

Requesting Organization :	Hidig Relief And Development Organization			
Allocation Type :	Reserve Allocation 3 (July 2022)			
Primary Cluster	Sub Cluster	Percentage		
Nutrition		55.00		
Health		45.00		
		100		
Project Title :	Integrated health and nutrition response to drought affected communities in xudur district Bakool region			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-22/3485/RA3/Nut-H/NGO/22692	
Cluster :		Project Budget in US\$:	498,496.95	
Planned project duration :	6 Months	Priority:		
Planned Start Date :	01/08/2022	Planned End Date :	31/01/2023	
Actual Start Date:	01/08/2022	Actual End Date:	31/01/2023	
Project Summary :	<p>This is an integrated health and Nutrition response to scale up the effects of the famine/droughts in Bakol region South west state Somalia. It is intended to mitigate the physical and protection consequences of drought on populations and communities in Xudur District. The main objective of this project is to provide integrated life-saving emergency primary health and Nutrition services to 20,000 (Nutrition: 5,300 Boys, 5,100 Girls and 7,000 PLW, for Health: 5,300 Boys, 5,100 Girls and 7,000 women, 2,600 men) affected direct beneficiaries in Xudur through the provision of seven health & Nutrition IERT teams for integrated services in Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDP , Doon dardiir IDP and host communities and three health and Nutrition static facility at Horseed village, Mooragaabey and Buulow village in Xudur district. HIDIG emphasis will be on maternal, neonatal and child health including emergency immunization, psychosocial support, outpatient consultation (OPD), GBV case management and referral to the host communities ,rural hard to reach areas and IDPs as well as treatment of severe acute malnutrition, HIDIG will closely coordinate with Xudur district Local MOH as well as south west level MOH and social mobilizers, elders all involved in activities on mobilizing communities as well HIDIG will supports mental health and psychosocial services to further ensure the community members/leaders engagement and involvement in community mental health services and importance of community education on the available mental health , psychosocial and SGBV within the HIDIG Health and nutrition IERT team in Xudur target sites.</p> <p>On the other hand, the nutrition component intends to achieve comprehensive community outreach outpatient Therapeutic Programme (OTP) and supplementary feeding program [TSFP] centers integrated with primary health care services managed by HIDG thus providing more holistic opportunity to the target beneficiaries. It shall also endeavor to provide adequate caregivers infant and young child feeding practices, IYCF/NHHP promotion session for better information dissemination to the caregivers in the project area, Referral of malnourished children with severely complicated cases will be done to the target under five boys and girls as well as providing multiple micronutrient , iron folic , deworming and vitamin A supplementation to both <5 children boys, girls and PLW including 15% disable group, HIDIG will ensure to engage community nutrition volunteers (CNV) through provision of monthly mass screening and referral services, However, will ensure to undertake health and Nutrition activities that will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles and other communicable disease and as well the SAM complicated cases referred to the established stabilization centers at Yeed town for proper medical treatment, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices</p> <p>To ensure proper services delivery at Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDP , Doon dardiir IDP host communities and IDP and three health and Nutrition static facility at Horseed village ,Mooragaabey and Buulow village in Xudur district nutrition will be provided to the hard-to-reach areas. HIDIG with its technical team will integrate surveillance and emergency preparedness in the program so that enough steps are taken in ensuring early response to both health and nutrition cases and this will be coordinated with the local actors in the region</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
2,600	7,000	5,300	5,100	20,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Host Communities	1,200	3,400	2,500	2,100	9,200
Internally Displaced People	1,400	3,600	2,800	3,000	10,800

Indirect Beneficiaries :

10,200 scattered displaced and vulnerable host communities will be indirect project beneficiaries by using both health and nutrition services in Xudur district project locations

Catchment Population:**Link with allocation strategy :**

This intervention is linked with the IERTs Allocations integrated response to the drought and famine affected population in Xudur district Somalia, specifically falls under the Life Saving Interventions in response to the ongoing drought and prevent famine to mitigate the risk of Health and Nutrition related disease outbreaks. The proposed activities and objective are directly linked to key objective Integrated Emergency Response Teams (IERT) concept note for life saving health and Nutrition. This response will be provided through feasible locally available expertise and through an integrated cross-sectoral complementary with other funding sources. The action is particularly linked to addressing humanitarian needs by providing lifesaving and life sustaining humanitarian assistance to people in need, prioritizing the most vulnerable in line with the 2022 Humanitarian Response Plan. The proposed action complements core interventions in Somalia, focusing on an integrated nutrition and health response to the disease outbreak in areas of highest need

Sub-Grants to Implementing Partners :

Partner Name	Partner Type	Budget in US\$

Other funding secured for the same project (to date) :

Other Funding Source	Other Funding Amount

Organization focal point :

Name	Title	Email	Phone
Daud Moalim Abdi	Executive director	hidigngo@gmail.com	+252615532161
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BACKGROUND**1. Humanitarian context analysis****2. Needs assessment**

The worsening nutrition and health situation among rural and pre-urban host communities as well as the drought displaced person is partly linked to limited access to humanitarian intervention unstable causal labor income to purchase food, high morbidity, low immunization coverage, continuous arrival of pastoral dropouts restricted movement of humanitarian assistance specially those areas under the control AS administration in the far rural areas as well as Xudur town have far reaching negative impact on the vulnerable children and mothers in these areas. Xudur district settlement shows an evolving humanitarian situation with critical level of acute malnutrition and high mortality rate as well as high number of AWD cases, However, Nutrition and health intervention should be prioritized as an emergency response intervention to enable reduce high morbidity and improve the life of the vulnerable population in the target sites. Results highlighted the necessity of rapidly to detect the acute worsening of protracted crisis, and needs to scale up the existing community case management programs to contain and arrest critical level of acute malnutrition and high cases of AWD/Cholera as well as poor health services delivery at Xudur district rural and pre-urban towns hence required urgent emergency response. The crude and under five deaths rates were reported to be high over the past three months among the health and nutrition assessment rapid nutrition assessment report (June 2022) among the drought affected villages/locations in which HIDIG is having active livelihood program. The crude rate reported is alarming among the drought affected host communities reported during the drought period however, an increase sessional trends in a communicable disease like acute water diarrhea (AWD) and ARI were observed. Morbidity levels increasing in these IDPs and host communities' sites as compared to levels reported in Dyer 2022 from 22.5% to 54.2%. Information from HIDIG health facilities at Xudur district shows high number of under-five children's boys, girls and pregnant mothers with severe and moderate acute malnutrition and in dire needs for urgent health and nutrition intervention. In late 2021 and earlier 2022, Over 10,800 of Acute Watery Diarrhea (AWD) cases were reported and 497 of these died with case fatality of 3.5%. 68% of the cases were children under 5 years of age. Bakool regions of Somalia in particular particularly Xudur district, more than 177 Acute Watery Diarrhea AWD/cholera cases have already been reported in the second week of January (Health Cluster Bulletin, Feb, 15, 2022) and the number of cases is expected to increase as drought/famine have already increase its intensity with poor sanitation services in all host communities, IDPs and poor rural areas .HIDIG rapid assessment reports on health and nutrition needs in the drought displaced populations in Xudur for the months of June 2022, shows high trends of communicable diseases, negligible deliveries in Mother Child Care MCH/HC an a high number of moderately and severely malnourished children.

In light of the above, Bakool region had experience massive drought/famine /conflicts, displaced affected populations due to prolong drought in the area with poor livelihood zones in the neighboring regions as well as other drought affected regions in south central Somalia. This has led to low immunization as well as high number of children under five boys, girls and pregnant and lactating women with acute severely and moderately malnourished, increase in number of mental health and psychosocial service which are major threats for the survival and

development of the children and it is the root cause of the increased malnourished children. In this regard, after consultations with different stakeholders, seeing the needs on health and nutrition services. HIDIG intends to implement integrated response targeting drought affected population

3. Description Of Beneficiaries

4. Grant Request Justification

High needs related to health and nutrition in Xudur and those of displaced and hard to reach areas in Bakool region are still high and access to basic lifesaving health and nutrition services is very limited in the area. The existing health facilities in the area do not have adequate capacity to provide health care services this coupled with the current upsurge of AWD/cholera in Xudur and its surrounding environs as well as the global pandemic. This emergency integrated primary health and nutrition project will support, strengthen services within the target locations in Xudur. Primary Health Care services will improve access to emergency healthcare interventions and reduce morbidity and mortality, particularly among children under five years of age and pregnant and lactating women including disabled who are the most vulnerable in any crisis situation, by strengthening the capacity of the existing static health facilities and establishing both outpatient therapeutic feeding program as well as health center for the treatment of severely malnourished children with medical complications. The formation of mobile clinics will ensure increased access to these life-saving services in hard-to-reach rural areas without health facilities. Furthermore, the general population will also benefit through the provision of care for communicable and non-communicable diseases among adults and the elderly, along with the development of a health response plan as a contingency to any outbreak conditions further acting as preventive mitigations from prevailing famine in the region.

The project aims to promote protection and prevention of gender-based violence by mainstreaming and integrating with mental health, clinical case management of rape as well as sexual reproductive health care within the HIDIG target locations while complementing the ongoing interventions in the area. HIDIG have previously implemented program which has since ended however, the needs exist in the same locations in Xudur and thus this allocation will ensure that an expanded and integrated services continue to build on the gains made in reducing morbidity and mortality among the drought displaced IDPs, poor host community members and hard to reach rural areas. This tallies with 3rd reserved 2022 allocation strategy of continued focus on drought displaced prevention and life-saving humanitarian intervention while cautioning the vulnerable population in Xudur from further famine effects

5. Complementarity

LOGICAL FRAMEWORK

Overall project objective

Provide lifesaving emergency integrated health and nutrition care to drought/famine affected communities leading to the reduction of avoidable morbidity and mortality among the target host community and IDPs populations living in Xudur districts Bakool region in target areas

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve equitable access to quality emergency and essential lifesaving health services for the crisis affected population to 1.2 million IDPs and 3.5 million nondisplaced population	SO1: Reduce loss of life for 5 million of the most vulnerable by decreasing the prevalence of hunger, acute malnutrition, public health threats, outbreaks, abuse, violence & exposure to explosive ordinance	100

Contribution to Cluster/Sector Objectives : The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health and nutrition services to vulnerable drought and most AWD/cholera affected persons in Xudur district. In order to improve access to primary health care services thus reducing excess morbidity and mortality, HIDIG will support seven integrated health and nutrition emergency response teams and three static health and nutrition facility at Xudur district focusing on the rural hard-to-reach areas and drought internally displaced and host communities. In order to reach more beneficiaries, each team will have an outreach team going to all the settlements and providing services and enhanced referrals. The proposed IERT team will provide outpatient consultations, routine immunizations, outreach immunization through mobile teams, maternal healthcare including skilled delivery, ANC and PNC consultations, clinical management of rape, psychosocial support, social health education as well as disease surveillance and health promotion and awareness campaigns

Outcome 1

Improved access to essential life-saving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to drought affected populations at Xudur district of Bakool regions

Output 1.1

Description

A total of 20,000 affected community (7000 women, 5,100 girls, 5300 boys and 2,600 men) improved and increased availability of health care including: promotive, preventative and curative services and improved case management of childhood illnesses through Seven health and nutrition IERT outreach teams and three static health/nutrition facility in Xudur district of Bakool region

Assumptions & Risks

The facilities and outreach sites will be ready available, accessible to affected people

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	# of outpatient consultations	2,600	7,000	5,300	5,100	20,000
Means of Verification : -OPD consultation reports -HMIS reports -Activity reports							
Indicator 1.1.2	Health	Number of integrated health and nutrition facilities and fixed sites with adequate medical supplies					10
Means of Verification : -Supply delivery notes -Supply procurement documentations -Monthly supply Inventory							
Indicator 1.1.3	Health	# of births assisted by a skilled birth attendant					595
Means of Verification : -Health facility and outreach site delivery reports -HMIS reports -Monitoring reports							
Indicator 1.1.4	Health	Number of children below five years and women of child-bearing age immunized/vaccinated		2,030	1,590	1,530	5,150
Means of Verification : -immunization reports -Monitoring reports							
Indicator 1.1.5	Health	Number of mental health, gender-based violence cases detected, treated and referred	50	65	30	15	160
Means of Verification : - case management report/documentations -Referral slips -Referral correspondence							
Indicator 1.1.6	Health	Number of staff and community nutrition volunteers provided COVID-19 PPEs	46	22			68
Means of Verification : - Activity report - distribution list, - distribution photos							
Indicator 1.1.7	Health	# of health and nutrition fixed sites with adequate water services					3
Means of Verification : -Health facilities activity reports -Activity monitoring reports -GPS coordinates -Distribution plan and reports							
Indicator 1.1.8	Health	# Health care staff trained	46	22			68
Means of Verification : -Training reports -Training participant list -Training photos							
Activities							
Activity 1.1.1							
Standard Activity : Provision of life-saving primary care health care services, through fixed and mobile outreach services), including: • Essential PHC (EPHS) clinical care (including nutrition) • Child health care • Emergency and trauma care • Communicable disease treatment • NCD treatment • STD / HIV treatment • TB screening and treatment							
Through the three integrated static health & Nutrition facilities in Mooragaabey, Horseed and Bulow village as well as seven health and nutrition integrated IERT teams Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil, Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibeale IDP, (Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)sites HIDIG will provide consultations of communicable and non-communicable diseases to affected people to treat pediatric and adult illnesses by providing basic health care, including management of AWD, ARI, malaria, intestinal parasites, anemia, febrile illnesses, bacterial infections, sexually transmitted infections, and other communicable diseases that contribute mortality and morbidity and provide diagnosis, early detection and early referral for severely ill patients. Outreach/mobile clinic level-based health education sessions at the waiting area and during case consultation to educate beneficiaries on how to improve personal hygiene to prevent against those communicable diseases to 7000 women, 5100 girls, 5300 boys and 2600 men living in Xudur district of Bakol region. The static sites will work 8 hours a day while the IERT teams will work 6 hours a days to ensured beneficiaries get the standard treatment and referral services within and outside HIDIG health and nutrition program, HIDIG will equip mobile IERT teams with adequate stationary materials for effective service delivery in the program location							
Activity 1.1.2							
Standard Activity : Medical logistics and contingency supplies							

Through trained qualified nurses, auxiliary and mid-wife HIDIG will support seven integrated emergency response team at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil, Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP, (Donfeylahow), Tiyeeglow IDP, (Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite) and three health and Nutrition static facility at Horseed, Mooragaabey village and Buulow village Health/Nutrition facility fixed sites in Xudur with medical supplies and equipment to provide medications to affected communities and hard to-reach host communities during emergencies and epidemics with specific focusing on hard to reach rural areas, IDP settlements and nomadic populations in Xudur district proposed to procure essential medical supplies to kick start the project this will ensure quick response to the drought affected population, the essential medical drugs procured will only cater for the first quarter while HIDIG anticipates to get the supplies from UNICEF health section through the south west Ministry of health and federal government MOH for the remaining period of the program implementations upon the stock out in the facilities and for programming phasing out period, HIDIG will rent one warehouse at xudur for proper essential drugs storage in addition to the essential drugs HIDIG will procure rapid diagnostic test to ensure proper treatment of the vulnerable children's, mothers and elderly hence this will enhance primary health care services in the target location

Activity 1.1.3

Standard Activity : Sexual and reproductive health care services

Provision of Basic Emergency Obstetric and New-born Care (BEmONC) to 595 women of reproductive age in all seven supported health and nutrition emergency integrated response team sites in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil, Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP, (Donfeylahow), Tiyeeglow IDP, (Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite) IDP and three health and nutrition static sites in Horseed village, Mooragaabey village and Buulow village Health and nutrition fixed facility sites in Xudur district. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to both HIDIG facilities in Horseed village, Mooragaabey and Buulow village location in xudur district Hospital through coordination with ACF as well as MARDO on WASH program in the area for effective programming

Activity 1.1.4

Standard Activity : Targeted [supplemental] vaccination campaigns

Conduct routine and supplementary immunization to 3120 children under the age of five years (1590 boys and 1530 girls) against measles and other vaccine preventable disease and 2030 Women of child bearing age with protective dose of tetanus (TT) including the disable population through seven outreach Integrated emergency response service delivery sites at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil, Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP, (Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite) and Horseed, Mooragaabey village and Buulow village Health and nutrition facility fixed sites host communities and IDPs in Xudur district

Activity 1.1.5

Standard Activity : Integrated Mental health / psychosocial support services (MHPSS)

Through the emergency integrated response team in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil, Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP, (Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite) sites and three static health and nutrition facilities in Mooragaabey, Horseed, and Buulow village HIDIG will provide adequate access to clinical case management, treatment and referral services to 60 vulnerable women and girls (20 girls and 40 women) including disable group affected by gender based violence as well as 100 people with mental health problem ie (50 men, 25 women, 15 boys and 10 girls) in the target location in Xudur district, HIDIG will also coordinate with GBV sub cluster in Xudur and ACF psychosocial/health sites in xudur district in providing protection services for referral and further protection needs to enable these affect girls and women receive the necessary support

Activity 1.1.6

Standard Activity : Infection Prevention and Control (IPC)

- Provider and patient safety (e.g. PPE, triage, hand-washing)
- Environmental health

HIDIG will ensure prevention of COVID-19 and AWD/cholera through active community awareness creation as well as protection of its frontline health workers from the global pandemic (COVID-19), a total of total of 68 health & nutrition frontline staff where each staff will be provided with surgical/medical mask, gloves, one portable hand sanitizer, one pair soap 800g, as well as one hand drying tissues per sites for on weekly basis for period of 6 months hence ensuring the mitigation measure of covid-19 are clearly followed. The protective clothing will ensure safety and preventive of COVID-19 spread by both the staff and the project beneficiaries hence safer program implementations

Activity 1.1.7

Standard Activity : WASH and Waste Management in HCFs

HIDIG through three integrated health and nutrition sites in Horseed, Mooragaabey village and Buulow village, HIDIG will provide clean water services to the vulnerable drought affected population under five boys, girls and pregnant and lactating women including these with disability visiting the health and nutrition centers, HIDIG will procure three (3) portable 15,000 liter water storage bladders for each of the three health and nutrition site and each sites will receive clean water once a month for a period of 6 months hence this will be able to reach a total of 8000 under five boys, girls and pregnant and lactating women, Additionally HIDIG will procure portable handwashing equipment for both Integrated health and nutrition team as well as static integrated health and nutrition facilities to ensure effective prevention and management of AWD/cholera and COVID-19 pandemic while also ensuring the proper hygiene for these visiting the health and nutrition facilities in the target location

Activity 1.1.8

Standard Activity : HCW Training: trauma, MCM, case management

Provide three days training to 68 project staff (22 female and 46 Male) consisting of qualified nurses, midwives, auxiliary nurse, screeners, clinical officer and community health workers on clinical rape management for GBV (gender base violence) victims in the target location for effective treatment and referral pathways in the Xudur target project sites, this training will also enhance the staff understanding of SGBV/Psychosocial services as well as ensure adequate AWD/cholera case management, referral and community awareness targeting both the host communities in rural areas as well as the new IDPs arrival in xudur district. Each of the training will be conducted five and all the training will take place at Xudur district Bakol region

Additional Targets :

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases		SO1: Reduce loss of life for 5 million of the most vulnerable by decreasing the prevalence of hunger, acute malnutrition, public health threats, outbreaks, abuse, violence & exposure to explosive ordinance			50		
Provide equitable access to quality lifesaving curative nutrition services among boys and girls (06-59) months & PLW through systematic identification, referral, and treatment of acutely malnourished cases		SO2: Sustain the lives of 5.5 million people, including 3.9 million non-IDPs, 1.6 million IDPs & PWDs across 74 districts, by ensuring safe, equitable & dignified access to livelihoods & essential services			50		
<p>Contribution to Cluster/Sector Objectives : The proposed action will improve access to quality nutrition services for children under 5 and pregnant and lactating women identified with severe and moderate acute malnutrition in Xudur district and thus contribute to the continued focus on mitigating the underlining cause of malnutrition such drought, COVID-19 pandemic and conflict effects among drought displaced and hard hotspot to reach rural areas communities. HIDIG will support a network of community nutrition workers to undertake community level screening and operate OTP (for SAM) and TSFP services (for MAM) as well as vitamin A and multiple micronutrient supplementation through the establishment of seven IERT and two static OTP in Xudur district that will ensure access to equitable curative and preventive nutrition services to vulnerable and most drought affected communities. The curative services will be complemented by IYCF/E promotion with parents/caregivers at the community level while also providing caregivers capacity enhancement on hygiene and health promotion.</p>							
Outcome 1							
Increased access to emergency nutrition services to children under five boys, girls and pregnant and lactating women in Xudur communities through establishment of seven nutrition and health Integrated Emergency response teams (IERT) and three fixe nutrition and health sites in xudur district							
Output 1.1							
Description							
Reduced malnutrition rates among children under-five and pregnant and lactating women through the provision of effective treatment of acute malnutrition at integrated nutrition and health sites in Xudur district							
Assumptions & Risks							
The ongoing drought and subsequent famine does not intensify and spread to the host communities and IDP settlements leading to displacement of the populations out of the region Improvement in the humanitarian situation and hence maintained the recurrent effects							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of girls and boys aged 6-59 months screened for acute malnutrition and referred			5,300	5,100	10,400
<p>Means of Verification : -Screening activity reports -ONA reports -OTP register</p>							
Indicator 1.1.2	Nutrition	Number of Community Mass Screening Sessions conducted					24
<p>Means of Verification : -Screening reports -Volunteers referral and success story -Monitoring reports -ONA reports</p>							
Indicator 1.1.3	Nutrition	Number of girls and boys aged 6-59 months with severe acute malnutrition (SAM) who are admitted for treatment			255	265	520
<p>Means of Verification : -ONA reports -Admission reports -Activity monitoring reports -Activity photos</p>							
Indicator 1.1.4	Nutrition	Number of boys and girls 6-59 months with Severe acute Malnutrition with medical complication treated			38	46	84
<p>Means of Verification : -ONA reports -Admission reports -Activity monitoring reports -Activity photos</p>							
Indicator 1.1.5	Nutrition	Number of girls and boys aged 6-59 months who received vitamin A supplement in semester 1.			3,180	3,060	6,240
<p>Means of Verification : -ONA reports -Vitamin A and MMN consumption reports -Activity monitoring reports</p>							

Indicator 1.1.6	Nutrition	Number of pregnant and lactating women who received iron folate		2,800			2,800
Means of Verification : -ONA reports -Iron folates supplements consumption reports -Activity monitoring reports							
Indicator 1.1.7	Nutrition	Number of boys and girls aged 6-59 months reached with de-worming		2,140	2,020		4,160
Means of Verification : - ONA report -Monitoring reports - Deworming reports							
Indicator 1.1.8	Nutrition	Number of community volunteers and project staff trained on Mother MUAC Led	66	80			146
Means of Verification : training reports Participant list							
Indicator 1.1.9	Nutrition	Number of MAM children and PLW referred		2,100	1,987	2,069	6,156
Means of Verification : -ONA reports -Monitoring reports - TSFP Referral reports							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Conduct screening of acute malnutrition for children under five (boys, girls) and PLW in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)and Horseed village, Mooragaabey and Buulow village nutrition/Health facility fixed sites project location in Xudur district. Community nutrition workers will be tasked to undertake active case finding at community level through routine screening using the standard anthropocentric measures to detect acutely malnourished children and link them to nutrition sites for management. Program staff will screen at the site. Mass screening will also be conducted to aid in detection of cases. A total of 10400 children U-5 (5100 girls, 5300 boys) will be screened for acute malnutrition							
Activity 1.1.2							
Standard Activity : Community screening for malnutrition and referral							
Through the proposed seven nutrition and health IERT teams and three fixed health & nutrition (outpatient therapeutic) program sites at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)HIDIG will conduct four (4) community comprehensive mass screening per months for a period of six months totaling 24 screening sessions during the project implementation period, the screening sessions will target both the host communities ,old IDPs the new drought displaced arrivals and rural location in xudur through trained community health workers and community nutrition volunteers, each target sites will have five trained community nutrition volunteers and three CHWs who will conduct mass screening period hence ensuring active identification, quick referral and treatment of these with severely and moderately acute malnutrition. The community health workers (CHW) will be station at community level through which they will coordinates and enhance identification and referral services throughout the project period. A total of 17,400 (children U-5 5100 girls, 5300 boys) and 7,000 pregnant and lactating women will be screened for acute malnutrition							
Activity 1.1.3							
Standard Activity : Treatment of Severe acute malnutrition in children 6-59 months							
HIDIG anticipate to provide therapeutic treatment to severe acute malnourished children to 520 (235 girls and 285 boys) children between age of 6-59 months through three fixed nutrition/health sites and seven mobile outreach health & nutrition IERT team. Upon screening of under-five children's boys, girls these with severe cases of <11.5cm MUAC will be treated at both health &nutrition IERT and static sites during the project 6 months period of implementation hence the trained qualified nurses and the community nutrition screeners as well as registrars will ensure adequate treatment of therapeutic supplements are provided to these vulnerable children in Xudur district							
Activity 1.1.4							
Standard Activity : Treatment of severe acute malnutrition with medical complication in children 6-59 months							
Operationalize three static nutrition and health facility sites in Horseed village, Mooragaabey and Buulow location and seven outreach health and nutrition teams in the far villages of Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)Xudur district to provide adequate treatment for severely acute malnutrition with medical complication. HIDIG intends to provide adequate therapeutic treatment to severely acute malnourished children as well as enhanced referral of these with medical complication to ACF stabilization center in xudur town, a total of 84 children (38 boys , 46 girls) with severe acute malnutrition medical complication and provide require care and medical attention and follow up during the project implementation period							
Activity 1.1.5							
Standard Activity : Supplementation Vitamin A							
Through the seven nutrition & health IERT teams and three static health and nutrition sites HIDIG will Provide multiple micro nutrient and Vitamin A supplementation to 6240 acutely malnourished <5 children (boys 3180) and girls (3060) including disable children in the target location in Xudur district, HIDIG will ensure the targeted children were able to receive adequate micronutrient to enable enhance their immune and hence avoid relapse to the program							
Activity 1.1.6							
Standard Activity : Provision of iron foliate to pregnant and lactating women							

Provide micronutrient supplementation to 2800 Pregnant and lactating women in Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDP , Doon dardiir IDP and Horseed, Mooragaabey and Buulo village Health/nutrition fixed facilities project sites in Xudur district

Activity 1.1.7

Standard Activity : Deworming for children 6-59 months

HIDIG through the established three static health & Nutrition outpatient therapeutic sites in Horseed, Mooragaabey & Buulo villages and seven health & nutrition mobile IERT teams in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP,(Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite).HIDIG will ensure proper and timely deworming to under five children boys, girls to enable enhance their nutrition status, this will reach a total of 2140 boys,2020 girls under five children, thus complementing with adequate vitamin A and micronutrient supplementation hence improving their nutrition status

Activity 1.1.8

Standard Activity : Capacity building on IMAM and IYCF

HIDIG will ensure that caregivers as well as nutrition staff and community health workers/volunteers have adequate training and know-how of mother led MUAC handling skills hence the organization will conduct four days training for 46 project staff and CHW/volunteers and caregivers training on Mother led MUAC training , the caregivers will be trained by the project staff for one day for 100 caregivers to be trained, thus this training ensuring proper and earlier identification, referral and treatment of severely and moderately malnourished children under five boys, girls including disable

Activity 1.1.9

Standard Activity : Treatment of Moderate Acute Malnutrition in Pregnant lactating women

Provide Management to 6,156 moderately acute malnutrition among pregnant and lactating women (2100) and <5 children boys(1987) and girls(2069) Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP,(Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)and three health and Nutrition static facility at Horseed, Mooragaabey and Buulow sites in Xudur district, HIDIG will support referral linkages to <5 children, pregnant and lactating mothers with moderately acute malnutrition through local area coordination with MARDO organization to enable receive treatment moderate cases as well HIDIG will ensure the receive intensive maternal infant and young child feeding nutrition (MIYCN) counseling while linking them to the health, food security and livelihood as well as WASH interventions in the area this will ensure adequate and complementary services to the vulnerable mothers.HIDIG through area based coordination will ensure these mothers<5 children eligible for MAM treatment are sufficiently and effectively transferred to MARDO TSFP sites in Xudur as well as link them with other service

Output 1.2

Description

Drought displaced communities have improved knowledge on infant young child feeding practices in emergency (IYCFE) and GBV/psychosocial services

Assumptions & Risks

Community acceptance of the IYCF,GVB awareness messages and better practicing.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of primary caregivers of children aged 0-23 months who received Maternal, Infant and Young Child Nutrition (MIYCN) counselling	200	1,000			1,200

Means of Verification : ONA reports
activity monitoring report
Counselling reports

Indicator 1.2.2	Nutrition	Community Response and Feedback Mechanism (CRFM) established					10
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Means of Verification : ONA reports
Project activity monitoring reports

Activities

Activity 1.2.1

Standard Activity : Infant and young child feeding individual counselling

Conduct 24 community and outreach-based IYCF/E promotion sessions in HIDIG target areas. IYCF-E counselor will organize topics on IYCF, maternal nutrition at facility level targeting caregivers/mothers of children 6-59 months served at the nutrition sites, the staff will also organize weekly session on IYCF-E at community level targeting to reach a total of 50 participant per seasons hence reaching 1200 women/caregivers /parents in Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDP , Doon dardiir IDP and Horseed village , Mooragaabey and Buulow village host communities and IDP in Xudur district nutrition sites district. for the 6 months project period thus improving the skills of the target beneficiaries. The IYCF-E counselors will use pictorial IEC materials and address communal myths and taboos against optimal feeding practices as well as promote positive feeding behavior change.

Activity 1.2.2

Standard Activity : Number of Community Response and Feedback Mechanism established & functional

HIDIG will ensure to provide adequate platform in regards to the affected population information through consultation on the health and nutrition intervention by initiating on community participation awareness forums through establishment of ten (10) community feedback mechanism ie seven (7) integrated response team and three static health and nutrition) sites. Each and every outreach and fixed sites will be ensuring that the affected population are aware of the channel of complain feedback sharing mechanism in place. A feedback flow chart with pictorial representation of how information from Persons of Concern moves through the organization operation management will be provided in both outreach mobile team as well as the static nutrition and health sites in xudur and as well hot line call center number displaced in all the interventions sites and this will ensure community access to open accountability framework within the HIDIG program implementation

Additional Targets :

M & R

Monitoring & Reporting plan

HIDIG will put in place a strong monitoring and evaluation framework. This framework is an evidence-based framework that generates detailed Monitoring and Evaluation information Project. Monitoring data will be collected through regular field visits, and reported on a weekly, bi-weekly, monthly and quarterly basis. Quarterly monitoring reports will be shared with SHF as required. Training will be conducted at the start of the project for the staff involved to ensure that activities are implemented as per the guidelines and protocols of the health and nutrition while considering COVID-19 protocols. Beneficiary data and feedback will be obtained using beneficiary registration forms, exit interviews, training reports and field visit reports. Registrars will be inspected to see if data shared with the relevant clusters, the SHF and zonal ministries of health tallies with the captured data in the facility registrars. Training list, participants and attendance sheets will be maintained as part of the repository. Facilities/Stabilization center and IERT teams will have a dedicated HMIS officer who deals with outreach data so that proper documentation of the interventions and reporting. HIDIG will work closely with SHF M&E team whenever they intend to visit the project sites and work with closely with the respective clusters and the South west Ministries of Health so that concurrent monitoring of activities is done. A comprehensive feedback mechanism for the outreach activities will be conducted and also exit interviews. Both interim and final reports will be submitted as needed during the project cycle and 1 month after its closer submit one interim report before the project closure and final report at most 1 month after project end date

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: Through the three integrated static health & Nutrition facilities in Mooragaabey, Horseed and Bulow village as well as seven health and nutrition integrated IERT teams Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibeale IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)sites HIDIG will provide consultations of communicable and non-communicable diseases to affected people to treat pediatric and adult illnesses by providing basic health care, including management of AWD, ARI, malaria, intestinal parasites, anemia, febrile illnesses, bacterial infections, sexually transmitted infections, and other communicable diseases that contribute mortality and morbidity and provide diagnosis, early detection and early referral for severely ill patients. Outreach/mobile clinic level-based health education sessions at the waiting area and during case consultation to educate beneficiaries on how to improve personal hygiene to prevent against those communicable diseases to 7000 women, 5100 girls, 5300 boys and 2600 men living in Xudur district of Bakol region. The static sites will work 8 hours a day while the IERT teams will work 6 hours a days to ensured beneficiaries get the standard treatment and referral services within and outside HIDIG health and nutrition program, HIDIG will equip mobile IERT teams with adequate stationary materials for effective service delivery in the program location	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.2: Through trained qualified nurses, auxillary and mid-wife HIDIG will support seven integrated emergency response team at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibeale IDP,(Donfeylahow), Tiyeeglow IDP,(Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite) and three health and Nutrition static facility at Horseed, Mooragaabey village and Bulow village Health/Nutrition facility fixed sites in Xudur with medical supplies and equipment to provide medications to affected communities and hard to-reach host communities during emergencies and epidemics with specific focusing on hard to reach rural areas, IDP settlements and nomadic populations in Xudur district proposed to procure essential medical supplies to kick start the project this will ensure quick response to the drought affected population, the essential medical drugs procured will only cater for the first quarter while HIDIG anticipates to get the supplies from UNICEF health section through the south west Ministry of health and federal government MOH for the remaining period of the program implementations upon the stock out in the facilities and for programing phasing out period, HIDIG will rent one warehouse at xudur for proper essential drugs storage in addition to the essential drugs HIDIG will procure rapid diagnostic test to ensure proper treatment of the vulnerable children's ,mothers and elderly hence this will enhanced primary health care services in the target location	2022								X	X	X	X	X
	2023	X											

Health: Activity 1.1.3: Provision of Basic Emergency Obstetric and New-born Care (BEmONC) to 595 women of reproductive age in all seven supported health and nutrition emergency integrated response team sites in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP,(Dhiil), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite)IDP and three health and nutrition static sites in Horseed village, Mooragaabey village and Buulow village Health and nutrition fixed facility sites in Xudur district. Cases requiring Advanced/comprehensive emergency obstetric care will be referred to both HIDIG facilities in Horseed village, Mooragaabey and Buulow village location in xudur district Hospital through coordination with ACF as well as MARDO on WASH program in the area for effective programing	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.4: Conduct routine and supplementary immunization to 3120 children under the age of five years (1590 boys and 1530 girls) against measles and other vaccine preventable disease and 2030 Women of child bearing age with protective dose of tetanus (TT) including the disable population through seven outreach Integrated emergency response service delivery sites at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite) and Horseed , Mooragaabey village and Buulow village Health and nutrition facility fixed sites host communities and IDPs in Xudur district	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.5: Through the emergency integrated response team in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)sites and three static health and nutrition facilities in Mooragaabey ,Horseed ,and Buulow village HIDIG will provide adequate access to clinical case management, treatment and referral services to 60 vulnerable women and girls (20 girls and 40 women) including disable group affected by gender based violence as well as 100 people with mental health problem ie (50 men,25 women,15 boys and 10 girls) in the target location in Xudur district, HIDIG will also coordinates with GBV sub cluster in Xudur and ACF psychosocial/health sites in xudur district in providing protection services for referral and further protection needs to enable these affect girls and women receive the necessary support	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.6: HIDIG will ensure prevention of COVID-19 and AWD/cholera through active community awareness creation as well as protection of its frontline health workers from the global pandemic (COVID-19), a total of 68 health& nutrition frontline staff where each staff will be provided with surgical/medical mask, gloves, one portable hand sanitizer, one pair soap 800g, as well as one hand drying tissues per sites for on weekly basis for period of 6 months hence ensuring the mitigation measure of covid-19 are clearly followed. The protective clothing will ensure safety and preventive of COVID-19 spread by both the staff and the project beneficiaries hence safer program implementations	2022								X	X	X	X	X
	2023	X											
Health: Activity 1.1.7: HIDIG through three integrated health and nutrition sites in Horseed , Mooragaabey village and Buulow village,HIDIG will provide clean water services to the venerable drought affected population under five boys, girls and pregnant and lactating women including these with disability visiting the health and nutrition centers, HIDIG will procure three (3) portable 15,000 liter water storage bladders for each of the three health and nutrition site and each sites will receive clean water once a month for a period of 6 months hence this will be able to reach a total of 8000 under five boys, girls and pregnant and lactating women, Additionally HIDIG will procure portable handwashing equipment for both Integrated health and nutrition team as well as static integrated health and nutrition facilities to ensure effective prevention and management of AWD/cholera and COVID-19 pandemic while also ensuring the proper hygiene for these visiting the health and nutrition facilities in the target location	2022								X	X	X	X	X
	2023												
Health: Activity 1.1.8: Provide three days training to 68 project staff (22 female and 46 Male) consisting of qualified nurses, midwives, auxillary nurse, screeners, clinical officer and community health workers on clinical rape management for GBV (gender base violence) victims in the target location for effective treatment and referral pathways in the Xudur target project sites, this training will also enhance the staff understanding of SGBV/Psychosocial services as well as ensure adequate AWD/cholera case management, referral and community awareness targeting both the host communities in rural areas as well as the new IDPs arrival in xudur district . Each of the training will be conducted fives and all the training will take place at Xudur district Bakol region	2022								X				
	2023												

Nutrition: Activity 1.1.1: Conduct screening of acute malnutrition for children under five (boys, girls) and PLW in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)and Horseed village, Mooragaabey and Buulow village nutrition/Health facility fixed sites project location in Xudur district. Community nutrition workers will be tasked to undertake active case finding at community level through routine screening using the standard anthropocentric measures to detect acutely malnourished children and link them to nutrition sites for management. Program staff will screen at the site. Mass screening will also be conducted to aid in detection of cases. A total of 10400 children U-5 (5100 girls, 5300 boys) will be screened for acute malnutrition	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.2: Through the proposed seven nutrition and health IERT teams and three fixed health & nutrition (outpatient therapeutic) program sites at Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)HIDIG will conduct four (4) community comprehensive mass screening per months for a period of six months totaling 24 screening sessions during the project implementation period, the screening sessions will target both the host communities ,old IDPs the new drought displaced arrivals and rural location in xudur through trained community health workers and community nutrition volunteers, each target sites will have five trained community nutrition volunteers and three CHWs who will conduct mass screening period hence ensuring active identification, quick referral and treatment of these with severely and moderately acute malnutrition. The community health workers (CHW) will be station at community level through which they will coordinates and enhance identification and referral services throughout the project period. A total of 17,400 (children U-5 5100 girls, 5300 boys) and 7,000 pregnant and lactating women will be screened for acute malnutrition	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.3: HIDIG anticipate to provide therapeutic treatment to severe acute malnourished children to 520 (235 girls and 285 boys) children between age of 6-59 months through three fixed nutrition/health sites and seven mobile outreach health & nutrition IERT team. Upon screening of under-five children's boys, girls these with severe cases of <11.5cm MUAC will be treated at both health &nutrition IERT and static sites during the project 6 months period of implementation hence the trained qualified nurses and the community nutrition screeners as well as registrars will ensure adequate treatment of therapeutic supplements are provided to these vulnerable children in Xudur district	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.4: Operationalize three static nutrition and health facility sites in Horseed village, Mooragaabey and Buulow location and seven outreach health and nutrition teams in the far villages of Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP, Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs(Kainey satellite)Xudur district to provide adequate treatment for severely acute malnutrition with medical complication. HIDIG intends to provide adequate therapeutic treatment to severely acute malnourished children as well as enhanced referral of these with medical complication to ACF stabilization center in xudur town, a total of 84 children (38 boys , 46 girls) with severe acute malnutrition medical complication and provide require care and medical attention and follow up during the project implementation period	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.5: Through the seven nutrition & health IERT teams and three static health and nutrition sites HIDIG will Provide multiple micro nutrient and Vitamin A supplementation to 6240 acutely malnourished <5 children (boys 3180) and girls (3060) including disable children in the target location in Xudur district, HIDIG will ensure the targeted children were able to receive adequate micronutrient to enable enhance their immune and hence avoid relapse to the program	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.6: Provide micronutrient supplementation to 2800 Pregnant and lactating women in Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDP , Doon dardiir IDP and Horseed, Mooragaabey and Buulo village Health/nutrition fixed facilities project sites in Xudur district	2022							X	X	X	X	X
	2023	X										
Nutrition: Activity 1.1.7: HIDIG through the established three static health & Nutrition outpatient therapeutic sites in Horseed, Mooragaabey & Buulo villages and seven health & nutrition mobile IERT teams in Ceelgadow IDP, Wardhujiley IDP covering satellite centers as (Dhiil,Elbarde IDP, Lehalow/Burdhuxunle and Garasweyne), Yowkoyow IDP, Dhursheen Shibebe IDP,(Donfeylahow), Tiyeeglow IDP,(Dhill), Abal IDP covering satellite center at Qadiid location, Doon dardiir IDPs (Kainey satellite).HIDIG will ensure proper and timely deworming to under five children boys, girls to enable enhance their nutrition status, this will reach a total of 2140 boys,2020 girls under five children, thus complementing with adequate vitamin A and micronutrient supplementation hence improving their nutrition status	2022							X	X	X	X	X
	2023	X										

Nutrition: Activity 1.1.8: HIDIG will ensure that caregivers as well as nutrition staff and community health workers/volunteers have adequate training and know-how of mother led MUAC handling skills hence the organization will conduct four days training for 46 project staff and CHW/volunteers and caregivers training on Mother led MUAC training , the caregivers will be trained by the project staff for one day for 100 caregivers to be trained, thus this training ensuring proper and earlier identification, referral and treatment of severely and moderately malnourished children under five boys, girls including disable	2022								X					
	2023													
Nutrition: Activity 1.2.1: Conduct 24 community and outreach-based IYCF/E promotion sessions in HIDIG target areas. IYCF-E counselor will organize topics on IYCF, maternal nutrition at facility level targeting caregivers/mothers of children 6-59 months served at the nutrition sites, the staff will also organize weekly session on IYCF-E at community level targeting to reach a total of 50 participant per seasons hence reaching 1200 women/caregivers /parents in Ceelgadow IDP, Wardhujiley IDP , Yowkoyow IDP, Dhursheen Shibebe IDP, Tiyeeglow IDP, Abal IDF , Doon dardiir IDP and Horseed village , Mooragaabey and Buulow village host communities and IDP in Xudur district nutrition sites district. for the 6 months project period thus improving the skills of the target beneficiaries. The IYCF-E counselors will use pictorial IEC materials and address communal myths and taboos against optimal feeding practices as well as promote positive feeding behavior change.	2022								X	X	X	X	X	
	2023	X												
Nutrition: Activity 1.2.2: HIDIG will ensure to provide adequate platform in regards to the affected population information through consultation on the health and nutrition intervention by initiating on community participation awareness forums through establishment of ten (10) community feedback mechanism ie seven (7) integrated response team and three static health and nutrition) sites. Each and every outreach and fixed sites will be ensuring that the affected population are aware of the channel of complain feedback sharing mechanism in place. A feedback flow chart with pictorial representation of how information from Persons of Concern moves through the organization operation management will be provided in both outreach mobile team as well as the static nutrition and health sites in xudur and as well hot line call center number displaced in all the interventions sites and this will ensure community access to open accountability framework within the HIDIG program implementation	2022								X	X	X	X	X	
	2023	X												

OTHER INFO

Accountability to Affected Populations

HIDIG is already providing services to drought affected population in Xudur district and based on emergency primary health that has ended on April,2021 which still remain uncovered exist high needs for emergency health and nutrition and based on the consultations with the community and leaders the need for the project to operationalized and expanded integrated program became evident. HIDIG has taken into consideration the needs on the ground and the support required so that the project responds to their needs and priorities and that the project activities do not go against the communities' cultural sensitivities and practices. HIDIG has incorporated the input of the recent HIDIG facility and outreach assessments conducted in Xudur and the input of the visits made by sub cluster assessment team. HIDIG will engage the community again and call for a stakeholder meeting at the main sites in order to explain the project, clarify deliverables, scope, duration and the donor so as to have common understanding of the project and the mechanism to share their concerns and complaints on the project with HIDIG management. This information sharing mechanism will enhance accountability and provide the community with the required resources to ask, seek help and inquire about the interventions. Beneficiaries and stakeholders will be consulted during the implementation of the activities and will participate during the project monitoring, review and planning meetings which serve as a platform where all sides discuss progress, challenges and concerns and take unified action towards improving the service offered by the project. A feedback mechanism will be developed so that beneficiaries and other stakeholders can always share their input for improvement and corrective measures. With regards to sustainability, the program will be implemented in partnership with MOH who will be responsible for the facilities after the project and the community will be responsible for any further use of the facilities and the trained community members. The training provided by HIDIG and supervision to health facility staff is expected to improve their service quality beyond the project period. Community education/sensitization will increase demand and enable families to mitigate risks that affect their health and nutritional status

Implementation Plan

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

Gender Marker Of The Project

3- Likely to contribute to gender equality, but without attention to age groups

Justify Chosen Gender Marker Code

Protection Mainstreaming

This project will be mainstream protection issues particularly to ensure that women and girls are not exposed to gender-based violence, discrimination and evictions. HIDIG has a protection on sexual exploitation and abuse (PSEA), code of conduct and protection mainstreaming policy that all staff in the field sites have been oriented based on the previous projects implemented which makes HIDIG and its team equipped with the right policy to capture and refer appropriately the protection issues to the best placed protection partners. By employing enough number of female staff in field teams to implement activities in a culturally and gender-appropriate manner while considering both disabled and minority groups, HIDIG will ensure that the special needs of women and girls including disabled are taken into consideration. Based on the current implementation of the just concluded project which HIDIG has sustained through a bridging support from UNIOCHA, HIDIG will ensure that areas of intervention and beneficiary selection is conducted in a transparent, objective and neutral manner to avoid the perception that any one interest group is being unfairly favored over another. In order to avoid creating harm and animosity between the IDPs and host communities, HIDIG will ensure that urban poor of the host communities have access to equal services. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of and consultation with existing community health committees which foster participation, empowerment and accountability. It will be based on Do no Harm and mobile clinics will ensure referral for any GVB affected women to facilities for medical attention

Country Specific Information

Safety and Security

Access

HIDIG has been in the area for the last couple of years and runs health, WASH, education and nutrition projects in Bakool region and in particular Xudur district. HIDIG expects to keep good relationships with all actors in the area and that this will allow HIDIG to work in the area without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all HIDIG interventions. HIDIG has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. HIDIG's services will be strategically placed and thus easily accessible to all the target vulnerable floods affected population and shall be accountable to all affected population in its area of operation

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Staff and Other Personnel Costs							
1.19	Community nutrition volunteers (CV)	D	45	30.00	24	100.00	32,400.00
	<i>HIDIG will conduct monthly community mass screening to ensure these droughts displaced and new arrivals nutritional needs are properly handled and ensure they received minimal nutritional package as well as linked with health, livelihood and WASH in the intervention area. HIDIG will engage 45 community nutrition volunteers on mass screening within the IDPs and rural locations in Xudur district, HIDIG will each months conduct four days mass screening in ten sites where each sites a total of five volunteers will be engage and each volunteer will be given \$30 per day for four days per months hence totaling \$ 32,400 for the entire project period, SHF will contributes 100% of the cost</i>						
1.18	Community health and nutrition workers	D	27	100.00	6	100.00	16,200.00
	<i>HIDIG will run seven Emergency integrated sites three static health and nutrition facility in Xudur for health and nutrition, community health workers will be employed in xudur project sites, two per static outpatient therapeutic program and three per IERT teams. Community Nutrition and health workers (CNHW) are members of a community who are chosen by community members to provide basic nutrition services to their community capable of providing preventive, promotional and rehabilitation care to these communities. provide adequate and integrated nutrition promotion activities, awareness, assistance in referrals, positive messaging promotion of better uptake of services and follow-up of cases and community engagement. Each section will have a dedicated one worker and will closely work on providing integrated support. community Health workers will be recruited in consultation and with the support of the community leaders. they will be based at community level; they will be expected to play major role of prevention and control of AWD/cholera, identification of SAM cases and assist both the staff and community volunteers during screening within the target districts. The monthly salary of the CHW will be USD 100 per month including medical cover for 6 months, SHF will pay 100% of the total cost.</i>						
1.17	Drug dispensers/pharmacist	D	3	250.00	6	100.00	4,500.00
	<i>They will responsible for overseeing the distribution of medications to community members visiting health and nutrition facilities with various physical or mental health conditions. Taking inventory of pharmaceutical drugs to record them based on demand and interacting with client to give them their prescriptions and answer medication questions. Each of the three static health and nutrition facility will have one and each will be paid \$250 per months for 6 months and SHF will contribute 100%</i>						
1.16	Immunization Nurses	D	13	350.00	6	100.00	27,300.00
	<i>The immunization nurses are healthcare professionals who specialize in administering vaccines and other immunizations to patients. They work closely with clinical doctors, Qualified nurse practitioners and other health and nutrition team to ensure that people of all ages have access to the vaccines, Immunization nurses will also be responsible for educating patients about the importance of vaccination and helping them understand how these treatments can help prevent disease. Each of the static health and nutrition sites will have one immunization nurse and each of the health and nutrition integrated outreach team will have one per team and each of the immunization nurse will earn \$350 in which SHF will pay 100%</i>						
1.15	HR Manager	S	1	3,000.00	6	40.00	7,200.00

	<i>The position will support recruitment of new staffs, induction, managing staff HR record including appraisals, support in medical and staff welfare. She/She will devote 40% of his/her time for the project He/she will be paid a monthly salary of \$ 3000 per month in which SHF will contributes 30% and HIDIG will contributes 70% . Unit cost is inclusive of Monthly salary and benefits as per HIDIG HR policy and calculated based on the level of effort to be provided to the project.</i>						
1.14	Clinical officers	D	2	800.00	6	100.00	9,600.00
	<i>Two clinical doctors will be employed for stabilization center/health. These will be paid an all-inclusive salary of \$800 per month SHF will contributes 100% of the cost.</i>						
1.13	health facility cleaners	D	6	100.00	6	100.00	3,600.00
	<i>cleaners will provide cleaning services at health and nutrition facilities. Each of the health/nutrition facility will have two cleaners who will responsible for cleaning of the health and nutrition facility and will ensure activities are carryout in a conducive environment. Cleaners will work 100%. Each cleaner will each earn \$ 100 for 6 months and SHF will contributes 100%</i>						
1.12	Security guards	D	6	150.00	6	100.00	5,400.00
	<i>Each static health and nutrition facility will have two security who will responsible for external threat each security guard will be paid \$150 per months including medical cover for 6 months and SHF will pay 100%</i>						
1.11	Outpatient therapeutic registrars	D	13	200.00	6	100.00	15,600.00
	<i>Nutrition registrars will be responsible for regeneration children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines. each of the seven health& nutrition IERT team will have one registrars and two registers for the fixed health/Nutrition facility and stabilization centers at Xudur . All-inclusive salary of USD 200 per month for 6 months. SHF will pay 100% of the total cost</i>						
1.10	Outpatient therapeutic screeners (two per nutrition/HF fixed sites and one per Nutrition/HF outreach/mobile IERT)	D	13	200.00	6	100.00	15,600.00
	<i>Screeners 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. Each of the seven health & nutrition IERT team will have one screener and two screeners for the fixed Nutrition facility at Xudur. All-inclusive salary of USD 200 per month for 6 months. SHF will pay 100% of the total cost</i>						
1.9	Qualified Midwives	D	13	400.00	6	100.00	31,200.00
	<i>HIDIG will run three static health and nutrition facility and seven outreach integrated health and nutrition response team in Xudur, each of the health and nutrition fixed sites will have two qualified nurse and one qualified nurse per health & nutrition IERT teams. They will have expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, monitor labor and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records. The salary of midwives will be at US\$400 month. SHF will pay 100% of the monthly salary including medical cover</i>						
1.8	Qualified Nurse (two per nutrition/HF fixed sites and one per Nutrition/HF outreach/mobile IERT)	D	13	400.00	6	100.00	31,200.00
	<i>HIDIG will run three Emergency integrated health and nutrition facility in Xudur , nurses will be employed two per outreach and one qualified nurse per health & nutrition IERT teams and will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patients' medical records to ensure information is up to date for appropriate decision making. SHF will pay 100% of the salary</i>						
1.7	Monitoring and evaluation officer	S	1	1,800.00	6	50.00	5,400.00
	<i>The monitoring officer will mainly provide project activities monitoring and learning he /she will be responsible for the project overall implementation success documentation; he will be paid \$1800 per months and SHF will contribute 50% of the cost equivalent to \$900 per months including medical cover for the 6 months project periods.</i>						
1.6	Procurement & Logistic officer	D	1	1,200.00	6	40.00	2,880.00
	<i>The procurement and logistic officer will be responsible for the management, procurement and documentation of good procurement of goods and services within the organization, he will spend 40% of his/her time with this project and will be paid \$1200 per months including medical cover and SHF will contributes 40% of the cost</i>						
1.5	Finance officer	S	1	2,800.00	6	40.00	6,720.00
	<i>The finance manager will be responsible of organization financial management and record keeping for the project funds utilization ,he will paid \$2800 per months and SHF will contribute 40% of the cost equivalent to \$1,400 per months including medical cover for the 6 months project periods.</i>						
1.4	HMIS officer	D	1	1,500.00	6	50.00	4,500.00
	<i>Health Management Information System officer will be responsible for managing project data that will be shared with the cluster and regularly prepare weekly and monthly surveillance data. The officer will spend 50% of his time on this project and SHF will contribute 50% of the salary. He/she will be paid a monthly salary of \$ 1500 per months including medical cover for the 6 months project periods for 6 months</i>						
1.3	Health nutrition officer	D	1	1,500.00	6	100.00	9,000.00

	<i>Health& nutrition Officers based in Xudur leading on technical support, coordination and implementation of public health promotion. He/she will dedicate 100% of his/her time to this project for the entire 6 months. The position reports technically to the emergency Programme manager. The monthly salary for the position is \$1,500 and SHF Will pay 100% fully to this position as the project officer will be dedicated the SHF implementation fully.</i>							
1.2	Senior Nutrition & Health program coordinator	D	1	3,000.00	6	60.00	10,800.00	
	<i>HIDIG Senior nutrition & health program coordinator will be responsible for oversight and coordination of daily operations of project activities and give advice. Will review project reports, budget projections and approvals, guided by the technical support staff such as the finance manager. He will also guide donor field visits. In this position, he will report to the executive director and give project updates. He contributes 70% of his time to the project at a basic salary of \$3000 per month, in which SHF contribute 70% of his salary including medical cover</i>							
1.1	Executive director	D	1	5,000.00	6	30.00	9,000.00	
	<i>HIDIG executive director will provide the project leadership and quality management of the organization programs, he will oversee the implementation and coordination with donors and other stakeholders including government line ministries hence will paid \$5000 per months and SHF project will contributes 30% of his salary which will cover both medical and salary of the executive director</i>							
	Section Total						248,100.00	
2. Supplies, Commodities, Materials								
2.17	Medical supply transportation cost	D	1	12,800.00	1	100.00	12,800.00	
	<i>The medical supplies will be transported via airline due to road inaccessibility from Mogadishu to xudur , however, the airline transportation cost at \$12,000 while the transportation of the supply from the airstrip in xudur to HIDIG warehouse including loading and offloading cost at \$800 hence this totals \$12,800</i>							
2.16	Health & Nutrition sites desk and Benches	D	1	2,700.00	1	100.00	2,700.00	
	<i>This will facilitates the smooth operation and efficient services delivery to the affected population as well as the malnourished and medically ill children in the target location hence will cost the project a total of \$2700 and SHF will contributes 100%</i>							
2.15	Non medical supplies	D	1	5,300.00	1	100.00	5,300.00	
	<i>Cost will cater the procurement of non-medical equipment that will ensure the smooth program implementation, the total cost of this activity will be \$5300 in which SHF will pay 100%, reference under Log frame health activity 1.1.2</i>							
2.14	AWD/cholera case management TRAINING to health staff	D	1	5,841.50	1	100.00	5,841.50	
	<i>To ensure proper prevention and case management of AWD/cholera during the emergency period HIDIG will ensure its Health team have the capacity to conduct community case management, referral as well as identification of AWD cases to minimize AWD case among the drought affected population this will therefore cater the training of AWD among the health staff and the cost will 100% cater by SHF</i>							
2.13	IYCF-E&NHHP and Mother led MUAC screening training for staff and caregivers	D	1	14,255.50	1	100.00	14,255.50	
	<i>The project will trained 41 nutrition staff ie nutrition screeners and community health workers as well as 100 caregivers on IYCF-E/NHHP and mother led MUAC screening. The training will be conducted one day for the caregivers on MUAC screening and 4 days for the staff on IYCF-E/NHHP and MUAC screening simulation, this cost will cater the training refreshment as well as the training materials and venues, SHF will provide 100% of the cost</i>							
2.12	Health facilities generator fuel	D	3	360.00	6	100.00	6,480.00	
	<i>This cost will ensure the operation of the Nutrition and health facility at horsed,Buulow & Mooragaabey to be operation and efficiently serving the population in needs this will cos the fuel and the transportation cost from Beletweyne to Xudur hence providing adequate services to the population cost a \$360 per months and SHF pay 100%,Under log frame 1.1.1</i>							
2.11	Printing and dissemination of IEC materials	D	1	7,160.00	1	100.00	7,160.00	
	<i>HIDIG procure staff dust/Lab coats, caps and T-shirt with promotional messages as well as identification cards for staff, this will cost the project a total of \$7160 and SHF will contributes 100%</i>							
2.10	Rapid diagnostic test	D	1	9,720.00	1	100.00	9,720.00	
	<i>HIDIG will procure a rapid diagnostic test that includes 500 pregnant test,1500 urine cups,rapid diagnostic test for 100 malaria,20 syphiis, 60 widal and Hpertistis B and C to ensure sufficient health care services were provided with these emergency drought affected population and proper treatment are provided to them, this will cost the project a total of \$9720 and SHF will contributes 100%, under log frame activity 1.1.2</i>							
2.9	Health staff training on psychosocial and gender based violance training (SGBV)	D	1	5,917.50	1	100.00	5,917.50	
	<i>To ensure adequate integration and protection of the project beneficiaries the staff will be able to get training on gender base violence clinical management and gender based referral mechanism as well as understanding on the services required in each stage of GBV victim thus HIDIG will training 65 project staff on the GBV clinical case management, referral mechanism and coordination aspect and this will cost the project a total of \$5917.5.SHF will cover 100% of the cost contribution under log frame 1.1.8</i>							

2.8	Health & nutrition center Handwashing kits	D	1	1,200.00	1	100.00	1,200.00
<i>HIDIG will procure seven handwashing portable kits for seven IERT mobile teams and this is intended for prevention of AWD/cholera as well as covid-19 hence this will cost the project a total of \$1200 and SHF will contribute 100%</i>							
2.7	water bladders	D	1	2,100.00	1	100.00	2,100.00
<i>For efficiency and clean water storage at the static health and nutrition sites HIDIG will procure three portable water bladders at a cost of \$600 per bladders and a transportation cost from Mogadishu and as well the transportation cost from Beletweyne to Xudur project site totaling \$2,100 and SHF will contribute 100%.Log frame 1.1.7 activity</i>							
2.6	Health and nutrition facility water services	D	1	9,000.00	1	100.00	9,000.00
<i>The static Health and nutrition facilities beneficiaries shall be provided clean water during OPD consultation and therapeutic treatment. Clean drinking water will be procure every months to ensure visiting vulnerable children under five boys, girls and PLWs have adequate safe and clean water during the treatment period, a total of 8000(40% of target) beneficiaries will be targeted for 7.5L per day at a cost of \$0.025 for period of 6 months project period totaling \$9000 in which SHF will pay 100%. However, this cost will fall under activity Log frame 1.1.7 see attached BOQ</i>							
2.5	Health and nutrition facilities and outreach IERT teams visibility banners	D	10	120.00	1	100.00	1,200.00
<i>To ensure identification of the mobile team HIDIG will procure a banner for each mobile team indicating project codes and project sites as well as the project title, this will cost \$1200, under Log frame Health & nutrition activity 1.1.1</i>							
2.4	Covid-19 equipment and supplies	D	1	3,760.00	1	100.00	3,760.00
<i>To ensure the safety of the project team HIDIG will procure covid-19 personal protective equipment (PPEs) and this will ensure both the staff and other project beneficiary safe, it will cost a total of \$3760 and SHF will contribute 100%, under Log frame Health activity 1.1.6</i>							
2.3	Health facilities and Outreach team stationaries	D	1	9,910.00	1	100.00	9,910.00
<i>HIDIG will procure prescription booklet, clinical cards, nutrition & health referral slips, OPD,ANC,PNC register, community volunteers referral cards and stationaries such as pens, notebooks for outreach and HF teams. The total cost for the medical related stationary is \$9910, SHF will contribute 100% for this specific nutrition and health related stationary. Photocopy of Outpatient therapeutic program OTP, follow up cards, and Medical Prescription cards are needed, the papers are hard papers which is not possible to be printed out large numbers. Under Log frame Health & nutrition activity 1.1.1</i>							
2.2	warehouse rent	D	1	600.00	6	100.00	3,600.00
<i>This cost shall cater on the supply management of the project sites in Xudur and it shall be budgeted at a cost \$600 for a period of 6 months in which 100% been pay by SHF. The warehouse will be able to manage all the two-sector supply that is health and nutrition. Under Log frame Health activity 1.1.2</i>							
2.1	Essential medical supplies	D	1	45,005.00	1	100.00	45,005.00
<i>HIDIG will procure a startup program supply at a cost of \$ 45005 that will ensure immediate life-saving intervention will cover 100% of the cost. under Log frame Health activity 1.1.2, see attached BOQ</i>							
Section Total							145,949.50
3. Equipment							
3.2	Maternity equipment	D	1	7,391.50	1	100.00	7,391.50
<i>For efficiency of skilled delivery and safe motherhood during the project implementation period, HIDIG will procure maternity equipment for both static health facility and outreach teams, this will therefore cost the project a total of \$7391.50 and SHF will contribute 100% of the cost</i>							
3.1	Health facility delivery kits	D	1	7,321.00	1	100.00	7,321.00
<i>HIDIG will procure delivery equipment for the stabilization center and static health and nutrition sites in Xudur this will cost \$7321 and SHF will contribute, this is under log frame activity 1.1.3</i>							
Section Total							14,712.50
4. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
NA							
Section Total							0.00
5. Travel							
5.2	Air travel and related cost for senior staff members	D	1	4,640.00	1	100.00	4,640.00

	<i>Four senior HIDIG management team that is executive director, Finance manager, M&E manager and Emergency program coordinator will travel to Xudur via Mogadishu for project inception meeting to kick start the program and engage other stakeholders and beneficiaries for better accountability to the affected population as well as ensure proper staff briefing on the program outputs requirement. This will cost the project a total of \$ 4,640 in which SHF will be charged 100%</i>						
5.1	Car hire for project outreach team and supervision	D	3	1,800.00	6	100.00	32,400.00
	<i>Three vehicle will be hired at a cost of \$1800 per vehicle, the vehicle will provide transportation to IERT teams as well as provision of referral services from far rural location in xudur to ACF stabilization and HIDIG Health static sites sites in Xudur, Each vehicle will cater for two IERT mobile teams transportation referral as well as to and return the target sites, SHF will contribute 100%</i>						
	Section Total						37,040.00
6. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
7. General Operating and Other Direct Costs							
7.5	Bank charges	D	1	8,803.00	1	100.00	8,803.00
	<i>Will be used for money transfers within Somalia to pay staff and other program cost related expenditure</i>						
7.4	Utilities (Electricity & water)	S	1	500.00	6	40.00	1,200.00
	<i>Cost for electricity and office water services and project will spend \$500 per months and SHF will be charged 40% contribution of overall project cost</i>						
7.3	office stationaries	S	1	600.00	6	40.00	1,440.00
	<i>Cost will cater office stationaries and each month will contribute \$600 as cost allocation charge, SHF will contribute 40% of the cost</i>						
7.2	Communication cost	D	1	1,800.00	6	40.00	4,320.00
	<i>This cost will provide the smooth program implementation where it will cater the airtime for the program management team and office internet in which project is charged 40% of the cost for the 6 months project period's. SHF will contribute 40% of monthly cost (\$1800 per months)</i>						
7.1	office rent -Xudur	D	1	1,800.00	6	40.00	4,320.00
	<i>Cost will cater office rent monthly cost allocation in which the project is charged \$1800 per months as contribution and thus SHF pay 40%</i>						
	Section Total						20,083.00
SubTotal			201.00				465,885.00
Direct							443,925.00
Support							21,960.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							32,611.95
Total Cost							498,496.95

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bakool > Xudur > Xudur	100.00000	0	0	0	0		<p>H: Activity 1.1.1: Through the three integrated static health & Nutr...</p> <p>H: Activity 1.1.2: Through trained qualified nurses, auxillary and m...</p> <p>H: Activity 1.1.3: Provision of Basic Emergency Obstetric and New-bo...</p> <p>H: Activity 1.1.4: Conduct routine and supplementary immunization to...</p> <p>H: Activity 1.1.5: Through the emergency integrated response team in...</p> <p>H: Activity 1.1.6: HIDIG will ensure prevention of COVID-19 and AWD/...</p> <p>H: Activity 1.1.7: HIDIG through three integrated health and nutrit...</p> <p>H: Activity 1.1.8: Provide three days training to 68 project staff ...</p> <p>Nut: Activity 1.1.1: Conduct screening of acute malnutrition for child...</p> <p>Nut: Activity 1.1.2: Through the proposed seven nutrition and health I...</p> <p>Nut: Activity 1.1.3: HIDIG anticipate to provide therapeutic treatment...</p> <p>Nut: Activity 1.1.4: Operationalize three static nutrition and health ...</p> <p>Nut: Activity 1.1.5: Through the seven nutrition & health IERT teams a...</p> <p>Nut: Activity 1.1.6: Provide micronutrient supplementation to 2800 Pre...</p> <p>Nut: Activity 1.1.7: HIDIG through the established three static health...</p> <p>Nut: Activity 1.1.8: HIDIG will ensure that caregivers as well as nutr...</p> <p>Nut: Activity 1.1.9: Provide Management to 6,156 moderately acute maln...</p> <p>Nut: Activity 1.2.1: Conduct 24 community and outreach-based IYCF/E pr...</p> <p>Nut: Activity 1.2.2: HIDIG will ensure to provide adequate platform in...</p>

Documents	
Category Name	Document Description
Budget Documents	BOQ for H-Nut- HIDIG-18-7-2022.xls
Budget Documents	BOQ for H-Nut- HIDIG-22-7-2022.xls
Budget Documents	BOQ for H-Nut- HIDIG-27-7-2022.xls
Budget Documents	BOQ for H-Nut- HIDIG-28-7-2022.xls
Budget Documents	cancel
Budget Documents	BOQ for H-Nut- HIDIG-29-7-2022.xls
Project Supporting Documents	Xudur sites.docx
Grant Agreement	GA HRDO 22692 HC signed.pdf
Grant Agreement	HRDO Signed Grant Agreement.pdf