

Requesting Organization :	Action Contre la Faim				
Allocation Type :	Standard Allocation 1 (Jan 2017)				
Primary Cluster	Sub Cluster				Percentage
Water, Sanitation and Hygiene					100.00
					100
Project Title :	Provision of lifesaving water, Sanitation and Hygiene (WASH) support to displaced persons and Host communities, affected by droughts in Bakool region, Somalia;				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-17/3485/SA1 2017/WASH/INGO/4586		
Cluster :		Project Budget in US\$:	300,000.00		
Planned project duration :	6 months	Priority:			
Planned Start Date :	13/03/2017	Planned End Date :	13/09/2017		
Actual Start Date:	13/03/2017	Actual End Date:	13/09/2017		
Project Summary :	<p>The proposed Water Sanitation and Hygiene (WASH) intervention seeks to contribute to the reduction of mortality and morbidity, related to the poor access to drought condition among IDPs and Host population in Elbarde and Rabdhurre districts of Bakool region. This will be achieved through increased access to adequate, safe and sustainable water and supporting and promoting a culture of good hygiene practice in order to reduce the related protection and diseases risks especially among women and girls in target locations.</p> <p>As an initial lifesaving intervention, ACF will prioritize temporary water supply arrangement through water voucher to at least 10,800 individuals for 4 months based on 5 liters per person per day (in line with the cluster standards during emergencies), while rehabilitating 6 shallow wells and 1 borehole whose combined water supply will benefit 8400 individuals. To ensure improved quality of the water both at household and health facility level, ACF will undertake initial tests and regular water treatment at source (well chlorination) and provision water filters at health centers. In order to improve the hygiene knowledge and practice among the target populations ACF will determine the hygiene knowledge and practice gaps through KAP surveys, one (baseline survey) at project inception to inform approaches to awareness raising and composition of emergency hygiene kits to be distributed to the most vulnerable households. An end line KAP survey will be conducted towards the end of the intervention to gauge the level impact made in household water treatment and behaviour change.</p> <p>To ensure community ownership and sustainability, ACF will help establish 35 members (14 women and 21 men) water source management committees. Where possible, they will consist of 2 Technician, 2 Hygiene Promoter and representative from local administration. All the members will be trained in basic operation, maintenance, trouble-shooting and orderly access to the source. To instill sustained culture of good hygiene practice, the project will train and effectively engage existing 50 community health volunteers to enable them mainstream hygiene promotion activities into the nutrition and health education work in the community under the ongoing nutrition and health intervention. This hygiene promotions is expected to benefit 27,000 individuals (7640 men, 7398 women, 5981 boys and 5981 Girls) .</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	7,640	7,398	5,981	5,981	27,000
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	678	658	532	532	2,400
People in Host Communities	6,962	6,740	5,449	5,449	24,600
Indirect Beneficiaries :					
While the beneficiary calculations only assumed an average of 300 users per shallow well and 6600 per borehole rehabilitated, it is expected that multiples of that will indirectly access the water due to the current high concentration of the population around these water points and potential many from distant locations. With a continuous movement of both people and animals, the proposed sustainable WASH services and facilities are expected to reach indirectly additional persons within and around the target locations (Elbarde, Yeed and Atto.					
Catchment Population:					

The catchment population in Elbarde and Rabdhurre/Yeed include high food and water insecure pastoralist population within 90km radius. In this geographical coverage there are only three permanent water sources, one in Yeed, one in Atto and another in Elbarde. The distances between the three boreholes are 45km. But only the Elbarde bore is now functioning, under unsustainably intense pressure from people and animals within at least 90km radius. Rabdhurre and Elbarde have an estimated population of 79000 people. The WASH interventions will be implemented Elbarde and Rabdhurre/Yeed districts of Bakool region and will target both host communities and internally displaced populations affected by the drought.

Link with allocation strategy :

The proposed interventions prioritise the internally displaced men, women, boys and girls in a prioritized district in Yeed, Atto and Elbarde as stipulated in the Allocation Strategy. In addition, the interventions proposed are in line with the 2016 HRP Strategic objectives of “addressing humanitarian needs by providing life-saving and life-sustaining assistance to people in need”; and “strengthening the protection of displaced and other vulnerable groups”. The proposed project is also in line with the approved HRP project number SOM-17/WS/99378. Given that ACF assessments and continued interventions in this district indicates high prevalence of acute malnutrition rates, which are linked (by the SNS assessment including 2015 NCA and 2016 SMART surveys) to poor access to water and sanitation and Hygiene facilities and services, the interventions proposed address key life-saving needs of the targeted populations. The WASH activities proposed are integrated with ACF nutrition and health interventions, and are in line with the key prioritized activities in the allocation strategy for the WASH sector, for the particular standard SHF allocation guidelines namely: Water trucking/water vouchers coupled with emergency repair of water point as an exit strategy; Distribution of WASH emergency supplies and Hygiene awareness rising focusing on household water treatment/behaviour change.

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
David Mwaniki	Grant and Communications Manager	gcm@so.missions-acf.org	+254720367990
John Clinton	Country Director	hom@So.missions-acf.org	+254722515382

BACKGROUND

1. Humanitarian context analysis

Humanitarian needs as at the beginning of 2017 remained acute, with some 5 million Somalis in need of lifesaving and livelihoods support, including 1.1 million people internally displaced. Some 320,000 children under five years, or one in eight children, are estimated to be acutely malnourished, 58,300 of them severe acutely malnourished. Climatic shocks, exacerbated by El Niño and La Niña, continued insecurity and armed conflict remains the major drivers of the fast deteriorating humanitarian situation, particularly in Bakool. Bakool region faces severe drought conditions, acute food insecurity, high prevalence of malnutrition and disease outbreaks, combined with poor health infrastructure, a lack of access to safe water, sanitation and hygiene and very limited coping capacities. The 2015-2016 El Niño phenomena has worsened an already widespread drought, affecting access to water, pasture and food weakening the resilience of the affected communities. The pastoral livelihoods in Bakool recorded Critical levels of GAM (27.4 %) and SAM (1.9 %) prevalence (FSNAU Nutrition Update, Dec 2016). This represents significant (p<0.05) deterioration and phase change when compared to GAM (19.1%) prevalence reported in GU 2015. The Critical malnutrition situation reported in Bakool Pastoral is likely to be fueled by combination of factors including food insecurity, poor public health indicators (low EPI coverage and supplementation of Vitamin A), reduced Food intake and poor access to water sanitation and hygiene. Due to the prolonged drought, almost all surface and shallow water sources dried up; 60% of existing water supply infrastructure requires rehabilitation, expansion or replacement to meet the increasing need. As such, unsafe water, low sanitation and poor hygiene practices at the households and institutional levels make health and nutrition improvements even harder to attain. These coupled with lack of access to basic services continues to undermine the resilience of communities. Two-thirds of communities in rural areas particularly among the pastoralist in Bakool are being left behind without any access to aid. The International NGO Safety Organisation (INSO) reported 61% of all districts in South-Central Somalia are inaccessible to humanitarian actors outside the urban centers. Internally Displaced Persons (IDPs) continue to represent about 60% Somalia’s total population. A recent assessment ACF in urban El Barde found that every fifth resident surveyed had recently moved into the town. Continuous movement between villages and towns increases the risk of conflict over income opportunities, resources and access to overstretched aid assistance and expose women and girls to protection risks.

2. Needs assessment

According to a recent (October 2016) assessment by ACF, access to water was severely constrained by availability (depletion, broken sources and distance), affordability (significant hike in prices and lack of containers) and poor quality standards (appropriate behavior and lack of water treatment facilities). A similar assessment by ACF in Elbarde and Rabdhurre (Yeed) districts in December 2016 confirmed the same, indicating an alarming 100% of the 389 households surveyed were using unprotected shallow wells and only 10% treat their water while all households pay for their water. Due to severe shortage and a hike in prices, vulnerable communities in the targeted locations are forced to trek long distances in risky hours and unsafe routes, which exposes women and girls to sexual and gender based violence (SGBV). Gender-based violence (GBV) remains rampant and pervasive in Somalia, affecting mostly women and girls. According to Gender-Based Violence Information Management System (GBVIMS) data, 76% of GBV survivors were IDPs, while 99% were women; 52% of the reported GBV incidents were physical assault, followed by incidents of rape accounting for 16% and 68% were categorized as intimate partner violence. Water born disease outbreaks are responsible for nearly one in five deaths (23%) of children under five. The assessment findings further indicated that at least 20% of households have had a family member with diarrhoea within the week. Households reportedly wash their hands after using a latrine, but other practices are very low. With no public or private latrines, 93% of the IDPs resorted to open defecation with only 7% sharing crowded private latrines in poor hygienic conditions. Poor management of faecal matter equally pose great danger for increased water born disease outbreaks such as Cholera and Acute watery diarrhoea, which are responsible for nearly one in five deaths (23%) of children under five. There is only 1 functional borehole in Elbarde district and it is under extreme pressure. There is a desperate need for additional high yielding boreholes.

3. Description Of Beneficiaries

While drought affected households in Elbarde, Yeed and Atto will be targeted on the basis of need and vulnerability and capacity, those reached through nutrition and health interventions will remain the main priority group for the WASH interventions as ACF adopts 'WASH in Nut' concept for the implementation of the planned WASH activities. The project beneficiaries hence include female and male caregivers of severe acutely malnourished boys and girls under 5. Female represents 90% of the total caregivers in ACF facilities and households with acutely malnourished children under-5 prioritised).

A total of 27,000 direct beneficiaries will be reached by this project from a combination of WASH services (water access improvements, hygiene promotion and capacity building; and emergency WASH supplies).

Of these, a total target population of 19200 persons will benefit from temporary water supply (Water vouchers, each receiving at least 5 liters per person per day); sustainable water supply through construction, rehabilitation and treatment of 7 water points (rehabilitation of 6 shallow wells and 1 borehole) and construction of 1 water kiosks; of which 4253, are boys 4253 are girls and 5433 are men and 5261 are women. 35 volunteers (21 men and 14 women) who form the water management committee will also benefit.

A total of (10800 boys, girls, men and women) will benefit from distribution of hygiene kits consisting of essential items to be determined based on the findings of the initial knowledge, attitude and practice survey.

4. Grant Request Justification

As recognised in the 2017 SHF allocation and detailed further in the needs assessment section above, populations in Bakool region are suffering from the effects of severe the drought, continued armed violence, poor access to water and other basic services. As a result, the acute malnutrition rate remains one of the highest in the country with a GAM rate of 27.4% among children under the age of 5 years. ACF has been present in the Elbarde district and have recently scaled up to reduce the combined effects of drought and displacement in Yeed and Atto towns in Rabdhurre district. Based on the assessment conducted by ACF in December 2016, a clear gap especially in addressing the WASH needs exists and ongoing nutrition and health interventions (implemented by ACF) are compromised, as the targeted severe acutely malnourished under-5 boys and girls, and the caregivers have no proper access to safe sanitary environment. Health institutions also are impacted as access to safe water and good sanitation is limited.

ACF as the only international NGO directly implementing programme in the target locations is best positioned to respond to these needs if supported as it has a strong knowledge of the areas and have a strong and reinforced management structure that has the needed capacity to deliver this action with efficiency and effectiveness. ACF pool of technical and support teams have the requisite knowledge and skill-sets to implement a good quality programme in a challenging context. In addition to the robust local knowledge and extensive networks of the local staff, ACF are working with a network of Community Health Volunteers and Traditional Birth Attendants in the camps who, with capacity support can be instrumental in mainstreaming hygiene promotion and can easily deliver best result in this action.

ACF direct implementation allows it to have full-time field presence which significantly helps in better understanding of the context, challenges and enable on-the-spot modification of approaches and solutions. This also enables continued and frequent contacts with the beneficiaries and the local stakeholders. The implementation of similar action in the past has enabled the ACF team to gain a good understanding of the local dynamics and the impact and challenges presented by the implementation of such action continues to motivate the team. ACF team liaises closely with the local authorities and government staff at the camp, district, and federal levels. Through these exchanges, transfer of skills and knowledge occurs, further enabling the successful implementation of the action.

5. Complementarity

ACF implements additional activities funded by other donors namely DFAT (AUSAID), DFID and ECHO that contributes to the overall goal of this action. The project designs ensure integration and clear complementarity with ongoing food security and livelihood health and to maximise the impact of these interventions. The proposed action will significantly benefit and vice-versa on a well-established, integrated nutrition and health interventions funded jointly by DFID and ECHO and long term resilience program funded by DFAT (AUSAID) through SomRep consortium will significantly benefit from the proposed SHF WASH action. In particular, the shared cost of drilling a borehole in Elbarde and rehabilitation of another in Atto between this project and the ongoing resilience programme funded by DFAT provides a perfect complementarity that would otherwise be impossible for either project on its own. This intervention also builds on string community based health, hygiene and nutrition education systems already existing under the joint DFID ECHO funded nutrition and health project in the same location.

ACF also have a Rapid Response Team (RRT) funded by ECHO that conducts a quick (within 72-hours) response to any new small and medium-scale disasters that could potentially reduce the intended impact of the proposed intervention in the event unforeseen disaster event. Besides, ACF has significant presence in the neighboring Hudur district for ease of providing additional capacity if need be.

Synergies are also sought at the regional and national level as this action informs the understanding of the humanitarian situation in Somalia in general. ACF field experiences and technical know-how gained through the implementation of this action is continuously shared with the cluster and partners to contribute to better programming, capacity building, and advocacy.

LOGICAL FRAMEWORK

Overall project objective

Contribute to the reduction of mortality and morbidity rate, related to drought condition in among IDPs and Host population in parts of Elbarde and Rabdhurre districts in Bakool region through:

- Provision of access to adequate, safe and sustainable water for IDPs and host communities in order to reduce the risks of waterborne diseases and Gender Based Violence mainly against women and girls;
- Supporting and instilling a culture of good hygiene practice to reduce risk of related diseases among IDPs and Host communities in target locations;

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		Somalia HRP 2017			50		
Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures		Somalia HRP 2017			50		
Contribution to Cluster/Sector Objectives : Save and protect lives through provision of both temporary and sustainable access to life-saving water for 19200 vulnerable individuals (5434 men, 5261 women, 4253 boys and 4253 girls) in the parts of Elbarde and Rabdhurre districts in Bakool region, south Somalia.							
Outcome 1							
Targeted vulnerable men, women, boys and girls in the target locations have immediate and sustained access to safe water							
Output 1.1							
Description							
10800 individuals will have improved access to safe water through water vouchers for 4 months							
Assumptions & Risks							
Water vouchers compatible with existing water trucking, potential to find local volunteers to ensure well chlorination, local chlorine available							
Activities							
Activity 1.1.1							
Standard Activity : Water trucking/water Vouchers							
Provide water vouchers to 1800 individual heads of households (to benefit 10,800 individuals in the households) in Yeed 900 individual heads of households (to benefit 5400 individuals in the households) and 900 individual heads of households in Elbarde (to benefit 5400 in the households), receiving 5 liters of clean water per person per day for 4 months. In other words 1800 households of 6 members each will receive a voucher value of US\$13.50 (or Its equivalent value in Somalia Shilling) per month for 4 months. Ato has some water sources (1 bore hole and a number of shallow wells) to keep them going and will only benefit from the rehabilitation of additional sources.							
Activity 1.1.2							
Standard Activity : Household water treatment							
ACF will distribute water purification tablets to 1800 Households to ensure water treatment at household level. to ensure safe access to water at health/nutrition centers, each households (consisting of 6 members) will receive 1 water purification tab for each 20 liter jerrican they receive (45 jerricans and tabs).							
Activity 1.1.3							
Standard Activity : Institutional based Hygiene promotion							
ACF will supply 10 water filters and cleaning kits at health and nutrition and health facilities for two purposes: 1) to aid hygiene promotion session (demonstration purposes) to instill a culture and squire improved skills in affordable water treatment practice at home 2) to ensure access to safe water at health and nutrition centers. two fixed nutrition/health facilities in Elbarde and Ato will benefit from this.							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					11,400
Means of Verification : ACF Technical WASH Database; Water Management Committee reports							
Output 1.2							
Description							
A total of 7 water points rehabilitated (6 shallow wells and 1 borehole) to improve access to safe and water							
Assumptions & Risks							
Water management committees involved in the selection of the water points and the location for the construction of the water kiosks. Preliminary water quality tests done and the sources to be rehabilitated is suitable for domestic use							
Activities							
Activity 1.2.1							
Standard Activity : Water point construction or rehabilitation							
ACF will rehabilitate 7strategic water points, prioritizing those within or closer to the health and nutrition faculties for rehabilitation . Six of these are shallow wells (3 in Ato and 3 in Elbarde) and 1 borehole in Ato. Water source were also prioritized for rehabilitation/construction, based on their potential for use by at least 300 (shallow wells) and 6600 (for the borehole) direct beneficiaries. ACF will also put up 1 water kiosk, connected to the new borehole for ease of access and improved hygiene standards.							
Activity 1.2.2							
Standard Activity : Chlorination (stand alone separate to O&M)							
To ensure safety and improved quality at sources at source, ACF will ensure operational water sources in the area are regularly chlorinated by trained volunteers. These will include the ones currently in use and those that will be rehabilitated/constructed.							
Activity 1.2.3							

Standard Activity : Operation and Maintenance of WASH Infrastructure							
A 5-member Water Committee member (3 men and 2 female) will be established for each of the 7 newly rehabilitated water points. The committee will be trained in basic operations and Maintenance of the water points, ensuring orderly, hygienic and sustainable use of the water resources. where possible, each of the committees will consist of individuals with pump operations and maintenance as well as hygiene promotion background with problem solving capacity and well respected in their community.							
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					8,400
Means of Verification : ACF Technical WASH Database; Water Management Committee reports							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					35
Means of Verification : ACF Technical WASH Database; Water Management Committee reports							
Outcome 2							
Men, women, boys and girls in target communities have shown an improvement hygiene practices							
Output 2.1							
Description							
At least 27,000 vulnerable people reached through hygiene promotion activities, focusing on water treatment and behavior change							
Assumptions & Risks							
Community Health Volunteers are willing and able to engage in the Hygiene promotion sessions at both the institutional and households levels							
Activities							
Activity 2.1.1							
Standard Activity : Community Hygiene promotion							
ACF will conduct Knowledge, Attitude and Practice (KAP) surveys, a baseline at the inception and an end line towards the end of project, targeting 12% of the hygiene kit beneficiary households, at 10% accuracy. A total of 150 Hygiene promotion sessions (30 participants each) will be conducted per month for 6 months, at the institutions (Nutrition and Health) and at household level. a total of 100 (50 male and 50 female) community Health Volunteers (CHVs) will be trained engaged to carry out this activity, utilizing number of tools (posters, songs, demonstrations, etc.) and participatory approaches to ensure effective delivery of the key messages.							
Activity 2.1.2							
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)							
A total of 1,800 hygiene kits will be distributed to the most vulnerable households. The exercise will mainly target caretakers of under-5 boys and girls admitted into the nutritional programming and those whose children are at greatest risk of malnutrition and morbidity. To ensure appropriateness, women, men, boys and girls consulted on the composition of the kit to ensure its acceptability and proper use. ACF will conduct a post-distribution monitoring to determine the usage of these kits.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					27,000
Means of Verification : ACF Technical WASH Database; monthly Activity progress reports							
Indicator 2.1.2	Water, Sanitation and Hygiene	Proportion (%) of households whose head is aware of the five key times for hand-washing					50
Means of Verification : WASH technical data based, KAP survey							
Indicator 2.1.3	Water, Sanitation and Hygiene	Percentage of households appropriately utilising the hygiene kits distributed					100
Means of Verification : PDM, KAP survey reports							
Indicator 2.1.4	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					10,800
Means of Verification : Signed Beneficiary Lists, Monthly activity progress report;							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

ACF has developed and strengthened its monitoring systems to meet requirements especially in areas with limited access. For the proposed action, a comprehensive monitoring and Evaluation (M&E) plan which will include an Indicator/activity Tracking Table, an M&E matrix, a detailed implementation plan and activity-tracking table will be used. Activities and indicators will be monitored based on existing quality standards and timelines of completion.

Monitoring activities conducted include site visits, beneficiaries' satisfaction levels monitoring (through questionnaires, focus group discussions and interviews), and compilation of activity reports. Field coordinators share minutes of base meetings conducted weekly, with the coordination team in Nairobi and among the field coordinators. Apart from tracking progress, sharing of minutes facilitates cross base learning where best practices are adopted from one base to another.

The coordination team conducts regular field visits for monitoring of activities with the support of the field based staff. The visits are also used to address any emerging challenge to scheduled implementation of activities, as well as to build capacity of local staff. In addition, field offices have also instituted regular phone contacts with field teams and beneficiaries to conduct regular monitoring of activities. Information received will be triangulated with local leaders, imams and businessmen. These alternatives are used for regular review of progress and address challenges faced by field teams in those areas.

Field staff will be conducting monthly quality checks and submitting their reports to the M&E manager for analysis and support. Using the findings, the CMT (Country management team) will support the teams to improve quality by giving written feedback. Support supervision will be conducted using already developed checklists. The CMT will visit implementation sites and carry out a number of activities which will include; Filling of the quality check list questionnaire, general observation of progress and meetings with field staff and sharing progress (Indicator and activity) based on the M&E plan.

Data and information management and sharing will be a key component of the M&E plan. ACF has a central database that will be used to store all information. The data collected will be shared with the cluster on monthly basis. This will ensure that the gap ACF covers is represented in the overall information management in the country. Additional data will be collected in the form of photos on progress of activities, and GPS coordinates will be collected for mapping purposes and to support overall coordination.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provide water vouchers to 1800 individual heads of households (to benefit 10,800 individuals in the households) in Yeed 900 individual heads of households (to benefit 5400 individuals in the households) and 900 individual heads of households in Elbarde (to benefit 5400 in the households), receiving 5 liters of clean water per person per day for 4 months. In other words 1800 households of 6 members each will receive a voucher value of US\$13.50 (or Its equivalent value in Somalia Shilling) per month for 4 months. Ato has some water sources (1 bore hole and a number of shallow wells) to keep them going and will only benefit from the rehabilitation of additional sources.	2017				X	X	X						
Activity 1.1.2: ACF will distribute water purification tablets to 1800 Households to ensure water treatment at household level. to ensure safe access to water at health/nutrition centers, each households (consisting of 6 members) will receive 1 water purification tab for each 20 liter jerrican they receive (45 jerricans tab and tabs).	2017			X	X	X	X	X	X	X			
Activity 1.1.3: ACF will supply 10 water filters and cleaning kits at health and nutrition and health facilities for two purposes: 1) to aid hygiene promotion session (demonstration purposes) to instill a culture and squire improved skills in affordable water treatment practice at home 2) to ensure access to safe water at health and nutrition centers. two fixed nutrition/health facilities in Elbarde and Ato will benefit from this.	2017				X								
Activity 1.2.1: ACF will rehabilitate 7strategic water points, prioritizing those within or closer to the health and nutrition faculties for rehabilitation . Six of these are shallow wells (3 in Ato and 3 in Elbarde) and 1 borehole in Ato. Water source were also prioritized for rehabilitation/construction, based on their potential for use by at least 300 (shallow wells) and 6600 (for the borehole) direct beneficiaries. ACF will also put up 1 water kiosk, connected to the new borehole for ease of access and improved hygiene standards.	2017					X	X	X					
Activity 1.2.2: To ensure safety and improved quality at sources at source, ACF will ensure operational water sources in the area are regularly chlorinated by trained volunteers. These will include the ones currently in use and those that will be rehabilitated/constructed.	2017								X	X			
Activity 1.2.3: A 5-member Water Committee member (3 men and 2 female) will be established for each of the 7 newly rehabilitated water points. The committee will be trained in basic operations and Maintenance of the water points, ensuring orderly, hygienic and sustainable use of the water resources. where possible, each of the committees will consist of individuals with pump operations and maintenance as well as hygiene promotion background with problem solving capacity and well respected in their community.	2017								X				
Activity 2.1.1: ACF will conduct Knowledge, Attitude and Practice (KAP) surveys, a baseline at the inception and an end line towards the end of project, targeting 12% of the hygiene kit beneficiary households, at 10% accuracy. A total of 150 Hygiene promotion sessions (30 participants each) will be conducted per month for 6 months, at the institutions (Nutrition and Health) and at household level. a total of 100 (50 male and 50 female) community Health Volunteers (CHVs) will be trained engaged to carry out this activity, utilizing number of tools (posters, songs, demonstrations, etc.) and participatory approaches to ensure effective delivery of the key messages.	2017				X								
Activity 2.1.2: A total of 1,800 hygiene kits will be distributed to the most vulnerable households. The exercise will mainly target caretakers of under-5 boys and girls admitted into the nutritional programming and those whose children are at greatest risk of malnutrition and morbidity. To ensure appropriateness, women, men, boys and girls consulted on the composition of the kit to ensure its acceptability and proper use. ACF will conduct a post-distribution monitoring to determine the usage of these kits.	2017					X							

OTHER INFO

Accountability to Affected Populations

The needs Assessment was designed to understand how the respondents perceive their own needs, and asks open-ended questions on how they feel these needs could be best met. In addition, ACF conducted focus group discussions and interviews with the community representatives / stakeholders like the District Authorities, Community Volunteers, and Technical Line ministries to align the proposed project to the identified needs of the beneficiaries and preferred best means of delivery to achieve the required impact. Continuous beneficiary feedback, gained through implementation of the previous action and the requests from the communities through our field teams have also been reflected in the design of this action.

Through engagement of community health volunteer, community WASH committees and other WASH key stakeholders, a community feedback mechanism is in place where the beneficiaries can have a real input in the implementation of this action. Affected population has an opportunity to provide feedback, register a complaint and get a response. ACF have also created a whistleblowing policy that allows all (staff, communities, and beneficiaries) to alert senior management of any relevant issues.

Implementation Plan

ACF have a good understanding of the implementation area and is currently present implementing integrated emergency life-saving interventions. This project will benefit enormously from this field knowledge and will also utilise the skills of an existing teams already involved in WASH infrastructures. It will also benefit from the infrastructure established through existing programmes (this include community health volunteers, support structures for logistics, finance and HR, community networks, established good relationships with the camp administrators and the local district officials, etc.).

Initial project launch workshop will be held with all stakeholders to create awareness of the project and gain acceptance. The workshop will also be used conducting further analysis of WASH related needs; agreed on the key vulnerability consideration for selection of beneficiaries; set priorities for strategic water points for rehabilitation; and agree on key roles among community based stakeholders and ACF.

Once strategic water points are agreed upon, ACF will use prequalified local contractors with proved experience for the construction and rehabilitation works while ACF technical teams will provide technical oversight. ACF WASH teams will implement all other activities related to hygiene. ACF will liaise with the local authorities to sustain the support it has for a successful project implementation.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
EPHCO	TSFP (WFP) partner
HIDIG	Nutrition activities

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

Different gender and age groups were identified and interviewed during the needs assessment phase. In addition to the overall needs, specific needs were identified from the subsequent analysis and findings. These were then used to design the proposed action. During implementation, engagement with relevant gender groups will continue, to ensure the protection of vulnerable groups including women and girls. Monitoring data for different gender and age groups will also be collected in order to understand the impact at the end of the interventions when reporting.

The project is integrated with ACF nutritional and health programmes that directly targets women, specifically pregnant and lactating women, and also female-caregivers taking care of under-5 years acutely malnourished boys and girls. In addition, ACF takes keen interest to collect disaggregated data that shows the level of needs amongst boys, girls, women and men, and ensure that the impact of the response of these age and gender groups are considered adequately.

With the focus of the intervention on nutritional and health status of vulnerable population, by deliberating targeting under-5 boys and girls (with girls expected to account for about 49% of all admissions) and female caretakers, this action is expected to contribute significantly to improving the status of girls and women. The choice of community health volunteers (who are majority women) also strengthens the gender dimension of this action as this activity targets women, and gives women the privacy needed in addressing behaviour change.

Protection Mainstreaming

First, by rehabilitating strategic water points, the project reduces the need to go out and the distance women and girls cover in search of water in often, high risk routes and at risky hours. Such travel women and girls take is associated increased protection risks such as GBV including rape.

Secondly, the project is implemented partly, within an IDP set-up and emphasis will be placed on protection of the beneficiaries at water and other services points. Proper consultations will be done at the inception of the project with all the key stakeholders in the camp to ensure that those who benefit from these interventions are not put at a risk.

Thirdly, ACF applies conflict sensitivity approaches in its project implementation and this will be mainstreamed in this action. All volunteers engaged in this action will be sensitised on the implication of this engagement in line with power dynamics at the household and community level. Deliberate action will be taken to discuss also the implication of this action on individual beneficiaries at the community level and if they are concerns, proper mitigation measures will be instituted. ACF local teams are well trained and experience in handling sensitive community issues, especially if related to power dynamics and protection of all involved in the successful completion of this project.

The mainstreaming of accountability will provide a vehicle for women to share feedback independently of men, and cultural norms will be observed, including ensuring female rather than male staffs interact directly with women beneficiaries. Feedback and complaint mechanisms will be strengthened to ensure gender sensitive and confidential feedback via a wider variety of means: complaint committees, telephone and SMS feedback system, and others the beneficiaries consider suitable in their context. Community Volunteers will also be sensitized on how to register feedback or complaints.

Country Specific Information

Safety and Security

This action is implemented in a volatile security context where the security situation is highly unpredictable with high levels of risks to both national and international staff. There is an active on-going conflict and likelihood of population movement from outside the area in the event offensive and counter-offensive measures are escalated.

Some of the key security challenges predicted to be of concern during the implementation of the action includes deliberate targeting of aid workers through arrests at checkpoints; threats and intimidations; traffic accidents and kidnapping.

Aid agencies staff movement could be subjected to such risks by being at a wrong place at a wrong time. To minimize losses of high-value assets in the field, ACF do not use agency-owned vehicles in the field. Use of armed guards is also used to a limited extent to protect office premises and during movement of international staff.

Conflicts over resources are a key issue within the local communities and agencies or her staff could be targeted when they are seen as being "resourceful". Beneficiary registrations and distribution activities are especially sensitive. If a robust beneficiary sensitization and awareness creation isn't conducted at inception, communities not reached by the interventions could create security risks such as preventing the continuation of activities in their areas of influence. Recognising such risks, ACF put lots of emphasis on community mobilization and ensure that all activities are preceded by a strong sensitization and re-emphasis on targeting criteria. Community leaderships are also been involved in the design and implementation of the action to boost the acceptance of the action.

Access

ACF enjoys relatively good level of access to the project site with an extensive team of programme and support functions based in Elbarde and Yeed, led by the Field Coordinator. Although recent withdrawal from Rabdhurre and several strategic location in Bakool have emboldened the armed non-state actors who took control of Rabdhurre only 20km from Yeed, one of the project sites, there have been limited security incidents. ACF enjoys a good level of acceptability from all the stakeholders in the area. Senior ACF staffs including the DCD and heads of programme departments also have access to the project sites and conducts regular monitoring visits. With existing agreements with local authorities at the district, regional and federal level, ACF have the required authorisation to operate in the district and the camps. The use of local staffs that have worked with ACF for over two decades in the same area also enhanced the access it enjoys in the area.

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 Program Manager	D	1	2,365.00	6	100.00	14,190.00
	<i>His/her monthly Salary covers medical and basic salary. He/she will spend 5% of his/her time on the WASH project activities and ACF will charge 5% of his/her Salary to SHF.</i>						
1.2	Water Technician	D	1	730.00	6	100.00	4,380.00
	<i>1 water Technician will be responsible for water and sanitation activities including repairs and maintenance. His/her monthly Salary covers medical and basic salary. He/she will spend 100% of his time on the WASH project activities and ACF will charge 100% of his/her salary to SHF.</i>						
1.3	Hygiene Promoters	D	3	564.00	6	100.00	10,152.00
	<i>3 Hygiene Promoters will be hired to support Hygiene promotion activities. His/her monthly Salary covers medical and basic salary. He/she will spend 100% of his/her time on the WASH project activities and ACF will charge 100% of his/her Salary to SHF.</i>						
1.4	WasH Specialist	D	1	9,621.00	6	50.00	28,863.00
	<i>1 WaSH will be recruited as key technical staff for overall technical supervision of the project. His/her monthly Salary covers medical and basic salary. He/she will spend 50% of his/her time on the WASH project activities and ACF will charge 50% of his/her Salary to SHF.</i>						
1.5	Field Coordinator -Elbarde	D	1	2,979.00	6	10.00	1,787.40
	<i>1 Field Coordinator will be based in Elbarde to ensure proper coordination of the project. His/her monthly Salary covers medical and basic salary. He/she will spend 10% of his/her time on the WASH project activities and ACF will charge 10% of his/her Salary to SHF.</i>						
1.6	Field Officer Admin -Elbarde	D	1	1,075.00	6	10.00	645.00
	<i>1 Field Officer Admin in Elbarde will support the project by ensuring proper administration of funds and all necessary support needed for smooth running of the project. His/her monthly Salary covers medical and basic salary. He/she will spend 10% of his/her time on the WASH project activities and ACF will charge 10% of his/her Salary to SHF.</i>						
1.7	Logistics Assistant -Elbarde	D	1	518.00	6	10.00	310.80
	<i>1 Logistics Assistant in Elbarde will provide support on procurement process for the project. His/her monthly Salary covers medical and basic salary. He/she will spend 10% of his/her time on the WASH project activities and ACF will charge 10% of his/her Salary to SHF.</i>						
1.8	Grants Manager - Nairobi	D	1	2,220.48	6	5.00	666.14
	<i>1 Grants Manager will be based in Nairobi. Grants Manager will coordinate with the donor to ensure proper management of the grant. His/her monthly Salary covers medical and basic salary. He/she will spend 5% of his/her time on the WASH project activities and ACF will charge 5% of his/her Salary to SHF.</i>						
1.9	Deputy Head of Finance - Nairobi	D	1	2,278.80	6	5.00	683.64

	<i>1 Deputy Head of Finance with critical role on managing organisation books of accounts. The DHoD Finance will handle the accounting component of the project which includes Monthly Accounting closure. This position further provides the oversight responsibility on the work of the Finance and Admin Officer. His/her monthly Salary covers medical and basic salary. He/she will spend 5% of his/her time on the WASH project activities and ACF will charge 5% of his/her Salary to SHF.</i>							
1.10	Deputy Head HR - Nairobi	D	1	2,220.48	6	5.00		666.14
	<i>1 Deputy Head HR with specific role on Payroll, HR administration like travel, visa etc. His/her monthly Salary covers medical and basic salary. He/she will spend 5% of his/her time on the WASH project activities and ACF will charge 5% of his/her Salary to SHF.</i>							
1.11	Supply Manager - Nairobi	D	1	2,220.48	6	5.00		666.14
	<i>1 Supply Manager in Nairobi will manager supply chain for the project. His/her monthly Salary covers medical and basic salary. He/she will spend 5% of his/her time on the WASH project activities and ACF will charge 5% of his/her Salary to SHF.</i>							
	Section Total							63,010.26
Supplies, Commodities, Materials								
2.1	Water Vouchers to Vulnerable Households	D	1	97,200.00	1	100.00		97,200.00
	<i>A total of 1800 households (10,800 beneficiaries) will receive water voucher values of US\$13.50 (Equivalent to 5liters person per day) for four months. The use of jerrycans rather than liters in arriving at the cost is because households use jerrycans to collect water and this will be used as the unit for the redemption of the vouchers. The use of vouchers rather water bowsers helps in accountability as this will be evidence that water has actually been received by the households. See the breakdown of costs in the BoQ item 2.1</i>							
2.2	Rehabilitation of shallow Wells	D	6	1,227.50	1	100.00		7,365.00
	<i>6 shallow wells will be rehabilitated and fitted with hand pumps. See attached BoQ item no 2.2 for breakdown of costs</i>							
2.3	Rehabilitation of Borehole	D	1	19,568.78	1	100.00		19,568.78
	<i>Rehabilitation of the borehole will include the replacement of GI pipes, replacing plumbing fittings, installation of a submersible pump and a new generator. Additional works will include repair of he storage water tank and cabling of the power line. Labour costs for the rehabilitation are also included as per the detailed BoQ item 2.3 for breakdown of costs</i>							
2.4	Cholorination of shallow wells	D	6	933.00	1	100.00		5,598.00
	<i>A volunteer will be engaged for 6 months, (providing supplies and incentive) to undertake regular chlorination of the existing and newly rehabilitated water points. For breakdown of costs items see BoQ 2.4</i>							
2.5	Installation of water filters for health facilities	D	1	2,500.00	1	100.00		2,500.00
	<i>10 filters and cleaning kits will be distributed/positioned in two health/nutrition facilities (5 in Ato and 5 in Elbarde) to ensure access to safe water and for water treatment demonstration purposes. See breakdown of cost on item 2.5 in the BoQ</i>							
2.6	Hygiene promotion activities	D	1	8,638.00	1	100.00		8,638.00
	<i>100 Community Health Volunteers (CHVs) will be engaged to carry out at least 150 hygiene promotion sessions of at least 20 participants each per month for 6 months. Each promoter will be provided with demonstration materials that include 5 pcs of Soap, 1 Jerrycan, 5 pcs of washing powder) for use during the hygiene promotion sessions for a period of 6 months. The WaSH promotion sessions will be regulary supervised by ACF staff. In addition, each CHV will be trained and provided a Printed T-shirts as incentive. . For breakdown of costs see BoQ item 2.6</i>							
2.7	KAP survey (pre-and-pos) hygiene promotion surveys	D	2	1,735.00	1	100.00		3,470.00
	<i>2 KAP surveys (1 baseline and 1 end line) will be conducted at the inception and towards the end of the projects. Refer to breakdown of costs on the BoQ 2.7</i>							
2.8	Training Water Source Management Committee	D	1	1,876.00	1	100.00		1,876.00
	<i>5 members (3 male and 2 female) Water Source Management Committee will be established and trained for each of the 7 water points to be rehabilitated constructed. in total they will be 35 (21 male and 14 female); See the breakdown of costs in the BoQ item 2.8</i>							
2.9	Hygiene kits distribution	D	1800	13.75	1	100.00		24,750.00
	<i>1,800 households in Elbarde, Yeed and Ato will received a one-off hygiene kits each. The itemized breakdown of the kit is itemized in the BoQ item 2.9</i>							
2.10	Water Kiosk	D	1	4,259.00	1	100.00		4,259.00
	<i>1 water kiosk will be constructed. For the breakdown of the work and costs refer to contractual services item 2.10 in the BoQ</i>							
2.11	Training Community Hygiene promoters	D	1	2,220.00	1	100.00		2,220.00
	<i>A total of 100 volunteer community hygiene promoters will be trained to enable them acquire the correct Knowledge, skills and attitudes so that they can lead in the hygiene promotion activities. See BoQ item 2.11 for breakdown of the cost.</i>							
2.12	Water Voucher Printing costs	D	1800	0.50	4	100.00		3,600.00

	<i>Printing of vouchers: 1,800 vouchers , one for each households, to be printed four times for the 4-months period. For breakdown of costs see BoQ item 2.12</i>						
2.13	Water Purification tablets	D	20	500.00	1	100.00	10,000.00
	<i>Each of the 1800 households will receive 1 tablet per 20 litre jerrycan for a period of four months. Each box contains 16,200 tablets and each households requires 180 tablets during the 4 months period. A tablet is to be put into each jerrycan for water purification. For breakdown of costs see BoQ item 2.13</i>						
	Section Total						191,044.78
Travel							
5.1	Travel (fare, perdiem, visa, accomodation)	D	1	1,162.50	4	100.00	4,650.00
	<i>Travel will be required for the Monitoring visits by the WaSH specialist from Nairobi to Elbarde during implementation period.</i>						
5.2	Vehicle rental	D	1	2,100.00	6	100.00	12,600.00
	<i>1 Rented vehicle @ an average of 2,100 USD per month will be required to implement the activities for 6 months.</i>						
	Section Total						17,250.00
General Operating and Other Direct Costs							
7.1	Offices Rent	D	1	2,000.00	6	20.00	2,400.00
	<i>The office rental costs will be shared with other grants and charged to SHF at the rate of 20% per month for Elbarde field office.</i>						
7.2	Communication Cost	D	1	1,100.00	6	10.00	660.00
	<i>The communication costs include internet and airtime for project staff. The project will be charged 10% of the total cost per month</i>						
7.3	Bank Charges (incl transfers to Somalia @ 2%)	D	1	5,361.99	1	100.00	5,361.99
	<i>The financial charges are 2% of all cash / payments to be done in Somalia, based on an agreement partner has with Galaxy Star (hawala company).</i>						
7.4	Stationery & Office Supplies	D	1	2,310.00	1	28.00	646.80
	<i>The stationery and supplies (paper, pens, cartridges...) for the offices during the duration of the program are based on approximation of monthly needs based on attached BoQ. SHF will be charged at 28% for stationery and office supplies.</i>						
	Section Total						9,068.79
SubTotal			3,660.00				280,373.83
Direct							280,373.83
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							19,626.17
Total Cost							300,000.00
Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Bakool -> Ceel Barde	61	3,678	3,562	2,880	2,880	13,000	
Bakool -> Ceel Barde -> Ato	26	3,112	3,014	2,437	2,437	11,000	
Bakool -> Rab Dhuure -> Yeed	13	848	822	665	665	3,000	

Documents	
Category Name	Document Description
Project Supporting Documents	Annex 1 - Draft Needs Assessment REPORT IN ELBARDE AND MOGADISHU DEC 2016.docx
Budget Documents	ACF SHF Wash Proposal Budget 30012017.xlsx
Budget Documents	ACF SHF Wash Proposal Budget 07022017.xlsx
Budget Documents	ACF SHF Wash -HFU comments.xlsx
Budget Documents	ACF SHF Wash -ACF Revised 160217.xlsx
Budget Documents	ACF SHF Wash -HFU comments - 16-02-17.xlsx
Budget Documents	ACF SHF WASH -Revised 17-02-17.xlsx
Budget Documents	ACF SHF WASH - Revised 24 02 17 v2.xlsx
Budget Documents	Technical Specifications _Perkins Gen 9kva.pdf
Budget Documents	Technical Specifications Submersible Pump 7.5kV.pdf
Budget Documents	ACF SHF WASH - Revised 28.02.2017.xlsx
Budget Documents	ACF SHF WASH -Revised 17-02-17.xlsx
Budget Documents	ACF SHF WASH -Revised 220217.xlsx
Budget Documents	ACF SHF WASH -Revised 220217 v2.xlsx
Budget Documents	ACF SHF WASH - Final 22 02 17.xlsx
Budget Documents	ACF SHF WASH -Revised 220217 Final.xlsx
Budget Documents	ACF SHF WASH -Revised 220217 Final - 23.xlsx
Grant Agreement	HC signed ACF GA 4586.pdf
Grant Agreement	SHF ACF Signed GA 4586 WASH.pdf