

Requesting Organization :	World Vision Somalia		
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)		
Primary Cluster	Sub Cluster	Percentage	
Education		14.00	
Food Security		35.00	
Health		20.00	
Nutrition		15.00	
Water, Sanitation and Hygiene		16.00	
		100	
Project Title :	Integrated Health, Nutrition, WASH, Food Security and Education interventions to host communities and IDP's affected by drought and AWD outbreak in Burao Region, Somaliland		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6668
Cluster :		Project Budget in US\$:	700,008.03
Planned project duration :	6 months	Priority:	
Planned Start Date :	26/09/2017	Planned End Date :	20/03/2018
Actual Start Date:	26/09/2017	Actual End Date:	26/03/2018
Project Summary :	<p>Food Security and Livelihoods (FSL): The proposed project seeks to restore immediate food access among crisis and emergency affected communities in villages under Burao region of Somaliland. The project seeks to improve food access by increasing household purchasing power through unconditional and conditional cash assistance for 3 months. The cash transfer will prioritize households with malnourished children Severe Acute Malnutrition (SAM) identified under existing nutrition interventions in the targeted area, accompanied by nutrition sensitization around household dietary diversity and infant and young child feeding (IYCF) practices. This project will also support rehabilitation of degraded communal grazing lands which has been recently affected by severe droughts resulting in the degeneration of the pasture fields and reduction of the available pasture grass seeds. This will be achieved through a conditional cash transfer (cash for work) approach with the aim of increasing immediate access to food and basic necessities of drought-affected communities at the same time create condition for livelihood recovery and sustainability in the targeted areas.</p> <p>HEALTH: WV Somalia will support 6 rural health centers and 2 mobile medical units (MMU) with the aim to deliver an integrated package of promotive, preventive and curative maternal, newborn and child health services through facility-based and community-based care. Specifically, general consultations and basic, life-saving treatment for those suffer from common diseases such as Acute Watery Diarrhea (AWD)/ Cholera, malaria, respiratory tract infections Routine immunization for children under the age of five will also be covered to prevent children mortality. The target health centers are; Gaba Gabo, Nasiye, Ali ciise, Shanshacade, Mohamed Ugaas, Candha dhaxe Health centers all in Burao district.</p> <p>NUTRITION: The proposed nutrition activities will be integrated with the health, FSL and Education interventions with an aim to address the underlying causes of high levels malnutrition as well as to enable early identification for treatment in rural areas of Burao district. This program will establish a strong community network through competent community nutrition volunteers for early detection and referral of children and pregnant and lactating mothers with acute malnutrition. In addition to the treatment of acute malnutrition, the project will be promoting positive infant and young child feeding (IYCF) practice by providing IYCF promotion and counselling.</p> <p>WASH: WV is intending to reduce the vulnerability of the drought affected communities and address the underlying root causes of AWD/ Cholera while ensuring the retention of children in schools in Burao district through provision of life-saving basic WASH services via the schools in rural villages and IDP camps in urban areas. The proposed intervention links with WV's ongoing emergency response interventions in Health, Nutrition and Food Security, Livelihoods currently ongoing in the same targeted IDP camps in Burao district funded by EU trust fund, all defined to provide a combination of lifesaving and resilience building support to drought affected communities in Burao. WV aims to reach 12721 beneficiaries and 3069 school children</p> <p>EDUCATION: To protect children from AWD/ Cholera and any other communicable diseases, the project will target 6 schools through provision of safe water, clean sanitation facilities and hygiene promotion and health and nutrition messaging. This project targets 3069 children (1732 boys and 1337 girls)</p> <p>A total of 39855 beneficiaries will be reached through this intervention (12,721 of this beneficiaries will be from the urban areas of Burao district and 27,134 from the rural areas)</p>		

Direct beneficiaries :

Men	Women	Boys	Girls	Total
9,069	16,288	7,576	6,922	39,855

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	3,087	3,265	3,314	3,055	12,721
People in Host Communities	5,472	12,768	2,280	2,280	22,800
Staff (own or partner staff, authorities)	30	15	0	0	45
Children under 18	0	0	1,732	1,337	3,069

Indirect Beneficiaries :

Indirect beneficiaries will include the parents/caregivers and broader community reached through community hygiene sensitization/awareness campaigns, the larger communities will also benefit from the rehabilitated grazing land.

Catchment Population:

53150

Link with allocation strategy :

The proposed interventions are aligned with the SHF Integrated response reserve strategy with a primary focus of providing life-saving and life sustaining support to the most vulnerable group such as IDPs and communities in hard to reach area. Through multi-sectoral assistance proposed under this project which covers WASH, Health, FSL and Nutrition, the project seeks to reduce the morbidity and mortality caused by communicable diseases such as AWD/ Cholera and malnutrition by addressing the cross-sectoral underlying causes. While children and teenagers are among the most susceptible to the adverse impact of shocks such as communicable disease and abuses, the project pay specific attention to projecting children through school-based WASH and protection interventions. The rehabilitation of grazing land through Cash For Work (CFW) and the support in sustaining basic health care service is an effort to build resilience to recurrent shocks and mobilize sustainable solutions, which is also align with the strategic objective of the Humanitarian Response Plan (HRP)

The project contributes to the cluster focus of food security objective 1 - "improving households immediate access to food" through integrated conditional and unconditional cash transfer, linking the outcome with objective 3 – "support rehabilitation and/ or restoration of household and community productive assets and capacity to build resilience" by rehabilitating grazing lands. Nutrition interventions is built on food security initiatives to address the root causes of malnutrition (food insecurity), at the same time strengthen lifesaving preventive nutrition for vulnerable group (cluster objective 1) through promotion of IYCF and optimal dietary habit.

Using school as an entry point of life-saving WASH intervention, the project align with the WASH cluster objective on providing access to safe water, sanitation and hygiene for people in emergency. This intervention is align to the allocation strategy of WASH and Health clusters in addressing the issue of continuous AWD/ Cholera outbreak with a focus on one of the most vulnerable groups – children. The improved WASH facilities also contribute to ensuring drought-affected children and youth have a learning environment that keep them safe from the threat of water borne diseases which encourage children to stay in school. In addition to hygiene and sanitation promotion activities through community hygiene promotion education and child-centered approach whereby children in schools of the target locations will be used as change agents to inspire and empower rural communities for the prevention of water-borne diseases

Strengthening of health service in hard-to-reach rural area address the curative aspect of malnutrition issues and communicable diseases. The establishment of 6 rural health centres and 2 mobile medical units links with health cluster's objective in improving access to essential lifesaving health service, including also the aim to reduce maternal and child morbidity and mortality through covering the promotive, preventive and curative maternal, newborn and child health services

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
Stella Wekesa	Senior Program Officer	Stella_Wekesa@wvi.org	+254719888547
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BACKGROUND**1. Humanitarian context analysis**

Somalia has continued to experience multifaceted humanitarian and livelihoods crisis since 1991. The country has witnessed thousands of households and groups of people being displaced as a result of a myriad of factors including insecurity, social and economic and natural factors such as droughts among others. There is prevalence of food insecurity, low education levels, lack of health care facilities and poor infrastructures; Livelihood opportunities are also limited to many Somali due to the turbulence. The recurrent droughts in the recent years have made the bad situation worse, many households has been struggling to maintain their livestock and agricultural holdings. The food security situation in Somalia continues to deteriorate, with the humanitarian situation described as dire and in a state of crisis. There is very little hope of quick return and resettlement by the IDPs, displaced camps have become homes instead of temporary settlements to the affected people. This therefore requires humanitarian organisations to tailor emergency programs to suit the changing needs of the affected communities. The displaced persons are reported to have lost their productive assets and livelihoods, making it difficult to return to their homes; while the host communities also face competition over scarce resources-overstretching the social services and socio-economic infrastructure. Lack of rains for consecutive seasons and poor rainfall in Somalia has led to a severe drought that has killed livestock and crops, displaced hundreds of thousands of Somalis, and left around 6.2 out of 12.3 million people in need of humanitarian assistance. Nearly 5.5 million people are at risk of contracting water-borne diseases like cholera. While the Gu rainy season has brought in some relief, floods are now expected to increase the number of cholera cases. According to the WHO report 10 June 2017, the Ministry of Health of Somalia has reported 1979 AWD/ cholera cases and 13 deaths for week 24 (12 - 18 June 2017). This is a 19% decrease in the number of new cases from week 23, and can be attributed to timely and effective intervention efforts over the past months. 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.

Togdheer region is one of the regions of Somaliland that have seen severe drought and food insecurity, followed by Acute Watery Diarrhoea (AWD) outbreak. FSNAU-FEWSNET Technical report released on February 2017 have estimated that between February and June 2017 there will be 155,000 people in crisis phase (IPC3) which is the highest for Northern region of Somalia and 6000 people in emergency phase (IPC4). The situation was further worsened by the spread of AWD in the region. Togdheer, especially Burao district, have seen the highest number of cases of AWD in Somaliland with a total of 10,919 cases and 224 deaths accounting for 72% of the reported cases and 78% of the deaths in Somaliland. Burao district was the worst affected out of the districts in the region. The drought coupled with AWD outbreak and lack of health and nutrition services have critically affected the rural communities of Burao district. The limited resources from MOH and humanitarian agencies was focused in responding to the effects of the drought and AWD in IDP camps and urban communities. Even though the rural communities were equally affected by drought, there are no health and nutrition services to treat malnourished cases exacerbated by prolonged drought.

2. Needs assessment

HEALTH AND NUTRITION: The assessment conducted by WVI team in July 2017 have revealed that 11 health centres in Burao district that are planned to provide services to more than 50,000 communities are not functioning because of lack of support for staffing, drugs and medical supplies and essential equipment. The closest health service for these rural communities in Burao town which is as far as 120 KM from some of the villages. The assessment also found that there is high rate of malnutrition and communicable diseases as there is no access to clean water and sanitation facilities. The project is proposing to provide basic health services in 6 selected health centres and three mobile teams that will cover hard to reach areas. Discussions with the regional Ministry of Health (MOH) have revealed that the health and nutrition services in the four IDP camps in Burao district is covered by HPA and SRCS. With support from EU trust fund World Vision International is also starting a health project that will complement the health services provided by these agencies with drugs and medical supplies, in-service-trainings and provision of technical and financial support to the regional health office. It was agreed that the health and nutrition needs are more critical in the rural villages as explained above.

FOOD SECURITY AND LIVELIHOODS: Livestock management and agriculture/farm work are the pre-dominant income generating activities for most households with each livelihood activity aligned to the seasonal variations. The livestock sector in particular has a huge impact on food security and poverty as an important source of foreign exchange, much of which is used to finance the importation of food and basic necessities up to 70%. On average, 19.2% of the households interviewed in Burao owned cattle, camels, goats and sheep (SomRep Livelihoods Recovery Assessment Report, June 2017). Besides of livestock management and agriculture/ farm work, CFS/ food for work and unskilled manual off-farm labor came back as third of the most common form of income source of households in Burao. With drought takes its toll on pasture and livestock's health, it is reasonable to believe more households will have to seek more labor work to sustain their families. The assessment report also revealed that households devoted an average 30% of their total expenditure on food purchases, and 31% on the purchase of goods and productive investments like agricultural inputs.

EDUCATION : According to the Ministry of Health and WHO, there are high number of AWD cases reported in Togdheer region. Since children are the most affected, the target schools will be important platforms to promote good hygiene practices that protect children from communicable diseases. WV Somalia will mainstream WASH interventions through education (schools) with an aim of keeping children in school. Targeted schools are; TSh. Yousuf, A/Saleeban, C/Q/Koosaar, M.A.Ali, X.C.Siciid, J/C/Nasir

WASH: According to the World Vision rapid assessment, July 2017, Access to water during both dry and wet seasons is still a major challenge in Somalia. Prevalence of illness amongst children has increased as the quality of water has diminished with no available alternatives. Limited water for washing, cooking and cleaning also affects hygiene, raising the risk of AWD/ cholera outbreaks. The most common source of water for domestic and livestock uses is unprotected surface water from rivers/ponds which further increases the spread of AWD/ cholera outbreaks. The most common source of water for domestic and livestock uses is unprotected surface water from rivers/ponds which further increases the spread of AWD/ cholera.

3. Description Of Beneficiaries

The FS intervention will target HHs with malnourished children and poor pregnant and lactating women who are at increased risk of malnutrition. The proposed WASH and Education project will target 6 schools affected by the drought in Burao Districts in Togdheer region. Children from both the IDPs and the host communities will benefit from the project interventions. Children having disabilities will be specifically targeted during selection and implementation of the project. The WASH project will further compliment the Health, Nutrition and FS projects by targeting similar beneficiaries for water trucking, provision of hygiene kits and hygiene promotion so as to ensure a comprehensive package is provided to the most vulnerable targeted beneficiaries to help reduce ongoing AWD/ Cholera crisis and increase chances of survival amongst this vulnerable groups. The proposed health and Nutrition action will complement the ongoing response in terms of nutrition with mobile health services targeting the most vulnerable and deprived communities in the drought affected areas of Burao district. For this purpose 6 health centers and 2 mobile health clinics will be mobilized to provide emergency primary healthcare to the most vulnerable communities focusing on children of under 5 years of age, pregnant women, women of child bearing age, and above 5 years of population.

4. Grant Request Justification

In a context where households do not have enough food stocks, have accumulated food debt, lack sufficient incomes to purchase food from the markets, face severe water crisis with extremely high prices of water, depleted pasture, deteriorated livestock condition, increased livestock deaths, displacements and increased destitution in Burao district. As such, the situation for most pastoralists is in dire as they have lost most of their livelihoods and still remains in destitute. The successive two years of drought have caused fragile coping mechanisms to collapse, and led to poor livestock health, decreased water availability and quality, and increased malnutrition and displacement. There is notable increase of AWD/Cholera related to the drought and affecting mainly children under 5 years in many parts of the region. An outbreak situation of AWD has been declared in the region since January 2017. The food and water scarcity are also having significant knock-on effects for children's education. Across the drought affected areas, attendance has fallen and many are dropping out altogether, as a consequence of the drought. While children are out of school for a myriad of reasons, two common factors – a chronic lack of food and water – are pushing children away from their classrooms.

Through meeting immediate food and non-food needs for the most vulnerable in Burao district, the action will identify HHs that requires life-saving food and non-food assistance for support with unconditional and conditional cash grants to drought affected households with the target being households with children suffering from SAM/MAM cases. This support will alleviate suffering, reduce extreme cases of starvation among the destitute; improve dietary diversity and general nutritional status of the targeted households. This support will also reduce distress sale of the little assets these HHs might have. Cash grants will thus mitigate the existing food and livelihood insecurity while at the same time reducing future vulnerability. In our past cash transfer projects, more than 90% of beneficiaries have reported accessing sufficient food intake in addition to purchasing new assets such as livestock, repaying debts. Drastic reduction in negative coping strategies has been reported.

These existing emergency response programs enable WV to apply an integrated multi sector approach, which not only enhances impact but serves to provide a holistic response to the multiple needs of the drought affected communities. Therefore, World Vision Somalia is well placed to respond to these urgent needs through an integrated emergency life-saving to improving water to the severely affected villages through schools in Burao district and increasing hygiene knowledge and provision of health and nutrition services through mobile services to the targeted communities. This intervention will reduce the negative impacts of the droughts on communities, school children and outbreak of diseases like AWD/Cholera, while ensuring that children are retained in the schools through the provision of integrated WASH response.

5. Complementarity

World Vision is implementing an EU funded project, "Enhancing Durable Solutions for and Reintegration of Displacement Affected Communities in Somaliland" in urban areas of Burao districts aiming to increase access to basic services and creation of realistic livelihood opportunities. The interventions include Health, Nutrition and Food security, this project is implemented in a consortium with Danish refugee Council, Norwegian Refugee Council and Taakulo Somaliland Community within the IDP camps and host communities in Burao. The proposed project will complement the existing WV projects as well as other external initiatives in Togdheer Region. Through the SHF funding World Vision will complement the ongoing Health, Nutrition, and FSL projects within the urban areas with the SHF funded WASH intervention with Education and protection component to ensure this projects focuses on assisting drought-affected communities with the aim of increasing access to life-saving commodities, basic services and protection/ recovering livelihood. The proposed project will complement the emergency endeavors to address the specific needs of children, the most vulnerable among the drought affected. Similar integration will be applied in the rural areas in Burao where World Vision has been implementing multi-sectoral interventions in Burao which covers GFD/WFP, protection/fistula, WASH and food security and livelihood. The FSL, Education, Nutrition and Health interventions, this will ensure that through WASH the pupils are fully enrolled and attending school due to reduced cholera and other contagious diseases as a result of lack of water in both urban and rural areas. This will help the communities own up holistic approach to development which will strengthen sustainability mechanisms.

LOGICAL FRAMEWORK

Overall project objective

To save lives, alleviate suffering and maintain human dignity in communities experiencing humanitarian crisis or that are food insecure in Burao district

Education

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Ensure emergency and crisis-affected children and youth have access to safe and protective learning environments that encourage retention and increased enrolment	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 project intends to improve the retention rates in existing public schools as well as protect vulnerable children through an integrated Education and WASH intervention to be implemented through schools

Outcome 1

Improved access and retention rates for 1732 girls and 1337 boys by in Burao district of Togdheer region.

Output 1.1

Description

Retain 3069 children (1732 girls and 1337 boys) in 6 targeted schools in Burao District

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					3,069

Means of Verification :

Indicator 1.1.2	Education	Number of children participating in child club events on hygiene promotion (1732 girls and 1337 boys)					3,069
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Means of Verification :							
Indicator 1.1.3	Education	Number of water bladders installed in the targeted schools				6	
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Water distribution in schools							
Provision of Water in schools through water trucking to ensure school going children have access to safe and clean drinking water to facilitate school retention and enrollment rates. This activity will target 6 schools with 3069 school children (1732 girls and 1337 boys) as beneficiaries. Water trucking will be done for a one month, each student will get 7.5 litres a day for 30 days							
Activity 1.1.2							
Standard Activity : Hygiene promotion							
Hygiene promotion and child protection awareness in schools: To facilitate adoption of good hygiene practices for improved health status, hygiene promoters will train the pupils and teachers on proper hygiene behavior in the beginning of the project and consistently with 1 visit every month. The schools will conduct 1 hygiene promotion per month which will involve students, their parents, teachers, CECs and the neighboring community. This will be conducted to coincide with the major hygiene and behavior change celebrations such as world toilet day, global handwashing day, world menstrual hygiene day and world water day. The topics which will be covered will include but not limited to importance of handwashing after visiting a latrine, safe excreta disposal, solid waste disposal, environmental hygiene, food hygiene, personal hygiene, safe water storage and other key hygiene concerns.							
Activity 1.1.3							
Standard Activity : Not Selected							
In order to improve access and storage of clean water in the 6 schools, WV will distribute bladders 6000L in each school to help in improving watering points for the pupils.							
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		50			
Support rehabilitation and/or restoration of household and community productive assets and capacity to build resilience to withstand future shocks and prevent further deterioration		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 project seeks to address cluster priority on providing life-saving assistance by providing immediate cash inject through voucher that boost food purchase power of the most vulnerable and simultaneously vitalize local market. Conditional voucher transfer achieved through establishing or improvement community productive assets aims to combine the initiatives of emergency assistance with long-term resilience. While drought is expected to be exacerbated, the project will also support building communities' mid-term livelihood recovery ability through livelihood input replenishment.							
Outcome 1							
Improved access to food for children and families in rural communities in the target villages in Burao							
Output 1.1							
Description							
Provision of unconditional cash transfer to 711 households for 3 months							
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					4,266
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Conditional or unconditional Cash transfer							

Unconditional cash transfers:
 WV Somalia seek to carry non- conditional transfer intervention in the rural areas of Burao district in Somalia to increase communities' ability to access food. 711 HH (4266 people) from the most vulnerable households with malnourished children will be targeted under this output. Mid-Upper Arm Circumference (MUAC) will be employed to determine whether the child is malnourished or not. In the same way, newly formed IDPs or villages affected by drought will be included in program through close collaboration with village leaders and regional drought committees. WV will use the Current Cash Working Group (CWG) recommended transfer rate (Multipurpose transfers: 80% of new Full Minimum Expenditure Basket (MEB) for Togdheer which is \$78).

Output 1.2

Description

Improve the income source of the target households through conditional cash transfer

Assumptions & Risks

Inflation rate remains the same

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Food Security	Number of people that benefited from conditional transfers to improve access to food and protection of livelihood assets					200

Means of Verification :

Activities

Activity 1.2.1

Standard Activity : Cash for Work

Environmental rehabilitation work through cash for work interventions will benefit 200 people (160 men, 40 women) with the construction of semi-circular bunds in the degraded communal pasture of the target pastoralists. Apart from rehabilitating the pasture, the intervention augments the income source of the household so that the family can be able to purchase food items of their preferences. The same income can also bridge the financial gap of the household for social commitment, children medication and school fee. WV will Support CFW participants with the basic tools(shovels, fork/hoes,spades,gloves,measuring tapes& wheelbarrows) to handle the CFW intervention. A total of 1200 households will benefit will benefit from this conditional cash transfers hence improved access to food.

Additional Targets :

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality	2017-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk	75
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner	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	25

Contribution to Cluster/Sector Objectives : This project will reduce morbidity and mortality among drought-affected vulnerable communities in Burao district of Togdheer region through improving access to quality life-saving curative and preventive health and Nutrition services

Outcome 1

Improved access to and utilization of curative and preventive basic package of health services to drought-affected communities in Burao district

Output 1.1

Description

Provision of emergency basic health services through 6 health centres in Burao district.

Assumptions & Risks

-Security allows for continued and uninterrupted access to the target areas/communities.
 -Communities are willing and able to participate in planned activities.
 -There are no significant influx or exodus of population which would disrupt activities/affect proposed targets.
 --Supplies are available.

Risks:

-Increased immigration of nomads to project sites might result project to exhaust available supplies
 -MOH may run out of stock/ vaccine supplies during project period.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of health facilities supported					6
Means of Verification :							
Indicator 1.1.2	Health	Number of nurses trained on integrated management of childhood illness (IMCI)					20
Means of Verification :							
Indicator 1.1.3	Health	Number of mid wives trained on safe motherhood and new born care					16
Means of Verification :							
Indicator 1.1.4	Health	Number of outpatient consultations in Health centres and mobile teams					13,680
Means of Verification :							
Indicator 1.1.5	Health	Utilization rate of health services (number of consultations per person per year)					1
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Support staffing of 6 Health centres in Burao district through provision of incentive to Ministry of Health (MOH) assigned staff (Target - 36 staff), and Conduct regular joint (World Vision & MOH) supportive supervision of all health & Nutrition services in the target health centres followed by on-the-job training							
Activity 1.1.2							
Standard Activity : Primary health care services, consultations							
Conduct integrated management of childhood illness (IMCI) training for nurses in the supported Health Centres (Target – 20 staff; Male – 15 ; Female – 5)							
Activity 1.1.3							
Standard Activity : Emergency Obstetric Care - Basic and Advacned							
Conduct safe motherhood and new born care training to midwives in the supported health facilities (Target – 16 staff; Female – 16). The trained midwives will support provision of preventative and curative care of women of reproductive age (antenatal care and postnatal care with further referral for birth spacing)							
Activity 1.1.4							
Standard Activity : Essential drugs and Medical equipments distribution							
Supplement the supply of essential drugs & medical supplies by MOH and UNICEF. World Vision aims to reach a total 13,680 total beneficiaries hence the need to supplement supplies provided to ensure all the targeted beneficiaries are reached. (Male - 3283, Female – 7661, Boys -1368, Girls - 1368)							
Activity 1.1.5							
Standard Activity : Primary health care services, consultations							
Treatment of common illnesses like AWD/ Cholera, diarrhea, pneumonia, and malaria through mobile clinics and health centers							
Outcome 2							
Strengthened capacity of MoH in disease surveillance, emergency preparedness and response to disease outbreak and emergencies (especially Acute Watery Diarrhea (AWD))							
Output 2.1							
Description							
Surveillance of communicable diseases and the creation of a preparedness plan to respond to outbreaks							
Assumptions & Risks							
Security allows for continued and uninterrupted access to the target areas/communities.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health facilities supported					6
Means of Verification :							
Indicator 2.1.2	Health	Number of health workers trained on disease surveillance and emergency preparedness for communicable disease outbreaks.					25
Means of Verification :							
Indicator 2.1.3	Health	Number of people reached with AWD/ Cholera case management messages					13,680
Means of Verification :							

Indicator 2.1.4	Health	Number of people provided with routine vaccination						2,190
Means of Verification :								
Activities								
Activity 2.1.1								
Standard Activity : Epidemic disease surveillance								
Maintain routine disease surveillance and reporting system by ensuring that all the supported health centres are submitting disease surveillance report								
Activity 2.1.2								
Standard Activity : Epidemic disease surveillance								
Conduct training on Acute Watery Diarrhea (AWD) and Measles case management, outbreak preparedness & response training for Health centre, district and regional health office staff (Target – 20 staff; 10 Male, 10 Female)								
Activity 2.1.3								
Standard Activity : Epidemic disease surveillance								
Support Burao district health office in preparing emergency preparedness and response plan for possible outbreak potential diseases (One plan for Burao district prepared) and raise community awareness on disease surveillance and reporting with emphasis on Acute Watery Diarrhea (AWD)								
Activity 2.1.4								
Standard Activity : Immunisation campaign								
Provide routine vaccination, Vitamin A supplementation and deworming services targeting children <5 years and Pregnant women as per the national vaccination schedule in all supported HCs and mobile sites (Target – T - 1095, Boys – 388, girls – 388, women – 319)								
Additional Targets :								
Nutrition								
Cluster objectives			Strategic Response Plan (SRP) objectives				Percentage of activities	
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds			2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response				50	
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases			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	
Contribution to Cluster/Sector Objectives : World Vision plans to work towards improving equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases and Strengthening lifesaving preventive nutrition services for vulnerable population both in the host communities and IDPs focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition. The proposed action will be implemented in an integrated approach to enhance the multi-sectoral approach while aligning the project objective to the clusters selected objectives.								
Outcome 1								
Improved access to and utilization of quality nutrition services to communities affected by drought in Burao District								
Output 1.1								
Description								
Provision of effective treatment of acute malnutrition for under-fives at Outpatient Therapeutic Program (OTP)								
Assumptions & Risks								
Indicators								
			End cycle beneficiaries				End cycle	
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target	
Indicator 1.1.1	Nutrition	Number of children under five and Pregnant and Lactating Women (PLWs) screened for malnutrition					3,648	
Means of Verification :								
Indicator 1.1.2	Nutrition	Number of severely malnourished children <5 years without medical complications admitted to the Outpatient Therapeutic Program (OTP)					356	
Means of Verification :								
Indicator 1.1.3	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					20	
Means of Verification :								
Indicator 1.1.4	Nutrition	Number of IYCF promotion sessions held					1,600	
Means of Verification :								

Activities

Activity 1.1.1

Standard Activity : Community screening for malnutrition and referral

World Vision through the health care workers and community health workers/community nutrition workers plans to conduct active case finding, screening and referral of malnourished under-fives, the activity targets to reach a total of 3, 192 (Boys-1596; Girls-1596) under-fives, 456 pregnant and lactating women. The Community Health Workers (CHW)/Community Nutrition Workers (CNWs) will continuously conduct house to house screening and referral to ensure effective active identification and referral of malnourished cases for further treatment and management at health facility level.

Activity 1.1.2

Standard Activity : Treatment of severe acute malnutrition in children 0-59months

World vision will integrate the outpatient therapeutic program within the already existing health care facilities both at health facility level and during the mobile activities within the supported area with a clear linkage to the on-going Outpatient Therapeutic Feeding Programs (OTP) for continuum of care and effective management. World Vision plans to admit and treat a total of 356 (Boys -178; Girls-178) severe acute malnutrition (SAM) children without complication in 6 Outpatient Therapeutic Feeding Programs (OTP) site integrated within the health centre. The target health centers are; Gaba Gabo, Nasiye Ali ciise Shanshacade Mohamed Ugaas Candha dhaxe Health centers all in Burao district. The admitted cases will receive treatment and routine medication during their duration within the project. The target beneficiaries will also be linked to the WASH component of the project as a prevention to diarrheal diseases which is a key contributor to malnutrition and food security to enhance their household food security ensure comprehensive service provision while addressing the underlying causes of malnutrition.

REFERRAL MECHANISM: Under the support of another emergency response project, WVI is supporting the AWD outbreak response in Burao town. One of the support is support to four MOH Ambulances. WVI will link these Ambulance services with the supported health centers so that SAM cases with Medical complication can be referred to the nearest nutrition stabilization center in Burao. WVI will also work with WFP to incorporate Targeted Supplementary Feeding Prgramme (TSFP) services for children with Moderate malnutrition in the static and mobile sites. In the meantime the identified cases will be referred to TSFP activities supported by another INGO, Health Poverty Action (HPA).

Activity 1.1.3

Standard Activity : Infant and young child feeding counselling

World Vision proposes to conduct an Infant and Young child Feeding (IYCF) training to 20 health care workers and community volunteers who will play a major role in conducting health and nutrition education and IYCF counselling both at health facility and community level during health promotion sessions. The training is aimed at enhancing the capacity of health care workers and the community volunteers to spearhead behavioral change activities towards appropriate Infant and Young Child Feeding (IYCF) practices which will be integrated with the health and WASH aspects of the project.

Activity 1.1.4

Standard Activity : Infant and young child feeding counselling

The trained health care workers and community volunteers will conduct targeted Infant and Young child Feeding (IYCF) counselling and Nutrition, Health & Hygiene Promotion (NHHP) during health and nutrition promotion sessions and during household to house visits within the target location. There will be one on one counselling sessions during Antenatal care (ANC) & Postnatal care (PNC) visits especially on importance of breastfeeding and appropriate complimentary feeding. The activity targets to reach 3,648 women with health and nutrition messages. World Vision will ensure the integration of messages within other sectors to include, WASH, Health and Child protection to ensure all beneficiaries are reached with a wide range of messages.

Additional Targets :

Water, Sanitation and Hygiene

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide access to safe water, sanitation and hygiene for people in emergency	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 will provide WASH in schools and targeted IDP camps to facilitate access to clean and safe water for school going children and the IDP's. Functional latrines and hand washing facilities will be provided to the target IDP camps as well as promoting of proper hygiene practices in schools and the community. This is expected to have positive effect in increasing access and retention in schools

Outcome 1

12721 vulnerable drought affected populations prioritizing female headed households and school children disaggregated by sex in Burao district of Somaliland have improved access to safe through water

Output 1.1

Description

Increased access to safe and clean drinking water at least 7.5litres/person/day

Assumptions & Risks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					12,721
Means of Verification :							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of Jerry cans distributed					3,000
Means of Verification :							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of Community Health Workers, households, school teachers and clinic staff on the proper use of the water purifier					40
Means of Verification :							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of water kiosks constructed as a sustainability mechanism					2
Means of Verification :							
Indicator 1.1.5	Water, Sanitation and Hygiene	Number of water bladders distributed					7
Means of Verification :							
Indicator 1.1.6	Water, Sanitation and Hygiene	Number of community life straws distributed					30
Means of Verification :							
Activities							
Activity 1.1.1							
Standard Activity : Water trucking/water Vouchers							
<p>Water availability –There has been limited access to safe water following the rampant drought over the past years. After the limited rains received in the past weeks, communities resorted to open, untreated and contaminated water sources thus risking their lives to AWD. WV som will target a total of 12,721 people (total population in target households and clinics) with 3,552,750 litres of water for 30 days at 7.5 litres per person per day. The water from will be sourced from chlorinated sources within Burao which are Buqleeye, Geerashka Siilaayo and Aden Garas. WV will support the collection and distribution of chlorine from Ministry of Water and facilitate the training of 10 chlorinators. The chlorinators will be incentivized through a monthly stipend for 4 months.</p>							
Activity 1.1.2							
Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)							
<p>Water storage</p> <p>A total of 3000 (20L) jerrycans with lids (2 jerry can per household) will be distributed to 1500 female headed households in Burao. These will help communities to have proper storage of water during and after trucking.</p>							
Activity 1.1.3							
Standard Activity : Water trucking/water Vouchers							
<p>Water quality-</p> <p>In July 2017, WV trained a total of 12 water technicians (from government line ministries, mostly ministry of water) water sample collection and analysis using Wagtech field testing kits. Four trained water quality technicians will use the four kits to routinely test water for E coli and residual chlorine throughout the response. The four water quality technicians will be paid monthly stipend for 6 months. Water quality data will be shared with the Ministry of water and other agencies to identify hot spots and ensure that trucked water meet the residual chlorine at points of distribution as well as point of use (PoU). WV will procure consumables for the field test kits to cover the 6 months. WV just received supplies of P&G water purifier supplies for the Acute Watery Diarrhea response. The household water treatment option was approved by the Ministry of water in August 2016 for safe use and specific staff from the ministry have been assigned to work with WV on that.</p>							
Activity 1.1.4							
Standard Activity : Water point construction or rehabilitation							
<p>Whilst 4 of the targeted IDPs are close to water supply connections, Kowsar and Caaqil Yare IDPs are more than 3km from Burao town and are not connected to the mainline. As a sustainability mechanism to water trucking, WV will connect Kowsar and Caaqil Yare IDPs to the mainline and construct 2 kiosks (1 in one of the targeted schools and 1 in the IDP camp). The main pipeline of water is located near by the IDP camps, therefore, pipe line of water will be branched from main pipe to the strategic community centres for construction communal water kiosks and connecting water to the schools. WV Somalia already has contractual agreement with suppliers, the main water pipelines are managed by Burao water agency</p>							
Activity 1.1.5							
Standard Activity : Not Selected							
<p>A total of 6 (6000L) water bladders will be bought and distributed to institutions and at strategic points within target IDP camps/locations. WV will mobilize communities to pile sand sacks upon which the bladders will be stationed.</p>							
Activity 1.1.6							
Standard Activity : Water trucking/water Vouchers							

WV will supply 30 Community Life Straws/Filters to the 6 targeted schools and other institutions (health centres and mosques) in Burao. As much as water is chlorinated at point of source, the filters will ensure that there is a point of use treatment and eliminate any chlorination that could have been introduced during the water safety planning stages. Religious leaders and schools authorities will be trained on the effective use of the filters.

Output 1.2

Description

Provision of Hygiene promotion campaigns and sessions in all drought and AWD affected communities targeting female headed households and schools children

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 who have participated in hygiene promotion activities					15,069

Means of Verification :

Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					300
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Means of Verification :

Indicator 1.2.3	Water, Sanitation and Hygiene	Number of Latrine constructed/ rehabilitated					6
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Means of Verification :

Indicator 1.2.4	Water, Sanitation and Hygiene	Number of latrine cleaning kits provided					50
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Means of Verification :

Activities

Activity 1.2.1

Standard Activity : Community Hygiene promotion

The trained CHW's will be dispatched in the target villages for hygiene promotion messaging equipped with culturally sensitive Information, Education, and Communication (IEC) Materials and disseminate the messages to the wider drought affected families and health facilities in view Acute Watery Diarrhea (AWDs) prevention and other WASH related illnesses. Key hygiene messages will focus on adoption of good personal hygiene practices: treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines, and hand washing with soap, etc. Proper nutrition messages will also be conveyed whenever possible.

Activity 1.2.2

Standard Activity : Hygiene kit distribution (complete kits of hygiene items)

Patients discharged from Cholera Treatment Centers (CTC) and nutrition treatment centres with special consideration to HHs with Severe Acute Malnutrition children and female headed households, will be given hygiene kits on discharge. A total of 300 kits will be distributed. WV will engage 3 assistants to monitor, appropriateness, fairness and satisfaction of the distributed kits.

Activity 1.2.3

Standard Activity : Latrine construction or rehabilitation

In order to reduce faecal contamination among residents and the further spread of Acute Watery Diarrhea (AWD), WV will construct 6 communal latrine blocks (5 stances each for the 6 targeted IDPs).

Activity 1.2.4

Standard Activity : Not Selected

WV will also distribute 50 latrine cleaning materials to 6 health centres and 6 schools targeted in this project and 2 Mobile clinics (treatment centres). Staff from WV and the Ministry of Health will help the communities in the use of the latrine cleaning materials

Additional Targets :

M & R

Monitoring & Reporting plan

Monitoring and evaluation (M&E) and reporting will be an integral component of the project and this will be implemented throughout the project period. World Vision-Learning through Evaluation with Accountability and Planning (LEAP) framework will be adopted as the M&E strategy while adhering to SPHERE and HAP standards. The project management and technical team will conduct routine monitoring across all the project sites in an effort to promote information sharing and quality learning. The project staff will be responsible for day to day monitoring of project activities, ensuring joint field monitoring visits involving World Vision staff, district and community leaders are undertaken to provide an opportunity for the key stakeholders to see progress on the ground, provide information on the implementation and immediate contribution to the beneficiary communities and to enable partners to be more informed and involved. The information generated through monitoring process will also be used to guide any adjustments to support programming where necessary. The project team will also develop internal project reports for process monitoring; in particular, the Project Implementation Monitoring Tool (PIMT) will be utilized to track the project implementation performance. Regular visits will be conducted with the M&E team, with support and review by the Area Manager and other stakeholders. A detailed Indicator Tracking Table (ITT) will be created for this project. In addition, the project team will document success stories for learning and sharing with other stakeholders. Community led engagement will be promoted to serve and address the overarching fragility of affected areas. The participation of project beneficiaries and local partners will be ensured at all levels of the project cycle. Linkages will be made to existing programmes in livelihoods/food security/resilience to maximize on impact and long term sustainability.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: World Vision through the health care workers and community health workers/community nutrition workers plans to conduct active case finding, screening and referral of malnourished under-fives, the activity targets to reach a total of 3, 192 (Boys-1596; Girls-1596) under-fives, 456 pregnant and lactating women. The Community Health Workers (CHW)/Community Nutrition Workers (CNWs) will continuously conduct house to house screening and referral to ensure effective active identification and referral of malnourished cases for further treatment and management at health facility level.	2017									X	X	X	X
	2018	X	X	X									
Activity 1.1.1: Provision of Water in schools through water trucking to ensure school going children have access to safe and clean drinking drinking water to facilitate school retention and enrollment rates. This activity will target 6 schools with 3069 school children (1732 girls and 1337 boys) as beneficiaries. Water trucking will be done for a one month, each student will get 7.5 litres a day for 30 days	2017										X	X	
	2018												
Activity 1.1.1: Support staffing of 6 Health centres in Burao district through provision of incentive to Ministry of Health (MOH) assigned staff (Target - 36 staff), and Conduct regular joint (World Vision & MOH) supportive supervision of all health & Nutrition services in the target health centres followed by on-the-job training	2017									X	X	X	X
	2018	X	X	X									
Activity 1.1.1: Unconditional cash transfers: WV Somalia seek to carry non- conditional transfer intervention in the rural areas of Burao district in Somalia to increase communities' ability to access food. 711 HH (4266 people) from the most vulnerable households with malnourished children will be targeted under this output. Mid-Upper Arm Circumference (MUAC) will be employed to determine whether the child is malnourished or not. In the same way, newly formed IDPs or villages affected by drought will be included in program through close collaboration with village leaders and regional drought committees. WV will use the Current Cash Working Group (CWG) recommended transfer rate (Multipurpose transfers: 80% of new Full Minimum Expenditure Basket (MEB) for Togdheer which is \$78).	2017									X	X	X	
	2018												
Activity 1.1.1: Water availability –There has been limited access to safe water following the rampant drought over the past years. After the limited rains received in the past weeks, communities resorted to open, untreated and contaminated water sources thus risking their lives to AWD. WV som will target a total of 12,721 people (total population in target households and clinics) with 3,552,750 litres of water for 30 days at 7.5 litres per person per day. The water from will be sourced from chlorinated sources within Burao which are Buqleeye, Geerashka Siilaayo and Aden Garas. WV will support the collection and distribution of chlorine from Ministry of Water and facilitate the training of 10 chlorinators. The chlorinators will be incentivized through a monthly stipend for 4 months.	2017										X	X	
	2018												
Activity 1.1.2: Conduct integrated management of childhood illness (IMCI) training for nurses in the supported Health Centres (Target – 20 staff; Male – 15 ; Female – 5)	2017										X		
	2018												

<p>Activity 1.1.2: Hygiene promotion and child protection awareness in schools: To facilitate adoption of good hygiene practices for improved health status, hygiene promoters will train the pupils and teachers on proper hygiene behavior in the beginning of the project and consistently with 1 visit every month. The schools will conduct 1 hygiene promotion per month which will involve students, their parents, teachers, CECs and the neighboring community. This will be conducted to coincide with the major hygiene and behavior change celebrations such as world toilet day, global handwashing day, world menstrual hygiene day and world water day. The topics which will be covered will include but not limited to importance of handwashing after visiting a latrine, safe excreta disposal, solid waste disposal, environmental hygiene, food hygiene, personal hygiene, safe water storage and other key hygiene concerns.</p>	2017																		X	X	X	
	2018	X	X	X																		
<p>Activity 1.1.2: Water storage A total of 3000 (20L) jerrycans with lids (2 jerrycan per household) will be distributed to 1500 female headed households in Burao. These will help communities to have proper storage of water during and after trucking.</p>	2017																			X	X	
	2018																					
<p>Activity 1.1.2: World vision will integrate the outpatient therapeutic program within the already existing health care facilities both at health facility level and during the mobile activities within the supported area with a clear linkage to the on-going Outpatient Therapeutic Feeding Programs (OTP) for continuum of care and effective management. World Vision plans to admit and treat a total of 356 (Boys -178; Girls-178) severe acute malnutrition (SAM) children without complication in 6 Outpatient Therapeutic Feeding Programs (OTP) site integrated within the health centre. The target health centers are; Gaba Gabo, Nasiye Ali ciise Shanshacade Mohamed Ugaas Candha dhaxe Health centers all in Burao district. The admitted cases will receive treatment and routine medication during their duration within the project. The target beneficiaries will also be linked to the WASH component of the project as a prevention to diarrheal diseases which is a key contributor to malnutrition and food security to enhance their household food security ensure comprehensive service provision while addressing the underlying causes of malnutrition.</p> <p>REFERRAL MECHANISM: Under the support of another emergency response project, WVI is supporting the AWD outbreak response in Burao town. One of the support is support to four MOH Ambulances. WVI will link these Ambulance services with the supported health centers so that SAM cases with Medical complication can be referred to the nearest nutrition stabilization center in Burao. WVI will also work with WFP to incorporate Targeted Supplementary Feeding Programme (TSFP) services for children with Moderate malnutrition in the static and mobile sites. In the meantime the identified cases will be referred to TSFP activities supported by another INGO, Health Poverty Action (HPA).</p>	2017																		X	X	X	X
	2018	X	X	X																		
<p>Activity 1.1.3: In order to improve access and storage of clean water in the 6 schools, WV will distribute bladders 6000L in each school to help in improving watering points for the pupils.</p>	2017																				X	X
	2018																					
<p>Activity 1.1.3: Conduct safe motherhood and new born care training to midwives in the supported health facilities (Target – 16 staff; Female – 16). The trained midwives will support provision of preventative and curative care of women of reproductive age (antenatal care and postnatal care with further referral for birth spacing)</p>	2017																					X
	2018																					
<p>Activity 1.1.3: Water quality- In July 2017, WV trained a total of 12 water technicians (from government line ministries, mostly ministry of water) water sample collection and analysis using Wagtech field testing kits. Four trained water quality technicians will use the four kits to routinely test water for E coli and residual chlorine throughout the response. The four water quality technicians will be paid monthly stipend for 6 months. Water quality data will be shared with the Ministry of water and other agencies to identify hot spots and ensure that trucked water meet the residual chlorine at points of distribution as well as point of use (PoU). WV will procure consumables for the field test kits to cover the 6 months. WV just received supplies of P&G water purifier supplies for the Acute Watery Diarrhea response. The household water treatment option was approved by the Ministry of water in August 2016 for safe use and specific staff from the ministry have been assigned to work with WV on that.</p>	2017																				X	X
	2018																					
<p>Activity 1.1.3: World Vision proposes to conduct an Infant and Young child Feeding (IYCF) training to 20 health care workers and community volunteers who will play a major role in conducting health and nutrition education and IYCF counselling both at health facility and community level during health promotion sessions. The training is aimed at enhancing the capacity of health care workers and the community volunteers to spearhead behavioral change activities towards appropriate Infant and Young Child Feeding (IYCF) practices which will be integrated with the health and WASH aspects of the project.</p>	2017																				X	
	2018																					

Activity 1.1.4: Whilst 4 of the targeted IDPs are close to water supply connections, Kowsar and Caaqil Yare IDPs are more than 3km from Burao town and are not connected to the mainline. As a sustainability mechanism to water trucking, WV will connect Kowsar and Caaqil Yare IDPs to the mainline and construct 2 kiosks (1 in one of the targeted schools and 1 in the IDP camp). The main pipeline of water is located near by the IDP camps, therefore, pipe line of water will be branched from main pipe to the strategic community centres for construction communal water kiosks and connecting water to the schools. WV Somalia already has contractual agreement with suppliers, the main water pipelines are managed by Burao water agency	2017									X	X	X	X
	2018	X	X	X									
Activity 1.1.4: Supplement the supply of essential drugs & medical supplies by MOH and UNICEF. World Vision aims to reach a total 13,680 total beneficiaries hence the need to supplement supplies provided to ensure all the targeted beneficiaries are reached. (Male - 3283, Female – 7661, Boys -1368, Girls - 1368)	2017									X	X		
	2018		X	X									
Activity 1.1.4: The trained health care workers and community volunteers will conduct targeted Infant and Young child Feeding (IYCF) counselling and Nutrition, Health & Hygiene Promotion (NHHP) during health and nutrition promotion sessions and during household to house visits within the target location. There will be one on one counselling sessions during Antenatal care (ANC) & Postnatal care (PNC) visits especially on importance of breastfeeding and appropriate complimentary feeding. The activity targets to reach 3,648 women with health and nutrition messages. World Vision will ensure the integration of messages within other sectors to include, WASH, Health and Child protection to ensure all beneficiaries are reached with a wide range of messages.	2017											X	X
	2018	X	X	X									
Activity 1.1.5: A total of 6 (6000L) water bladders will be bought and distributed to institutions and at strategic points within target IDP camps/locations. WV will mobilize communities to pile sand sacks upon which the bladders will be stationed.	2017										X	X	
	2018												
Activity 1.1.5: Treatment of common illnesses like AWD/ Cholera, diarrhea, pneumonia, and malaria through mobile clinics and health centers	2017									X	X	X	X
	2018	X	X	X									
Activity 1.2.1: Environmental rehabilitation work through cash for work interventions will benefit 200 people (160 men, 40 women) with the construction of semi-circular bunds in the degraded communal pasture of the target pastoralists. Apart from rehabilitating the pasture, the intervention augments the income source of the household so that the family can be able to purchase food items of their preferences. The same income can also bridge the financial gap of the household for social commitment, children medication and school fee. WV will Support CFW participants with the basic tools(shovels, fork/hoes,spades,gloves,measuring tapes& wheelbarrows) to handle the CFW intervention. A total of 1200 households will benefit will benefit from this conditional cash transfers hence improved access to food.	2017									X	X		
	2018												
Activity 1.2.1: The trained CHW's will be dispatched in the target villages for hygiene promotion messaging equipped with culturally sensitive Information, Education, and Communication (IEC) Materials and disseminate the messages to the wider drought affected families and health facilities in view Acute Watery Diarrhea (AWDs) prevention and other WASH related illnesses. Key hygiene messages will focus on adoption of good personal hygiene practices: treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines, and hand washing with soap, etc. Proper nutrition messages will also be conveyed whenever possible.	2017									X	X	X	X
	2018	X	X	X									
Activity 1.2.2: Patients discharged from Cholera Treatment Centers (CTC) and nutrition treatment centres with special consideration to HHs with Severe Acute Malnutrition children and female headed households, will be given hygiene kits on discharge. A total of 300 kits will be distributed. WV will engage 3 assistants to monitor, appropriateness, fairness and satisfaction of the distributed kits.	2017										X	X	X
	2018	X	X	X									
Activity 1.2.3: In order to reduce faecal contamination among residents and the further spread of Acute Watery Diarrhea (AWD), WV will construct 6 communal latrine blocks (5 stances each for the 6 targeted IDPs).	2017										X	X	X
	2018	X	X	X									
Activity 1.2.4: WV will also distribute 50 latrine cleaning materials to 6 health centres and 6 schools targeted in this project and 2 Mobile clinics (treatment centres). Staff from WV and the Ministry of Health will help the communities in the use of the latrine cleaning materials	2017										X	X	X
	2018	X	X	X									
Activity 2.1.1: Maintain routine disease surveillance and reporting system by ensuring that all the supported health centres are submitting disease surveillance report	2017									X	X	X	X
	2018	X	X	X									
Activity 2.1.2: Conduct training on Acute Watery Diarrhea (AWD) and Measles case management, outbreak preparedness & response training for Health centre, district and regional health office staff (Target – 20 staff; 10 Male, 10 Female)	2017												X
	2018												

World Vision Somalia maintains comprehensive security guidelines with specific recommendations for teams operating in Somalia. These guidelines are updated regularly in order to ensure appropriateness to the prevailing context. All WV staff will be briefed in the content of guidelines and the need to adhere strictly to these guidelines.

Access

In areas of limited access due to insecurity, WV partners with local administrations, partners and third-party entities to implement and monitor projects, limiting exposure of WV staff members. Core security requirements inform standard operating procedures for travel and staff safety at the field level. The Security Advisor and Security Officers coordinate the implementation of security protocols, approving field travel, engaging armed escorts, equipping staff members with quick run bags and communication equipment, and liaising with local security apparatus in each location. To reduce the risk and impact of targeted attacks, each field-based office is protected by full time static guards. WV employs armed escorts when traveling to field sites. The security team appraises the context and advises on access for different categories of staff members. Field-based Security Officers monitor the security context and provide updates to all visitors to field locations.

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	Health and Nutrition Technical specialist	D	1	8,500.00	6	10.00	5,100.00
	<i>Based in Hargeisa the Health and Nutrition Technical Specialist will provide technical backstopping to the field colleagues for the quality of service delivery, identify lesson learnt, and scale up.</i>						
1.2	Health and Nutrition officer	D	1	1,000.00	6	40.00	2,400.00
	<i>The Health and Nutrition Officer will be based in Burao with overall responsibility of monitoring project activities and support health staff to ensure the quality of work to be done at field level on day to day basis</i>						
1.3	Project Co-ordinator Livelihoods	D	1	1,750.00	6	30.00	3,150.00
	<i>Based in Hargeisa the role holder will lead in day to day implementation of project activities with communities and suppliers. They will prepare periodic progress reports for consolidation by the program manager. (40% field based).</i>						
1.4	Project Assistant Livelihoods	D	1	600.00	6	100.00	3,600.00
	<i>Based in Burao, the project assistant will be responsible for all community mobilization activities to support beneficiary selection, registration, distributions and training for livelihoods activities. (100% field based).</i>						
1.5	Education and Protection Manager	D	1	8,500.00	6	10.00	5,100.00
	<i>Based in Hargeisa. The technical manager will support the educational activities within this project. Providing technical leadership to all educational sector activities on day to day project implementation. He will also be responsible for monitoring to ensure high quality standards are maintained.</i>						
1.6	WASH assistant	D	2	600.00	6	40.00	2,880.00
	<i>The WASH assistant will be responsible for the day-to-day implementation of the project activities and will ensure that all they hygiene promotion activities are implemented as per the standard at Institutional and household level</i>						
1.7	WASH Officer	D	1	900.00	6	40.00	2,160.00
	<i>WASH Officer will be responsible for the day-to-day implementation of the project activities and will provide routine supervision to the project sites and provide support to the WASH assistant and community hygiene promotion volunteers.</i>						
1.8	Grant Accountant	S	1	3,500.00	6	50.00	10,500.00
	<i>The Grant Accountant based in Nairobi will manage the Financial Reporting to internal and external stakeholders ensuring compliance of expenses to donor requirements and coordinate the expenditure verification</i>						
1.9	Program Officer	S	1	3,500.00	6	40.00	8,400.00
	<i>He/She will be based in Nairobi and will be responsible for coordinating the reporting process, reviewing the reports against financials and submitting this to the donor, as well as support the project team on Implementation within donor rules regulation</i>						
1.10	Logistics/Procurement officer	S	1	2,500.00	6	40.00	6,000.00
	<i>The logistics officer will be responsible for purchasing supplies for all the components of this project, maintaining the inventory of drugs purchased under this project as well as organizing transport for the mobile teams and during workshops and meetings for the various components of this project.</i>						
1.11	Finance and Support Services Manager	S	1	8,800.00	6	20.00	10,560.00
	<i>To ensure proper expense booking at field level and donor rules and regulations are upheld while incurring costs related to the project. He/She will be responsible for budget monitoring, review and approval of programme payments, salaries and provision of on time information and data processing.</i>						
1.12	Operations Director	S	1	9,000.00	6	20.00	10,800.00
	<i>He/ She has oversight over the field team in the area where the program is being implemented. He/she will be responsible for Monitoring the project Implementation and ensure its on track and deliverables are delivered on time.</i>						
1.13	Chlorinators Incentive	D	10	280.00	4	100.00	11,200.00
	<i>WV will support the collection and distribution of chlorine from Ministry of Water and facilitate the training of 10 chlorinators. The chlorinators will be incentivized through a monthly stipend for 4 months to ensure water is chlorinated at all points of distribution.</i>						
1.14	Water Technicians Incentive	D	4	400.00	6	100.00	9,600.00

	<i>Four trained water quality technicians will use the four kits to routinely test water for E coli and residual chlorine throughout the response. The four water quality technicians will be paid monthly stipend for 6 months. Water quality data will be shared with the Ministry of water and other agencies to identify hot spots and ensure that trucked water meet the residual chlorine at points of distribution as well as point of use (PoU).</i>								
1.15	Primary health care supervisor (MOH seconded)	D	1	500.00	6	100.00	3,000.00		
	<i>He/she will be based in Burao and will ensure overall responsibility of supervising project activities and support the health staff to ensure the quality of work to be done at field level on day to day basis in the 6 health facilities and 2 mobile teams.</i>								
1.16	Incentive - Clinical Nurses (MoH seconded)-2 per HC	D	12	400.00	6	100.00	28,800.00		
	<i>"2 Qualified nurses employed by MOH who are responsible for IMCI and EPI activities. The Nurses will handle daily work of health support including provision of supplies and own the project</i>								
1.17	Incentive - Midwives (MoH seconded)-2 per HC	D	12	400.00	6	100.00	28,800.00		
	<i>"2 Qualified midwives employed by MOH who are responsible for Maternal Health activities . The Midwives will provide an array of health care services for women including gynecological examinations, contraceptive counseling, prescriptions, and labor and delivery care. They will provide the services during labor and delivery, and after birth. Each health Center will have two midwives.</i>								
1.18	Incentive - Auxillary Nurse (MoH seconded)-2 per HC	D	12	200.00	6	100.00	14,400.00		
	<i>"2 Auxillary nurses employed by MOH who are responsible for nutrition screening, registration and dispensing of drugs, record keeping, and procedures</i>								
1.19	Incentive - Mobile team Nurse(2 per diem)	D	4	400.00	6	100.00	9,600.00		
	<i>"Each mobile team will have two qualified nurses responsible for curative care, EPI and OTP activities. The Nurses will handle daily work of health and nutrition support including provision of supplies and own the project.</i>								
1.20	Incentive - Mobile team Nurse Auxillary Nurse (2 per diem)	D	4	200.00	6	100.00	4,800.00		
	<i>"Each mobile team will have two auxillary nurses responsible for nutrition screening, registration and dispensing of drugs</i>								
	Section Total							180,850.00	
21. Supplies, Commodities, Materials									
2.1	Unconditional food Voucher transfer	D	711	78.00	3	100.00	166,374.00		
	<i>Transfer of unconditional Transfers to the targeted 711HHs in 4 villages for 3 months with voucher value of \$78.</i>								
2.2	Semi-circular bunds construction	D	1	31,800.00	1	100.00	31,800.00		
	<i>"Rehabilitate range land and farm lands in 4 villages of Burao within 30 days(2 months time/15days per month.). 200 labourers will be paid and 10 supervisors at a rate of \$5 and \$6 respectively per day</i>								
2.3	Cash For Work (CFW) tools	D	1	8,000.00	1	100.00	8,000.00		
	<i>"Support CFW participants the basic tools(shovels, fork/hoes,spades,gloves,measuring tapes and wheelbarrows) to handle the CFW intervention. This project will target 200 workers who will be supplied with working tools. See BoQ for detailed breakdown.</i>								
2.4	Supplemental Essential drugs and Medical supplies	D	8	675.00	6	100.00	32,400.00		
	<i>"Essential drugs and medical supplies will be procured and used in the 6 HCs and 2 mobile medical units. The essential drugs include antibiotics, ORS, Fefole, antipain and medical supplies. The unit cost is an average costs of the total drugs per HC and mobile unit.</i>								
2.5	Health center and mobile team running cost	D	1	4,800.00	1	100.00	4,800.00		
	<i>WVI will Support the running of the health centre through provision of cleaning materials, stationery materials and other utilities. For 6 Health centres and 2 mobile teams</i>								
2.6	Integrated Management of Childhood Illness (IMCI) Training	D	1	4,535.00	1	100.00	4,535.00		

	<i>Cost of training for MOH staff working in management of Childhood illnesses based on the IMCI guideline. The five days training will be attended by 20 participants and is facilitated by MOH facilitators</i>						
2.7	Safe motherhood and new born training	D	1	3,890.00	1	100.00	3,890.00
	<i>Cost of training for MOH staff working in Maternal health activities. The five days training will be attended by 16 Midwives and is facilitated by MOH facilitators</i>						
2.8	Infant and Young Child Feeding (IYCF) Counselling Training	D	1	4,335.00	1	100.00	4,335.00
	<i>The training is aimed at enhancing the capacity of health care workers and the community volunteers to spearhead behavioral change activities towards appropriate Infant and Young Child Feeding (IYCF) practices which will be integrated with the health and WASH aspects of the project. The training will be conducted for 5 days. 20 health care workers and community volunteers will be targeted for this training.</i>						
2.9	Disease Surveillance including Acute Watery Diarrhea (AWD) and Measles case management	D	1	2,985.00	1	100.00	2,985.00
	<i>20 participants from Health centres, regional and district MOH offices will receive training on disease surveillance, Acute Watery Diarrhea (AWD), Measles case management and outbreak preparedness and response. The training will be conducted for 3 days.</i>						
2.10	School Clubs and teacher training	D	6	1,614.00	1	100.00	9,684.00
	<i>6 child clubs will be established and each will be supported at a cost of \$1614 to implement hygiene promotion activities (WASH) through teacher training and information dissemination through the clubs with an aim of promoting proper Hygiene and Sanitation practices. Hygiene promoters will train the pupils and teachers on proper hygiene behavior in the beginning of the project and consistently with 1 visit every month</i>						
2.11	Water jerricans (20L with lids)	D	3000	4.00	1	100.00	12,000.00
	<i>3000 (20L) jerrycans with lids will be distributed to most vulnerable households in Burao. These will help communities to have proper storage of water during and after trucking. The cost is inclusive of the transportation costs from source (Garowe) to Hargeisa. See BOQ for breakdown</i>						
2.12	Water bladders (6000 Litres)	D	12	500.00	1	100.00	6,000.00
	<i>(6000l) water bladders will be bought and distributed to Institutions (schools and clinics) and at strategic points within target locations There will be 6 water bladders in the 6 schools and 6 water bladders in the 6 IDP camps. The unit cost is inclusive of costs to Hargeisa</i>						
2.13	Water Trucking	D	1	63,061.31	1	100.00	63,061.31
	<i>WV som will target a total of 12,721 people and 3069 school children (total population in target households, schools and clinics) with 3,552,750 litres of water for 30 days at 7.5 litres per person per day. "</i>						
2.14	Water connection In Schools	D	1	11,950.00	1	100.00	11,950.00
	<i>This covers the cost of Water connection to one of the targeted schools and 1 IDP camp from main lines. The main pipeline of water is located near by the IDP camps, therefore, pipe line of water will be branched from main pipe to the strategic community centres for construction communal water kiosks and connecting water to the schools. Contractual agreements are already in place</i>						
2.15	Semi Permanent Latrine blocks	D	6	3,118.00	1	100.00	18,708.00
	<i>This covers the cost of constructing 6 latrine block each with 5 stances each in the 6 targeted IDP camps. This will reduce fecal contamination among residents and the further spread of Acute Watery Diarrhea (AWD)</i>						
2.16	Hygiene kits	D	300	23.10	1	100.00	6,930.00
	<i>Patients from the treatment centres will be given hygiene kits on discharge. A total of 300 kits will be distributed. 1 kit per household meaning 1800 people will benefit "</i>						
2.17	Latrine Cleaning Materials	D	50	40.00	1	100.00	2,000.00
	<i>WV will distribute 50 latrine cleaning kits. Each kit will comprise of toilet brush, rubber glove, detergent and broom. Beneficiaries of this will be 6 health centres, 6 schools targeted in this project and 2 Mobile clinics</i>						

2.18	Water testing kits consumable	D	4	1,923.95	1	100.00	7,695.80
<i>This refers to the four Wagtech field testing kits which will be used by the four trained water quality technicians to routinely test water for E coli and residual chlorine throughout the response</i>							
2.19	Community life straw water filters	D	30	250.00	1	100.00	7,500.00
<i>WV will supply 30 Community Life Straws/ Filters to schools and mosques in Burao. As much as water is chlorinated at point of source, the filters will ensure that there is a point of use treatment and eliminate any chlorination that could have been introduced during the water safety planning stages. Religious leaders and schools authorities will be trained on the effective use of the filters.</i>							
2.20	Transportation of Medical and WASH Supplies	D	1	9,440.00	1	100.00	9,440.00
<i>This will cover the transportation costs of project supplies from the point of purchase to the project sites. The Health supplies to the 6 facilities will be done thrice in the course of the project period.</i>							
Section Total							414,088.11
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 rental for joint monitoring of Health Centers (HC)	D	1	80.00	90	100.00	7,200.00
<i>"One vehicle will be rented to be used to monitor activities of HCs and Mobile team and provide close support. 15 days per month at a rate of \$80</i>							
5.2	Vehicle rental for for 2 Mobile teams	D	2	1,800.00	6	100.00	21,600.00
<i>There are 2 mobile teams, each team will be assigned a vehicle for the period of the project. This will be used to transport the teams to the site on a daily basis. The cost of hiring the vehicle is \$1800 for 6 months.</i>							
5.3	Perdiem for Mobile Team(8 staff@\$10/day for 20 days per month)	D	8	10.00	120	100.00	9,600.00
<i>Each mobile team will have two qualified nurses responsible for curative care, Expanded Program on Immunization (EPI) and Outpatient Therapeutic Programme (OTP) activities . The 8 staffs ill receive perdiem of \$10 per day for the days worked.</i>							
5.4	Perdiem for MOH supervisors for monitoring visits	D	1	10.00	90	100.00	900.00
<i>"The MOH supervisor will receive perdiem during supervision for 15 days per month at \$10 per day.</i>							
5.5	Perdiem for project staff monitoring visits (2 WV Staff x10 Days per monthx \$ 15)	D	2	10.00	120	100.00	2,400.00
<i>"2 WVI staff (Health and Nutrition Officer and an assistant) visiting the HCs and Mobile teams will receive perdiem of 10\$ for 20 days during supervision. This will be carried out by staff based in the field.</i>							
5.6	Air Travel(transfers;visa;airfare)	D	2	1,200.00	2	100.00	4,800.00
<i>This travel budget line will facilitates Education manager and M and E manager return flights to Hargeisa including transfers, visa and security.</i>							
Section Total							46,500.00
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	Rental facilities	S	1	2,500.00	6	30.00		4,500.00	
	<i>"Monthly office rent for the sub-office in Burao where the project is implemented as well as the Hargeisa main field office. This will be shared out to the projects in the sub-office based on an appropriate basis. We estimate about 30% of the cost will be charged to this project.</i>								
7.2	Rental Utilities	S	1	1,500.00	6	30.00		2,700.00	
	<i>"This is cost for office electricity, water and other utilities for the Burao sub-office as well as the Hargeisa main field office. This will be shared across projects in the sub-office based on an appropriate basis. We estimate about 30% of the cost will be charged to the project.</i>								
7.3	Project Staff Communication	D	1	232.50	6	100.00		1,395.00	
	<i>Project Staff Communication costs.(Health and Nutrition Specialist;Health and Nutrition Officer;Project Co-ordinator;Project Assistant;Education&Protection Manager;WASH Assistant;</i>								
7.4	Bank Charges	D	1	4,180.00	1	100.00		4,180.00	
	<i>This relates to bank charges levied on transactions and commission charged by money transfer agent for sending cash to the field</i>								
	Section Total								12,775.00
SubTotal			4,229.00					654,213.11	
Direct								600,753.11	
Support								53,460.00	
PSC Cost									
PSC Cost Percent								7.00	
PSC Amount								45,794.92	
Total Cost								700,008.03	
Project Locations									
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name		
		Men	Women	Boys	Girls	Total			
Togdheer -> Burco	100	9,069	16,288	7,576	6,922	39,855	Activity 1.1.1 : Support staffing of 6 Health centres in Burao district through provision of incentive to Ministry of Health (MOH) assigned staff (Target - 36 staff), and Conduct regular joint (World Vision & MOH) supportive supervision of all health & Nutrition services in the target health centres followed by on-the-job training Activity 1.1.1 : Provision of Water in schools through water trucking to ensure school going children have access to safe and clean drinking water to facilitate school retention and enrollment rates. This activity will target 6 schools with 3069 school children (1732 girls and 1337 boys) as beneficiaries. Water trucking will be done for a one month, each student will get 7.5 litres a day for 30 days Activity 1.1.1 : World Vision through the health care workers and community health workers/community nutrition workers plans to		

conduct active case finding, screening and referral of malnourished under-fives, the activity targets to reach a total of 3, 192 (Boys-1596; Girls-1596) under-fives, 456 pregnant and lactating women. The Community Health Workers (CHW)/Community Nutrition Workers (CNWs) will continuously conduct house to house screening and referral to ensure effective active identification and referral of malnourished cases for further treatment and management at health facility level.

Activity 1.1.1 : Water availability –There has been limited access to safe water following the rampant drought over the past years. After the limited rains received in the past weeks, communities resorted to open, untreated and contaminated water sources thus risking their lives to AWD. WV som will target a total of 12,721 people (total population in target households and clinics) with 3,552,750 litres of water for 30 days at 7.5 litres per person per day. The water from will be sourced from chlorinated sources within Burao which are Buqleeye, Geerashka Siilaayo and Aden Garas. WV will support the collection and distribution of chlorine from Ministry of Water and facilitate the training of 10 chlorinators. The chlorinators will be incentivized through a monthly stipend for 4 months.

Activity 1.1.1 : Unconditional cash transfers: WV Somalia seek to carry non- conditional transfer intervention in the rural areas of Burao district in Somalia to increase communities' ability to access food. 711 HH (4266 people) from the most vulnerable households with malnourished children will be targeted under this output. Mid-Upper Arm Circumference (MUAC) will be employed to determine whether the child is malnourished or not. In the same way, newly formed IDPs or villages affected by drought will be included in program through close collaboration with village leaders and regional drought committees. WV will use the Current Cash Working Group (CWG) recommended transfer rate (Multipurpose transfers: 80% of new Full Minimum Expenditure Basket (MEB) for Togdheer which is \$78).

Activity 1.1.2 : Water storage

A total of 3000 (20L) jerrycans with lids (2 jerrycan per household) will be distributed to 1500 female headed households in Burao. These will help communities to have proper storage of water during and after trucking.

Activity 1.1.2 : World vision will integrate the outpatient therapeutic program within the already existing health care facilities both at health facility level and during the mobile activities within the supported area with a clear linkage to the on-going Outpatient Therapeutic Feeding Programs (OTP) for continuum of care and effective management. World Vision plans to admit and treat a total of 356 (Boys -178; Girls-178) severe acute malnutrition (SAM) children without complication in 6 Outpatient Therapeutic Feeding Programs (OTP) site integrated within the health centre. The target health centers are; Gaba Gabo, Nasiye Ali ciise Shanshacade Mohamed Ugaas Candha dhaxe Health centers all in Burao district. The admitted cases will receive treatment and routine medication during their duration within the project. The target beneficiaries will also be linked to the WASH component of the project as a prevention to diarrheal diseases which is a key contributor to malnutrition and food security to enhance their household food security ensure comprehensive service provision while addressing the underlying causes of malnutrition.

REFERRAL MECHANISM: Under the support of another emergency response project, WVI is supporting the AWD outbreak response in Burao town. One of the support is support to four MOH Ambulances. WVI will link these Ambulance services with the supported health centers so that SAM cases with Medical complication can be referred to the nearest nutrition stabilization center in Burao. WVI will also work with WFP to incorporate Targeted Supplementary Feeding Programme (TSFP) services for children with Moderate malnutrition in the static and mobile sites. In the meantime the identified cases will be referred to TSFP activities supported by another INGO, Health Poverty Action (HPA).
Activity 1.1.3 : Water quality-

In July 2017, WV trained a total of 12 water technicians (from government line ministries, mostly ministry of water) water sample collection and analysis using Wagtech field testing kits. Four trained water quality technicians will use the four kits to routinely test water for E coli and residual chlorine throughout the response. The four water quality technicians will be paid monthly stipend for 6 months. Water quality data will be shared with the Ministry of water and other agencies to identify hot spots and ensure that trucked water meet the residual chlorine at points of distribution as well as point of use (PoU). WV will procure consumables for the field test kits to cover the 6 months. WV just received supplies of P&G water purifier supplies for the Acute Watery Diarrhea response. The household water treatment option was approved by the Ministry of water in August 2016 for safe use and specific staff from the ministry have been assigned to work with WV on that.

Activity 1.1.3 : World Vision proposes to conduct an Infant and Young child Feeding (IYCF) training to 20 health care workers and community volunteers who will play a major role in conducting health and nutrition education and IYCF counselling both at health facility and community level during health promotion sessions. The training is aimed at enhancing the capacity of health care workers and the community volunteers to spearhead behavioral change activities towards appropriate Infant and Young Child Feeding (IYCF) practices which will be integrated with the health and WASH aspects of the project.

Activity 1.1.2 : Hygiene promotion and child protection awareness in schools:
To facilitate adoption of good hygiene practices for improved health status, hygiene promoters will train the pupils and teachers on proper hygiene behavior in the beginning of the project and consistently with 1 visit every month. The schools will conduct 1 hygiene promotion per month which will involve students, their parents, teachers, CECs and the neighboring community. This will be conducted to coincide with the major hygiene and behavior change celebrations such as world toilet day, global handwashing day, world menstrual hygiene day and world water day. The topics which will be covered will include but not limited to importance of handwashing after visiting a latrine, safe excreta disposal, solid waste disposal, environmental hygiene, food hygiene, personal hygiene, safe water storage and other key hygiene concerns.

Documents	
Category Name	Document Description
Project Supporting Documents	Citi Bank - Bank Details.docx

Project Supporting Documents	Certificate of Registration - Somaliland (SL).pdf
Project Supporting Documents	Memo for Cash Grants.pdf
Project Supporting Documents	August 2017 Bank statements.pdf
Budget Documents	SHF Somaliland Budget Revised 06092017.xls
Budget Documents	SHF Somaliland Revised BOQs .xls
Budget Documents	SHF Somaliland Revised BOQs 08092017.xls
Budget Documents	SHF Somaliland Revised BOQs 14092017.xls
Budget Documents	Submitted SHF Somaliland Budget 28082017.xls
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	Annex02a_Budget guidance.pdf
Budget Documents	15. Memo for cash grants.docx
Budget Documents	BOQs 31072017.xlsx
Budget Documents	SHF Revised BOQs 11.08.2017.xls
Budget Documents	SHF Revised BOQs 16.08.2017.xls
Budget Documents	Annex02a_Budget guidance.pdf
Disbursement	Citi Bank - Bank Details.docx
Disbursement	Certificate of Registration - Somaliland (SL).pdf
Disbursement	Citi Bank - Bank Details.docx