

Requesting Organization :	WARDI Relief and Development Initiatives				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Nutrition		100.00			
		100			
Project Title :	Reduce morbidity and mortality related to malnutrition rate among children under five and Pregnant and Lactating Women IDPs in Kaxda district of Banadir region.				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/3485/R/Nut/NGO/3848		
Cluster :		Project Budget in US\$:	170,001.51		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/12/2016	Planned End Date :	30/11/2017		
Actual Start Date:	01/12/2016	Actual End Date:	30/11/2017		
Project Summary :	<p>The proposed project will be implemented in Kaxda district of Banadir region to cover nutrition needs of internally displaced women, men, boys and girls. The project is in response to Somalia Humanitarian Fund 2016 allocation for IDPs along Afgoye corridor in Banadir region. The project will aim at providing an integrated response to acute malnutrition among the IDPs in Kaxda District. An estimated beneficiaries of 3,700 persons including 100 men, 100 women, 800 pregnant and Lactating women, 1350 boys and 1350 girls will be targeted for a period of 12 months and provided with Basic Nutrition services with emphasis on identification and treatment of acute malnutrition, identification and referral of complicated cases and increased prevention activities (mass screening, deworming, micro nutrient supplementation, Infant Young Child Feeding and counseling, community education and sensitization). Samafale, Ali Jannaale and Liiqliqato IDP settlements in Kaxda district with an estimated population of 20,646 will be targeted through up scaling of the current EPHS program implemented by WARDI in the district. This will be achieved through scaling up two mobile teams. This project will be complementary to ongoing health project as synergy and maximize our interventions.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
100	900	1,350	1,350	3,700	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	1,350	1,350	2,700
Pregnant and Lactating Women	0	800	0	0	800
Trainers, Promoters, Caretakers, committee members, etc.	100	100	0	0	200
Indirect Beneficiaries :					
500 people from the host community					
Catchment Population:					
76,734 IDPs and around 34,600 host community					
Link with allocation strategy :					

The Somalia Humanitarian Fund reserve allocation for 2016 has prioritized for intervention 215,151 IDPs living in crowded camps along the Afgoye corridor. Out of the total number of IDPs stated, 20% or 76,739 live in camps for displaced persons in in Kaxda District. The target IDPs have been found to be in humanitarian crisis and are living in squalid conditions with no or limited access to critical services such as hygiene and sanitation, health, nutrition and are at the same time highly vulnerable to natural shocks. Various assessment undertaken in these camps and that informed the allocation has shown that sustained serious levels of malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 percent and 3.5 percent respectively. Results of Gu 2016 assessment of IDP's in Mogadishu has shown that registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs. Additionally serious levels of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015 assessments has been reported with the main causes of under-five deaths being fever, diarrhea and acute respiratory infection. To address the situation, among other interventions, the SHF advisory board has prioritized the scaling up of therapeutic feeding support for treatment of acute malnutrition cases including scale up of TSFP, outpatient Therapeutic Programs through integrated mobile teams and stabilization centers and the Scale up of regular identification of acutely malnourished children and Pregnant and Lactating women as well as provision of high energy biscuits and nutrition supplies to partners/centers. The proposed intervention aims to respond to the funds strategies by providing emergency integrated nutrition services to the target beneficiaries by identifying and treating SAM cases, referral of complicated cases, prevention of increased cases of malnutrition and micro nutrient deficiency through education and nutrient supplementation. The program aims at reaching 80% of children under five living in the target thirteen camps. Services will be provided through two mobile outreach teams that will undertake community mobilization and sensitization, treatment, referral and follow up. Further, the intervention contributes to the cluster key objectives of;

- 1) Reduction of nutrition related morbidity and mortality rates to below emergency thresholds
- 2) The most vulnerable households, groups and communities are better able to mitigate risks and withstand shocks and stress

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
Hussein Abdi Isak	Chairman	wardiorg@yahoo.com	615501688

BACKGROUND

1. Humanitarian context analysis

There are 1.1 million internally displaced people in Somalia who continue to live in crowded settlements, exposed to protection risks and with limited access to basic services including health, sanitation and hygiene facilities. Majority of the internally displaced persons live in Banadir region. According to the Internal displacement profiling in Mogadishu 2016, 400,000 of the internally displaced people live in Mogadishu. The most vulnerable of these IDPs reside in Kaxda district that has the second highest number of settlements with estimated displaced persons of 76,739. Majority of displaced persons came from regions surrounding Banadir, mainly from Lower Shabelle, and Middle Shabelle, but also from Bay. These regions have suffered a combination of conflict and natural disaster over the last four years. They were among the hardest hit areas during the 2011 famine and are territories that have undergone military offensives and substantial clan conflicts. The current malnutrition rates among IDPs along the Afgoye corridor indicate a sustained serious level of acute malnutrition since Deyr 2014/15 with Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) prevalence of 14.7 per cent and 3.5 per cent respectively. Results of Gu 2016 assessment of IDP's in Mogadishu registered Crude and under five death rates of 0.33 /10 000/day and 0.99 /10 000/day respectively in the Mogadishu IDPs, an improvement from the reported serious level of under- five death rates (1.50/10 000/day) in Deyr 2015 and (1.36) in Gu 2015 assessments with the main causes of under-five deaths being fever, diarrhea and acute respiratory infection, moreover micro nutrient malnutrition as a significant public health problem, The prevalence of both nutritional anemia and vitamin A deficiency among women and children of all age groups was found to be above WHO thresholds for classifying a severe situation in the country (FSNAU Nutrition update, June 2016.).The IDPs in the target District of Kaxda lack basic needs including sanitation, hygiene, health, nutrition among other critical services.

2. Needs assessment

The ongoing evictions continued military offensive and increased food insecurity in pockets of southern Somalia has increased the number of displacements and has further aggravated the humanitarian crisis in Mogadishu where worrying humanitarian indicators continue to be reported. Kaxda district is a new district annexed from the larger Dharkenley District that is still recovering from years of sustained conflict and limited humanitarian intervention owing to restricted access. The district is home to an estimated 76,739 internally displaced persons scattered across 120 settlements for internally displaced persons and the highest number of IDPs in the entire Mogadishu only after Daynile district. The IDPs live in deplorable conditions as they lack basic services. Services in the target IDPs are limited or none existent and human rights violations are commonly reported most affected being women and minorities. A rapid assessment undertaken by WARDI in Kaxda District between 28th and 29th August 2016 to assess the prevailing humanitarian situation has shown the entire district is timing with camps that keep coming up by the day. The target camps are often overcrowded and lack basic services. For instance there is only one health center and one mobile team under the EPHS that is serving the entire population. Other critical services including Sanitation & Hygiene, food security, nutrition and protection services are missing. The absence of notable humanitarian intervention has increased the vulnerability of the target population even further. Children under five both male and female remain among those at greatest risk of death from preventable conditions such as AWD/cholera, febrile conditions, malnutrition and other vaccine preventable diseases. The existing health center and the mobile team funded under the EPHS cannot adequately serve the entire population leading to heightened tension between the IDPs and host community. Mothers who form a significant portion of the target population remain at highest risk as they face the possibility of gender-based violence including rape. Maternal mortality related to childbirth remains high in the target camps as they lack access to quality health services including maternal and child health services.

Malnutrition remains high among children under the age of five with Global Acute Malnutrition (GAM) rates of 14.7 and Severe Acute Malnutrition (SAM) as high as 3.5. The camps and Kaxda District in general lack adequate Services to address the high malnutrition rates among children under the age of five years. The dire situation is further evident from verified data from WARDI operated health center and mobile team in Kaxda that has admitted and treated a total of 846 new SAM cases in 2016 alone majority of whom are from internally displaced households.

In addition to the stated needs, our assessment further revealed that majority (62%) of the Households in the target IDPs are female headed household that often live below the poverty line thus lack access to meaningful income and are vulnerable to gender based violence as they lack protection. Those interviewed during the rapid assessment including the camp leaders have reported acute shortage of jobs that can generate income significant enough to sustain their families increasing vulnerability. Majority of the internally displaced have lost their source of livelihood as result of the displacement from their original homes. Poor sanitation along with inadequate health and nutrition services were the key issues identified by those assessed that they identified needed immediate fix.

3. Description Of Beneficiaries

The proposed project primarily targets children under the age of five years (1350 boys, 1350 girls) and pregnant and lactating women who either affected by acute malnutrition or are at greater risk of getting malnourished. Additionally men and other care givers of children under the age of five will be targeted to enhance their knowledge on malnutrition and enable them take an active role in management and prevention of acute malnutrition. A total of 3700 affected people will be reached including 2700 children under the age of five, 900 Pregnant and Lactating Women, 100 women and 100 men.

4. Grant Request Justification

Persistently high levels of malnutrition are undermining the survival, growth and development of children in the target IDPs and host community in Kaxda district, Prevalence of acute and chronic malnutrition have consistently exceeded emergency thresholds (OCHA Somalia 2016). Through this project, WARDI will scale up its nutrition services and will be able to reach out to the vast majority of the affected population by conceptualizing and implementing a high impact project that will aim at reducing the prevalence of acute malnutrition through continued and persistent prevention strategies while at the same time treating those affected by Malnutrition. In as much as those affected will be treated targeted and conscious efforts will be put towards multiple prevention strategies that will include massive community education and engagement on infant young child feeding, child rearing and early detection and treatment of acute malnutrition. The project will aim at reaching 90% of those targeted in the project and will subsequently reduce acute malnutrition in a big way. The grant will leverage on existing complementary programs in the area including health, WASH, protection and livelihood implemented by WARDI and other partners.

5. Complementarity

The proposed project will be implemented cognizant of other ongoing projects in the target district. Of importance is the ongoing EPHS project that is implemented by WARDI where the project will greatly leverage on referrals between the two projects will be made possible and two teams managing the two grants will work closely together. Further, WARDI is implementing a WASH project with IOM that is aimed at providing safe water to the target communities and improving the hygiene and sanitation situation of the target beneficiaries. WARDI will identify and forge close working relationship with other partners engaged in providing services to the community to maximize on the project outcome and address gaps where in existence.

LOGICAL FRAMEWORK

Overall project objective

To reduce mortality and morbidity related to malnutrition by providing basic nutrition services to malnourished children under the age of five years, pregnant and lactating women among internally displaced persons in Kaxda District, Banadir region.

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			70		
The most vulnerable households, groups and communities are better able to mitigate risk and withstand shocks and stresses		Somalia HRP 2016			30		
Contribution to Cluster/Sector Objectives : The project activities, objectives and outcomes are contributing to Somalia nutrition cluster objectives particularly (objective 1, 3) , the selected interventions includes management of acute malnutrition, micro nutrient supplementation ,Vitamin A supplementation ,de worming ,immunization ,promotion of exclusive breastfeeding which will definitely contribute reduction of mortality and morbidity.							
Outcome 1							
Improved access and utilization of basic nutrition services to 2700 under 5 children with equal access to both sexes (1350 boys and 1350 girls) and 800 PLW IDPs in Kaxda district.							
Output 1.1							
Description							
IMAM services for the management of acute malnutrition improved (by strengthening existing nutrition sites and scaling up of two mobile sites) in Kaxda district.							
Assumptions & Risks							
Displacement ,delay of supplies							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Through nutrition promoters and other nutrition workers undertake screening,detection and referral of 2700 malnourished children to the program and as well refer children having SAM with complication to Daynile Stabilization Center.							
Activity 1.1.2							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide Micro nutrient supplementation, Vitamin A supplementation ,iron folic acid supplementation to 800 eligible pregnant and lactating women in the target IDP, Kaxda District.							
Activity 1.1.3							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Provide treatment of severe acute malnutrition to 2700(1350 boys and 1350 girls) children between age of 6-59 months through two outreach mobile teams.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children screened					5,700
Means of Verification : Registers ,Monthly Reports							
Indicator 1.1.2	Nutrition	Number of children and pregnant and lactating women receiving blanket supplementary feeding					800
Means of Verification : Registers, HMIS reports							
Indicator 1.1.3	Nutrition	Number of children treated in the nutrition program					2,700
Means of Verification : HMIS reports,OTP register							
Output 1.2							
Description							
Improved awareness regarding infant, young child feeding practices /attitudes and maternal nutrition among IDPs and Host community in Kaxda district .							
Assumptions & Risks							
Displacement ,eviction							
Activities							
Activity 1.2.1							
Standard Activity : Infant and young child feeding promotion							
Conduct community and facility-based IYCF in Kaxda district (IYCF consular will organize topic on IYCF ,maternal nutrition at facility level targeting mothers bringing their children to nutrition sites, the staff will also organize six session on IYCF at community level targeting (160 men, 200women).							
Activity 1.2.2							
Standard Activity : Nutrition health and Hygiene promotion							

On weekly basis undertake education on nutrition and hygiene targeting caretakers of children under the age of five years and the general population to gain optimum behavior adequate nutrition and hygiene. Each team to undertake five education sessions per month.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of IYCF promotion sessions held					6

Means of Verification : Promotion sessions reports, photos, attendance sheet

Indicator 1.2.2	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					120
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Means of Verification : Health promotions sessions registers, Weekly/monthly/quarterly reports

Output 1.3

Description

The Capacity of 20 nutrition staff (10 on IMAM, 10 on IYCF) and 200 community members (hygiene promotion) strengthened

Assumptions & Risks

Activities

Activity 1.3.1

Standard Activity : Capacity building

Conduct training for 10 staff (5 female, 5 male) on integrated management of acute malnutrition

Activity 1.3.2

Standard Activity : Capacity building

Conduct IYCF training for 10 community nutrition workers (6 female, 5 male) in Kaxda district

Activity 1.3.3

Standard Activity : Infant and young child feeding counselling

Organize two days orientation workshop to 200 caregivers (100 women and 100 men) on hygiene promotion, child care, household water treatment, nutrition screening and breastfeeding.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					10

Means of Verification : training report, attendance sheet, photos

Indicator 1.3.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					10
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Means of Verification : Training report, photos, attendance sheet

Indicator 1.3.3	Nutrition	Number of community member trained on hygiene promotion, child care, household water treatment, breastfeeding					200
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Means of Verification : 200 community trained, list of community members with phones, attendance sheet

Additional Targets :

M & R

Monitoring & Reporting plan

The Nutrition Program Coordinator develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities. The tools developed will be tested and approved by the project management team. The M&E Officer together with the program team in collaboration with beneficiaries will gather daily and weekly reports through field teams and prepare comprehensive progress reports on monthly basis. Data and reports shared will be audited, analyzed and checked if actual reporting matches with indicators in the LFM (Logical Framework Matrix) and project activities in the work plan verified before shared with donor. Deviation from the project logic will be closely monitored and rectified in case deviation is noted. Successes and achievements however small will be noted and documented. Continuous supportive supervisions will be undertaken to ensure project activities are undertaken as agreed and clients served appreciate the intervention. Quarterly stakeholder meetings bringing together WARDI, beneficiaries and other agencies will be conducted by WARDI where important information with regards to project implementation will be shared including the beneficiary and leaders will be considered and form important basis for project implementation and adjustment. Similarly, beneficiary complain mechanism will be maintained and outstanding complaints followed up with the beneficiaries through their leaders and camp managers. Monthly OTP report will be shared with UNICEF through the online M-nutrition platform and with the MOH Federal Government of Somalia. Data collection tools that will be used will include Focus group interviews, Individual interviews, contact details and register, regular updates on the 4W matrix and inform the nutrition cluster. Upon the completion of the project, an evaluation will be undertaken by an independent firm to ascertain if indeed the project has achieved the intended targets.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Through nutrition promoters and other nutrition workers undertake screening, detection and referral of 2700 malnourished children to the program and as well refer children having SAM with complication to Daynile Stabilization Center.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.2: Provide Micro nutrient supplementation, Vitamin A supplementation, iron folic acid supplementation to 800 eligible pregnant and lactating women in the target IDP, Kaxda District.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.1.3: Provide treatment of severe acute malnutrition to 2700(1350 boys and 1350 girls) children between age of 6-59 months through two outreach mobile teams.	2016												
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.1: Conduct community and facility-based IYCF in Kaxda district (IYCF consular will organize topic on IYCF, maternal nutrition at facility level targeting mothers bringing their children to nutrition sites, the staff will also organize six session on IYCF at community level targeting (160 men, 200women).	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.2.2: On weekly basis undertake education on nutrition and hygiene targeting caretakers of children under the age of five years and the general population to gain optimum behavior adequate nutrition and hygiene. Each team to under take five education sessions per month.	2016												X
	2017	X	X	X	X	X	X	X	X	X	X		
Activity 1.3.1: Conduct training for 10 staff(5 female, 5 male) on integrated management of acute malnutrition	2016												X
	2017												
Activity 1.3.2: Conduct IYCF training for 10 community nutrition workers (6 female, 5 male) in Kaxda district	2016												
	2017	X											
Activity 1.3.3: Organize two days orientation workshop to 200 caregivers(100 women and 100 men) on hygiene promotion, child care, household water treatment, nutrition screening and breastfeeding.	2016												
	2017		X										

OTHER INFO

Accountability to Affected Populations

To ensure accountability to the affected population, WARDI will continuously engage the target population right from the project design. In designing the project, meetings were held with target beneficiaries and their representatives where the idea of implementing this project was discussed in detail. The ideas collected during these meetings formed the design of the project. A community-based feedback and complaints handling mechanism will be established by project management team lead by the project coordinator and the monitoring and evaluation manager. The mechanism will be designed to be inclusive and sensitive to the local community providing a platform for the active involvement of beneficiaries. The feedback mechanism will help identify and respond to beneficiary/stakeholders feedback and complaints. WARDI prioritizes accountability to the affected populace as a key humanitarian principle in its interventions. The organization will constitute project management team to represent the community interests in every stage of the project. The organization will conduct discussion with the community and the various stakeholders in the choice of the relevant infrastructure and will do sensitization on the project objectives, indicators, targeting criteria and all critical aspects in order to inform the community and the intended beneficiaries. The organization has already set up a complaints mechanism in order to address community grievances on the process and provide immediate feedback. The organization will also do a post activity monitoring in every major activity in order to address priority issue highlighted in the monitoring visits. The project incorporates the DO NO HARM principle by making sure that there is complaints mechanism and immediate feedback and further enlists community support through the community based participation in order to avoid conflicts on the project. The project sets clear targeting criteria in order to minimize disagreement on the choice of beneficiaries.

Implementation Plan

As soon as the project is signed WARDI will undertake stakeholder engagement targeting beneficiaries in the target camps, their leadership, local authority and Ministry of health officials to provide overview of the intended project including the objectives, key activities, indicator and the target beneficiaries. Key project staff including the project coordinator and finance positions will be advertised and eligible candidate employed through WARDI HR policy. Further, in close cooperation with the community leaders, local authority and ministry of health officials front line staff of the project including nurses, screeners and promoters will be recruited. Recruited will undergo induction as well as technical training to help them familiarize with the project logic and overall goal.

Once the project is set up, the two mobile teams will be provided with the required drugs and related supplies, plumpy nuts and guidelines. The teams will use strategically located temporary shelters on lands donated by the community to carryout daily screening, treatment and referral for five days in a week. The project coordinator will be expected to coordinate the entire project on daily basis. Field staff will generate daily nutrition report in hard copies that will be consolidated and verified on weekly basis by the coordinator and the M&E manager. Weekly support supervisions will be undertaken together with the management team and MOH officials for quality assurance and addressing bottlenecks. The supervision visits will equally act as feedback session from the beneficiaries as well as on the job training of field staff.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
PAC	Referral of SAM case with complication
IOM	Provision of safe drinking waters, jerrycans and soap

Environment Marker Of The Project

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

All the project activities are engendered, gender will be factored in the on-set of the project through the assessments sampling, where female-headed households will be prioritized. Women will be consulted during the sitting of the project to ensure that it reduces the likelihood of GBV, The project also will enhance gender equality by ensuring equal participation of both gender –women, men ,boys and girls, services are accessible to both boys and girls , men will also engaged for community mobilization and advocacy for optimal IYCF including exclusive breastfeeding.

Protection Mainstreaming

Protection mainstreaming will be considered at all levels of project cycle and project activities, the centers are close to IDP settlements and accessibility is not a concern, there is roving mobile teams to IDP settlements to minimize risk of GBV incident and reduce walking distance of women to seek nutrition service. WARDI will use "Do no harm" method that everybody will be consulted and beneficiaries will be selected with the presence of local authority to avoid conflict of interest.

Country Specific Information

Safety and Security

The security situation in Kaxda has been relatively calm for the last six months compared to other areas in Mogadishu ,although there has been some nsurgents seen in the area but operating under cover due to the heavy presence of security providers such as the AMISOM regiments operating in the district as well as some civilian police force. WARDI has a longstanding presence in Mogadishu since its establishment and has good understanding of the context. Teams involved in operations are regularly trained by a Security Manager. WARDI has established direct relations with clan elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI also maintains proper balancing between different clans/sub-clans, including when contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups Safe and security for project staff and beneficiaries are our top priority, there will be security briefing every day during staff meeting to minimize risk, mobile team will be established in side IDP camps close to the settlement, this will reduce risk of walking long distance to clinic by women and girls.

Access

The project locations can be easily accessed by the local and international organizations and no incidents were reported recently. WARDI has been operating in the project location since the last four years, Thus, the relationship between WARDI and the community in the district is very strong, which enabled WARDI to implement many projects such as, WASH, Nutrition, Health and food security, this shows how WARDI has cordial relationship with the communities of which it is helping, WARDI enjoys full access from all corners of the district including the government , civil societies, beneficiaries as well as the needy people including the IDPs/Returnees. WARDI has main office in Mogadishu, which allows easily to access the targeted locations.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Nutrition Programme Coordinator	D	1	3,970.00	12	100.00	47,640.00

	<i>Nutrition Programme Coordinator is responsible overall project implementation ,coordination ,supervision and preparing of programmatic reports both interim and final report of the project.Will provide technical backstopping for the project. One person @USD 3970 per month inclusive of all benefits for 12 Months with SHF paying 100% of the cost.</i>						
1.2	Project Finance officer	D	1	600.00	12	35.00	2,520.00
	<i>Finance officer be responsible for the preparation of financial documents, make payments, recording of daily transactions and maintaining of Cash Books and Bank statements, prepare all the financial reports of the project and will keep in record. The finance officer will be responsible for handling all finance related works of this project as well as the health project under the SHF.The finance officer will be paid all inclusive salary of US\$800. SHF will pay 35% of his salary</i>						
1.3	Logistic officer	S	1	2,000.00	12	5.00	1,200.00
	<i>Logistics Officer ensures the proper functioning of supply chain including procurement planning, purchasing of goods and services, their transport and storage, supervises the organization, planning, and maintenance of the fleet, evaluates/reports the need and ensures the proper use of equipment, assesses and ensures the functioning of the means of communication appropriate. Responsible for the security on the base including staff, premises, as well as security of materials and assets. He assesses, monitors and reports the security situation and develops security procedures relevant to the context. His salary is USD2000, SHF will pay 5% of the salary, while WARDI will cover the remaining 95% from the other projects</i>						
1.4	Monitoring &Evaluation officer (M&E officer)	S	1	2,500.00	12	10.00	3,000.00
	<i>The M&E Officer will be responsible for the monitoring and ensuring high quality and timely inputs, and for ensuring that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs in a cost effective and timely manner. The M&E officer will be responsible for designing and implementing the M&E activities of the Project; assisting the Project Manager in preparing Quarterly/Annual reports on project progress and will monitor the project activities on a regular basis and will be responsible for the collection & analysis of different data in relation to the project activities. The M&E office will have the following duties in this project: Develop and strengthen monitoring, inspection and evaluation procedures; Monitor all project activities, expenditures and progress towards achieving the project output; Develop monitoring and impact indicator for the project success; Monitor and evaluate overall progress on achievement of results; Monitor the sustainability of the project's results; Provide feedback to the Project Manager on project strategies and activities; Suggest strategies to the Project Management for improving the efficiency and effectiveness of the project by identifying bottlenecks in completing project activities and developing plans to minimize or eliminate such bottlenecks; and Report monthly, quarterly, half-yearly and annual progress on all project activities to the program manager. The salary of M&E officer is USD2,500, SHF will pay 5% of his/her salary, while WARDI will cover the remaining salary from other projects.</i>						
1.5	OTP Nurse-one per mobile team	D	2	450.00	12	100.00	10,800.00
	<i>Two qualified OTP nurses will be employed who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patients medical records to ensure information is up to date for appropriate decision making. The nurses will be paid all inclusive salary of @USD 450 per month for 12 month.SHF will pay 100% of the salary.</i>						
1.6	Screen-two per mobile team	D	4	250.00	12	100.00	12,000.00
	<i>Will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines.four screeners will be employed with all inclusive salary of USD 250 per month for 12 month. SHF will pay 100% of the total cost.</i>						
1.7	Registrars-2 one per Team	D	2	250.00	12	100.00	6,000.00
	<i>Maintain accurate records of all admissions,discharges,transfers and death in the program using OTP registers.Will be all inclusive salary of @USD 250 per month for 12 months will contribute 100% of the total cost.</i>						
1.8	IYCF Counselors	D	2	450.00	12	100.00	10,800.00
	<i>Two IYCF counselors will be engaged for the project at an all inclusive monthly salary of USD 450 per person for 12 months.They will be tasked with individual and group education and counselling of caretakers of children under five in the target camps using pre-designed and approved counselling cards. SHF will pay 100% of the total project cost.</i>						
1.9	Nutrition and hygiene promoters -4	D	4	150.00	12	100.00	7,200.00
	<i>4HWs will be recruited from the target camps and well trained to provide preventive and promotive services at the community level. Their primitive and preventive work will include; hygiene and sanitation promotion, child care ,household water treatment, education on child and maternal nutrition, screening for malnutrition using MUAC and edema test and referral of malnourished cases to relevant interventions. Will paid a salary of USD 150 each per month for 12 months with SHF contribution 100% of the total cost.</i>						
1.10	support staff (Crowd Control/security)	D	4	150.00	12	100.00	7,200.00
	<i>The crowd control/security persons will be employed from the target communities in consultation with the camp management. Will be responsible for controlling crowd and ensuring systematic beneficiary flow. Will additionally ensure security of the team and the supplies. Four persons(two per team) will be engaged at an all inclusive salary of USD 150 per person per month for 12 months.</i>						
	Section Total						108,360.00
Supplies, Commodities, Materials							
2.1	Warehouse cost	D	1	600.00	12	100.00	7,200.00
	<i>One well secured warehouse will be rented at a cost of USD 600 per month for 12 month. The warehouse will help in proper storage of supplies to ensure quality and potency. SHF will meet 100% of the total cost.</i>						

2.2	Training on integrated management of acute malnutrition for 10 nutrition staff	D	1	3,317.00	1	100.00	3,317.00
<i>Five days training for 10 staff on Management of acute malnutrition. The training will increase the knowledge, capacity and skills of the staffs to provide quality care to beneficiaries. SHF will pay 100% of the cost. Attached BOQ</i>							
2.3	Staff training on IYCF for nutrition workers	D	1	3,317.00	1	100.00	3,317.00
<i>IYCF is one of key aspects that will help in reducing malnutrition in the region. to ensure this is attained, five days training for 10 staff on Infant and Young Child feeding practices will be conducted to improve their capacity to provide optimum services to the community. SHF will pay 100% of the cost. Attached BOQ</i>							
2.4	Workshop to educate care givers on child care, exclusive breastfeeding	D	1	8,850.00	1	100.00	8,850.00
<i>two days orientation workshops for 200 community member on child care , household water treatment, Care takers will stay in the training session for two days, therefore, WARDI will give them incentives to maintain the expenses of their households for the two days that they will not able to search the daily bread for the households. The total cost of the training is USD 9,819. SHF will pay USD8,850, while WARDI will contribute USD969 . Attached BOQ</i>							
Section Total							22,684.00
Travel							
5.1	Vehicle rental	D	1	1,800.00	12	100.00	21,600.00
<i>A dedicated vehicle for the nutrition program will be availed and this will be used for the outreaches, project for supervision, patient referrals and for the project officers to reach the project area. the cost is 1800 per vehicle(driver, maintenance, fuels etc) for the project duration. SHF will contribute 100%.</i>							
Section Total							21,600.00
General Operating and Other Direct Costs							
7.1	Communication	D	1	700.00	12	5.00	420.00
<i>Is the communication cost used in field office including internet and telephone expenses, which is US\$700. detailed estimation cost is attached BOQ (Time unit: LUMP sum). SHF will pay 5%, while WARDI will cover the remaining 95% from the other projects.</i>							
7.2	Stationery	D	1	316.60	12	10.00	379.92
<i>The stationery is used in the field office, which is US\$316.6, estimation detailed is attached BOQ (Time unit: LUMP sum). SHF will pay 10%, WARDI will cover the remaining 90% from the other projects</i>							
7.3	water	D	1	230.00	12	10.00	276.00
<i>Is the cost estimation of the water used in the field office, which is US\$230/month, detailed estimation cost is attached BOQ (Time unit: LUMP sum. SHF will pay 10%, WARDI will cover the remaining 90% from the other projects</i>							
7.4	Electricity	D	1	300.00	12	10.00	360.00
<i>Is the estimation cost of the electricity used in the field office, which is USD300/month. SHF will pay 10% of the cost. WARDI will cover the remaining 90% from the other project.</i>							
7.5	office rent	D	1	4,000.00	12	10.00	4,800.00
<i>Office rent is charge to all projects WARDI is implementing. The unit cost of Mogadishu office is US\$4000. SHF will pay 10% of the cost, which is US\$200 monthly, while WARDI will cover the remaining 90% from the other projects.</i>							
Section Total							6,235.92
SubTotal			32.00				158,879.92
Direct							154,679.92
Support							4,200.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							11,121.59
Total Cost							170,001.51

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	100	200	800	1,350	1,350	3,700	<p>Activity 1.1.1 : Through nutrition promoters and other nutrition workers undertake screening,detection and referral of 2700 malnourished children to the program and as well refer children having SAM with complication to Daynile Stabilization Center.</p> <p>Activity 1.1.2 : Provide Micro nutrient supplementation, Vitamin A supplementation ,iron folic acid supplementation to 800 eligible pregnant and lactating women in the target IDP, Kaxda District.</p> <p>Activity 1.2.1 : Conduct community and facility-based IYCF in Kaxda district (IYCF consular will organize topic on IYCF ,maternal nutrition at facility level targeting mothers bringing their children to nutrition sites, the staff will also organize six session on IYCF at community level targeting (160 men, 200women).</p> <p>Activity 1.3.1 : Conduct training for 10 staff(5 female ,5 male) on integrated management of acute malnutrition</p> <p>Activity 1.3.2 : Conduct IYCF training for 10 community nutrition workers (6 female ,5 male) in Kaxda district</p> <p>Activity 1.3.3 : Organize two days orientation workshop to 200 caregivers(100 women and 100 men) on hygiene promotion, child care, household water treatment, nutrition screening and breastfeeding.</p>

Documents

Category Name	Document Description
Project Supporting Documents	BOQ.xlsx
Budget Documents	cost sharing under this SHF allocation projects final.xlsx
Budget Documents	Updated BOQ consolidated Nutrition trainings .xls
Revision related Documents	cost sharing SHF projects.xlsx
Revision related Documents	BOQ consolidated Nutrition trainings .xlsx
Revision related Documents	cost sharing under this SHF allocation projects final.xlsx
Revision related Documents	Updated BOQ consolidated Nutrition trainings .xls
Revision related Documents	cost sharing under this SHF allocation projects-10nov16.xlsx
Revision related Documents	Updated BOQ consolidated Nutrition trainings-Final 11.11.16.xls
Revision related Documents	Final Cost sharing under this SHF allocation projects-11.NOV.16.xls
Grant Agreement	3848-WARDI.pdf
Grant Agreement	3848-WARDI.pdf_Nutrition OCHA signed agreement18nov16.pdf