This Nairobi based position, supports and monitors the project from a donor perspective to ensure donor requirements are fulfilled, including extensive field travel. Attends Health & Nutrition coordination mechanisms in Nairobi (including the Health Cluster)</i>						
1.3	Nutrition Project Officer	D	1	1,050.00	6	10000.00 %	6,300.00
	<i>Coordinates all nutrition activities, collects and consolidates data and develops draft reports, implements central level and technical activities, such as trainings and review meetings</i>						
1.4	Project Assistant III (community mobilizer)	D	1	958.00	6	10000.00 %	5,748.00
	<i>Day to day coordination and supervision of activities at field level, especially of the mobile teams and the CHWs</i>						
1.5	Finance and Support Services Manager	S	1	8,800.00	6	1000.00 %	5,280.00
	<i>Responsible for day-to day financial reporting of expenditures of the project, while supporting the field team in making of payments. This position is based in Hargeisa</i>						
1.6	Grants Accountant	S	1	3,500.00	6	1000.00 %	2,100.00
	<i>Ensure that the donor's financial regulations are adhered to, while addressing any audit or financial reporting requirements established by the donor.</i>						
1.7	Supply Chain Manager	S	1	4,536.00	6	1000.00 %	2,721.60
	<i>Ensure that high quality supplies are procured at the best value for money and transported in a timely to the targeted project</i>						
1.8	Operations Manager	S	1	10,000.00	6	500.00%	3,000.00
	<i>Oversees the whole Northern Somalia Program, ensuring integration and collaboration between other nutrition projects in different zones and other sector projects in the same districts. Responsible for the safety and security of all staff.</i>						
	Section Total						40,719.60
Supplies, Commodities, Materials							
2.1	Procurement of Corn Soya Blend for Family Rations	D	1400	20.00	1	10000.00 %	28,000.00
	<i>1400 bag (10kg/bag)x \$20 per bag</i>						
2.2	Medical & Nutrition supplies	D	1	6,000.00	1	10000.00 %	6,000.00
	<i>Please see attached BOQ for details. These supplies will be dependent on shortfalls in supplies from UNICEF, but the BOQ gives some idea of what could be procured. This will ensure that services continue when there are UNICEF stock outs.</i>						
2.3	Vehicle Hire for Mobile Teams	D	2	2,000.00	6	10000.00 %	24,000.00
	<i>Two mobile teams will be employed by this project. This is inclusive of fuel, as per the attached BOQ</i>						
2.4	Vehicle Hire for Monitoring & Supervision	D	12	75.00	6	10000.00 %	5,400.00
	<i>This will allow project staff, including the Project Manager, Project Officer and Project Assistant, to visit and supervise the project. 12 days per month x 6 months x \$75/day (inclusive of fuel). Additional support will be provided through complementary projects.</i>						
2.5	Monitoring Visit -- Ministry of Health	D	1	2,800.00	1	10000.00 %	2,800.00
	<i>The Ministry of Health, including the district, regional and central level staff, will visit this project quarterly. Please see the attached BOQ</i>						
2.6	Training on IYCF for Community Health Workers	D	1	14,394.00	1	10000.00 %	14,394.00
	<i>5 day training x 58 CHWs -- see attached BOQ</i>						
2.7	IYCF training for Mobile Teams and Health Center Nurses	D	1	2,272.00	1	10000.00 %	2,272.00

	3 day training x 12 nurses -- see attached BOQ						
2.8	CHW Training on Screening, Mobilization and Referral for IMAM	D	1	13,224.00	1	10000.00 %	13,224.00
	4 day training x 58 CHWs -- see attached BOQ						
2.9	2.10 Community Awareness Meetings	D	1	6,240.00	1	10000.00 %	6,240.00
	20 participants x 24 villages x 2 meetings -- see attached BOQ						
2.10	2.11 Transport of Medical and Nutrition & CSB Supplies from Nairobi to Puntland	D	1	20,000.00	1	10000.00 %	20,000.00
	This will cover the transportation cost of the procured supplies						
2.11	2.12 IMAM training for Mobile Teams and Health Center Nurses	D	1	2,876.00	1	10000.00 %	2,876.00
	4 day training x 12 nurses -- see attached BOQ						
2.12	(2.9) Meeting with Mayors, Ministry of Health and other government officials	D	1	4,607.00	1	10000.00 %	4,607.00
	30 participants for 2 days						
2.13	Incentive for MoH seconded Nurses for Health Centers	D	4	400.00	6	10000.00 %	9,600.00
	Four supplementary Nurses for health centers with high caseload. Each nurse will be paid an incentive of \$400/month.						
2.14	Incentive for MoH seconded Nurses for Mobile Team	D	8	452.00	6	10000.00 %	21,696.00
	4 Nurses per Team x 2 Teams (one Garowe, one Burtinle). This includes a per diem for the continuous travel required by mobile team staff. Each nurse will be an incentive of \$400/month plus a per diem of \$52/month due to the field travel associated with the mobile team.						
2.15	Incentives for Community Nutrition Workers	D	48	50.00	6	10000.00 %	14,400.00
	Community mobilization, screening, referral and follow up for SAM cases						
	Section Total						175,509.00
Travel							
5.1	Monitoring & Supervision for Nairobi based Staff	D	2	1,200.00	1	10000.00 %	2,400.00
	Travel costs associated with monitoring visits. See attached BOQ						
5.2	Per diem for WV project staff for Monitoring and Supervision	D	3	30.00	42	10000.00 %	3,780.00
	Staff will be based in Garowe and will travel frequently to field locations for monitoring and supervision. The Project Assistant, Project Officer and Project Manager supported by this project will monitor on average 7 days each month x6 months=42 days for the duration of the project and will receive \$30 per day.						
	Section Total						6,180.00
General Operating and Other Direct Costs							
7.1	Bank Charges	D	1	3,027.77	1	10000.00 %	3,027.77
	Bank charges costs for making payments through money vendor in Somalia. The rate is around 1.3 per cent						
7.2	Airtime for Project Staff	D	2	100.00	6	10000.00 %	1,200.00
	This will cover the airtime benefit for WV staff in the field and constant communication when monitoring the project-- Project Assistant and Project Officer						
7.3	Contribution to Office Rent	D	1	3,650.00	6	1200.00 %	2,628.00
	Contribution to Office rent for the two field offices where the project will be implemented, Garowe and Burtinle						
7.4	Contribution to Utilities	D	1	3,200.00	6	1200.00 %	2,304.00
	Utilities (Electricity, Water and Generator) for the field offices in the two areas of project implementation.						
7.5	Contribution to Internet	D	1	3,800.00	6	1200.00 %	2,736.00

	<i>Internet for the field offices in the two areas of project implementation</i>			
	Section Total			11,895.77
SubTotal		1,502.00		234,304.37
Direct				221,202.77
Support				13,101.60
PSC Cost				
PSC Cost Percent				7%
PSC Amount				16,401.31
Total Cost				250,705.68
Grand Total CHF Cost				250,705.68

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Nugaal -> Burtinle	20			200	320	520	
Nugaal -> Garowe	80			1,000	1,080	2,080	

Documents

Category Name	Document Description
Project Supporting Documents	COMMENTS WVI BOQ.xls
Project Supporting Documents	SAMPLE OF boq.xls
Project Supporting Documents	Response to SHF Nutrition Proposal Questions.docx
Project Supporting Documents	FCS Final SHF Nutrition BOQs WVI.xls
Budget Documents	Comment on BUDGET WVI.xls
Budget Documents	SHF Nutrition BOQs.xls
Budget Documents	SHF Nutrition BOQs Updated.xls
Budget Documents	SHF Health Draft BOQ v.2.xls
Budget Documents	SHF Nutrition BOQs Updated v.3.xls
Budget Documents	Final SHF Nutrition BOQs Updated V5.xls
Budget Documents	FCS Final SHF Nutrition BOQs WVI.xls
Budget Documents	Revised FCS REVISED Final SHF Nutrition BOQs WVI.xls
Budget Documents	Revised FCS REVISED Final SHF Nutrition BOQs WVI.xls
Budget Documents	Final Revised FCS BOQs WVI.xls