								Pro	ject Proposa
Organization	WFP (World Food Program	mme)							
Project Title	Targeted Life Saving Supp Communities in Somalia	plementary Feeding Pr	ogramme for C	Children 6-59	9 Mont	ths, Pregnant and Lad	ctating Mot	thers in	IDP and Vulnerable Host
CHF Code	CHF-DDA-3485-726								
Primary Cluster	Nutrition		Secondary (Cluster					
CHF Allocation	Standard Allocation 1 (Fe	o 2015)	Project Dura	ation			6	months	
Project Budget	599,999.95								
HRP Details	HRP Code	SOM-15/H/71559	HRP Budge	t 3	35,896	,105.00			
Drainet Paneficiaries	HRP Project Ranking	A - HIGH	HRP Gende Marker	Men		Women	Total		
Project Beneficiaries	Danafisian, Cumman,			0				2.404	
	Beneficiary Summary					2,184		2,184	
				Boys		Girls	Total	5.040	
				2,423	3	2,625		5,048	
				T	otal			7,232	
	Total beneficiaries incl	ude the following:				0			
	Children under 5		5,048					5,048	
	Pregnant and Lactating \	Vomen		2,18	4	0		2,184	
Implementing Partners	Partner					Budget			
	World Vision Internationa	al (WVI)				9,088.0	0		
	Social Development and	Research Association	(SDRA)			6,060.0	0		
	Agency for Peace and D	evelopment				3,030.00			
	Elberde Primary Health (Care Organization (EPI	HCO)			3,030.0	0		
						21,208.0	0		
Organization focal point contact	Name: Liljana Jovceva 1	itle: Head of Program	ns						
details	Telephone: 0734 554 022	2 E-mail: liljana.jovce	eva@wfp.org						
BACKGROUND INFORMATION									
	Malnutrition is a critical ris	k in Somalia and good	nutrition and a	access to ad	leguati	e food remains a cha	lenge to cl	hild surv	vival. According to nutrition
Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source)	up-date Dec 2014 Post D Post GU. Critical levels of recorded among Dolo 4.3 to treat these children nes malnutrition are sustained Beletwene, Shebele and 0 stocks and rising food prior	ver results show a high acute malnutrition wer % and Dhusamareb 4 dt to be scaled up, In S among Bay agro-past 3-do region. Increasin ees due to civil insecuri a shows very high prev WFP nutrition program	prevalence of e recorded in f 2%. Sustained south region, H oral, Bakol pas g malnutrition t ty, limited move valence rates,	acute main five IDP- Bai prevalence IS (Health In storal and in rends in mo ement of foot that are con	iutrition idoa D of criti nforma Kisma ost sou od com	n (GAM >10%) in 10/ hollo, Bosaso, Garowe ical SAM levels in the ation System) trends a ayu and Dhobley IDP thern regions is a refi modities impacting not t with the historical tree	3 IDP ass and Galk se IDP sug July – Sep while dete ection of h egatively conds obser	sessed of kayo . Cr uggests t ptember erioration househo on trade erved in the	compared to 12/13 IDP in itical levels of SAM were hat nutrition support servic) show critical levels pf aci n in nutrition was noted in lds exhausting their cereal . The HIS data from health he MCH in the region. This
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1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address	up-date Dec 2014 Post Dipost GU. Critical levels of recorded among Dolo 4.3 to treat these children neemalnutrition are sustained Beletwene, Shebele and stocks and rising food pristicalities in Central Somalihas also been reflected by children who were malnout. WFP is currently operating agreement with MOH to oimplementing nutrition. Act the first 1,000 days. Post-Somalia. In addition, the practices and high levels malnutrition can be achieved quality complementary fer in boys compared to girls ensure that all malnourish increase food accessibility. WFP operates in all the Sand MCHN targeting under pregnant and lactating morange of livelihood interverseek to complement the cobe emphasized through the Acute Malnutrition (CMAM strengthening community Service Package in their promotion of IYCF, microperspective.	ver results show a high acute malnutrition wer % and Dhusamareb 4 do to be scaled up. In S among Bay agro-past Gedo region. Increasing the sed up. In S among Bay agro-past Gedo region. Increasing the sed up. In S among Bay agro-past Gedo region. Increasing a shows very high previous as shows very high previous as shows very high previous and in all zone utiline how MOH will sufficient to the sed of the sed o	prevalence of e recorded in for e recorded in for e recorded in formal particular to the recorded in formal, Bakol pas g malnutrition to the recorded in formal, Bakol pas g malnutrition to the recorded in t	acute maln ive IDP- Bai prevalence IS (Health It storal and in rends in mo ement of for that are con in these are IDP with MOH trition activition activition activition received to make a continuous activition in the IDP with MOH trition activition activition activition in the IDP with IDP w	utrition to the control of the contr	in (GAM >10%) in 10/rollo, Bosaso, Garowical SAM levels in the tation System) trends ayu and Dhobley IDP them regions is a refinmedities impacting in twith the historical trefP had to increase the run UN Agencies, intermed has Field Level Agrid, BSFP for children rious to critical levels maternal malnutrition is in the current child and during pregnancinutrition: - GAM, stun sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current child and sold children. (FSNA ces and PLW will be in the current for the current	IS IDP ass and Galk se IDP sugue July – Sep while dete ection of he egatively of ends observe MAM ca attional and ection of a cattorial and ection of acute in 23.4-31.4% malnutritic in an attional and error of acute in 23.4-31.4% malnutritic in an acute in 23.4-31.4% malnutritic in an acute in a cattorial and in the cattorial and in the cattorial and in the cattorial and in the duration acute in the acute	sessed cayo. Cr cayo. Cr ggests t ptember erioration househo on trade erved in the aseload the did local N with ING this and N malnutriti %. poor on and find exclusinder-we J 2014 N with other modalities ach 5048 tion. WF is food a Active ca vision of s with hig lelude that incl y rather the	compared to 12/13 IDP in ititical levels of SAM were hat nutrition support service) show critical levels pf act. In nutrition was noted in Idds exhausting their cereal Idds exhausting the Idds exhausting the Idds exhausting their cereal Idds exhaus
1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then identify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State how the needs assessment was conducted (who consulted whom, how and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs LOGICAL FRAMEWORK	up-date Dec 2014 Post Dipost GU. Critical levels of recorded among Dolo 4.3 to treat these children neemalnutrition are sustained Beletwene, Shebele and stocks and rising food pric facilities in Central Somalinas also been reflected by children who were malnot. WFP is currently operating agreement with MOH to o implementing nutrition. Act the first 1,000 days. Post-Somalia. In addition, the practices and high levels imalnutrition can be achieved quality complementary fee in boys compared to girls ensure that all malnourish increase food accessibility. WFP operates in all the S and MCHN targeting unde pregnant and lactating morange of livelihood interverseek to complement the cobe emphasized through the Acute Malnutrition (CMAN strengthening community Service Package in their promotion of IYCF, microperspective.	ver results show a high acute malnutrition wer % and Dhusamareb 4 do to be scaled up. In S among Bay agro-past Gedo region. Increasing sed to civil insecuria a shows very high previver a shows very high previver a shows very high previvers a shows a show a s	prevalence of e recorded in for erecorded in form of the property of the prope	acute maln ive IDP- Bai prevalence IDP- Bai prevalence IS (Health It storal and in rends in mo ement of focthat are con in these are IDP with MOH in the IDP with MOH in the IDP with MOH in the IDP with	utrition to the control of the contr	in (GAM >10%) in 10/rollo, Bosaso, Garowical SAM levels in the tation System) trends ayu and Dhobley IDP them regions is a refinmedities impacting in twith the historical trefP had to increase the result of the twick of twick of the twick	IS IDP ass and Galk see IDP suguestion of he equatively of ends observe MAM cattonal and earth of acute no 23.4-31.4% malnutritic to early and in the ends observed to early and in the ends observed to early and in the ends of each of acute no 23.4-31.4% malnutritic to, early and into a provided the ends of each of early and in the ends of each of each of each of each of each of ends of each of e	sessed cayo. Criagoses of cayo. Criagoses of cayo. Crigoses of permer erioration on trade erved in the aseload the critical of	compared to 12/13 IDP in ititical levels of SAM were that nutrition support service) show critical levels pf acid in nutrition was noted in individual services. The HIS data from health the MCH in the region. This to accommodate more of the MCH in the region. This to accommodate more of the MCH in the region. This to accommodate more of the MCH in the region. This to accommodate more of the MCH in the region. This to accommodate more of the MCH in the region. This to accommodate more of the MCH in the region of the more of the MCH in the region. The more of the MCH in the region of the more of the more of the MCH in the more of the more of the MCH in the more of the mor

		Cluster	Indicator description						Targe
	Indicator 1.1	Nutrition	Number of children (6-59months) and pregnant and lactating	ng women a	admitted in	n treatment	t programr	nes	7232
	Indicator 1.2	Nutrition							0
	Indicator 1.3	Nutrition							0
Outcome 2	Train 120 com	munity nut	rition workers in the IDP and vulnerable communities for the p	rovision of	communit	y based ba	asic nutritio	on services	
Activity 2.1	Train 120 com	munity nut	rition workers (60 men and 60 women)on basic nutrition service	es using a	harmoniz	ed packag	e from UN	ICEF	
Activity 2.2	Community nu nutrition service		cers are trained on systematic screening for malnutrition and re	eferring chi	ildren and	women ide	entified for	the approp	oriate
Activity 2.3	Community nu and support	trition worl	xers identify mothers who need support with breast feeding an	d young ch	nild feeding	g and gives	s them ind	ividual cou	nselling
Indicators for outcome 2		Cluster	Indicator description						Targ
	Indicator 2.1	Nutrition	Number of male and female Staff/Community Health Workers Child Feeding.	s/outreach	workers tr	ained on Ir	nfant and \	oung/	120
	Indicator 2.2	Nutrition	Number of sessions on maternal and child health nutrition co nutrition workers	nducted in	the comm	nunities by	the comm	unity	2160
	Indicator 2.3	Nutrition	Number of women who benefited from the site visits						100
Outcome 3	Provide deliver	y of minim	um BNSP package to 2423 boys and 2625 girls under 5 and 2	2184 pregn	ant wome	n and lacta	ating moth	ers alongsi	de
Activity 3.1			kers give awareness in the communities to pregnant and lactar portance of adequate nutrition during pregnancy and lactation.	ting mother	rs on the i	mportance	of attendi	ng ante-na	tal and
Activity 3.2	Provide Vitami on MOH protoc		mentation to all children under 5 admitted in nutrition program	; 2423 boy	s and 262	5 girls. Thi	s will be a	dministere	d based
Activity 3.3	Disseminate of	f nutrition I	nealth and hygiene messages during household visits and feed	ding days					
Indicators for outcome 3		Cluster	Indicator description						Targ
dicators for outcome 5	Indicator 3.1	Nutrition	Number of IYCF promotion sessions held						120
	Indicator 3.2	Nutrition	Number of children provided with Vitamin A supplimentatio	n					5048
	Indicator 3.3	Nutrition	Number of health and hygiene promotion sessions conduct	ed during f	fooding da	we and hou	upobold vii	eite	120
			Number of fleatur and flygiene promotion sessions conduct	ica daring i	ccuirig de	iys and not	useriola vi	3113	120
Implementation: Describe for each activity how you plan to implement	mothers. In all for admission. educators). All admissions and be trained in a community incl post-natal clinic	the targete All partner trainings a d discharg harmonize luded excl cs, proper	Feeding Program (TSFP) will target all the moderately malnously areas, implementing partners will carry out a rapid MUAC so swill be trained on TSFP implementation protocols for the progree done in collaboration with Ministry of Health. Partners subrest and overall program performance and this is shared with Main package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children.	urished chill creening to gram staffs nit reports IOH and the ire at the co	Idren from o determin s (nurses, on monthl e nutrition ommunity bies through	6-59 monte the childs screeners, y basis sho cluster. Collevel. Partight the increase.	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use	egnant and LW who are and health dren screer nutrition we covered in of ante-na	d lactate eligibate eligib
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	mothers. In all for admission. educators). All admissions and be trained in a community incl post-natal clinic	the targete All partner trainings a d discharg harmonize luded excl cs, proper g care of s	Feeding Program (TSFP) will target all the moderately malnot areas, implementing partners will carry out a rapid MUAC s s will be trained on TSFP implementation protocols for the protection in collaboration with Ministry of Health. Partners subres and overall program performance and this is shared with M ad package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mand washing, safe drinking water, hygiene and sanitation.	urished chil creening to gram staffs nit reports OH and the re at the co ncy and bal alaria preve	Idren from o determin s (nurses, on monthl e nutrition ommunity bies througention and	6-59 monte the child screeners, y basis sho cluster. Colevel. Part gh the incredit treatment.	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligibl n ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what	mothers. In all for admission. educators). All admissions and be trained in a community includer post-natal clinidiarrhea, taking	the targete All partner trainings a d discharg harmonize luded excl cs, proper g care of s cription	Feeding Program (TSFP) will target all the moderately malnoted areas, implementing partners will carry out a rapid MUAC's se will be trained on TSFP implementation protocols for the protocol of incollaboration with Ministry of Health. Partners subres and overall program performance and this is shared with Med package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children.	urished chill creening to gram staffs nit reports OH and the re at the concy and ball alaria preve	ddren from b determin s (nurses, on monthl e nutrition ommunity bies through	6-59 mont e the child screeners, y basis sho cluster. Co level. Part gh the increating	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community includiarrhea, taking Activity Description.	the targete All partner trainings a d discharg harmonize luded excl cs, proper g care of s cription	Feeding Program (TSFP) will target all the moderately malnoted areas, implementing partners will carry out a rapid MUAC's se will be trained on TSFP implementation protocols for the protocol of incollaboration with Ministry of Health. Partners subres and overall program performance and this is shared with Med package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children.	urished chil creening to gram staffs nit reports i OH and the re at the co- copy and bal alaria preve	Idren from o determin s (nurses, on monthl e nutrition ommunity oies throu- ention and Month 3-4	6-59 monte the child screeners, y basis sho cluster. Co level. Part gh the increatment treatment. Month 5-6	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community included post-natal clinic diarrhea, taking Activity Description of the community included and activity Description.	the targete All partner trainings a d discharg harmonize luded excl cs, proper g care of s cription	Feeding Program (TSFP) will target all the moderately malnoted areas, implementing partners will carry out a rapid MUAC's se will be trained on TSFP implementation protocols for the protocol of incollaboration with Ministry of Health. Partners subres and overall program performance and this is shared with Med package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children.	urished chil creening to gram staffs int reports OH and the re at the color color and bat alaria preve Month 1-2	Idren from o determine of (nurses, on month) en utrition or month) en utrition or munity oies through the nurse of the month of the mon	6-59 mont e the childi screeners, y basis shot cluster. Cc level. Part gh the incre t reatment. Month 5-6	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community inc post-natal clini diarrhea, taking. Activity Desc. Activity 1.1 S lactating wome. Activity 1.2 Activity 1.3 Activity 2.1 T	the targete All partner trainings and discharge harmonized unded exclose, proper grane of seription	Feeding Program (TSFP) will target all the moderately malnoted areas, implementing partners will carry out a rapid MUAC's se will be trained on TSFP implementation protocols for the protocol of incollaboration with Ministry of Health. Partners subres and overall program performance and this is shared with Med package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children.	urished chil creening to gram staffs nit reports : IOH and the re at the color and bal alaria prever Month 1-2 X	Idren from o determin, o determin, o determin, o determin, o determin, on month de nutrition or munity bies throughtion and Month 3-4	6-59 mont e the childte screeners, y basis sho cluster. Co level. Part gh the incre t treatment. Month 5-6	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community inc post-natal clini diarrhea, taking. Activity Description of the community and activity 1.1 Secription of the community	the targete All partner trainings and discharge harmonized and discharge harmonized and excluded exclose, proper grane of secreption. Scription Green, admin to TSFP Train 120 occess using a community	Feeding Program (TSFP) will target all the moderately malnot at a case, implementing partners will carry out a rapid MUAC s s will be trained on TSFP implementation protocols for the program of the control of the con	urished children creening to gram staffs nit reports on the control of the contro	Idren from o determin, o determin, o determin, o determin, o determin, on month de nutrition or munity bies throughtion and Month 3-4	6-59 mont e the childte screeners, y basis sho cluster. Co level. Part gh the incre t treatment. Month 5-6	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community incompost-natal clini diarrhea, taking. Activity Desc. Activity 1.1 Selectating wome. Activity 1.2 Activity 1.3 Activity 2.1 Tenutrition service. Activity 2.2 Centification and Activity 2.3 Centification and Activity 2.3 Centification.	the targete All partner trainings and discharge harmonized and discharge harmonized and discharge harmonized and discharge harmonized and discharge and the second secretary and the second harmonized and the second harmonized and the second harmonized and the second harmonized harmonize	Feeding Program (TSFP) will target all the moderately malnot at a case, implementing partners will carry out a rapid MUAC s s will be trained on TSFP implementation protocols for the program of the control of the con	urished chil creening to gram staffs nit reports : OH and the re at the cr copy and bal alaria prever Month 1-2 X X	Idren from o determine o determine of determine of determine of the control of th	6-59 mont e the childteners, y basis shot cluster. Co level. Part gh the incre t reatment. Month 5-6 X	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligibl n ned, prkers v the tal and of
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community increase. Activity Description of the community increase. Activity 1.1 State and increase. Activity 1.2 Activity 1.3 Activity 2.1 Community increase. Activity 2.2 Community increase. Activity 2.3 Community increase.	the targete All partner trainings a discharge harmonize luded excless, proper g care of seription acreen, admin to TSFP crain 120 cc es using a loommunity deferring community ung child fector and the community will be community with the community will be community will be community with the community will be community will	Feeding Program (TSFP) will target all the moderately malnoted areas, implementing partners will carry out a rapid MUAC's simile to a small carry out a rapid MUAC's simile to a small carry out a rapid MUAC's simile to a small carry out a rapid MUAC's say will be trained on TSFP implementation protocols for the program done in collaboration with Ministry of Health. Partners subrese and overall program performance and this is shared with Med package to enable them offer a standardized package of causive breast feeding, complementary feeding, healthy pregnarhand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children. In the same of the	urished chil creening to gram staffs nit reports : OH and the re at the co cot and bal alaria prever Month 1-2 X X	Idren from o determine of deter	6-59 monte the child screens, y basis should cluster. Collevel. Part ghother the content of the	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligibl n ned, prkers v the tal and of
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	mothers. In all for admission. educators). All admissions and be trained in a community increase and accommunity increase. Activity Description of the community increase and accommunity increase. Activity 1.1 Selectating wome. Activity 1.2 Activity 1.3 Activity 2.1 Toutrition service. Activity 2.2 Community 2.3 Community 2	the target All partner trainings and discharge harmonized and community and referring a community discommunity and referring community and referring c	Feeding Program (TSFP) will target all the moderately malnot a dreas, implementing partners will carry out a rapid MUAC s s will be trained on TSFP implementation protocols for the program done in collaboration with Ministry of Health. Partners subres and overall program performance and this is shared with Mid package to enable them offer a standardized package of the passive breast feeding, complementary feeding, healthy pregnar hand washing, safe drinking water, hygiene and sanitation, mick children and full immunization for children. In the program of	urished children in the control of t	Idren from o determine of deter	6-59 mont e the childt screeness, y basis sho cluster. Co level. Part gh the incre t treatment. Month 5-6 X X X	ths plus pr ren and Pl , registrars owing child ommunity of what is eased use , home ma	egnant and LW who are and health dren screer nutrition we covered in of ante-na anagement	d lactati e eligible ned, orkers w the tal and

	M & E Tools to use		Month (s) when planned M & E will be done										
Activity Description		Means of verification	1	2	3	4	5	6	7	8	9	10	11
Activity 1.1 Screen, admit and refer moderate malnourished children and pregnant	- 3rd party monitoring - Contact details - Data collection - Distribution monitoring - Field visits - Focus group interview - GPS data - Individual interview - Post Distribution Monitoring	Monthly reports from implementing partners, reports from third party monitoring, check lists for distribution and focus groups discussion reprots	X		x								

Control details interview in the country of the control of the con	Activity 1.2			- 3rd party monitoring - Contact details - Data collection	Monthly reports from implementing partners, reports	Х	Х	Х	Х	Х	Х			
- Contact ceases - Dual solication - Particulation - Particula				Distribution monitoring Field visits Focus group interview GPS data Individual interview	monitoring, check lists for distribution and focus groups									
- Consist dealed nomotioning - Disabblishin motioning - Disabblishin mo	Activity 1.3			- Contact details - Data collection - Distribution monitoring - Field visits - Focus group interview - GPS data - Individual interview - Post Distribution Monitoring	from the field and number of children	X	X	X	X	X	X			
Activity 3.2 Community nutrition workers liderslify mothers who need support with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and young child feeding and gives them individual counselling and upport with search teeding and gives them individual counselling and upport with the common them in the protection of t			vomen)on basic	- Contact details - Data collection - Distribution monitoring - Field visits - Individual interview	from the field, third party monitoring reports and interviews with CNW to assess	Х	X	X	X	X	X			
present feeding and young child feeding and gives them individual counseiling and pupport - Contact details - Cast collection - Field visits - Cast collection - Field visits - Story and documenting with their consent. - Contact details - Cast collection - Field visits - Story and documenting with their consent. - Contact details - Cast collection - Field visits - Story and documenting with their consent. - Cast collection - Field visits - Story and documenting with their consent. - Cast collection - Distribution monitoring - Field visits - Photo with or without GPS data - Verification - Cast collection - Distribution monitoring - Field visits - Photo with or without GPS data - Verification - Cast collection - Photo with or without GPS data - Verification - Data collection - Photo with or without GPS data - Verification - Photo with or without GPS data - Post Distribution Monitoring - Verification - Cast collection - Photo with or without GPS data - Verification - Photo with or without GPS data - Post Distribution Monitoring - Verification - Cast collection - Photo with or without GPS data - Activity 3.3 Disseminate of nutrition health and hygiene messages during households and gave them IYCF message during poot-distribution monitoring - Verification - Photo with or without GPS data - Post Distribution Monitoring - Verification - Post Distribution Monito				- Focus group interview	of the outreach activities, focus group discussions with the CNW to understand the challenges they face and whether the mothers and caretakers are embracing positive	X	X	X	X	X	X			
Description and lactating mothers on the importance of attending ante-natal and post-natal clinics and importance of adequate nutrition during pregnancy and lactation. Distribution monitoring - Field visits - Photo with or without GPS data - Verification Activity 3.2 Provide Vitamin A and reviewing the monthly reports to see how many children under 5 admitted in untrition program; 2423 boys and 2825 girls. This will be administered based on MOH roticools Activity 3.3 Disseminate of nutrition health and hygiene messages during household shists and feeding days Activity 3.3 Disseminate of nutrition health and hygiene messages during household shists and feeding days Organizations Organization Activity Organization Activity Organization Pablic visits - Individual interview showing dessions of health and hygiene and nouseholds that report a CNW visited them and gave them ITCF message during household shists and feeding days Organizations in project area Organizations in project area				- Contact details - Data collection - Field visits - GPS data	assisted to re-start breast feeding and listening to their story and documenting with	Х	Х	х	X	Х	Х			
nutrition program; 2423 boys and 2625 girls. This will be administered based on MOH orrotocols - Photo with or without GPS data and nouseholds that report a CNW sisted them and gave them and gave them and nouseholds that report a CNW supervisors, photos showing sessions of PYCF taking place and nouseholds that report a CNW sisted them and gave them	pregnant and lactating mothers on the i	mportance of attending ante-na	atal and	Data collection Distribution monitoring Field visits Photo with or without GPS data	feeding sites to verify that children are receiving Vitamin A and reviewing the monthly reports to see how many children were	X	X	X	X	X	X			
Field visits - Individual interview - Photo with or without GPS data - Post Distribution Monitoring - Verification - Field visits - Individual interview - Photo with or without GPS data - Post Distribution Monitoring - Verification - Field visits - Individual interview - Showing sessions of health and hygiene taking place and households that report a CNW visited them and gave them a message. Visiting the TSFP sites during distribution - THER INFORMATION - Organization - Field visits - Individual interview - Photo with out of the report a CNW visited them and gave them a message. Visiting the TSFP sites during distribution - Field visits - Individual interview - Photo with or without GPS data - Post Distribution Monitoring - Verification - Verification -			- Photo with or without GPS data - Post Distribution Monitoring	by CNW supervisors, photos showing sessions of IYCF taking place and households that report a CNW visited them and gave them IYCF message during post-distribution	X	×	X	×	×	×				
oordination with other reganization Activity Organization Activity	Activity 3.3 Disseminate of nutrition h visits and feeding days	ealth and hygiene messages di	uring household	- Field visits - Individual interview - Photo with or without GPS data - Post Distribution Monitoring	by CNW supervisors, photos showing sessions of health and hygiene taking place and households that report a CNW visited them and gave them a message. Visiting the TSFP sites	х	X	X	X	X	X			
rganizations in project area	OTHER INFORMATION													_
	Coordination with other Organizations in project area	_	-											_

Coordination with other Organizations in project area	Organization	Activity				
Organizations in project area	1. UNICEF	Coordinate with UNICEF on referrals and training of community nutrition workers and information sharing				
	2. Nutrition Cluster	WFP and partners attend the nutrition coordination meetings organized by the cluster and MOH and also shares all the data on monthly basis with the cluster and the data is consolidated.				
	3. Ministry of Health	Trainings and monitoring visits are done by MOH				
Gender theme support	Yes					
Outline how the project supports the gender theme In regards to mainstreaming gender, WFP is proactive in ensuring that boys and girls are assessed so that sex-preference or bias dependent the gender theme In regards to mainstreaming gender, WFP is proactive in ensuring that boys and girls are assessed so that sex-preference or bias dependent on the gender theme In regards to mainstreaming gender, WFP is proactive in ensuring that boys and girls are assessed so that sex-preference or bias dependent on the gender that the						

Select (tick) activ	ities that s	unnorts	Activity 1.1: Screen, admit and refer	moderate ma	alnourished	l children and	d pregnant lac	ctating women to T	SEP treatment sit	۵				
the gender them		арронз	Activity 1.2:	moderate me	aniounsnec	ciliaren an	a pregnant lac	stating women to 1	orr treatment sit	•				
			Activity 1.3:											
				rition worker	n (60 man	and 60 war	an)an basis m	utrition consisses us	ing a harmonizad	l naakaga fram	LINICEE			
			_											
			Activity 2.2: Community nutrition wor appropriate nutrition service.	kers are trail	ieu on sysi	ernauc scree	ming for main	idilition and referm	ig ciliulen and w	orien identified	Tiol tile			
			Activity 2.3: Community nutrition wor counselling and support	kers identify	mothers w	ho need sup	port with brea	st feeding and you	ng child feeding a	and gives them	individual			
			Activity 3.1: Community nutrition wor ante-natal and post-natal clinics and im						others on the imp	oortance of atte	ending			
			Activity 3.2: Provide Vitamin A supple based on MOH protocols	ementation to	all childre	n under 5 ad	lmitted in nutr	ition program; 242	3 boys and 2625 (girls. This will b	e administere			
			Activity 3.3: Disseminate of nutrition	health and h	ygiene mes	ssages durin	g household v	visits and feeding d	ays					
BUDGET														
A:1 Staff and Personnel	1.1 Intern	ational S	taff											
Costs	Code	Budget L	ine Description	Units	Unit Cost		TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF			
	1.1.1													
	1.1.2													
	1.1.3													
	1.1.4													
	1.1.5													
	1.1.6													
	1.1.7													
	1.1.8													
	1.1.9													
	1.1.10													
			Subtotal					0.00	0.00	0.00				
	Donales et N													
		get Narrative: Local Staff												
	Code	1	Budget Line Description Units Unit Duration TimeUnit Amount(USD) Organization CHF %charged to											
	Code	Duaget	Line Description	Office	Cost	Duration	Timeonic	Amount(OSD)	Organization	- Citi	CHF			
	1.2.1													
	1.2.2													
	1.2.3													
	1.2.4													
	1.2.5													
	1.2.6													
	1.2.7													
	1.2.8													
	1.2.9		Monitor Assistants (2 Mogadishu 3 Dollo 3 3 Bossaso)	11	960.47	4	Months	42,260.68	0.00	42,260.68				
	1.2.10													
			Sub Total					42,260.68	0.00	42,260.68				
	Budget N	larrative:												
B:2 Supplies,	Code	Budget Line Description			Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to			
Commodities, Materials	Code			1										
		Supplem	nentary Plumpy	119.85	2938	1	Lumpsum	352,119.30	0.00	352,119.30				
	2.1.1		nentary Plumpy Fransport and distribution costs	119.85 119.84	2938 628		Lumpsum	352,119.30 75,259.52	0.00	352,119.30 75,259.52				
Commodities, Materials	_2.1.1													

	2.1.7									
	2.1.8									
	2.1.9									
	2.1.10									
		Sub Total					427,378.82	0.00	427,378.82	
	Budget N	arrative:								
C:3 Equipment	Code	Budget Line Description	Units	Unit Cost	Duration	n TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
	3.1.1									
	3.1.2									
	3.1.3									
	3.1.4									
	3.1.5									
	3.1.6									
	3.1.7									
	3.1.8									
	3.1.9									
	3.1.10									
		Sub Total					0.00	0.00	0.00	
	Budget N	arrative:				·				
D:4 Contractual	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
Services	4.1.1			Cost						CHE
	4.1.2									
	4.1.3									
	4.1.4									
	4.1.5									
	4.1.6									
	4.1.7									
	4.1.8									
	4.1.9									
	4.1.10	Sub Total					0.00	0.00	0.00	
	Budget N						0.00	0.00	0.00	
E:5 Travel	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to
	5.1.1	Travel for M and E Mogadishu Dollo Galkayo Garowe	4	2484	1	Lumpsome	9,936.00	0.00	9,936.00	
	5.1.2									
	5.1.3									
	5.1.4									
	5.1.5									
	5.1.6									
	5.1.7									
	5.1.7									
	5.1.9									
	5.1.10	Sub Total					9,936.00	0.00	9,936.00	
		JUD TOTAL					9.930.00	0.00		

and Grants to Counterparts	Code	Budget Line D	escription		Unit	s Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged CHF
Journerparts	6.1.1	Agreements v	vith Cooperating partner	'S	120	177	1	Lumpsome	21,240.00	0.00	21,240.00	
	6.1.2											
	6.1.3											
	6.1.4											
	6.1.5											
	6.1.6											
	6.1.7											
	6.1.8											
	6.1.9											
	6.6.10											
	0.0.10		Sub Total						21,240.00	0.00	21,240.00	
	Budget Na	arrative:										
3:7 General Operating	Code	Budget Line D	escription		Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged
nd Other Pirect Costs	7.1.1	General opera	ating and other direct co	sts	4	14983.03	1	1 Months	59,932.12	0.00	59,932.12	
	7.1.2											
	7.1.3											
	7.1.4											
	7.1.5											
	7.1.6											
	7.1.7											
	7.1.8											
	7.1.9											
	7.1.10											
	7.1.10		Sub Total						59,932.12	9.00	59,932.12	
	Budget Na	arrative:										
			TOTAL						560,747.62	0.00	560,747.62	
I.8 Indirect rogramme	Code	Budget Line D	escription						Amount(USD)	Organization	CHF	%charged
Support Sosts	8.1.1	Indirect Progr	amme Support Costs						0.00	0.00	39,252.33	7.0
			GRAND TOTAL						560,747.62	0.00	599,999.95	
ther sources o	of funds											
	Descript	ion	Amoun	t %								
	Organiza	ition	0.0	0.00								
	Commur	nity	0.0	0.00								
	CHF		599,999.9	5 100.00								
	Other Do	onors	a) 0.00	0								
			0.0	0								
	TOTAL		599,999.9	5								

Region	District	Location	Standard Cluster Activities	Activity	Beneficiary Description	Number	Latitude	Longitude	P.Code
Bakool	Ceel Barde	Ceel Barde	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	Children under 5, pregnant and lactating mothers with moderate malnutrition	1033	4.82821	43.659931	NB-3814- E04-001
Bay	Baidoa	Baidoa/Bardaale /Laanta 1A	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion,	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing	Children under 5, pregnant and lactating mothers with moderate malnutrition	1034	3.11555	43.65204	NA-3802- X04-012

			Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	partners					
Galgaduud	Dhuusamarreeb	Dhuusamarreeb	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	Children under 5, pregnant and lactating mothers with moderate malnutrition	1033	5.537643	46.386698	NB-3811- M31-001
Gedo	Doolow	Doolow	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	children under 5, pregnant and lactating mothers with moderate malnutrition	1033	4.16358	42.07617	NB-3813- W02-001
Lower Juba	Afmadow	Dhobley	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	children under 5, pregnant and lactating mothers with moderate malnutriiton	1033	0.40627	41.01238	NA-3716- Q12-001
Mudug	Gaalkacyo	Gaalkacyo	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	Children under 5, pregnant and lactating mothers with moderate malnutrition	1033	6.76924	47.430611	NB-3808- F21-001
Nugaal	Garowe	Garowe/Waberi	Capacity building, Community screening for malnutrition and referral, Infant and young child feeding counselling, Infant and young child feeding promotion, Maternal child health and nutrition (MCHN) promotion messages, Nutrition health and Hygiene promotion, Supplementation Vitamin A, Treatment of moderately malnourished pregnant and lactating women, Tretament of Moderate Acute malnutrition in children 0-59months	Treatment of acute malnutrition, IYCF and hygiene promotion, individual counselling for mothers/caretakers, systematic screening and referral, capacity building of the implementing partners	Children under 5, pregnant and lactating mothers with moderate malnutrition	1033	8.40088	48.49092	NC-3913- Q11-003
TOTAL						7.232			

DOCUMENTS

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