

<b>Requesting Organization :</b>	Comitato Internazionale per lo Sviluppo dei Popoli		
<b>Allocation Type :</b>	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
Education		7.00	
Food Security		14.00	
Health		14.00	
Nutrition		51.00	
Water, Sanitation and Hygiene		14.00	
		<b>100</b>	
<b>Project Title :</b>	Increased access to quality integrated emergency health, nutrition and WASH services in Eldere and Elbur districts.		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/INGO/6677
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	446,265.60
<b>Planned project duration :</b>	8 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/10/2017	<b>Planned End Date :</b>	31/05/2018
<b>Actual Start Date:</b>	28/09/2017	<b>Actual End Date:</b>	28/05/2018

**Project Summary :**

An elevated risk of famine persists in parts of Somalia due to severe water scarcity, food consumption gaps, high acute malnutrition and high disease burden.

According to FEWS NET publication in July 2017 April to June 2017 Gu rainfall started one to two weeks late in most parts of Somalia. Rainfall performance varied across the country, but was overall below average and erratically distributed. The majority of rainfall was received between late April and early May, making the season much shorter than normal. In central regions, rainfall started late and was consistently below average throughout the season in Galgaduud and northern Mudug. Rainfall totals were relatively higher in Hawd Pastoral livelihood zone of Abudwaq and Dhusamareb and Central (cowpea) Agropastoral livelihood zone of Elder, Elbur, and Harardhere. No rainfall was reported in June. The project thus seeks to detect, treat and prevent morbidity and reduce mortality among drought affected, vulnerable populations with high burden of active Internally displaced persons/Cholera outbreaks and with no access to basic health , Nutrition and WASH services which are not integrated in the districts and integrate these services for efficient service delivery

The project will involve the provision of life-saving emergency primary health care, nutrition and WASH services including maternal and child health services through both static and mobile health clinics in drought affected areas, community sensitization and mobilization, The project will open 3 fixed health facilities in Elder that offer integrated health, nutrition, WASH, Education and Food security and 2 outreach which will also carry out integrated services while in Elbur the project proposes to open 1 fixed health facility with integrated health, Nutrition, WASH, Education and food security services and 2 outreach which will also render integrated Health, Nutrition and WASH services.

In nutrition screening and treatment of SAM cases for 16,358 children will be carried both at the health facilities as well as in the community, and 7361 pregnant and lactating given multiple micronutrients. In the community there will be trained CHWs who will be doing malnutrition screening at the community level. Training on integrated management of acute malnutrition will also be done to equip the health and nutrition staff with necessary skills and competency to diagnose and effectively manage malnourished child.

For WASH activities will focus on distribution of hygiene kits to discharged patients from CTC if kits are made available to 6000 persons, Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection to 6816 household members , WASH support at CTC level (provision of disinfected water, provision of adapted sanitation infrastructures and related hygiene promotion) and enhancing the capacity of health workers including regional/District rapid response teams for effective emergency responses, and dissemination of health information on the prevention and control of Internally displaced persons/cholera outbreak in the districts.

In health the project will provide primary health care services to 35,170 people in both fixed and outreach strategy, carrying out treatment of minor ailments, routine immunizations and campaigns and training of health workers on treatment and management of AWD/cholera and measles case management since early detection and effective management of measles case reduces case fatality rates.

In food security the project will ensure families with children with severe acute Malnutrition (SAM) receive food vouchers to support the family basket after the child is discharged from the therapeutic programme, targeting 511 households (3066 people).

In education the project will ensure 230 school going children both boys and girls study in a clean learning environment and are screened for AWD/Cholera and Malnutrition

**Direct beneficiaries :**

Men	Women	Boys	Girls	Total
16	26,017	8,179	8,179	42,391

**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	8,179	8,179	16,358
Pregnant and Lactating Women	0	7,163	0	0	7,163
Women of Child-Bearing Age	0	18,812	0	0	18,812
Staff (own or partner staff, authorities)	16	42	0	0	58

**Indirect Beneficiaries :**

**Catchment Population:**

81791

**Link with allocation strategy :**

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The project will involve the provision of life-saving emergency primary health care, nutrition and WASH services including maternal and child health services through both static and mobile health clinics in drought affected areas, community sensitization and mobilization, Support distribution of hygiene kits to discharged patients from CTC if kits are made available, Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection, WASH support at CTC level (provision of disinfected water, provision of adapted sanitation infrastructures and related hygiene promotion) and enhancing the capacity of health workers including regional/District rapid response teams for effective emergency responses, and dissemination of health information on the prevention and control of Internally displaced persons/cholera outbreak in the districts.

**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
Rosaia Ruberto	Regional Coordinator	Ruberto@cisp-nairobi.org	0723992436
Adan Abdi Ali	Health & Nutrition Field Program Manager	adanabdi@ciso-som.org	+252617898913

**BACKGROUND**

**1. Humanitarian context analysis**

An elevated risk of famine persists in parts of Somalia due to severe water scarcity, food consumption gaps, high acute malnutrition and high disease burden. While rainfall in late April and in May has led to seed germination, reduced yields are expected due to early season losses and erratic rainfall.

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Approximately 2.5 million people will be in Crisis and 700,000 in Emergency levels of food insecurity as of July.1 Malnutrition rates remain high, with 363,000 children under age 5 acutely malnourished; and prolonged drought and below average Gu rains have led to acute water shortages and consequently an increase in acute watery diarrhoea (AWD)/cholera outbreaks with more than 51,000 cases and 782 deaths reported this year by mid-June. Nearly 10,500 measles cases have been reported since the beginning of the year and nearly half of these are children under age 5.

Displacement continues to feature as a key driver of humanitarian and protection needs with over 739,000 newly displaced since November 2016. The worrying displacement trend is exerting pressure on limited services and family structures, particularly in the urban centres.

Similarly, protection violations against women, children, persons with disabilities, the elderly and minority communities is on the increase. The on-going scale up by all clusters has led to 3 million people being reached every month with life-saving assistance, livelihood support and protection services. Among the key priorities include treatment and prevention of AWD/cholera and prevention of measles, improved access to food and safe water, nutritional treatment for malnourished children, protection of vulnerable individuals, including children and women, shelter and non-food support to newly displaced. Further scale-up is, however, required to sustain the operation.

Humanitarian situation in Elder and Elbur just like the greater South Central zone of Somalia is affected by the current drought and Gu rainfall was below average and erratic making the agropastoral communities who depend on seasonal rains for small scale farming and water for their livestock at a greater risk than before with the situation anticipated to deteriorate till the end of the year.

**2. Needs assessment**

- According to recently concluded inter-agency assessment in Galgaduud region which took place on 30th July to 5th August 2017 an estimated 65 per cent of livestock in the region was lost due to severe drought between November 2016 and April 2017. The below normal Gu rains in May and June 2017, were not adequate for pasture. These forced the most of pastoralists to migrate with their remaining livestock and in the assessment report it was recommended Scale up provision of general food distribution and Cash Based Interventions Re-stocking the herd for drought affected people as a medium to Protracted solution
- According to the report 80 per cent of the displaced people live in 56 new IDP settlements and practice open defecation due to the lack of proper sanitation facilities 70 per cent of the new IDP settlements lack water facilities. This forces women to collect water from distant water points thus exposing them to protection risks and there is need to Construct sanitation facilities and water kiosks in the new IDP settlements and provide sanitation tools, hygiene kits and initiate hygiene promotion campaigns
- Due to the increased number of IDPs, the ongoing nutrition and health interventions in Galgaduud region are inadequate as they can only cover the needs of 168,000 internally displaced people. The number of admission cases in the nutrition facilities has doubled and all the newly established IDP settlements lack nutrition and health facilities in addition to the limited nutrition mobile team due to this there is need to scale up nutrition and health interventions including mobile teams and establish integrated health and nutrition centers in the new IDP settlements.
- Elder and Elbur districts in Galgaduud region are among the districts with highest SAM and GAM rates in Somalia with GAM burden of 46,540 and SAM burden of 9,620 and according WHO Polio/EPI weekly updates as of week 31 there are 475 fever and rash cases reported by AFP surveillance teams and referred for further investigations as of 6th August 2017 and 13 cases of AFP were reported in Galgaduud region as of week 31 this is a clear indication of the worrying health and nutrition status in Galgaduud regions.
- Eldere District is situated in the Galgaduud region of Somalia. The population is currently served by Eldere hospital, Wah-weyn health unit, Elder Town MCH, Hul-aduur Village MCH and Osweyne Village MCH. In the last one month alone 1833 under 5 children benefited from emergency live saving health intervention in the above-mentioned health facility in Elder district with 267 of them treated for acute watery diarrhea and 204 under 1 children were immunized against measles while 2339 over 5 years also received emergency health interventions. CISP wishes to integrate nutrition and WASH into the existing health interventions and expand the same to far flung locations in Elder and across the border to Elbur district where there is no any lifesaving intervention currently ongoing this attributed to the unstable nature of the security situation in Elbur which kept on changing hands between the militants and the AMISOM forces in the recent years.

### **3. Description Of Beneficiaries**

The project will target women of child bearing age (WCBA) and children below 5 years of age in Eldere and Elbur Districts. This will encompass the host community and Internally displaced persons that are vulnerable. 18812 women of child bearing age receive access to quality RMNCH Services, nutritional support services and clean and safe water and 16,358 children under-5 have access to essential primary health, nutrition and basic WASH Services to reduce morbidity and mortality from main childhood illnesses, including malaria, pneumonia, diarrhea and measles as well as provide treatment for uncomplicated SAM cases and support implementation of community hygiene Promotion for AWD/Cholera Prevention .

### **4. Grant Request Justification**

There is increased morbidity and mortality among Internally displaced persons and host population living within Eldere and Elbur Districts. This has been majorly due to poor public health infrastructure, socio-cultural barriers to access of health services, insecurity and drought. The populace is affected by severe drought due to failure of three consecutive rains in the districts, rapidly deteriorating food security situation, increase in malnutrition and morbidity, acute water shortages leading to an increased incidence of acute watery diarrhea (AWD)/cholera outbreaks among other social problems. The situation has continued to worsen due to the failure of three consecutive rainy seasons during 2015-2016, followed by a prolonged dry season Haggaa (July-September 2016) and significantly below-average Deyr rainfall (October-December 2016).

To avert the worsening health and nutrition situation, CISP will offer life-saving emergency primary health services including maternal, neonatal and child health and nutritional support through both static and mobile health clinics in drought affected areas; scale up disease outbreak surveillance system for early cases detection and timely responses; accelerate response to epidemics and communicable diseases outbreaks by conducting rapid assessments, joint field monitoring and supervision, regional and state health cluster coordination meetings; enhance the capacity of health workers including regional rapid response teams for effective emergency responses and disseminate health and hygiene information on the prevention and control of AWD/cholera outbreak.

CISP will offer life-saving integrated emergency health, nutrition and WASH interventions in Bargaan and Jacar in Elbur district and Barkad Shadoor and Barkad SH. Abdullahi Elder and integrate nutrition and WASH into the existing health in Osweyne, Hula-Duur, Elder MCH and Wahweyn in Elder district.

### **5. Complementarity**

CISP has progressively created a good working relationship with population and authorities in Eldere and has contributed to the built health capacities and systems. The project will build up on system and capacities build in the previous project and will leverage on the good relationship build with the authorities and the community. CISP will endeavor to integration service delivery while coordinating and collaborate with other partners in the area to avoid overlapping and duplication of activities. CISP has a good relationship with the MoH and will endeavor to complement the government efforts while strengthening their capacity to manage and offer quality nutrition services to the population.

CISP started its contribution in these districts in 1995, establishing and supporting secondary and primary health services and strengthening local capacities at communities and the capacities of local communities and health authorities that are the main partners in the implementation of CISP's projects in Somalia. CISP, through UNICEF funds, has been supporting 4 MCHs in Eldere District ensuring the minimum package of health activities, provision of kits and cold chain maintenance. This will be a major strength for CISP in continuing with service delivery in the districts and extend the same to Elbur.

## **LOGICAL FRAMEWORK**

### **Overall project objective**

Provision of high quality high impact integrated lifesaving health/WASH/Nutrition services to vulnerable and most affected communities in rural areas and villages of Somalia.

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-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk			100		
<b>Contribution to Cluster/Sector Objectives :</b> To improve access to safe learning environment and screening of school going children for AWD/Cholera and malnutrition in schools							
<b>Outcome 1</b>							
Improved access to clean and safe learning environment to 230 school going girls and boys in Elder and Elbur districts.							
<b>Output 1.1</b>							
<b>Description</b>							
Ensure that 230 pupils both boys and girls benefit from improved clean and safe learning environment.							
<b>Assumptions &amp; Risks</b>							
Security remains stable							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children (Male&Female) enrolled in protected learning spaces					230
<b>Means of Verification :</b> Project reports							
Indicator 1.1.2	Education	Number of school going children screened for AWD/Cholera and malnutrition at school level through IERT					230
<b>Means of Verification :</b> Monthly and quarterly project reports							
Indicator 1.1.3	Education	Number of hygiene promotion sessions held in schools addressing on hand washing and waste management in schools.					8
<b>Means of Verification :</b> Project reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Hygiene promotion</b>							
Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Data collection - baseline or needs assessment</b>							
Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Hygiene promotion</b>							
Visit local schools at least once in a month for health and hygiene promotion targeting both self and environmental hygiene.							
<b>Additional Targets :</b>							
Food Security							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
<b>Contribution to Cluster/Sector Objectives :</b> Enhanced access to unconditional cash transfer to drought affected communities							
<b>Outcome 1</b>							
Enhanced access to improved livelihood by 3066 persons from families with malnourished children							
<b>Output 1.1</b>							
<b>Description</b>							
Ensure 3066 people from families with SAM children are supported with livelihood programme through provision of food vouchers.							
<b>Assumptions &amp; Risks</b>							
Security remains stable							
<b>Indicators</b>							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people that benefited from conditional transfers to improve access to food and protection of livelihood assets					3,066
<b>Means of Verification</b> : Project Reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Voucher distribution</b>							
Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.							
<b>Additional Targets :</b>							
<b>Health</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>	<b>Percentage of activities</b>				
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					100
<b>Contribution to Cluster/Sector Objectives :</b> - To improve access to essential quality lifesaving health services for crisis-affected aimed at reducing avoidable morbidity and mortality among children below 5 years and WCBA in Eldere and Elbur Districts - To strengthen and expand early warning disease detection to mitigate, detect and respond to disease outbreaks (particularly AWD/Cholera) in a timely manner in Eldere and Elbur Districts - To contribute to the reduction of maternal and child (0-59 months) morbidity and mortality in Eldere and Elbur Districts.							
<b>Outcome 1</b>							
Improved access to quality RMNCH Services (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) and common childhood illnesses to 35,170 drought affected people in 4 MCHs and 4 mobile clinics in Elbur and Elder districts							
<b>Output 1.1</b>							
<b>Description</b>							
18,812 WCBA receive quality RMNCH Services (FP, ANC, PNC, skilled delivery and referral for high risk pregnancies) and 16358 under 5 receive treatment for common childhood illnesses in 4 MCHs and 4 mobile clinics in Elbur and Elder districts							
<b>Assumptions &amp; Risks</b>							
.The security situation in Eldere and Elbur Districts will remain stable or improve to enable continuous provision of services without interruption. 2. There will be no major pipeline problems on the supply of essential drugs and medical commodities resulting in service delivery interruption.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of health facilities supported					4
<b>Means of Verification</b> : Health Management Information System (HMIS) data and project reports							
Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					35,170
<b>Means of Verification</b> : Activity reports and Quarterly narrative reports							
Indicator 1.1.3	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					14
<b>Means of Verification</b> : Training and Quarterly narrative reports							
Indicator 1.1.4	Health	Coverage of measles vaccination (%)					80
<b>Means of Verification</b> : Health Management Information System (HMIS) data and project reports							
Indicator 1.1.5	Health	Number of health promotions targeting AWD and cholera carried out in the two districts					16
<b>Means of Verification</b> : Project reports and surveys							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services							

<b>Activity 1.1.2</b>							
<b>Standard Activity : Immunisation campaign</b>							
Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Immunisation campaign</b>							
Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles							
<b>Activity 1.1.5</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Carry out bi weekly social mobilization and campaigns to create awareness on prevention and treatment of AWD/Cholera							
<b>Additional Targets :</b>							
<b>Nutrition</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
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			100		
<b>Contribution to Cluster/Sector Objectives :</b> To improve access to essential quality lifesaving therapeutic food for acutely malnourished children aimed at reducing avoidable morbidity and mortality related to malnutrition among children below 5 years and WCBA in Eldere and Elbur Districts .							
<b>Outcome 1</b>							
Improved access to essential nutrition services for 16,358 under 5 year children with focus on treatment of SAM with no medical complications and provision of multiple micronutrients to 7,361 PLW in affected populations in Elder and Elbur districts							
<b>Output 1.1</b>							
<b>Description</b>							
16,358 children 0 – 59 months old are screened and receive essential nutrition services with focus on SAM in Elder and Elbur Districts and 7,361 PLW receive multiple micronutrients.							
<b>Assumptions &amp; Risks</b>							
1. The security situation in Eldere District will remain stable or improve to enable continuous provision of services without interruption. 2. There willingness of community members to take part in community sensitization sessions.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					8,382
<b>Means of Verification :</b> Health Management Information System (HMIS) data and project reports							
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					7,361
<b>Means of Verification :</b> Health Management Information System (HMIS) data and project reports							
Indicator 1.1.3	Nutrition	Number of male and female health facility and community workers trained on IMAM guidelines					14
<b>Means of Verification :</b> Training report and project reports							
Indicator 1.1.4	Nutrition	Number of caregivers of IMAM beneficiaries receiving messages on iMAM programing at health facility and community outreach sites					1,021
<b>Means of Verification :</b> Project reports and health promotion activity reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.							
<b>Activity 1.1.3</b>							

<b>Standard Activity : Capacity building</b>							
Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Maternal child health and nutrition (MCHN) promotion messages</b>							
Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme							
<b>Additional Targets :</b>							
<b>Water, Sanitation and Hygiene</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
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		
<b>Contribution to Cluster/Sector Objectives :</b> To improve access to safe quality water, sanitation and hygiene to all people affected by emergency and improve water and sanitation and hygiene in schools.							
<b>Outcome 1</b>							
Improved access to safe water, sanitation and hygiene to 33,264 emergency affected people as well as the in public institutions in Eldere and Elbur districts							
<b>Output 1.1</b>							
<b>Description</b>							
33,264 people receive quality WASH services both in the community and in the institutions in Eldere ana Elbur districts.							
<b>Assumptions &amp; Risks</b>							
1. The security situation in Eldere District will remain stable or improve to enable continuous provision of services without interruption. 2. There will be no major pipeline problems on the supply of essential equipments and other IEC materials resulting in service delivery interruption.							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					6,816
<b>Means of Verification :</b> Project reports							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					6,816
<b>Means of Verification :</b> Project reports							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					6,000
<b>Means of Verification :</b> Monthly and quarterly project Reports							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of house holds and institutions reached with IEC materials for social mobilization					6,816
<b>Means of Verification :</b> Project reports							
Indicator 1.1.5	Water, Sanitation and Hygiene	Number of targeted bucket disinfection carried out at the water points instead of blind disinfection					6,816
<b>Means of Verification :</b> Monthly and quarterly project reports							
Indicator 1.1.6	Water, Sanitation and Hygiene	Number of Cholera Treatment Centers receiving WASH support					1
<b>Means of Verification :</b> Monthly and quarterly project reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community Hygiene promotion</b>							
Conduct hygiene promotional activities within at house hold level as well as in the community.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Household water treatment</b>							
Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Hygiene kit distribution (complete kits of hygiene items)</b>							
Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Community Hygiene promotion</b>							

Distribution of standard IEC materials for social mobilization and community awareness
<b>Activity 1.1.5</b>
<b>Standard Activity : Community Hygiene promotion</b>
Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection
<b>Activity 1.1.6</b>
<b>Standard Activity : Preparedness (pre positioned stocks, community training)</b>
Provision of WASH support to CTC to ensure water is disinfected and other standard hygiene practices are maintained
<b>Additional Targets :</b>

## M & R

### Monitoring & Reporting plan

CISP field staff will conduct an on-going monitoring of the project activities to ensure that implementation is in accordance to plans to inform actions. Monthly data will be analyzed to check the trend and performance of the different project indicators. The monthly data will be send to MoH and to the Cluster. The MoH will be involved in the monitoring of project deliverable activities and will receive monthly data and report. Also, CISP will organize quarterly field visits and quarterly review meeting with the MoH. Monthly narrative reports will be done and send to the Health Coordinator in Nairobi for review and adjustments of the project, if deems fit. A technical adviser will be in charge to create new tools of supervision and monitoring adapted at this project. A particular attention will be given at the analysis of data and at the on-job training. The M&E responsible will travel often in Somalia to check the implementation of the project with the health and nutrition program manager based in Mogadishu.

### Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct hygiene promotional activities within at house hold level as well as in the community.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.1: Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.1: Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.1: Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.1: Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer qualit integrated health, nutrition and WASH services	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.2: Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.	2017									X	X	X	X
	2018	X	X	X	X								
Activity 1.1.3: Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)	2017										X		
	2018	X		X									
Activity 1.1.3: Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.	2017									X			
	2018												
Activity 1.1.3: Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.	2017									X			
	2018												

Activity 1.1.3: Visit local schools at least once in a month for health and hygiene promotion targeting both self and environmental hygiene.	2017										X	X	X	X
	2018	X	X	X	X									
Activity 1.1.4: Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles	2017											X		
	2018	X			X									
Activity 1.1.4: Distribution of standard IEC materials for social mobilization and community awareness	2017										X	X	X	X
	2018	X	X	X	X									
Activity 1.1.4: Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme	2017										X	X	X	X
	2018	X	X	X	X									
Activity 1.1.5: Carry out bi weekly social mobilization and campaigns to create awareness on prevention and treatment of AWD/Cholera	2017										X	X	X	X
	2018	X	X	X	X									
Activity 1.1.5: Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection	2017										X	X	X	X
	2018	X	X	X	X									
Activity 1.1.6: Provision of WASH support to CTC to ensure water is disinfected and other standard hygiene practices are maintained	2017										X	X	X	X
	2018	X	X	X	X									

#### OTHER INFO

##### Accountability to Affected Populations

The project will remain fully accountable to the duty bearer and rightful holders. The beneficiaries will be fully consulted and involved in the project from its conception to ensure ownership, partnership and sustainability. In the inception stage, a meeting involving MoH leaders, local authorities and key community resource persons to discuss and agree the anticipated outcomes and the role of each player in making the implementation successful. All the project deliverables and target beneficiaries will be discussed and agreed upon. Community mobilization sessions involving the community members will be held at the start of the project to let the beneficiaries understand the available integrated services and their right to receive the different services. Community dialogues will also be held on monthly basis to get feedback on service delivery as well as their recommendation for better project administration and implementation. CISP, as the IP, will maintain an open-door policy to allow feedback from MoH staff and local authorities and will float the recommendation during the periodic review meetings for discussion and action for continuous improvement. A beneficiary satisfaction mini-survey will be conducted midway the project implementation to capture the general feeling about service delivery, complaints and recommendation for improvement. CISP, will ensure that equal opportunities are given to potential local employees at facility and community (CHW) level and that the process is fair to all and based on merit to ensure inclusion of local competent staff in project implementation. CISP will invest in capacity building of project staff to ensure that they offer high quality primary health care services as per standard protocols. The project staff will also be sensitized on humanitarian principles to ensure adherence when implementing the project in the emergency context. This is to ensure that all individuals are get their right to health indiscriminately being cognizant of women and children who are most vulnerable. Weekly emergency information and monthly service delivery data will be collected, collated and shared to MoH. Monthly HMIS data and quarterly project reports will be share with MoH, Health/Nutrition and WASH clusters and OCHA for decision making.

##### Implementation Plan

The project activities will be coordinated and monitored by a Health Coordinator (CISP), a health and nutrition field programme manager based in Mogadishu. The project will be implemented by two health and nutrition field officers (CISP), based in Eldere and Elbur to ensure the quality of the project and to be the link with the local authorities. The two health field officers will be responsible of ensuring quality and smooth implementation and accurate reporting from all the health facilities. The project will be supported by a technical advisor who will be in charge of the accountability of the project, travelling frequently to Mogadishu to conduct monitoring and on-job training and will be responsible of the project data and the reports to donors. The MCH staff will be employed by the local Somali District Health Boards and MoH, and they will benefit from project incentives, training and technical assistance. They will be in charge of offering life-saving emergency primary health, nutrition and WASH services including maternal and child health in static and mobile health clinics in Eldere. The project launch will be held involving MoH leaders, local authorities and key community resource persons in Eldere district to discuss on the project deliverables and anticipated roles of all players. This will be proceeded by community mobilization and periodic dialogues for awareness, demand creation and feedbacking. MoU will be developed to guide partnerships with the local authorities and incentive staffs. The health staff will be trained on the management of childhood illness and prevention and treatment of Cholera and integrated management of acute malnutrition and periodically mentored on identified service delivery gaps. The MCHs will provide pregnant women with focused ante-natal care (ANC) and post-partum women with quality PNC services including post-partum vitamin A supplementation within 48 hours of child birth, skilled deliveries services to women, treatment for childhood illnesses including AWD and growth monitoring, immunization services to children 0 – 59 months of age, treatment of children with severe acute malnutrition and provision of basic WASH services. The staff will collect, collate and send monthly data and quarterly reports to MoH and cluster. Joint monitoring, supervision and review meeting will be held periodically to ensure, strengthen and sustain quality service delivery.

##### Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Ministry of Health	CISP will partner with MoH through inception through the implementation of the project. MoH will steer the process of recruiting competent incentive health and nutrition staff to offer integrated emergency health care services. CISP will also support MoH through capacity development and supervision to offer quality health services to the target beneficiaries. successful implementation, as well as the sustainability.

UNICEF	Health/Nutrition and WASH Clusters will be key in offering technical support, guidance and coordination during the implementation of the project.
SRC	There are not other INGO working in Eldere and elbur. There are local NGOs like SRC working and CISP will be in contact with them during the implementation of this integrated project so that overlapping of services are avoided and work together on inter agency referrals.

### **Environment Marker Of The Project**

### **Gender Marker Of The Project**

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

### **Justify Chosen Gender Marker Code**

The proposed project will equally target boys and girls, particularly those from vulnerable families affected by drought. The vulnerabilities are exacerbated by the worsening drought, water scarcity and displacement into IDP settlements where children live in extremely precarious conditions with only limited community support. Therefore, the project seeks to lower the burden of morbidity and reduce by providing life-saving integrated emergency Nutrition, health and WASH services including maternal, neonatal and child health through both static and mobile health clinics. Considering that mothers in Somalia are the primary responsible in the family for children's care, at least 80% of children will be accompanied by mothers to the health facilities and will benefit from health education including water, hygiene and sanitation promotion messages to avert water-borne infections. This project will support the MoH to identify the staff with optimum qualifications and experiences taking into account the different capacities and needs of men and women. According to the emergency primary health care activities in the static and mobile facilities, equal opportunities, tasks and responsibilities will be assigned to both men and women.

### **Protection Mainstreaming**

CISP will endeavor to leverage on her technical prowess in Protection programming to mainstream protection intervention in the project. This will be achieved through sensitization of the health workers on protection including assessment and management of GBV cases. Beneficiaries will also be sensitized on self-assessment mechanisms and services available.  
 -CISP will prioritize safety & dignity, and avoid causing and any unintended negative effects of its intervention which can increase people's vulnerability to both physical and psycho-social risks.  
 -CISP will ensure people's access to assistance and services – in proportion to need and without any barriers (e.g. discrimination). Pay special attention to individuals and groups who may be particularly vulnerable or have difficulty accessing assistance and services.  
 -Accountability: Set-up appropriate mechanisms through which affected populations can measure the adequacy of interventions, and address concerns and complaints..

### **Country Specific Information**

#### **Safety and Security**

Eldere and Elbur district has been partly insecure with frequent insecurity incidences reported in some areas. In the recent past, the situation has been slightly improving despite the resource-based conflicts due to the worsening drought which has resulted in displacement of some families.  
 CISP, has been working in the district for some time implementing health and nutrition interventions (Primary and secondary health, EPI, Nutrition, HIV and TB). The CISP field health staff has been working in the district since 1996 and has created a strong working relationship with the communities the project staff will offer services in a familiar and supportive environment. The CISP Operations manager who is the security advisory focal person will support the implementing team and offer timely advice to ensure their movements and operations are safe.

#### **Access**

CISP has been working in Eldere district for quite some time and has developed a good relationship with population and authorities, and the key staff are familiar with the district's social and geographical landscape. Therefore, CISP staff will freely have access to all the MCHs in Eldere district which are accessible to a huge fraction of the target population. The mobile clinics will offer services in the hard to reach, far-flung sites in the district. CISP will ensure that local staffs/ incentive workers are recruited on basis of competency and merit to inspire communal confidence and acceptability and ensure that the staff can easily access all the project sites.

### **BUDGET**

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

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

15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
20. Staff and Other Personnel Costs								
1.1	Project Coordinator Contribution	D	1	4,500.00	8	9.00	3,240.00	
	<i>Project coordinator will be based in Nairobi. She/he will be responsible for the overall technical management, representation and coordination of the project. Also in charge of reporting to donors. She will carry out field visit at least one every quarter or a meeting in Nairobi with CISP senior staff from the field. Health Coordinator will be accountable to the country director and technical to our NGO headquarter.</i>							
1.2	Finance and Human Resources Manager Contribution	D	1	5,700.00	8	6.00	2,736.00	
	<i>The finance and Human Resources Manager will be based in Nairobi. He/She will ensure the good management and the accountability of the programmes and the financial report to the donors.</i>							
1.3	Project manager Mogadishu	D	1	3,000.00	4	100.00	12,000.00	
	<i>The project manager is already receiving salary from an ongoing SHF project and will only be for eligible for salaries from this project for the last 4 months. The Program manager will be based in Mogadishu. He/she will be in charge of the day to day implementation, management and monitoring of the Health &amp; nutrition project activities in the districts. Also in charge of representing and attending coordination meeting in the field, in Mogadishu with donors and Ministry of Health. He will be accountable to the Health Coordinator in Nairobi</i>							
1.4	Project Accountant contribution	S	1	1,200.00	8	19.00	1,824.00	
	<i>The project account will ensure accuracy of procedures, accountability of programme and reporting documentation on the project.</i>							
1.5	Logistician	S	1	2,000.00	8	5.00	800.00	
	<i>He/she will ensure the good management of procurement and purchase for supplies.</i>							
1.6	Memorandum of understanding (MoU) nutrition nurse MCH (1 * 4MCH)	D	4	400.00	8	100.00	12,800.00	
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Health Workers in the 4 Maternal and Child Health centers and the 4 Mobile clinics . They will be under technical supervision of nutrition field officers.</i>							
1.7	Memorandum of understanding (MoU) IYCF Counselors (1* MCH)	D	4	400.00	8	100.00	12,800.00	

	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Maternal and Child Health centers and the 4 Mobile clinics . They will be under technical supervision of nutrition field officers.</i>						
1.8	Memorandum of understanding (MoU) OTP screeners	D	4	200.00	8	100.00	6,400.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of Understanding and contract to pay incentives to Nutrition Workers in the 4 Maternal and Child Health centers and the 4 Mobile clinics . They will be under technical supervision of nutrition nurses.</i>						
1.9	Memorandum of understanding (MoU) OTP registrars (1* MCH)	D	4	200.00	8	100.00	6,400.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of Understanding and contract to pay incentives to nutrition Workers in the 4 Maternal and Child Health centers and the 4 Mobile clinics . They will be under technical supervision of nutrition nurses.</i>						
1.10	Memorandum of understanding (MoU) Cleaners (OTP fixed sites)	D	4	100.00	8	100.00	3,200.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Maternal and Child Health centers and the 4 Mobile clinics . They will be under technical supervision of health field officers.</i>						
1.11	Project Technical adviser	D	1	1,500.00	4	100.00	6,000.00
	<i>This will be a monitoring mission,a technical advisor will be in charge of the accountability of the project, he/she will travel to Mogadishu to do the on-job training and he/she will prepare a monitoring plan and will be responsible of the data and the report to donors. These are the costs related to the technical advisor who will implement the monitoring and evaluation activities for the project. The technical advisor will be hired only for 4 months</i>						
1.12	Memorandum of understanding (MoU) Qualified Nurse (4 mobile team)	D	4	400.00	8	100.00	12,800.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of health field officers.</i>						
1.13	Memorandum of understanding (MoU) Community Health workers (2* @ mobile team)	D	8	150.00	8	100.00	9,600.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of Mobile team supervisors.</i>						
1.14	Memorandum of understanding (MoU)Auxiliary Nurse cholera and hygiene and screening U5 and women in mobile clinic (1xMobile clinic)	D	4	200.00	8	100.00	6,400.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of qualified nurses.</i>						
1.15	Memorandum of understanding (MoU) Mobile OTP Nurse (1* @ mobile clinic)	D	4	400.00	8	100.00	12,800.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of mobile team supervisors.</i>						
1.16	Memorandum of understanding (MoU) Mobile OTP screeners (1* @ mobile team)	D	4	200.00	8	100.00	6,400.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of mobile OTP nurses</i>						
1.17	Memorandum of understanding Mobile IYCF counsellors (1*@ mobile team)	D	4	400.00	8	100.00	12,800.00
	<i>They will not be CISP employees. CISP will support the Ministry of Health and District of Health in Eldere and Elbur districts with the Memorandum of understanding (MoU) and contract to pay incentives to Heath Workers in the 4 Mobile clinics . They will be under technical supervision of mobile team supervisors.</i>						
1.18	Senior Operation manager	s	1	3,000.00	8	23.00	5,520.00
	<i>The senior opeartion manager will be based in Mogadishu to guarantee the security and the quality of the operations in the field. He will be in charge of the Mogadishu office and he will monitor the operations of this project. He will ensure that operational planning and programs are designed and implemented in line with internationally recognized quality and accountability standards such as Core Humanitarian Standard, Principles of Partnership, Anti Fraud &amp; Corruption etc.He will establish and/or maintain safety and security management protocols and procedures according to CISP.The Operations Manager acts as a strategic advisor on all operational aspects of the programme/project. S/he is responsible an effective and efficient implementation of financial, human resources, procurement, logistics, asset management and ICT for CISP. The Operations Manager will serve as the field-level representative for all CISP programs, ensuring coordination and information-sharing mechanisms are in place with relevant government, community, cluster and INGO stakeholders and that the program takes leadership roles whenever possible in these forums. He/she will have a key role. CISP is working in difficult localities and the operation manager will have a key role to keep the link with CISP colleagues in the remote areas.</i>						
1.19	Store keeper in the field	S	1	400.00	8	100.00	3,200.00

	<i>Store Keeper will be responsible of supplies and distribution in the Maternal and Child Health centers, good management of the store and reporting documentation</i>						
1.20	Health field officers ( Elder & Elbur)	D	2	1,000.00	4	100.00	8,000.00
	<i>These officers already receiving salaries from an ongoing SHF Project and to avoid duplication they will be receiving salaries only for 4 months after their current project ends. They will be based in Eldere and Elbur and will assist the Maternal and Child Health centers's staff in the day to day implementation, management and monitoring of the project activities in their district. They will also be in charge of on-job training and supervising the community component of the health project and they will be the link for CISP with the local authorities</i>						
	<b>Section Total</b>						<b>145,720.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Drugs and medical consumables for 4 Maternal and Child Health centers and 4 mobile clinics.	D	1	12,368.00	1	100.00	12,368.00
	<i>Drugs and medical consumable are necessary to manage health service care. the number of beneficiaries will benefit of the drugs and the medical consumable will be 42,391 beneficiaries.</i>						
2.2	Nutrition supplies for 4 fixed and 4 mobile sites	D	1	106,349.19	1	100.00	106,349.19
	<i>Nutrition supplies are necessary for the treatment of SAM cases as well as for supplementation for children 0-59 months and pregnant and lactating women.</i>						
2.3	Transport of drugs and medical equipment within Somalia From Mogadishu to Eldere and Elbur	D	1	1,800.00	1	100.00	1,800.00
	<i>The transport is considering the transport Drugs and consumable from Mogadishu warehouse to Eldere. Estimation done using tonnage. The trucks used have a capacity of 12 tons because they are able to go across the sand dunes. The road is very raft and difficult.</i>						
2.4	Transport drugs and medical consumable from the store in Eldere and Elbur the Maternal and Child Health centers , 1 vehicle*1day*6 months	D	2	150.00	8	100.00	2,400.00
	<i>The monthly transport of drugs from Eldere stores to the 4 Maternal and Child Health centers . For the transport within the districts (from Eldere to Elbur the Maternal and Child Health centers )the vehicles used have a capacity of 2 tons. 1 vehicle in each district delivering supplies once in a month for eight months at \$150 per delivery (Once in a month)</i>						
2.5	Quarterly review meeting Ministry of Health (MoH) and District Health (DoH) and supervision of from Maternal and Child Health centers MoH/DoH	D	1	840.00	1	100.00	840.00
	<i>Quarterly review meeting MoH and DOH will be managed by Cisp staff. During the meeting and supervision Health authorities will be involved directly in the monitoring of project. One person of the MoH will be in charge of the monitoring and supervision of the health programme. Cisp will manage three Quarterly review meeting to keep informed and to share the information regarding the project with the DoH in Eldere Each quarter 4 MoH/DoH people will attend the meeting managed by the CISP health field officer, it will happen in Eldere three times during the project. So, they are 5 people per District/1review meeting(one day)/three times (each quarter).</i>						
2.6	Running costs of 4 OTP centers in Eldere and Elbur to be functional	D	1	4,800.00	1	100.00	4,800.00
	<i>The running cost for 4 Maternal and Child Health centers (water, electricity, stationery, cleaning material). Running cost for pannel solar at MCH : 100 USD/8months/4Maternal and Child Health centers - Water for Maternal and Child Health centers: 50USD/8months/4 Maternal and Child Health centers - Maternal and Child Health centers utilities (cleaning materials, stationery):50USD/8months/4 Maternal and Child Health centers</i>						
2.7	Training on Integrate Management of acute malnutrition (IMAM)	D	1	2,395.00	1	100.00	2,395.00
	<i>In Elder and Elbur districts 14 health and nutrition staffs from the 4 Maternal and Child Health centers will be trained on the Integrate Management of Acute Malnutrition (IMAM).</i>						
2.8	Training on management of childhood illness and prevention and treatment of cholera	D	1	2,400.00	1	100.00	2,400.00
	<i>In Elder and Elbur districts 14 health staffs from the 4 Maternal and Child Health centers will be trained on the management of common childhood illnesses (IMCI) and prevention and management of cholera.</i>						
2.9	Warehouse rent in Mogadishu contribution	s	1	750.00	8	26.25	1,575.00
	<i>A contribution for the rent of the warehouse in Mogadishu needed to run the programme. The warehouse is used as store for drugs, medical equipment and supplies received from Unicef. Mogadishu the supplies will be sent to Eldere and Elbur</i>						
2.10	Food voucher for 511 Households with children with SAM	D	1	16,362.00	2	100.00	32,724.00
	<i>Provide 511 Households with SAM children will get livelihood for 2 months after the child is discharged from the therapeutic programme to support family food basket</i>						
2.11	Hygiene kits for 1000 Households	D	1	25,751.00	1	100.00	25,751.00
	<i>Provision of total sanitation kits to 1000 households in Elder and in Elbur especially targets families affected by AWD/Cholera and discharged from CTC upon recovery</i>						
	<b>Section Total</b>						<b>193,402.19</b>

<b>22. Equipment</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>23. Contractual Services</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>24. Travel</b>								
5.1	International air travel and related expenses	D	1	5,370.00	1	100.00	5,370.00	
	<i>Project coordinator will travel in Mogadishu from Nairobi to give a technical support to the project. If it will not possible for security reasons, the field staffs will travel to Nairobi to work with the project coordinator. She/He will travel to Mogadishu for the quarterly review meeting with CISP staffs, for meetings with MoH and donors. Also under this budget line a project technical advisor will travel to Mogadishu to advise the local staff and provide on job training</i>							
5.2	Vehicle rent (include fuel) for 4 mobile clinics (2 in Eldere and 2 in Elbur)	D	4	1,800.00	8	100.00	57,600.00	
	<i>The vehicle rental (include fuel) will be necessary to run the activities for 4 mobile clinics. They will be used by the MCH's staff for the screening and the prevention of Cholera in the two Districts, immunization campaigns and social mobilization</i>							
5.3	Car rent Mogadishu contribution	D	1	1,800.00	8	15.38	2,214.72	
	<i>A contribution for the rent of the car in Mogadishu needed to run the programme. CISP staffs in Mogadishu working for this project need to move within Mogadishu to attend Health cluster meetings, meetings with Unicef, to follow the purchase of the supplies, to dispatch the supplies. And the cars are utilized also for the movement for CISP staffs in mission in Mogadishu.</i>							
	<b>Section Total</b>							<b>65,184.72</b>
<b>25. Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>							<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>								
7.1	Stationery and office supplies	S	1	5,745.80	1	30.00	1,723.74	
	<i>Bills of stationery and office supplies in Eldere/Elbur needed to run the programme. This will be bought in lumpsum</i>							
7.2	Communication and internet	S	2	400.00	8	40.00	2,560.00	
	<i>Bills of phone and internet to allow communication between the field and programme manager. The costs are for Eldere, Elbur. The two location need to be connected with internet for skype calls, to send and receive documents, to communicate with Nairobi and Mogadishu.</i>							
7.3	Office utilities	S	2	150.00	8	40.00	960.00	
	<i>Bill of water and electricity for Eldere and Mogadishu office</i>							
7.4	Office rent in Mogadishu contribution	S	1	5,500.00	3	20.00	3,300.00	
	<i>A contribution for the rent of the office in Mogadishu. CISP has an office in Mogadishu used by CISP expatriate and national staffs. It is a shared office for all projects that CISP is implementing in Somalia. When CISP staffs from the field and from Nairobi is going in Mogadishu, they use this office. The operation manager, the logistician, the financial officers, the public health specialist and other staffs are working daily in this office. In Eldere and in Harardere, we have 2 offices within the Hospital. CISP is not paying the rent for these two offices because in the past CISP built the hospitals and the District of Health in Eldere host our local staffs (financial officers, health field officer). It is budgeted only for 3 months since there is another health project which is contributing hence the 3 months budget will be used after January 2018 up to the end of this project</i>							
7.5	Bank transfer cost	S	1	4,220.00	1	100.00	4,220.00	

	<i>Bank transfer cost to send money in the field for activities. The percentage used is 1% on the budget.</i>		
	<b>Section Total</b>		<b>12,763.74</b>
<b>SubTotal</b>	83.00		<b>417,070.65</b>
Direct			391,387.91
Support			25,682.74
<b>PSC Cost</b>			
PSC Cost Percent			7.00
PSC Amount			29,194.95
<b>Total Cost</b>			<b>446,265.60</b>

**Project Locations**

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Galgaduud -> Ceel Buur -> Cali Buubaal	14	6	3,984	1,061	1,061	6,112	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the households and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency response strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p>

Galgaduud -> Ceel Buur -> Jacar	8	2	2,178	505	505	3,190	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p>
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Galgaduud -> Ceel Buur -> Ris	11	4	2,960	778	778	4,520	<p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p> <p>Activity 1.1.5 : Carry out bi weekly social mobilization and campaigns to create awareness on prevention and treatment of AWD/Cholera</p>
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Galgaduud -> Ceel Dheer -> Ceel Dheer	24	5,827	2,111	2,111	10,049	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency response strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p>
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Galgaduud -> Ceel Dheer -> Galwasuge	7	4	2,123	481	481	3,089	<p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p> <p>Activity 1.1.5 : Carry out bi weekly social mobilization and campaigns to create awareness on prevention and treatment of AWD/Cholera</p>
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Galgaduud -> Ceel Dheer -> Hul Caduur	13		3,289	1,192	1,192	5,673	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency response strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p>
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Galgaduud -> Ceel Dheer -> Oswein	12		2,959	1,073	1,073	5,105	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.1 : Provision of food vouchers to at least 50% of families with malnourished children in order to support the family food basket for two months after the child is discharged from the therapeutic feeding programme and also prevent relapse.</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency reponse strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p>
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Galgaduud -> Ceel Dheer -> Wahweyn	11	2,697	978	978	4,653	<p>Activity 1.1.1 : Support 1 fixed health facility and 2 outreach clinics Elbur and 3 fixed health facilities and one outreach team in Elder which will offer quality integrated health, nutrition and WASH services</p> <p>Activity 1.1.1 : Provide SAM treatment for 1021 children 6– 59 months old both at the static facility and mobile teams.</p> <p>Activity 1.1.1 : Conduct hygiene promotional activities within at house hold level as well as in the community.</p> <p>Activity 1.1.1 : Provision of clean learning environment by ensuring that water points are treated and proper waste disposal are observed</p> <p>Activity 1.1.2 : Provision of water treatment through chlorination to at least 50% of the house holds and 100% in institutions</p> <p>Activity 1.1.2 : Screen all school going children both boys and girls for AWD/Cholera and malnutrition in schools for early case detection and management.</p> <p>Activity 1.1.2 : Provide multiple micronutrients for 7361 pregnant and lactating women who visit the antenatal and postnatal clinics.</p> <p>Activity 1.1.2 : Provide routine immunization to all under 5 children and women of child bearing age in both fixed health facilities and outreach teams as emergency response strategy.</p> <p>Activity 1.1.3 : Train health workers working under this project in Elder and Elbur on management of acute watery diarrhoea/ cholera and measles case management in order to guarantee quality service delivery during the emergency response.</p> <p>Activity 1.1.3 : Train 14 health and nutrition staff on integrated management of acute malnutrition so that effective case management and high cure rate is achieved.</p> <p>Activity 1.1.3 : Provision of complete hygiene kits to patients discharged from Cholera Treatment Centers (CTC)</p> <p>Activity 1.1.4 : Distribution of standard IEC materials for social mobilization and community awareness</p> <p>Activity 1.1.4 : Provide nutrition promotional messages to all mothers whose children are admitted into the IMAM programme</p> <p>Activity 1.1.4 : Carry out mass campaigns to ensure that at least 80% of under children are immunized against measles</p> <p>Activity 1.1.5 : Targeted approach and bucket disinfection at the water point instead of the blind/at large well disinfection</p> <p>Activity 1.1.5 : Carry out bi weekly social mobilization and campaigns to create awareness on prevention and treatment of AWD/Cholera</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	Health Supply BOQ.xlsx
Project Supporting Documents	Nutrition Supply BOQ.xlsx
Project Supporting Documents	BOQ for Hygiene kits.xlsx
Project Supporting Documents	SHF Budget July 2017.xlsx
Project Supporting Documents	SHF Budget July 2017.xlsx
Project Supporting Documents	BOQ for Food and their prices.xlsx
Project Supporting Documents	Updated Nutrition Supply BOQ 25.8.2017.xlsx
Project Supporting Documents	BOQ 2.10 for Food and their prices 25.8.2017.xlsx
Project Supporting Documents	BOQ 2.11 for Hygiene kits 25.8.2017.xlsx
Project Supporting Documents	BOQs Updated on 6th September 2017.xlsx

Project Supporting Documents	All BOQs for the Project.xlsx
Project Supporting Documents	All BOQs for the Project 31.8.2017.xlsx
Project Supporting Documents	BOQ BL 5.2.xlsx
Budget Documents	Updated Budget 28.8. 2017.xlsx
Budget Documents	CISP IERT HFU comments.xlsx
Budget Documents	Updated Budget 6th September 2017.xlsx
Budget Documents	BOQs HFU comments 13th September 2017.xlsx
Budget Documents	BOQs comments Addressed 14th September 2017.xlsx
Budget Documents	CISP BOQ comments 14th September 2017 (1).xlsx
Budget Documents	Addressed CISP BOQ comments 14th September 2017 (1) (2).xlsx
Budget Documents	Updated Budget 14th September 2017.xlsx
Budget Documents	CISP 6677 BOQ Final.xlsx
Budget Documents	Updated Budget 25.8. 2017.xlsx
Budget Documents	Updated Budget 9th August 2017.xlsx
Grant Agreement	CISP grant agreement 6677.pdf
Grant Agreement	SHF 6677_CISP signature.pdf