

Requesting Organization :	New Ways Organization		
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)		
Primary Cluster	Sub Cluster	Percentage	
Education		10.00	
Food Security		45.00	
Health		19.00	
Nutrition		10.00	
Water, Sanitation and Hygiene		16.00	
		100	
Project Title :	Integrated Health, Nutrition and WASH emergency intervention to prevent deaths due to severe acute malnutrition, epidemics and waterborne diseases through IERT in drought affected districts of Barawe and Qoryoley in Lower Shabelle Region		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/R/Ed-FSC-H-Nut-WASH/NGO/6918
Cluster :		Project Budget in US\$:	299,603.05
Planned project duration :	9 months	Priority:	
Planned Start Date :	01/10/2017	Planned End Date :	01/07/2018
Actual Start Date:	01/10/2017	Actual End Date:	01/07/2018

Project Summary :

The project is a response to the needs assessment carried out by New ways to target the under-served stratum of the population in Barawe and Qoryoley districts to provide an integrated health, nutrition, WASH, food security and education services through the 7 IERTs.(4 IERTs in Barawe district and 3 IERTs in Qoryoley district). IERT under many circumstances provide this crucial contact with the underserved stratum of the population (IDPs, vulnerable host communities, minorities, etc) Their role is partly in improving access to available resources, but it is also important in fostering behavior change and, more generally, in supporting caring practices. Such programs may also play a part in mobilizing social demand for services and in generating pressure for policy change. New ways intend to Implement and improve an integrated health, nutrition, wash, food security and education interventions, especially in poor communities, which require a combination of community and facility-based activities, with support from central levels of organization. IERT may also play a part in mobilizing social demand for services and in generating pressure for policy change, targeting specific areas with low accessibility and specific biological groups—generally women and children— within those areas, followed a bottle neck analysis exercise of our programs (health, nutrition and Wash) in a workshop organized by UNICEF, concerning “the Integrated Management of Acute Malnutrition Bottleneck Analysis Solutions and Action Planning Workshop on 9 - 13 April 2017, Central and Southern Regions” that was held in SKA at Mogadishu International Airport. The IERT will promote infant and young child feeding promotion through home visits and campaign, targeting pregnant and lactating women as well as men. The IERT will be composed of Nurses, CHWs, that will Screen, register, and promote IYCF, and hygiene, all under the supervision of IERT supervisor. The IERT supervisor will monitor team performance and report on metrics, motivate team members, discover training needs and provide coaching

They will screen <5 children and pregnant and lactating women for malnutrition, admitting them or discharging when it's appropriate, following the IMAM guidelines, keep accurate records of all admissions, discharges, transfers, defaults, and death in the program, using OTP registers. New ways will ensure that most vulnerable displaced and disaster affected women. Girls, boys and men have increased and equal access to safe and appropriate water, sanitation and hygiene promotion services. chlorinating water sources and disinfecting water containers – for safe transportation of water.

IERT will liaise with the education sector to conduct screening exercises at schools. Nutrition and health teams working with the program will conduct screening at school level. <5 children identified to be malnourished will be referred for admission to the prom. The health teams will also screen pupils for illnesses such as AWD/cholera, measles and provide appropriate treatment for those diagnosed for various illnesses. The project will target 11 primary schools (6 in Barawe and 5 in Qoryoley) with a total of 2640 pupils.

IERT program will also implement food security component which will be part of the integrated program. 500 most vulnerable drought affected households with severely and moderately malnourished <5 boys and girls will receive monthly food through food voucher valued at US\$64. This will be 50% of the household's food needs .The program aims at improving households' food security. It is realized that some of the acute and moderately malnutrition cases are linked with the households' food security status.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
8,842	14,735	6,900	6,900	37,377

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,737	3,737	7,474
Pregnant and Lactating Women	0	3,364	0	0	3,364
Women of Child-Bearing Age	0	8,597	0	0	8,597
Other	8,842	2,774	3,163	3,163	17,942

Indirect Beneficiaries :

2500 beneficiaries coming from host community members of the two district of Barawe and Qoryoley

Catchment Population:

90000

Link with allocation strategy :

The project main objective is provide emergency integrated health, nutrition and WASH that will ensure access to integrated lifesaving health, nutrition and WASH to the drought affected and vulnerable households among the IDPs and host community members in Barawe and Qoryoley districts. The proposed project is in line with SHF integrated response allocation strategy. NWO will implement integrated emergency health, nutrition and WASH project in 8 locations including four locations (Dayax, Saqaawadiin, Wadajir, Hawlwadaag) from Barawe and four locations (Busley, Buulo Sheick, Camp 1, Bagdaad) of Qoryoley districts respectively. In Barawe and Qoryoley Internal displaced population, level of acute malnutrition is critical and Inadequate and unsafe water, poor sanitation, and unsafe hygiene practices are behind the high incidents and causes of diarrhea, which results into high mortality and morbidity especially among under-5. An effective strategy to reduce the burden of diarrheal diseases is through the use of emergency health, nutrition and WASH intervention in the area .The proposed project is in line with the principal objective of the multi sector cluster objective and current strategic objective .the integration and live saving multisector services that aim to provide integrated live saving emergency services in order to alleviate current drought and prevent and control acute watery diarrhea to vulnerable and most AWD/cholera affected communities in hard to reach area of Lower Shabelle – Barawe and Qoryoley. Promotion, preventive and curative multisector emergency live saving services will be scaled up to prevent acute watery diarrhea to drought affected population in hard to reach areas of Barawe and Qoryoley 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
Abdullahi Muhumud Ali	NewWays director	new.ways.org@gmail.com	+254725058419
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BACKGROUND**1. Humanitarian context analysis**

The humanitarian situation in Somalia remains fragile with the latest FSNAU assessment estimating 6.2 million people in need of life-saving. An estimated 3.1 million people, 25 percent of the population, are expected to be in Crisis (IPC Phase 3) or Emergency (IPC Phase 4) through December. The Gu (April-June) cereal harvest was far below average, prices of local cereal remain well above average, and substantial livestock losses have occurred, all of which have lowered household access to food and income. Persistent drought has led to large-scale population displacement. Deyr (October-December) rains are expected to be average to below average, but levels of acute food insecurity in Somalia will remain high through the end of the year. Acute and widespread food insecurity and increased morbidity have contributed to further deterioration of the overall nutrition situation in Somalia (FSNAU, August, 2017).

Nearly 895,000 internally displaced people due to drought and conflict rely almost exclusively on assistance for basic services and life support. Major AWD/Cholera and measles outbreaks are also of continued concern (ocha,2017)

237,000 displaced individuals from Lower Shabelle in the period January to July 2017 of which more than 87,000 displaced due to conflict and insecurity, they fled from Marka and Km50 and majority hosted by Mogadishu,Afgoye ,Ooryeley as well as Baraawe (UNHCR,2017). In lower Shebelle region 1340,000 are expected to be in crises and 341,000 to be stressed.

More than 1.5 million are women of child-bearing age and nearly 130,000 pregnant women may require urgent care.

An e estimated 4.5 million People are to be in need of water, sanitation and hygiene (WASH) assistance. Water price have been increased beyond the reach of many, resulted by inadequate water quantity and quality that increasing their risk of AWD/Cholera infection. Nearly 5.5 million people in Somalia are as a risk of acquiring chorea UNOCH, 2017). Over 60,356 cases of acute watery diarrhea cholera have already been reported since the start of the year and more than 820 people have died and the case fatality rate (CFR) stands at 14 percent while cases of AWD/Cholera in lower shabelle in same period is 5599 and 63 died and CFT is 1.1 . Although cases has been reduced since end of July 2017 but expecting to increase again in September and there is a need of proper preparation and intervention. Poor access to safe drinking water and lack of adequate sanitation facilities coupled with poor hygienic practices are major threats for the very survival and development of the residents of lower Shebelle particularly in Barawe and Qoryooley districts.

New ways is prioritizing an integrated WASH, health, nutrition, food security and education response to vulnerable and most affected communities Baraawe and Qoryeoley districts This is basically an outreach project. With a focus on case management including measles and acute watery diarrhea , Referral, Health education, sanitation and hygiene promotion, support hygiene kit and Information education and communication material distribution, screening and treatment of acute malnutrition infancy young child feeding promotion ,capacity building of staff and community

Food security and education will also be part of the integrated prom and therefore plans to distribute food through food voucher to 500 households whose children are screened for acute malnutrition. Each of the target HH will receive monthly family ration in the form of food voucher for a period of three months. The initiative is aimed at improving food security of the most vulnerable drought affected households in Barawe and Qorioley. IERT also targets to screen children of 11 schools in Barawe and Qorioley for malnutrition, AWD/cholera, measles and other treatable diseases common in the project area. The program also aims to provide appropriate treatment for those found to be sick.

2. Needs assessment

With a total population of 1,202,219 (2014 UNFPA), Lower Shabelle region is among the regions worst affected by the drought. FSNAU February 2017 classified 352,000 persons as Stressed (IPC 2), 200,000 (IPC 3) in crisis and 10,000 (IPC 4) in emergency. The Gu 2016 integrated nutrition situation analysis indicated sustained Serious GAM prevalence for both the Shabelle Agropastoral (14.5%) and Shabelle Riverine (12.5%) with SAM prevalence indicates Alert phase for both Shabelle Agropastoral (2.4%) and Shabelle Riverine (2.2%) respectively..

Poor rainfall experienced in the upper parts of the Shabelle basin during the previous rainy season, coupled with over utilization of the river water in Somalia and Ethiopia, have led to a significant reduction in the water levels of Shabelle River in Lower shabelle, according to the Somalia Water and Land Information Management (SWALIM). Faced with the disappearance of their usual water sources, people have to buy water from private water vendors, usually at very high cost. Those who cannot pay for water, rely more and more on unprotected and unsafe water sources, with increased risk of water borne diseases like AWD/cholera. This behavior is at the origin of the steep increase in AWD/cholera cases seen in the first half of 2017. According to UNICEF January 2017 report, drought-related diseases such as AWD/Cholera and measles are also on the rise. The outbreak has spread to new villages and districts including Barawe and Qoryoley, in particular along the Shabelle River, with the drought and subsequent water shortage and malnutrition exacerbating the spread of the outbreak. In the districts of Barawe and Qoryoley where according to the NWO health and nutrition program findings funded by UNICEF from early 2016 to mid-2017, 765 cases of Moderate acute malnutrition including 15% SAM among children under 5 and 19 death was reported. In addition, 53 cases of AWD was also reported including 18% women while 82% were children below 5 years while 11 cases of measles were also reported among the children under the age of 5 years. Other common diseases reported included acute respiratory infections, skin diseases and anemia.

Therefore, based on the urgent humanitarian intervention on the ground in Lower Shabelle region and much needed support to scale up and provide integrated health, nutrition, WASH, food security and education services to most vulnerable and acute watery diarrhea most affected households in four locations (Dayax, Saqaawadiin, Wadajir, Hawlwadaag) of Barawe and four locations (Busley, Buulo Sheick, Camp 1, Bagdaad) of Qoryoley districts and beyond. Most of these targeted locations have no functioning health facilities while existing health facilities some of them under the management of NWO in the districts have limited capacity to absorb these vulnerable groups due to major stock outs of supplies while district like Qoryoley had no functional health facilities. With its current ongoing programs on prevention of malnutrition and provision of primary health care services in the two districts, NWO intends to synergize with its current programs and integrate health, nutrition and WASH activities and endeavors to prevent waterborne diseases including cholera and acute malnutrition through strong leadership

NWO plans to reach total of 37377 persons including 8842 men, 14735 women, 6900 girls and 6900 boys in the target areas through provision of integrated services in primary health care services, WASH and prevention of malnutrition and strengthening of the referral system and increasing community awareness and mobilization. New ways also plans to include the project a food security and education components. 500 hhs with severely or moderately malnourished children will be given food through vouchers. Children going children will also be screened for malnutrition and other diseases like AWD/cholera, measles and other illnesses.

3. Description Of Beneficiaries

This proposed project will particularly target IDPs and vulnerable host communities, communities living in areas previously affected by AWD/cholera, outreach villages.

To ensure equitable access to an integrated health ,nutrition, WASH, food security and education services through the employment of IERTs that will target 8842 men, 14735 women, 6900 boys, and 6900 girls focusing on <5 children, PLWs, IDPs and vulnerable host communities. In line with integrated health, nutrition, WASH, education and food security cluster strategy, New ways will maintain its commitment to engaging with affected individuals and communities at all phases of the program cycle through the use of focus group discussions with women, men and youth on issues concerning their health. New ways engages the community in a sustainable and accountable manner to determine context and culturally appropriate need- based responses.

Direct beneficiaries are:

Baraawe : Aqabtalaal	2243 beneficiaries
Baraawe : Mudul-Barawe	1827 beneficiaries
Baraawe : Roobow.....	1287 beneficiaries
Baraawe : Baraawe/Dayax/Birune.....	2741 beneficiaries
Baraawe : Baraawe/H/Wadag.....	4693 beneficiaries
Baraawe : Baraawe/Qaasim.....	2409 beneficiaries
Baraawe : Baraawe/Saqaawadiin.....	2990 beneficiaries
Baraawe : Baraawe/Wadajir.....	4236 beneficiaries
Qoryooley	
Qoryooley : Busley Da'Ud.....	3115 beneficiaries
Qoryooley : Buulo Sheekh	2990 beneficiaries
Qoryooley : Camp 1	2783 beneficiaries
Qoryooley : Bagdaad	3322 beneficiaries
Qoryooley : Qoryooley/Hodan	2741 beneficiaries

4. Grant Request Justification

The target districts of the lower Shabelle are as follows: Barawe, and Qoryoley.

The main livelihoods are the Agro pastoral and livestock (agriculture, livestock, fisheries and petty trading). In some pastoral and agropastoral livelihood which cover parts of Mudug, Galgaduud, Gedo, Middle and Lower Shabelle regions, food security outcomes are actually expected to deteriorate through the end of the year (June SFNAU). A robust level of humanitarian assistance must be sustained as humanitarian needs are not expected to reduce significantly before the end of the year.

Based on ongoing monitoring and the findings from rapid field assessments and household surveys conducted by the Food Security and Nutrition Analysis Unit (FSNAU) in June 2017, current food security outcomes and humanitarian needs are expected to persist in most parts Somalia through the end of 2017. In some pastoral and agropastoral livelihoods which cover parts of Mudug, Galgaduud, Gedo, Middle Shabelle and Lower Shabelle regions, food security outcomes are actually expected to deteriorate through the end of the year. A robust level of humanitarian assistance must be sustained as humanitarian needs are not expected to reduce significantly before the end of the year. The projected food security outcome do not reflect the potential impact of humanitarian assistance that may be provided during the projection period. However, if current level of humanitarian assistance is scaled back significantly and rising levels of morbidity and disease outbreaks are not controlled, Famine (IPC Phase 5) is possible in the worst affected areas.

The findings of a survey carried out by New Ways on Dec. 2016 in Barawe and Qoryoley districts (shared with UNICEF, WHO and MOH) reveals, inadequate access to clean water and appropriate sanitation and hygiene facilities within communities, and inadequate knowledge and practice of good water, sanitation and hygiene behavior.

New ways is present in Lower Shabeelle with its various humanitarian interventions since 1993, in this long period, NW has developed a strong working relationship with local actors. New ways adopted community engagement approach in all its interventions, Strengthening childcare services, Safe motherhood, child immunization, child and PLW nutrition Status, as well as integrating WASH activities in all its interventions. During this long period, NOW has developed the capacity and capability to Improve and sustain access and utilization for children to integrated essential quality nutrition services in Barawe and Buulomarar (Kurtunwarey district) as well as delivering quality health and WASH services, with the support of UNICEF. New ways has developed and implemented livelihood project in Lower Shabeelle, and Benadir regions in collaboration with WFP and BeMoc with UNFPA and MoH of FGS in Barawe and Qoryoley. New Ways is and has been committed to improving the lives of the beneficiaries, as well as the managerial skills of the staff, involving the community into the initial phase of design and implementation of the work plan, thus, contributing to strengthen the system, providing services in a participatory and transparent way, and advocate common humanitarian principles. In line with integrated health, nutrition and WASH cluster strategy, New ways will maintain its commitment to engaging with affected individuals and communities at all phases of the program cycle through the use of focus group discussions with women, men and youth on issues concerning their health. New ways engages the community in a sustainable and accountable manner to determine context and culturally appropriate need- based interventios, with New ways qualified and experienced staff that will be the backbone of the IERT.

5. Complementarity

In Barawe district, New Ways is currently engaged in the promotion and implementation of Emergency Health (that will end on October 2017), targeting IDPs and host communities in the war-torn and severely food insecure Regions of Lower Shabelle. Access, utilization and the quality of essential health services are enhanced through support to the two MCHs of Barawe and maryangubay. as well as two outreach teams in Dayax and Bagdad villages in Barawe, mainly engaged in immunization and health education. New ways is also engaged in the delivery of nutrition program aimed at mitigating the overwhelming malnutrition crisis

NWO in collaboration with UNICEF WASH has also promptly responded to the needs for an emergency WASH interventions of the duration of 3 Months each (from July –September 2016),(March-June 2017), following the devastating outbreak of AWD/Cholera (confirmed – WHO - after the examination of 10 samples of stools from the admitted cases in the CTC) in order to mitigate the burden that suddenly overwhelmed the meagre resources of local partners as well as upgrading the quality of the interventions, which has included robust hygiene promotion effort, with the distribution of emergency WASH kits to the severely affected families, rehabilitation of 5 priority shallow wells in areas affected by AWD/cholera outbreak and equipping them with hand pump, adequate gender sensitive sanitation. New ways intend to complement the ongoing activities by implementing this new and innovative approach of deploying IERT in order population of hard to reach areas receive their fair share of integrated Health, Nutrition, WASH, education and food security services. IERT under many circumstances provide this crucial contact with the underserved layer of the population. They will be referring to the fixed facilities (hospital, MCH, OTP, SC) when ever it's necessary, therefore, complimenting each other.

LOGICAL FRAMEWORK

Overall project objective

To provide access to emergency lifesaving Health, nutrition, wash, education, and food services to drought affected households in Barawe and Qoryoley district in Lower shabelle. The project will ensure access to quality health, nutrition, wash, education and food security services

Education

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

Contribution to Cluster/Sector Objectives : To improve access to safe learning environment and screening of school going children for cholera/AWD, measles and malnutrition

Outcome 1

Reduced cases of AWD/ cholera, measles and malnutrition for school going children that are screened and provided appropriate treatment by IERT

Output 1.1

Description

School going children are screened for AWD/ cholera, measles and malnutrition and provided of appropriate treatment by IERT

Assumptions & Risks

Current security situation and accessibility- at least- remaining the same

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of school children(boys/girls) screened for AWD/Cholera			1,320	1,320	2,640
Means of Verification : Reports and photos							
Activities							
Activity 1.1.1							
Standard Activity : Community based participation							
Screening of school going children for AWD/ cholera, measles and malnutrition and provision of appropriate treatment at the 11 targeted schools in the project targeted locations through IERT							
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-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response					100
Contribution to Cluster/Sector Objectives : The project will contribute to the cluster objectives through provision of food through vouchers for 500 vulnerable drought affected households with severe and moderately malnourished children							
Outcome 1							
Improved access to food for 500 most vulnerable drought affected households with severe and moderate malnourished girls and boys.							
Output 1.1							
Description							
500 most vulnerable households with severe and moderate malnourished children (boys and girls) under 5 years of age receive food through vouchers in the project target location for 3 months.							
Assumptions & Risks							
Security situation might remain the same							
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					3,000
Means of Verification : Reports and photos							
Indicator 1.1.2	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					3,000
Means of Verification : registers,list of beneficiaries, reorts							
Activities							
Activity 1.1.1							
Standard Activity : Conditional or unconditional Cash transfer							
Identification and selection of most vulnerable drought affected households with severely or moderately malnourished children in Barawe and Qorioley districts							
Activity 1.1.2							
Standard Activity : Voucher distribution							
Selection of traders for the vouchers, agreement signing and provision of food through vouchers based on minimum expenditure basket value of US\$64 in Barawe and Qorioley districts for 3 months.							
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	35				
To contribute to the reduction of maternal and child morbidity and mortality		2017-SO3: Reinforce gender sensitive protection of the displaced and other vulnerable groups at risk	35				
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	30				
Contribution to Cluster/Sector Objectives : To Provide life-saving community-based integrated Health services to drought affected households in Barawe and Qoryoley district in Lower shabelle through the provision of 7 IERT mobile clinics that will focus on IDPs, vulnerable host communities and underserved communities in outreach villages, insuring access to quality health services							
Outcome 1							
Improve access and availability of health care services to vulnerable population (host community and internal displaced populations (IDPs) in Barawe and Qoryoley districts of lower Shebelle region							
Output 1.1							
Description							
Established 7 Mobile integrated emergency response teams (IERTs) to enhance AWD/cholera case management and safe motherhood in target areas							
Assumptions & Risks							
Current security situation and accessibility- at least- remaining the same							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per clinician per day by Health facility					52
Means of Verification : registered book, weekly and monthly reports							
Indicator 1.1.2	Health	Number of health facilities supported					8
Means of Verification : registers, project report							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					2,584
Means of Verification : registers, project report							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Provision of basic life-saving health care services, targeting 8842 Men, 14735 women 6900 Boys, and 6900 Girls through IERTs, including detection and treatment of endemic and epidemic diseases through provision of full course treatment for uncomplicated cases treatable at community level.							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Provision of referral for complicated cases including severe dehydration of acute water diarrhea to nearest referral health facilities.targeting 700 children and 300 pregnant lactating women							
Activity 1.1.3							
Standard Activity : Immunisation campaign							
Provision of vaccine to under 5 years children targeting 1500 and tetanus toxoid to 1000 of women child bearing age (WCBA) in target areas							
Additional Targets :							

Nutrition								
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities					
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people						35
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						35
Contribution to Cluster/Sector Objectives : To Provide lifesaving community-based Nutrition services to drought affected households in Barawe and Qoryoley district in Lower shabelle through the provision of 7 IERT mobile clinics that will focus on IDPs, vulnerable host communities and underserved communities in outreach villages, insuring access to quality health services .								
Outcome 1								
Improved access and utilization essential quality nutrition services for children under 5 years and pregnant and lactating women (PLW) at outreach team base in target areas								
Output 1.1								
Description								
Case finding, prevention and intervention for the acute malnourished among the vulnerable groups (7474 of under 5 years and 3364 of pregnant lactating women) improved through integrated emergency response teams .								
Assumptions & Risks								
Area of intervention remain relatively safe								
Indicators								
Code	Cluster	Indicator	End cycle beneficiaries				End cycle	
			Men	Women	Boys	Girls	Target	
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					7,474	
Means of Verification : registers, project report								
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					3,364	
Means of Verification : registers, project report, supervision								
Activities								
Activity 1.1.1								
Standard Activity : Treatment of severe acute malnutrition in children 0-59months								
Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (3737 Boys and 3737 Girls) and referral of complicated case to Barawe and Qoryoley hospitals								
Activity 1.1.2								
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women								
Provide micro-nutrition, VIT A, iron folic acid to 3364 pregnant and lactating women through outreach team base								
Additional Targets :								

Water, Sanitation and Hygiene		
Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Emergency Wash Response Preparedness	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	35
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	35
Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures	2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.	30

Contribution to Cluster/Sector Objectives : this is in the line with cluster objective and contribute, To Provide lifesaving community-based WASH services to droudht affected households in Barawe and Qoryoley district in Lower shabelle through the provision of 7 IERT mobile clinics that will focus on IDPs, vulnerable host communities and underserved communities in outreach villages, insuring access to wash services .

Outcome 1

Vital Use of Safe Drinking Water, adequate Sanitation and Hygiene Practices Improved and enhanced in IDP settings, CTC of the 2 hospitals as well as outreach villages of the two districts of Barawe and Qoryoley.

Output 1.1

Description

Prevalence and incidence of AWD/cholera reduced through the improved of sanitation, hygiene practice and use of safe drinking water in target areas . Targeting (8842 Men- 14735 Women-6900 Boys- 6900 Girls)

Assumptions & Risks

Insecurity in the region of Lower Shabelle

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 reached and distributed IEC material through community mobilization and sensitization sessions					900
Means of Verification : Photos, report, copies of the water vouchers, copies of contract with water vendors							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					663
Means of Verification : the beneficiary list, distribution report, photos							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					37,377
Means of Verification : water source testing							
Indicator 1.1.4	Water, Sanitation and Hygiene	number of people benefited WASH infrastructure improved					5,000
Means of Verification : Photos, Household tracking sheet and hygiene promotion report							
Indicator 1.1.5	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					37,377
Means of Verification : supervision, campaign report, photos							

Activities

Activity 1.1.1

Standard Activity : Capacity building (water committees and WASH training)

Organize 9 Community mobilization and sensitization sessions on hygiene promotion, targeting 900 people at least 70% female (450 in Barawe and 450 in qoryoley), as well distributing of IEC materials, in collaboration and coordination Local authority social mobilizers,elders, religious leaders all involved in activities on mobilizing communities

Activity 1.1.2

Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)

Support distribution of 663 hygiene kits to discharged patients at cholera treatment center in Barawe and Qoryoley hospitals

Activity 1.1.3

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

Provide routine chlorination of the water points (shallow wells) that are water source for the IDPs and vulnerable host community, as well as water tabs for those fetching water from the river, at the site of water collection ,to maintain free residual chlorine of at least 0.2mg/l

Activity 1.1.4

Standard Activity : Operation and Maintenance of WASH Infrastructure

Rehabilitate of shallow well, water source for the cholera treatment center (CTC) in Barawe hospital. This benefited about 5000 beneficiaries

Activity 1.1.5

Standard Activity : Community Hygiene promotion

Hygiene Promotion and sensitization campaign

Additional Targets :

M & R

Monitoring & Reporting plan

The program performance will be assessed through monthly monitoring of program activities to establish progress towards meeting the targets set in the logical framework. In order to ensure the most effective monitoring, New ways has put the following mechanisms in place, in addition to the regular reporting systems: -

Periodic monitoring exercises (monthly meetings with internal staff, twice monthly meetings with MCH/OTP/SFP and SC Hospital staff and WASH supervisor) will allow the opportunity to address management and monitoring issues; - Information related to indicators in the logical framework will be collected by project staff at regular stages during project implementation. Progress in relation to these indicators will be presented in monthly, interim and final reports; - Regular support and supervision by e-mail and telephone; -Monthly financial monitoring against disbursement plan; - Other monitoring events include planned visits to health nutrition centers, IERT, communities, project sites in IDP camps, discussions, meetings, and consultations with relevant stakeholders ; workshops and feedback meetings. New ways Programme Coordinator as the focal point will lead the field team in analyzing program data. Equal participation of women and men from the target community will be ensured in evaluation and review of project results. Together with people of concern, NW will develop monitoring and evaluation tools that specifically look at the impact of the integrated programme on beneficiaries' vulnerability, including in the design of questionnaires that examine how the Health, Nutrition and WASH needs of the target groups have been addressed. The impact of training, awareness raising and sensitization initiatives on beneficiaries will be also addressed. Field based Education, food security, Health, Nutrition, and WASH Officers will oversee the day to day management of the integrated activities in the field as well as operational and programmatic issues.

The Programme Coordinator based in Mogadishu will be responsible for ensuring that the program is coordinated and implemented in accordance with activities, timetable, and budget set in the programme document.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Identification and selection of most vulnerable drought affected households with severely or moderately malnourished children in Barawe and Qorioley districts	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.1: Organize 9 Community mobilization and sensitization sessions on hygiene promotion, targeting 900 people at least 70% female (450 in Barawe and 450 in qoryoley), as well distributing of IEC materials, in collaboration and coordination Local authority social mobilizers,elders, religious leaders all involved in activities on mobilizing communities	2017										X	X	
	2018												
Activity 1.1.1: Provision of basic life-saving health care services, targeting 8842 Men, 14735 women 6900 Boys, and 6900 Girls through IERTs, including detection and treatment of endemic and epidemic diseases through provision of full course treatment for uncomplicated cases treatable at community level.	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.1: Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (3737 Boys and 3737 Girls) and referral of complicated case to Barawe and Qoryeley hospitals	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.1: Screening of school going children for AWD/ cholera, measles and malnutrition and provision of appropriate treatment at the 11 targeted schools in the project targeted locations through IERT	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Provide micro-nutrition, VIT A, iron folic acid to 3364 pregnant and lactating women through outreach team base	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Provision of referral for complicated cases including severe dehydration of acute water diarrhea to nearest referral health facilities.targeting 700 children and 300 pregnant lactating women	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Selection of traders for the vouchers, agreement signing and provision of food through vouchers based on minimum expenditure basket value of US\$64 in Barawe and Qorioley districts for 3 months.	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Support distribution of 663 hygiene kits to discharged patients at cholera treatment center in Barawe and Qoryoley hospitals	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.3: Provide routine chlorination of the water points (shallow wells) that are water source for the IDPs and vulnerable host community, as well as water tabs for those fetching water from the river, at the site of water collection ,to maintain free residual chlorine of at least 0.2mg/l	2017										X	X	X
	2018	X	X	X	X	X	X						

UNICEF	Provision of nutrition supply and medical supply
WASH regional hub	provision of hygiene kit and IEC materials

Environment Marker Of The Project

A: Neutral Impact on environment with No mitigation

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

The project is gender sensitive to address the special needs of all gender groups especially the most vulnerable i.e. the children and women towards realization of happy and productive families. Barawe and Qoryoley being a semi-rural district in an underserved region is heavily dominated by cultural tendencies that play against women and deny them basic rights including the right to seek healthcare on their own. The project entails to overcome that through community sensitization and engaging religious leaders to debunk harmful cultural practices while also encouraging women to seek healthcare. Men as the households' controllers will be engaged to sensitize them to allow women to have the choice of seeking healthcare and type of service. Minorities in Barawe and Qoryoley, in particular those who live along the coastal areas will be fully integrated to the project through having it in their areas and also recruiting qualified staff and CHWs from their communities in the remote areas, will also access basic health services through an outreach program mobile clinic (IERT) that will visit health outstations established in strategic locations at least once every week.

During community health trainings, at least one village health workers and birth attendant will be trained. Measures are also put in place to maintain gender balance in terms of staff recruitment. Women members will be made members of the community committees for management of health facilities such as HC, Nutrition sites and health posts through established project management committee. Apart from that, gender will be considered during recruitment of the staffs and 40% for female candidate will be considered, also specific position will be considered strictly for qualified female candidates and at least two disables community member.

Protection Mainstreaming

New ways is mainstreaming protection as a cross-cutting theme, which implies incorporating protection principles and promoting meaningful access, safety and dignity in humanitarian aid, upholding Protection Principles, and to mainstream gender in the project cycle. New ways through the water committee (half of its members will be female) will enhance the role of women in decision making, particularly in matters of great concern for women, such as water. Furthermore, New ways, during the implementation period of the project, will integrate the project cycle with the followings:

- Identifying and strategically integrating or mainstreaming gender in the project cycle
- Identifying and collecting and generating sex, age and socio-economic disaggregated data.

Walking long distance to access health and nutrition services expose women to gender based violence. New ways, with these mobile teams of IERT intend to prevent such events by reaching those beneficiaries in their settlements, In the unfortunate circumstances of GBV, new ways will provide referral notes to the victims.

Country Specific Information

Safety and Security

New ways will make sure safety and security for program staff and targeted beneficiaries by ensuring inclusive and equitable access to the IERT activities for all the population, locals and IDPs without any sort of discrimination. Community based health management committee will be formed through community-based selection with the help of community elders, religious leader and women groups as well as minority representatives. They will be managing beneficiaries complains and provision of feedback mechanisms and conflict resolution. First, do not harm approach principle will be guiding the IERT during the entire project duration.

Access

No challenge is expected during the implementation period, since new ways is operating in Barawe district and Qoryoley town, and have selected the targeted hard to reach areas meticulously, taking in consideration accessibility issues.

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	Logistici Officer	D	1	800.00	9	20.00	1,440.00	
	<i>Logistic Officer will oversee and coordinate various tasks in order to maintain adequate levels supplies and equipment for the project (i.e Drugs and medical supplies and equipment)implementation .He will receive a monthly salary of 1500\$ which is based on the national staffs salary scale .60% will be charged to the CHF and 40% to New ways .</i>							
1.2	Nurses in 7 Mobile Clinics(IERT	D	7	450.00	9	100.00	28,350.00	
	<i>The Nurse who will be part of the IERT will have responsibility for the case management and care of patients. The Nurse will ensure that the delivery of health services is conducted according to the national guidelines and referring cases that requires more specialized attention. He/she will receive monthly salary of 450\$. Salary is based on NWO Salary scale</i>							
1.3	Midwives in 7 Mobile clinics	D	7	450.00	9	100.00	28,350.00	
	<i>Examining and monitoring pregnant women ,assessing care requirements and writing care plans , undertaking antenatal care in hospitals, homes and GP practices , carrying out screening tests , taking patient samples, pulses, temperatures and blood pressures , caring for and assisting women in labour , monitoring and administering medication, injections and intravenous infusions during labour , monitoring the foetus during labour , helping parents to cope with miscarriage, termination, stillbirth and neonatal death , writing records</i>							
1.4	Community health workers in 7 Mobile clinics, 1 in each mobile team	D	7	200.00	9	100.00	12,600.00	
	<i>Give health education,health Care program which consists of water and sanitation, immunization, health and nutrition education, family planning and basic curative services.Diagnose, treat, common illnesses and provide health education on diarrhea, dysentery, fever, anemia, worm infection, scabies, and ringworm</i>							
1.5	Project Manager	D	1	2,000.00	9	20.00	3,600.00	
	<i>Ensure planning, implementation and coordination of the Health Nutrition and WASH Integrated emergency response in Barawe and Qoryolei districts. Support the planning, implementation and Supervise the Case Management process related to Survivors of grave abuses, with specific focus on all the Medical follow ups Mainstream health topics in other sectors Directly manage, coordinate and supervise New ways health staff in the field (doctors, other medical staff) Provide technical medical support to the protection program</i>							

1.6	Accountant	D	1	800.00	9	50.00	3,600.00
	<i>To contribute to the effective and efficient management of financial resources for the Programme in accordance with New ways organization finance management standards and procedures.</i>						
1.7	2 store keepers	D	2	200.00	9	80.00	2,880.00
	<i>The main responsibility of the store keepers is to protect the property and assets in the storage or premises . Their monthly salary will be 200\$ and its based on NWO salary scales.</i>						
1.8	Food voucher clerks (2)	D	2	200.00	3	100.00	1,200.00
	<i>Responsible for the collection of beneficiary details, data entry and voucher distribution</i>						
	Section Total						82,020.00
21. Supplies, Commodities, Materials							
2.1	Medical and none medical Drugs	D	1	11,765.00	1	100.00	11,765.00
	<i>Project will procure and distribute essential drugs to all outreach mobile team for detail attached BOQ. These essential drugs will be benefitted 37377beneficiaries)</i>						
2.2	Transport of essential medical supplies in 2 districts	D	2	800.00	1	100.00	1,600.00
	<i>Transportation costs for the essential medical drugs from Mogadishu to the project areas –(Qoryolei and Barawe)– of 2 trucks of 2 tonnes . Each truck will be hired at 800\$.</i>						
2.3	Storage for Barawe and Qoryoley	D	1	1,100.00	1	80.00	880.00
	<i>Storage facility cost estimated @ 500\$ for Barawe and 600\$ for Qoryoley for the duration of 9 months. The storage facility will be used for Medical drugs, WASH materials and equipment's storage.</i>						
2.4	Hygiene promotion and community sensitization	D	1	4,590.00	1	100.00	4,590.00
	<i>Connecting 9 community sensitization and mobilization sessions on hygiene promotion through house organized section to the house visit as well as patients with acute water diarrhea and their care giver at the CTC cholera treatment center , focusing on proper hand washing at critical moments, proper excreta disposal and safe water targeting 900people(450 in Barawe and 450 in Qoryoley district),</i>						
2.5	Rehabilitation of Shallow well equipping it with hand pump at Cholera treatment unit of Barawe hospital	D	1	3,650.00	1	100.00	3,650.00
	<i>rehabilitation of Barawe Hospital Shallow well , renovation of well, cover slab and installation of hand pump (3200+450, cost of the hand pump, in order to Increase access to clean and safe water for the cholera treatment center in Barawe Hospital .</i>						
2.6	Procure hygien kits	D	663	22.00	1	100.00	14,586.00
	<i>the project will procure hygiene kits and will provide to the discharged patients of AWD . 663 hygiene kits will be provided. For further details see attached BOQ</i>						
2.7	Food voucher printing	D	500	0.80	3	100.00	1,200.00
	<i>Cost of printing food vouchers for redeeming food by the 500</i>						
2.8	Food distribution through voucher to 500 HHs	D	500	64.00	3	100.00	96,000.00
	<i>Value of food voucher for the 500 households @ 64\$ as the minimum expenditure</i>						
	Section Total						134,271.00
22. Equipment							
3.1	Medical Equipment for mobile team	D	1	531.85	1	100.00	531.85
	<i>Project will procure equipments and will be used by mobile teams. to all outreach mobile team for detail attached BOQ.</i>						
	Section Total						531.85
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 IERT	D	7	1,200.00	9	80.00	60,480.00

	7 vehicles for the outreach program and monitoring and supervisions for Barawe and Qoryolei districts							
	Section Total							60,480.00
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	communication	D	1	300.0 0	9	20.00	540.00	
	<i>we have estimated the monthly airtime as 100\$ and Monthly internet Connectivity as 200\$ all for 9 months charged at 80%</i>							
7.2	Utilities cost for Barawe sub office	D	1	150.0 0	9	80.00	1,080.00	
	<i>Barawe office Utilities estimated electricity @80\$ and Water cost @70\$. We have estimated 150\$ for both water and Elcetricity per month for 9 months</i>							
7.3	Stationary and Office Materials(Mogadishu	D	1	150.0 0	9	80.00	1,080.00	
	<i>office stationaries i.e printing papers ,printer cartridges, biro pens , staples , staple pins and clipss, envelopes estimated at 150\$ per month for 9 months</i>							
	Section Total							2,700.00
SubTotal			1,708.00				280,002.85	
Direct							280,002.85	
Support								
PSC Cost								
PSC Cost Percent							7.00	
PSC Amount							19,600.20	
Total Cost							299,603.05	

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Shabelle -> Baraawe	65	5,305	8,841	4,140	4,140	22,426	<p>Activity 1.1.1 : Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (3737 Boys and 3737 Girls) and referral of complicated case to Barawe and Qoryoley hospitals</p> <p>Activity 1.1.1 : Organize 9 Community mobilization and sensitization sessions on hygiene promotion, targeting 900 people at least 70% female (450 in Barawe and 450 in qoryoley), as well distributing of IEC materials, in collaboration and coordination Local authority social mobilizers,elders, religious leaders all involved in activities on mobilizing communities</p> <p>Activity 1.1.1 : Screening of school going children for AWD/ cholera, measles and malnutrition and provision of appropriate treatment at the 11 targeted schools in the project targeted locations through IERT</p> <p>Activity 1.1.1 : Identification and selection of most vulnerable drought affected households with severely or moderately malnourished children in Barawe and Qorioley districts</p> <p>Activity 1.1.2 : Selection of traders for the vouchers, agreement signing and provision of food through vouchers based on minimum expenditure basket value of US\$64 in Barawe and Qorioley districts for 3 months.</p> <p>Activity 1.1.2 : Support distribution of 663 hygiene kits to discharged patients at cholera treatment center in Barawe and Qoryoley hospitals</p> <p>Activity 1.1.2 : Provide micro-nutrition, VIT A, iron folic acid to 3364 pregnant and lactating women through outreach team base</p> <p>Activity 1.1.3 : Provide routine chlorination of the water points (shallow wells) that are water source for the IDPs and vulnerable host community, as well as water tabs for those fetching water from the river, at the site of water collection ,to maintain free residual chlorine of at least 0.2mg/l</p>

Lower Shabelle -> Qoryooley	35	3,537	5,894	2,760	2,760	14,951	<p>Activity 1.1.1 : Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (3737 Boys and 3737 Girls) and referral of complicated case to Barawe and Qoryoley hospitals</p> <p>Activity 1.1.1 : Organize 9 Community mobilization and sensitization sessions on hygiene promotion, targeting 900 people at least 70% female (450 in Barawe and 450 in qoryoley), as well distributing of IEC materials, in collaboration and coordination Local authority social mobilizers, elders, religious leaders all involved in activities on mobilizing communities</p> <p>Activity 1.1.1 : Screening of school going children for AWD/ cholera, measles and malnutrition and provision of appropriate treatment at the 11 targeted schools in the project targeted locations through IERT</p> <p>Activity 1.1.1 : Identification and selection of most vulnerable drought affected households with severely or moderately malnourished children in Barawe and Qorioley districts</p> <p>Activity 1.1.2 : Selection of traders for the vouchers, agreement signing and provision of food through vouchers based on minimum expenditure basket value of US\$64 in Barawe and Qorioley districts for 3 months.</p> <p>Activity 1.1.2 : Support distribution of 663 hygiene kits to discharged patients at cholera treatment center in Barawe and Qoryoley hospitals</p> <p>Activity 1.1.2 : Provide micro-nutrition, VIT A, iron folic acid to 3364 pregnant and lactating women through outreach team base</p> <p>Activity 1.1.3 : Provide routine chlorination of the water points (shallow wells) that are water source for the IDPs and vulnerable host community, as well as water tabs for those fetching water from the river, at the site of water collection ,to maintain free residual chlorine of at least 0.2mg/l</p>
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Documents	
Category Name	Document Description
Budget Documents	Memos for Cash grants and Food and NFI Vouchers.pdf
Budget Documents	New Ways revised BOQ.xls
Budget Documents	Final revised New Ways BOQ-1.xls
Budget Documents	New Ways revised BOQ2.xls
Budget Documents	Version 2 Final revised BOQ.xls
Budget Documents	Final Version 2 Final revised BOQ.xls
Grant Agreement	Grant Agreement 6918.pdf