

Requesting Organization :	American Refugee Committee				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Water, Sanitation and Hygiene		100.00			
		100			
Project Title :	Enhanced, integrated response to AWDs/Cholera outbreaks in Kismayu				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-16/2470/R/WASH/INGO/2481		
Cluster :		Project Budget in US\$:	199,999.05		
Planned project duration :	3 months	Priority:			
Planned Start Date :	01/03/2016	Planned End Date :	14/05/2016		
Actual Start Date:	01/03/2016	Actual End Date:	14/05/2016		
Project Summary :	<p>ARC is proposing a set of emergency WASH and Health interventions in the targeted areas of Kismayu, health component is to ensure a comprehensive approach to reduction of morbidity and mortality associated with diseases and hazards resulting from deficient sanitation conditions, the lack of access to safe water and low level of good hygiene practices. Most importantly, ARC will focus on improvements at strategic water points to ensure better supply with safe water in areas affected with AWDs/cholera hosting IDPs and receiving returnees, while at the same time replacing collapsed latrines in critical sites to reduce likelihood of spread of diseases. ARC's WASH technical designs adhere to SPHERE standards, mainstreaming gender considerations per IASC guidelines for GBV Interventions in Humanitarian settings, WASH Chapter; as well as the environmental protection considerations and securing access to the elderly and those with special needs as per Handicap International Guidelines. All programs are informed through ARC's history and operational capacity in South Central Somalia, including its role as WASH cluster lead in Dhobley –Lower Juba, and its active programming/on-going assessments in proposed areas of intervention. All ARC WASH programs are community led, and leverage stakeholder cooperation to ensure safe, equitable, and dignified access to WASH services for all. The integration of Health in this proposal will ensure a holistic approach to the AWDs/Cholera outbreak with a view to building the capacity of both the affected community and the health workers to better manager future outbreaks. The support an existing MCH and up-scaling the use of the CTC in Kismayo hospital is intended to ensure timely and efficient management of the cases referred. ARC will work with other responding partners like NRC, IOM and WHO to ensure a coordinated, non-duplicative response.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	3,528	3,672	2,352	2,448	12,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People/Returnees	2,646	2,754	1,764	1,836	9,000
People in Host Communities	882	918	588	612	3,000
Indirect Beneficiaries :					
<p>In order to contain or eliminate AWD/Cholera, ARC will concentrate its public health promotion and the emergency response to the affected areas. The target population in Kismayu are mostly small traders by occupation, moving between the city to the neighborhoods. ARC will therefore people with the bigger trade areas to ensure that Cholera/AWDs is not imported/exported into or out of the affected areas. In this case ARC will target indirect population of 3000 persons in the neighborhood.</p>					
Catchment Population:					
<p>Kismayo total population estimated at 211,000 out of which 15,000 are most affected while another 15,000 are vulnerable to AWDs/Cholera due to limited access to safe water, inadequate sanitation facilities and fairly poor hygiene practices with very visible poor personal hygiene because of either lack of awareness or limited water for hand washing, bathing and household hygiene.</p>					
Link with allocation strategy :					

Addressing humanitarian needs by providing life-saving and life-sustaining assistance to people in need, prioritizing the most vulnerable is Strategic Object 1 for Somalia in 2016. Among the response parameters set up to guide the prioritization of need in order to identify and address the most acute needs first puts provision of life-saving assistance to people in 'emergency' and 'crisis as response parameter 1. This proposal therefore is set to address that parameter 1 as the situation it addressing is not only life threatening but already 11 deaths have been confirmed as being directly the result of AWDS/Cholera outbreak 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
Adan Adar	Country Director	adana@archq.org	+254 704 595 491
shadrack onyango	WASH Coordinator	shadracko@arcrelief.org	+254 721 707 357
Rebekka Bernholt	Senior Grant Manager	rebekkab@arcrelief.org	+254 717 163 782

BACKGROUND

1. Humanitarian context analysis

Kismayu has been dominated by negative political and socio-economic events for several years. The successive administrations that ruled the country in the 20th century, both the British and Italian colonial authorities and Somali governments, did not allocate any tangible development programs, including those of infrastructure, to these regions, and most of the country's resources and development projects were concentrated in the capital of Mogadishu.

Humanitarian access to Kismayu has been extremely limited in the past few years due to conflict and ban on many organizations. Though limited WASH facilities now exist in Kismayu city quarters, villages and IDP camps, WASH situation remains precarious, particularly in the IDP camps. Poor hygiene conditions and practices, non-existent or non-functional sanitation and contaminated water have resulted in recurrent communicable disease incidences, including the recent large-scale Cholera outbreak.

American Refugee Committee (ARC) carried out multiple needs assessment over the past year (November and December 2014, March 2015, November and December 2015) through focus group discussions, household surveys, and meetings with camp leaders, some of the affected host communities and Ministry of education and social affairs (MoESA) of JIA of Somalia.

The situation that is affecting the coping mechanisms and causing an incredible strain on the existing infrastructure and the public health situation is that Kismayu District hosts 76 IDPs camps with 7605 Households registered by Ministry Education and Social Affairs of JIA of Somalia. Some of the key findings from the assessment stated in the next section are from the following IDP camps: Hamdi 1, Hamdi 2, Hamdi 3, Halgan 1, Halgan 2, Tawakal 1, Tawakal 2, Nageye, Khalid, Camp 4, Warder, Badir 1, Badri 2, Darkenle, Ibnu Hussein, Barawe, Maalim Mahdi, Bola, Halane, Camp Idris, Wamo 1, Wamo2, and Mumina Marti. Most of them are in the new settlement area, inclusive of new arrivals over the last two months from Jamame district after flooding in riverine areas that destroyed farms and farmers properties. Some have come from Bula Gudud due military offensive four months ago.

ARC Somalia recently worked on construction of 300 shelters in IDP settlements in Kismayu in an area with a total of 2,461 households. Majority of them are local families who lost their livestock in the recent droughts, and decided to move to the outskirts of Kismayo town to depend upon the humanitarian agencies to provide relief food. The majority of these IDPs are children, women, and the elderly.

2. Needs assessment

The first cases of cholera were confirmed in Kismayu on 26th Oct 2015. Six stool samples were sent from Kismayo Hospital to Mogadishu for laboratory analysis, out of the six, five were confirmed with V. Cholerae 01 serotype ogawa. By first week of December 2015, a total of 844 suspected cholera cases and 11 deaths had been reported, with an overall Case Fatality Rate (CFR) of 1.3%. While this overall CFR indicates a reasonable level of case management and treatment it is still far short of the 1% CFR maximum suggested by WHO, which indicates that a cholera outbreak is being well managed. In May 2015, 6 cases cholera cases were confirmed after samples sent to Dadaab for laboratory analysis tested positive with Vibrio cholerae, similar cholera outbreak was reported to have hit two border districts of Dadaab and Wajir in Kenya with high number of deaths reported. Although the epidemic appears to be slowing considerably over most parts of the country that were reporting, including Mogadishu and Dhobley in the last few weeks, the predisposing factors are apparently visible. The WHO situational analysis of child health in Somalia suggested that up to 90% of childhood diarrheal disease-related deaths could be attribute to contaminated water and poor hygiene. Contaminated water, lack of adequate sanitation, poor hygiene practices and limited practice of safe solid waste disposal exist in all the camps of Kismayo. Kismayo is hosting a very large number of IDPs estimated 7,605 HHs. According to statistics from Jubbaland Administration, about 20% of Kismayu population are IDPs. In addition to the IDP population, Kismayo has received a high number of returnees from Kenya and a significant number of Yemeni refugees. For the past six months, Kismayo has experienced high number of displacements due to forceful evictions and floods. Most evictions happened in Farjano and Farnole districts.

Furthermore, given the relative high population density in Kismayu, limited availability of safe drinking water and lack of improved sanitation, it is not unreasonable to expect that cholera could become endemic unless a comprehensive action is taken. Crowded conditions and compromised water and sanitation trigger high risk of diseases and nutrition concerns. Both Health and WASH regional clusters have actively engaged partners in joint efforts to curb the increased cases of AWD through outreach, sanitation campaigns, and water treatment and health education sessions. These efforts need to be scaled up to curb the spread of diarrheal diseases especially in the IDP camps. Table of admissions/fatalities from various villages over a period of 4 months is attached.

The recent Inter-Agency needs assessment conducted by the protection cluster co-chaired by ARC indicates that the new camps formed by the flood afflicted population have not been reached by health messaging and don't know exactly where to report or receive health services. It was also noted that sanitation facilities are inadequate in number, putting a large number of women and children at risk during the nights as many had to resort to using the bush outside their settlements.

3. Description Of Beneficiaries

The target beneficiaries of the project are those affected by the AWD/Cholera outbreak and those at risk of infection in Kismayo settlements, particularly in the settlements of Farjano. Fanole, Gulwade and Calanley. New IDPs are estimated at 1,900 HHs who have moved to Kismayu from Kamsuma and neighboring villages during the recent flooding of Juba river. These new arrivals settled in the crowded camps in Dalxis area resulting to poor sanitation and limited ability to practice proper hygiene. The project will focus on this new IDP population, ensuring improved sanitation and hygiene practices. In order to specifically target the most affected groups, ARC will concentrate on emergency response in the most affected areas with a core population of 15,000 persons. The rest will benefit from the response indirectly.

4. Grant Request Justification

In order to curb further disease transmission, ARC will implement a set of direct emergency response WASH activities in the affected areas and outlying communities in Kismayu to reduce and/or eliminate the transmission paths of cholera in the already affected areas and those at risk of further outbreaks. ARC will put an emphasis on local capacity building activities to improve protection of water sources, boost hygiene and sanitation practices and reduce the likelihood of outbreaks. This will be done by deploying hygiene promoters and water and sanitation monitors, training Community Health Promoters (HHPs) and IDP Health Committees (IHCs), and promoting hand washing with soap. The IDP camps targeted will benefit both from the immediate activities and from increased capacity of WASH and Health Volunteers to respond to cholera outbreaks.

To facilitate a more rapid response to patients affected by the outbreak and reduce the case fatality rate, ARC will boost the life-saving capacity in the health sector as well. This includes supporting the Kismayu Hospital CTC that is not fully covered/supported at present time; support to Farjano MCH to provide emergency health care; training of 40 health care workers in cholera case management and key prevention messages for patient education; training of 100 (20 from each 5 sections of Kismayo) home health promoters (HHPs) in rapid case detection and referral at the community level; distribute cholera treatment kits to 8 (eight) Primary Health Care Clinics (PHCCs) and Kismayo general Hospital by providing adequate materials to the (CTC); and procure oral rehydration salts (ORS) and establish ORS treatment points at the most strategic locations. In addition, ARC will provide intensified supportive supervision for timely and accurate disease surveillance and reporting to locate the outbreaks and target the control measures in coordination with WHO and Health cluster. In semi-urban or rural settings, access to health care facilities is a problem so it is important to decentralize the CTC. As such, ARC will facilitate active case-finding in communities and locate a potential new outbreak as soon as possible. Once this is established, the location of treatment units (CTUs and ORT corners) will be selected according to the attack rate and ensuring the necessary supplies, drugs, and qualified personnel are available to work at the site. The data from the CTC indicates that majority of cases are coming from Farjano and Fanole followed by Calanley; through the Farjano MCH, ARC will take the necessary health care closer to the affected population for easy access and reporting.

In terms of coordination of the locations of ORS with other actors, ARC will coordinate positioning of the ORS stations and/ or CTCs with the other actors in the cholera response effort, in order to ensure proper coverage of the suspected/confirmed cases in areas where intense attack rates are identified. This will be done through Health and WASH cluster meetings and informing other actors on the ground of our intentions. ARC will determine the capacity of an ORS station or a CTC through consideration of the attack rates in coordination with the other actors, and based on the existing cholera response plans of the WASH and Health Clusters and the MOH to ensure proper coverage. ARC will ensure, wherever possible, that ORS treatment units have a proper latrine setup so that the excrement and contaminated materials can be disposed in controlled settings. To position cholera treatment kits and ORS treatment points, ARC will determine areas of greatest need based on where the outbreaks of cholera are located, other organizations responding to the outbreak in the area, and guidance from the WASH cluster. ARC wants to keep ORS points decentralized to ensure availability in the community. To this end, ARC may also consider providing direct ORS training and distribution for suspected cases by trained HHPs.

5. Complementarity

The proposed WASH AND health proposal will effectively complement each other as it plans to address both preventive and curative aspect of the response. It will have a lasting impact as it also addresses capacity building of the affected community to continue surveillance and case detection even after the project. ARC is currently implementing a cholera response program in Dhobley, a boarder town that have over the years experienced recurring cases of AWDs/Cholera. Dhobley and Kismayo community interact frequently as it is one of the key entry/exit points into and out of Dadaab refugee camps. In undertaking a successful emergency cholera response in Dhobley, ARC team has learnt useful lessons besides setting up cholera response task force with WHO as the lead agency and Save the Children that manages the main Dhobley Hospital as a key health partner. In Kismayo, ARC already has a WASH and health programs supported by OFDA; in WASH, ARC is already carrying out a small scale wells chlorination and hygiene promotion which it plans to upscale. For health, ARC has two nurses supporting Kismayo main hospital and is supporting Farjano MCH will drugs. This program will enable ARC engage more health staff and more drugs to increase then capacity of the MCH to screen and make more referrals to the CTC. Activities like training of Volunteer Hygiene promoters to enhance disease surveillance and reporting will be replicated as it has proved effective in early case identification and referrals.

LOGICAL FRAMEWORK

Overall project objective

To undertake emergency response to contain the spread of cholera and AWDs and to strengthen capacities of community agents to promote AWD and cholera prevention and control practices at household level including early detection, referrals and case management.

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	70
Emergency preparedness and early response to humanitarian emergencies	Somalia HRP 2016	30

Contribution to Cluster/Sector Objectives : WASH Cluster has four objectives that support strategic objectives set out in the current Strategic Response Plan (SRP). These are provision of access to safe Water, Sanitation and Hygiene for people in emergency need, Emergency preparedness and early response to humanitarian emergencies (these two support Strategic Objective 1) and provision of reliable and sustained access to sufficient safe water based on identified strategic water points and establishment of sustainable management structures and provision of reliable and sustainable access to environmental sanitation (All sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted population; the last two support strategic objective 2 of the Strategic Response Plan, The selected cluster objectives above, not only show relevance to the Cluster/sector objectives but fit well with Cholera/AWDs response and prevention program proposed.

Outcome 1

Incidences of Cholera/AWDs in the affected areas is contained.

Output 1.1

Description

Targeted populations have access to at least 15 liters of safe water per day for domestic use and personal hygiene

Assumptions & Risks

Activities

Activity 1.1.1

Standard Activity : Household water treatment

Household treatment reagents (PUR and AQUA tabs) is collected from regional supply hub and distributed. ARC will also undertake regular water sampling and testing in the most affected areas and institute necessary measures like enhanced chlorination where, increased public promotion. ARC has appropriate water testing equipment for both rapid field tests and more comprehensive bacterial analysis (H2S Vials and Del-Aqua kits respectively)

Activity 1.1.2

Standard Activity : Operation and Maintenance of WASH Infrastructure

Water committees are trained to ensure equitable distribution of water

Activity 1.1.3

Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)

Jerrycans are purchased and distributed to the most affected population to improve fetching and storage of safe water. A related activity will be purchase and distribution of jerrican cleaning detergent (Bio-clean and Hygiene promoters, water quality monitors and volunteers will be mobilized and incentivized to undertake jerrican cleaning campaigns

Activity 1.1.4

Standard Activity : Chlorination (stand alone separate to O&M)

Chlorine powder is provided by Kismayo WASH Cluster regional hub and Water quality monitors are mobilized to ensure proper chlorination of Wells and FRC testing and reporting,

Activity 1.1.5

Standard Activity : Household water treatment

Water treatment reagents (PUR/ Aquatabs) is provided by Kismayo Regional supply hub, demonstrations on proper use of the HHWTs is conducted to beneficiaries,

Activity 1.1.6

Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)

Household survey is conducted to establish gaps in water fetching and storage capacity and jerrican cleanliness and purchase and distribution is undertaken targeting the most vulnerable

Activity 1.1.7

Standard Activity : Water point construction or rehabilitation

ARC plans to undertake dewatering and disinfection of 200 Wells and rehabilitate and improve protection of 10 Wells in Alanley area with many incidences of AWDs/Cholera. The protection include installation of hand pumps.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					12,000
Means of Verification : physical verification							
Output 1.2							
Description							
Affected population have access to reliable and sustainable environmental sanitation							
Assumptions & Risks							
the project areas remain accessible and other partners play their role in combating AWDs/Cholera							
Activities							
Activity 1.2.1							
Standard Activity : Solid Waste Management							
Affected population are mobilized to collect and properly dispose household solid waste to reduced the number of pests and vectors to interrupt and eliminate disease transmission roots.							
Activity 1.2.2							
Standard Activity : Latrine construction or rehabilitation							
After a quick rapid assessment, ARC has established that 45 latrines collapsed during the past four months during the Oct/Dec 2015 short rains. This has drastically reduced the persons to latrines ratio in the affected areas. ARC plans to replace the 45 temporary desludgeable latrines in Alanley area							
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 access to emergency sanitation facilities					12,000
Means of Verification : Physical verification, interviews and photos							
Output 1.3							
Description							
Affected population awareness is raised and practice of good hygiene is enhanced.							
Assumptions & Risks							
That affected population are fully involved in the awareness campaigns							
Activities							
Activity 1.3.1							
Standard Activity : Community Hygiene promotion							
ARC will undertake general Hygiene promotion within the affected community using the house to house visits, focused group discussion at key places like water points and clinics. This will be done using Behavior Change Communication Cards (BCCC, Information and Education Communication Materials(IEC) to be provided by UNICEF/WASH Cluster)							
Activity 1.3.2							
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)							
In order to support Hygiene promotion in the affected community, ARC will identify 1000HHs most affected areas vulnerable population for complete Hygiene kits distribution. The kit will be based on the WASH Cluster recommended list of 2400grams of soap per family for 3 months, two 20 litre jerricans, Water treatment reagents (Aqua tabs to last 3 months and sanitary cloth for women/girls of menstrual age) . The kits will be requested from Kismayo Regional Cluster supply Hub							
Activity 1.3.3							
Standard Activity : Community Hygiene promotion							
ARC will promote hand washing with soap as the main activity to reduce cases of AWDs/Cholera. This will be undertaken through enhanced deployment of hygiene promoters, Hygiene volunteers, PHAST training including demonstration of proper hand washing with soap at critical times and proper excreta handling and disposal. The soap distribution will target 100% of the affected population in order to promote hand washing with soap.							
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 who have participated in hygiene promotion activities					12,000
Means of Verification : Participants manifest (attendance register), KAP survey							
Outcome 2							
Improved and increased availability of emergency health care and improved case management of AWD/Cholera cases in Kismayo							

Output 2.1							
Description							
Health facilities in Kismayo Hospital CTC and Farjano MCH is supported to provide critical cholera response services including referrals, case management and follow-ups.							
Assumptions & Risks							
Activities							
Activity 2.1.1							
Standard Activity : Not Selected							
Support Cholera treatment center at the Kismayo general hospital with required staffing, supplies and equipment needed for the provision of quality curative services for the patients. 2. Support one Maternal and Child Health Clinic (MCH) located in Farjano section of Kismayo where majority of cases are reported from. The facility will be supported with necessary supplies and staffing.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health facilities supported					200
Means of Verification : 1. Physical verification/photos 2. Patients attendance register							
Output 2.2							
Description							
24/7 referral services provided connecting health facilities and the Cholera Treatment Center							
Assumptions & Risks							
There remains unhindered access between the MCH and the CTC							
Activities							
Activity 2.2.1							
Standard Activity : Not Selected							
1. Hire of ambulance to facilitate referrals 2. Transport of all cases from MCH and other health facilities to the CTC/Main hospital.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.2.1	Health	Number of cases detected and referred to the CTC or Kismayo main hospital for management and follow ups					4
Means of Verification : Referral sheets, Cholera/AWDs cases treated and discharged.							
Indicator 2.2.2	Health	Number of consultations per clinician per day by Health facility					200
Means of Verification : attendance at CTC and MCH							
Outcome 3							
Strengthened coordination system among regional and national WASH and Health Clusters and partners							
Output 3.1							
Description							
3.2 Improved coordination among WASH and Health partners responding to the AWD/Cholera outbreak in Kismayo							
Assumptions & Risks							
All partners are willing to be part of the coordination team and security in the project areas is good.							
Activities							
Activity 3.1.1							
Standard Activity : Not Selected							
1. Conduct weekly meetings between regional Cluster focal points and all response partners (ARC, NRC, IOM, WHO, Ministry of Health, WASH and Health Cluster)							
Activity 3.1.2							
Standard Activity : Not Selected							
1. Attend weekly and monthly coordination meetings. 2. Collect and share updates on AWDs/Cholera with both National and regional Cluster focal points.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle						
			Men	Women	Boys	Girls	Target						
Indicator 3.1.1	Enabling Programmes	Number of coordination meetings held or facilitated					24						
Means of Verification :													
Indicator 3.1.2	Water, Sanitation and Hygiene	1.The number of weekly and monthly meetings conducted 2. The number of key partners attending the coordination meetings regularly					7						
Means of Verification : Attendance register, minutes of the meetings													
Additional Targets : In order to completely contain AWDs/Cholera, ARC will not only concentrate its public promotion and the emergency response to the affected areas. The population within Kismayo are general small traders who move the City to the neighborhoods. ARC will therefore people with the bigger trade areas to ensure that Cholera/AWds is not imported/exported into or out of the affected areas. In this case ARC will target indirect population of 3000 persons in the neighborhood.													
M & R													
Monitoring & Reporting plan													
<p>Due to its emergency nature ARC will monitor the AWDs/Cholera incidences on a daily basis. ARC will work with the Health authority in Kismayo. To ensure total inclusivity in its interventional approach, ARC will strengthen the Cholera/AWDs monitoring task force with the Ministry of Health, Unicef, all WASH partners, and health partners in Kismayo. The objective is to have holistic and all inclusive approach as Kismayo is a fairly large and densely populated area that cannot be adequately covered by one partner. The task force will meet on a daily basis until the out break is contained after a which a monthly coordination meeting regime will be adopted for ensure early detection and reporting. ARC has in place a variety of M&E tools, including outcome tracking tools, analysis processes, and competency-based checklists that can be used to assess program activities in an emergency response contexts. All indicators have been drawn from the WASH Cluster generated sub-sector indicator lists and together with ARC's global M&E results framework, a good basis has been established to measure performance.</p> <p>A detailed monitoring and evaluation (M&E) plan with clearly defined performance indicators and in line with the time frame outlined in the work plan will be developed as an integral part of this project's design process. The plan will guide the review and assessment of program targets at every two weeks due to emergency nature of the intervention.</p>													
Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Household treatment reagents (PUR and AQUA tabs) is collected from regional supply hub and distributed. ARC will also undertake regular water sampling and testing in the most affected areas and institute necessary measures like enhanced chlorination where, increased public promotion. ARC has appropriate water testing equipment for both rapid field tests and more comprehensive bacterial analysis (H2S Vials and Del-Aqua kits respectively)	2016		X	X	X	X							
Activity 1.1.2: Water committees are trained to ensure equitable distribution of water	2016		X	X									
Activity 1.1.3: Jerrycans are purchased and distributed to the most affected population to improve fetching and storage of safe water. A related activity will be purchase and distribution of jerrican cleaning detergent (Bio-clean and Hygiene promoters, water quality monitors and volunteers will be mobilized and incentivized to undertake jerrican cleaning campaigns	2016			X	X								
Activity 1.1.4: Chlorine powder is provided by Kismayo WASH Cluster regional hub and Water quality monitors are mobilized to ensure proper chlorination of Wells and FRC testing and reporting,	2016		X	X	X	X							
Activity 1.1.5: Water treatment reagents (PUR/ Aquatabs) is provided by Kismayo Regional supply hub, demonstrations on proper use of the HHWTs is conducted to beneficiaries,	2016			X	X								
Activity 1.1.6: Household survey is conducted to establish gaps in water fetching and storage capacity and jerrican cleanliness and purchase and distribution is undertaken targeting the most vulnerable	2016			X	X								
Activity 1.1.7: ARC plans to undertake dewatering and disinfection of 200 Wells and rehabilitate and improve protection of 10 Wells in Alanley area with many incidences of AWDs/Cholera. The protection include installation of hand pumps.	2016		X	X									
Activity 1.2.1: Affected population are mobilized to collect and properly dispose household solid waste to reduced the number of pests and vectors to interrupt and eliminate disease transmission roots.	2016		X	X	X	X							
Activity 1.2.2: After a quick rapid assessment, ARC has established that 45 latrines collapsed during the past four months during the Oct/Dec 2015 short rains. This has drastically reduced the persons to latrines ratio in the affected areas. ARC plans to replace the 45 temporary desludgeable latrines in Alanley area	2016			X	X	X							
Activity 1.3.1: ARC will undertake general Hygiene promotion within the affected community using the house to house visits, focused group discussion at key places like water points and clinics. This will be done using Behavior Change Communication Cards (BCCC, Information and Education Communication Materials(IEC) to be provided by UNICEF/WASH Cluster)	2016		X	X	X	X							

Activity 1.3.2: In order to support Hygiene promotion in the affected community, ARC will identify 1000HHs most affected areas vulnerable population for complete Hygiene kits distribution. The kit will be based on the WASH Cluster recommended list of 2400grams of soap per family for 3 months, two 20 litre jerricans, Water treatment reagents (Aqua tabs to last 3 months and sanitary cloth for women/girls of menstrual age) . The kits will be requested from Kismayo Regional Cluster supply Hub	2016			X	X									
Activity 1.3.3: ARC will promote hand washing with soap as the main activity to reduce cases of AWDs/Cholera. This will be undertaken through enhanced deployment of hygiene promoters, Hygiene volunteers, PHAST training including demonstration of proper hand washing with soap at critical times and proper excreta handling and disposal. The soap distribution will target 100% of the affected population in order to promote hand washing with soap.	2016		X	X	X	X								
Activity 2.1.1: Support Cholera treatment center at the Kismayo general hospital with required staffing, supplies and equipment needed for the provision of quality curative services for the patients. 2. Support one Maternal and Child Health Clinic (MCH) located in Farjano section of Kismayo where majority of cases are reported from. The facility will be supported with necessary supplies and staffing.	2016		X	X	X									
Activity 2.2.1: 1. Hire of ambulance to facilitate referrals 2. Transport of all cases from MCH and other health facilities to the CTC/Main hospital.	2016		X	X	X									
Activity 3.1.1: 1. Conduct weekly meetings between regional Cluster focal points and all response partners (ARC, NRC, IOM, WHO, Ministry of Health, WASH and Health Cluster)	2016		X	X	X	X								
Activity 3.1.2: 1. Attend weekly and monthly coordination meetings. 2. Collect and share updates on AWDs/Cholera with both National and regional Cluster focal points.	2016		X	X	X	X								

OTHER INFO

Accountability to Affected Populations

ARC will ensure accountability by working with all respective stakeholders starting with the affected persons, the WASH and Health Cluster Coordination team at local and national level and the relevant Government Ministries.
Hygiene kits beneficiaries and beneficiaries of sanitation assets like latrines will be identified jointly with IDP Leaders.

Implementation Plan

ARC will adhere to the implementation and M&E plan as submitted in the proposal. Before commencing the implementation, a stakeholder meeting will be called to form a response task force.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
SGJ	already in Kismayo undertaking WASH with funding from IOM.ARC will work with SGJ to coordinate to avoid duplications.
NRC	As one of the lead Shelter Organizations, ARC will work with NRC to ensure proper WASH assets positioning in regard to Shelter
Health Cluster	This is an integrated proposal and the health cluster will play an important role in ensuring the objectives set are met.
IOM	IOM is present in Kismayo and are likely to be one of the recipients of the emergency funds, ARC will coordinate with IOM and NRC to ensure that there are no overlaps.
WASH Cluster - Kismayo Regional Focal point	The program relies heavily on in-kind provision of supplies from the regional supply hub. ARC will coordinate closely with Kismayo Cluster focal point to ensure timely delivery of supplies from the regional supply hub. The Regional Focal point will also be involved by the three recipients of the response funds to ensure coordination and non-duplication of response activities.
WHO	WHO as the lead Agency for health is an important partner in Kismayo. ARC has already held a meeting with a WHO Official (Dr. Abdinassir) who is following on the cholera/AWDs situation in Lower Juba.
Ministry of Health	As the key line Ministry and custodian of all public health facilities, ARC will work with the Ministry of Health in mobilization of all Government Community Health workers to ensure an effective and an all inclusive response.The Ministry of HEALTH will offer Legitimacy to any decisions reached by the partners.

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

ARC is committed to the Guidelines for Gender-based violence Interventions in Humanitarian Settings set by the Inter-Agency Standing Committee in 2005.

Through its WASH technical designs, ARC strives to reduce the risks from exposure to Gender Based Violence (GBV), create safe and friendly environments for women and children and to make the facilities accessible to individuals with special needs. Illustrative actions ARC takes to ensure protection and gender are mainstreamed in WASH programming include:

- Positioning of water points at the sites that are easily accessible (under 500 m from shelters) and highly visible to reduce incidence of GBV and other forms of violence
- Sufficient number of water taps/ hand pumps to minimize waiting time at the water points and reduce the risk of violence
- Ensuring participation of men and women in design of the WASH facilities through committee work in order to ensure privacy and dignified use of facilities by women
- Sensitivity to the particular needs of children in designing WASH facilities and hygiene promotion activities at schools and other public places (using the CHAST methodology).

WUCs and training modules will include representation and participation from local women's committees. Since the civil war ended, women have become leaders of peace processes and this project will seek to build upon this experience. In hiring hygiene promoters, ARC will ensure the coupling of the promoters (male and female promoters) to ensure that the needs of both male and female is addressed.

Women and girls will be catered for in Hygiene kits distribution, latrines will be built in a way that does not put female users at risk. Lockable doors, separated from male latrines.

Protection Mainstreaming

ARC adheres to the principles of 'Do No Harm', minimizing the harm caused by its presence in communities affected by conflict. For instance, ARC incorporates a sustainable exit strategy into its programming. Furthermore, the Rights-based approach is applied, taking into consideration the needs of ethnic minorities, women, elderly, and people living with disabilities. As such, the locations of the WASH installations are chosen strategically in order to reduce gender based and other forms of violence.

Country Specific Information

Safety and Security

ARC is already present in the proposed area of intervention. With staff and institutional infrastructure in place. However, ARC project success may be impacted negatively by the following external constraints:

- Deteriorating security situation - In order to overcome the security risks that may arise, ARC will work closely with United Nations Department of Security and Safety (UNDSS), Somali National Security Agency (SNSA), and the clan elders.
- Dramatic fluctuations of the population figures in the AOR – ARC will focus on meeting the Sphere standards for the already identified people most affected by Cholera/AWDs targ, while seeking funding for additional caseloads.
- Instability of prices and availability of the needed resources on the local market – ARC will undertake competitive and wide sourcing of construction materials to ensure efficient utilization of available funds.
- Lack of acceptance by the local leaders of the participatory approach for the beneficiary selection process – ARC will undertake initial dialogue to ensure understanding and acceptance of planned programming.
- Lack of access for monitoring purposes – ARC will have in its employment staff from the local community who will have access, even during challenging situations.

Access

ARC has full access to the proposed project area. It is already implementing projects there. Due to the changing security situation in Lower Juba, ARC will work with the Local Administration and UN Agency incharge of security UNDSS to ensure that access to the project area is maintained.

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	Expatriate-Field staff: Country Director	D	1	11,700.00	3	5%	1,755.00
	<i>Country Director: USD 1755 (5% of 11,700 x 3 months): This is the overall head that provides leadership and enforces organizational policy. He is the main link of the organization with the HQ and the Government of Somalia.</i>						
1.2	Expatriate-Field staff: WASH Coordinator	D	1	7,800.00	3	25%	5,850.00
	<i>USD 5850 (25% of 7800 X 3 months :This position provides technical oversight, support and expertise for all WASH activities including quality and timeliness of program implementation, he/she is also responsible for technical reporting</i>						
1.3	Expatriate Field staff:Program Officer	D	1	5,850.00	3	15%	2,632.50
	<i>USD 2,633 (15% of USD 5850 X3 months)The Program Officer is based in Kismayu and ensures the implementation of the project according to CHF rules and regulations while at the same time providing M&E and quality and timely reporting.</i>						
1.4	Health Program Manager	D	1	4,000.00	3	15%	1,800.00

	<i>This position is a Medical Doctor that reports directly to the Health Team Coordinator. The position ensures effective utilization of skills and medical knowledge for diagnosing, preventing and supervising a disease. He/she will be responsible for the health management of Lower Jubba and ensures national treatment protocols is properly followed in diagnosis, treatment and referrals and health staff shift of facilities. Breakdown: \$4000 * 3months * 15% = \$1800</i>							
1.5	WASH Manager	D	1	2,000.00	3	30%	1,800.00	
	<i>This position reports to the WASH Coordinator and is assigned to water and sanitation infrastructure development needs including rehabilitation of water pan, design and implementation of training, installation of equipment and construction of WASH stands. This manager will be in charge of the technical aspect of implementation and development of water and sanitation facilities in both Banadir and Lower Juba. He will be based in Kismayu Breakdown: \$2,000 * 3months * 30% = \$1800</i>							
1.6	WASH Officer	D	1	1,500.00	3	30%	1,350.00	
	<i>This position reports to the WASH Manager and is assigned to water and sanitation infrastructure development needs including rehabilitation of water pans, wells and boreholes, design and implementation of trainings, installation of equipment and construction of WASH stands. This officer will be in charge of the technical aspect of implementation and development of water and sanitation facilities in Lower Juba. He will be based in Dhobley Breakdown: \$1,500 * 3 months * 30% = \$1350</i>							
1.7	Health Officer:	D	1	1,500.00	3	30%	1,350.00	
	<i>He/She is responsible for the management of the health project: through timely reporting and budget management, supervision, coordination and ensures reports on all health projects at field level. She/he also ensures the management of the available resources in such a way that project objectives are met in a timely manner ensures service quality. Breakdown: \$1,500 * 3 months * 30% = \$1350</i>							
1.8	Admin/government liaison Officer	D	1	2,000.00	3	18%	1,080.00	
	<i>This position reports to the Somalia Area Manager and supports implementation of project activities and ensure safety and security of ARC staff and assets in Kismayu. Breakdown: \$2,000 * 3 months * 1*18% = \$1080</i>							
1.9	Finance Officer	D	1	1,300.00	3	18%	702.00	
	<i>This position will work with the Finance Manager to maintain budgetary processes and support payroll to ensure financial controls and accountability are maintained across the program. His/her time is estimated to be evenly divided between Objective #1 (Health) and Objective #2 (WASH). Breakdown: \$1300 * 3 months * 1*18% = \$702</i>							
1.10	Procurement Officer	D	1	1,300.00	3	30%	1,170.00	
	<i>This position is responsible for all administrative, logistics and procurement duties with respect to coordination of movement of staff and supplies, and receipt and safe storage of materials and equipment \$1,300 * 3 months * 30% = \$1170</i>							
1.11	Hygiene Promotion Supervisor	D	1	800.00	3	30%	720.00	
	<i>This position is in charge of day to day management of all hygiene promotion/behavior change activities. This covers all activities pertaining to awareness raising (including information campaigns on safe water usage and storage practices), hygiene promotion trainings, and monitoring. Hygiene kits beneficiary identification and distribution ensuring the most vulnerable are reached. Will be based in Kismayu Breakdown: \$800 * 3months * 1 staff * 30% = \$720</i>							
1.12	Hygiene Promoters	D	4	600.00	3	100%	7,200.00	
	<i>These positions are in charge of direct implementation of awareness raising and information campaigns that promote safe hygiene practices and hygienic lifestyles. All Kismayu based. They will form the backbone of the response. ARC will ensure coupling (one male and one female) of Hygiene promoters as per sphere standard guidelines Breakdown: \$600 * 3 months * 4 staff * 100% = \$7200</i>							
1.13	Water Quality Monitors	D	4	400.00	3	100%	4,800.00	
	<i>All in Kismayu these positions working under water technician and under the overall technical guidance of the water quality Supervisor. The position is tasked with daily water quality monitoring in water sources/ water points including chlorination of water points and FRC testing and monitoring. They will participate in household water treatment reagents distribution and monitoring of use at households. Breakdown: \$400 * 3 months * 4 staff * 100% = \$4800</i>							
1.14	Sanitation Technician	D	1	650.00	3	30%	585.00	
	<i>This position, based in Kismayu will oversee and lead the promotion of sanitation activities. Some of the key activities support the Sanitation groups, vector/pests management campaigns, mobilization of community and latrines construction. Breakdown: \$650 * 3months * 1 staff * 30% = \$585</i>							
1.15	CTC Supervisor	D	1	800.00	3	60%	1,440.00	
	<i>This position provides leadership in their respective health facilities. He/she manages all staff and operations in the Cholera Treatment Centers on daily basis. Breakdown: \$800 * 3months * 1 staff * 60% = \$1440</i>							
1.16	Qualified Nurse	D	4	600.00	3	100%	7,200.00	

	<i>These positions are the primary point of contact between the patient and primary health care, both at inpatient and outpatient settings within the MCHs/CTC. They perform frequent patient evaluations, including monitoring and tracking vital signs, performing procedures such as health educating patients and supervising the MCH/CTC work in general and administering medications. Breakdown: \$600 * 3 months * 4 staff * 100% = \$7200</i>							
1.17	Auxilliary Nurse	D	4	300.00	3	100%	3,600.00	
	<i>These position provides support and assistance to qualified nurses at the facilities in terms of recordings and other necessary nursing services to the patients. Breakdown: \$300 * 3 months * 4 staff * 100% = \$3600.</i>							
1.18	Lab technician:	D	1	650.00	3	50%	975.00	
	<i>This position is responsible for running a laboratory and overseeing laboratory activities. The technician will conduct testing of various types of tests, such as urine, blood and stool, for suspected cases of communicable diseases, as well as perform rapid STI/HIV testing. Breakdown: \$650 * 3 months * 1 staff * 50% = \$975</i>							
1.19	Community Helth Workers (CHWs)	D	4	300.00	3	100%	3,600.00	
	<i>The primary responsibilities of this position include performing health education activities both in the communities and at the facility level, maintaining records and encourage health care referrals in the communities. Breakdown: \$300 * 3 months * 4 staff * 100% = \$3600</i>							
1.20	Cleaners/Sprayers	D	4	250.00	3	100%	3,000.00	
	<i>These positions are primarily responsible for keeping the CTC/MCHs clean and ensure the waste products are disposed properly using public health guidelines. Together with CHWs and Hygiene promoters, they participate in the disinfection of CTCs and MCH using chlorine solutions. Breakdown 4 staff x 3 months x USD250=USD 3000</i>							
	Section Total						52,609.50	
Supplies, Commodities, Materials								
2.1	Health facility furniture	D	1	1,500.00	1	100%	1,500.00	
	<i>Description: ARC will purchase furniture and supplies for the CTC for smooth running of the facilities. These includes bedding, tables, chairs, health cards and other stationery, referral cards etc. The detail list is attached.</i>							
2.2	Health facility supplies (cooking, cleaning and sanitation materials)	D	1	3,000.00	1	100%	3,000.00	
	<i>These includes cooking materials including utencils and food items, cleaning materials including mobs, soaps, buckets etc and other sanitation materials necessary for ensuring good sanitation and hygiene at the facilities. ARC expects that there will be some serious cases that will need more medical attention and be admitted. Therefore, Food will be prepared for this serious cases that will need to be admitted at the facility.</i>							
2.3	Ambulance rental	D	1	2,000.00	3	100%	6,000.00	
	<i>An ambulance will be hired for the Hospital to refer cases from homes, MCHs and other health facilities within Kismayo to the CTC.</i>							
2.4	Health care workers training on cholera response and treatment	D	28	35.00	1	100%	980.00	
	<i>ARC will conduct 1 training for the health care workers mainly Clinicians, qualified nurses, and Auxiliary nurses on case detection and management. Selected staffs will be taken from the various health facilities operating in Kismayo. A total 28 staff will be trained.</i>							
2.5	Community mobilization training for CHWs	D	1	1,500.00	1	100%	1,500.00	
	<i>ARC will conduct 1 training for CHWs selected from the 5 sections of Kismayo on best approaches of community mobilization and awareness creation.</i>							
2.6	Support to provide health education sessions in communities	D	8	200.00	1	100%	1,600.00	
	<i>This line will be used to support the health education sessions been carried out within Kismayo by the CHWs. The budget will be used to provide refreshment, transport allowances and incentives for the participants during the sessions.</i>							
2.7	Support to Radio/TV shows on cholera response and prevention	D	6	500.00	1	100%	3,000.00	
	<i>To strengthen the house -house and community sessions approaches, TV/Radio shows will be conducted using the local media available. 2 shows will be conducted every month facilitated by respected doctors and community elders.</i>							
2.8	Pharmaceuticals (see BoQ)	D	1	9,000.00	1	100%	9,000.00	
	<i>The CTC and most of the facilities lack medical drugs to provide the necessary treatment of patients affected by the Cholera. Through this allocated budget, ARC will procure appropriate drugs and supplies for the CTC and Farjano MCH to continue offering the medical services. (BOQ of drugs)</i>							
2.9	Dewatering and disinfection of 200 wells	D	200	65.00	1	100%	13,000.00	
	<i>De watering and disinfection of 200 wells. Contamination of water points is one of the main causes of AWDs/Cholera. ARC has identified 200 wells in areas most affected,. To ensure reliable and safe water, ARC will dewater and disinfect 200 Wells</i>							
2.10	Protection of 15 Wells	D	10	3,000.00	1	100%	30,000.00	

	<i>Rehabilitation and protection 15 wells in Alanley. Alanley has a number of wells that were submerged during the flooding in Oct. There are 10 wells serving the population that are most affected. The well will be provide with additional protection by raining the well mouth, fencing off besides dewatering and disinfection.</i>						
2.11	Purchase of Jerricans for enhanced storage	D	400	6.00	1	100%	2,400.00
	<i>ARC will purchase and distribute 400 non-collapsible narrow necked jerrycans in the most affected villages. Lack of adequate fetching and storage capacity among some affected population is an obstacle to achieving equitable distribution of safe water. ARC has identified 200HHs that will recieve two 20litres jerycans each to improve their capacity</i>						
2.12	Water testing reagents	D	200	10.00	1	100%	2,000.00
	<i>Purchase of water testing reagents for water quality testing and treatment</i>						
2.13	Jerrican cleaning detergent -Bioclean liquid/soap	D	60	49.00	1	100%	2,940.00
	<i>ARC plans to enhance jerrican cleaning camapaign in the most affected areas. 36 IN 20 LITRE JERRYCANS will be purchased</i>						
2.14	Sanitation Sub-sector- Construction of latrines	D	45	550.00	1	100%	24,750.00
	<i>As described in the activity section of the logframe. ARC will replace collapsed 45 latrines</i>						
2.15	Training Water USER Comittees, Community Health Workers/Hygiene volunteers	D	60	120.00	1	100%	7,200.00
	<i>Water User comittees, Hygiene voluintees will be trained and tasked.The actual cost directly spent on a trainee is USD 103 (lunch, 10 oclock tea/snacks and stationery) the rest is for transport, facilitator fees, banner and some cases, a training center maybe hired. See BOQ for training 20 and 60 members for the same period of time.</i>						
2.16	Mobilization and sensitization through household to house hold campaigns	D	60	40.00	3	100%	7,200.00
	<i>The 60 committee members will be paid some incentives so that they are fully engaged in the cholera/AWDs campaigns including distribution of hygiene kits. ARC proposes to compensate the Volunteers who will be fully engaged in the cholera response at the rate of USD 40 per person per month for the three months Breakdown : 60 people x USD 40 X 3 months= USD 7,200</i>						
2.17	Transport - Medical supplies from Nairobi	D	500	9.00	1	100%	4,500.00
	<i>Some supplies like drugs and water treatment reagents estimated at 500 Kgs will be purchased in Nairobi and transported by plane to Kismayu. To ensure proper utilization of resources, ARC will make a one off purchase of items from Nairobi and airlift to Kismayu. Blue Sky Airline charges an average of USD 9 per Kg of luggage,</i>						
	Section Total						120,570.00
Travel							
5.1	Air Travel (Nairobi -Kismayu)	D	3	500.00	1	100%	1,500.00
	<i>A number key staff (Country Director, WASH Coordinator, Program Officer) will make at least 1 visit to the site for Supervision and Coordination of the program (Air tickets for 3 return = 3 x USD 500) = USD 1500</i>						
5.2	per diem (Perdiem 3 persons x 7 days x USD 75)=	D	3	75.00	7	100%	1,575.00
	<i>The three officers will be accommodated in the ARC guest house but will be entitled to a perdiem of USD 75 per day and they will stay for at least 7 days as flights in Kismayu are not regular.</i>						
5.3	Vehicle Rental for program activities - Kismayu	D	1	2,000.00	3	100%	6,000.00
	<i>ARC will hire one vehicle for the purpose of moving a large number of staff assigned to this emergency response program.</i>						
	Section Total						9,075.00
General Operating and Other Direct Costs							
7.1	Communications(Internet, thuraya, phones Somalia)	s	1	612.00	3	100%	1,836.00
	<i>mobile and satellite phones. Communication costs are high in Somalia due to poor network coverage. Support is requested to cover part of the cost of satellite transmissions through satellite phone. Costs are also high due to the international calling charges accrued from communication between Kenya and Somalia. ARC will use local telephones and internet wherever possible, and ensure that priority will be given to use of Skype for international calls between Somalia and other ARC offices</i>						
7.2	bank charges	s	3	390.50	1	100%	1,171.50
	<i>Coverage of project-related fees on ARC's bank accounts. Most providers now charge 2% value of the amount transacted.</i>						
7.3	Office rent -Kismayu	s	1	6,000.00	3	5%	900.00
	<i>provides support for the rental of the office in Kismayu</i>						
7.4	office supplies	s	3	251.00	1	100%	753.00

	<i>Provides partial coverage for basic office necessities such as paper, pens, minor office equipment, etc.</i>		
Section Total			4,660.50
SubTotal	1,635.00		186,915.00
Direct			182,254.50
Support			4,660.50
PSC Cost			
PSC Cost Percent			7%
PSC Amount			13,084.05
Total Cost			199,999.05
Grand Total CHF Cost			
			199,999.05

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	3,528	3,672	2,352	2,448	12,000	

Documents	
Category Name	Document Description
Project Supporting Documents	Copy of AWD weekly data 16th Jan2016.xlsx
Project Supporting Documents	Cholera Response- Specific Locations of the proposed infrastructure Improvement.docx
Project Supporting Documents	Cholera Response Kismayo- Implementation Plan 01022016.xls
Project Supporting Documents	Activity 2.14 BoQs for Latrines.xlsx
Project Supporting Documents	Allocation letter for ARC and NRC.pdf
Project Supporting Documents	Allocation letter for NRC ARC.pdf
Budget Documents	BOQ Hygiene kit and Promotion in Community
Budget Documents	Activity 2.10. Rehab of Wells in Kismayux
Budget Documents	BOQ of Supplies for Health Activity 2.1 2.2 2.5 2.6 2.8 and 5.4.xlsx
Budget Documents	Budget line 2.15 Breakdown of cost of training groups Final
Budget Documents	Budget line 2.14 BoQs for Latrines Final
Budget Documents	Budget line 210 Rehabilitation of Shallow Wells. in Kismayu BOQ Final
Budget Documents	BOQ for all budget lines for all activities listed. BL 2.1 BL2.2 BL2.4 BL 2.5 BL 2.6 BL2.8 BL 2.10 BL2.14 BL 2.15 BL5.4 BL 7.1 BL 2.9 Final 120216.xlsx
Budget Documents	Copy of BOQ of Supplies for Health Activity 2.1 2.2 2.5 2.6 2.8 and 5.4.xlsx-2.xlsx Revised.xlsx
Budget Documents	BOQ of Supplies for Health Budget lines 2.1 2.2 2.5 2.6 2.8 and 5.4 Final
Budget Documents	BOQ for line 2 4.xlsx Training Final.xlsx
Budget Documents	Budget line 7 5 Office supplies BOQ Final.xlsx
Budget Documents	BOQs Doc Final.xlsx
Budget Documents	BOQ for all budget lines for all activities listed. BL 2.1 BL2.2 BL2.4 BL 2.5 BL 2.6 BL2.8 BL 2.10 BL2.14 BL 2.15 BL5.4 BL 7 FINAL 1202.xlsx