Coordination Saves Lives							roject Propos
Organization	WRRS (Wamo Relief and	Rehabilitation Service	es)				
Project Title	Emergency provision of tre						ctating women through treatm
CHF Code	CHF-DDA-3485-727						
Primary Cluster	Nutrition		Secondary Clust	er			
CHF Allocation	Standard Allocation 1 (Feb	2015)	Project Duration			12	2 months
Project Budget	232,484.25						
HRP Details	HRP Code	SOM-15/H/71993	HRP Budget	245,	244.00		
D : (D : r : :	HRP Project Ranking	A - HIGH	HRP Gender Marker			T 1	
Project Beneficiaries			Men		Women	Total	
	Beneficiary Summary			15	1,340	1,35	55
			Boys		Girls	Total	
				1,596	1,348	2,94	14
				Tota	I	4,29	99
	Total beneficiaries inclu	ude the following:					
	Children under 5			1,596	1,348	2,94	44
	Pregnant and Lactating V	Vomen		0	1,325	1,32	25
	Staff (own or partner staf	f, authorities)		15	15	3	30
Implementing Partners							
Organization focal point contact details	Name: Aden Bundiid Dual						
		le Title: Excecutive	Director				
BACKGROUND INFORMATION 1. Project rationale. Humanitarian context: Give a specific description	of morbidity and death, inc	780/+252615924990 nalysis estimates 14.9 dicating a deteriorating	E-mail: wrrs_ngo@ 9% of children U5 as g nutrition situation ii	malnouris n Somalia.	hed, of these 2.6% are	derweight is signi	ourished and at even greater nificantly higher in boys GAM rate of 17.3% and SAN
BACKGROUND INFORMATION 1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the target region based on newest data available (indicate source)	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More th rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this	ralysis estimates 14.5 dicating a deteriorating an 74% of these malr indicated a critical nut and erratic rainfall ar s nutrition situation. The dicate are remain highly vulnuth who wed serious levels ar and measles outbre	E-mail: wrrs_ngo@ 9% of children U5 as g nutrition situation inourished children a rition situation with 1 di increased water prough the food secuerable to shocks that of both GAM(11%) eak, and low coverage	malnouris n Somalia. re located 2850 acut rices, trad rity situatio c could pus and SAM (shed, of these 2.6% are GAM, stunting and un- in south central Somal ely malnourished child e disruptions and redu on Dhobley was sust them back to crisis s 1.4%)though this is an	derweight is sign li with a median (Iren U5. Morbidit ced humanitariar tained as serious situation if no sup improvement,CI	nificantly higher in boys GAM rate of 17.3% and SAN tty, poor infant and young chil an assistance are some of the s, this population may strugg upport is provided (joint FSNA CDR and U5DR went up
BACKGROUND INFORMATION 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	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this meet food requirements at FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to streatment of uncomplicate uncomplicated SAM that In Kenya (UNHCR, 2014). Usonumbers of malnutrition. In indicator that the numbers outbreak and low Vitamin our target for young boys	ralysis estimates 14.5 dicating a deteriorating an 74% of these malr indicated a critical nut and erratic rainfall are nutrition situation. The remain highly vulnushowed serious levels and measles outbren some areas to sustance tup nutrition program d SAM, and put in planave arisen due to unc sand PLWs in the are flost of those we admit could be much highe A vaccination coveraçust, and consequently hance the engageme in most vulnerable bo	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation inourished children arition situation with 1 di increased water p nough the food secuerable to shocks that of both GAM(11%) asak, and low coveragin this trend. ms targeting children are plagued by fact in our SC, are alrest than purported. Dhe ge. Number of boys sy their fathers. More tent of communities, I, tys, girls, men and w	malnourish Somalia. n Somalia. n Somalia. re located 2850 acut rices, traditive situatic at could pus and SAM (lee of vitam at the sound some stoprevents, and an interest tors mentiady too manuabley IDP uffering from men worke NGOs and comen. Key	shed, of these 2.6% are GAM, stunting and un- in south central Somal ely malnourished child- e disruptions and redu- n in Dhobley was sustis- sh them back to crisis sh them back to crisis sh them back to crisis sh 1.4%)though this is an in A vaccination/suppli- d girls) U5 , pregnant a ent malnutrition. There fiflux of refugee return- oned above and need shourished(WRRS); a need sustained nutrition malnutrition is high ers will be employed so the UNGOs in the area, a clusters like Food sec-	derweight is sign if with a median (Iren US. Morbidit ced humanitariar tained as serious situation if no sup improvement, CI ementation. Nutril and lactating wone are however sees from Daadat urgent lifesaving situation that caron intervention for er than that of ging as to encourage and the government.	nificantly higher in boys GAM rate of 17.3% and SAN ity, poor infant and young chil an assistance are some of the is, this population may strugg ipport is provided (joint FSNA DR and U5DR went up rition services need to be men, deliver a timely response erious gaps in treatment of ib refugee camp in g intervention to fight the soa an be easily arrested, and an ollowing diarrhoes and measo irls(FSNAU,2015). This infort g men take up the fight agair ent to ensure that nutrition
BACKGROUND INFORMATION 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	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this meet food requirements at FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to streatment of uncomplicate uncomplicated SAM that h Kenya(UNHCR, 2014). Uss numbers of malnutrition. Mindicator that the numbers outbreak and low Vitamin our target for young boys I malnutrition. WRRS will er services are provided to the companions as we seek to WRRS is currently running successfully done this sin nutrition assistance to Boy This assistance has been are also Running a health necessary experience to rsupplementation, immuniz all nutrition projects are line.	malysis estimates 14.5 dicating a deteriorating an 74% of these malrindicated a critical nut I and erratic rainfall are in nutrition situation. The dremain highly vulne, showed serious levels are and measles outbren some areas to sustate tup nutrition prograted SAM, and put in planave arisen due to und a sand PLWs in the area flost of those we admit could be much higher A vaccination coveract US, and consequently thance the engagemene most vulnerable boto address underlying of 1 SC and 1 OTP in 10 ce November 2014 alic se, girls, men pregnar provided through runr facility and MCH in K un these nutrition and aked to WASH, Health	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation inourished children arition situation with 1 di increased water prough the food secuerable to shocks that of both GAM(11%) asak, and low coveragin this trend. The stargeting children are the food secuerable funding of partner as are plagued by fact in our SC, are alrest than purported. Dhe pe. Number of boys sy their fathers. More earn than purported. Dhe pe. Number of boys sy their fathers. More in the fathers and was as and totally fig. Dhobley Afmadow Donbigside our qualified thand lactating woming of OTPs, TSPs is mayo with supplies the alth projects. Out ton, IYCF and health and lor food securities.	malnourisa a Somalia. The located 2850 acut rices, traditive structures and SAM (see of vitament of the located	shed, of these 2.6% are GAM, stunting and unin south central Somal ely malnourished childe disruptions and redun in Dhobley was sustish them back to crisis some susting the susting and the sustained nutrition. There of the sustained nutrition is highers will be employed some malnutrition is highers will be employed some sustained nutrition. The sustained nutrition is highers will be employed some sustained nutrition. The sustained nutrition is highers will be employed so it be a clusters like Food secrition. The sustained nutrition is highers will be employed so it in the area, a clusters like Food secrition. The sustained nutrition is highers will be employed so it in the area, a clusters like Food secrition. The sustained nutrition is higher and sustained and so for mothers and their of that are relevant in the that are relevant in the	derweight is sign if with a median (Iren US. Morbidit ced humanitariar tained as serious situation if no sup improvement, CI ementation. Nutril and lactating wore are however sees from Daadat urgent lifesaving situation that car on intervention for than that of girl or as to encourage and the government including Dhoble wn, even when the IDPs. Our staff all also feature NH children through if fight against ma	nificantly higher in boys GAM rate of 17.3% and SAW ity, poor infant and young chil an assistance are some of the is, this population may strugg ipport is provided (joint FSNA CDR and U5DR went up citton services need to be men, deliver a timely respons erious gaps in treatment of ab refugee camp in g intervention to fight the soa an be easily arrested, and an ollowing diarrhoes and measo cirls (FSNAU, 2015). This inform enen take up the fight again enen to ensure that nutrition WASH will be our close es from UNICEF. We have a has been providing lifesavin tley, afmadow, Diff and Kisma the area was very insecure. V are well trained and have the
BACKGROUND INFORMATION 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	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this meet food requirements at FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to streatment of uncomplicate uncomplicated SAM that h Kenya(UNHCR, 2014). Uss numbers of malnutrition. Mindicator that the numbers outbreak and low Vitamin our target for young boys I malnutrition. WRRS will er services are provided to the companions as we seek to WRRS is currently running successfully done this sin nutrition assistance to Boy This assistance has been are also Running a health necessary experience to rsupplementation, immuniz all nutrition projects are line.	malysis estimates 14.5 dicating a deteriorating an 74% of these malrindicated a critical nut I and erratic rainfall are in nutrition situation. The dremain highly vulne, showed serious levels are and measles outbren some areas to sustate tup nutrition prograted SAM, and put in planave arisen due to und a sand PLWs in the area flost of those we admit could be much higher A vaccination coveract US, and consequently thance the engagemene most vulnerable boto address underlying of 1 SC and 1 OTP in 10 ce November 2014 alic se, girls, men pregnar provided through runr facility and MCH in K un these nutrition and aked to WASH, Health	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation inourished children arition situation with 1 di increased water prough the food secuerable to shocks that of both GAM(11%) asak, and low coveragin this trend. The stargeting children are the food secuerable funding of partner as are plagued by fact in our SC, are alrest than purported. Dhe pe. Number of boys sy their fathers. More earn than purported. Dhe pe. Number of boys sy their fathers. More in the fathers and was as and totally fig. Dhobley Afmadow Donbigside our qualified thand lactating woming of OTPs, TSPs is mayo with supplies the alth projects. Out ton, IYCF and health and lor food securities.	malnourisa a Somalia. The located 2850 acut rices, traditive structures and SAM (see of vitament of the located	shed, of these 2.6% are GAM, stunting and unin south central Somal ely malnourished childe disruptions and redun in Dhobley was sustish them back to crisis some susting the susting and the sustained nutrition. There of the sustained nutrition is highers will be employed some malnutrition is highers will be employed some sustained nutrition. The sustained nutrition is highers will be employed some sustained nutrition. The sustained nutrition is highers will be employed so it be a clusters like Food secrition. The sustained nutrition is highers will be employed so it in the area, a clusters like Food secrition. The sustained nutrition is highers will be employed so it in the area, a clusters like Food secrition. The sustained nutrition is higher and sustained and so for mothers and their of that are relevant in the that are relevant in the	derweight is sign if with a median (Iren US. Morbidit ced humanitariar tained as serious situation if no sup improvement, CI ementation. Nutril and lactating wore are however sees from Daadat urgent lifesaving situation that car on intervention for than that of girl or as to encourage and the government including Dhoble wn, even when the IDPs. Our staff all also feature NH children through if fight against ma	nificantly higher in boys GAM rate of 17.3% and SAW ity, poor infant and young chil an assistance are some of the is, this population may strugg ipport is provided (joint FSNA DR and U5DR went up rition services need to be men, deliver a timely response erious gaps in treatment of ib refugee camp in g intervention to fight the soa an be easily arrested, and an ollowing diarrhoes and measo irls(FSNAU,2015). This inform ge men take up the fight agair ent to ensure that nutrition WASH will be our close es from UNICEF. We have be has been providing lifesavin ley, afmadow, Diff and Kismay the area was very insecure. V are well trained and have the HHP, micro nutrient o our MCH.WRRS ensures tha alnutrition, and build resilience
BACKGROUND INFORMATION 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	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this meet food requirements at FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to streatment of uncomplicate uncomplicated SAM that h Kenya(UNHCR, 2014). Uss numbers of malnutrition. Mindicator that the numbers outbreak and low Vitamin our target for young boys I malnutrition. WRRS will er services are provided to the companions as we seek to WRRS is currently running successfully done this sin nutrition assistance to Boy This assistance has been are also Running a health necessary experience to rsupplementation, immuniz all nutrition projects are line.	rallysis estimates 14.5 dicating a deteriorating an T4% of these malrindicated a critical nut and erratic rainfall ar s nutrition situation. The main highly vulneration stream of the main highly vulneration some areas to sustate and measles outbren some areas to sustate the stream of the main highly vulneration of the main and PLWs in the area fost of those we admit could be much higher at vaccination coveragues and PLWs in the area fost of those we admit could be much higher at vaccination coveragues. The main of the engagement	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation in nourished children arition situation with 1 and increased water prough the food secuerable to shocks that of both GAM(11%) asak, and low coveragin this trend. Ims targeting children are plagued by fact in our SC, are alrest than purported. Dhe pender than purported. Dhe pender fathers. More than purported in this fathers. More than purported in the plagued by fact than purported. Dhe pender fathers and we causes and totally fig. Dhobley Afmadow Dongside our qualified than all actating womning of OTPs, TSFP: ismayo with supplies in health projects. Out and or food securit mmunity component.	malnourising Somalia.	shed, of these 2.6% are GAM, stunting and unin south central Somal ely malnourished child e disruptions and redu on in Dhobley was susish them back to crisis should be disruptionally a dirish them back to crisis should be disruptionally a dirish them back to crisis should be disruptionally a dirish under the dirich and	derweight is sign if with a median (Iren US. Morbidit ced humanitariar tained as serious situation if no sup improvement, CI ementation. Nutril and lactating wone are however sees from Daadat urgent lifesaving situation that carbon intervention foer than that of ging and the government, with the control of the control o	nificantly higher in boys GAM rate of 17.3% and SAW ity, poor infant and young chil an assistance are some of the is, this population may strugg ipport is provided (joint FSNA DR and U5DR went up ition services need to be men, deliver a timely respons erious gaps in treatment of ib refugee camp in g intervention to fight the soa an be easily arrested, and an ollowing diarrhoes and measo irits(FSNAU,2015).This inform ge men take up the fight again ent to ensure that nutrition WASH will be our close es from UNICEF. We have is has been providing lifesavin ley, afmadow, Diff and Kisma' are well trained and have the HHP, micro nutrient our MCH.WRRS ensures the almutrition, and build resilienc immunities with immense need
BACKGROUND INFORMATION 1. Project rationale. Humanitarian context: Give a specific description of the humanitarian situation in the larget region based on newest data available (indicate source) (Maximum of 1500 characters) 2. Needs assessment. Describe the capacities in place, then dentify the gaps (previous and new). Explain the specific needs of your target group(s) in detail. State now the needs assessment was conducted (who consulted whom, now and when?). List any baseline data 3. Activities. List and describe the activities that your organization is currently implementing to address these needs	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba i feeding practices, delayed factors that attribute to this meet food requirements and FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to set treatment of uncomplicate uncomplicated SAM that in Kenya (UNHCR, 2014). Usonumbers of malnutrition. WRRS will enservices are provided to the companions as we seek to the work of the work o	rallysis estimates 14.5 dicating a deteriorating an T4% of these malrindicated a critical nut and erratic rainfall ar s nutrition situation. The main highly vulneration serious levels and measles outbren some areas to sustate the system of	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation in nourished children arition situation with 1 and increased water p nough the food secuerable to shocks that of both GAM(11%) asak, and low coveragin this trend. Important the strend of the	malnourising Somalia.	shed, of these 2.6% are GAM, stunting and unin south central Somal ely malnourished child e disruptions and redu on in Dhobley was susish them back to crisis in A vaccination/suppled girls) U5 , pregnant a ent malnutrition. Therefully of refugee returnioned above and need linourished (WRRS); a need sustained nutrition malnutrition is highers will be employed so I LNGOs in the area, a clusters like Food secrition. The production of the prod	derweight is sign if with a median (Aren US. Morbidit ced humanitariar tained as serious situation if no sup improvement, CI ementation. Nutril and lactating wone are however sees from Daadat urgent lifesaving situation that care in intervention foer than that of ging of as to encourage and the governmenuity, health and Verted with supplie ce 2012, WRRS including Dhobid win, even when the DPs. Our staff an also feature NH children through a different through the fight against may be remote commendation.	nificantly higher in boys GAM rate of 17.3% and SAW ity, poor infant and young chil an assistance are some of the is, this population may strugg ipport is provided (joint FSNA DR and U5DR went up ition services need to be men, deliver a timely respons erious gaps in treatment of ib refugee camp in g intervention to fight the soa an be easily arrested, and an ollowing diarrhoes and measo irits(FSNAU,2015).This inform ge men take up the fight again ent to ensure that nutrition WASH will be our close es from UNICEF. We have is has been providing lifesavin ley, afmadow, Diff and Kisma' are well trained and have the HHP, micro nutrient our MCH.WRRS ensures the almutrition, and build resilienc immunities with immense need
BACKGROUND INFORMATION 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	Recent post Gu FSNAU a of morbidity and death, inc compared to girls. More the rate of 3.7%. Lower Juba is feeding practices, delayed factors that attribute to this meet food requirements at FESNET). Dhobley IDPS, significantly due to diarrhe sustained and scaled up in WRRS therefore aims to streatment of uncomplicate uncomplicated SAM that he Kenya (UNHCR, 2014). Uss numbers of malnutrition. Mindicator that the numbers outbreak and low Vitamin our target for young boys malnutrition. WRRS will er services are provided to the companions as we seek to WRRS is currently running successfully done this sinc nutrition assistance to Boy This assistance has been are also Running a health	rallysis estimates 14.5 dicating a deteriorating an 74% of these malr indicated a critical nut and arratic rainfall ar s nutrition situation. The dremain highly vulnushowed serious levels a and measles outlers a some areas to sustance and put in planave arisen due to unce and PLWs in the are dost of those we admit could be much highe A vaccination coveragus, and consequently and and PLWs in the area dost of those we admit could be much highe A vaccination coveragus, and consequently and consequently and some and PLWs in the area dost of those we admit a could be much higher and some and planame are most vulnerable both address underlying of the significance	E-mail: wrrs_ngo@ 2% of children U5 as g nutrition situation in nourished children artition situation with 1 and increased water p nough the food secuerable to shocks that of both GAM(11%) asak, and low coveraging this trend. ms targeting children are treated by fact in our SC, are alrest than purported. Dhe pender than purported. Dhe pender than purported. Dhe pender fathers. More than purported by set to of communities, I ys, girls, men and we causes and totally fig. Dhobley Afmadow Dongside our qualified than and lactating woming of OTPs, TSFP; ismayo with supplies	malnourish of Somalia. In Somalia. In Somalia. In elected 2850 acut rices, traditive structurices, traditive structurices, traditive structurices, traditive structurices, traditive structurices, traditive structurices, and an interest structurices, and an interest structurices, and structurices and structurices. In some structurices and structurices and structurices and structurices and structurices. In some structurices and structurices and structurices and structurices and structurices. In some structurices and structurices and structurices and structurices and structurices. In some structurices and structurices and structurices and structurices and structurices. In some structurices and structurices and structurices and structurices and structurices and structurices. In some structures and structures are structured and structures a	ched, of these 2.6% and GAM, stunting and unin south central Somal ely malnourished child e disruptions and redun in Dhobley was sustish them back to crisis south of the control of the c	derweight is sig ii with a median ifren U5. Morbid ced humanitaria tained as seriou situation if no su improvement, Cementation. Nut and lactating wo are however sees from Daada urgent lifesavin situation that con intervention fer than that of go as to encourage and the governmentity, health and orted with supplice 2012, WRRS including Dhob wn, even when IDPs. Our staff a	The first of the f

Indicators for outcome 1		d be.											
		Cluster	Indicator de	scription						Targe			
	Indicator 1.1	Nutrition	Number of cl	hildren (6-59months) and pregnant and lactating	women ac	dmitted in	treatment	programm	nes	4269			
	Indicator 1.2	Nutrition	Number of b	oys and girls Treated for uncomplicated and com	plicated S	AM at the	OTP and	SC.		2944			
	Indicator 1.3	Nutrition	Number of p	regnant and lactating women treated for deworm	ing and su	pplied wit	h multiple	micronutri	ients	1325			
Outcome 2	Improved acce	ss of boys	s, girls, men and	I women to nutrition related resilience activities the	rough nut	rition serv	ices pack	age activit	ies.				
Activity 2.1				ach month among pregnant women and lactating ly for families with children between 0 and 24 mo		aregivers	and willing	g husband	s of these	womer			
Activity 2.2	The NHHP edu	cator will	conducts 2 nutr	ition health and hygiene promotions every two we	eeks in O	TP site an	d the CHV	Vs among	the comm	unity.			
Activity 2.3													
Indicators for outcome 2			Cluster	Indicator description					Tar	get			
	Indicator 2.1		Nutrition	Number of IYCF promotion sessions held					48	3			
	Indicator 2.2		Nutrition	Number of NHHP promotions conducted in the	facilities				48				
	Indicator 2.3								0				
Outcome 3				e and 15 female project staff, community health v	workers ar	nd commu	nity volun	teers throu	ugh condu	cting			
	IMAM, IYCF ar												
Activity 3.1				male and 15 female) and community volunteers of and management of common childhood illnesse									
Activity 3.2				community volunteers (15 male and 15 female) of support optimal IYCF practices, and training on									
Activity 3.3													
Indicators for outcome 3		Cluster Indicator description											
	Indicator 3.1 Nutrition Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition												
	Indicator 3.2	Nutrition Number of male and female staff trained on identification, referral and follow-up											
	Indicator 3.3												
WORK PLAN													
•				ealth workers, targeting 95% coverage;those foun									
activity how you plan to implement	staff will howev will also be in of be involved wit Breastfeeding, of breastfeedin however be su with the CHWs will be expecte nutrition project	er verify tharge of ith finding confer adving key of the ported by and indeed to give it manager	he status of those mmunization, defaulters and cose on complement of the complement of the community of the	ealth workers, targeting 95% coverage;those founds affected before admission. Treatment of uncovered worming and provision of micro nutrients. CHW: ases.IYCF education and counseling will be done entary feeding and give talks on the same. All cortex and male elders.NHHP promotion will be done to have and other project staff. The Sheikhs, ty in fostering issues relating to IYCF, NHHP IMP act as good examples to the community.Lessons the cluster.The nutritionist will be the project mana	mplicated s will offer e by profe mmunity a one by qui elderly Me M and pro- learned a	SAM will the follow-up assional IY (and project alified and trace and trace amotion of and good pand good good pand good good good good good good good go	oe done by visits to community of community	y qualified lients in the second will also be inversely in the second will here. It was a second will be doctored it will be doctored in the second will be doctored will be doctored in the second will be doctored will be doctored in the second will be doctored will be	nurse.The eir home a also suppo volved in p noters. The ints will wo ce activitie umented b	e nurse and als ort romoti ey will ork closes. The by the			
Implementation: Describe for each activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in o be involved wit Breastfeeding, of breastfeedin however be suj with the CHWs will be expecte	er verify tharge of in finding confer adving key of the ported by and indeed to give interpretable that the ported by and indeed to give interpretable that the ported by and indeed to give interpretable that the ported by the	he status of those mmunization, defaulters and cose on complement of the complement of the community of the	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: asses.IYCF education and counseling will be done entary feeding and give talks on the same. All corEBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ty in fostering issues relating to IYCF, NHHP IMP act as good examples to the community.Lessons	mplicated s will offer e by profes mmunity a one by qualled light of the control	SAM will the follow-up ssional IYe and project alified and trace omotion of and good paill oversee Month	oe done by visits to community of the project staff will a trained N ditional bird from the project staff with the project staff with the project staff will be the project staff with the project staff with the project staff will be the project staff with the project staff will be the project staff with the project staff will be	y qualified lients in the s, who will also be inverted that the data will be doctor. All staff	nurse.The eir home a also suppor volved in p noters. The t	e nurse and also ort romotic ey will ork clos ss. They y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeedin however be su with the CHWs will be expecte nutrition projec IMAN,IYCF and Activity Description.	er verify tharge of itharge of it	he status of thommunization, defaulters and cose on complementes being the defaulters and cose on complementes being the defaulters and state of the community of their level.	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: asses.IYCF education and counseling will be done entary feeding and give talks on the same. All corEBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ty in fostering issues relating to IYCF, NHHP IMP act as good examples to the community.Lessons	mplicated s will offer by profes mmunity a one by qualled light of the	SAM will be follow-up ssional IYe and project alified and trace omotion of and good paill oversee	oe done by visits to community of the project staff will be a	y qualified lients in the s, who will also be inverted attendative resilience will be doctor. All staff	nurse.The eir home a also suppo volved in p noters. The ints will wo ce activitie umented b will be trai	e nurse and als ort romotic ey will ork clos s. The y the ned in			
activity how you plan to implement it and who is carrying out what	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding however be su with the CHWs will be expecte nutrition projec IMAN,IYCF and Activity Description. Activity 1.1 S five, and pregn moderately ma Activity 1.2 T	er verify tharge of in tharge of in tharge of in tharge of in tharge of interest of the second of th	he status of thommunization, defaulters and code and complements being the yellow of the communing formation and rand shared with their level. The degistration and actating women into the incomplicated actifities. The children to the complicated actifities. The children to the complicated actifities.	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW-ases.IYCF education and counseling will be done entary feeding and give talks on the same. All corBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ity in fostering issues relating to IYCF, NHHP IMA act as good examples to the community.Lessons the cluster. The nutritionist will be the project mana demission of severely acutely boys and girls under to the OTP and SC programme and referral of	mplicated s will offer e by profer munity a profer munity a profer munity and profer munity Meand profer and will be a munity and will be a munity and profer and will be a munity and will be a munity and munit	SAM will to follow-up ssional IY to and project and trace monotion of and good project ill oversee Month 3-4	visits to c CF nurses t staff will I trained N ditional bir f commun practices v the proje	y qualified lients in th s, who will also be inv liHHP prom th attenda ity resilient will be doct. All staff Month 7-8	nurse.The eir home a also suppo volved in p noters. The ints will wo ce activitie umented b will be trai Month 9-10	e nurse and als ort romotic ey will ork clos s. The y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding,	er verify tharge of in harge of in hinding to offer adviving key of the ported by and indeed do to give in the manager of the ported by the ported by and indeed the ported by the porte	he status of thommunization, defaulters and cose on complements being the defaulters and cose on complements being the defaulters and cose on complements being the default of the communing formation and rand shared with the default of their level. Design the default of the new default of the default of the new defa	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW-ases.IYCF education and counseling will be done entary feeding and give talks on the same. All corBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ity in fostering issues relating to IYCF, NHHP IMA act as good examples to the community.Lessons the cluster. The nutritionist will be the project mana demission of severely acutely boys and girls under to the OTP and SC programme and referral of eighboring TSFP programmes.	mplicated s will offer e will offer e munity a cone by qui elderly Me MM and pro-learned a ger and w	SAM will to follow-up school IV follow-up school IV for sind project alified and en and tracomotion of and good pail oversee Month 3-4	pe done by visits to c CF nurses t staff will be trained N ditional bir f commun practices v e the proje Month 5-6 X	y qualified lients in the same of the same	nurse.The eir home a also suppor volved in p noters. The nts will wo ce activitie umented b will be trai Month 9-10 X	e nurse and als ort romotic ey will ork clos s. The y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding, of breastfeedin however be suj with the CHWs will be expecte nutrition projec IMAN,IYCF and Activity Desc. Activity Desc. Activity 1.1 S five, and pregn moderately ma Activity 1.2 T girls in the OTT dewormed and Activity 1.3 P dewomers and Activity 2.1 In lactating wome	er verify tharge of inharge of in	he status of thommunization, defaulters and complements of the second complements being the Community of the second community	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: asses.IYCF education and counseling will be done entary feeding and give talks on the same. All cortinator feeding and give talks on the same. All cortinator feeding and give talks on the same. All cortinator feeding and give talks on the same. All cortinator feeding is the characteristic feeding is sues relating to IYCF, NHHP IMA act as good examples to the community. Lessons the cluster. The nutritionist will be the project manary of the OTP and SC programme and referral of eighboring TSFP programmes. In and complicated SAM cases among the boys and tren will also be given routine immunization,	mplicated s will offer e bill profession with the sum of the sum o	SAM will to follow-up sessional IYO follow-up sessional IYO follow up to follow up to follow up and trace and trace of the following the following good pill oversee when the following good pill oversee X	pe done by visits to c CF nurses t staff will be trained N ditional bir f commun practices v e the proje	y qualified lients in the symbol will last on the symbol will last on the last of the lient last of the lient last of the lient last of the last of the last of the lient last of the last of th	nurse.The eir home a also suppor volved in p noters. The nts will wo ce activitie umented b will be trai	e nurse and also ort romotic ey will ork clos es. The y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding,	er verify tharge of in harge of in harge of in hinding of offer adviving key of the ported by and indeed to give in the manager of the manage	he status of thommunization, defaulters and complements of the second complements being the yellow of the second complements being the yellow of the second complements of the	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: ases.IYCF education and counseling will be done entary feeding and give talks on the same. All cor IBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, tiy in fostering issues relating to IYCF, NHHP IMP act as good examples to the community.Lessons the cluster.The nutritionist will be the project mana demission of severely acutely boys and girls under to the OTP and SC programme and referral of eighboring TSFP programmes. and complicated SAM cases among the boys and dren will also be given routine immunization, estating women with multiple micronutrients, referral to the nearest MCH or a hospital in need be.	mplicated s will offer e will offer e munity of the munity	SAM will to follow-up sessional IYO follow-up sessional IYO follow-up sessional IYO follow-up follow-up and trace and trace of the follow-up follo	pe done by visits to c CF nurses t staff will be trained N ditional bir f commun practices v e the proje	y qualified lients in the symbol will lients in the symbol will also be invalid also be doctored. All staff Month	nurse.The eir home a also suppo volved in p noters. The nts will wo ce activitie umented b will be trai	e nurse and als ort romotic ey will ork clos ss. The y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding,	er verify tharge of in harge of in harge of in hinding of offer adviving key of the ported by and indeed to give in the manager of the manage	he status of thommunization, defaulters and complements of the second complements being the yellow of the second complements being the yellow of the second complements of the	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: ases.IYCF education and counseling will be done entary feeding and give talks on the same. All cor IBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ity in fostering issues relating to IYCF, NHHP IMA act as good examples to the community.Lessons the cluster. The nutritionist will be the project mana demonstrated by the	mplicated s will offer e by profes of the by profes of the by quality Me Mand profes of the by quality Me Mand profes of the by quality Me Mand profes of the by quality Me Month 1-2 X	SAM will to follow-up sessional IYU and project alified and an and tracomotion of ond good pail oversees Month 3-4 X X	pe done by visits to c CF nurses: cF nurses: t staff will trained N difference of the commun practices we the project the project of the commun tractices we the project of the project of the commun tractices we the project of the p	y qualified lients in the spending of the lients in the spending of the lients in the lients in the lients of the	nurse.The eir home a also suppo volved in p noters. The nts will wo ce activities umented b will be trai Month 9-10 X X X	e nurse and als ort romotic ey will ork clos s. The y the ned in			
activity how you plan to implement it and who is carrying out what Project workplan for activities defined in the	staff will howev will also be in c be involved wit Breastfeeding, of breastfeeding,	er verify tharge of in harge of the harden of the harge of the harge of the harge of the harge of the harden of	he status of thommunization, defaulters and cose on complements being the defaulters and cose on complements being the defaulters and cose on complements being the default of the community of their level. Degistration and actating women into children to the new funcomplicated actilities. The children to the new funcomplication of the community of the default of the children will be deducated will complete the children will be completed the children will be children	se affected before admission. Treatment of uncoreworming and provision of micro nutrients. CHW: ases.IYCF education and counseling will be done entary feeding and give talks on the same. All cor IBAs and male elders.NHHP promotion will be doch workers and other project staff. The Sheikhs, ity in fostering issues relating to IYCF, NHHP IMA act as good examples to the community.Lessons the cluster. The nutritionist will be the project mana demonstrated by the	mplicated s will offer e by profes of the by profes of the by quality Me Mand profes of the by quality Me Mand profes of the by quality Me Mand profes of the by quality Me Month 1-2 X	SAM will to follow-up sessional IYU and project alified and an and tracomotion of ond good pail oversees Month 3-4 X X	pe done by visits to c CF nurses: cF nurses: t staff will trained N difference of the commun practices we the project the project of the commun tractices we the project of the project of the commun tractices we the project of the p	y qualified lients in the spending of the lients in the spending of the lients in the lients in the lients of the	nurse.The eir home a also suppo volved in p noters. The nts will wo ce activities umented b will be trai Month 9-10 X X X	e nurse and als ort romotic ey will ork clos ss. The y the ned in			

M & E DETAILS

							_						e do	
Activity Description	M & E Tools to use	Means of verification	1	2	3	4	5	6	7	8	9	10	11	1
Activity 1.1 Screening, registration and admission of severely acutely boys and girls under five, and pregnant and lactating women into the OTP and SC programme and referral of moderately malnourished children to the neighboring TSFP programmes.	- Contact details - Data collection - Field visits - Focus group interview - Individual interview - Photo with or without GPS data - Verification	-Admission sheets -Field visit reports -Interview schedules Photos -Personal information form		X	X	X	X	X	X	X	X	Х	X	
Activity 1.2 Treatment of uncomplicated and complicated SAM cases among the boys and girls in the OTP and SC facilities. The children will also be given routine immunization, dewormed and follow-up conducted.	Contact details Distribution monitoring Field visits Focus group interview Photo with or without GPS data Verification	-Treatment /ration cards -Admission sheets -Field visit reports -Interview schedules Photos -Personal information form		х	X	Х	Х	х	Х	х	х	Х	х	
Activity 1.3 Provision of pregnant and lactating women with multiple micronutrients, dewomers and antenatal check-up before referral to the nearest MCH or a hospital in need be.	- Contact details - Individual interview - Photo with or without GPS data	-Signed attendance sheet -Photos		Х	X	Х	х	X	Х	Х	Х	Х	Х	
Activity 2.1 IYCF educator conducts 2 promotions each month among pregnant women and lactating women/caregivers and willing husbands of these women at the facility and community level especially for families with children between 0 and 24 months	Contact details Field visits Focus group interview GPS data Verification	-Attendance sheet -Admission sheets -Field visit reports -Interview schedules -Photos -Personal information form		Х	X	Х	Х	Х	X	Х	х	X	Х	
Activity 2.2 The NHHP educator will conducts 2 nutrition health and hygiene promotions every two weeks in OTP site and the CHWs among the community.	Contact details Field visits Individual interview Photo with or without GPS data Verification	-Admission sheets -Field visit reports -Interview schedules Photos -Personal information form -Documentation of best practice and other learning methodologies -Immmunisation/ micronutrient cards -Distribution documents		×	Х	х	Х	X	X	×	×	X	X	
Activity 2.3	- Field visits - Photo with or without GPS data - Verification													
Activity 3.1 Train 15 project staff and 15 CHWs (15 male and 15 female) and community volunteers on IMAM, identification, referral and follow up of acutely malnourished children, and identification and management of common childhood illnesses using the standard guidelines with regular refresher courses.		-Training reports -Signed attendance sheet -Perdiem Signing sheet -Photos -Certificates		Х					х					
Activity 3.2 Train 15 project staff and 15 CHWs and community volunteers (15 male and 15 female) on IYCF, form mother to mother support groups that will include both men and women in order to support optimal IYCF practices. and training on NHHP through counseling, education and follow up visits.		-Training reports -Signed attendance sheet -Perdiem Signing sheet -Photos -Certificates		X					Х					

OTHER INFORMATION

Coordination with other Organizations in project area	Organization	Activity
Organizations in project area	Subnational cluster coordination team	We will work closely with them in providing information for coordination and nutrition activities and identification of gaps
	2. UNHCR	We will work together in serving IDPs and especially returnees in that sharing information and providing us final voluntary returnees manifest list through UNHCR/NRC staff in Dobley way station point. Through the support of UNHCR/NRC, WRRS staff has been trained on handling returnees and IDPs on Protection & Return Monitoring Network (PRMN) to capture on their database, thus our staff is based in the way station to verify the returnees and also to address other underlying causes of malnutrition. We will together engage the concerned clusters i.e. WASH & HEALTH cluster for integration of services, such as referral mechanism to our stabilization center
	3. UNICEF	We will be receiving our nutrition supplies from UNICEF as well as any technical assistance as we are in close communication with them
	4. SAF	After screening, we will be referring beneficiaries with MAM to neighboiring organizations that are running TSFP programmes.
Gender theme support	Yes	
Outline how the project supports the gender theme	are comfortable and encoura malnutrition compared to the	ys, girls, men and women in the fight against malnutrition. Both men and women staff will be employed so that all gender aged in the fight against malnutrition. Boys will be given consideration in the fight as they are more affected by girls. Both elderly men and women who are significant others in this community are included to ensure that promotion equal number of male and female CHWs will be employed to bring balance.

		supports	V	Activity 1.1: Screening, registration are programme and referral of moderately						nant and lactating	g women into th	ne OTP and SC					
			√	Activity 1.2: Treatment of uncomplication given routine immunization, dewormed				nong the boy	s and girls in the O	TP and SC faciliti	es. The childre	n will also be					
			V	Activity 1.3: Provision of pregnant an MCH or a hospital in need be.	d lactating w	omen with	multiple mic	ronutrients, o	lewomers and ante	enatal check-up be	efore referral to	the nearest					
			V	Activity 2.1: IYCF educator conducts women at the facility and community le						omen/caregivers	and willing hust	pands of these					
	1.1 Internation Code Buc		V	Activity 2.2: The NHHP educator will community.	conducts 2 r	utrition hea	alth and hyg	iene promotio	ons every two week	ks in OTP site and	the CHWs am	ong the					
				Activity 2.3:													
			V	Activity 3.1: Train 15 project staff and acutely malnourished children, and idea courses.													
			V								/CF, form mother to mother support groups counseling, education and follow up visits.						
				Activity 3.3:													
BUDGET																	
BUDGET A:1 Staff and Personnel Costs 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.1 Interi	national S	taff														
	Code	Budget I	ine D	escription	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF					
	1.1.1	Executiv	e Dire	ector	1	2500	12	months	30,000.00	24,000.00	6,000.00	20.00					
	1.1.2	Progran	nme C	oordiator	1	2000	12	months	24,000.00	4,800.00	19,200.00	80.00					
	1.1.3																
 - -	1.1.4																
	1.1.5																
	1.1.6																
	1.1.7																
	1.1.8																
	1.1.9																
	1.1.10																
A:1 Staff and Personnel Costs				Subtotal					54,000.00	28,800.00	25,200.00						
	Budget Narrative:																
	1.2 Loca	I Staff						1									
	Code	Budget I	ine D	escription	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF					
		Nutritio	n Proje	ect Manager	1	1500		Months	18,000.00	0.00	18,000.00	100.00					
		Nurse	A a = :	ntont	4	600		Months	28,800.00	0.00	28,800.00	100.00					
		Project Screene		IIIdIII	3	300		Months Months	12,000.00	0.00	12,000.00	100.00					
		Registra			3	200			7,200.00	0.00	7,200.00	100.00					
	1.2.6	IYCF ed	ucato	r	1	800	12	Months	9,600.00	0.00	9,600.00	100.00					
A:1 Staff and Personnel Costs B:2 Supplies, Commodities,	1.2.7	NHHP e	ducate	or	1	800	12	Months	9,600.00	0.00	9,600.00	100.00					
	1.2.8	Guards			2	150	12	Months	3,600.00	0.00	3,600.00	100.00					
	1.2.9	Commu	nity H	ealth Workers	5	150	12	Months	9,000.00	0.00	9,000.00	100.00					
	1.2.10																
				Sub Total					108,600.00	0.00	108,600.00						
	-	Narrative:			1			I	1 1	1		1 '					
Commodities,	Code	Budget I	ine D	escription	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF					
waterials	2.1.1	OTP/SC	Gene	rator maintance and fuel	1	400	12	Months	4,800.00	0.00	4,800.00	100.00					
	2.1.2			operation	50	4	12		2,400.00	0.00	2,400.00	100.00					
	2.1.3	Wareho	use re	ental	1	200	12	Monthls	2,400.00	0.00	2,400.00	100.00					

		7								
	2.1.4	IMAM training	1	4000	1	lumpsum	4,000.00	0.00	4,000.00	100.0
	2.1.5	IYCF Training	1	4000		lumpsum	4,000.00	0.00	4,000.00	100.0
	2.1.6	Fumigation of warehouse	1	350	2	lumpsum	700.00	0.00	700.00	100.0
	2.1.7	NHHP promotion	1	1410	1	lumpsum	1,410.00	0.00	1,410.00	100.0
	2.1.8	Vehicle rental	1	1800	12	months	21,600.00	0.00	21,600.00	100.0
	2.1.9	Community Volunteers perdiem	10	15	12	months	1,800.00	0.00	1,800.00	100.0
	2.1.10									
		Sub Total					43,110.00	0.00	43,110.00	
	Budget N	arrative:								
C:3 Equipment	Code	Budget Line Description	Units	Unit Cost	Duration	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:						<u> </u>	1	
D:4 Contractual	Code	Budget Line Description	Units	Unit Cost	Duration	TimeUnit	Amount(USD)	Organization	CHF	%charged to CHF
Services	4.1.1									
	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	
	Dl						0.00	0.00	0.00	
	Budget N	1				1 1				1
E:5 Travel	Code	Budget Line Description	Units	Unit Cost		TimeUnit	Amount(USD)	Organization		%charged to CHF
	5.1.1	Vehicle Rental	1	1800		monthly	21,600.00	0.00	21,600.00	100.0
	5.1.2	Flight travel(executive director and program coordinator)	1	3200	1	lumpsum	3,200.00	0.00	3,200.00	100.0
	_5.1.3									
	_5.1.4									
	_5.1.5									
	_ 5.1.5									
	_5.1.6									

		7				<u> </u>	T	1		1					
	5.1.7														
	5.1.8														
	5.1.9														
	5.1.10														
			Su	b Total								24,800.00	0.00	24,800.00	
	Budget N	larrative:				·									
F:6 Transfers and Grants to	Code	Budget Line Description					Jnits	Unit Cost	Duration	TimeU	Init	Amount(USD)	Organization	CHF	%charged to
Counterparts	6.1.1														
	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		Su	ıb Total								0.00	0.00	0.00	
	Budget N	larrative:													
G:7 General Operating	Code							Unit Cost	Duration	TimeUn	it	Amount(USD)	Organization	CHF	%charged to
and Other Direct Costs	7.1.1	7.1.1 Office rent					1	400	12	Months		4,800.00	0.00	4,800.00	100.0
	7.1.2	Office statio	nery				1	142	12	months		1,704.00	0.00	1,704.00	100.0
	7.1.3	Communica	tion (in	ternet and telephone)			1	150	12	Months		1,800.00	0.00	100.0	
	7.1.4	Utilities (ele		and water)			1	250		months		3,000.00	0.00	3,000.00	
	7.1.5	Bank charge	es				1	4261	1	Lumpsu	m	4,261.00	0.00	4,261.00	100.0
	7.1.6						4								
	7.1.7						4								
	7.1.8														
	7.1.9														
	7.1.10														
			Sul	b Total								15,565.00	0.00	15,565.00	
	Budget N	larrative:													
			1	TOTAL								246,075.00	28,800.00	217,275.00	
H.8 Indirect Programme	Code	Budget Line	Descrip	otion							An	nount(USD)	Organization	CHF	%charged to CHF
Support Costs	8.1.1	Indirect Pro	gramm	e Support Costs								0.00	0.00	15,209.25	7.0
			G	RAND TOTAL								246,075.00	28,800.00	232,484.25	
Other sources	of funds														
	Descript	tion		Amount	%										
	Organiz	ation		28,800.00	11.02										
	Commu	nity			0.00										
	CHF			232,484.25	88.98										
	Other Do	onors	a)	0.00											
			b)	0.00											

	T	OTAL		261,284.25								
LOCATIO	ONS											
Region	District	Location	Standard Clust	andard Cluster Activities				Beneficiary Description	Number	Latitude	Longitude	P.Code
Lower Juba	Afmadow	Dhobley	young child feed nutrition (MCHN Hygiene promot	mmunity screening for malnutrition and referral, Infant and ung child feeding promotion, Maternal child health and trition (MCHN) promotion messages, Nutrition health and giene promotion, Treatment of severe acute malnutrition in ildren 0-59months				Children U5 (Boys and girls), pregnant and lactating women and their willling husbands, and staff, CHWs and Community members	4299	0.40627	41.01238	NA-3716 Q12-001
TOTAL									4,299			
OCUME	ENTS											
Docume	nt Descript	ion										
1. LOCA	TION DESC	RIPTION-ID	Ps TO BE COVE	RED								
2. WRRS	Staff descr	iption										
3. Budge	t Template											
4. Trainin	nga BoQ											
5 final bo	og WRRS 7	27										