

Requesting Organization :	International Organization for Migration				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Water, Sanitation and Hygiene		100.00			
		100			
Project Title :	WASH and Health emergency response for AWD/Cholera affected communities in Kismayo				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/WASH/UN/2482		
Cluster :		Project Budget in US\$:	200,000.33		
Planned project duration :	6 months	Priority:			
Planned Start Date :	15/02/2016	Planned End Date :	14/08/2016		
Actual Start Date:	15/02/2016	Actual End Date:	14/08/2016		
Project Summary :	The aim of this project is to respond to the recent Acute Watery Diarrhea (AWD)/Cholera outbreak in Kismayo and threatens to further destabilize a region severely weakened by food shortage, the on-going political crisis, and the deteriorated health care and water supply systems. The project proposal sets out scaling up plan of IOM's on-going respond to the outbreak ensuring access to safe water sources, sustainable sanitation facilities, community based case management and health and hygiene promotion in the most vulnerable communities in Kismayo.				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
1,800	2,400	3,600	4,200	12,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,350	1,800	2,700	3,150	9,000
People in Host Communities	450	600	900	1,050	3,000
Indirect Beneficiaries :					
Catchment Population:					
Internally displaced people and Hos communities living Dalxiiska, Farjano, Fanole districts and Kimsayo Town, Somala					
Link with allocation strategy :					
Emergency Response (CHF -ER)					
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		
Omar Khayre	WASH Project Manager	okhayre@iom.int	+254721521300		

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BACKGROUND

1. Humanitarian context analysis

It is estimated that Kismayo and its surroundings host approximately 30,000 internally displaced persons (IDPs) and additional 3,098 refugee returnees from Kenya (UNHCR 2016). Recent military offensives in the region have also instigated the migration of pastoral communities to urban areas in and around Kismayo, resulting in a significant number of vulnerable mobile populations in need of assistance. Continuously depleted water points caused by inadequate rainfalls during the 2015 Gu and Deyr seasons have raised water prices and heightened food insecurity in various pastoral areas of the Lower Juba region in Somalia. The Food Security and Nutrition Analysis Unit – Somalia (FSNAU) reported serious global acute malnutrition levels (12.9 %) among IDPs in Kismayo (FSNAU Dec 2015). Due to high water prices, economically disadvantaged IDPs cannot afford safe water and are forced to use untreated and unprotected saline water sources which puts them at a high risk of contracting communicable diseases.

In this context, Kismayo has been recently affected by an AWD/Cholera outbreak which began on 5th September 2015. As of 28 January 2016, a total of 1,415 cases (67.6% children under five) including 11 deaths have been reported (administration data Kismayo General Hospital, Jan 2016). The majority of reported cases (78%) occurred in IDP settlements and neighboring communities such as Farjano, Fanole and Shaqualaha. The outbreak is attributable to the poor sanitation conditions, a shortage of safe water, overcrowding and high malnutrition rates among displaced people, and poor health care infrastructure due to the long-term political crisis in the region.

2. Needs assessment

According to patient records from the Cholera Treatment Center (CTC) at Kismayo General Hospital, as of 28 January 2016 a total of 1,415 cases of AWD/Cholera (67.6% children under five) including 11 deaths have been reported. The majority of reported cases (78%) have occurred in IDP settlements and communities in Farjano, Fanole and Shaqualaha. To respond to the on-going AWD/Cholera outbreak in Kismayo an AWD/Cholera, a Task Force involving WASH/Health partners was formulated in September 2015. Due to concerted efforts by stakeholders including the Ministry of Health, hospitals and aid partners who are working on case management, awareness campaigns and chlorination of water sources and shallow wells, there has been a slight reduction in the number of cases recorded (reduced from 150 and 117 cases in the first and the second week of December 2015 to 69 cases in the last week of December 2015, according to the OCHA's AWD/Cholera in Kismayo Situation update and the AWD/Cholera Task Force Coordination Meeting Minutes Jan 6th, 2016). However the outbreak still remains at an emergency level and the CTC is also reporting re-admission cases.

Due to a lack of understanding of how water-borne diseases are transmitted, private well-owners have been refusing offers of assistance for chlorination of their water points, and family members of infected individuals continue to stay in close physical contact with the patients while they are in the CTC (Update on AWD/Cholera in Kismayo situation 2 OCHA, 16 Dec 2015; AWD/Cholera Task Force Coordination Meeting Minutes Jan 6th, 2016). Activities to raise the awareness of well-owners, families of infected individuals, and the wider community about transmission of AWD/Cholera and the importance of chlorination of water sources are urgently required to reduce community risk behaviors. In addition, IDP settlement sites in Kismayo lack community oral rehydration points (ORPs) to triage and stabilize cases for timely referral of suspected cases of AWD/Cholera to the CTC.

Funding is urgently required to scale-up the response to the AWD/Cholera outbreak in Kismayo, particularly in IDP settlements, in order to reduce incidence of the disease amongst these vulnerable populations.

3. Description Of Beneficiaries

The project will target estimated 9,000 IDPs (1,350 men, 1,800 women, 2,700 boys and 3,150 girls) and 3,000 host community members (450 men, 6,000 women, 1,050 boys and 3,000 girls) from Dalxiiska IDP settlement in Farjano, Fanole, Kismayo who are affected by the AWD/Cholera outbreak.

4. Grant Request Justification

Since AWD/Cholera outbreak in Kismayo town in September 2015, IOM and other WASH partners have been responding to contain the spread of AWD/Cholera cases from IOM emergency resources. Funds from IOM and other humanitarian partners to respond to the outbreak has depleted while cases of AWD/Cholera continue to be reported. The proposed project will therefore enable IOM to scale up activities including safe water provision, case management, and health and hygiene awareness-raising in target communities to reduce and prevent AWD/cholera cases.

5. Complementarity

Since 2013, IOM has been implementing humanitarian interventions to improve availability of, and accessibility to safe water among migrants including IDPs, returnees and the host communities in Kismayo. IOM is currently implementing WASH, Shelter, Health and Protection integrated projects funded by UFE-CERF 2015. In addition, IOM manages the regional WASH supply, cold chain, and Essential Primary Health Care Services (EPHS), which will complement the proposed emergency response for the AWD/Cholera outbreak. IOM already has a Memorandum of Understanding (MoU) with the Jubbaland Ministry of Health through which capacity-building for health and hygiene promotion components can be mobilized.

LOGICAL FRAMEWORK

Overall project objective

This project's overall goal is to reduce morbidity and mortality among IDP and host community population in Kismayo by scaling up outbreak response through improved and sustainable access to safe water, sustainable sanitation facilities, case management health services and scale up community awareness promotion. The project intends to support AWD task force led by the Ministry of Health and Ministry of Water Juba land's efforts to bring the AWD/Cholera outbreak under control.

Water, Sanitation and Hygiene							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Provide access to safe water, sanitation and hygiene for people in emergency need		Somalia HRP 2016			40		
Provide reliable and sustainable access to environmental sanitation (all sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted population)		Somalia HRP 2016			60		
<p>Contribution to Cluster/Sector Objectives : The project will contribute to provide access to safe water and sustainable sanitation facilities and effective health and hygiene/sanitation practices for 12,000 of IDPs and host community people in Kismayo (4,200 girls,3,600 boys, 2,400 women, 1,800 men) who are in emergency needs through chlorination of the water sources, desludging and rehabilitation of the latrines, distribution of hygiene kits and community awareness raising on how to protect and prevent AWD/Cholera spreading.</p>							
Outcome 1							
Reduce morbidity and mortality due to AWD/Cholera through improved temporary and sustainable access to safe water, sensitization of the well owners, hygiene promotion and improved sanitation facilities							
Output 1.1							
Description							
12,000 of IDPs and host community members in Kismayo (4,200 girls, 3,600 boys, 2,400 women, 1,800 men) have improved access to safe water and appropriate sanitation facilities and effective hygiene promotion							
Assumptions & Risks							
1) Well-owners are willing to participate in the chlorination of the water points once consulted and provided with information about the spread of AWD/Cholera; 2)The beneficiary household members utilize the hygiene kits; and 3) Security situation in the target project sites allow for the project team to access areas.							
Activities							
Activity 1.1.1							
Standard Activity : Chlorination (stand alone separate to O&M)							
Chlorinate up to 72 additional wells and daily monitoring of free chlorine residual testing (FRC), by providing well owners with appropriate amounts of chlorine needed to disinfect the wells on a daily basis. Prior to chlorination activities taking place, 85 well owners, local authorities and partners will be trained in correct methods of chlorinating the wells and of monitoring residual chlorine levels to ensure they remain within safe levels (0.2-0.7 mg). The project catchment area will be divided into four zones and the project team will consist of the local authority, IOM and the well owners.							
Activity 1.1.2							
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)							
Distribute hygiene kits (200 aqua tabs, 4.8 kg bar soap, 1 jerry can and 1 bucket per household) for 3,000 households for 6 months consumption. As per the WASH cluster guidelines the most vulnerable groups will be prioritised, including female-headed households, widows, and households with young children, elderly and disabled persons. Jerry cans and buckets will be provided in the initial distribution followed by monthly top-up distributions of aquatabs and soap to ensure a regular supply of safe water and hygiene. In collaboration with community leaders, community sensitization sessions will be run to demonstrate the safe use of water purification tablets and handwashing with soap at the water source points.							
Activity 1.1.3							
Standard Activity : Community Hygiene promotion							
Conduct training for 50 selected hygiene promoters (25 men and 25 women) from target communities and staff from Ministry of Health to conduct hygiene and health promotion interventions in their communities. Trained health and hygiene promoters will conduct monthly hygiene promotion sessions to increase community awareness and engagement on good hygiene practices through visits to households, schools and health centers. In corroboration with AWD Task Force, the Jubbaland Ministry of Health, WASH and Health Cluster partners, health centers, schools and the Kismayo General Hospital scale up dissemination of health and hygiene messages to reach 12,000 IDPs and host community members in Dalxiiska IDP settlement in Farjano and Fanole through media, community-based social activities, health centers, schools, house-to-house visits and by trained community promoters promoting equal participation among girls, boys, women and men to inspire behavior changes. Promoter will work to build a strong community ownership of the whole programme to assure sustainability, promotion of hand washing with soap, cleaning of water containers and safe waste disposal methods will be highlighted to minimize spread of AWD/Cholera. Hygiene and health promotion will be undertaken at schools and health centres in the catchment areas to maximize the adoption of good hygiene and health practices by children at school and patients at health centers. Each hygiene promoter will aim to reach at least 360 beneficiaries, visiting households, schools and health centers within their specific geographic area. Awareness and community engagement initiatives will integrate the provision of basic material such as hygiene kits and the ORP. Key hygiene and health messages will be disseminated through media (TV and radio) and the messages will be tailored to the target groups and contain gender-sensitive messaging							
Indicators							
					End cycle beneficiaries		End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					12,000
Means of Verification : Reports from the FRC testing and photos							
Output 1.2							
Description							

300 filled VIP latrines to be desludged and rehabilitated to improve sanitation and hygiene for 12,000 IDPs and vulnerable host communities in Kismayo

Assumptions & Risks

1)The beneficiary household members access and utilize the latrines and 2) Security situation in the target project sites allow for the project team to access areas

Activities

Activity 1.2.1

Standard Activity : Desludging of latrines

In collaboration with community leaders, IOM will rehabilitate and desludge 300 filled VIP latrines in Farjano and Fanole districts to improve access to sanitation facilities. Approximately 9,000 IDPs and 3,000 vulnerable host communities will benefit from the rehabilitated sanitation facilities. Priority will be given to the most vulnerable families such as widows, families with disability and female headed households, respect the privacy of women and girls in accordance to Somali culture, and ensure rehabilitated latrines to fill the needs of men, women, boys and girls.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					12,000

Means of Verification : Procurement documents and records on the number of latrines dislodged and rehabilitated. Site visit record of monitoring usage of the rehabilitated latrines by IDPs and host communities

Outcome 2

Reduce morbidity & mortality due to AWD/cholera through early rehydration, stabilization and referral

Output 2.1

Description

12,000 IDP (4,200 girls,3,600 boys, 2,400 women, 1,800 men)) in Kismayo have improved access to early AWD/Cholera case management

Assumptions & Risks

1)The beneficiary household members access and utilize the Oral Rehydration Points and 2) Security situation in the target project sites allow for the project team to access areas

Activities

Activity 2.1.1

Standard Activity : Not Selected

Establish and staff two community Oral Rehydration Points (ORPs) and hire standby (ambulance) to transfer sick patients to CTCs

Activity 2.1.2

Standard Activity : Not Selected

Conduct one community level training and another for clinicians at health facility level on treatment of AWD/Cholera cases to scale up timely case management and preparedness

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health facilities supported					2

Means of Verification : Photos, stock records and logbook, reports from the facilities, site visits report

Indicator 2.1.2	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					50
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Means of Verification : Training patient list

Additional Targets :

M & R

Monitoring & Reporting plan

Overall monitoring and reporting responsibility will rest with the IOM WASH Programme Manager and an M&E Officer based in Kismayo with oversight provided by the coordinator of Migration Health Division and Project Development and Monitoring Unit based in Nairobi. The M&E Officer will develop monthly reports (matrix and narrative report) and detailed work plans indicating the progress of agreed indicators. The M&E matrix provides detailed information about means of verification and data collection methods. This matrix and the Logical Framework (LFA) will serve as a part of the overall M&E plan which will include additional details about issues of data quality, use, quarterly targets and tools. The Programme Manager will conduct site visits on a regular basis and report accordingly. Due to the emergency nature of the proposed project, the emphasis will be placed on monitoring and there will be no external evaluation to be conducted.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Chlorinate up to 72 additional wells and daily monitoring of free chlorine residual testing (FRC), by providing well owners with appropriate amounts of chlorine needed to disinfect the wells on a daily basis. Prior to chlorination activities taking place, 85 well owners, local authorities and partners will be trained in correct methods of chlorinating the wells and of monitoring residual chlorine levels to ensure they remain within safe levels (0.2-0.7 mg). The project catchment area will be divided into four zones and the project team will consist of the local authority, IOM and the well owners.	2016			X	X	X	X	X	X				
Activity 1.1.2: Distribute hygiene kits (200 aqua tabs, 4.8 kg bar soap, 1 jerry can and 1 bucket per household) for 3,000 households for 6 months consumption. As per the WASH cluster guidelines the most vulnerable groups will be prioritised, including female-headed households, widows, and households with young children, elderly and disabled persons. Jerry cans and buckets will be provided in the initial distribution followed by monthly top-up distributions of aquatabs and soap to ensure a regular supply of safe water and hygiene. In collaboration with community leaders, community sensitization sessions will be run to demonstrate the safe use of water purification tablets and handwashing with soap at the water source points.	2016			X	X	X	X	X	X				
Activity 1.1.3: Conduct training for 50 selected hygiene promoters (25 men and 25 women) from target communities and staff from Ministry of Health to conduct hygiene and health promotion interventions in their communities. Trained health and hygiene promoters will conduct monthly hygiene promotion sessions to increase community awareness and engagement on good hygiene practices through visits to households, schools and health centers. In corroboration with AWD Task Force, the Jubbaland Ministry of Health, WASH and Health Cluster partners, health centers, schools and the Kismayo General Hospital scale up dissemination of health and hygiene messages to reach 12,000 IDPs and host community members in Dalxiiska IDP settlement in Farjano and Fanole through media, community-based social activities, health centers, schools, house-to-house visits and by trained community promoters promoting equal participation among girls, boys, women and men to inspire behavior changes. Promoter will work to build a strong community ownership of the whole programme to assure sustainability, promotion of hand washing with soap, cleaning of water containers and safe waste disposal methods will be highlighted to minimize spread of AWD/Cholera. Hygiene and health promotion will be undertaken at schools and health centres in the catchment areas to maximize the adoption of good hygiene and health practices by children at school and patients at health centers. Each hygiene promoter will aim to reach at least 360 beneficiaries, visiting households, schools and health centers within their specific geographic area. Awareness and community engagement initiatives will integrate the provision of basic material such as hygiene kits and the ORP. Key hygiene and health messages will be disseminated through media (TV and radio) and the messages will be tailored to the target groups and contain gender-sensitive messaging	2016			X	X	X	X	X	X				
Activity 1.2.1: In collaboration with community leaders, IOM will rehabilitate and desludge 300 filled VIP latrines in Farjano and Fanole districts to improve access to sanitation facilities. Approximately 9,000 IDPs and 3,000 vulnerable host communities will benefit from the rehabilitated sanitation facilities. Priority will be given to the most vulnerable families such widows, families with disability and female headed households, respect the privacy of women and girls in accordance to Somali culture, and ensure rehabilitated latrines to fill the needs of men, women, boys and girls.	2016			X	X	X	X	X					
Activity 2.1.1: Establish and staff two community Oral Re hydration Points (ORPs) and hire standby (ambulance) to transfer sick patients to CTCs	2016			X	X	X	X	X	X				
Activity 2.1.2: Conduct one community level training and another for clinicians at health facility level on treatment of AWD/Cholera cases to scale up timely case management and preparedness	2016			X	X								
OTHER INFO													
<u>Accountability to Affected Populations</u>													
IOM will include target populations throughout the project by applying a participatory approach and holding a series of consultations to reflect the needs and concerns of beneficiaries, and to increase their ownership and sustainability. This will include holding consultation meetings between community leaders and local authorities to discuss and give their permission for well chlorination activities and to establish commitment from these stakeholders. IOM will also ensure IDP settlement leaders, and religious, women's and youth groups participate in the planning and implementation stages of the health and hygiene promotion. For the selection of implementing partners, IOM's internal competitive bidding process will be followed and their suggestions and inputs will be reflected accordingly.													
<u>Implementation Plan</u>													

Activities relating to well chlorination and hygiene promotion will be implemented by IOM with the support of the Jubbaland Ministry of Health and local implementing partners (IPs) through a service agreement. The IPs will be selected based on their experience, technical capacity, presence in the areas and expertise, and past records of WASH interventions in Lower Juba region. IOM's role is to ensure projects are implemented as planned with quality, effectiveness, and efficiency, while the IPs will conduct specific activities under supervision and monitoring of IOM field staff. Mobilization and sensitization will be conducted through consultative meetings where beneficiaries will be informed of the project. Hygiene promoters will be selected in consultation with community leaders and once trained they will start hygiene promotion activities and distribution of hygiene kits and water purification tablets. Trained hygiene promoters will be committed to conducting monthly hygiene promotion sessions to increase community awareness of good hygiene practices through visits to households, schools, and health centers. Each hygiene promoter will responsible for a specific geographical area.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
American Refugee council (ARC)	ARC and IOM are working closely responding AWD and agreed at field level implementation to avoid duplication and overlapping of activities
Ministry of Health Jubaland	The Ministry of Health is leading the AWD Task Force of which IOM is a member, Task Forceand routinely meets with key stakeholders to discuss progress, response and gaps in the AWD response.
Norwegian Refugee Council (NRC)	NRC's response involves similar activities to IOM, but is focusing on Alanley district and Shaqale district. IOM's activities are in Farjano district, focusing on Dalxiiska IDP settlement.
AWD Task force and Regional WASH focal points	As a member of the AWD Task Force in Kismayo. IOM has consulted the Task Force on this proposal and agreed on the project location and proposed interventions.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

IOM will contribute to promoting gender equality by including both men and women in all components of the project and reporting beneficiary and related data with gender disaggregation. IOM will promote the female participation in the consultation meetings and decision-making processes. Concerning distribution of water, hygiene kits and water purification tablets, IOM will specifically target female-headed HHs and HHs with special needs, The 50 hygiene promoters will comprise of 25 women and 25 men. Monitoring and reporting of the project will include gender-disaggregated data.

Protection Mainstreaming

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries, in particular children, the elderly, persons with disabilities, widows, and female-headed households, who will be prioritized for the distribution of hygiene kits to ensure their access to services without discrimination. 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, community hygiene committees which foster participation, empowerment and accountability. Safety in well chlorination will also be ensured through thorough training of well-owners and hygiene promoters in monitoring levels of chlorine in water sources to ensure that these remain at safe levels.

Country Specific Information

Safety and Security

On the security and access front, all actions will be carried out within the parameters of the security guidelines set forth by the UN Department of Safety and Security (UNDSS) of which IOM is a member. UNDSS has established local field structures as well as tailored protocols for Somalia and oversight at the country level by the Security Management Team (SMT). IOM is a permanent member of the SMT which provides recommendations and consultations on security policy and criteria in coordination with the designated security representatives of the Special Representative of the UN Secretary-General for Somalia and the UN in New York.

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurran ce	% charged to CHF	Total Cost
1.1	WASH specialist P3 international	D	1	12,500.00	6	6%	4,500.00
	<i>The international WASH project manager(P3) will be responsible overall coordination, financial and technical oversight of the emergency response. he is also responsible donor reporting, representation and accountable project implementation. He will be based in Nairobi but travel frequently (bi monthly) to the project site to monitor the progress and provide technical advice. he will spend 6% of his time and salary is all inclusive.</i>						
1.2	WASH Program officer	D	1	10,060.00	6	13%	7,545.00
	<i>WASH program officer will provide support implementation of the project specially Well chlorination and training hygiene promoters. he/she will 12.5% his/her time in the field. The salary is based IOM salary scale and is all inclusive</i>						

1.3	WASH M&E field project assistant G5	D	1	2,500.00	6	13%	1,905.00
	<i>WASH M&E staff project assistant is based in Kismayo and will provide support CHF project including monthly reporting and 4W matrix project activities. he will be responsible day to day monitoring, consultation with local authorities and community leaders and evaluation of project activities. the salary is based IOM salary scale</i>						
1.4	Finance and admin NOB	D	1	3,300.00	6	15%	2,970.00
	<i>Project finance assistant is IOM staff based in Nairobi and he will provide support CHF project on administration and financial transactions. he will responsible preparation interim and final financial report for approval. Project finance assistant will dedicate 15% of his time for project support, the salary is based IOM salary scale</i>						
1.5	Procurement and logistic assistant G4	D	1	2,200.00	6	20%	2,640.00
	<i>Project procurement and logistic assistant is IOM staff based in Nairobi and he will provide support CHF project on procurement and logistic support for the project according IOM procurement procedures. Project procurement and logistic assistant will dedicate 20% of his time for project support, the salary is based IOM salary scale</i>						
	Section Total						19,560.00
Equipment							
3.1	Portable Colorimetry water kit device (chlorine test kit tester)	D	100	80.00	1	100%	8,000.00
	<i>the portable colorimeter testing kits is digital testing kit for Free residual chlorine (FRC) in water. IOM procured 2014 similar and the unit cost is based on previous procurement</i>						
3.2	DPD No.1 & 2 tablet for chlorine test (Pack of 250 tablets each)	D	100	12.00	2	100%	2,400.00
	<i>DPD No 1&2 tablet comes as pack of 250 tablets. IOM procured 2014 similar and the unit cost is based on previous procurement</i>						
	Section Total						10,400.00
Contractual Services							
4.1	Local transportation for well chlorintors and monitoring team (2 vehicle X USD60 X30 days)	D	2	1,800.00	6	100%	21,600.00
	<i>The unit cost for vehicle rent is based on UN-guideline rate for renting vehicle in kismayo 1800 USD (60USD x 30 days). two vehicle will be hired for chlorination and monitoring</i>						
	Section Total						21,600.00
Travel							
5.1	Travel from Nairobi to kismayo for WASH manager and WASH project officer	D	1	1,150.00	3	100%	3,450.00
	<i>WASH program manager/Project officer are baseline Nairobi and they will travel 3 times during project period to kismayo a for project monitoring, backstopping and consultation with local authorities. the travel cost with UNHAS flight \$1150 round trip</i>						
5.2	DSA for WASH specialist/project officer in Kismayo	D	2	88.00	18	100%	3,168.00
	<i>Daily substance allowance is paid all staff travelling to support the project in kismayo to the their accommodation and meals. the unit cost of 88 USD per night and is based UN rate</i>						
	Section Total						6,618.00
Transfers and Grants to Counterparts							
6.1	Training of 50 community health and hygiene promoters	D	50	115.00	1	100%	5,750.00
	<i>Community Health and Hygiene promoter Training will be conducted in community center and cost includes renting venue, training materials, refreshment and incentive of the participants. Break down for training cost is attached</i>						
6.2	Well chlorination training for well owners, Minstry of health and community members	D	85	91.60	1	100%	7,786.00
	<i>IOM will hired well experienced well chlorinators. well chlorination training will be conducted in community center in kismayo and cost includes renting venue, training materials, refreshment and incentive of the participants. the cost is based per person. in total will be trained 85 persons. Break down for training cost is attached. . the units cost person is based previous training conduct</i>						
6.3	Training of 25 health workers (clinicians) on management of AWD/Cholera	D	25	160.00	1	100%	4,000.00
	<i>Health workers training will be conducted in community center through hired facilitators. the unit cost includes renting venue, training materials, refreshment and incentive of the participants. Break down for training cost is attached. Incentive for health workers \$20/day as per health cluster guide line</i>						
6.4	Incentives for 50 hygiene promoters - 30 USD per month equivalent	D	50	30.00	6	100%	9,000.00
	<i>Trained health & hygiene promoters will be provide 30 USD per month as incentives, the unit cost is based wash cluster guideline</i>						
6.5	Sending key massages on AWD through local FM radio 4 times per day for 60 days	D	60	50.00	4	100%	12,000.00
	<i>Through AWD task force key awareness's massages will be send out in local FM radio. unit cost is based on existing charges and previous experience</i>						

6.6	Monthly hygiene promotion campaign and debate through TV	D	1	500.00	6	100%	3,000.00
	<i>monthly hygiene promotion debate h will be conducted monthly and will be invited religion leaders, local authority, health workers. the debate will be sent monthly through jubaland TV (local TV). the unit cost of 500 USD per month is recent of the air one hours time from TV per month</i>						
6.7	Medicines and rehydration supplies	D	2	1,000.00	6	100%	12,000.00
	<i>IOM will procure rehydration and medicines to support the two health centers. attached BoQ for the medicines</i>						
6.8	Qualified nurse/Public health officers for ORPs	D	2	400.00	6	100%	4,800.00
	<i>IOM will hire qualified nurse/public health officer to support. monthly salary is based on recommended health sector salary scale in Somalia</i>						
6.9	Hiring Ambulance	D	1	1,250.00	6	100%	7,500.00
	<i>IOM will hire standby ambulance. Monthly cost is 1250 USD which based average cost paid from different agencies and information from kismayo general hospital</i>						
6.10	Rehabilitationa and Desludging filled latrines	D	300	170.00	1	100%	51,000.00
	<i>IOM will outsource through bidding process the desludging of 300 latrines and rehabilitation. Detailed BOQ of unit cost are attached and is based on previous experience IOM implement project and market prices.</i>						
	Section Total						116,836.00
General Operating and Other Direct Costs							
7.1	Kismayo Office Rent	D	1	500.00	6	100%	3,000.00
	<i>IOM doesn't have core funding as other UN agencies, therefore office promises is charge proportionally to the projects IOM is implementing in kismayo. The unit cost of \$500 is 30% of IOM monthly rent cost in kismayo office</i>						
7.2	Communications (Telephone, Internet)	D	1	350.00	6	100%	2,100.00
	<i>Communication cost (telephone and internet) is 350 USD per month and Internet 150 USD and telephone 200 USD in IOM kismayo. the cost is based on the cost Hormund tele communication in Somalia</i>						
7.3	Stationary	D	1	540.00	1	100%	540.00
	<i>stationary such pens, files, printing papers, as lump sum. the cost is based on IOM field office consumption per month</i>						
7.4	Vehicles	D	1	600.00	6	100%	3,600.00
	<i>The fuel and maintenance cost of IOM vehicle. The unit cost is calculate from daily consumption. 400 USD is for fuel per month and 200USD per month for maintenance</i>						
7.5	Bank charges 1.5%	D	1	333.70	6	100%	2,002.20
	<i>Bank charges is the amount that transferable to project implementation through Dahabshiil system and is 1.5%</i>						
7.6	Water and electricity bills	D	1	110.00	6	100%	660.00
	<i>water and electricity is the calculated on the current consumption in IOM office in kismayo</i>						
	Section Total						11,902.20
SubTotal			792.00				186,916.20
Direct							186,916.20
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							13,084.13
Total Cost							200,000.33
Grand Total CHF Cost							200,000.33

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Juba -> Kismayo -> Kismayo	100	1,800	2,400	3,600	4,200	12,000	

Documents

Category Name	Document Description
Project Supporting Documents	CHF 2016 IOM proposal for WASH Health for AWD response.docx
Budget Documents	BoQ for single VIP latrines and desludging .xlsx
Budget Documents	BoQ for trainings health workers-hygiene promoters and well chlorination.xlsx
Budget Documents	Breakdown for Travel communication cost and consuble cost Kismayo ER.xlsx
Budget Documents	BoQ for medicines and rehydration.xlsx
Budget Documents	BoQ for Trainings.xlsx
Budget Documents	BOQ for Travel communication cost Water bills.xlsx
Budget Documents	rev.xlsx
Budget Documents	en.pdf
Budget Documents	ALL BoQs FINAL.xlsx