

Requesting Organization :	Center for Peace and Democracy			
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)			
Primary Cluster	Sub Cluster	Percentage		
Education		9.00		
Food Security		35.00		
Health		22.00		
Nutrition		11.00		
Water, Sanitation and Hygiene		23.00		
		100		
Project Title :	Integrated life-saving intervention in Galmudug Region in South Central Somalia.			
Allocation Type Category :				
OPS Details				
Project Code :		Fund Project Code :	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6662	
Cluster :		Project Budget in US\$:	599,935.91	
Planned project duration :	9 months	Priority:		
Planned Start Date :	01/09/2017	Planned End Date :	31/05/2018	
Actual Start Date:	21/09/2017	Actual End Date:	21/06/2018	
Project Summary :	<p>The humanitarian situation in Somalia has become increasingly fragile. Some 5 million people are in need of humanitarian assistance. Of these, 1.1 million are acutely food insecure. Severe drought conditions are expanding across the country. (AWD)/Cholera outbreaks have been reported in some areas. Severe drought continues to worsen across Somalia, due to the failure of four consecutive rainy seasons since 2015. Based on ongoing monitoring and the findings from rapid field assessments and household surveys conducted by the Food Security and Nutrition Analysis Unit (FSNAU) in June 2017, current food security outcomes and humanitarian needs are expected to persist in most parts of Somalia through the end of 2017. CPD proposes to implement an Integrated Emergency response project that provides intervention services in Health, Nutrition, Food Security, WASH and Education in Adado, Abudwak, Dhusamareb in Galmudug Region. The three (3) fixed health centres will be in Galbeed ward (Abudwak), Bakin ward (Adado) and Waxaracade ward (Dusamareb) where there are high numbers of IDP's that act as focal points for these services with each centre serving as a catchment for 15,000 beneficiaries. The intervention will include provision of Cash Transfers to drought affected populations for food. The target facilities will be enabled to provide high quality integrated Nutrition and Health services including MUAC screening to detect children with MAM/SAM conditions, and provision of treatment. They will equally undertake nutrition promotion activities including promotion of Infant Young child feeding and supplementation with Vitamin A and multiple micro-nutrient tablets for pregnant and lactating women. The centres will also have provision basic lifesaving health services including measles management, AWD/Cholera, maternal and child health services including immunization and integrated management of childhood illnesses, health education and sensitization and treatment of malnourished cases, both SAM and MAM. Obstetric emergencies and skilled delivery, child health services (immunization and integrated management of childhood illnesses) will also be provided.</p> <p>The Intervention will also provide WASH services at the community level including; community mobilization and sensitization, access to clean potable water, sanitation through construction of latrines and Hygiene promotion, which will include distribution of hygiene kits to the most needy. Hygiene messaging will include key health and nutrition messages.</p> <p>Three schools namely Shirejama Primary school in Galbeed ward (Abudwak), Horseed Primary School in Bakin ward (Adado), and Waxaracade Primary School in Waxaracade ward (Dusamareb), will be provided with a school feeding program for 860 pupils.</p>			
Direct beneficiaries :				
Men	Women	Boys	Girls	Total
14,400	21,150	4,500	4,950	45,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	14,400	17,100	2,560	2,579	36,639
Children under 5	0	0	1,940	2,371	4,311
Pregnant and Lactating Women	0	4,050	0	0	4,050

Indirect Beneficiaries :**Catchment Population:**

It is estimated that about one thousand people outside the targeted population will benefit from the centres and the water point in the project.

Link with allocation strategy :

The proposed project will have an integrated strategic focus approach with all the planned 45,000 beneficiaries accessing health, nutrition, food security, WASH and education interventions. The project will be implemented in one of the three SHF Reserve – Integrated Response (Round 2) target areas (Galmudug State). The project has been designed to make a rapid and immediate response in order to have maximum impact within nine (9) months prioritizing life-saving response according to the allocation strategy. CPD will implement multi – cluster interventions in this project where severely drought affected populations will be facilitated to access food as fast as possible through Minimum Expenditure Budget cash transfers in the ongoing famine prevention response in Somalia. The beneficiaries will also access health and nutrition services in fixed service centres. The project will ensure the beneficiaries access clean, potable water as well as sanitation and hygiene services. Three schools in the target area will also be supported with WASH services and teaching and learning materials.

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
Mohamed Yarrow Ali	Chief Executive Officer	mohamed.yarrow@cpd-africa.org	+252618137983

BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in Somalia has become increasingly fragile. Some 5 million people are in need of humanitarian assistance. Of these, 1.1 million are acutely food insecure. Severe drought conditions are expanding across the country. (AWD)/Cholera outbreaks have been reported in some areas. Severe drought continues to worsen across Somalia, due to the failure of four consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Haggaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016) and the late onset and early end of the Gu rains (April to May 2017). The Gu rainy season was generally poor in most parts of Somalia. Regions that recorded very poor rains include Mudug and Galgaduud. Somali communities were looking forward to a relief from the Gu 2017 rainfall season but the devastating drought conditions meant that the country experienced yet another below-average season affecting the recovery of the key livelihood sectors; agricultural and livestock. So far, drought conditions continues to affect Somalia; a situation that may persist until the next rainy season in October. The situation has been worsened by the occurrence of AWD where water shortages in the drought-affected areas have increased the risk of Acute Watery Diarrhea (AWD)/Cholera. As of mid-June 2017, a cumulative total of 53,015 cases including 795 deaths have been reported since the cholera outbreak started in January 2017. The case-fatality rate of 1.5% remains above the emergency threshold of 1%. Of the reported cases, 53% affected children under 5 years of age. Among the cases that were reported were in Mudug and Galgaduud regions.

This is further worsened by the inadequate already existing basic health services in most regions that are affected by the drought. There is an ongoing measles outbreak in Galgaduud and other parts of Somalia that has continued to be of major concern, with over 1,400 measles cases reported in June 2017, bringing the total number of suspected cases in 2017 to 9,813. Lack of water and pasture has deteriorated livestock body conditions, access to livelihoods and increased the number of internally displaced. The security situation has also deteriorated with AMISOM pulling out of many areas which are immediately taken over by Al Shabab as well as the inter-clan fighting which has led to displacement of thousands. Based on ongoing monitoring and findings from rapid field assessments and household surveys conducted by the Food Security and Nutrition Analysis Unit (FSNAU) in June 2017, current food security outcomes and humanitarian needs are expected to persist in most parts of Somalia through the end of 2017. In some pastoral and agro-pastoral livelihoods which cover parts of Mudug and Galgaduud, food security outcomes are actually expected to deteriorate through the end of the year. Despite the robust level of humanitarian assistance that has so far helped avert famine in Somalia, many are still in danger from the severe drought. However, if current level of humanitarian assistance is scaled back significantly and rising levels of morbidity and disease outbreaks are not controlled, Famine (IPC Phase 5) is possible in the worst affected areas.

Levels of acute malnutrition in Somalia have increased since July 2016. Results from 27 separate nutrition surveys conducted between November and December 2016 by FSNAU and partners indicate that an estimated 363,000 children under the age of five are acutely malnourished, including 71,000 who are severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold in 13 out of 27 rural and displaced population groups surveyed. Severe Acute Malnutrition (SAM) is Critical/Very Critical ($\geq 4.0\%$) in 6 out of 27 rural and displaced population groups surveyed.

2. Needs assessment

Somalia Food Security Alert of 9th May 2017 reveals that data from UNHCR indicates that an estimated 437,530 persons were displaced due to drought or drought related factors across Somalia in the first quarter of 2017 more so in south central with majority of the IDPs in Mogadishu and Galgaduud regions. Galgaduud Region remains at the epicenter of continued insecurity. The withdrawal of African Union Mission in Somalia (AMISOM) and local troops from locations in El Bur and subsequent take-over by insurgents has sparked new waves of insecurity and displacement. In spite of these waves of insecurity, in Dhusamareb and Cadaado, among the 32 IDP sites covered by Displacement Tracking Matrix (DTM), severe drought conditions are considered as the primary factor leading to displacement, especially in recently established sites. DTM's Emergency Tracking Tool (ETT) recorded the presence of 15,319 IDPs in Dhusamareb and 12,369 IDPs in Cadaado across 32 camps in June 2017.

2017 Gu rains were below normal across most parts of the region; the rains were late and the distribution was irregular with most of the rains occurring in the last few days of April and early May. Coupled with the on-going drought situation, this has compounded the humanitarian situation in Galgaduud. The on-going drought has affected these populations in the three districts of Abudwak, Adado and Dhusamareb. The water scarcity in the target areas increased the demand on the existing water points and sanitation facilities during the drought, putting a strain on them. The number of people in need of WASH assistance as of June 2017 rose significantly with reduced access to water contributing directly to malnutrition. Many households' livelihoods were affected leading to hunger. These populations have been affected by measles and AWD/Cholera, due to water shortages, apart from being vulnerable to other diseases like malaria and pneumonia. There were 1949 AWD/Cholera cases and 13 deaths reported in week 24 (ending on 18th June 2017) alone. Data from the Health Cluster/WHO indicated an overall Case Fatality Rate (CFR) of 2.2 percent, well above the above the emergency threshold of 1.0 percent. There were also over 1,400 measles cases reported in June with the total number of suspected cases in 2017 being 9,813 so far. With this in mind, CPD is proposing an integrated health, nutrition, food security, WASH and education intervention that will be linked to the Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle) to address the immediate basic health needs of 45,000 (21,150 women, 4,950 girls, 4,500 boys and 14,400 men,) drought affected populations in Galmudug.

3. Description Of Beneficiaries

The Emergency Tracking Tool of the Displacement Tracking Matrix in early June recorded a total of 27,688 IDP's in representative 32 camps across Dhusamareb and Adado, and the displacements continued rising. Severe drought conditions were considered as the primary factor leading to displacement in the most recently established camps. The drought conditions were occasioned by below par April Gu rains, resulting in food deficiency in the areas. The situation was worsened by increases in occurrence of AWD/Cholera and other illnesses like measles. The case-fatality rate of 1.5% remains above the emergency threshold of 1%. Of the reported cases, 53% affected children under 5 years of age. CPD's Integrated Response project targets 45,000 of the displaced people in humanitarian crisis in Galbeed ward (Abudwak), Bakin ward (Adado) and Waxaracade ward (Dhusamareb), Galmudug Region including 14,400 IDPs, 21,600 in hard to reach rural villages and 9,000 others in urban centres displaced persons in 3 Districts. A total of 15,000 people will be reached in each of the three districts. These areas have high concentrations of IDP camps with inadequate humanitarian assistance.

4. Grant Request Justification

CPD will provide Unconditional Cash to identified most vulnerable drought affected Households in the target areas in order to improve the households' immediate access to food. Severely drought affected populations will be facilitated to access food as fast as possible through Minimum Expenditure Budget cash transfers. CPD, will also support 3 fixed service centres in the target districts. The target facilities will be enabled to provide high quality integrated services including obstetric emergencies and skilled delivery, child health services (immunization and integrated management of childhood illnesses) and nutrition services (SAM management, promotion/prevention services), by providing them with well-trained adequate health workers and the necessary medical supplies including essential drugs, WASH, Food security and Education services to targeted beneficiaries.

There will also be provision of basic lifesaving health services including measles management, AWD/Cholera management, maternal and child health services including immunization and integrated management of childhood illnesses, health education and sensitization and treatment of malnourished cases both SAM and MAM. There will be linkages with established hospitals where patients with medical severe cases that need inpatient medical care will be referred.

Beneficiaries, including three target schools, will be facilitated to access water and other WASH services (sanitation facilities and hygiene promotion and kits) in their areas of residence. The three schools will be provided with teaching and learning materials.

The proposed project will have an integrated strategic focus approach with all the beneficiaries accessing health, nutrition, food security, WASH and education interventions. The project will be implemented in one of the three SHF Reserve – Integrated Response (Round 2) target areas (Galmudug State). The project has been designed to have maximum impact within 9 months prioritizing life-saving response.

5. Complementarity

In partnership with OCHA, CPD is currently implementing a WASH project that aims to improve WASH Services for Education and Health Facilities and Vulnerable Communities Afgoye, Daynille and Adado. The projects involve provision of treated water to people facing water shortages in 18 locations through a water trucking program, supporting 7 strategic boreholes by giving fuel subsidies, rehabilitation of 3 more strategic boreholes and carrying out hygiene promotion activities in Abudwak and Adado districts in Galmudug and Kaxdo District in Mogadishu. CPD is also implementing two Food Security projects in partnership with OCHA in Galmudug and Mogadishu, and one with Diakonie (DKH) in Galmudug that involves conditional (cash for work) and unconditional (cash transfers) in Galmudug.

LOGICAL FRAMEWORK

Overall project objective

To deliver an Integrated Emergency response project that provides intervention services to 45,000 drought-affected people in Health, Nutrition, Food Security, WASH and Education in Adado, Abudwak and Dhusamareb Districts in Galmudug Region.

Education

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Ensure emergencies and crises affected children and youth have access to safe and protective learning environments	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

Contribution to Cluster/Sector Objectives : The project aims to ensure that minimum standards of education in emergencies are adhered to in schools during the drought period by providing learning and teaching materials to Shirejama Primary school in Galbeed ward (Abudwak), Horseed Primary School in Bakin ward (Adado), and Waxaracade Primary School in Waxaracade ward (Dusamareb).

Outcome 1

Children in 3 target schools affected by drought accessing food.

Output 1.1

Description

3 target schools in drought affected situation supported to establish feeding program.

Assumptions & Risks

Security in the target areas supports accessibility

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children (boys and girls) benefiting from school feeding program.					760

Means of Verification :

Indicator 1.1.2	Education	Number of children(Boys&Girls) provided with learning supplies					760
-----------------	-----------	--	--	--	--	--	-----

Means of Verification : School Feeding

Activities

Activity 1.1.1

Standard Activity : School feeding

Provision of school feeding program to 760 children (394 girls, 366 boys) in 3 schools. The program will target 300 pupils in Shirejama Primary school in Galbeed ward (Abudwak), 230 pupils in Horseed Primary School in Bakin ward (Adado), and 230 pupils in Waxaracade Primary School in Waxaracade ward (Dusamareb).

Additional Targets :

Food Security							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
Contribution to Cluster/Sector Objectives : Overall, the proposed cash relief interventions are designed to contribute to the Food Security Cluster's objective 1 which is to "Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods". In addition, it fits with the 2017 Humanitarian Response Plan's Strategic Objective 1- to Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people"and Objective 2- to reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response."							
Outcome 1							
Improved access to households food requirements for 300 identified vulnerable households in Adado, Abudwak and Dhusamareb with unconditional cash.							
Output 1.1							
Description							
300 vulnerable households identified and provided with unconditional cash for purchase of food.							
Assumptions & Risks							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,800
Means of Verification : Beneficiary Registers, CPD/ Contracted Mobile Company/CPD payments contracts and payments logs, Beneficiary Settlements' GPS Coordinates							
Indicator 1.1.2	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					1,800
Means of Verification : Cash Transfer Register, CPD/Mobile Payment Company Contract, Mobile Payments Logs.							
Activities							
Activity 1.1.1							
Standard Activity : Conditional or unconditional Cash transfer							
Undertake a vulnerability assessment and use the results to identify registration of the planned 300 Unconditional Cash Transfer Beneficiaries. Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the settlement to identify the most vulnerable. 70% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries (150 no. Hh) will be those that have a member undergoing SAM/MAM treatment.							
Activity 1.1.2							
Standard Activity : Conditional or unconditional Cash transfer							
Process Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 93). CPD will engage the telephone company Hormud and contract them to effect the unconditional cash transfers through its EVC network to the beneficiaries. The total unconditional amount to be transferred will be USD 139,500.00.							
Additional Targets :							
Health							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improved access to essential life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
Contribution to Cluster/Sector Objectives : The project aims at provision of maternal and reproductive health including emergency obstetric care for the drought affected populations in the targets areas. It will also support the prevention and control of outbreaks mainly AWD/Cholera through coordination with other sector partners doing surveillance and response. The project will as well contribute to the provision of life-saving integrated response service through networking and linkages with Nutrition and WASH sector clusters and partners.							
Outcome 1							
Improved access to essential lifesaving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to drought/famine affected populations in Cadaado, Dhusamareb and Abudwaaq Districts in Galgaduud Region, South Central Somalia.							
Output 1.1							
Description							

A total of 45,000 people including 21150 women, 4,950 girls, 4,500 boys and 14,400 men have access to integrated lifesaving health care services in Galbeed ward (Abudwak) Bakin ward (Adado) and Waxaracade ward (Dusamareb)

Assumptions & Risks

Security situation remains stable, availability of supplies

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					60
Means of Verification : HMIS data, project reports							
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					3
Means of Verification : HMIS data, project reports							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					6,900
Means of Verification : HMIS data, project reports							
Indicator 1.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					15
Means of Verification : Training reports, participants' attendance lists, activity photos.							
Indicator 1.1.5	Health	Number of health facilities/mobile units with no stock outs of essential drugs in the last three months.					3
Means of Verification : HMIS reports, monitoring and supervision reports							
Indicator 1.1.6	Health	Number of Health workers trained on BEmONC.					6

Means of Verification : HMIS data, project reports.

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through two static health facilities and a mobile outreach. 60 consultations per day per health facility/mobile unit will be targeted. In this activity, a total of 45,000 persons will be consulted and treated to include 21,150 women, 4,950 girls, 4,500 boys and 14,400 men.

Activity 1.1.2

Standard Activity : Emergency Obstetric Care - Basic and Advanced

Provide Basic Emergency Obstetric care to 1050 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.

Activity 1.1.3

Standard Activity : Immunisation campaign

Provide quality and safe immunisation against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3900 children under the age of five years, (1638 boys and 2262 girls) and to 3000 Women of childbearing age at static health centres and mobile outreach.

Activity 1.1.4

Standard Activity : Emergency Preparedness and Response capacities

Conduct 4 days classroom training for 15 front line health staff (6 nurses, 3 medical officers and 6 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.

Activity 1.1.5

Standard Activity : Essential drugs and Medical equipments distribution

Provide adequate drugs and medical supplies to the 3 target health facilities based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.

Activity 1.1.6

Standard Activity : Emergency Obstetric Care - Basic and Advanced

Carry out 3 days classroom Basic Emergency Obstetric and Newborn Care Training training for 6 midwives to enhance the skills and competence of midwives to provide high quality sexual and reproductive health services including, focused antenatal care, skilled delivery and postnatal care.

Output 1.2

Description

28,500 beneficiaries (including 13395 women, 3135 girls, 2850 boys, and 9120 men) have their knowledge on common communicable conditions improved.

Assumptions & Risks

Security situation is stable allowing large numbers of people gather, mobile teams able to access hard to reach areas

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Health	Number of persons that took part in community education and sensitisation workshop.					90

Means of Verification : HMIS data, monitoring and supervision reports

Indicator 1.2.2	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					15
-----------------	--------	---	--	--	--	--	----

Means of Verification : HMIS reports, project reports

Activities

Activity 1.2.1

Standard Activity : Awareness campaigns and Social Mobilization

Conduct one day community education and sensitization workshop targeting 90 persons (60 women and 30 men) including influential members of the community leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including measles, AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitudes and behavior that support prevention and response to health problems. This will be 30 participants per district.

Additional Targets :

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.	50

Contribution to Cluster/Sector Objectives : The objective of this intervention will contribute to the Somalia Nutrition Cluster objectives 1. To contribute to the reduction of malnutrition related sickness and mortality among vulnerable boys, girls, pregnant and lactating women through systematic equal access to integrated curative and preventive food-based nutrition interventions and Basic Nutrition Services Package (BNSP) interventions linking nutrition to Health, WASH, Food Security, Education and Child Protection programmes through the services offered in the 3 fixed centres

Outcome 1

Increased access and utilisation of emergency lifesaving nutrition services(SAM and MAM) to under 5 children and Pregnant lactating women with acute malnutrition children to reduce morbidity and mortality related to malnutrition in the target districts.

Output 1.1

Description

5,919 persons including 4,311 children under five and 1,608 pregnant and lactating women in humanitarian crisis have access to IMAM services for the management of acute malnutrition (both SAM and MAM) provided through 3 fixed nutrition sites in Abudwak, Adado and Dusamareb.

Assumptions & Risks

Security situation in the target areas remains stable or improves

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					6,150

Means of Verification : HMIS data, project reports

Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					1,461
-----------------	-----------	---	--	--	--	--	-------

Means of Verification : HMIS data, project reports							
Indicator 1.1.3	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					4,458
Means of Verification : HMIS data, project reports							
Indicator 1.1.4	Nutrition	Number of PLW receiving multiple micronutrients					3,244
Means of Verification : HMIS data, project reports							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facilities while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4050 children under fives and 2130 PLWs. About 50% of the target populations for both under fives and PLWs will be targeted for screening and those found malnourished will be treated as per the respective program criterias.							
Activity 1.1.2							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Provide prescribed standard management to severe acute malnutrition(SAM) patients to 1461 (730 boys and 731 girls) children between age of 6-59 months in 3 fixed health centres according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management. The targets were calculated as per the prevalence of SAM i the target districts based on the latest FSNAU and UNICEF figures.							
Activity 1.1.3							
Standard Activity : Treatment of moderately malnourished pregnant and lactating women							
Provide treatment of Moderate acute malnutrition to 4458 moderately malnourished children U5 and PLW through targeted supplementary feeding program.(2850 children U-5 year children and 1608 PLW). Target based on the GAM/MAM prevalence in target areas as per latest FSNAU post Gu analysis.							
Activity 1.1.4							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 3,244 eligible pregnant and lactating women in the target districts. 80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.							
Output 1.2							
Description							
Awareness on infant young child feeding practices in emergency (IYCF-E) among the target communities increased.							
Assumptions & Risks							
Security situation in target areas remains stable or improves							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					460
Means of Verification : HMIS data, project reports							
Indicator 1.2.2	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					760
Means of Verification : HMIS data, project reports							
Indicator 1.2.3	Nutrition	Number of IYCF promotion sessions held					9
Means of Verification : HMIS and project data, sessions reports.							
Activities							
Activity 1.2.1							
Standard Activity : Infant and young child feeding promotion							
Conduct IYCF Counselling-both individual and group counselling for mothers/ caregivers visiting the nutrition centres. 460 mothers will be targeted during the project period.							
Activity 1.2.2							
Standard Activity : Infant and young child feeding counselling							
Organize ten sessions on IYCF-E at community level targeting 230 men and 530 women.							
Activity 1.2.3							
Standard Activity : Infant and young child feeding counselling							
Conduct community and facility-based IYC –E promotion in the target districts (3 promotions per district). IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition							
Output 1.3							

Description							
The capacity of 27 nutrition project staffs (15 on IMAM, 12 on IYCF-E) and 90 community members (50 women, 40 men) on IYCF-E is enhanced.							
Assumptions & Risks							
Security situation in the target areas is improved							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.3.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					15
Means of Verification : Training reports, participants' attendance lists, activity photos.							
Indicator 1.3.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					12
Means of Verification : Training reports, participants' attendance lists, activity photos.							
Indicator 1.3.3	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					90
Means of Verification : Sensitisation/awareness workshop attendance lists, Photos of the activities.							
Activities							
Activity 1.3.1							
Standard Activity : Capacity building							
Conduct 3 days classroom training for 15 nutrition staffs (8 female, 7 male) on integrated management of acute malnutrition. This will be 12 nurses and 3 medical officers.							
Activity 1.3.2							
Standard Activity : Capacity building							
Conduct 3 days classroom training for 12 IYCF staffs (10 female, 2 male) on IYCF-E. This includes IYCF counsellors and nurses.							
Activity 1.3.3							
Standard Activity : Capacity building							
Conduct 1 day sensitisation/orientation workshops to raise awareness on IYCF-E for 90 community members (50 Women, 40 Men) on IYCF-E. 30 community members per district.							
Additional Targets :							
Water, Sanitation and Hygiene							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures		2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.					100
Contribution to Cluster/Sector Objectives : The proposed emergency WASH project for Abudwak, Adado and Dhusamareb Districts aims to target 5,000 people facing critical water scarcity, sanitation and hygiene needs and classified in crisis and emergency phase. The proposed activities include support provision of water vouchers, rehabilitation of strategic boreholes, installation of water storage facilities and training of water management committees. Other activities include construction of gender-segregated Emergency/communal latrines with hand washing facilities, provision of hygiene kits, training of hygiene promoters and dissemination of hygiene promotion messages to the vulnerable populations.							
Outcome 1							
Life saving intervention coupled with future resilience realized for 5,000 drought affected populations in Abudwak, Adado and Dhusamareb District supported.							
Output 1.1							
Description							
5,000 vulnerable people in water deficit settlements accessing clean adequate life saving water supply from 1 rehabilitated strategic borehole.							
Assumptions & Risks							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					5,000
Means of Verification : Beneficiary Registers for all the planned 3 target areas, Water purchase receipts from the boreholes, Water Relief Routing/Logistics Plan, Photos with GPS and Date.							

Activities
Activity 1.1.1
Standard Activity : Water point construction or rehabilitation
Undertake rehabilitation of Bodadhagore borehole in Adado to serve Bodadhagore settlement and the host community around.

Output 1.2
Description
Better access to sanitation and hygiene services leading to reduced incidences of water-borne diseases, especially among women and children, from poor hygiene during the current drought emergency for targeted 45,000 people in Abudwak, Dhusamareb and Adado Districts..
Assumptions & Risks

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					7,500
Means of Verification : Project reports, Photos, Short Term Training Facilitators Contracts, Training Manuals, Workshop Attendance List.							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					75
Means of Verification : Hygiene Promotion Training Workshop Participants List and Photos of the Workshop							
Indicator 1.2.3	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					37,500
Means of Verification : Hygiene Promotion Schedule for the 4 target Districts, Deployment Schedule for the Hygiene Promoters and Photos of Hygiene Promotion activities							
Indicator 1.2.4	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					900
Means of Verification : Hygiene Kits Distribution List and Photos of the beneficiaries							

Activities
Activity 1.2.1
Standard Activity : Institutional Latrine construction
Construction of a total of 90 gender-segregated Emergency/communal latrines with hand washing facilities in the targeted areas. Of these, there will be 2 twin latrines in each of the 3 schools, and 2 twin latrines in the health centres.
Activity 1.2.2
Standard Activity : Capacity building (water committees and WASH training)
Conduct 1 day Hygiene promoters training for 75 women and men.
Activity 1.2.3
Standard Activity : Community Hygiene promotion
Disseminate health and hygiene promotion messages to the vulnerable IDP populations by the 75 trained hygiene promoters using IEC materials. The 75 trained Hygiene promoters will work in teams in order to reach 37,500 people in the settlements.
Activity 1.2.4
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)
Procure and distribute of a total of 900 hygiene kits to IDP's in the 3 target Districts. 300 people will receive hygiene kits in each of the three districts. Beneficiaries will be identified through an assessment and a well-structured distribution team put in place in each of the three districts with proper documentation plans in place.
Additional Targets :

M & R
Monitoring & Reporting plan

The project will utilize real-time and activity-specific monitoring tools to monitor the implementation of the planned integrated response activities. The Programme Manager, coordinating the Project Officers will adapt monitoring tools for application into the monitoring of the integrated activities. The Project Officer in Adado will also monitor the progress of the rehabilitation works at the strategic borehole site and ensure quality of work done by implementing contractors conforms to international standard designs and technical specifications for WASH infrastructures in Somalia. In addition the Project Officers will monitor the deployment of the trained 75 Hygiene Promoters to reach all the targeted settlements in all the target Districts. The monitoring of the hygiene promotion will ensure the Hygiene Promoters hold Hygiene Dissemination Sessions per month using IEC materials in the settlements and the schools. The Project Officer will liaise with distribution teams and the communications officer to undertake monthly market data on food prices in the districts and report on the project's Food Security activities.

The Project Officers will be expected to generate bi-weekly reports on the progress of the project, activity reports, monthly reports, interim progress report (both narrative and financial) and a final project report (both narrative and financial) for proposed project. CPD management will ensure the reporting timelines are met by the project team. The current drought affected numbers and information on displacements as generated by the different drought assessment reports will be the reference baseline data.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facilities while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4050 children under fives and 2130 PLWs. About 50% of the target populations for both under fives and PLWs will be targeted for screening and those found malnourished will be treated as per the respective program criterias.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.1: Provide consultations of communicable and non- communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through two static health facilities and a mobile outreach. 60 consultations per day per health facility/mobile unit will be targeted. In this activity, a total of 45,000 persons will be consulted and treated to include 21,150 women, 4,950 girls, 4,500 boys and 14,400 men.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.1: Provision of school feeding program to 760 children (394 girls, 366 boys) in 3 schools. The program will target 300 pupils in Shirejama Primary school in Galbeed ward (Abudwak), 230 pupils in Horseed Primary School in Bakin ward (Adado), and 230 pupils in Waxaracade Primary School in Waxaracade ward (Dusamareb).	2017										X		
	2018		X										
Activity 1.1.1: Undertake a vulnerability assessment and use the results to identify registration of the planned 300 Unconditional Cash Transfer Beneficiaries. Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the settlement to identify the most vulnerable. 70% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries (150 no. Hh) will be those that have a member undergoing SAM/MAM treatment.	2017									X			
	2018												
Activity 1.1.1: Undertake rehabilitation of Bodadhagore borehole in Adado to serve Bodadhagore settlement and the host community around.	2017										X	X	X
	2018												
Activity 1.1.2: Process Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 93). CPD will engage the telephone company Hormud and contract them to effect the unconditional cash transfers through its EVC network to the beneficiaries. The total unconditional amount to be transferred will be USD 139,500.00.	2017									X	X	X	X
	2018	X	X	X	X	X							
Activity 1.1.2: Provide Basic Emergency Obstetric care to 1050 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.	2017										X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Provide prescribed standard management to severe acute malnutrition(SAM) patients to 1461 (730 boys and 731 girls) children between age of 6-59 months in 3 fixed health centres according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management. The targets were calculated as per the prevalence of SAM i the target districts based on the latest FSNAU and UNICEF figures.	2017									X	X	X	X
	2018	X	X	X	X	X							
Activity 1.1.3: Provide quality and safe immunisation against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3900 children under the age of five years, (1638 boys and 2262 girls) and to 3000 Women of childbearing age at static health centres and mobile outreach.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.3: Provide treatment of Moderate acute malnutrition to 4458 moderately malnourished children U5 and PLW through targeted supplementary feeding program. (2850 children U-5 year children and 1608 PLW). Target based on the GAM/MAM prevalence in target areas as per latest FSNAU post Gu analysis.	2017									X	X	X	X
	2018	X	X	X	X	X							

Activity 1.1.4: Conduct 4 days classroom training for 15 front line health staff(6 nurses, 3 medical officers and 6 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.	2017																	X	X		
	2018																				
Activity 1.1.4: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 3,244 eligible pregnant and lactating women in the target districts.80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.	2017																		X	X	X
	2018	X	X	X	X	X															
Activity 1.1.5: Provide adequate drugs and medical supplies to the 3 target health facilities based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.	2017																		X		X
	2018			X																	
Activity 1.2.1: Conduct IYCF Counselling-both individual and group counselling for mothers/ caregivers visiting the nutrition centres. 460 mothers will be targeted during the project period.	2017																		X	X	X
	2018	X	X	X	X	X															
Activity 1.2.1: Conduct one day community education and sensitization workshop targeting 90 persons (60 women and 30 men) including influential members of the community leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including measles, AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitudes and behavior that support prevention and response to health problems. This will be 30 participants per district.	2017																			X	
	2018																				
Activity 1.2.1: Construction of a total of 90 gender-segregated Emergency/communal latrines with hand washing facilities in the targeted areas. Of these, there will be 2 twin latrines in each of the 3 schools, and 2 twin latrines in the health centres.	2017																		X	X	X
	2018																				
Activity 1.2.2: Conduct 1 day Hygiene promoters training for 75 women and men.	2017																		X		
	2018																				
Activity 1.2.2: Organize ten sessions on IYCF-E at community level targeting 230 men and 530 women.	2017																		X	X	X
	2018	X	X	X	X	X															
Activity 1.2.3: Conduct community and facility-based IYC –E promotion in the target districts (3 promotions per district). IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition	2017																		X	X	X
	2018	X	X	X	X	X															
Activity 1.2.3: Disseminate health and hygiene promotion messages to the vulnerable IDP populations by the 75 trained hygiene promoters using IEC materials. The 75 trained Hygiene promoters will work in teams in order to reach 37,500 people in the settlements.	2017																		X	X	X
	2018	X	X	X	X																
Activity 1.2.4: Procure and distribute of a total of 900 hygiene kits to IDP's in the 3 target Districts. 300 people will receive hygiene kits in each of the three districts. Beneficiaries will be identified through an assessment and a well-structured distribution team put in place in each of the three districts with proper documentation plans in place.	2017																			X	X
	2018	X																			
Activity 1.3.1: Conduct 3 days classroom training for 15 nutrition staffs (8 female, 7 male) on integrated management of acute malnutrition. This will be 12 nurses and 3 medical officers.	2017																		X		
	2018																				
Activity 1.3.2: Conduct 3 days classroom training for 12 IYCF staffs (10 female, 2 male) on IYCF-E. This includes IYCF counsellors and nurses.	2017																			X	
	2018																				
Activity 1.3.3: Conduct 1 day sensitisation/orientation workshops to raise awareness on IYCF-E for 90 community members (50 Women, 40 Men) on IYCF-E. 30 community members per district.	2017																		X		
	2018																				

OTHER INFO

Accountability to Affected Populations

The beneficiaries will be consulted in all the cycles of project implementation and their cultural, religious and traditional concerns are taken into account. The HMIS and M&E officers will engage with beneficiaries randomly and ask for feedback that will be taken into account in decision making. Feedback boxes will also be placed strategically at the Health Centres and beneficiaries urged to fill questionnaires about the intervention delivery and put in the boxes. These questionnaires will be analyzed and findings incorporated into management decisions.

Implementation Plan

CPD has been working in the target districts for the past 6 years providing services to the most affected members of the community. Through this long-term interaction with these communities, CPD has established strong working relationship with them and their leaders. Leveraging on this relationships and its vast knowledge of the area, CPD will undertake advocacy and community mobilization activities to prepare the target communities for the intended project. The proposed project is as a result of long term engagement with the target community through their leadership and assessments undertaken by CPD that has brought to the fore the immediate needs of the community.

To actualize the project and achieve its intended goal of reducing the impact of drought ravages, the interventions under the package to be implemented is designed to use an integrated approach with complementary service delivery strategies. The Project Officers will coordinate all the intervention in each district in order to enhance integration through harmonizing community sensitization and awareness sessions where possible.

•Facility based strategy to populations living close to health facilities: under this strategy, CPD, is proposing the scaling up of services in 3 service centres in the target districts. The target facilities will be enabled to provide high quality integrated services including obstetric emergencies and skilled delivery, child health services (immunization and integrated management of childhood illnesses) and nutrition services (SAM management, promotion/prevention services), by providing them with well-trained adequate health workers and the necessary medical supplies including essential drugs, WASH, Food security and Education services to targeted beneficiaries.

•Community based strategy-this strategy is aimed at ensuring access to integrated lifesaving health/WASH/Nutrition interventions to vulnerable and most affected communities in rural and villages of Somalia. Staff will work in close coordination with the government departments in charge of the different intervention sectors.

•Case Management: Provide basic lifesaving health services including measles management, AWD/Cholera, maternal and child health services including immunization and integrated management of childhood illnesses, health education and sensitization and treatment of malnourished cases.

•Referral: Identify and refer patients with medical severe cases that require admission at health facilities after providing first aid services including cases of complicated malnourished children for inpatient medical care.

•WASH: Provide WASH services at the community level including; community mobilization and sensitization. Hygiene messaging will include key health and nutrition messages. An assessment will be carried out together with selected beneficiary leaders to identify the most needy to be provided with hygiene kits. A distribution team will be identified for each district and briefed on how to carry out the exercise. It will include a distribution officer, beneficiary leaders, and volunteers. Three hundred (300) people will be given the kit in each of the three districts (a total of 900 people in the whole intervention). Documentation, detailing schedules, dates/times, distribution sites, targeted beneficiaries, items issued, and the responsible persons for every site will be done.

•Nutrition services: MUAC screening to detect children with MAM/SAM and provide treatment will be done at the health/nutrition centres and at community level where possible. Those with SAM with medical complication will be referred to stabilization centres for inpatient care. They will equally undertake nutrition promotion activities including promotion of Infant Young child feeding and supplementation with Vitamin A and multiple micro-nutrient tablets for pregnant and lactating women.

•Education: A school feeding program will be launched in 3 target schools.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Save the Children International and Swiss Kalmo	<ul style="list-style-type: none"> • Both are doing Health, Nutrition and WASH in the target area. • Coordinate, share on the recent past information in the sector in order to avoid duplication and collision. • Set up sites in consultation with them to know their sites catchment reaches. • Carry out joint screening, assessments and evaluations. • Refer highly severe malnourished to SCI stabilization centres which are more established.
ARF (Funded by WFP)	<ul style="list-style-type: none"> • Collaborate to borrow lessons and know the challenges in school feeding programs. • Know their areas to avoid collision and duplication
GSA (Funded by OCHA)	<ul style="list-style-type: none"> • Share information on WASH through the cluster and individually on WASH activities like AWD management and information on functional and non-functional water points

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The proposed project will be gender sensitive and will take care of individual needs of the target beneficiaries. CPD recognizes sex and gender are important determinants of health for women and men (UN, 2010; WHO, 2010). Beyond the biological differences, gender roles, norms and behaviour have an influence on how women, men, girls and boys access health services and how health systems respond to their different needs. To advance this critical gender issue, a discussion with target communities including men and women will be conducted at district and village level to identify key gender related issues hindering access to services with a view of coming up with local remedies to the obstacles. Efforts including continuous community decision makers engagement and community education will be made to address socio-cultural and structural factors that inhibit access to health services to women, boys, girls and men. In implementation phase, services provided will be free of charge with equal access to men, women, boys and girls.

Specific issues affecting access and utilization of services in the target areas include low levels literacy level and lack of awareness on the benefits of seeking both promotive, preventive and curative health services specially for caretakers of children under five and pregnant mothers which will be addressed through continuous individual and group education and counselling by health promoters and health workers both at the health centres and at the community level to increase level of awareness of the target beneficiaries for optimum behaviours.

Further, owing to the limited services available to them, a large proportion of children under the age of five years both boys and girls in the target districts remain not immunized exposing them to deadly vaccine preventable conditions. The proposed project will reverse these by providing quality and safe vaccines and other child health services with equal access to boys and girls at the door steps of children under the age of five thus improving their chances of survival. It is understood that service utilization in Somalia for women is greatly affected by the sex of the service provider with women preferring to be attended to by female colleagues specially on sexual and reproductive related issues. In responding to these need, CPD will select, train and place female midwives and nurses at ANC, delivery and Post-natal rooms to cater for the unique needs of this group.

Protection Mainstreaming

The fabric of this project prioritizes the safety and dignity of the beneficiaries. The beneficiaries are consulted in all the cycles of project implementation and their cultural, religious and traditional concerns are taken into account. The targeted populations in this project are the most vulnerable members of the community in Abudwak, Adado and Dhusamareb Districts of Galmudug Region.

Country Specific Information

Safety and Security

These areas are relatively safe and CPD continues to implement projects to date. CPD received regular security briefs for Somalia as developed by International NGO Safety Organization (INSO) which provides security cautions based on observed incidents and trend for Somalia. CPD also has a security manager who is in charge of all security of the staff and appraisal of the security implications of intervening in different areas. CPD in all its interventions is guided by the "do no harm" principle to ensure that the interventions undertaken by the organizations do not become a cause or causes of conflict in the given areas.

Access

CPD has its headquarters in Mogadishu and a Regional office in Adado. For the last ten years, CPD has been implementing projects in these areas. CPD is very well positioned and respected by the communities in all the 3 Districts indicated having undertaken various projects (including in current emergency period).

BUDGET

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
1. Supplies (materials and goods)							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
2. Transport and Storage							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
3. International Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
4. Local Staff							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

5. Training of Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
6. Contracts (with implementing partners)								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
7. Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
8. Indirect Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
11. A:1 Staff and Other Personnel Costs: International Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
12. A:1 Staff and Other Personnel Costs: Local Staff								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
13. B:2 Supplies, Commodities, Materials								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	

17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
20. Staff and Other Personnel Costs								
1.1	Program Manager	D	1	2,500.00	9	80.00		18,000.00
	<p><i>The project manager will provide technical/operational and Administrative functions for the project . She/He will also act as the face of the project to the community, government and basically all stakeholders and will be expected to engage them at different levels during the project period. In addition he/she will manage all medical officers, nurses, midwives and provide technical support and daily overall direction of the project. She/He will also be expected to ensure compliance to donor requirements including reporting, monitoring and managing the team. They will receive a monthly salary of USD 2500 which includes medical insurance and eid bonus equivalent to a half month salary. The project manager is a program specialist who is expected to be well versed with all the sectors ie WASH, FSL, Education, Health and Nutrition.</i></p> <p><i>This being a new position, CPD reckons that it might have to get an expatriate(Kenyan Somali) to take up this role due to its required speciality hence the USD 2,500.00 salary.</i></p>							
1.2	Project Officers	D	3	1,000.00	9	100.00		27,000.00
	<p><i>The Project Officers will be responsible for visiting project sites and preparing progress reports for review by program manager. They will also be expected to Develop plans and monitor adherence of community based implementation plans, ensuring effective household representative in the implementation of the project activities. He/She will earn a salary of USD 1000 per month which includes their salaries and eid bonus which is equivalent to half a month salaries and is expected to have a basic understanding of all the thematic areas covered by this project.</i></p> <p><i>Due to the distances between the 3 districts and the fluid security nature it would be challenging to have 1or 2 project officers shuttle between the districts without compromising the quality of the project. They will oversee all activities in the project in the respective districts.</i></p>							
1.3	Medical Officers	D	3	1,000.00	9	100.00		27,000.00
	<p><i>The medical officer will be the overall leader in the health facilities;he/she will work with the nurses and midwives tp provide medical and nursing services such as resuscitation, stabilization, treatment and referrals if need be. He/She will also assess the urgency and severity of medical problems of a patient by checking the history, through examination and investigation. Each of the 3 health facility will have 1 medical officer each earning a salary plus benefits of USD 1000 per month</i></p>							
1.4	Nurses	D	6	400.00	9	100.00		21,600.00
	<p><i>The nurse's main role will be to provide preventive and curative services to those that seek the support from the health centers. For every patient the nurses will undertake to record all information about the patient before being referred to a medical officer if there is need. All these will be done in the consultation rooms. They will also be in charge of educating and advising patients and the target community about health and nutrition best practices and most importantly carry out follow ups on the history of different patients.</i></p> <p><i>There will be 2 nurses per each of the 3 Health Facilities each with a salary of USD 400 per month as per the MOH rate</i></p>							
1.5	Midwives	D	6	400.00	9	100.00		21,600.00
	<p><i>The midwife will examine and monitor pregnant and lactating women, carry out an assessment of their care requirements, write down care plans, undertake ante natal care, carry out screening tests for the women. He/She will also ensure safe and skilled deliveries. In addition, the midwife will also carry out antenatal care and provide counsel to the lactating women and also provide counselling support to those that have to deal with cases of miscarriage, terminations, stillbirths, neonatal deaths etc.</i></p> <p><i>There will be 2 midwives per each of the 3 Health Facilities each earning a salary of USD 400 per month</i></p>							
1.6	Auxiliary Nurses	D	6	200.00	9	100.00		10,800.00

	<p>The auxiliary nurses will be recruited to assist nurses in providing care to patients/clients. They will be working at the health facilities. They will therefore work as assistants to the main nurses and will work in the consultation rooms in support.</p> <p>There will be 2 auxiliary each of the 3 Health Facilities each earning USD 200 per month</p>						
1.7	Community Health Workers (Mobilizers)	D	3	200.00	9	100.00	5,400.00
	<p>The community mobilizer will be in charge of health promotion and prevention at the community level and will also communicate behaviour change to the target group of this project. He/She will be expected to play a major role in the creation of awareness as to the prevention and control of AWD/Cholera outbreaks that is present in the target areas. Since they will largely work in the field areas, they will be recruited from the local host communities.</p> <p>There will be 1 community health worker in each of the 3 Health Facilities each earning USD 200 per month</p>						
1.8	Finance Officer	D	1	1,000.00	9	60.00	5,400.00
	<p>The finance officer will be responsible for ensuring compliance to UNOCHA rules, making payments to suppliers, paying staff salaries, paying utilities related to this grant. Since this is a support staff shared among different grants and based on the CPD support cost matrix, this project will contribute 60% of his/her salary every month.</p> <p>In addition, this project has many activities that require more attention from the finance officer. For example the payroll is for about 28 staff, the activities involved such as training's require greater attention to detail for compliance due to the attendee registers, venue selection, vehicle log sheets monitoring hence more time and hence the allocation of 60% of their salary.</p> <p>The unit cost of USD 1,000 is slightly higher than the current projects because of an understatement of USD 50 for insurance cost in the previous projects' costings.</p>						
1.9	Logistics Officer	D	1	1,000.00	9	50.00	4,500.00
	<p>"The logistics officer will assist in the procurement of project equipment, training venues, managing the drugs storage and distribution utilities within the project, vehicle monitoring and documentation and booking of travel tickets. Being an integrated project with many activities we estimate that 50% of his time will be spent on this grant and hence half his salary will be charged to this project.</p> <p>The balance of their salary will be charged partly to other grants that he will be working on.</p> <p>The unit cost of USD 1,000 is slightly higher than the current projects because of an understatement of USD 50 for insurance cost in the previous projects' costings.</p>						
1.10	Human Resources Officer (HR)	D	1	1,000.00	9	50.00	4,500.00
	<p>The HR officer will be responsible for the recruitment of all staff, managing payroll accounts, collecting their details for insurance costs, managing leave days, coordinating performance management, grievance management and identifying training needs for the project staff . This being an integrated project with 28 staff (medical officers, nurses, midwives, IYCF counselors) we estimate that the HR officer will spend about half of their time on this project and hence the basis of the 50% salary contribution.</p> <p>The unit cost of USD 1,000 is slightly higher than the current projects because of an understatement of USD 50 for insurance cost in the previous projects' costings.</p>						
1.11	Programs Director	D	1	3,000.00	9	5.00	1,350.00
	<p>The programs director will provide the overall leadership to the organisation and in extension the project. He will provide the strategy, take lead in high level government and local authority interactions, lead in sourcing for drugs and relationships with WHO, UNICEF and other organisations working in these areas. He will be responsible for ensuring that the project is delivered on time and as per this proposal document including establishing a constant liason with SHF HFU teams such as the monitoring team within SHF. We propose to only charge 5% of his salary which will include the benefits such as medical cover.</p>						
1.12	Infant and Young Children Feeding Counselors	D	3	400.00	9	100.00	10,800.00
	<p>The IYCF (Infant and Young Children Feeding) counselor will be responsible for the implementation of the IYCF-E component in this project. Their main role being education and counselling both individuals and groups who are caregivers of children under five in the target facilities and communities using pre-designed and approved counseling cards.</p> <p>There will be 1 IYCF counselor per facility and each will earn USD 400 per month</p>						
1.13	HMIS Officer	D	1	1,000.00	9	100.00	9,000.00
	<p>The HMIS officer will be in charge of data collection in the centres and generate analysis of the data which will be done on a monthly basis so as to make a decisions on the vulnerability levels of the different patients and those that seek services. In addition this data will constantly be shared out to the nutrition and health clusters which is in turn shared with FSNAU etc. This position is specifically charged to this grant and hence the 100% salary which will be USD 1,000 per month.</p>						
1.14	Health Centre Cleaners	D	3	100.00	9	100.00	2,700.00
	<p>The cleaners will be stationed at the 3 health centres in 3 districts and will be responsible for ensuring that there is general sanitation. They will be expected to clean the centres daily, ensure that garbage is disposed off safely and provide a supportive role in regard to sanitation to all the visitors.</p> <p>They will earn USD 100 per month which includes wages and benefits.</p>						

1.15	Health Centre Guards	D	6	100.00	9	100.00	5,400.00
<p>The guards main responsibility will be to ensure law and order including general security of the health centres. Each facility will have 2 guards and each will earn a salary of USD 100 per month which includes salary and benefits.</p>							
1.16	Cook	D	3	250.00	4	100.00	3,000.00
<p>CPD will hire 3 cooks; 1 per each school in the 3 districts and they are expected to earn USD 250 per month. Their main role will be to ensure that school meals are made at all times during the 4 months of the program.</p>							
Section Total							178,050.00
21. Supplies, Commodities, Materials							
2.1	Integrated Management of Childhood Illnesses (IMCI) Training	D	1	2,400.00	1	100.00	2,400.00
<p>A total 15 health workers among them 6 nurses 6 auxiliary nurses, 3 doctors, The health workers will undergo four days classroom and practical training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks. The training will be a combination of classroom and practical sessions to enhance the participants knowledge and skills to competently manage children under five that present with childhood illnesses. The trainees will be drawn from the target health facilities. The cost breakdown is indicated in the BOQ section.</p>							
2.2	Basic Emergency Obstetric and Newborn Care Training	D	1	960.00	1	100.00	960.00
<p>3 days classroom training targeting 6 midwives will be conducted to enhance the skills and competence of midwives to provide high quality sexual and reproductive health services including, focused antenatal care, skilled delivery and postnatal care.</p> <p>The cost breakdown is indicated in the BOQ section.</p>							
2.3	Integrated Management of Acute Malnutrition Training Targeting staff Health Facilities	D	1	1,800.00	1	100.00	1,800.00
<p>The training will Target staffs serving the nutrition component of the project-3 doctors and 12 nurses. This will be a 3 day training. The training will focus on patient assessment, classification and feeding program, nutritional guidance among other topics as per the standard guidelines for IMAM. The cost breakdown is indicated in the BOQ section.</p>							
2.4	Infant and Young Child Feeding-E Training	D	1	1,620.00	1	100.00	1,620.00
<p>Conduct a 3 day community and facility-based IYC –E promotion in the target districts. The trainers will organize topics on IYCF-E, maternal nutrition at facility level. 3 IYCF counselors, 3 medical officers, 6 nurses . The cost breakdown is indicated in the BOQ section. The BOQ includes the cost of refreshments for the 2 facilitators.</p>							
2.5	Community Sensitization workshop	D	1	2,700.00	1	100.00	2,700.00
<p>One day classroom work shop targeting 30 community members in each of the 3 districts (3 workshops for 90 persons total) will be conducted to sensitize the community on common communicable disease with focus on AWD and their role in preventing the same. The cost breakdown is indicated in the BOQ section</p>							
2.6	Hygiene Promotion Training for Hygiene Promoters	D	1	2,100.00	1	100.00	2,100.00
<p>CPD will plan to give 1 day training on hygiene promotion in each of the 3 districts. A total of 75(25 per district) will be trained. The trained Hygiene Promoters will then carry out hygiene promotion activities with the beneficiary communities in order to prevent or mitigate water, sanitation, and hygiene related diseases and provide a practical way to facilitate community participation and accountability in emergencies. Costs provided for in the BOQ.</p>							
2.7	Furniture for Health Centers	D	1	6,825.00	1	100.00	6,825.00
<p>CPD is proposing to set up 3 new centers(waxaracade-Dhusamareb district, bakin-Adado District, galbed-Abduwaq District) as per the recommendation of the inter cluster committee. Each district will have 1 centre. The furniture costs relates to equipping the centres with chairs, diagnosis beds, cupboards for drugs storage. After the 9 months lapses and the project ends CPD will continue running the centers by approaching other donors to fund the running costs.</p> <p>The cost breakdown is indicated in the BOQ section.</p> <p>The reasons for setting up the new centres are;</p> <ol style="list-style-type: none"> 1. There is a large population of IDP's who have immigrated to these 3 urban refugee centres who have been displaced by the drought. 2. The current centres are overstretched and those seeking services are forced to travel longer distances to access the little access that is available, 							
2.8	Construction of 90 Gender-sensitive Latrines including Twin Latrines	D	90	450.00	1	100.00	40,500.00

	<p>CPD proposes to construct 90 latrines in the 3 districts (the numbers per district will be based on the targeted beneficiaries) and the estimated cost of each of the latrines is USD 450.</p> <p>The unit cost of USD 450 is higher than the the cost in the current project which is USD 300. The reason is because Galgaduud region is very rocky and the cost of excavation tends to be very high compared to Banadir region where the other WASH project is being implemented.</p> <p>The cost breakdown is indicated in the BOQ section.</p>						
2.9	Equipping of a Water Yard System in 1 Strategic Borehole in Bodadhagore, Adado District.	D	1	34,635.77	1	100.00	34,635.77
	<p>CPD proposes to rehabilitate 1 strategic borehole by putting up a water tank, a generator, a caretaker room, 2 animal troughs (1 for bigger animals like camels and the other for smaller ones like shoats) and a communal water point. The BOQ is provided and we estimate that it will cost USD 34635.77.</p> <p>The borehole will reach not less than 5,000 people as per the Somalia WASH cluster standard.</p>						
2.10	Cost for Establishing & Running Health Centers	D	1	9,450.00	1	100.00	9,450.00
	<p>CPD will incur costs for Rent for Health Centers, and Utilities (water and electricity) for 9 months. These centres will act as the focal point for the interventions in the districts where beneficiaries will get the basic integrated services as well as information and advice. Coordination of the project in the district will also be done at the centre. See details in the BoQ</p>						
2.11	Procurement of hygiene kits for 900 beneficiaries	D	900	13.50	1	100.00	12,150.00
	<p>CPD will provide a kit to 900 beneficiaries with each kit costing USD 13.5. The hygiene kit will comprise of soaps for bath and cleaning, buckets, nail cutter, razor blades. The detailed costs are provided in the BOQ section.</p>						
2.12	Procurement of Essential Drugs	D	1	12,000.00	1	100.00	12,000.00
	<p>We propose to purchase drugs that will last 2 months before getting the drugs for the remaining period from WHO. We anticipate a 2 month period before the authorization from WHO is received. These drugs will benefit 12,000 beneficiaries. The itemised costs are provided in the BOQ section.</p>						
2.13	Unconditional Cash Transfers for Beneficiaries in Galmudug	D	300	93.00	5	100.00	139,500.00
	<p>The rate is 93 USD per Household and this is based on the Cash Working Group recommendation of the MEB rate in the region. The Cash Transfers will be done over a 5 month period. This will target 300HH.</p>						
2.14	Designing and Printing HMIS Registers	D	15	25.00	1	100.00	375.00
	<p>Assorted registers- OPD Under Five, Over Five, ANC, PNC, Maternity as well as EPI registers for use at the facility and outreach registers will be printed and supplied to Health facilities as per the MOH specifications. The registers will be critical in capturing individual patient information and will be the primary source of information. 15 registers will be adequate for this project and each sett is expected to cost USD 25.</p>						
2.15	1% Transfer Cost for the Unconditional Cash Transfer for 300HH	D	1	1,395.00	1	100.00	1,395.00
	<p>CPD will contract Hormud telecommunications company to transfer USD 139,500(93*300) at a rate of 1% which will be USD 1,395.00</p>						
2.16	School Feeding Program in 3 Schools	D	760	10.00	4	100.00	30,400.00
	<p>CPD will launch a school feeding program in the 3 target schools for 3 months. The program will target a total of 760 pupils. 300 pupils in Shirejama Primary school (Abudwak), 230 pupils in Horseed Primary School (Adado), and 230 pupils in Waxaracade Primary School Dusamareb), a total of 760 pupils at a cost of USD 10 per pupil per month. The pupils will be fed with cereals and pulses (with oil and iodine). A BoQ is provided.</p>						
2.17	School Feeding utensils for schools	D	1	1,061.00	1	100.00	1,061.00
	<p>CPD will procure utensils for cooking the food in the three schools. A BoQ is provided for the costs breakdown.</p>						
	Section Total						299,871.77
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	Vehicle Hire for Project Implementation in Galmudug.	D	3	1,800.00	9	100.00	48,600.00

	<i>We propose to have 3 vehicles to support the teams in Adado, Abduwaq and Dhusamareb. The vehicles will be used to carry program staff from the office to the centers, be on standby for emergency case referrals, support in monitoring and evaluation, carry staff to coordinating meetings and when carrying out assessments.</i>							
5.2	Domestic Travel for Technical Staff	D	6	300.00	3	100.00	5,400.00	
	<i>Technical staff travel costs between Adado(CPD regional office in Galgaduud) to Mogadishu(the main Somalia office). They are expected to travel for different reasons including meetings, monitoring etc. The cost between Adado and Mogadishu is USD 300 and a total of an estimated 3 trips will be made by 6 staff(3 medical officers, 1 HMIS officer, Program Director and the program manager).</i>							
	Section Total						54,000.00	
25. Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total						0.00	
26. General Operating and Other Direct Costs								
7.1	Communications	D	1	900.00	9	50.00	4,050.00	
	<i>CPD incurs a cost to cater for internet costs, telephone costs in Adado, Mogadishu and Adado offices from where this project will be implemented. CPD will charge 50% of this amount (Adado 25% and Mogadishu 25%) to this grant and the other percentage will be charged to other donors according to the support costs allocation matrix.</i>							
7.2	Utilities	D	1	460.00	9	50.00	2,070.00	
	<i>CPD incurs electricity, water bills in the Adado, Mogadishu office. A portion of this(50%) will be charged to this grant (Adado 25% and Mogadishu 25%) during the duration of this project. The 50% has been arrived at through the support cost allocation matrix that apportions support costs to different donors.</i>							
7.3	Office Rent-Adado	D	1	3,000.00	9	50.00	13,500.00	
	<i>"The Project team will be housed in the CPD office compound in Adado, for the day to day work routine. They will hold meetings here with other team members, community heads, government officials, other organization representatives etc. They will also write reports in the office and other required information to the donor. In addition, the support team(finance, logistics) will also be working from the Mogadishu office. Based on the CPD support cost matrix, this project will contribute 50% of the cost towards the shared office cost since its the office from where most field coordination will happen. The USD 3,000 rent is consistent with project 4560 which is currently ongoing.</i>							
7.4	Office Rent-Mogadishu	D	1	3,000.00	9	30.00	8,100.00	
	<i>CPD retains Mogadishu as the country headquarter and will charge 30% of the rent here. The cost of USD 3,000 is consistent with project 3891 which is ongoing and being implemented in Mogadishu. The annual program meeting to be attended by project staff occurs in Mogadishu, the cluster meetings also occur in Mogadishu, some of the drugs supplies will be purchase from Mogadishu also and hence the need to charge part of the office rent to this project.</i>							
7.5	Office Stationery	D	1	1,046.00	1	100.00	1,046.00	
	<i>CPD will procure stationery for general office use and also use some of it in the different training's to be undertaken above. The total cost is estimated to be USD 1046 as indicated in the attached BOQ</i>							
	Section Total						28,766.00	
SubTotal			2,139.00				560,687.77	
Direct							560,687.77	
Support								
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							39,248.14	
Total Cost							599,935.91	
Project Locations								

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Cabudwaaq -> Abutwaaq	34	4,800	7,050	1,500	1,650	15,000	<p>Activity 1.1.1.1 : CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facilities while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4050 children under fives and 2130 PLWs. About 50% of the target populations for both under fives and PLWs will be targeted for screening and those found malnourished will be treated as per the respective program criterias.</p> <p>Activity 1.1.1 : Provide consultations of communicable and non- communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through two static health facilities and a mobile outreach. 60 consultations per day per health facility/mobile unit will be targeted. In this activity, a total of 45,000 persons will be consulted and treated to include 21,150 women, 4,950 girls, 4,500 boys and 14,400 men.</p> <p>Activity 1.1.1 : Undertake a vulnerability assessment and use the results to identify registration of the planned 300 Unconditional Cash Transfer Beneficiaries. Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the settlement to identify the most vulnerable. 70% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries (150 no. Hh) will be those that have a member undergoing SAM/MAM treatment.</p> <p>Activity 1.1.1 : Undertake rehabilitation of Bodadhagore borehole in Adado to serve Bodadhagore settlement and the host community around.</p> <p>Activity 1.1.2 : Process Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 93). CPD will engage the telephone company Hormud and contract them to effect the unconditional cash transfers through its EVC network to the beneficiaries. The total unconditional amount to be transferred will be USD 139,500.00.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1050 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.</p> <p>Activity 1.1.2 : Provide prescribed standard management to severe acute malnutrition(SAM) patients to 1461 (730 boys and 731 girls) children between age of 6-59 months in 3 fixed health centres according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management. The targets were calculated as per the prevalence of SAM in the target districts based on the latest FSNAU and UNICEF figures.</p> <p>Activity 1.1.3 : Provide treatment of Moderate acute malnutrition to 4458 moderately malnourished children U5 and PLW through targeted supplementary feeding program.(2850 children U-5 year children and 1608 PLW).</p>

							<p>Target based on the GAM/MAM prevalence in target areas as per latest FSNAU post Gu analysis.</p> <p>Activity 1.1.3 : Provide quality and safe immunisation against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3900 children under the age of five years, (1638 boys and 2262 girls) and to 3000 Women of childbearing age at static health centres and mobile outreach.</p> <p>Activity 1.1.1 : Provision of school feeding program to 760 children (394 girls, 366 boys) in 3 schools. The program will target 300 pupils in Shirejama Primary school in Galbeed ward (Abudwak), 230 pupils in Horseed Primary School in Bakin ward (Adado), and 230 pupils in Waxaracade Primary School in Waxaracade ward (Dusamareb).</p> <p>Activity 1.1.4 : Conduct 4 days classroom training for 15 front line health staff (6 nurses, 3 medical officers and 6 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.</p> <p>Activity 1.1.4 : Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 3,244 eligible pregnant and lactating women in the target districts. 80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.</p> <p>Activity 1.1.5 : Provide adequate drugs and medical supplies to the 3 target health facilities based on morbidity data of the last three months. Drugs to be procured will be based on the Somalia essential drugs lists.</p>
Galgaduud -> Cadaado -> Cadaado	33	4,800	7,050	1,500	1,650	15,000	<p>Activity 1.1.1 : CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facilities while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4050 children under fives and 2130 PLWs. About 50% of the target populations for both under fives and PLWs will be targeted for screening and those found malnourished will be treated as per the respective program criterias.</p> <p>Activity 1.1.1 : Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through two static health facilities and a mobile outreach. 60 consultations per day per health facility/mobile unit will be targeted. In this activity, a total of 45,000 persons will be consulted and treated to include 21,150 women, 4,950 girls, 4,500 boys and 14,400 men.</p> <p>Activity 1.1.1 : Undertake a vulnerability assessment and use the results to identify registration of the planned 300 Unconditional Cash Transfer Beneficiaries. Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the settlement to identify the most vulnerable. 70% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries (150 no. Hh)</p>

								<p>will be those that have a member undergoing SAM/MAM treatment.</p> <p>Activity 1.1.1 : Undertake rehabilitation of Bodadhagore borehole in Adado to serve Bodadhagore settlement and the host community around.</p> <p>Activity 1.1.2 : Process Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 93). CPD will engage the telephone company Hormud and contract them to effect the unconditional cash transfers through its EVC network to the beneficiaries. The total unconditional amount to be transferred will be USD 139,500.00.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1050 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.</p> <p>Activity 1.1.2 : Provide prescribed standard management to severe acute malnutrition(SAM) patients to 1461 (730 boys and 731 girls) children between age of 6-59 months in 3 fixed health centres according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management. The targets were calculated as per the prevalence of SAM in the target districts based on the latest FSNAU and UNICEF figures.</p> <p>Activity 1.1.3 : Provide treatment of Moderate acute malnutrition to 4458 moderately malnourished children U5 and PLW through targeted supplementary feeding program.(2850 children U-5 year children and 1608 PLW). Target based on the GAM/MAM prevalence in target areas as per latest FSNAU post Gu analysis.</p> <p>Activity 1.1.3 : Provide quality and safe immunisation against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3900 children under the age of five years, (1638 boys and 2262 girls) and to 3000 Women of childbearing age at static health centres and mobile outreach.</p> <p>Activity 1.1.1 : Provision of school feeding program to 760 children (394 girls, 366 boys) in 3 schools. The program will target 300 pupils in Shirejama Primary school in Galbeed ward (Abudwak), 230 pupils in Horseed Primary School in Bakin ward (Adado), and 230 pupils in Waxaracade Primary School in Waxaracade ward (Dusamareb).</p> <p>Activity 1.1.4 : Conduct 4 days classroom training for 15 front line health staff(6 nurses, 3 medical officers and 6 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.</p> <p>Activity 1.1.4 : Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 3,244 eligible pregnant and lactating women in the target districts. 80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.</p> <p>Activity 1.1.5 : Provide adequate drugs and medical supplies to the 3 target health facilities based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.</p>
Galgaduud -> Dhuusamarreeb -> Dhuusamarreeb	33	4,800	7,050	1,500	1,650	15,000	<p>Activity 1.1.1 : CNW and Volunteers undertake detection, case management and referral of children and PLW with acute malnutrition at facility and community level. Screening will be</p>	

conducted to detect those with malnutrition (both SAM and MAM) and those found with severe acute malnutrition will be referred to the correct program for management. Children with SAM without complications will be treated at the fixed facilities while Severely malnourished children with complications will be referred to stabilisation centres. Target includes 4050 children under fives and 2130 PLWs. About 50% of the target populations for both under fives and PLWs will be targeted for screening and those found malnourished will be treated as per the respective program criterias.

Activity 1.1.1 : Provide consultations of communicable and non- communicable diseases including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women through two static health facilities and a mobile outreach. 60 consultations per day per health facility/mobile unit will be targeted. In this activity, a total of 45,000 persons will be consulted and treated to include 21,150 women, 4,950 girls, 4,500 boys and 14,400 men.

Activity 1.1.1 : Undertake a vulnerability assessment and use the results to identify registration of the planned 300 Unconditional Cash Transfer Beneficiaries. Project Officers in liaison with beneficiary community leaders will carry out a physical assessment in the settlement to identify the most vulnerable. 70% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of drought. 50% of the beneficiaries (150 no. Hh) will be those that have a member undergoing SAM/MAM treatment.

Activity 1.1.1 : Undertake rehabilitation of Bodadhagore borehole in Adado to serve Bodadhagore settlement and the host community around.

Activity 1.1.2 : Process Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 93). CPD will engage the telephone company Hormud and contract them to effect the unconditional cash transfers through its EVC network to the beneficiaries. The total unconditional amount to be transferred will be USD 139,500.00.

Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1050 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women.

Activity 1.1.2 : Provide prescribed standard management to severe acute malnutrition(SAM) patients to 1461 (730 boys and 731 girls) children between age of 6-59 months in 3 fixed health centres according to the different phases. Those with SAM with complications will be referred to the nearby SCs for further management. The targets were calculated as per the prevalence of SAM in the target districts based on the latest FSNAU and UNICEF figures.

Activity 1.1.3 : Provide treatment of Moderate acute malnutrition to 4458 moderately malnourished children U5 and PLW through targeted supplementary feeding program.(2850 children U-5 year children and 1608 PLW). Target based on the GAM/MAM prevalence in target areas as per latest FSNAU post Gu analysis.

Activity 1.1.3 : Provide quality and safe immunisation against vaccine preventable diseases (VPDs) to include measles, polio, tetanus, meningitis among others to 3900 children under the age of five years, (1638 boys and 2262 girls) and to 3000 Women of childbearing age at static health centres and mobile outreach.

Activity 1.1.1 : Provision of school feeding program to 760 children (394 girls, 366 boys) in 3

schools. The program will target 300 pupils in Shirejama Primary school in Galbeed ward (Abudwak), 230 pupils in Horseed Primary School in Bakin ward (Adado), and 230 pupils in Waxaracade Primary School in Waxaracade ward (Dusamareb).

Activity 1.1.4 : Conduct 4 days classroom training for 15 front line health staff(6 nurses, 3 medical officers and 6 auxiliary nurses) on integrated management of childhood illnesses management, Basic Emergency Obstetric maternal and neonatal care, prevention and treatment of measles and acute watery disease/cholera to enable them competently respond the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks. One day training on each of the components mentioned.

Activity 1.1.4 : Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 3,244 eligible pregnant and lactating women in the target districts.80% of the PLWs in the project areas will be targeted to prevent and treat anaemia which is the leading cause of morbidity.

Activity 1.1.5 : Provide adequate drugs and medical supplies to the 3 target health facilities based on morbidity data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.

Documents	
Category Name	Document Description
Project Supporting Documents	CWG Transfer value recommendations revised MEB - 07.07.17 to support USD 93.pdf
Project Supporting Documents	Generator Specifications.pdf
Budget Documents	CPD Cash Memo 6662 Project.pdf
Budget Documents	cash memo.pdf
Budget Documents	Revised BOQ'S.xls
Budget Documents	Operational costs breakdown.xls
Budget Documents	BOQ'S 29.08.2017 (1).xlsx
Budget Documents	BOQ'S 01.09.2017.xlsx
Budget Documents	BOQ'S 04.09.2017.xlsx
Budget Documents	BOQ'S.xlsx
Budget Documents	BOQ'S 18.08.2017.xlsx
Budget Documents	BOQ'S 20.08.2017.xlsx
Budget Documents	BOQ'S 20.08.2017 Current
Grant Agreement	Grant agreement CPD 6662.pdf
Grant Agreement	Project 6662-Grants Agreement signed.pdf