

Requesting Organization :	Norwegian Refugee Council		
Allocation Type :	Reserve 2016		
Primary Cluster	Sub Cluster	Percentage	
Water, Sanitation and Hygiene		100.00	
		100	
Project Title :	Emergency response to Acute Watery Diarrhoea outbreak in Kismayo		
Allocation Type Category :			

OPS Details

Project Code :		Fund Project Code :	SOM-16/2470/R/WASH/INGO/2479
Cluster :		Project Budget in US\$:	200,000.00
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/03/2016	Planned End Date :	31/08/2016
Actual Start Date:	01/03/2016	Actual End Date:	31/08/2016

Project Summary : The project aims to increase equal and sustained access to reliable safe water, adequate sanitation, promote positive hygiene services and take appropriate action to curb spread of AWD among vulnerable AWD affected people disaggregated by sex in Kismayo. NRC will implement the project in Calaney location which has the highest number of cases since the start of the AWD outbreak. It is mainly inhabited by IDPs and returnees. In order to achieve the set objective, the project seeks to undertake hygiene promotion, chlorination and water treatment, distribution of hygiene items, rehabilitation of water points and construct of both communal and institutional latrines. The beneficiaries will be selected through a consultative process with the community leaders in order to ensure the vulnerable with no means to improve their household hygiene are targeted. Female headed households will be prioritized and transparency will be ensured.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,652	2,548	3,978	3,822	13,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	2,652	2,548	3,978	3,822	13,000

Indirect Beneficiaries :

Through the health promotion campaigns, the project will indirectly benefit the entire Kismayo population and the environs with access to radio since some AWD talks will be transmitted through radio.

Catchment Population:

The targeted population are permanent inhabitants of Kismayo, IDPs from various part of Lower Juba and returnees from Kenya.

Link with allocation strategy :

This grant request has been occasioned by the outbreak of the AWD which has not been contained since September 2015. Funds available have exhausted but the needs are not fully met. Supplies from the regional WASH Cluster supply hub have been distributed by NRC, ARC and IOM but concerted efforts are required to reduce the public health risks and contain the outbreak. Other agencies have no funds as reported during the monthly WASH Cluster meeting in Kismayo.

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
Barnabas Asora	Head of Programme-Somalia	barnabas.asora@nrc.no	+254 722523269
Abdelgadir Ahmed	Country Director	abdelgadir.ahmed@nrc.no	+252 618454597

BACKGROUND**1. Humanitarian context analysis**

According to the Food and Agriculture Organization (FAO) managed Food Security and Nutrition Analysis Unit (FSNAU), Kismayo is one of the areas with high malnutrition cases having been classified to have serious GAM levels (10-14.9%). This is partly attributed to the poor basic services like water and sanitation and as a result leading to outbreak of diarrhoeal diseases. WASH Cluster estimates 930,000 people are at risk of Acute Watery Diarrhoea (AWD) in Somalia. The onset of deyr rains in September/October 2015 led to outbreak of AWD in Kismayo town and the surrounding villages of Kamsuma. 5 out of 6 samples collected by WHO in October 2015 tested positive for Vibrio Cholerae. Line listing data from Kismayo General hospital where Cholera Treatment Unit (CTU) was set up indicates that 1415 cases (221 in 2016) have been reported since the outbreak, 11 (5 under five children, 6 adults) being deaths. 49% of the cases being women. The case fatality rate (CFR) was 5% in September but it now stands at 0.8% showing a decline due to the concerted efforts by the humanitarian agencies. The outbreak has worsened already dire humanitarian situation in the area which also hosts a high case load of IDPs and returnees. Given its proximity to the ocean, Kismayo depends mainly on shallow wells majority which are unprotected; this coupled with poor sanitation and hygiene has provided challenges in containing the outbreak.

2. Needs assessment

There are still patients of AWD admitted at temporary CTU in Kismayo General Hospital. Rapid assessment conducted by NRC, as at Jan 24th 2016, 8 cases (4 adult female, 4 under five children) were still admitted at the hospital. The hospital lacks adequate latrines to cope with high case load during the height of the outbreak. The CTU is a temporary tent but as according to the hospital administration, funds have been secured to upgrade the CTU but latrines gaps still exist as well as other supplies like Chlorine and ORS. Farjano and Calaney settlements have reported the highest numbers of cases which can be attributed to the strained basic services since they host high case load of IDPs. WASH and Health partners have identified poor hygiene and sanitation as the main contributing factors to the outbreak. Contaminated water sources have been identified as per the American Refugee Council (ARC) report in Jan 2016, with 74% of the water sources tested recording presence of faecal coliforms. Sanitary survey conducted by NRC indicates unprotected shallow wells (some filled with flood waters), proximity of latrines to the wells and poor drainage as some of the possible contamination routes. Majority of the water being saline, the city depends on water from Maryan Osoble, Dalxiska shallow wells as the only source of fresh water thus leading to congestion. The wells are not chlorinated regularly and the price is also high making it out of reach for many poor households thus resulting to the unsafe sources. As a result, this has hampered containment of the AWD outbreak. The water is transported through donkey carts which is a possible contamination route. Latrine sharing ratio is more than 30 in some of the settlements leading to a high filling up rate. Poor hygiene practices have also been observed with very few practicing hand washing with soap. Gaps also exist in follow-up of cases after being discharged from the hospital to avoid cross-infection and re-infection.

3. Description Of Beneficiaries

NRC will target Calaney location which has the highest number of cases since the start of the AWD outbreak. It is mainly inhabited by IDPs and returnees. The beneficiaries will be selected through a consultative process with the community leaders in order to ensure the vulnerable with no means to improve their household hygiene are targeted. Female headed households will be prioritized and transparency will be ensured.

4. Grant Request Justification

This grant request has been occasioned by the outbreak of the AWD which has not been contained since September 2015. Funds available have exhausted but the needs are not fully met. Supplies from the regional WASH Cluster supply hub have been distributed by NRC, ARC and IOM but concerted efforts are required to reduce the public health risks and contain the outbreak. Other agencies have no funds as reported during the monthly WASH Cluster meeting in Kismayo.

5. Complementarity

NRC distributed supplies from the regional supply hub supported by UNICEF to 300 vulnerable households in Alaney location. The supplies included 300 collapsible jericans, 300 buckets, 60 cartons of multipurpose soap and 4 cartons of water treatment tablets. The beneficiaries, mainly female headed households were identified together with community leaders. Additional 1000 HHs also received jericans, soap and sanitation kits. In addition, NRC has been conducting mass hygiene campaigns in all the main Kismayo settlements through community hygiene promoters who have 70% women representation to ensure they address the hygiene practices at household level which affect mainly women and children. In late 2015, NRC constructed 290 communal latrines in Farjano, Alaney and Anole to reduce the sharing ratios and open defecation. 4 new shallow wells equipped with hand pumps were also constructed and handed over to the beneficiaries. NRC also took part in mass chlorination of the shallow wells jointly with other WASH partners in Kismayo. Despite all these efforts, gaps still exist in all 3 components of WASH.

LOGICAL FRAMEWORK**Overall project objective**

Vulnerable AWD affected people disaggregated by sex have increased equal and sustained access to reliable safe water, adequate sanitation, adopt positive hygiene services and take appropriate action to curb spread of AWD in Kismayo

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			100		
Contribution to Cluster/Sector Objectives : YES							
Outcome 1							
13,000 (6,370F, 6,670M) Vulnerable AWD affected population including women, girls, boys and men, have increased equal and sustained access to reliable safe water, adequate sanitation, adopt positive hygiene services and take appropriate action to curb spread of AWD.							
Output 1.1							
Description							
Conduct hygiene promotion campaigns and hygiene item distribution.							
Assumptions & Risks							
Security access will not deteriorate drastically Political stability: The political situation and stability continues to improve Beneficiaries are able and willing to take part in the hygiene promotion campaigns Hindrances to effective transportation and distribution, such as road blocks, are removed and access to settlements / return sites maintained Beneficiaries have adequate water collection and storage containers							
Activities							
Activity 1.1.1							
Standard Activity : Community Hygiene promotion							
Through 20 community hygiene promoters selected through a consultative process with the local leaders, NRC will conduct mass hygiene campaigns focusing on risky practices which lead to spread of AWD. The CHPs will have a higher women representation so as to reach the women and children at household who have major roles in hygiene at household level. CHPs will be distributed in the target settlements and CTU equipped with culturally sensitive AWD IEC materials to disseminate the messages and follow up on the patients discharged to ensure no re-infection and spread. Door to door campaigns will form part of the strategy. 10 Oral rehydration points, each with 2 CHPs will be established at strategic points based on line lists from the CTU. Mass media will also be used through SMS and radio talk show with close collaboration with ministry of health and other partners to ensure those with symptoms seek medical attention in the CTU or ORPs.							
Activity 1.1.2							
Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)							
1000 Vulnerable households in the settlements with cases of AWD will be targeted with distribution of hygiene kit containing 20L jerrycans (2) and buckets (1). In total, 2000 jerrycans and 1000 buckets will be distributed. The supplies will be in kind contribution from the WASH Cluster regional supply hub. Jerican cleaning exercises will be conducted at the water points as part of hygiene promotion campaigns and beneficiaries with old and worn out jerrycans will be targeted for replacement. Soap for hand washing will be distributed on monthly basis as a follow of the demonstrations and dissemination of hand washing with soap messages. This will specifically target female headed households.							
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 who have participated in hygiene promotion activities					13,000
Means of Verification : Household visit reports Training reports IECs distributed							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of hygiene kits distributed					1,000
Means of Verification : Distribution reports, beneficiary lists, Field visit reports							
Output 1.2							
Description							
Rehabilitation of shallow wells and chlorination							
Assumptions & Risks							
Security access will not deteriorate drastically							
Activities							
Activity 1.2.1							
Standard Activity : Water point construction or rehabilitation							
11 shallow wells will be rehabilitated. This will involve cleaning of debris and silt, lining top part and construction/repair of the aprons. Afridev pumps (NRC stock) will be installed where appropriate. Disinfection with chlorine will be undertaken and the owners trained on proper chlorination and maintenance. The shallow wells will also be fenced to control access and minimize congestion & contamination. This will benefit 2000 (960 F, 1040M) individuals.							
Activity 1.2.2							
Standard Activity : Chlorination (stand alone separate to O&M)							

In response to the contaminated shallow wells and untreated water, NRC will target the main shallow wells and install inline dosers to ensure the water distributed has a positive residual chlorine. In shallow wells with no mechanized systems or storage facilities, spot chlorination will be undertaken and the residual chlorine monitored. Dewatering pumps will be used to clean the wells which were inundated with flood waters and thereafter disinfect with chlorine. Donkey cart vendors will be targeted for spot chlorination to ensure the water is safe and has residual chlorine before being sold to the end users.

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 with sustained access to safe water					2,000

Means of Verification : KAP survey at the start and end of the project

Household water survey
 Focused Group Discussion

Indicator 1.2.2	Water, Sanitation and Hygiene	% of households with positive chlorine residual in the drinking water at point of use					75
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Means of Verification : Household water survey

FGDs
 KAP survey at the start and end of the project

Output 1.3

Description

Latrine Construction

Assumptions & Risks

- Security access will not deteriorate drastically
- Enforceable agreements and authorizations, by the different stakeholders, to allow the activities proposed in the project to proceed

Activities

Activity 1.3.1

Standard Activity : Latrine construction or rehabilitation

100 communal latrines with hand washing stations will be constructed in selected settlements to reduce the sharing ratios and open defecation. To ensure proper usage, in areas with good coverage, gender segregation will be undertaken and the beneficiaries trained on how to clean and maintain the latrines. This will benefit 2000 (980F,1020M) individuals.

Activity 1.3.2

Standard Activity : Institutional Latrine construction

2 institutional latrines will be constructed at Kismayo General Hospital to cater for an existing gap which has been stretched by the high number of AWD patients. 1 block each with 2 stances will be constructed complete with hand wash basins and segregated for females and males. They will be connected to the existing water system in the hospital.

Activity 1.3.3

Standard Activity : Solid Waste Management

Garbage collection will be undertaken in the public dumping places using trucks once a month in collaboration with the local authorities to ensure smooth handover at the end of the project. The dumping site will be agreed with the authorities to ensure proper disposal. Beneficiaries will be sensitized to dispose all solid wastes in the designated areas.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					2,000

Means of Verification : Allocation reports

Beneficiary lists
 Photos

Indicator 1.3.2	Water, Sanitation and Hygiene	Number of institutional latrines constructed and in use					2
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Means of Verification : Field visit reports

Implementation reports
 Post construction monitoring report

Indicator 1.3.3	Water, Sanitation and Hygiene	Number of regular garbage collection schedules established					6
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Means of Verification : Monthly schedules

Field visit/trips
 Photos with GPS

Additional Targets :

M & R

Monitoring & Reporting plan

NRC has a functioning M and E department that oversees the implementation of projects including quality control. NRC does direct monitoring of all its activities through established Monitoring and Evaluation Framework which defines the process of, and provides the tools for, data collection and reporting throughout the project cycle.

At project start, grant start up meetings will be held in Kismayo supported by the Country M& E Coordinator. This meeting will see persons involved in the project introduced to the action, its objectives, and indicators and a reporting timeline will be agreed.

Data will be collected through regular field visits, and reported on a bi weekly basis, and the results of these will be reported through NRCs field visit, interim monitoring and annual reports both to CHF and internally within NRC.

Baseline assessment will be conducted; this will be followed up by an end line survey at the end of the project. This will give the opportunity of measuring mainly outcomes throughout the project implementation period. Outputs will be collected using beneficiary registration forms, training reports and field visit reports.

By using Mobenzi mobile data collection platform that NRC uses, it will be possible to establish GPS location for the data collected, also upon data collection it is possible to extract real time data and create info graphics to show progress towards results, further when needed data can be exported to larger data analysis software. PDMs for the hygiene kits will be conducted.

Complaints Response and Feedback mechanism with a toll-free line will be provided and there will be a focal point that receives and responds to all complaints and feedback from targeted and non-targeted population.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Through 20 community hygiene promoters selected through a consultative process with the local leaders, NRC will conduct mass hygiene campaigns focusing on risky practices which lead to spread of AWD. The CHPs will have a higher women representation so as to reach the women and children at household who have major roles in hygiene at household level. CHPs will be distributed in the target settlements and CTU equipped with culturally sensitive AWD IEC materials to disseminate the messages and follow up on the patients discharged to ensure no re-infection and spread. Door to door campaigns will form part of the strategy. 10 Oral rehydration points, each with 2 CHPs will be established at strategic points based on line lists from the CTU. Mass media will also be used through SMS and radio talk show with close collaboration with ministry of health and other partners to ensure those with symptoms seek medical attention in the CTU or ORPs.	2016			X	X	X	X	X	X				
Activity 1.1.2: 1000 Vulnerable households in the settlements with cases of AWD will be targeted with distribution of hygiene kit containing 20L jericans (2) and buckets (1). In total, 2000 jericans and 1000 buckets will be distributed. The supplies will be in kind contribution from the WASH Cluster regional supply hub. Jerican cleaning exercises will be conducted at the water points as part of hygiene promotion campaigns and beneficiaries with old and worn out jericans will be targeted for replacement. Soap for hand washing will be distributed on monthly basis as a follow of the demonstrations and dissemination of hand washing with soap messages. This will specifically target female headed households.	2016				X	X	X	X	X				
Activity 1.2.1: 11 shallow wells will be rehabilitated. This will involve cleaning of debris and silt, lining top part and construction/repair of the aprons. Afridev pumps (NRC stock) will be installed where appropriate. Disinfection with chlorine will be undertaken and the owners trained on proper chlorination and maintenance. The shallow wells will also be fenced to control access and minimize congestion & contamination. This will benefit 2000 (960 F, 1040M) individuals.	2016				X	X	X	X	X				
Activity 1.2.2: In response to the contaminated shallow wells and untreated water, NRC will target the main shallow wells and install inline dosers to ensure the water distributed has a positive residual chlorine. In shallow wells with no mechanized systems or storage facilities, spot chlorination will be undertaken and the residual chlorine monitored. Dewatering pumps will be used to clean the wells which were inundated with flood waters and thereafter disinfect with chlorine. Donkey cart vendors will be targeted for spot chlorination to ensure the water is safe and has residual chlorine before being sold to the end users.	2016			X	X	X	X	X	X				
Activity 1.3.1: 100 communal latrines with hand washing stations will be constructed in selected settlements to reduce the sharing ratios and open defecation. To ensure proper usage, in areas with good coverage, gender segregation will be undertaken and the beneficiaries trained on how to clean and maintain the latrines. This will benefit 2000 (980F,1020M) individuals.	2016			X	X	X	X	X	X				
Activity 1.3.2: 2 institutional latrines will be constructed at Kismayo General Hospital to cater for an existing gap which has been stretched by the high number of AWD patients. 1 block each with 2 stances will be constructed complete with hand wash basins and segregated for females and males. They will be connected to the existing water system in the hospital.	2016			X	X	X	X	X					
Activity 1.3.3: Garbage collection will be undertaken in the public dumping places using trucks once a month in collaboration with the local authorities to ensure smooth handover at the end of the project. The dumping site will be agreed with the authorities to ensure proper disposal. Beneficiaries will be sensitized to dispose all solid wastes in the designated areas.	2016			X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

Beneficiaries will be fully involved in the project right from needs assessment, selection, implementation and post implementation. Beneficiaries will be fully aware on the scope of the project and expected deliverables. Focused group discussions will be conducted regularly on the course of the project to measure the beneficiary satisfaction with the progress and contribution made by the project.

Implementation Plan

An integrated approach will be used in the implementation of the 3 outcomes to ensure maximization of the benefits. The main focus will be to contain the spread of AWD through preventive health and hygiene measures. Collaboration with other WASH and health partners will be key in the implementation. Tailored AWD related hygiene measures will be disseminated through trained community promoters targeting the hot spots where cases will be emanating from. Line lists from the CTU will be used for targeting and ensure also no re-infection or cross infection after the patients are discharged. Women will form a higher percentage of the CHPs due to many hygiene related roles undertaken by women at household level. IEC materials translated into local language but with graphics and illustrations will be used during trainings and dissemination of the messages. Jointly with health partners, ORPs will be set up at strategic points, where ORS will be administered and demonstration of how to make sugar-salt solution which is also effective. Hygiene kits and soap will be distributed and PDM undertaken. Unprotected shallow wells will be rehabilitated to minimize contamination. Water points will be targeted for spot chlorination especially donkey cart vendors. Sanitation will be improved in the settlements coupled with mass clean up campaigns in the public areas. Monitoring through daily field trips by program staff and jointly with WASH cluster partners will be done.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
ARC	Site selection of shallow wells to ensure no duplication with any ongoing projects, tailoring of the hygiene messages, chlorination and set up of ORPs
IOM	Site selection of shallow wells to ensure no duplication with any ongoing projects, tailoring of the hygiene messages, chlorination and set up of ORPs
OXFAM	Site selection of shallow wells to ensure no duplication with any ongoing projects, tailoring of the hygiene messages, chlorination and set up of ORPs
Ministry of Health, ICRC	Construction of the institutional latrine, line listing and follow up of cases

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The assessments targeted mainly female-headed households that's highlighting specific needs. From the on-set of the project, women will form part of the consultation group to ensure they are involved in decision-making of the implementation of the project. Women bear the biggest burden of limited basic services sometimes leading to gender based violence (GBV), the siting of the latrines will ensure safe distances for women and children to be able to access at night. Hygiene issues at the household involve women mainly and thus they will be core of the hygiene promotion campaigns and gender representation of women in the community hygiene promoters will ensure this is considered.

Protection Mainstreaming

Protection will be mainstreamed during the implementation of the project to ensure protection risks are reduced which are associated with public health. Women are mainly exposed to gender based violence when accessing latrines especially at night; measures will be put in place so that the distances and location is acceptable and they feel safe to access them at all times. Selection of the beneficiaries will ensure that no group is disadvantaged or exposed to more risk. Beneficiary data will be not be collected without consent of the beneficiaries and so are the assessments. Throughout and following implementation, beneficiaries' ideas will be considered through a Complaints Response and Feedback Mechanism. Beneficiaries will be provided with a toll-free number, which has a dedicated focal point who receives and responds to all complaints and feedback from targeted and non-targeted population.

Country Specific Information

Safety and Security

Security in Kismayo like the rest of South Central Somalia remains precarious and unpredictable. The risks associated with ambush attacks, explosions, kidnapping and shooting still exist but within the target locations have been minimal. Several months after the election of the Jubaland president, he has been unable to form a government due to lengthy consultations with the different clans in the regions. 2 months extension for the formation of the government have been granted. Different clans are pushing for stronger representations and position especially clans from Gedo region. This is a political situation likely to affect security in the region but is being monitored closely. NRC has a well-defined security structure supported all the way from the regional office and have developed a clear strategy to ensure activities are implemented without any hitches. The strategy outlines major risks and mitigation measures as well as safety for staff and beneficiaries.

Access

The target locations are accessible to national staff and random visits by international staff. However, locations outside 5km radius, access varies due to the risk of ambush by armed militias. One of the affected locations; Kamsuma reported some cases of AWD but due to challenges in access, the actual number of the affected population could not be determined. NRC has dedicated security staff who assess access on daily basis and will be key in the implementation of this project.

BUDGET							
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	WASH Coordinator-20%	D	1	2,602.00	6	20%	3,122.40
	<i>The position is based in Mogadishu with travel to field offices . She/he will be responsible for the overall technical management, representation and coordination of the project. She/he will contribute 20% of he/his time to the project for the entire 6 months. The position reports to the WASH Manager. The position is in charge of project monitoring.</i>						
1.2	WASH Engineer	D	1	1,394.00	6	30%	2,509.20
	<i>WASH Engineer based in Kismayo leading on technical design and supervision of water and sanitation infrastructure. The Engineer will dedicate 30% of their time to this project for the entire 6 months. The position technically reports to the WASH Coordinator and Field Coordinator in Kismayo.</i>						
1.3	WASH Assistants-PHP	D	1	876.00	6	50%	2,628.00
	<i>WASH Assistant for Kismayo leading on direct engagement with communities, trainings and field monitoring. The position will be committed to this project, 50% for the entire 6 months of the project life.</i>						
1.4	Finance Manager	D	1	4,600.00	6	8%	2,312.88
	<i>The position is based in Mogadishu and responsible for financial control and checks. Responsible for budget tracking and donor regulations adherence as well as financial donor reporting. Reviews budgets and financial reports from the implementing partners to be used in this project. An expat position with 8% contribution to this project. The FM is paid \$4,600 per month.</i>						
1.5	WASH PM (10%)	D	1	10,000.00	6	9%	5,400.00
	<i>WASH Manager for South Central Somalia based in Mogadishu leading on overall management of the project and technical backstopping to the implementing partners and staff. Responsible for budget monitoring, project monitoring and quality control as well as donor reporting. It's an expat position dedicating 9% of this time to this project for the entire 6 months. NRC pays its expat staff \$10,000 per month.</i>						
1.6	Head of Program	D	1	10,000.00	6	4%	2,682.00
	<i>Head of Program oversees the quality of the programming including donor reporting and donor relations. The position is based in Mogadishu. He will dedicate 4% of his time to this project. NRC pays its expat staff \$10,000 per month.</i>						
1.7	Field Coordinator	D	1	4,500.00	6	20%	5,400.00
	<i>This is head of Kismayo office and oversees all administrative duties and representation. Liaises with the local authorities and coordination. He will be dedicated to this project, 20% of the time for the entire project period.</i>						
1.8	M&E Coordinator	D	1	2,500.00	6	20%	3,000.00
	<i>National position based in Mogadishu with travels to the field offices including Kismayo. Overall monitoring and evaluation related to this project. She will lead on all assessments, post-distribution monitoring and field visits. She will be dedicated to this project, 20% of the time for the entire project period.</i>						
1.9	Finance Assistant Kismayo	D	1	800.00	6	20%	960.00
	<i>This is 100% based in Kismayo and is responsible for the daily financial controls and transactions related to this project. The position reports to Finance Coordinator based in Mogadishu. 50% of the time will be spent on this project and monthly salary charged on same proportion.</i>						
1.10	Log Assistant Kismayo	D	1	800.00	6	20%	963.36
	<i>This is 100% based in Kismayo and is responsible for procurements, stock control and fleet management related to this project. The position reports to Logistics Coordinator based in Mogadishu. 50% of the time will be spent on this project and monthly salary charged on same proportion.</i>						
	Section Total						28,977.84
Supplies, Commodities, Materials							
2.1	Hygiene Promotion - Procurement of Sanitation kits	D	30	40.00	1	100%	1,200.00
	<i>Procurement of 30 sanitation kits @\$40 each for hygiene promotion. For detailed breakdown please refer to BOQ 2.1</i>						
2.2	Hygiene Promotion- Procurement of Liquid Soap for jerican cleaning	D	50	30.00	1	100%	1,500.00
	<i>Procurement of 20L liquid soap @\$30 for Jerican cleaning campaigns.</i>						
2.3	Water Access - Dewatering pump and Chlorine doser	D	1	17,800.00	1	100%	17,800.00

	<i>Procurement of 2 dewatering pump complete with generator and cables with 25m head each @\$5,500, air freight costs from Nairobi to Kismayo @\$500, the pump weighs 35kg. Transportation costs from site to site during dewatering @\$200 and labour cost @\$100 per well. Each pump will target 25 wells for dewatering. Procurement of 2no. inline chlorine doser @200 \$. For detailed breakdown please refer to BOQ 2.3</i>							
2.4	Water Access - Pool testers, Aqua tabs, Turbidity meters, Syringes, ORP consumables	D	1	12,790.00	1	100%	12,790.00	
	<i>Consumables for ORP as per breakdown in B.3. Each ORP will need \$1195 and consumables for mobile chlorination teams at \$640.</i>							
2.5	Vehicle rental, @ 20 days/month, \$100/day	D	1	1,500.00	6	100%	9,000.00	
	<i>Vehicle for monitoring hygiene promotion activities, ORPs, Construction works and program staff movement, 15 days per month each day \$100.</i>							
2.6	Security Provision @ORP Centers	D	10	200.00	6	100%	12,000.00	
	<i>10 security guards for the 10 ORP centers, each \$200 per month for 6 months.</i>							
2.7	Transportation and distribution of water storage containers, sanitation kits & soap	D	1	1,000.00	3	100%	3,000.00	
	<i>Costs for transportation , loading and offloading 1000 hygiene kits, 30 sanitation kits, 300 cartons of soap and liquid soap. 3 distributions each \$1000 for all the items. They will be collected from WASH Cluster regional supply hubs</i>							
2.8	Hygiene Promotion Trainings and mass hygiene campaigns /Community Hygiene promoters (Incentive workers)	D	2	1,013.00	1	100%	2,026.00	
	<i>Training materials for 20 participants each training @\$1,013.00. 2 trainings in total for hygiene promoters, chlorinators and community leaders.</i>							
2.9	Hygiene Promotion-Community Hygiene Promoters	D	20	120.00	6	100%	14,400.00	
	<i>20 community incentive hygiene promoters @\$120 per month for 6 months.</i>							
2.10	Hygiene- Radio messages and SMS	D	1	300.00	6	100%	1,800.00	
	<i>AWD related messages through radio sessions and broadcasts, and SMS through mobile networks at regular and prime time @\$300 for 6 months.</i>							
2.11	Hygiene- Printing of AWD IEC Materials in Local Language	D	5000	2.00	1	100%	10,000.00	
	<i>Printing costs for A2, A3, A4, A5 posters, leaflets, brochures for AWD awareness at an average \$2. 5,000 IECs in total for the entire project life.</i>							
2.12	Sanitation - Construction of Communal latrines	D	100	285.28	1	100%	28,528.00	
	<i>Construction of 100 communal latrines with hand washing devices @\$285.28 each. It will be a block of 2.</i>							
2.13	Sanitation - Construction of twin latrines in the hospital	D	1	4,038.07	1	100%	4,038.07	
	<i>Construction of 1 block of permanent twin latrines for the hospital @4038.07</i>							
	Section Total						118,082.07	
Contractual Services								
4.1	Sanitation - Truck hire to collect garbage	D	1	200.00	6	100%	1,200.00	
	<i>Truck for collecting garbage once a month for 6 months. At a cost of \$200 per month.</i>							
4.2	Shallow wells protection	D	11	2,314.18	1	100%	25,455.98	
	<i>11 Shallow wells rehabilitation and protection @\$2314.18 each.</i>							
	Section Total						26,655.98	
Travel								
5.1	Travelling Expenses - Staff travel-MGA- KIS-NBI	D	6	650.00	1	100%	3,900.00	
	<i>The main office for the implementation of activities in South Central is located in Mogadishu, which will be offering continual support to the sub-office in Kismayo in the implementation of this project. Some of the staff are not based in Kismayo and will be travelling to Kismayo from time to time to undertake project monitoring. This is an estimated 6 round trips for the project and management staff to travel to Kismayo/Mogadishu during the project life of 6 months. The staff will travel for project monitoring and support. International staff travel between Nairobi and Mogadishu or Kismayo for project related activities during the project life.</i>							
	Section Total						3,900.00	

General Operating and Other Direct Costs							
7.1	Kismayo Office Rent	D	1	1,500.00	6	30%	2,700.00
<i>Contribution to the Kismayo office rent. 30% of the monthly rent for 6 months will be charged to this project. \$2700</i>							
7.2	Officer Stationary	D	1	500.00	6	50%	1,500.00
<i>Office Stationery Contribution to the Kismayo office stationery. 50% of the office stationery for 6 months will be charged to this project. \$1500</i>							
7.3	Kismayo Internet	D	1	1,100.00	6	50%	3,300.00
<i>Contribution to the Kismayo office internet. 50% of the monthly internet for 6 months will be charged to this project. \$3300</i>							
7.4	Communication Cost (telephone)	D	1	1,500.00	6	20%	1,800.00
<i>Contribution to the Kismayo office communication cost. Each month is \$1500 for communication costs which are office telephone bills and staff airtime.20% of the communication cost for 6 months will be charged to this project. \$1800.</i>							
Section Total							9,300.00
SubTotal			5,250.00				186,915.89
Direct							186,915.89
Support							
PSC Cost							
PSC Cost Percent							7%
PSC Amount							13,084.11
Total Cost							200,000.00
Grand Total CHF Cost							200,000.00
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	2,652	2,548	3,978	3,822	13,000	<p>Activity 1.1.1 : Through 20 community hygiene promoters selected through a consultative process with the local leaders, NRC will conduct mass hygiene campaigns focusing on risky practices which lead to spread of AWD. The CHPs will have a higher women representation so as to reach the women and children at household who have major roles in hygiene at household level. CHPs will be distributed in the target settlements and CTU equipped with culturally sensitive AWD IEC materials to disseminate the messages and follow up on the patients discharged to ensure no re-infection and spread. Door to door campaigns will form part of the strategy. 10 Oral rehydration points, each with 2 CHPs will be established at strategic points based on line lists from the CTU. Mass media will also be used through SMS and radio talk show with close collaboration with ministry of health and other partners to ensure those with symptoms seek medical attention in the CTU or ORPs.</p> <p>Activity 1.1.2 : 1000 Vulnerable households in the settlements with cases of AWD will be targeted with distribution of hygiene kit containing 20L jericans (2) and buckets (1). In total, 2000 jericans and 1000 buckets will be distributed. The supplies will be in kind contribution from the WASH Cluster regional supply hub. Jerican cleaning exercises will be conducted at the water points as part of hygiene promotion campaigns and beneficiaries with old and worn out jericans</p>

will be targeted for replacement. Soap for hand washing will be distributed on monthly basis as a follow of the demonstrations and dissemination of hand washing with soap messages. This will specifically target female headed households.

Activity 1.2.1 : 11 shallow wells will be rehabilitated. This will involve cleaning of debris and silt, lining top part and construction/repair of the aprons. Afridev pumps (NRC stock) will be installed where appropriate. Disinfection with chlorine will be undertaken and the owners trained on proper chlorination and maintenance. The shallow wells will also be fenced to control access and minimize congestion & contamination. This will benefit 2000 (960 F, 1040M) individuals.

Activity 1.2.2 : In response to the contaminated shallow wells and untreated water, NRC will target the main shallow wells and install inline dosers to ensure the water distributed has a positive residual chlorine. In shallow wells with no mechanized systems or storage facilities, spot chlorination will be undertaken and the residual chlorine monitored. Dewatering pumps will be used to clean the wells which were inundated with flood waters and thereafter disinfect with chlorine. Donkey cart vendors will be targeted for spot chlorination to ensure the water is safe and has residual chlorine before being sold to the end users.

Activity 1.3.1 : 100 communal latrines with hand washing stations will be constructed in selected settlements to reduce the sharing ratios and open defecation. To ensure proper usage, in areas with good coverage, gender segregation will be undertaken and the beneficiaries trained on how to clean and maintain the latrines. This will benefit 2000 (980F,1020M) individuals.

Activity 1.3.2 : 2 institutional latrines will be constructed at Kismayo General Hospital to cater for an existing gap which has been stretched by the high number of AWD patients. 1 block each with 2 stances will be constructed complete with hand wash basins and segregated for females and males. They will be connected to the existing water system in the hospital.

Activity 1.3.3 : Garbage collection will be undertaken in the public dumping places using trucks once a month in collaboration with the local authorities to ensure smooth handover at the end of the project. The dumping site will be agreed with the authorities to ensure proper disposal. Beneficiaries will be sensitized to dispose all solid wastes in the designated areas.

Documents	
Category Name	Document Description
Signed Project documents	Allocation letter for ARC and NRC.pdf
Signed Project documents	Allocation letter for NRC ARC.pdf
Project Supporting Documents	6.pdf
Project Supporting Documents	AWD weekly data-23.xlsx
Project Supporting Documents	Summary Table-NRC Rapid Needs Assessment-AWD Kismayo.docx
Project Supporting Documents	WASH Cluster AWD OUTBREAK REPORT IN KISMAYO.docx
Project Supporting Documents	Copy of SOFM1612 ERF CHF Budget Reviewed (2).xlsx
Project Supporting Documents	Copy of SOFM1612 ERF CHF BOQs.xlsx
Project Supporting Documents	SOFM1612 ERF CHF Budget-20160127 revised 28-01-2016.xlsx
Project Supporting Documents	SOFM1612 ERF CHF Budget-20160127 revised BOQs 28-01-2016.xlsx
Project Supporting Documents	SOFM1612 ERF CHF Budget tool and BOQs Revised 3-2-2016.xlsx

Budget Documents	SOFM1612 ERF CHF Budget and BOQs Upated 12-2-2016.xlsx
Budget Documents	SOFM1612 ERF CHF Budget and BOQs Upated 15-2-2016.xlsx
Budget Documents	SOFM1612 ERF CHF Budget and BOQs Upated Final.xlsx
Budget Documents	SOFM1612 ERF CHF Budget and BOQs Upated Final 22-2-2016.xlsx
Budget Documents	SOFM1612 ERF CHF Budget and BOQs Updated Final 23-2-2016.xlsx