

<b>Requesting Organization :</b>	Muslim Aid UK - Somalia			
<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>		
Food Security		44.41		
Education		9.20		
Health		17.80		
Nutrition		9.00		
Water, Sanitation and Hygiene		19.59		
		<b>100</b>		
<b>Project Title :</b>	Integrated emergency Response for drought affected communities in Wanlaweyn and K50, Lower Shebelle Regions.			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/R/FSC-Ed-H-Nut-WASH/INGO/6813	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	749,983.63	
<b>Planned project duration :</b>	9 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	20/10/2017	<b>Planned End Date :</b>	20/07/2018	
<b>Actual Start Date:</b>	20/10/2017	<b>Actual End Date:</b>	20/07/2018	
<b>Project Summary :</b>	<p>The humanitarian situation in Somalia has become increasingly fragile with 5 million people are in need of humanitarian assistance of which 1.1 million are acutely food insecure. Severe drought conditions are expanding across the country due to the failure of the rains for four consecutive rainy seasons while AWD/Cholera outbreaks have been reported in many areas across the country. According to the Food Security and Nutrition Analysis Unit (FSNAU) ongoing monitoring and findings from rapid field assessments and household surveys, the current food security outcomes and humanitarian needs are expected to persist in most parts of the country through the end of 2017 and early 2018 depending on the rains outcomes despite the efforts of humanitarian actors. Muslim Aid, an international humanitarian organization proposes to implement an Integrated Emergency response project to provide life saving interventions in the areas of WASH, Health, Nutrition, Food Security and livelihoods and Education in Wanlaweyn and Marka districts of Lower Shebelle region, South West State.</p> <p>Its intended that basic health and nutrition services will made available to 20,000 drought stricken vulnerable persons through the rehabilitation and making functional of three health centers offering basic maternal and child health services and 3 Integrated Emergency Response Teams(IERTs) that will provide a range of services as per the package developed by the inter-cluster working group. Nutrition promotion and prevention will be integrated into the services provided in the health facilities and by IERTs by primarily undertaking early detection and referral of acute malnutrition cases for management in relevant programs.</p> <p>Additionally, 10,000 persons having limited access among the target population will access water for domestic and animal use through the rehabilitation of one high yielding boreholes in Wanlaweyn district. The borehole will be provided with new generators and submersible pumps and rehabilitation works undertaken to operationalize; one water kiosk, animal troughs, generator and store room. Its is expected that intended intervention on the water points will increase access to clean water to the target population. Further, 5020 persons mostly internally displaced persons in camps will be provided with hygiene kits. In addition to this, massive hygiene promotion activities will be undertaken targeting to facilitate the adoption of behaviors that improve the hygiene and sanitation conditions of the target households. 21 institutional latrines will be constructed to serve pupils and teachers of 4 target schools and 3 health centers.</p> <p>In relation to education, the proposed project intends to maintain and enhance learning in four target schools with 1030 pupils and 27 teachers provided with learning materials, incentives and food.</p> <p>Finally, 900 vulnerable households including 500 Internally displaced households will be provided with unconditional cash transfer of \$70 per months per household for 3 month. The initiative is intended to enhance access to food to vulnerable households with restricted access to food thereby cushioning them from the effect of the severe draught.</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>

6,200	8,900	2,303	2,597	20,000
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**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,303	2,597	4,900
Pregnant and Lactating Women	0	1,800	0	0	1,800
Women of Child-Bearing Age	0	7,100	0	0	7,100
Other	6,200	0	0	0	6,200

**Indirect Beneficiaries :**

2,500

**Catchment Population:**

250,000

**Link with allocation strategy :**

The proposed project will have an integrated strategic focused approach with all the planned 20,000 beneficiaries accessing lifesaving interventions in health, nutrition, food security, WASH and education services. The project will be implemented in one of the SHF Reserve – Integrated Response (Round 2) target areas (Wanlaweyn and Marka districts-Km 50). The project is designed and expected to make a rapid and immediate response to have the maximum impact possible by prioritizing life-saving responses according to the allocation strategy. Muslim Aid will implement multi cluster/sectoral interventions where vulnerable and drought affected populations will be facilitated to have food security at the household levels through unconditional cash transfers based on the guidelines of the ongoing famine prevention response in Somalia. The beneficiaries will also access health and nutrition services in fixed service centres as well as outreaches at the community level. Nutrition services will focus on treatment of prevention of moderate acute malnutrition. The project will ensure the beneficiaries access clean and safe drinking water as well as sanitation and hygiene services. In terms of education, four schools will be targeted and be supported with food security through school feeding program, incentives for teachers, WASH services and teaching and learning materials.

**Sub-Grants to Implementing Partners :**

Partner Name	Partner Type	Budget in US\$

**Other funding secured for the same project (to date) :**

Other Funding Source	Other Funding Amount

**Organization focal point :**

Name	Title	Email	Phone
Ahmed Abdi Muhammed	Director	ahmed.abdi@muslimaid.com	+252616968380
Mohamed Mumin Mohamed	Deputy Director	mohamed.mumin@muslimaid.com	+252615568413

**BACKGROUND**

**1. Humanitarian context analysis**

Somalia is facing one of the worst humanitarian crises in the world. The number of people in need of humanitarian assistance has reached 6.7 million, more than 50 per cent of the population. Over 1.1 million people are internally displaced, predominantly in urban centres such as Mogadishu, which hosts more than 400,000 displaced people alone. The majority of those affected are women and children. Acute food insecurity and malnutrition rates remain prevalent while disease outbreaks re-occur due to poor health infrastructure and lack of clean and safe water, sanitation and hygiene, with drought being a significant contributor. Poor basic service delivery also weakens the coping capacity of millions of vulnerable Somalis. The drought has also further exacerbated the situation and has affected pastoralists, agropastoralists, IDPs and host communities alike. The prevailing insecurity, escalation of conflict combined with the drought placed an enormous pressure on services provided in camps and/or host communities especially in water, sanitation, and health services. Basic service deliveries remains limited as a result of gaps in health, food access, nutrition and WASH services which contribute to high levels of morbidity and mortality. The current drought as a result of the four failed rainy seasons and the below average Gu rains of 2017 has led to low the poor performance of the main livelihood sectors of agriculture and livestock. The recent outbreaks of Acute Watery Diarrhea has worsened the situation with WHO reporting a cumulative total of 53 015 cases including 795 deaths in the first half of the year, with a case fatality rate of 1.5% remains above the emergency threshold of 1%. Of the reported cases, 53% affected children under 5 years of age with many areas still reporting outbreaks.

Lower Shebelle is one of the bread baskets of Somalia and has been severely affected by the drought, outbreaks of AWD/Cholera, vaccine preventable diseases such as measles as well as armed conflicts between various actors leading to increased number of IDPs. The security situation has also deteriorated with AMISOM pulling out of many areas which are immediately taken over by Al Shabab as well as the inter-clan fighting which has led to loss of lives, disabilities and displacement of thousands of people who are uprooted from their homes. The security issues also heavily affect health services provision, learning as Al-Shabaab gains in the area leads to downscaling of services as aid workers are targeted. Currently some of the areas in Marka and KM 50 areas are a no go zone as two clans are fighting for control of power and resources while AMISOM has vacated the area's leading to the takeover by Al-Shabaab. According to the FSNAU post Gu 2016 survey results in 27 separate nutrition surveys, an estimated 363,000 children under the age of five are acutely malnourished, including 71 000 who are severely malnourished and face increased risk of morbidity and death. Global Acute Malnutrition (GAM) prevalence is above the Critical (15%) threshold in 13 out of 27 rural and displaced population groups surveyed. SAM is Critical/Very Critical ( $\geq 4.0\%$ ) in 6 out of 27 rural and displaced population groups surveyed. The same results show the GAM rates in Shebelle reverine and agropastoral is at 12.6% and 14.5% respectively which is at a serious level and is expected to deteriorate. It is estimated that about 30% of school going children are out of school due to the drought and conflicts with pastoralists the major group affected. Student absenteeism is increasing in schools in areas affected by drought, as families rely on negative coping strategies including enlisting children to search for water resources leading to low enrolment and retention while rising food and water prices have cut into the incentives for teachers provided by parents and communities, resulting in teachers not showing up in schools, thus further jeopardising children's education.

## **2. Needs assessment**

Severe drought is expected to continue to deepen till the start of the next rainy season in October and an improvement in the food security and nutrition situation is not likely before December/January, as indicated by the FSNAU 2017 Post Gu Assessment as the Gu rainy season was late and shorter than normal, and generally poor and erratic in distribution; pest infestation and reduced area cultivated, overall cereal production is expected to be 50-60 per cent average this season. Climate model predictions indicate a 45 per cent possibility of an El Nino event in late 2017. The 2017 FSNAU Post Gu Assessment indicates that the overall cereal production across Somalia is expected to be 40 to 50 per cent below normal which is approximately up to two months of cereal stock among poor households in the major cereal producing regions of Shabelle and Bay, Lower Shabelle, Gedo, Hiraan and Lower Juba regions. Middle and Lower Shabelle are also expected to deteriorate from Crisis to Emergency through 2017. Many agro-pastoral households in the area have however lost their livelihoods due to insecurity and protracted drought, forcing many families to move to IDP settlements in Baidoa town and Mogadishu in search of humanitarian assistance contributing to the reduced cultivation and cropped area during the Gu planting season while there is a substantial livestock loss of about 40% in Shebelle regions. In combination with high food prices, declining labour-to-cereal terms of trade, increased competition for labor due to rural urban migration and displacement means that the current food security situation is not expected to improve in many parts of the country. The current insecurity in Lower Shebelle as results of clan conflicts and other armed actors has deteriorated the situation in lower Shebelle leading to closure of health facilities and schools worsening the already precarious situation. Outbreaks of AWD/Cholera and measles are exacerbating the poor health systems and outcomes in the region increasing morbidity and mortality. According to the FSNAU post Gu 2017 assessment results, 388,000 children in Somalia are malnourished with 89,000 of them severely malnourished. Of these numbers, 24,000 are in Lower Shebelle with 7,000 severely malnourished. The same results show that the GAM levels in some parts of Lower Shebelle are above the critical thresholds with Shebelle agro pastoral showing a GAM level of 15.3% while Reverine is at 13.1%. The morbidity levels are also high at 35.7 and 10.8 respectively for Shebelle agro pastoral and Reverine with there is high CDR at 3/10,000/day while the under five-death rate is 2/10,000/day while there are low levels of Vit. A and deworming supplementation, low immunization coverage which when coupled with the fact that many households are food insecure predisposes a large number of the population mainly children under five and PLWs to malnutrition. The situation is expected to worsen with the poor to average rain forecasts and the continued conflicts leading to displacements of the population. Additionally, the target population have limited access to sanitation facilities and have limited knowledge on hygiene practices specially IDPs fuelling increasing incidences of AWD/cholera. About 30% of school going children are out of school due to drought and conflicts with pastoralists the major group affected. Student absenteeism is increasing in schools in areas affected by drought, as families cannot maintain the children in schools, move in search for water resources leading to low enrolment and retention while rising food and water prices have cut into the incentives for teachers provided by parents and communities, resulting in teachers not showing up in schools, thus further jeopardising children's education. The project aims at enhancing learning by providing safe environment, water and sanitation, meals and materials as well as incentives for teachers to enhance enrolment and retention of children.

## **3. Description Of Beneficiaries**

The project targets 20,000 people in humanitarian crisis in Wanlaweyn and Marka Districts in Lower Shebelle region, South West state to include 8900 women, 6200 men, 2303 boys and 2597 girls who will benefit equally from the integrated services. The beneficiaries include people in hard to reach areas, IDPs and host communities in the two target districts

## **4. Grant Request Justification**

Muslim Aid aims at providing Unconditional Cash Transfers (UCTs) to the most vulnerable drought affected households in the target areas in order to improve the household's immediate access to food. Severely drought affected populations will be facilitated to access food as fast as possible through Minimum Expenditure Budget (MEB) cash transfers. Muslim Aid will also support 3 fixed service centres and 3 outreach teams in the two targeted districts to provide high quality integrated services including obstetric emergencies and skilled delivery, child health services (immunisation and integrated management of childhood illnesses) and nutrition services (MAM management for both under fives and pregnant and lactating women, promotion/prevention services), by providing them with well-trained adequate health workers and the necessary medical supplies including essential drugs. The basic lifesaving health services provided will include management, treatment and prevention of disease outbreaks such as measles and AWD/Cholera; maternal and child health services including immunisation and integrated management of childhood illnesses, health education and sensitisation and treatment of malnourished cases MAM for both USs and PLWs while screening and referral of SAM cases to other OTP/SC centres within the districts. The facilities and the mobile teams will be linked with established hospitals where patients with severe and complicated medical cases needing inpatient medical care will be referred.

The target beneficiaries will also benefit from WASH, Food security and Education services. Beneficiaries, including four target schools in Wanlaweyn district, will be facilitated to access water and other WASH services (rehabilitation of boreholes, water trucking, sanitation facilities and hygiene promotion and kits) in their areas of residence. The four schools will be provided with teaching and learning materials, school feeding for children to maintain enrolment and incentives for teachers.

The proposed project will have an integrated strategic focus approach with all the beneficiaries accessing health, nutrition, food security, WASH and education interventions. The project will be implemented in one of the SHF Reserve – Integrated Response (Round 2) target areas (Wanlaweyn and KM 50). The project has been designed to have maximum impact prioritizing life-saving response to the most vulnerable for a period 9 months.

## 5. Complementarity

Muslim Aid is currently implementing a health project that provides life saving health services through 2 health centres in Wanlaweyn district. These two facilities will be up scaled and equipped to provide more services to more beneficiaries. It also an active member of the various clusters to include health, WASH, Nutrition and livelihood and will attend coordination meetings to enhance coordination and linkages with other partners. The target areas are Yaqbariweyne, Hakow, Awosman and Wanlaweyn in Wanlaweyn district while in Km 50 target areas include; Km 50, Alayasir Fide kuus, Garas kulmiye, Bula haji, Yaaq Bule and Fide Muuse. Muslim Aid is cognizant of the fact that other partners are working in the target areas providing both health and nutrition activities and will ensure that areas identified as having gaps will be prioritised. We will enhance coordination mechanisms and work with other partners in target areas through putting in place a robust referral mechanisms for both health and nutrition. Other partners currently working in the area include WARDI, Mercy USA, SK, New ways among others and this is where Muslim Aid will refer the screened children and PLWs to. SAM cases will be referred to the OTP/SC managed by WARDI as well as patients with complicated medical cases for further treatment while MAM cases will be referred to other partners.

## LOGICAL FRAMEWORK

### Overall project objective

To deliver an Integrated Emergency response project that provides life saving interventions and services to 20,000 drought-affected people with Food Security, Health, Nutrition, WASH and Education in Wanlaweyn and Marka Districts in Lower Shebelle Region, South West State.

### Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

**Contribution to Cluster/Sector Objectives :** The proposed cash relief interventions are aimed to contribute to the attainment of the stated 2017 Humanitarian Response Objectives 1,2 & 4 and the Food Security Cluster's specific Objectives 1 & 3. The intended unconditional cash transfer to 900 most vulnerable and drought affected households in K50 and Wanlaweyn in Lower shabele region is in line with the Food Security Cluster's objective 1 which is to "Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods". In addition, the transfer, fits with the 2017 Humanitarian Response Plan's Strategic Objective 1- to Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs among the most vulnerable people" and Objective 2- to reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response."

### Outcome 1

increased access to basic household food requirements for 900 most vulnerable, drought affected households in K50 in Marka District and Wanlaweyn District through unconditional cash transfer.

### Output 1.1

#### Description

900 food insecure and vulnerable households (including 450 HHs of children with Severe Acute malnutrition) have access to food for a period of 3 month through the provision of unconditional cash transfer based on vulnerability assessment.

### Assumptions & Risks

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					900

**Means of Verification :** Beneficiary Registers, Muslim Aid/ Contracted Mobile Company/Muslim payments contracts and payments logs, Beneficiary Settlements' GPS Coordinates

Indicator 1.1.2	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food						900
<b>Means of Verification</b> : Payment logs from Hormud EVC platform,payment sheets,GPS coordinates and reports.								
Indicator 1.1.3	Food Security	Number of community members taking part in community level meetings.						50
<b>Means of Verification</b> : Meeting minutes,community mobilization and sensitization meetings.								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : Conditional or unconditional Cash transfer</b>								
Conduct vulnerability assessment with the support of District/village relief committees, develop beneficiary inclusion/exclusion criteria to successfully identify and enlist into the programme the planned 900 Unconditional Cash Transfer Beneficiary households for a period of 3 months. The program coordinator with the support of the relief committees will under take initial assessment to identify the most vulnerable households based on an inclusion and exclusion criteria list.50% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of the drought including pregnant and Lactating women with malnutrition. 50% of the beneficiaries (450 HHs) will be parents/care takers of children undergoing SAM/MAM treatment.								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Conditional or unconditional Cash transfer</b>								
Upon the identification of the target beneficiaries, initiate Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 70. Muslim Aid will engage the telephone company Hormud to effect the cash transfer to the program through their EVC platform.								
<b>Activity 1.1.3</b>								
<b>Standard Activity : Community based participation</b>								
At the project inception, Muslim Aid officials will organize meetings with the district authorities and relief committee formed by the respective federal member state to inform about the project and gain endorsement and collaboration with authorities. Further, Muslim Aid field officials will undertake series of community meetings targeting villages/towns that are selected for the project to share with them critical project information including; project beneficiaries targeting, entitlement to target households, the project duration and how they can channel their grievances for resolution.								
<b>Additional Targets :</b>								
<b>Education</b>								
<b>Cluster objectives</b>			<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
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		
<b>Contribution to Cluster/Sector Objectives :</b> The project aims to ensure that minimum standards of education in emergencies are adhered to in schools during the drought period by providing learning and teaching materials to 4 schools in Wanlaweyn district. The project will enhance the enrollments and retention of learners and teachers in the 4 target schools with total enrolment of 1030 pupils through school feeding program, incentives for teachers and provision of learning and teaching materials as well as WASH services.The target schools are all located in Wanlaweyn Town and are as follows;Imam nawawi with total enrollment of 400 pupils, layfullah with total pupils of 180, Hakow with total pupils of 200 and Aw Osman with total enrollment of 200 pupils.								
<b>Outcome 1</b>								
Continuity of learning in four schools with total enrollment of 1030(550 boys and 480 girls)in drought stricken district of Wanlaweyn is sustained through the provision of learning materials, teachers incentives and wet feeding for learners.								
<b>Output 1.1</b>								
<b>Description</b>								
Learning in four schools in Wanlaweyn District with total pupils of 1030 is sustained enabling 1030 pupils continue with their studies.								
<b>Assumptions &amp; Risks</b>								
Security and safe environment for learning will be maintained.Other supports for the operation of the schools will be made available to enable continuity of learning.								
<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	Education	Number of children(Boys&Girls) provided with learning supplies					1,030	
<b>Means of Verification</b> : Enrolment registers, school reports, number of supplies distributed								
Indicator 1.1.2	Education	Number of teachers receiving emergency incentives					26	
<b>Means of Verification</b> : Monthly payment forms duly signed,school reports,Monitoring visits reports								
Indicator 1.1.3	Education	Number of children (male and Female) provided with emergency feeding in the 4 target schools.					1,030	
<b>Means of Verification</b> : Student registers, meals cards for the pupils, photos with GPS coordinates.								
Indicator 1.1.4	Education	Number of teachers (M&F) trained					26	
<b>Means of Verification</b> : Training reports and photos, attendance sheets								

Indicator 1.1.5	Education	Number of CECs members trained						28
<b>Means of Verification</b> : Training reports, attendance sheets, photos								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : School equipment and material learning distribution</b>								
Provide adequate teaching and learning materials for the 4 target schools in Wanlaweyn district.targeting 1030 pupils. The targeted population includes 550 boys and 480 girls to support learning.								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Incentive for teachers</b>								
Provide monthly incentives for 26 teachers in the 4 target schools to enhance motivation and retention of teachers. The recruitment exercise will enhance equality and both sexes are targeted equally. However due to the low levels of female teachers, 10 female teachers and 16 male teachers will be recruited.								
<b>Activity 1.1.3</b>								
<b>Standard Activity : School feeding</b>								
Provide two times a day meal to 1030 (550 boys and 480 girls) pupils to ensure learning continuous uninterrupted during this drought session. Meals will be cooked twice a day, during break time for lower primary learners where they will be provided with porridge enriched with milk and oil.Further, upper primary students will be provided with a meal made of rice and beans during lunch break.								
<b>Activity 1.1.4</b>								
<b>Standard Activity : Teacher training - pedagogy</b>								
Provide 5 days classroom training for 26 classroom teachers in the target four schools to improve their teaching skills and enable the develop appropriate lesson plans and deliver content effectively to enhance learning in the target schools.								
<b>Activity 1.1.5</b>								
<b>Standard Activity : CEC training</b>								
Conduct 5 days classroom training 28 (16 males, 12 females) community education committees(CECs). Each school will have 7 CEC members(4 males and 3 females)								
<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 life-saving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality			2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			50		
To contribute to the reduction of maternal and child morbidity and mortality			2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			50		
<b>Contribution to Cluster/Sector Objectives</b> : The project aims at provision of emergency primary health care(PHC) services such as maternal and reproductive health including emergency obstetric care for the drought affected populations in the targets areas. It will also support the prevention and control of outbreaks mainly measles, AWD/Cholera through coordination with other sector partners through surveillance and response. The project will also contribute to the provision of life-saving integrated response service through networking and linkages with Nutrition and WASH sector clusters and partners.								
<b>Outcome 1</b>								
Improved access to essential lifesaving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to drought/famine affected populations in Wanlaweyn and Marka districts in Lower Shebelle Region, South West State, South Central Somalia.								
<b>Output 1.1</b>								
<b>Description</b>								
A total of 20,000 people including 8,900 women, 2597 girls, 2,303 boys and 6,200 men have access to integrated lifesaving health care services in Wanlaweyn and Marka Districts								
<b>Assumptions &amp; Risks</b>								
Security situations remains stable/improves to ensure accessibility No supplies pipeline breaks								
<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	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					3,240	
<b>Means of Verification</b> : HMIS data, project reports and monitoring reports								
Indicator 1.1.2	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					3	

<b>Means of Verification</b> : HMIS and project reports							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					6,760
<b>Means of Verification</b> : HMIS, Project, monitoring reports							
Indicator 1.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					18
<b>Means of Verification</b> : Training and activity reports, fully signed attendance sheets, photos							
Indicator 1.1.5	Health	Number of health facilities/mobile health units supported reporting no stock outs of supplies during project period					6
<b>Means of Verification</b> : HMIS, Project reports, waybills							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Provision of consultations of common conditions/diseases with equal access to boys, girls, men and women including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women and men through three static health facilities and three mobile outreach teams in 2 districts. 60 consultations per day per health facility/mobile unit will be targeted.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Emergency Obstetric Care - Basic and Advaced</b>							
Provide Basic Emergency Obstetric care to 1,350 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women and their infants.All the 3 facilities will be equipped and able to provide BEmOC services							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Immunisation campaign</b>							
Provide quality and safe immunisation services against vaccine preventable diseases to 3920 children under the age of five years, (1,842 boys and 2,078 girls) and to 2,840 Women of childbearing age at static health centres and mobile outreach. 80% of the targeted children under the project will be targeted for immunisation to help increase the immunisation coverage while 40% of the WCBA will be targeted for immunisation.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
Conduct 5 days classroom training for 18 front line health staff on integrated management of childhood illnesses management (18 staffs-3 Doctors, 9 nurses and 6 Auxillary nurses), prevention and treatment of measles and acute watery disease/cholera to enable them competently respond to the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks.							
<b>Activity 1.1.5</b>							
<b>Standard Activity : Essential drugs and Medical equipments distribution</b>							
Provide adequate drugs and medical supplies to the 3 target health facilities and the 3 outreach mobiles teams based on morbidity and consumption data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.							
<b>Output 1.2</b>							
<b>Description</b>							
10,000 people to include 3,100 men, 4,450 women,1,150 boys and 1,300 girls have their knowledge on the prevention and response on common communicable conditions improved.							
<b>Assumptions &amp; Risks</b>							
Security situation remains stable							
<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 1.2.1	Health	Number of health education/promotion sessions on communicable diseases conducted at the health facilities and the community levels.					216
<b>Means of Verification</b> : HMIS reports, activity reports and photos							
Indicator 1.2.2	Health	Case Fatality Ratio (CFR) for most common diseases - AWD/Cholera					1
<b>Means of Verification</b> : HMIS, Weekly surveillance reports							
<b>Activities</b>							
<b>Activity 1.2.1</b>							

<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
Conduct weekly health promotion activities at both facilities and outreach levels to sensitize the community about AWD/Cholera, measles and other communicable diseases. Each facility/mobile will conduct 4 sessions per month totaling to 216 sessions during the project lifetime							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Epidemic disease surveillance</b>							
Conduct weekly surveillance of AWD/Cholera using the approved forms and submit to the ministry of health/WHO AWD/Cholera focal point to reduce outbreaks and respond quickly to reduce case fatality. Each facility will report weekly							
<b>Additional Targets :</b>							
<b>Nutrition</b>							
<b>Cluster objectives</b>		<b>Strategic Response Plan (SRP) objectives</b>			<b>Percentage of activities</b>		
Reduction of nutrition related morbidity and mortality rates to below emergency thresholds		2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response			50		
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			50		
<b>Contribution to Cluster/Sector Objectives :</b> The nutrition project aims at providing life saving preventive nutrition services for the vulnerable population affected by the droughts and displacements in the target areas. The main objectives of the intended project is to provide nutrition promotion and prevention services including IYCF promotion, detection and referral of malnourished children under five and pregnant and lactating women to relevant programs. WARDI will work closely with other partners providing SAM and MAM management. Such partners where linkage will be established include; WARDI and GREDO providing Outpatient therapeutic program and TSFP. SAM cases with medical complication will be referred to stabilization centre run by WARDI in Wanlaweyn town. There will also be linkages with the food security sector through enrollment of 50% of the parents/care takers of children with SAM referred and admitted to outpatient Therapeutic programme. This project will also link with the health project as a referral mechanisms for those who are sick and need treatment both at community and facility level. In addition, nutrition education sessions will include nutrition, health, hygiene promotion services to harmonize health and WASH in order to complete the integration of the project to the beneficiaries.							
<b>Outcome 1</b>							
Increased access and utilisation of emergency lifesaving nutrition services for children under 5 and Pregnant lactating women with acute malnutrition children to reduce morbidity and mortality related to malnutrition in the target districts.							
<b>Output 1.1</b>							
<b>Description</b>							
3400 children under 5 and 1,800 pregnant and lactating women in drought affected areas have access to IMAM services for the management of acute malnutrition provided through 3 fixed nutrition sites and 3 mobile teams in Wanlaweyn and Marka districts of lower shebelle region.							
<b>Assumptions &amp; Risks</b>							
Security situation in the target areas remains stable or improves, availability of therapeutic supplies							
<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(6-59 month) and Pregnant and Lactating women with acute malnutrition (SAM/MAM)referred and admitted to relevant programs for management.					2,500
<b>Means of Verification :</b> Referral sheets,OTP/TSFT/SC reports							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women screened		1,000	1,700	1,700	4,400
<b>Means of Verification :</b> IMAM registers,Monthly and quarterly reports							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Undertake the referral of 1500 children(6-59months) and 1000 pregnant and Lactating women with Acute malnutrition(SAM and MAM) to the relevant programs for management.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
conduct continuous screening by health facility and mobile team staff as well as quarterly mass screening to detect children(6-59 months) and pregnant and lactating women with acute malnutrition.3400 children under five and 1000 PLW will be screened for malnutrition.							
<b>Output 1.2</b>							
<b>Description</b>							
A total of 6,700 persons including 4,900 children under fives and 1,800 pregnant and lactating women have access to emergency nutrition services to include IYCF-E							

<b>Assumptions &amp; Risks</b>							
Availability of supplies and security to allow large numbers of people to gather							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of PLW receiving multiple micronutrients					1,350
<b>Means of Verification</b> : HMIS and project reports							
Indicator 1.2.2	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					650
<b>Means of Verification</b> : HMIS and project data and reports							
Indicator 1.2.3	Nutrition	Number of IYCF promotion sessions held					25
<b>Means of Verification</b> : HMIS and project reports							
Indicator 1.2.4	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					108
<b>Means of Verification</b> : HMIS, activity and project reports							
Indicator 1.2.5	Nutrition	Proportion of boys and girls 6 to 59 month receiving bi-annual vitamin A supplementation through campaigns					2,500
<b>Means of Verification</b> : Interim and final reports,Vitamin A tally sheets.							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
Provide micro nutrient supplementation and Iron folic supplementation to 1,350 eligible pregnant and lactating women in the target districts through the health facilities and the mobile teams. Lactating mothers will also be given Vitamin A during postpartum.							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Infant and young child feeding counselling</b>							
Conduct community and facility-based IYCF –E promotion in the target health facilities. IYCF-E counsellor will counsel 650 pregnant and lactating mothers on IYCF-E, maternal nutrition at facility level.							
<b>Activity 1.2.3</b>							
<b>Standard Activity : Infant and young child feeding counselling</b>							
Conduct 25 IYCF–E promotion sessions at community and facility-based in the target districts. IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites.							
<b>Activity 1.2.4</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
Conduct biweekly(2 sessions per month) NHHP sessions both at facility and community levels(6 sites).A total of 108 sessions will be conducted in the entire project period with each of the 6 sites conducting 18 sessions during the project period							
<b>Activity 1.2.5</b>							
<b>Standard Activity : Supplementation Vitamin A</b>							
Provide vitamin A supplementation to 2500 children under five years.							
<b>Output 1.3</b>							
<b>Description</b>							
The capacity of 35 nutrition project staffs (15 on IMAM, 10 on IYCF-E and 10 on NHHP) and 100 community members (50 women, 50 men) on IYCF-E is enhanced.							
<b>Assumptions &amp; Risks</b>							
Availability of fully qualified staffs, security							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					10
<b>Means of Verification</b> : Training and activity reports and photos, participants lists duly filled							
Indicator 1.3.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					15
<b>Means of Verification</b> : Training and activity reports and photos, participants lists duly filled							
Indicator 1.3.3	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					12
<b>Means of Verification</b> : Training and activity reports and photos, participants lists duly filled							

Indicator 1.3.4	Nutrition	Number of key influential community members gaining knowledge on IYCF-E(100-50 men, 50 women)						100
<b>Means of Verification</b> : Training and activity reports and photos, participants lists duly filled								
<b>Activities</b>								
<b>Activity 1.3.1</b>								
<b>Standard Activity : Capacity building</b>								
Conduct 5 days classroom training for 10 (7 females, 3 males) IYCF staffs on IYCF-E to improve the capacity of the target staff to appropriately counsel caregivers of children below 24 months and the general public to improve child nutrition and improve chances of survival								
<b>Activity 1.3.2</b>								
<b>Standard Activity : Capacity building</b>								
Conduct 5 days classroom training for 15 nutrition staffs (9 female,6 male ) to include nurses, auxiliary nurses, CHWs on integrated management of acute malnutrition. Competent facilitators will be hired to conduct the training								
<b>Activity 1.3.3</b>								
<b>Standard Activity : Capacity building</b>								
Conduct 3 days classroom training for 12 community health workers, volunteers to have their knowledge on the best way to carry out NHHP improved.								
<b>Activity 1.3.4</b>								
<b>Standard Activity : Capacity building</b>								
Conduct 1 day sensitization workshops for key influential community members of IYCF-E.100 people(50 per district will be targeted). Both men and women(50 each) will be equally targeted								
<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> : The proposed emergency WASH project aims to target 10,000 people facing critical water scarcity, sanitation and hygiene needs and classified in crisis and emergency phase. The proposed activities include support provision of water vouchers, rehabilitation of strategic boreholes and training of water management committees. Additionally, gender-segregated institutional latrines with hand washing facilities, provision of hygiene kits, training of hygiene promoters and dissemination of hygiene promotion messages to the vulnerable populations will be undertaken under this project.								
<b>Outcome 1</b>								
Improved access to integrated emergency WASH services including the provision safe quality water, sanitation/hygiene services to 15,000 women, girls, boys and men in humanitarian crisis.								
<b>Output 1.1</b>								
<b>Description</b>								
10000 persons with limited access to clean water have their access to clean water for domestic use improved in Wanlaweyn District.								
<b>Assumptions &amp; Risks</b>								
<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 with sustained access to safe water					10,000	
<b>Means of Verification</b> : repair and rehabilitation report,Photos of before and after the rehabilitation work,GPS								
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of Water committees trained on water resources management.					2	
<b>Means of Verification</b> : Training report, dully signed photos,Photos with GPS coordinates.								
<b>Activities</b>								
<b>Activity 1.1.1</b>								
<b>Standard Activity : Water point construction or rehabilitation</b>								
Undertake the rehabilitation and upgrade of one high yielding boreholes to enable operate optimally and provide adequate water to an estimated 10,0000 persons in Wanlaweyn District. The works to be undertaken will include purchase of new generator and submersible pump, rehabilitation of one animal troughs, generator and store room and water kiosk.								
<b>Activity 1.1.2</b>								
<b>Standard Activity : Capacity building (water committees and WASH training)</b>								

Conduct five days classroom/practical workshop targeting 2 water committees made up of 7 persons per committee to improve their capacity to manage the water resources and ensure water provision is sustained post project. Where possible committees members will be reconstituted in negotiations with local leadership to make them gender balanced.

## Output 1.2

### Description

15000 persons in humanitarian crisis have better access to sanitation and hygiene services leading to reduced incidences of water-borne diseases, especially among women and children, from poor hygiene during the current drought emergency.

### Assumptions & Risks

### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					10,000
<b>Means of Verification</b> : workshop report, dully signed attendance sheet, photos with GPS coordinates.							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					5,020
<b>Means of Verification</b> : Beneficiary registers with contact details, distribution reports with photos with GPS coordinates							
Indicator 1.2.3	Water, Sanitation and Hygiene	Number of institutional latrines constructed.					21

**Means of Verification** : Construction completion report, photos with GPS coordinates.

### Activities

#### Activity 1.2.1

##### Standard Activity : Community Hygiene promotion

Undertake massive community mobilization and sensitization on hygiene and sanitation through the Health, nutrition and hygiene promoters attached to the mobile units. Each NHHP will be expected to target at least 100 persons per month for entire project period. Key messages on household hygiene and sanitation, household water treatment and storage, hand washing, safe human waste disposal will be passed one on one and groups. The sustained mobilization and sensitization on hygiene and sanitation is expected to improve household hygiene and thus reduce morbidity and mortality related to poor hygiene and sanitation.

#### Activity 1.2.2

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

Undertake the distribution of Hygiene items to vulnerable 5020 beneficiaries mostly those in internally displaced camps in K50 to reduce the incidence of AWD/cholera. The hygiene items to be supplied will comply with the cluster guidelines. The items to be distributed will include; jerry cans for safe collection and storage of drinking water; aqua tabs for Household drinking water treatment and soap for hand washing during critical moments. The kits will be distributed in health facilities and through the Inter-agency response teams.

#### Activity 1.2.3

##### Standard Activity : Latrine construction or rehabilitation

Construct 21 gender sensitive disludgable twin latrines with hand washing facility in four target schools and three health centres. The latrines to be constructed will be composed of; 12 twin latrines in 4 schools, three per schools and 9 disludgable twin latrines in 3 health centers i.e. three per health centre.

### Additional Targets :

## M & R

### Monitoring & Reporting plan

Muslim Aid will design, monitor and evaluate the goals and objectives of programmes with the involvement of affected populations, feeding learning back into the organisation on an ongoing basis and reporting on the results of the process. The Project Manager and a Monitoring & Evaluation officer will be responsible for the monitoring, supervision and reporting and providing technical support to the project teams and ensuring the project is on track. Weekly and Monthly morbidity report from the target health facilities and mobile outreach will be compiled by the monitoring and evaluation officer and will be analysed together with the project manager and project officer for immediate feedback to the field and for sharing with line Ministries and officials to aid in decision making. Quarterly support supervisions and monitoring visits will be made by the M&E officer and the project manager to ascertain progress made, provide technical assistance and feedback to the facility staff. Quarterly data audits will be undertaken to ensure data received is of high quality and complete. The monitoring will continue tracking the project indicators and key milestones to ensure the project achieves the intended objectives. Additionally, interim and final report will be prepared and shared with UN OCHA.

## Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Conduct vulnerability assessment with the support of District/village relief committees, develop beneficiary inclusion/exclusion criteria to successfully identify and enlist into the programme the planned 900 Unconditional Cash Transfer Beneficiary households for a period of 3 months. The program coordinator with the support of the relief committees will under take initial assessment to identify the most vulnerable households based on an inclusion and exclusion criteria list.50% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of the drought including pregnant and Lactating women with malnutrition. 50% of the beneficiaries (450 HHs) will be parents/care takers of children undergoing SAM/MAM treatment.	2017										X	X	
	2018												
Activity 1.1.1: Provide adequate teaching and learning materials for the 4 target schools in Wanlaweyn district.targeting 1030 pupils. The targeted population includes 550 boys and 480 girls to support learning.	2017										X		
	2018		X			X							
Activity 1.1.1: Provision of consultations of common conditions/diseases with equal access to boys, girls, men and women including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women and men through three static health facilities and three mobile outreach teams in 2 districts. 60 consultations per day per health facility/mobile unit will be targeted.	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.1: Undertake the referral of 1500 children(6-59months) and 1000 pregnant and Lactating women with Acute malnutrition(SAM and MAM) to the relevant programs for management.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.1: Undertake the rehabilitation and upgrade of one high yielding boreholes to enable operate optimally and provide adequate water to an estimated 10,0000 persons in Wanlaweyn District. The works to be undertaken will include purchase of new generator and submersible pump, rehabilitation of one animal troughs, generator and store room and water kiosk.	2017										X	X	X
	2018												
Activity 1.1.2: conduct continuous screening by health facility and mobile team staff as well as quarterly mass screening to detect children(6-59 months) and pregnant and lactating women with acute malnutrition.3400 children under five and 1000 PLW will be screened for malnutrition.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.2: Conduct five days classroom/practical workshop targeting 2 water committees made up of 7 persons per committee to improve their capacity to manage the water resources and ensure water provision is sustained post project.Where possible committees members will reconstituted in negotiations with local leadership to make them gender balanced.	2017										X		
	2018												
Activity 1.1.2: Provide Basic Emergency Obstetric care to 1,350 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women and their infants.All the 3 facilities will be equipped and able to provide BEmOC services	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.2: Provide monthly incentives for 26 teachers in the 4 target schools to enhance motivation and retention of teachers. The recruitment exercise will enhance equality and both sexes are targeted equally. However due to the low levels of female teachers, 10 female teachers and 16 male teachers will be recruited.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.2: Upon the identification of the target beneficiaries, initiate Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 70. Muslim Aid will engage the telephone company Hormud to effect the cash transfer to the program through their EVC platform.	2017										X	X	X
	2018	X	X	X	X	X							
Activity 1.1.3: At the project inception, Muslim Aid officials will organize meetings with the district authorities and relief committee formed by the respective federal member state to inform about the project and gain endorsement and collaboration with authorities. Further, Muslim Aid field officials will undertake series of community meetings targeting villages/towns that are selected for the project to share with them critical project information including; project beneficiaries targeting, entitlement to target households, the project duration and how they can channel their grievances for resolution.	2017										X	X	
	2018												
Activity 1.1.3: Provide quality and safe immunisation services against vaccine preventable diseases to 3920 children under the age of five years, (1,842 boys and 2,078 girls) and to 2,840 Women of childbearing age at static health centres and mobile outreach. 80% of the targeted children under the project will be targeted for immunisation to help increase the immunisation coverage while 40% of the WCBA will be targeted for immunisation.	2017										X	X	X
	2018	X	X	X	X	X	X						
Activity 1.1.3: Provide two times a day meal to 1030 (550 boys and 480 girls) pupils to ensure learning continuous uninterrupted during this drought session. Meals will be cooked twice a day, during break time for lower primary learners where they will be provided with porridge enriched with milk and oil.Further, upper primary students will be provided with a meal made of rice and beans during lunch break.	2017										X	X	X
	2018	X	X	X	X	X							





**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
WARDI, Mercy USA, SWISO KALMO	Running several health and nutrition services including an stabilization centre in Wanlaweyn. Severe Acute Malnutrition cases with medical complications will be referred to this centre for inpatient care., Running health and nutrition services including TSFP program along the corridor, transfer of patients will be established to facilitate continuity of care., Has extensive presence in lower shabele more so in Marka running the regional cold chain and Marka Hospital. IERTs and health facilities will receive vaccines from SWISO kalmo to improve the immunization coverage in the target districts. Critical cases requiring inpatient care will also be referred to Marka hospital for further management and care.

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

Women marginalisation is rampant in the Somalia and target community. Women are not well represented in decision making, employment and receipt of aid and other important issues which affect their daily life extending to the children. With this in mind, proposed project will be gender sensitive and will take care of individual needs of the target beneficiaries. Muslim Aid recognises sex and gender are important determinants of health for women and men (UN, 2010; WHO, 2010). Beyond the biological differences, gender roles, norms and behaviour have an influence on how women, men, girls and boys access basic services and how the system responds to their different needs. Muslim Aid will collect gender-dis-aggregated data by sex and age of relevant data related to the project activities. Muslim Aid will ensure that all segments of the affected population including women have equal access to lifesaving assistance and services and that targeted support to advance gender equality is based on a gender analysis. The project will meet the distinct needs of women, girls, boys and men to generate positive and sustainable outcomes.

Muslim Aid shall apply gender segregated community consultation meetings enabling women and girls to address their specific concerns, prioritize their needs and appropriately inform the development of proposed activities.

**Protection Mainstreaming**

The project will prioritise the safety and dignity of the beneficiaries through the 'DO NO HARM' Principle. The project staff will be briefed on protection to ensure the area is safe and no harm comes to the beneficiaries during the normal course of the activities. The project beneficiaries are consulted and involved in all aspects of the project implementation and their gender, cultural, religious and traditional concerns are taken into account. The project will target the most vulnerable in the society to include IDPs, female headed households among others.

**Country Specific Information****Safety and Security**

Some of the project areas are relatively safe while may not be very accessible as Muslim Aid continues to implement projects in the target locations. The organisation has a presence in both areas and is in close contact with the community and the security personnel to receive regular updates and security briefings to provide security cautions and updates based on observed incidents and trends for the target areas. Muslim Aid also has a logistics and security focal person who is in charge of all security of the staff and appraisal of the security implications in different areas, briefs all staffs on security and safety and how to act in case of insecurity incidences. Muslim Aid in all its interventions is guided by the 'DO NO HARM' principle to ensure that the interventions undertaken by the organisation do not become a cause or causes of conflict in the given areas and bring problems to the beneficiaries.

**Access**

Muslim Aid is an international NGO with field office in Mogadishu and has been working in the target areas giving it a long term relationship with the intended beneficiaries. The target areas are mainly accessible by road from Mogadishu

**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	D	1	2,500.00	9	77.50		17,437.50
	<p><i>The project coordinator will be responsible for the technical and operational aspects of the project. He/she will work closely with the senior project management team and will also act as in charge of the project and will be representing the organisation in its dealings with community, government and all stakeholders and will be expected to engage them at different levels during the project period. He/she will support the project officer who will be managing all project staffs such as the medical officers, nurses, midwives and provide technical support and daily overall direction of the project. She/he will also be expected to ensure compliance to donor requirements including reporting, monitoring and managing the team. He/she will receive a monthly salary of USD 2500 which includes medical insurance and other bonus.. The project coordinator will be experienced with all the sectors of the integrated project to include WASH, FSL, Education, Health and Nutrition.</i></p>							
1.2	Finance Officer	D	1	800.00	9	100.00		7,200.00
	<p><i>The finance officer will be responsible for ensuring compliance to UNOCHA rules, making payments to suppliers, paying staff salaries, paying utilities related to this grant and will be paid \$800 per month and will be dedicated for the project activities only</i></p>							
1.3	Health management information systems officer	D	1	700.00	9	50.00		3,150.00
	<p><i>The HMIS officer will be responsible for the collection and collation of the monthly reports from all the project areas. he will check for the accuracy of the reports, timelines as well as support the project officer in the quarterly data audits and supervision. He will be paid \$ 700 inclusive of all benefits and will be committed to provide 50% of his/her time on the project</i></p>							
1.4	Medical Doctors	D	3	700.00	9	100.00		18,900.00
	<p><i>1 per mobile unit who will be responsible for the entire health facility, work closely with the other team members such as the nurses, midwives etc to provide optimum medical care to the clients. He/She will be paid \$700 per month inclusive of all benefits.</i></p>							
1.5	Nurses-2 per HC,one per mobile team	D	9	400.00	9	100.00		32,400.00
	<p><i>The nurse's main role will be to provide preventive and curative services to those that seek the support from the health centers. For every patient the nurses will undertake to record all information about the patient before being referred to a medical officer if there is need. All these will be done in the consultation rooms. They will also be in charge of educating and advising patients and the target community about health and nutrition best practices and most importantly carry out follow ups on the history of different patients.</i></p> <p><i>There will be 2 nurses per health facility while each mobile team will have one and will be paid an inclusive salary of \$400 per month</i></p>							

1.6	Auxillary Nurses-one per mobile unit,1 per HC	D	6	200.00	9	100.00	10,800.00
	<i>The auxiliary nurses will be recruited to assist nurses in providing care to patients/clients and will be working at the health facilities and the mobile teams. There will be a total of 6 for the project -1 per facility and 1 per mobile team and will be paid an exclusive salary of \$ 200 per month</i>						
1.7	Midwives	D	9	400.00	9	100.00	32,400.00
	<i>The midwife will examine and monitor pregnant and lactating women, carry out an assessment of their care requirements, write down care plans, undertake ante natal care, carry out screening tests for the women. She will also ensure safe and skilled deliveries,counsel pregnant and lactating women. There will be 9 of them-2 midwives per each of the 3 Health Facilities and one per mobile earning an inclusive salary of \$ 400 per month</i>						
1.8	CHWs-2 per Health Centre ,2 per mobile unit	D	12	150.00	9	100.00	16,200.00
	<i>12 Community Health Workers (CHWs) will be recruited for the project. The CHWs will be responsible for conducting community mobilization for service utilization, Nutrition, health and hygiene promotion and prevention activities as well as screening and referral of children under five with malnutrition and those not immunized to health facilities and mobile units. The CHWs are expected to play a major role in the creation of awareness as to the prevention and control of AWD/Cholera outbreaks that is present in the target areas. They will be largely sourced from the target communities with the support of the target community. Each community health worker will be paid \$150 USD per months for a period of 9 months.</i>						
1.9	Logistics Officer	D	1	800.00	9	45.00	3,240.00
	<i>The logistics officer will be responsible for the project assets such as equipment, vehicles, managing the drugs storage and distribution utilities within the project, vehicle monitoring and documentation and booking of travel tickets. He will take part in procurement, hiring training venues etc. he is also responsible for the daily security briefing with the support of the logistics manager and will be paid an all inclusive salary of \$800 and spend 45% of his time in the project.</i>						
1.10	Human Resource Officer	D	1	1,000.00	9	50.00	4,500.00
	<i>The HR officer will be responsible for the recruitment of all project staffs, managing payroll accounts, managing leave days, conduct performance appraisals and management, grievance management and identifying training needs for the project staff. The HR officer will be paid \$1000 per month inclusive o all incentives and will commit 50% of his time to the project.</i>						
1.11	IYCF Counsellors	D	3	400.00	9	100.00	10,800.00
	<i>The IYCF (Infant and Young Children Feeding) counselor will be responsible for the implementation of the IYCF-E component in this project. Their main role includes promotion, education and counseling both individuals and groups who are caregivers of children under five in the target facilities and communities using pre-designed and approved counseling cards. There will be 1 IYCF counselor per facility and each will earn USD 400 per month inclusive of all costs</i>						
1.12	Teachers Incentives	D	26	100.00	9	100.00	23,400.00
	<i>26 teachers from the target four schools will be paid monthly incentive of \$100 a month for the entire project period.SHF will contribute 100% of the total cost. The teachers will be responsible for the teaching of the children in the schools as per the guidelines issued by the ministry/UNICEF. They are expected to prepare lesson plans and evaluate the learners performances</i>						
1.13	Cleaners	D	3	100.00	9	100.00	2,700.00
	<i>3 cleaners will be employed to provide cleaning services in the target three health centres one cleaner per HC at \$100 per cleaner for 9 months</i>						
1.14	Guards	D	3	100.00	9	100.00	2,700.00
	<i>3 guards will be employed to provide security to the health facilities during day and night.Each guard will be paid \$100 per month for 9 months.SHF will contribute 100% of the total cost.</i>						
	<b>Section Total</b>						<b>185,827.50</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Procurement of Teaching & Learning Materials for 4 Schools	D	1	9,160.80	1	100.00	9,160.80
	<i>Required materials for learning materials will be provided to 1030 pupils in 4 schools. Materials to be procured will include; black boards, chalk boxes, books, writing pens, dusters. These items will be procured on quarterly basis. Cupboards will also be provided to the teachers in the target schools. See the attached BOQ for details.</i>						
2.2	Construction of 21 Gender-sensitive Latrines including Twin Latrines at schools, facilities	D	21	2,475.00	1	100.00	51,975.00
	<i>Construct 21 gender sensitive disludgable twin latrines with hand washing facility in four target schools and three health centres. The latrines to be constructed will be composed of;12 twin latrines in 4 schools, three per schools and 9 disludgable twin latrines in 3 health centers i.e. three per health centre.Each twin latrine will be constructed at an estimated cost of \$2475.</i>						
2.3	Procurement of Essential Drugs for the facilities/mobile teams	D	1	12,439.83	1	100.00	12,439.83
	<i>Quality essential drugs will be procured for the health facilities and mobile teams on a quarterly basis, based on Somalia essential drugs guidelines.Supplies that will maintain operations for the first three months will be bought ,thereafter UNICEF/WHO will provide the required medical supplies.A total of 20,000 beneficiaries will be able to access improved health services.</i>						

2.4	Unconditional Cash Transfers for Beneficiaries	D	900	70.00	3	100.00	189,000.00
	<i>900 households vulnerable households will access unconditional cash transfer of \$70 per household for a period of 3 months.</i>						
2.5	Furniture for Health Centers	D	1	4,084.00	1	100.00	4,084.00
	<i>services in 2 health facilities will be up scaled by providing the missing equipments and furnitures while 1 new one will be set up in KM 50. Furniture will also be needed for the operations of the mobile teams. see BOQ.</i>						
2.6	Procurement of hygiene kits for beneficiaries	D	1	44,070.00	1	100.00	44,070.00
	<i>Purchase hygiene kits each kit containing; a 20L jerry can, a 20L bucket,800mg soap and Aqua tabs for water purification to support 5020 house holds for a period of 3 months.</i>						
2.7	procurement of health stationaries	D	1	1,474.00	1	100.00	1,474.00
	<i>Assorted registers- OPD Under Five, Over Five, ANC, PNC, Maternity as well as EPI registers for use at the facility and outreach registers will be printed and supplied to Health facilities as per the MOH specifications .The registers will be critical in capturing individual patient information and will be the primary source of information. A long with the registers, lab coats and notes pads will be procured for use by health workers.</i>						
2.8	Establishment & Running cost for Health Centers	D	1	10,440.00	1	100.00	10,440.00
	<i>Cost will include; electricity, water and health facility rent on a monthly basis.</i>						
2.9	Provision of school meals to pupils in four schools in Wanalaweyn	D	1030	10.00	9	100.00	92,700.00
	<i>This will include procurement of food supplement to provide meals to 1030 school children identified as from draft affected families at USD 10 per child per month.Meals to be provided will include; porridge enriched with milk and oil, maize, rice and beans.</i>						
2.10	Health workers training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.	D	1	3,964.00	1	100.00	3,964.00
	<i>18 health care providers including doctors and nurses will undergo five days classroom training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.provide services to patients.See the attached BOQ</i>						
2.11	Integrated Management of Acute Malnutrition Training Targeting staff Health Facilities	D	1	3,037.00	1	100.00	3,037.00
	<i>Five days classroom training on the management of acute malnutrition for health providers will be undertaken to enhance the capacity of 15 health and nutrition staff to effectively detect and manage acute malnutrition cases,as well as provide promotive and preventive nutrition services.</i>						
2.12	IYCF-E training	D	1	2,492.00	1	100.00	2,492.00
	<i>10 nutrition staff including IYCF counselors will undergo Five days infant young child feeding in emergencies will be undertaken to facilitate effective individual and group counseling and thereafter improve child survival.</i>						
2.13	Community sensitization workshop on common communicable conditions workshop-100 Participants)	D	1	1,712.00	1	100.00	1,712.00
	<i>100 members from the target community will undergo one day sensitization workshop to create awareness on common illnesses including AWD/cholera ,prevention of the same and the role of the community in preventing them.</i>						
2.14	Borehole rehabilitation	D	1	30,888.00	1	100.00	30,888.00
	<i>Undertake the rehabilitation and upgrade of one high yielding boreholes to enable operate optimally and provide adequate water to an estimated 10,0000 persons in Wanalweyn District. The works to be undertaken will include purchase of new generator and submersible pump, rehabilitation of one water yard, animal troughs, generator and store room and water kiosk</i>						
2.15	Three days training for 14 Water management committee members	D	1	2,102.00	1	100.00	2,102.00
	<i>2 water management committees of the two target boreholes composed of seven persons per committee will undergo three days training on water resources management.See the attached BOQ for detailed breakdown of the budget.</i>						
2.16	Teachers training	D	1	5,442.00	1	100.00	5,442.00
	<i>26 teachers (10 female, 16 male) will be trained for 5 days, The training will equip the participants with necessary pedagogical skills, enhance their communication and delivery skills, introduce the multi grade teaching/classroom, school readiness project improve their understanding on guidance and counselling.</i>						
2.17	CEC(Communyty education committee training)	D	1	3,142.00	1	100.00	3,142.00
	<i>28 CECs (7 from each school) will undergo 3 days classroom training to build the capacity of the school committee and stakeholders towards fulfilling their roles in improving standard of education, sanitation well being in their respective school.</i>						
2.18	1% Cash transfer cost.	D	1	1,890.00	1	100.00	1,890.00
	<i>1% of the total cost which totals to \$1890 will be paid to Dahabshil for the transfer of \$189,000 to 1000 vulnerable HHS to improve access to food and other basic needs.</i>						

2.19	Community Health Workers/outreach workers Nutrition Health, Hygiene Promotion	D	1	1,712.00	1	100.00	1,712.00
	<i>Conduct three days classroom training for 12 Community Health Workers(CHWs) on Nutrition, health and hygiene promotion to improve their capacity to promote health, hygiene and nutrition in the target communities.</i>						
	<b>Section Total</b>						<b>471,724.63</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	Vehicle hire	D	3	1,500.00	9	100.00	40,500.00
	<i>3 vehicles will be hired to support project activities. The vehicles will be used to carry program staff from the office to the centers, be on standby for emergency case referrals, support in monitoring and evaluation, carry staff to coordinating meetings and when carrying out assessments.</i>						
5.2	Domestic travel for project monitoring	D	1	2,970.00	1	100.00	2,970.00
	<i>Muslim Aid programs coordinator and Monitoring and evaluation officer will undertake quarterly project area visits to access project implementation status and support the field staff. He will be traveling from Main office the main office in Mogadishu. Indicated cost will be for DSA, accommodation and transport. See the attached B0Q</i>						
	<b>Section Total</b>						<b>43,470.00</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	Office utilities- water, electricity	D	1	2,502.00	1	100.00	2,502.00
	<i>Utilities to be procured on monthly basis will include; water and electricity on monthly basis.</i>						
7.2	Communication	D	1	3,600.00	1	100.00	3,600.00
	<i>Cost include monthly internet cost for the main office in Mogadishu and monthly telephone airtime cost the project coordinator and programs director meant to establish and maintain communication with project staff, target beneficiaries and other stakeholders. SHF will pay 100% of the total cost.</i>						
7.3	Office stationaries	D	1	407.60	1	100.00	407.60
	<i>Procurement of office stationary to facilitate project management and smooth running of office work.</i>						
	<b>Section Total</b>						<b>6,509.60</b>
<b>SubTotal</b>			2,053.00				<b>707,531.73</b>
Direct							707,531.73
Support							
<b>PSC Cost</b>							
PSC Cost Percent							6.00
PSC Amount							42,451.90
<b>Total Cost</b>							<b>749,983.63</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	
Lower Shabelle -> Marka -> Km 60	35	2,200	2,500	650	650	6,000	<p>Activity 1.1.1 : Provision of consultations of common conditions/diseases with equal access to boys, girls, men and women including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women and men through three static health facilities and three mobile outreach teams in 2 districts. 60 consultations per day per health facility/mobile unit will be targeted.</p> <p>Activity 1.1.1 : Undertake the referral of 1500 children(6-59months) and 1000 pregnant and Lactating women with Acute malnutrition(SAM and MAM) to the relevant programs for management.</p> <p>Activity 1.1.1 : Conduct vulnerability assessment with the support of District/village relief committees, develop beneficiary inclusion/exclusion criteria to successfully identify and enlist into the programme the planned 900 Unconditional Cash Transfer Beneficiary households for a period of 3 months. The program coordinator with the support of the relief committees will under take initial assessment to identify the most vulnerable households based on an inclusion and exclusion criteria list.50% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of the drought including pregnant and Lactating women with malnutrition. 50% of the beneficiaries (450 HHs) will be parents/care takers of children undergoing SAM/MAM treatment.</p> <p>Activity 1.1.2 : Upon the identification of the target beneficiaries, initiate Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 70. Muslim Aid will engage the telephone company Hormud to effect the cash transfer to the program through their EVC platform.</p> <p>Activity 1.1.2 : conduct continuous screening by health facility and mobile team staff as well as quarterly mass screening to detect children(6-59 months) and pregnant and lactating women with acute malnutrition.3400 children under five and 1000 PLW will be screened for malnutrition.</p> <p>Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1,350 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women and their infants.All the 3 facilities will be equipped and able to provide BEmOC services</p> <p>Activity 1.1.3 : Provide quality and safe immunisation services against vaccine preventable diseases to 3920 children under the age of five years, (1,842 boys and 2,078 girls) and to 2,840 Women of childbearing age at static health centres and mobile outreach. 80% of the targeted children under the project will be targeted for immunisation to help increase the immunisation coverage while 40% of the WCBA will be targeted for immunisation.</p> <p>Activity 1.1.3 : At the project inception, Muslim Aid officials will organize meetings with the district authorities and relief committee formed by the respective federal member state to inform about the project and gain endorsement and collaboration with authorities. Further, Muslim Aid field officials will undertake series of community meetings targeting villages/towns that are</p>

								<p>selected for the project to share with them critical project information including; project beneficiaries targeting, entitlement to target households, the project duration and how they can channel their grievances for resolution.</p> <p>Activity 1.1.4 : Conduct 5 days classroom training for 18 front line health staff on integrated management of childhood illnesses management (18 staffs-3 Doctors, 9 nurses and 6 Auxillary nurses), prevention and treatment of measles and acute watery disease/cholera to enable them competently respond to the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks.</p> <p>Activity 1.1.5 : Provide adequate drugs and medical supplies to the 3 target health facilities and the 3 outreach mobiles teams based on morbidity and consumption data of the last three month. Drugs to be procured will be based on the Somalia essential drugs lists.</p> <p>Activity 1.2.1 : Conduct weekly health promotion activities at both facilities and outreach levels to sensitize the community about AWD/Cholera, measles and other communicable diseases. Each facility/mobile will conduct 4 sessions per month totaling to 216 sessions during the project lifetime</p> <p>Activity 1.2.1 : Provide micro nutrient supplementation and Iron folic supplementation to 1,350 eligible pregnant and lactating women in the target districts through the health facilities and the mobile teams. Lactating mothers will also be given Vitamin A during postpartum.</p> <p>Activity 1.2.1 : Undertake massive community mobilization and sensitization on hygiene and sanitation through the Health, nutrition and hygiene promoters attached to the mobile units. Each NHP will be expected to target at least 100 persons per month for entire project period. Key messages on household hygiene and sanitation, household water treatment and storage, hand washing, safe human waste disposal will be passed one on one and groups. The sustained mobilization and sensitization on hygiene and sanitation is expected to improve household hygiene and thus reduce morbidity and mortality related to poor hygiene and sanitation.</p> <p>Activity 1.2.2 : Undertake the distribution of Hygiene items to vulnerable 5020 beneficiaries mostly those in internally displaced camps in K50 to reduce the incidence of AWD/cholera. The hygiene items to be supplied will comply with the cluster guidelines. The items to be distributed will include; jerry cans for safe collection and storage of drinking water; aqua tabs for Household drinking water treatment and soap for hand washing during critical moments. The kits will be distributed in health facilities and through the Inter-agency response teams.</p> <p>Activity 1.2.2 : Conduct weekly surveillance of AWD/Cholera using the approved forms and submit to the ministry of health/WHO AWD/Cholera focal point to reduce outbreaks and respond quickly to reduce case fatality. Each facility will report weekly</p> <p>Activity 1.2.3 : Conduct 25 IYCF-E promotion sessions at community and facility-based in the target districts. IYCF-E counsellor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites.</p>
Lower Shabelle -> Wanla Weyn -> Yaaq Biri Weyne	65	4,000	6,400	1,653	1,947	14,000	<p>Activity 1.1.1 : Provision of consultations of common conditions/diseases with equal access to boys, girls, men and women including pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women and men through three</p>	

static health facilities and three mobile outreach teams in 2 districts. 60 consultations per day per health facility/mobile unit will be targeted.

Activity 1.1.1 : Undertake the referral of 1500 children(6-59months) and 1000 pregnant and Lactating women with Acute malnutrition(SAM and MAM) to the relevant programs for management.

Activity 1.1.1 : Undertake the rehabilitation and upgrade of one high yielding boreholes to enable operate optimally and provide adequate water to an estimated 10,0000 persons in Wanlaweyn District. The works to be undertaken will include purchase of new generator and submersible pump, rehabilitation of one animal troughs, generator and store room and water kiosk.

Activity 1.1.1 : Conduct vulnerability assessment with the support of District/village relief committees, develop beneficiary inclusion/exclusion criteria to successfully identify and enlist into the programme the planned 900 Unconditional Cash Transfer Beneficiary households for a period of 3 months. The program coordinator with the support of the relief committees will under take initial assessment to identify the most vulnerable households based on an inclusion and exclusion criteria list.50% of the beneficiaries will be women who are deemed more vulnerable to the effects and impact of the drought including pregnant and Lactating women with malnutrition. 50% of the beneficiaries (450 HHs) will be parents/care takers of children undergoing SAM/MAM treatment.

Activity 1.1.1 : Provide adequate teaching and learning materials for the 4 target schools in Wanlaweyn district.targeting 1030 pupils. The targeted population includes 550 boys and 480 girls to support learning.

Activity 1.1.2 : Provide monthly incentives for 26 teachers in the 4 target schools to enhance motivation and retention of teachers. The recruitment exercise will enhance equality and both sexes are targeted equally. However due to the low levels of female teachers, 10 female teachers and 16 male teachers will be recruited.

Activity 1.1.2 : Upon the identification of the target beneficiaries, initiate Cash Transfer payments based on approved Minimum Expenditure Basket values (US\$ 70. Muslim Aid will engage the telephone company Hormud to effect the cash transfer to the program through their EVC platform.

Activity 1.1.2 : Conduct five days classroom/practical workshop targeting 2 water committees made up of 7 persons per committee to improve their capacity to manage the water resources and ensure water provision is sustained post project.Where possible committees members will reconstituted in negotiations with local leadership to make them gender balanced.

Activity 1.1.2 : conduct continuous screening by health facility and mobile team staff as well as quarterly mass screening to detect children(6-59 months) and pregnant and lactating women with acute malnutrition.3400 children under five and 1000 PLW will be screened for malnutrition.

Activity 1.1.2 : Provide Basic Emergency Obstetric care to 1,350 pregnant women by fully equipping and staffing the maternity wings of the 3 health centres that will provide ANC, skilled delivery and postnatal care to pregnant and lactating women and their infants.All the 3 facilities will be equipped and able to provide BEmOC services

Activity 1.1.3 : Provide quality and safe immunisation services against vaccine preventable diseases to 3920 children under the age of five years, (1,842 boys and 2,078 girls) and to 2,840 Women of childbearing age at static health centres and mobile outreach. 80% of the targeted children under the project will be

targeted for immunisation to help increase the immunisation coverage while 40% of the WCBA will be targeted for immunisation.

Activity 1.1.3 : At the project inception, Muslim Aid officials will organize meetings with the district authorities and relief committee formed by the respective federal member state to inform about the project and gain endorsement and collaboration with authorities. Further, Muslim Aid field officials will undertake series of community meetings targeting villages/towns that are selected for the project to share with them critical project information including; project beneficiaries targeting, entitlement to target households, the project duration and how they can channel their grievances for resolution.

Activity 1.1.3 : Provide two times a day meal to 1030 (550 boys and 480 girls) pupils to ensure learning continuous uninterrupted during this drought session. Meals will be cooked twice a day, during break time for lower primary learners where they will be provided with porridge enriched with milk and oil. Further, upper primary students will be provided with a meal made of rice and beans during lunch break.

Activity 1.1.4 : Conduct 5 days classroom training for 18 front line health staff on integrated management of childhood illnesses management (18 staffs-3 Doctors, 9 nurses and 6 Auxillary nurses), prevention and treatment of measles and acute watery disease/cholera to enable them competently respond to the healthcare needs of the target population and adequately respond to measles and AWD/cholera outbreaks.

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

Documents	
Category Name	Document Description
Budget Documents	Muslim Aid BOQ.xlsx
Budget Documents	Muslim Aid BOQ.xlsx
Budget Documents	2017.09.17_Muslim Aid BOQ.xls
Budget Documents	Comments on Muslim Aid budget 6813.xls
Budget Documents	BOQ Muslim Aid.xls
Budget Documents	BOQ Muslim Aid.FINAL.xls
Budget Documents	BOQ Muslim Aid.FINAL.xls
Budget Documents	BOQ Muslim Aid.FINAL.xls
Budget Documents	Final revised BOQ Muslim Aid.xls
Budget Documents	Final 2 revised BOQ Muslim Aid.xls
Signed Project documents	Annex 15 MEMO FOR CASH GRANTS.pdf
Grant Agreement	HC signed Muslim Aid GA 6813.pdf
Grant Agreement	Grant Agreement for signature - SOM-17-3485-R-FSC-Ed-H-Nut-WASH-INGO-6813.pdf