

Requesting Organization :	International Organization for Migration				
Allocation Type :	Reserve 2016				
Primary Cluster	Sub Cluster	Percentage			
Water, Sanitation and Hygiene		100.00			
		100			
Project Title :	Provision of Lifesaving and life sustaining integrated WASH response to IDPs and host communities in in Dalxiis, Kismayo				
Allocation Type Category :					
OPS Details					
Project Code :	SOM-16/WS/86237	Fund Project Code :	SOM-16/2470/R/WASH/UN/2548		
Cluster :	Water, Sanitation and Hygiene	Project Budget in US\$:	300,032.92		
Planned project duration :	12 months	Priority:	A - High		
Planned Start Date :	15/07/2016	Planned End Date :	14/07/2017		
Actual Start Date:	15/07/2016	Actual End Date:	14/07/2017		
Project Summary :	<p>The aim of this project is to improve access Water, Sanitation and awareness raising for good hygiene practices for 12500 IDPs and their host communities in Dalxiiska, Kismayo. the target population for this project is newly evicted and most vulnerable IDPs identified assessment conduct IOM in June 2016 The project will also contribute preventing coming back Acute Watery Diarrhea (AWD) /Cholera cases in Kismayo, specifically in Dalxiis , that threaten destabilize a region since last year. The project proposal sets out a plan ensuring access to safe water sources, sanitation and community based case management and health and hygiene promotion in the most vulnerable population in Dalxiiska by constructing strategic motorized wells, upgrade and protecting 10 shallow wells, distribution of HH water treatment and chlorination of 85 wells to improve access to safe water for 125000 beneficiaries (3475 girls, 3750 boys, 2500 women and 1875 men). The project will enhance access to the sanitation facilities by desludging 150 latrines and constructing and rehabilitating 100 latrines for newly evicted IDPs and vulnerable IDPs and host community to reduce open defecation. The project will also improving the capacity of community members, well owners and Ministry of Health (MoH) officials through training on well chlorination, maintenance of water sources and the promotion of good hygiene practices.</p>				
Direct beneficiaries :					
	Men	Women	Boys	Girls	Total
	1,875	2,500	3,750	4,375	12,500
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	1,594	2,125	3,188	3,719	10,626
People in Host Communities	281	375	562	656	1,874
Indirect Beneficiaries :					
Though the main target population for this is IDPs in Dalxiiska, it is estimated 8500 population in Kismayo that will benefit the project indirectly through awareness raising and chlorination of wells					
Catchment Population:					
The recently conducted IOM DTM survey identified a significant increase of IDPs in Kismayo town and Dalxiis. The survey showed 2059 IDPs and host community members in Dalxiiska who are living in dire conditions and have limited access to basic services such as WASH and primary healthcare, and have limited income means					
Link with allocation strategy :					
The project is in line with the Somalia Humanitarian Fund (SHF) reserve allocation strategy of "lifesaving and life sustaining integrated response to IDPs and host communities in Kismayo ". IOM aims to provide IDPs and vulnerable host community members in Dalxiis, Kismayo, with lifesaving and sustained access to safe water and enhanced sanitation condition and promote good hygiene practices. IOM has received 200,000 USD to respond to AWD/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
Omar Khayre	WASH Program Manager	okhayre@iom.int	+254721521300
Ito Chiaki	Head, Preparedness and Response Division	cito@iom.int	+254737860720

BACKGROUND**1. Humanitarian context analysis**

The population of IDPs in Kismayo town and its surroundings is increasing. According to the IOM Displacement Tracking Matrix (DTM), as of May 2016 there are 224,400 population and 57,240 IDPs in Kismayo town which is significantly larger than the UNHCR's estimated figure of 31,000 in March 2016. Conflict, forced eviction and seasonal flooding in surrounding regions are major causes of the influx (UNOCHA, June 2016). The IDP settlements are becoming increasingly congested, especially in Dalxiis, where there is increased pressure on the already limited available resources. This has contributed to rising rates of communicable disease transmissions to populations already facing high mortality and morbidity rates. Since September 2015 Kismayo has been affected by an AWD/Cholera outbreak and the reported cases in early 2016 at Kismayo Hospital have increased from January to March 2016. The majority of AWD/Cholera cases came from riverine and pastoralist communities (FSNAU, May 2016). Evictions of IDPs from government buildings and private properties coupled with seasonal flooding due to a poor drainage system are pushing the IDPs into new areas with limited access to basic services such as Dalxiis, which is now hosting almost 70 % of IDPs in Kismayo. The continued outbreak is attributable to the poor WASH conditions (FSNAU May 2016) and overcrowding and high malnutrition rates among displaced people, as well as poor healthcare infrastructure. Likewise, malnutrition remains high among the IDPs. A Global Acute Malnutrition (GAM) rate of 12.9% and high underweight rate of 30.1% among IDPs have been reported (FSNAU, February 2016). The Kismayo district outpatient therapeutic feeding programme (OTP) recorded 451 malnourished children in January and 426 in February 2016. While the situation is improving and the number of cases decreased due to emergency WASH and health responses by WASH and health partners including IOM in the past two months, gaps still remain in access to safe water and sanitation and hygiene facilities for the vulnerable populations, especially among the IDPs in Dalxiis. IOM, as one of the few international organizations present in Kismayo, is providing direct integrated humanitarian assistance to the most vulnerable communities in Kismayo including IDPs, returnees and the urban poor.

2. Needs assessment

The recently conducted IOM DTM survey identified a significant increase of IDPs in Kismayo town and Dalxiis. The survey showed 12,500 IDPs and host community members (4,375 girls, 3,750 boys, 2,500 women, 1,875 men) in Dalxiiska who are living in dire conditions and have limited access to basic services such as WASH and primary healthcare, and have limited income means. Despite the deteriorating living conditions, the majority of IDPs stated that they prefer to stay in the IDP camps until it is safe to go home or be relocated to alternative locations with more permanent solution (IOM DTM data, May 2016).

As of June 15, 2016, a total of 3,038 cases of AWD/Cholera (including 1,141 children under five) and 14 deaths have been reported since the outbreak started in September 2015 (Cholera Treatment Center [CTC] data at the Kismayo General Hospital). The majority of reported cases (78 %) have occurred in IDP settlements and communities in Farjano (644 cases), Fanole (254), Shaqualaha (167) and Gulwade (129). Despite the coordination and scaled-up responses by all WASH/Health partners and Task Force members, the outbreak still remains at an emergency level and the CTC is also reporting re-admission cases. In fact, the reported cases have increased from 185 in February to 438 in March, 452 in April and 302 in May 2016 (Kismayo General hospital). Limited access to safe water, sanitation facilities and poor hygiene practices, in addition to eviction, are the main factors contributing to AWD/Cholera cases. Due to flash flooding, poor drainage system, high salinity concentration and contamination of the ground water, access to safe water is lacking not only for the IDPs and urban families, but also for the entire population in Kismayo. Due to a lack of understanding of how water-borne diseases are transmitted, private well owners have been refusing offers of assistance for chlorination of their water points. Meanwhile family members of infected individuals continue to stay in close physical contact with the patients while they are in the CTC (Update on AWD/Cholera in Kismayo situation 2 OCHA, 16 Dec 2015; AWD/Cholera Task Force Coordination Meeting Minutes Jan 6th, 2016). Activities to raise the awareness of well owners, families of infected individuals, and the wider community about transmission of AWD/Cholera and the importance of chlorination of water sources are urgently required to reduce community risk behaviors.

The rapid assessment conducted by IOM in June 2016 has identified 60% of the IDP population in Dalxiiska use unprotected shallow wells because they are unable to buy water from protected wells which cost about 8000 S Sh (0.4 USD) for 20l. The existing protected well are also overcrowded and IOM constructed motorized are using more populations than planned and putting a lot of pressure. IOM identified 30 well that are not protected used by IDPs. Assessed beneficiaries access to safe water was their main priority while access to sanitation was the second main need. The assessment also documented more than 400 latrines that are not in use because they are either filled or have structural damages.

In this regards, IOM is proposing to improve access to safe water to 12,500 vulnerable HH in Dalxiiska by constructing motorized and protect 10 shall wells and construction of 100 latrines with hand washing facilities and desludging of 150 filled latrines. the target population is newly evicted and most vulnerable IDPs in Dalxiiska who don't benefit from the existing interventions, while the project will continue and complement ongoing prevention of AWD/Cholera cases particularly in IDP settlements chlorinating 85 wells and awareness raising through media and to prevent spreading of water born diseases in order to reduce incidence of the disease amongst these vulnerable populations.

3. Description Of Beneficiaries

Beneficiaries are 12,500 IDPs and host community members (4,375 girls, 3,750 boys, 2,500 women, 1,875 men) in Dalxiis and other IDP settlements in Kismayo town, with special consideration to single-headed households with chronic disease, recently displaced or evicted

4. Grant Request Justification

Since 2013, IOM has been implementing WASH projects in Kismayo with the financial support from Somalia Humanitarian Fund (previously CHF) and has ongoing integrated WASH and health rapid response project to respond to AWD/cholera cases. This grant request is to improve the living conditions and access of safe water and sanitation of 12,500 vulnerable population in Dalxiiska through a range of proposed activities elaborated in the Logical Framework section below. The grant will support building local capacity of water chlorination, hygiene and sanitation practices to reduce mortality of the most vulnerable population.

5. Complementarity

IOM is currently providing integrated life-saving humanitarian assistance in IDPs in Kismayo. Especially in Dalxiiska through static and mobile health facilities. IOM's services include primary health care services, WASH and health promotion, GBV prevention, psychosocial support and referrals (medical and legal Aid) for the survivors of gender-based violence (GBV), technical and institutional capacity building of the health sector and specialized doctor placements (e.g. surgeons) at the Kismayo General Hospital through the diaspora placement programme. These initiatives primarily target vulnerable IDPs and host community members. In the last year alone, IOM supported over 80,000 IDPs and host community beneficiaries through integrated Health, WASH and GBV programmes in Kismayo. Other IOM interventions include rapid responses to emergencies including the recent AWD/Cholera outbreak in Kismayo and IOM is also working closely with MoH of Jubaland and providing support.

LOGICAL FRAMEWORK

Overall project objective

To contribute to improving the living conditions of IDPs and host community members in Dalxiis, Kismayo town through an integrated WASH response by increasing sustained and temporary access to safe water and appropriate sanitation and promoting good hygiene practices

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	50
Provide reliable and sustainable access to environmental sanitation (all sanitation access programs must be coupled with sustained hygiene practice promotion for the targeted population)	Somalia HRP 2016	50

Contribution to Cluster/Sector Objectives : The project will contribute to lifesaving and sustained response through the provision of integrated access to safe water, enhanced sanitation conditions and awareness raising on good hygiene practices among 12,500 IDPs and host community members (4375 girls, 3750 boys, 2500 women and 1875 men) in Dalxiis, Kismayo, ensuring equal access for women, men, girls and boys.

Outcome 1

12,500 IDPs in Dalxiiska and host community have improved temporary and sustainable access to safe water and awareness raising of good health and hygiene practices

Output 1.1

Description

12,500 IDP and host community disaggregated by gender and age (4375 girls, 3750 boys, 2500 women and 1875 men) living AWD/Cholera risk IDP settlement in Dalxiiska, Kismayo have temporary and sustained access to an adequate amount of safe water (minimum of 7.5l persons per day as Somalia WASH cluster standards) from protected wells, construction of new water sources, chlorination of wells and distribution of household water treatment.

Assumptions & Risks

1) Well-owners are willing to participate protection of the wells and chlorination 2)The beneficiary household members utilize the hygiene kits; and 3) Security situation in the target project sites allow access the project team to access in the areas

Activities

Activity 1.1.1

Standard Activity : Water point construction or rehabilitation

Construction of one strategic powered with solar pumps, 20 cubic water tank and two distribution points each in Dalxiiska, Kismayo for sustained access safe water to reduce the risk of the AWD/cholera cases and feature water shortages the most vulnerable. There is challenges to get fresh water and IOM will conduct geophysical assessment to determine the location of the motorized well in close consultation with community leaders, IDPs and local authority with equal access to men, women and girls and boys. To ensure sustainability IOM will train 6 technicians selected by the community and IDPs to operate and maintain solar systems to ensure longer lifetime of the solar pump and battery, repair broken pipes and taps. in close consultation with community and IDPs IOM will establish wash committees and train them on long term management of the well, each committee will consist of seven persons ensuring sustainability and proper management of the water systems. at least three members female to address the needs of women and girls.

Activity 1.1.2

Standard Activity : Water point construction or rehabilitation

Rehabilitation and protection of 10 identified flood prone wells in Dalxiis ensuring equal access to men, women, boys and girls. The wells will be rehabilitated by digging 1.5-diameter and at least 10-meter deep lining with concrete rings, constructing reinforced concrete apron of 1.5 diameter radius and raised to protect against future flooding, contamination and Disaster Risk Reduction (DRR) . Each well will be installed with a hand pump, provided with plat form and fenced. Shock chlorination will be done after the completion of the well rehabilitation. Prior to the well rehabilitation, IOM will consult and involve the beneficiaries the selection of the wells to rehabilitated and management .

Activity 1.1.3

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

Continue chlorinate of 85 wells and daily monitoring of free chlorine residual testing (FRC), by providing well owners with appropriate amounts of chlorine needed to disinfect the wells on a daily basis. conduct refresher training of 85 well owners, local authorities and partners on correct methods of chlorinating the wells and monitoring residual chlorine levels to ensure they remain within safe levels (0.2-0.7 mg). The project catchment area will be divided into four zones and the project team will consist of the local authority, IOM and the well owners.

Activity 1.1.4

Standard Activity : Household water treatment

Distribute of 200 aqua tabs and water makers for 3421 Household for household water treatment (HHWT) for 10 months period. As per the WASH cluster guidelines the most vulnerable groups will be prioritized, including female-headed households, widows, and households with young children, elderly and disabled persons. one Jerry cans and one buckets will be provided in the initial distribution followed by monthly top-up distributions of aquatabs and soap to ensure a regular supply of safe water and hygiene at household water treatment (HHWT). In collaboration with community leaders, community sensitization sessions will be run to demonstrate the safe use of water purification tablets and handwashing with soap at the water source points.

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 sustained access to safe water					3,500
Means of Verification : number of wells rehabilitated and constructed with motorized pump with GPS, field monitoring, photos and interviewing beneficiaries							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					2,500
Means of Verification : number of well rehabilitated and protected with GPS, photos and field monitoring							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					12,500
Means of Verification : the number of wells chlorinated and daily FRC testing conducted. field monitoring, interview beneficiaries							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					12,500

Means of Verification : Number of household received household water treatment, field visit, beneficiaries interview

Outcome 2

7,500 IDPs in Dalxiiska, kismayo have access to sanitation facilities with hand washing that are culturally acceptable with equal access to men, women, boys and girls

Output 2.1

Description

7,500 IDP and host community families in Dalxiiska have improved access and use sanitation facilities through desludging and rehabilitation of 150 filled latrines and construction of 100 deslugeable latrines.

Assumptions & Risks

1)The beneficiary household members have access land for construction latrines and disposal site 2) Security situation in the target project sites allow for the project team to access areas

Activities

Activity 2.1.1

Standard Activity : Desludging of latrines

Desludging of 150 latrines that filled with extract that are not in use and rehabilitate for re-used. Pr-implementation assessment will be conducted in close consultation with IDP community to identify which latrines will be desludged and reconstructed. surround area of the latrines will raised from the ground for Disaster Risk Reduction of flooding. IOM will train 20 IDP community members for desludging extract from pit and safe disposal to designated site for wast disposal. desludging will done by vacuuming the extract by using small pump into truck to dispose designated site in consultation the local authority in kismayo. Emphasis on DO NOT HARM process will apply as WSH cluster guideline to ensure safety and health beneficiaries before desludging.

Activity 2.1.2

Standard Activity : Latrine construction or rehabilitation

construction of 100 ventilated improved pit latrines with hand washing facilities taking into consideration gender based needs and cultural acceptable. new latrines will raised from the ground ensuring flood proof Latrines and will have lockable doors from inside and will be separated for males and females to help prevent any risk of GBV. pre-implementation IOM will consult IDPs the locations and families share per latrines and ensure equal gender participation and decision making. priority will be given the most vulnerable beneficiaries affected by AWD and eviction (elders, female headed household, income level and newly evicted families). one latrines will be shared max 5 families

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 assisted with access to sustainable sanitation					4,500
Means of Verification : Number of latrines desludged and reconstructed with GPS, field monitoring, photos and contact and interview of beneficiaries							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					3,000
Means of Verification : number of pit latrines constructed with GPS, field monitoring and photos							
Outcome 3							
12,500 (4375 girls, 3750 boys,2500 women and 1875 men) IDPs and vulnerable host communities in Dalxiiska, Kismayo have enhanced knowledge of good personal and environmental hygiene and health promotion through training, dissemination of key hygiene and health promotion and community mobilization							
Output 3.1							
Description							
Mass social mobilization campaigns conducted through media, health centres, schools and house to house visits to raise awareness of target population on personal and environmental hygiene and lifesaving primary health care practices with focus on prevention of AWD/cholera							
Assumptions & Risks							
1)The beneficiary household members have accesses to media means (TV and Radio), 2) Security situation in the target project sites allow access for the project team to mobilize communities							
Activities							
Activity 3.1.1							
Standard Activity : Community Hygiene promotion							
Conduct training for 50 selected hygiene promoters (25 men and 25 women) including previous 50 trained hygiene promoters from target communities and staff from Ministry of Health to conduct hygiene and health promotion in their communities. The selection of promoters will be emphasized on willingness to serve the communities through improving environmental hygiene and health. Trained health and hygiene promoters will conduct monthly hygiene promotion sessions to increase community awareness on good hygiene practices through visits to households, schools and health centers. Each hygiene promoter will be responsible for the households, schools and health centers with their specific geographic area							
Activity 3.1.2							
Standard Activity : Community Hygiene promotion							
continuation dissemination of health and hygiene messages to reach 20529 IDPs and host community members in Dalxiiska IDP settlement as well as the whole kismayo through media, social activities, health centers, schools, house-to-house visits and by trained community promoters promoting equal participation among girls, boys, women and men to inspire behavior changes. The promotion of hand washing with soap, cleaning of water containers and safe waste disposal methods will be highlighted to minimize spread of AWD/Cholera. Hygiene and health promotion will be undertaken at schools and health centres in the catchment areas to maximize the adoption of good hygiene and health practices by children at school and patients at health centers. In collaboration with the Jubbaland Ministry of Health key hygiene and health messages will be disseminated through media (TV and radio) in Kismayo. Messages will be tailored to the target groups and contain consider gender-sensitive messaging.							
Activity 3.1.3							
Standard Activity : Preparedness (pre positioned stocks, community training)							
Coordinate with the established AWD Task Force, the Jubbaland Ministry of Health, WASH and Health Cluster partners, health centers, schools and the Kismayo General Hospital as part of the monitoring of trends and responsiveness.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Water, Sanitation and Hygiene	Number of WASH Cluster partners who have participated in capacity building activities					100
Means of Verification : registration and list of participants, number of partners, Community and MOH trained, training materials, report and photos							
Indicator 3.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					20,529
Means of Verification : number of people received hygiene and health messages, number of house visited and radio and TV messages sent							
Additional Targets :							
M & R							
Monitoring & Reporting plan							

Overall monitoring and reporting responsibility will rest with the IOM WASH Programme Manager and an M&E Officer based in Nairobi and Kismayo with oversight provided by the coordinator of Migration Health Division and Project Support Unit based in Nairobi. The M&E Officer will develop monthly reports (matrix and narrative report) and detailed work plans indicating the progress of agreed indicators. The M&E matrix provides detailed information about means of verification and data collection methods. This matrix and the Logical Framework (LFA) will serve as a part of the overall M&E plan which will include additional details about issues of data quality, use, quarterly targets and tools. The Programme Manager will conduct site visits on a regular basis and report accordingly. Due to the emergency nature of the proposed project, the emphasis will be placed on monitoring and there will be no external evaluation to be conducted. However IOM will collect during registration telephone number of community members benefiting from the project (especially numbers from the most vulnerable), and those that did not benefit from the project to get their feedback as well as telephone number of the WASH committee

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Construction of one strategic powered with solar pumps, 20 cubic water tank and two distribution points each in Dalxiiska, Kismayo for sustained access safe water to reduce the risk of the AWD/cholera cases and feature water shortages the most vulnerable. There is challenges to get fresh water and IOM will conduct geophysical assessment to determine the location of the motorized well in close consultation with community leaders, IDPs and local authority with equal access to men, women and girls and boys. To ensure sustainability IOM will train 6 technicians selected by the community and IDPs to operate and maintain solar systems to ensure longer lifetime of the solar pump and battery, repair broken pipes and taps. in close consultation with community and IDPs IOM will establish wash committees and train them on long term management of the well, each committee will consist of seven persons ensuring sustainability and proper management of the water systems. at least three members female to address the needs of women and girls.	2016								X	X	X	X	X
	2017	X	X	X									
Activity 1.1.2: Rehabilitation and protection of 10 identified flood prone wells in Dalxiis ensuring equal access to men, women, boys and girls. The wells will be rehabilitated by digging 1.5-diameter and at least 10-meter deep lining with concrete rings, constructing reinforced concrete apron of 1.5 diameter radius and raised to protect against future flooding, contamination and Disaster Risk Reduction (DRR) . Each well will be installed with a hand pump, provided with plat form and fenced. Shock chlorination will be done after the completion of the well rehabilitation. Prior to the well rehabilitation, IOM will consult and involve the beneficiaries the selection of the wells to rehabilitated and management .	2016								X	X	X	X	X
	2017	X	X	X									
Activity 1.1.3: Continue chlorinate of 85 wells and daily monitoring of free chlorine residual testing (FRC), by providing well owners with appropriate amounts of chlorine needed to disinfect the wells on a daily basis. conduct refresher training of 85 well owners, local authorities and partners on correct methods of chlorinating the wells and monitoring residual chlorine levels to ensure they remain within safe levels (0.2-0.7 mg). The project catchment area will be divided into four zones and the project team will consist of the local authority, IOM and the well owners.	2016								X	X	X		X
	2017	X	X	X	X	X	X	X					
Activity 1.1.4: Distribute of 200 aqua tabs and water makers for 3421 Household for household water treatment (HHWT) for 10 months period. As per the WASH cluster guidelines the most vulnerable groups will be prioritized, including female-headed households, widows, and households with young children, elderly and disabled persons. one Jerry cans and one buckets will be provided in the initial distribution followed by monthly top-up distributions of aquatabs and soap to ensure a regular supply of safe water and hygiene at household water treatment (HHWT). In collaboration with community leaders, community sensitization sessions will be run to demonstrate the safe use of water purification tablets and handwashing with soap at the water source points.	2016								X	X	X	X	
	2017	X	X	X	X		X	X					
Activity 2.1.1: Desludging of 150 latrines that filled with extract that are not in use and rehabilitate for re-used. Pr-implementation assessment will be conducted in close consultation with IDP community to identify which latrines will be deslugged and reconstructed. surround area of the latrines will raised from the ground for Disaster Risk Reduction of flooding. IOM will train 20 IDP community members for desludging extract from pit and safe disposal to designated site for wast disposal. desludging will done by vacuuming the extract by using small pump into truck to dispose designated site in consultation the local authority in kismayo. Emphasis on DO NOT HARM process will apply as WSH cluster guideline to ensure safety and health beneficiaries before desludging.	2016								X	X	X	X	
	2017	X	X	X	X								
Activity 2.1.2: construction of 100 ventilated improved pit latrines with hand washing facilities taking into consideration gender based needs and cultural acceptable. new latrines will raised from the ground ensuring flood proof Latrines and will have lockable doors from inside and will be separated for males and females to help prevent any risk of GBV. pre-implementation IOM will consult IDPs the locations and families share per latrines and ensure equal gender participation and decision making. priority will be given the most vulnerable beneficiaries affected by AWD and eviction (elders, female headed household, income level and newly evicted families). one latrines will be shared max 5 families	2016								X	X	X	X	
	2017	X	X	X	X	X							

Activity 3.1.1: Conduct training for 50 selected hygiene promoters (25 men and 25 women) including previous 50 trained hygiene promoters from target communities and staff from Ministry of Health to conduct hygiene and health promotion in their communities. The selection of promoters will be emphasized on willingness to serve the communities through improving environmental hygiene and health. Trained health and hygiene promoters will conduct monthly hygiene promotion sessions to increase community awareness on good hygiene practices through visits to households, schools and health centers. Each hygiene promoter will be responsible for the households, schools and health centers with their specific geographic area	2016							X	X	X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 3.1.2: continuation dissemination of health and hygiene messages to reach 20529 IDPs and host community members in Dalxiiska IDP settlement as well as the whole Kismayo through media, social activities, health centers, schools, house-to-house visits and by trained community promoters promoting equal participation among girls, boys, women and men to inspire behavior changes. The promotion of hand washing with soap, cleaning of water containers and safe waste disposal methods will be highlighted to minimize spread of AWD/Cholera. Hygiene and health promotion will be undertaken at schools and health centres in the catchment areas to maximize the adoption of good hygiene and health practices by children at school and patients at health centers. In collaboration with the Jubbaland Ministry of Health key hygiene and health messages will be disseminated through media (TV and radio) in Kismayo. Messages will be tailored to the target groups and contain consider gender-sensitive messaging.	2016							X	X	X	X	X	X
	2017	X	X	X	X	X	X	X					
Activity 3.1.3: Coordinate with the established AWD Task Force, the Jubbaland Ministry of Health, WASH and Health Cluster partners, health centers, schools and the Kismayo General Hospital as part of the monitoring of trends and responsiveness.	2016								X	X	X	X	X
	2017	X	X	X	X	X	X	X					

OTHER INFO

Accountability to Affected Populations

IOM will include target populations throughout the project by applying a participatory approach and holding a series of consultations to reflect the needs and concerns of beneficiaries, and to increase their ownership and sustainability. This will include holding consultation meetings between community leaders and local authorities to discuss identifying the wells and latrines to be rehabilitated and desludged as well the location of new motorized well to ensure equal access both men, women, boys and girls. IOM will also work closely with community leaders, well owner and local authority to give their permission for well chlorination activities and to establish commitment from these stakeholders. IOM will also ensure IDP settlement leaders, and religious, women's and youth groups participate in the planning and implementation stages of the hygiene promotion. For the selection of implementing partners, IOM's internal competitive bidding process will be followed and their suggestions and inputs will be reflected accordingly.

Implementation Plan

pre- implementation of the IOM will organize meeting stakeholder including community leaders, representative relevant from the local authority to discuss the scope, expected activities and duration of the project and how will be implemented. rehabilitation and construction of the motorized wells, protection of shallow wells, construction of block latrines, VIP latrines and desludging of the latrines will be done by contractors hired IOM in consultation community leaders and local authority through bidding process. Skilled and non skilled men and women from the beneficiaries will participate construction activities and IOM and community leaders ensure equal participation of men and women and selection process. Activities relating to well chlorination and hygiene promotion will be implemented by IOM with the support of the Jubbaland Ministry of Health and local implementing partners (IPs) through a service agreement. The IPs will be selected based on their experience, technical capacity, presence in the areas and expertise, and past records of WASH interventions in Lower Juba region. IOM's role is to ensure projects are implemented as planned with quality, effectiveness, and efficiency, while the IPs will conduct specific activities under supervision and monitoring of IOM field staff. Mobilization and sensitization will be conducted through consultative meetings where beneficiaries will be informed of the project. Hygiene promoters will be selected in consultation with community leaders and once trained they will start hygiene promotion activities and distribution of hygiene kits and water purification tablets. Trained hygiene promoters will be committed to conducting monthly hygiene promotion sessions to increase community awareness of good hygiene practices through visits to households, schools, and health centers. Each hygiene promoter will responsible for a specific geographical area.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
American Refugee Council (ARC)	ARC and IOM are working closely responding AWD in kimsayo and through regional cluster meeting and biletral ducussion at field level implementation agreed to avoid duplication and overlapping of activities
Norwegian Refugee Council (NRC)	NRC's response involves similar activities to IOM, but is focusing on Alanley district and Shaqale district. IOM's activities are in Farjano district, focusing on Dalxiiska IDP settlement.

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

IOM will contribute to promoting gender equality by including both men and women in all components of the project and reporting beneficiary and related data with gender disaggregation. IOM will promote the female participation in the consultation meetings and decision-making processes. Both men and women will participate equally construction and rehabilitation of well, latrines and desludging and will be consulted pre- implementation. Concerning distribution of water, hygiene kits and water purification tablets, IOM will specifically target most vulnerable HHs such as single-headed, children-headed, persons with disabilities-headed HHs and other HHs with special needs., The 100 hygiene promoters will comprise of 50 women and 50 men. Monitoring and reporting of the project will include gender-disaggregated data.

Protection Mainstreaming

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries, in particular for children, the elderly, persons with disabilities, widows, and female-headed households, who affected by eviction and AWD will be prioritized for the distribution of latrines and hygiene kits to ensure their access to services without discrimination. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment and consultation with community hygiene committees which foster participation, empowerment and accountability. Safety in construction, extracted solid material and well chlorination will also be ensured through mitigation measures before construction start and training of well-owners and hygiene promoters in monitoring levels of chlorine in water sources to ensure that these remain at safe levels.

Country Specific Information

Safety and Security

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

Access

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
Staff and Other Personnel Costs							
1.1	WASH specialist P3 international	D	1	12,500.00	12	8.00	12,000.00
	<i>The international WASH project manager(P3) will be responsible overall coordination, financial and technical oversight of the project for the project sites. He is also responsible donor reporting, representation and accountable project implementation. He will be based in Nairobi but travel frequently (bi monthly) to the project site to monitor the progress and provide technical advice. he will spend 8% of his time and salary is all inclusive.</i>						
1.2	WASH Senior Project assistant G7	D	1	3,000.00	12	15.00	5,400.00
	<i>WASH senior project assistant is IOM staff based in Nairobi and will provide technical support CHF project including monthly reporting and 4W matrix project activities. He will also travel to project site monitoring and evaluation of project activities the salary is based IOM salary scale</i>						
1.3	WASH M&E assistant G5	D	1	2,450.00	12	15.00	4,410.00
	<i>WASH M& E project assistant is IOM staff based in Nairobi and She will also travel to project site monitoring and evaluation of project activities the salary is based IOM salary scale</i>						
1.4	Finance and admin NOB	D	1	6,400.00	12	6.00	4,608.00
	<i>Project finance assistant is IOM staff based in Nairobi and he will provide support CHF project on administration and financial transactions. he will responsible preparation interim and final financial report for approval. Project finance assistant will dedicate 6% of his time for project support, the salary is based IOM salary scale</i>						
1.5	Procurement and logistic assistant NOA	D	1	4,600.00	12	6.00	3,312.00
	<i>Project procurement and common services of project is also IOM staff based in Nairobi. he will provide supported CHF project and dedicate 6% of his time for project support. the salary is based IOM salary scale</i>						
	Section Total						29,730.00
Supplies, Commodities, Materials							
2.1	supply and installation of solar powered pumps in constructed wells (detailed BoQ2 attached	D	1	9,000.00	1	100.00	9,000.00
	<i>IOM will outsource through bidding process supply, Installation, Testing and Commissioning of the solar powered water pump. Detailed BOQ of unit cost are attached and is based on previous experience IOM implemented project and market prices</i>						
2.2	Construction of motorized deep wells (detailed BoQ1 is attached	D	1	12,000.00	1	100.00	12,000.00
	<i>IOM will outsource through bidding process construction of the deep well. Detailed BOQ of unit cost are attached and is based on previous experience IOM implemented project and market prices</i>						
2.3	Construction of 20 cubic water tank with 4 distribution kiosk (BoQ3 water tank and kiosk attached	D	1	8,999.60	1	100.00	8,999.60

	<i>IOM will outsource through bidding process construction of 20 cubic water tank and 4 distribution kiosks. Detailed BOQ of unit cost are attached and is based on previous experience IOM implemented project and market prices</i>						
2.4	Training of wash committees	D	1	1,800.00	1	100.00	1,800.00
	<i>WASH committee training will be conducted in community center and cost includes renting venue, training materials, refreshment and incentive of the participants. Break down for training cost is attached</i>						
2.5	Training of 50 community hygiene promoters	D	2	1,300.00	1	100.00	2,600.00
	<i>Hygiene promoter Training (ToT) will be conducted in community center and cost includes renting venue, training materials, refreshment and incentive of the participants. Break down for training cost is attached. . the units is lump sum and is based previous experience byIOM</i>						
2.6	Well chlorination training for well owners, Ministry of health and community members	D	1	7,650.00	1	100.00	7,650.00
	<i>Well chlorination training will be conducted in community center and cost includes renting venue, training materials, refreshment and incentive of the participants. Break down for training cost is attached</i>						
2.7	Local transportation for well chlorinators and monitoring team (1 vehicle X USD60 per day)	D	1	1,800.00	12	100.00	21,600.00
	<i>The unit cost for local transportation for well chlorinators is based on local market and guideline of 60 USD per day</i>						
2.8	Incentives for 50 hygiene promoters - 30 USD per month equivalent	D	50	30.00	12	100.00	18,000.00
	<i>Trained hygiene promoters will be provide 30 USD per month as incentives, the unit cost is based wash cluster guideline</i>						
2.9	Construction of 100 VIP latrines with hand washing and disludging possibilities (BoQ is attached	D	100	240.00	1	100.00	24,000.00
	<i>IOM will outsource through bidding process of the construction VIP latrines and materials. Detailed BOQ of unit cost are attached and is based on previous experience IOM implement project and market prices</i>						
2.10	Dislodging and rehabilitation of 150 filled latrines with hand washing and disludging possibilities (BoQ is attached	D	150	120.00	1	100.00	18,000.00
	<i>IOM will outsource through bidding process desludging of 150 latrines. Detailed BOQ of unit cost are attached and is based on previous experience IOM implement project and market prices</i>						
2.11	Sending key messages on AWD through local FM radio 60 times per month for 12 months	D	60	30.00	8	100.00	14,400.00
	<i>Key hygiene messages will done through media (local radio and TV) and cost includes air time of the program. The program is being aired from the radio four (4) times a day for duration of eight months and there is also monthly debate through the TV For period of eight months. IOM will outsource through bidding process and will be supported by Public information Unit within IOM.</i>						
2.12	rehabilitation and protection of 10 wells to prevent flooding and external contamination	D	10	1,500.00	1	100.00	15,000.00
	<i>IOM will outsource through bidding process the upgrading protection of the 10 well identified with hand pump. Detailed BOQ of unit cost are attached and is based on previous experience IOM implemented project and market prices</i>						
2.13	Hygiene kit for 3421 HHs jerry cans ((3421HH@2), 67mg aquatabs(360@3421) 800g bar soap (3421HH@ 5)	D	3421	5.00	1	100.00	17,105.00
	<i>the unit cost of hygiene kit distribution (jerry can, bucket soap and aquatabs includes transportation, storage and crowd control.</i>						
2.14	Car rental (15days per month) 60*15=900	D	1	900.00	12	100.00	10,800.00
	<i>The unit cost for vehicle rent is based guideline 60 USD per day x 15 days per month</i>						
2.15	2Field project assistant under third part contract (one for infrastructure and one hygiene and sanitation)	D	2	1,400.00	12	100.00	33,600.00
	<i>Field project assistant will contract through third party contractual agreement. IOM us CTG company, which is used most agencies and IOM has a LA contract. the staff will not be as IOM staff as such, but will working the project directly. the salary is based on current third party contract under CTG and covers basic salary, insurance and hardship allowances in Somalia</i>						
	Section Total						214,554.60
Travel							
5.1	Travel 2 staff from Niaorbi- Kismayo -Nairobi	D	1	9,200.00	1	100.00	9,200.00
	<i>WASH program manager and project officer are based in Nairobi and they will travel 2 times during project period each for project monitoring, backstopping and consultation with local authorities. the travel cost with UNHAS flight round trip including DSA and Danger pay and also travel from Mog to Kismayo. see attached BOQ 5.1</i>						
5.2	DSA in kismayo for 2 staff for 20 day for project monitoring	D	2	250.00	20	100.00	10,000.00
	<i>Daily substance allowance is paid all staff travelling to support the project . project manager & Wash project officer will be in kismayo 20 day in total during project period at the approved UNDSS accommodation. The unit cost is 250 USD per night</i>						
	Section Total						19,200.00

General Operating and Other Direct Costs							
7.1	Building Office Premises Rent	D	1	2,000.00	12	25.00	6,000.00
<i>IOM doesn't have core funding as other UN agencies, therefore office premises is charge proportionally to the projects IOM is implementing. The unit cost of IOM monthly rent cost is 2000 % charged to SHF is 25% which is \$500 monthly.</i>							
7.2	Communications (Telephone, Internet)	D	1	500.00	12	100.00	6,000.00
<i>Communication cost (telephone and internet) is 500 USD per month and is based on the cost of Safari com (Kenya) and Hormund tele communication in Somalia (Telephone cost for staff based in Nairobi (WASH specialist international, WASH Senior Project assistant , WASH M&E assistant, Finance and admin, Procurement and logistic assistant, WASH intern, supply chain quality control officer).</i>							
<i>Telephone cost field staff based in Kismayo (Field coordinator, WASH field Assisstant , Field logistics assisstant)</i>							
7.3	Supplies And Materials	D	1	300.00	12	100.00	3,600.00
<i>Supplies & Material cost is consumable items stationary and unit is based on IOM field office consumption per month</i>							
7.4	Bank charges	D	1	110.00	12	100.00	1,320.00
<i>bank charges is amount that transferable to project implementation through Dahabshiiil system</i>							
Section Total							16,920.00
SubTotal			3,814.00				280,404.60
Direct							280,404.60
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							19,628.32
Total Cost							300,032.92
Grand Total CHF Cost							300,032.92
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							
Lower Juba -> Kismayo -> Dalxiiska	100	1,875	2,500	3,750	4,375	12,500	
Documents							
Category Name		Document Description					
Project Supporting Documents		DTM Report June 2016.pdf					
Project Supporting Documents		Somalia Humanitarian Snapshot - June 2016.pdf					
Project Supporting Documents		map of the IDP settelment in Dalxiiska Kismayo.pdf					
Project Supporting Documents		Final - Kismayu IDPs assessment report (Final version).pdf					
Project Supporting Documents		6m high elevated concrete tank 1.pdf					
Project Supporting Documents		Drawing of single ventilated pit latrine.pdf					
Project Supporting Documents		Drawing of Water kiosk.pdf					
Project Supporting Documents		AWD data 2015 and 2016 in kismayo.xlsx					
Project Supporting Documents		IOM BOQ 2.1 2.2 and 2.3 from OCHA comments - 14 July IOM resp - 17 July IOM resp.xlsx					

Budget Documents	BoQ construction of well water tank and Koisk and installation of solar pump.xlsx
Budget Documents	BoQ5 4.3 4.4 and 4.5 Training WASH committee hygiene promotors and well cholorinating.xlsx
Budget Documents	BoQ 4.8 4.9 4.14 for single VIP latrines desludging filled latrines and block latrines with septic tank.xlsx
Budget Documents	BoQ 4.11 for upgrading and protection of shallow wells.xlsx
Budget Documents	IOM BOQ comments - 14 July.xlsx
Budget Documents	IOM BOQ 2.1 2.2 and 2.3 from OCHA comments - 14 July and IOM response -17 july.xlsx
Budget Documents	5.1 BOQ Travel.xlsx
Budget Documents	BoQ 7.2 and 7.3 supply and material and communication.xlsx
Budget Documents	2548 IOM- Camp Kismayo Accommodation Rates.pdf
Budget Documents	BoQ 7.2 and 7.3 supply and material and communication 19 july 2016.xlsx
Budget Documents	IOM - BoQ 7.2 and 7.3 comments.xlsx
Budget Documents	IOM BOQ 2.1 2.2 and 2.3 from OCHA comments - 14 July IOM resp - 19 July IOM resp.xlsx
Budget Documents	BoQ 7.2 and 7.3 supply and material and communication 19 july 2016 (2).xlsx

Comments For Cover Page

By okhayre@iom.int On 7/17/2016 12:07:59 AM (TR Draft)

project summary is revised and there is no overlapping SHF funded RR for outbreak and proposed project but rather they complementing each to prevent recurrent AWD cases in kismayo while improving access to WASH facilities for most vulnerable population in Dalxiiska.
indirect beneficiaries and catchment area are also completed

By ndiku@un.org On 7/14/2016 11:16:51 AM (Under TR HFU)

Project Summary: please revise this section to be in line with allocation summary. Note that AWD was not a focus of the allocation strategy even though the WASH activities will contribute to prevention of outbreaks. In addition, AWD outbreaks is not an emergency in Kismayo at the moment. IOM was funded earlier this year to address the same AWD we do not need to focus on that again. Indirect beneficiaries and Catchment is blank. Complete these section. These are people who will benefit from the project activities although they are not direct targets

Comments For Background

By okhayre@iom.int On 7/16/2016 7:52:55 AM (TR Draft)

the grant of this project is targeting 12500 persons that didn't benefit directly the previous project funded SHF-RR. The SHF-RR was responding to the AWD/Cholera affected communities to contain he situation but there is still need to continue prevention activities not to come back therefore IOM is proposing to continuation of well chlorination and awareness raising. we have addresses in the need assessment and grant justification

By ndiku@un.org On 7/14/2016 12:35:42 PM (Under TR HFU)

Needs assessment should be revised to reflect current needs. AWD is no longer the priority for this response considering previous allocation and CERF funding towards the same in Kismayo.
Description of Beneficiaries: appear to be the same locations and number already targeted in the previously SHF proposal. You will need to be clear how this project is going to target a different set of beneficiaries and how double dipping or duplication is avoided. Its noted that the project is almost a copy from the earlier SHF funded one and also target the same locations and similar beneficiary figures.
Grant Justification should be very clear on why IOM should be funded given the fact that another ongoing project still targets the same location and possibly same set of beneficiaries. Avoid making reference to AWD, as the main focus or this allocation. Make reference to the allocation strategy for this envelop. You will also need to describe the new activities.

Comments For Logical Framework

By okhayre@iom.int On 7/16/2016 9:03:16 AM (TR Draft)

- Outcome 1 and 2 are revised
- Activity 1.1 is construction of new motorized well and how and why is strategy is elaborated in the text
- we would suggest to maintain activity 1.1.1 and 1.1.2 as they have different indicators and monitoring propose
- activity 1.1.2 is continuation to prevention activity that is essential to contain AWD/cholera cases. contaminated wells are one of the main causes of AWD/ cholera cases and there is no question about well chlorination has been effective reducing the AWD/cholera cases in ksimayo
- Activity 1.14 is removed Jerry can and soaps. HH water treatment is important IDPs in Kismayo where some of the IDP don't have access to safe water and therefore water treatment will ensure safe water at HH level
- indicator 1.1.1 construction of motorized well and 1.1.2 protection of shallow wells are standards both contributing sustained access safe water
- indicator 1.1.3 revised and corrected
- indicator 3.1.3 is removed
- Output 2.1 is revised and shortened
- Activity 2.1 is new gaps that identified during assessment conducted in jJne 2016 and this has been explained in the need assessments
- Indicator 2,1.1 is revised and it is number of beneficiaries sharing one latrines. 5 HH (30 person) per latrines
- Indicator 2.1.2 is corrected
- Activity 3.1.1 the project will train 50 new hygiene promoters specifically targeting IDP in Dalxiiska, the previous trained were most from Farjano district and will also benefit these training
- Activity 3.1.2 as explained is continuation activities to prevent AWD cases targeting direct beneficiaries through house to house visit, schools , health centers and water point as well as dissemination of health and hygiene awareness through media that will be benefit the whole kismayo

By ndiku@un.org On 7/14/2016 1:12:07 PM (Under TR HFU)

Outcomes 1 and 2 should be revised. As they are, they can not be justified by the situation on ground and are not in line with allocation strategy. - ie. Reduce morbidity and mortality was the focus for the previous allocation to Kismayo and not this one. Standard activity 1; Clarify if this will be construction of new wells or rehabilitation of existing wells. You need to be specific about why and how strategic it is or will be.

Consider merging activities 1.1.1 and 1.1.3 since they are all about water point construction or rehabilitation.

Activity 1..1.2 is already being implemented under a previously SHF funded project. I do not think we need to support the same activity again otherwise this puts question to whether the previous activity was done or effective - e.g. training of wells owners.

Activity 1.1.4 should be reformulated. it does not correspond to the description. Household water treatment and jericans are two different activities. Do not repeat activities already funded under the ongoing project.

Indicators 1.1.1 and 1.1.2 are repeated. ensure your indicators correspond with the proposed activity.

Means of verification for most of the indicators should also be revised. This should reflect evidence that the indicator has been achieved. e.g.. number of wells... can not verify the indicator 1.1.1 that xxx number of people have access to safe water.

Indicator 3.1.3 has no corresponding activity. Pre-positioning stock is not a plan.

Indicator 1..1.3 has no corresponding activity - remove or revise it.

Output 2.1 is too long. Outputs formulation should follow the "SMART" criteria.

Activity 2.1.1 is already part of the SHF AWD funded project. I dont think we need to repeat it again. unless the gaps can be clearly discerned in the needs assessment.

Indicator 2.1.1 target is unclear - the target is the same as latrines - is it one latrine for one person?

Indicator 2.1.2 - corresponds to activity 2.1.2 which should be sustainable sanitation facilities??

Activity 3.1.1 and 3.1.2 were already part of the recently SHF funded project to IOM. It seems to be a duplication of an ongoing activity. In addition, activity 3.1.1 should be reformulated to the description - training

Comments For Budget

By iomsomaliachf@iom.int On 7/18/2016 10:31:25 PM (TR Draft)

Pls find our responses below and BOQ July 17 attached.

2.1 Solar submersible pump- is the correct figure for installation \$1000 or \$500? Please clarify. >>> It is 1000 as per attached budgeted

2.3 Water Tank- The unit cost should be exactly the same as the BoQ total i.e. \$2521.60 + \$6478 = \$8999.60. Please correct the budget. >>>It is only 0.40 difference, please correct in the budget by reducing 0.40 cent from the budget in the system

2.11 Key messages- Provide narrative for the budget item. >>> Key hygiene messages will done through media (local radio and TV) and cost includes air time and incentive of the participants. Please insert this text in the narrative in the budget

5.1 Travel- the narrative states that the staff will travel 2 times while the Duration in the budget is 4. Please clarify. >>> It is 2 staff travelling each 2 time

7.1 Office Rent- Provide the actual monthly rate as the unit cost and then apply the appropriate percentage to be charged to CHF.

>>> IOM doesn't have core funding for operation, the office rent in kismayo is therefore charge proportionally to the projects IOM is implementing in ksimayo. The unit cost of \$400 is 20% of IOM monthly rent cost in kismayo office

7.2 Communication- is the monthly rate \$400 or \$500? Check narrative vs budget. >>>It is \$500 USD

By okhayre@iom.int On 7/16/2016 9:52:43 PM (TR Draft)

- please see response in the logframe and activities are not duplication but to complement each others.
- Done moved to supplies and commodities
- Done changed to car rental
- budget 5,1 what the 4 stands is explained
- Budget line 7.2 is removed
- Budget line 7.4 breakdown is provided in attached document

By kundu@un.org On 7/20/2016 4:10:38 PM (Under TR HFU)

5.1 Travel- if the 2 staff are traveling 2 times each then the Unit Quantity=2 and Duration=2 instead of 4. Needs to be consistent.

7.1 Rent- if \$400 is 20% of the IOM monthly rent, then the full rent is \$2000. The budget should therefore read Unit Qty=1; Unit Cost=2000; Duration=12 and % charged to CHF=20.00

By ndiku@un.org On 7/19/2016 2:28:16 PM (Under TR HFU)

Address comments on the 7.2 and 7.3 uploaded on GMs

By ndiku@un.org On 7/19/2016 10:15:24 AM (Under TR HFU)

Please address all previous comments raised by Kundu comprehensively in the project.
Address comments in the attached BOQ on stationary