

Requesting Organization :	OXFAM Netherlands (NOVIB)	
Allocation Type :	Reserve 2017 Integrated Response Round 2 (Galmudug, Togdheer, Lower Shabelle)	
Primary Cluster	Sub Cluster	Percentage
Water, Sanitation and Hygiene	Hygiene Promotion	65.00
Food Security	Improved Food access: Targeted Household support (livelihood/FSS)-Cash	35.00
		100
Project Title :	Integrated WaSH and Food Security emergency response to AWD/Cholera outbreak in Togdheer region	
Allocation Type Category :		

OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/R/WASH-FSC/INGO/6688
Cluster :		Project Budget in US\$:	500,094.77
Planned project duration :	6 months	Priority:	
Planned Start Date :	01/11/2017	Planned End Date :	01/05/2018
Actual Start Date:	01/11/2017	Actual End Date:	01/05/2018

Project Summary :	<p>The humanitarian situation in Somalia has been deteriorating as a consequence of the recurrent drought and Acute Watery Diarrhea(ADW)/Cholera outbreak. In 2016 the two rainy seasons failed and in 2017, the Gu rains have been late and uneven. Disease outbreaks remain of high concern and are aggravated by the crowding of displaced populations. Since the start of the AWD/Cholera outbreak, there have been a cumulative total of 58,524 AWD/cholera cases including 812 deaths. The revised Humanitarian Response Plan (HRP) for Somalia estimates that 6.7 million people are expected to be in need of humanitarian assistance and protection. Nearly 5.5 million people are at risk of contracting water-borne diseases like cholera. Togdheer region is one of the regions severely affected by the AWD/Cholera outbreak.</p> <p>The proposed project aims to contribute to the provision of life-saving assistance and the protection of communities, focused on response and prevention of AWD/cholera through integrated WASH and Food Security support in Togdheer region of Somalia/land. The project will directly benefit a total of 24,000 Internally Displaced Persons (IDPs) and host community members. Oxfam has selected three locations for the project: October village, Kosar IDP camp and Sahara IDP camp, but Oxfam is able to expand to surrounding areas in case of a new AWD/Cholera outbreak. Oxfam will target the areas in these locations where most cases are reported from. A total of 4,000 households will be reached with hygiene promotion and hygiene kit distributions. Latrine construction will be done for newly arrived IDPs without access to sanitation facilities, families affected by AWD/Cholera (either through deaths or discharged patients) and families who share a single latrine with more than 20 individuals. 514 AWD/Cholera discharged patients will be supported with Unconditional Cash Transfer (UCT).</p>
--------------------------	--

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
6,666	6,486	5,500	5,348	24,000

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
People in Host Communities	3,333	3,243	2,750	2,674	12,000
Internally Displaced People	3,333	3,243	2,750	2,674	12,000
People in Host Communities	0	0	0	0	0
Internally Displaced People	0	0	0	0	0

Indirect Beneficiaries :

A total of approximately 100,000 people is expected to be reached through the mass solid waste clean-up campaign and mass communication for awareness raising on AWD/Cholera.

Catchment Population:

A total of approximately 100,000 people is expected to be reached through the mass solid waste clean-up campaign and mass communication for awareness raising on AWD/Cholera.

Link with allocation strategy :

In line with the SHF 2017 Reserve Strategy - Integrated Response (round 2), Oxfam proposes to implement an integrated WaSH and Food Security response project in Burao district of Togdheer region. Togdheer, and specifically its capital city Burao and surrounding villages, has been experiencing an AWD/Cholera outbreak over the last months. The total number of cases stands at 11,199 and there are a total number of deaths due to AWD/Cholera of 225 (a case fatality rate of 2%). Over the last weeks, the number of cases in Togdheer has decreased, however, the conditions for AWD/Cholera remain, highlighting the need for an aggressive prevention and response programme. Oxfam assessed the situation in June 2017 and found that the communities that were visited were having very limited WaSH facilities. Discussions with IDP community members indicated critical needs in access to water, hygiene and sanitation.

Most of Togdheer region is IPC level 3, and whilst the situation has slightly improved following the May/June Gu rains, previous loss of livestock, and the need for the traditional clan structure to support large numbers of IDPs moving into the urban area has resulted in significant straining of coping mechanisms. Oxfam's plans to implement the proposed project in three poorer areas of the city (October village, Kosar IDP camp and Sahara IDP camp) with high numbers of IDPs. So, although Burao urban area is classed as IPC 3, it is certain that a majority of residents of these target areas will be more highly food insecure than the average for the wider Burao population.

The proposed project aims to contribute to the provision of life-saving assistance and the protection of communities through improving food security, and nutritional status, minimizing the risk of waterborne diseases, including AWD/Cholera and improving hygiene practices for 24,000 IDPs and host community members. A safe programming approach will be ensured across the project. Oxfam has a great expertise in the WaSH, and Food Security sectors worldwide. Usual Oxfam best practice for AWD/Cholera response is a full WaSH package because water supply, sanitation and hygiene promotion need to be implemented simultaneously to ensure maximum impact. The focus of the proposed project is to tackle the AWD/Cholera outbreak in Togdheer

Most of Togdheer region is IPC level 3, and whilst the situation has slightly improved following the May/June Gu rains, previous loss of livestock, and the need for the traditional clan structure to support large numbers of IDPs moving into the urban area has resulted in significant straining of coping mechanisms. Oxfam's plans to implement the proposed project in three poorer areas of the city (October village, Kosar IDP camp and Sahara IDP camp) with high numbers of IDPs. So, although Burao urban area is classed as IPC 3, it is certain that a majority of residents of these target areas will be more highly food insecure than the average for the wider Burao population.

The proposed project aims to contribute to the provision of life-saving assistance and the protection of communities through improving food security, and nutritional status, minimizing the risk of waterborne diseases, including AWD/Cholera and improving hygiene practices for 24,000 IDPs and host community members. A safe programming approach will be ensured across the project. Oxfam has a great expertise in the WaSH, and Food Security sectors worldwide. Usual Oxfam best practice for AWD/Cholera response is a full WaSH package because water supply, sanitation and hygiene promotion need to be implemented simultaneously to ensure maximum impact. The focus of the proposed project is to tackle the AWD/Cholera outbreak in Togdheer and to reduce the likelihood of future outbreaks. However, by supporting target communities with an integrated response, the project will also support targeted communities in meeting food needs and promote a protective environment.

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
Nienke Hiemstra	Acting Funding Coordinator	Nienke.Hiemstra@oxfamnovib.nl	+31 70 3421 845
Julien Marx	Institutional Account Manager	Julien.Marx@oxfamnovib.nl	+31 6 11 24 55 59
Helen Bishop	Country Funding Coordinator	helen.bishop@oxfam.org	+254 700 470 613

BACKGROUND**1. Humanitarian context analysis**

The revised Humanitarian Response Plan for Somalia estimates that 6.7 million people are expected to be in need of humanitarian assistance and protection. Internal displacement continues in Somalia, although the monthly rate of displacement has slowed in recent months compared to late 2016 and early 2017. According to the UNHCR, nearly 761,000 people have been displaced since November 2016 as a result of drought. More than 65% of the displaced people are under 18 and children under 5 represent more than 25% of all displaced. These are the ones most at risk from malnutrition and disease. The FSNAU projected in its 2017 first quarterly brief that a total of 3.2 million people to face Crisis (IPC 3) and Emergency (IPC 4) levels of food insecurity through June and an additional 3.5 million people will be Stressed (IPC 2). The humanitarian scale-up has been instrumental in averting famine thus far, but the situation continues to deteriorate. Most of Togdheer region is IPC level 3, and whilst the situation has slightly improved following the May/June Gu rains, previous loss of livestock, and the need for the traditional clan structure to support large numbers of IDPs moving into the urban area has resulted in significant straining of coping mechanisms. It is also important to note FSNAU data covers broad geographical areas, and Oxfam's planned intervention will be targeted in three poorer areas of the city, with a high IDP caseload, so although Burao urban area is classed as IPC 3, it is certain that most of the residents of these target areas will be more food insecure than the average for the wider Burao population.

Disease outbreaks remain of high concern and are aggravated by the crowding of displaced populations. Nearly 5.5 million people are at risk of contracting water-borne diseases like cholera. According to the most recent WHO update of 27 July 2017, there have been a cumulative total of 58,524 AWD/cholera cases including 812 deaths reported since the AWD/cholera outbreak in Somalia started in January 2017. The case-fatality rate of 1.4% remains above the emergency threshold of 1%. Of the reported cases, the majority were affected children under 5. Due to the extent of the crisis, WHO is calling for an increased effort aimed at controlling the spread of AWD/cholera.

The proposed project will be implemented in Togdheer region. Togdheer, and specifically its capital city Burao and surrounding villages, has been experiencing an AWD/Cholera outbreak over the last months. The latest figures of 11 July show a total number of cases of 11,199 and a total number of deaths of 225 (a case fatality rate of 2%). A State of Emergency has been declared in Burao due to the outbreak. Ongoing school examinations have been stopped in Burao town and all the students in primary and secondary schools and higher institutions were sent home in order to curtail the spread of the disease. The council has also issued a new directive that those coming to or leaving from the city should undergo health checks, although this is not being well enforced. Factors that have aggravated the large number of deaths are a lack of effective and sufficient preventive measures as well as effective cholera treatment, and delayed WaSH interventions to improve hygiene conditions and access to safe water supply and sanitation, in the affected communities. Most people in the target (poorer) areas of Burao town purchase water for drinking and other domestic uses from berkads (supplied by trucking of surface water) which is untreated and often contaminated by open defecation and animal carcasses. A lack of latrines, high level of open defecation, lack of household water storage and poor hygiene practices increase the risk of AWD/Cholera outbreak. During June and July, the number of cases in Togdheer has decreased, however, a small number of cases have been reported in other regions of Somaliland and the conditions for AWD/Cholera rem

2. Needs assessment

Oxfam conducted a Rapid AWD/Cholera WaSH Assessment in the AWD/Cholera affected region of Togdheer in June 2017. The rapid WaSH assessment focused specifically on the situation in Burao, Togdheer's regional capital, and surrounding villages. The assessed areas were selected based on the reports shared by the Ministry of Health and Ministry of Water. The communities that were visited during the assessment were having limited WaSH facilities and discussions with IDP community members indicated critical needs in access to water, hygiene and sanitation. Most of the people are dependent on water trucking, however people lack water storage options, such as jerry cans, and there is currently no awareness raising on jerry-can cleaning and safe water storage. Hygiene conditions were poor. Most of the IDPs practice open defecation as they do not have access to latrine facilities. In addition, they lack access to handwashing facilities and hygiene materials such as bathing soap, laundry soap and water treatment options. Communities do also not have access to Oral Rehydration Salt (ORS). The villages that are most affected include: October, Hodan Qayla, Maxadka, Qasabka, Saylada, Mohamed Ali and Cuqubo (this includes both "village districts" of the urban area of Burao, and rural villages. Oxfam is already working in Ali Hussein IDP camp and Hodan Qaylo IDP camp, and with the proposed project Oxfam aims to expand its response to October village, Kosar IDP camp and Sahara IDP camp, in addition to other areas in Burao or Togdheer region in case of a new AWD/Cholera outbreak in a new location. The immediate WaSH needs that were identified include: water treatment (via aqua tabs or water makers), water trucking into temporary storage tanks in the most critical situations, emergency latrine construction, handwashing facilities, basic hygiene items (soap, ORS, water storage options), hygiene promotion and awareness raising and preparedness activities in areas currently not affected by the outbreak.

'Critical' levels of global acute malnutrition (GAM) are present in most areas, driven by lower than normal food access, increased waterborne diseases during the rainy season, and poor access to health services. FEWSNET updates done in June 2017 predicted that in areas of concern, the prevalence of GAM is expected to increase atypically through September in most of Somalia as a result of high incidence of diseases and lower than normal food access, and remain at 'Critical' levels. With a third consecutive season of below-average production and Training of Trainers (ToT) that are well below average, IDP households are expected to continue facing extreme difficulty meeting basic food needs and non-food needs from now until the arrival of the Deyr harvest in January/February 2018. IDP households will continue to depend on market purchases, borrowing and begging throughout the outlook period, as they do not have experience in planting crops.

Oxfam also commissioned a Rapid Gender and Protection Assessment in May 2017, which focused on appraising the first phase of Oxfam's emergency response in order to develop a better understanding of the effects of the crisis on women, girls, boys, and men, and their respective coping strategies in an effort to design gender sensitive projects. Recommendations stemming from this assessment will be incorporated into the proposed project, including strong evidence supporting that power dynamics must be consistently assessed between and within groups for every target community and activity. Additionally, findings emphasised the need to reduce the burden of water and fire wood collection for women and ensure engagement of women in hygiene promotion and other software activities and to ensure safe and dignified access to latrines, bathing facilities and menstrual hygiene.

3. Description Of Beneficiaries

Oxfam will implement the proposed project in October village, Kosar IDP camp and Sahara IDP camp. These three locations are all within Burao urban area. October village is very congested and is one of the hotspots of the AWD/Cholera outbreak. The population of October village consist mainly of host community members and small groups of IDPs (including some recently arrived IDPs during the current drought). Kosar IDP camp is an IDP camp which was established almost 15 years ago. The population consist mainly of IDP families who have been living in the camp for quite some years, but approximately 500 new IDP families (victims of the current drought) have recently also been accommodated in the camp. Sahara IDP camp is a new camp with approximately 1000 households living there. This camp has almost no facilities. Access to Sahara camp is currently limited by the Government authorities for political and land-tenure reasons, however, Oxfam is working with its local partners on advocacy to enable access. Oxfam intends to begin providing a full WASH package for WaSH/Cholera response to the residents of Sahara camp, but to follow them with the same level of provision if they are relocated elsewhere in Burao.

These three sites have been selected because of the high number of AWD cases reported from them (by International Federation of the Red Cross and Red Crescent societies -IFRC/Somali red Crescent Society - SRCS), inadequate provision of existing WaSH facilities, and because there are currently no other actors providing a full WaSH package to respond to the current AWD outbreak, or to reduce the likelihood of future outbreaks in these areas. However, Oxfam remains flexible to reallocate funding and resources during the project duration to target alternative sites should the outbreak spread to other areas of Burao, or a new outbreak begin in another part of the region.

Oxfam will target households living in the AWD/Cholera 'hotspot' areas (where most AWD/Cholera cases are reported from, in line with the case tracing model) within the three communities for the awareness raising activities and hygiene kit distributions: 1500 in October village, 1500 in Kosar IDP camp and 1000 in Sahara IDP camp. Latrine construction will be done in locations where Oxfam can get permission from the land owner and targeting newly arrived IDPs without access to sanitation facilities in small settlements, families affected by AWD/Cholera either through deaths or discharged patients and families who share a single latrine with more than 20 individuals. Oxfam will also be in the position to support schools with a full WaSH package, including hygiene promotion and provision of safe water, in the selected locations if the assessment shows the need. The most vulnerable AWD/Cholera discharged patients will also be supported with two months of unconditional cash transfer (amount of cash has been harmonised on SCI and WV even though the amount is not aligned to the Cash transfer guidelines amount for Togdheer). Discharged patients from a women headed household, a household with children under 5, a household with pregnant and lactating women, a household with at least one disable member and/or from a household with more than one person affected by AWD are considered most vulnerable as they are mostly coming from the poorest areas of Burao. The discharged patients will be verified by checking that they are registered in the Cholera Treatment Center - CTC/hospital to check entitlement to receive cash.

4. Grant Request Justification

Oxfam proposes to implement an integrated response project in Burao district of Togdheer region. The proposed project aims to contribute to the provision of life-saving assistance and the protection of communities, focused on response and prevention of AWD/cholera through integrated WASH and Food Security for 24,000 IDPs and host community members. A safe programming approach is ensured across the project.

Oxfam will provide the full WaSH package for AWD/Cholera response, including the following activities:

1. Water trucking (in case of need)
2. Household water treatment (communal if Government allows)
3. Hygiene kit distribution, including water containers, soap, ORS, and hand washing facilities
4. Awareness raising campaigns on safe household water storage
5. Extensive hygiene promotion (e.g. community meetings, house-to-house visits)
6. Development of Cholera focused IEC
7. Training of community health mobilisers and ORS corner volunteers
8. 3 ORS corners
9. 120 emergency pit latrines in IDP settlements (with latrine cleaning kits)
10. Mass solid waste clean-up campaign in communal areas and provision of environmental cleaning kits

To increase food security levels and improve the nutritional status of households, the project includes:

1. Cash transfers for 514 discharged AWD patients (2 months of USD 78 per month).

Oxfam can have an added value by providing a comprehensive, full WaSH and Food Security package in the sites most affected by AWD, and capacity to respond in other areas of Togdheer in case of further outbreaks. Oxfam best practice for AWD/Cholera response is a full WaSH package because water supply, sanitation and hygiene promotion need to be implemented simultaneously to ensure maximum impact. This full WaSH package will be implemented in the three above mentioned communities. Oxfam will be in the position to support schools with the full WaSH package, including hygiene promotion and provision of safe water, in these locations if the assessment shows the need. The focus of this proposal is to tackle the AWD outbreak and reduce the likelihood of future outbreaks, however, by supporting target communities with an integrated response to also meet food needs. Oxfam aims to also impact upon medium-term consequences of poor public health by addressing their root causes. This approach recognizes the importance of humanitarian response contributing to development goals.

Oxfam has a global expertise in AWD/Cholera prevention and response and can provide technical support and guidance to the cluster, and increase the capacity both of Government and communities to respond. Oxfam is already responding to AWD in Togdheer, assisting 5000 households in Ali Hussein IDP camp and Hodan Qaylo IDP camp, and has established good relations with relevant stakeholders, including IFRC/SRCS so identified AWD cases will be referred to their CTC. Activities similar to the activities proposed for this SHF grant are being implemented in those locations. Additionally, Oxfam maintains the capacity and resources to support CTC/Cholera Treatment Unit - CTUs with the provision of WaSH facilities if necessary (with match funding).

Oxfam is currently working in partnership with a local NGO, Candle Light (CL), on the existing AWD response in Burao. It is not proposed to work with CL on this proposal, but they are engaged in the complementary AWD project, so CL staff will support with knowledge and access to communities, as well as advocacy to local Government authorities regarding access to project sites.

5. Complementarity

The proposed project is in line with Oxfam's response strategy and complementary to Oxfam's ongoing interventions. After its first assessment in Sool, Sanaag and Togdheer regions, Oxfam started responding to the drought in March 2017. So far, the drought response programme has supported almost 28,000 beneficiaries with unconditional cash, water trucking, hygiene kit distributions and public health promotion in 29 villages and IDP settlements in Sool and Sanaag regions in Somaliland. Additionally, Oxfam has also been implementing an AWD/Cholera response in Togdheer region, currently targeting 5000 households (30,000 individuals). Oxfam is providing a full WaSH package, including increasing access to safe water, improving hygiene practices and increasing access to sanitation facilities.

Oxfam engages well with the WaSH and Food Security Clusters and Cash Working Group in Somaliland, and has supported the re-activation of the Protection Working Group. Oxfam and partners are currently working on a referral mechanism and are conducting a service mapping to provide information on protection and other vital services by other NGOs and government institutions to the communities and IDPs affected by the drought.

Oxfam has been providing 2,348 households with Unconditional Cash Transfer (UCT) in Sool and Sanaag regions to support with emergency food needs, alongside emergency WaSH; hygiene kit distributions, water trucking at the height of the drought, household water treatment, latrine construction and hygiene promotion (focused primarily on AWD/Cholera awareness) in these two regions. As part of a complementary approach, Oxfam is seeking other donors to continue with, and expand, emergency food security and WASH activities in Sool and Sanaag, and hopefully to also extend cash transfer support to additional beneficiaries in Togdheer. This allows for the SHF proposal to focus primarily on fighting the AWD outbreak in Togdheer, and implementing AWD prevention activities to reduce the likelihood of future outbreaks, and increase community resilience.

Oxfam's Humanitarian Strategy for Somaliland aims to provide for life-saving UCT or food E-vouchers for up until around October/November 2017, and again in the lean season (January-March), and to focus WaSH activities on a full WaSH package to respond to, and prevent, AWD/Cholera and other water-borne disease outbreaks, alongside appropriate protection activities. As funding allows, the intention is to trial innovation methods of livelihoods diversification, water supply and sanitation, and engage with academics, researchers, Government and other humanitarian actors, to determine what can work in the Somaliland context, before rolling out larger scale early recovery and resilience programmes, using an evidence-based approach.

LOGICAL FRAMEWORK

Overall project objective

To contribute to the provision of life-saving assistance and the protection of communities, focused on response and prevention of AWD/Cholera through integrated WASH and Food Security support in Togdheer region of Somalia/land for 24,000 IDPs and host community members.

Water, Sanitation and Hygiene

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide access to safe water, sanitation and hygiene for people in emergency	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	100

Contribution to Cluster/Sector Objectives : Oxfam has been working in coordination with the WASH Cluster, Government ministries, local Government, IFRC, local NGOs, and other key stakeholders to ensure a coordinated response to the current AWD outbreak in Togdheer, and reduce the likelihood/increase community resilience to future outbreaks. Oxfam's approach of providing a full WaSH package (water supply, sanitation and hygiene promotion) effectively combats AWD outbreak. Oxfam has well established AWD/Cholera guidelines and global capacity in response and prevention of AWD/Cholera and is therefore able to support the Cluster and wider response technically.

Outcome 1

Increases in AWD/Cholera outbreaks in Oxfam target areas in Togdheer are reduced within 2 month of the start of each AWD/Cholera outbreak in each location

Output 1.1

Description

Targeted communities in Togdheer have increased access to clean and safe water

Assumptions & Risks

- Security situation continues to allow for access to project sites by Oxfam
- Government authorities allow access to IDP camps for WaSH response
- Localised flooding during the Deyr rainy season does not prevent access to project sites by Oxfam
- Water trucking and provision of water facilities in CTC/CTUs only in case of major AWD outbreaks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle Target
			Men	Women	Boys	Girls	
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					24,000

Means of Verification : Distribution reports (water treatment), WASH monitoring reports (water quality, quantity, etc), baseline and endline surveys and Post Distribution Monitoring

Activities

Activity 1.1.1

Standard Activity : Water trucking/water Vouchers

Water trucking in October village, Kosar IDP camp and/or Sahara IDP camp depending on the needs. Oxfam estimates that 800liters will be distributed per households, reaching 500 households and covering their needs for approximately 15 days. Up to 20 water storage tanks (GI 2m3 with lid and taps with raised plinth) will be installed to receive water from the tanker. Each tank will be allocated to 25 HHs. These households will be able to collect water once delivered by the truck from the water tank that has been allocated to them.

Activity 1.1.2

Standard Activity : Household water treatment

Provision of household water treatment - aqua tabs to all targeted households. Each household (4,000HH) will receive 60 tablets of aqua-tabs aiming to cover up to 30 days. Orientation will be done during the distribution and follow-up will be done by measuring FRC at 10% random sample.

Output 1.2

Description

Targeted communities in Toghdeer have increased access to hygiene facilities and improved hygiene practices

Assumptions & Risks

- Security situation continues to allow for access to project sites by Oxfam
- Government authorities allow access to IDP camps for WaSH response
- Localised flooding during the Deyr rainy season does not prevent access to project sites by Oxfam
- Establishment of ORS corners only in case of major AWD outbreaks

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					24,000
Means of Verification : Attendance lists, focus group discussions and monitoring reports							
Indicator 1.2.2	Water, Sanitation and Hygiene	Number of household having access to ORS corners.					1,500
Means of Verification : ORS corners lists and reports							
Indicator 1.2.3	Water, Sanitation and Hygiene	Number of households who have received hygiene kits					4,000
Means of Verification : Beneficiary lists and Post Distribution Monitoring							
Indicator 1.2.4	Water, Sanitation and Hygiene	Number of schools supported with hygiene promotion activities.					6

Means of Verification : field reports, monitoring visits

Activities

Activity 1.2.1

Standard Activity : Community Hygiene promotion

Awareness raising campaigns on cleaning of household water storage containers (such as jerrican); hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera

Activity 1.2.2

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

Establishment and operating of 3 Oral Rehydration Sachet (ORS) corners to be operating for 10 days to enable immediate assistance before referral to specialist CTC/CTU. ORS corners serve as the first line intervention for AWD/Cholera cases in the target locations to prevent and reduce mortality caused by severe dehydration. Catchment area for each of the ORS corner is estimated at 500 households (a total of 1,500HH). The targeted beneficiaries will be people with symptoms of AWD. 30 ORS Corner Volunteers will be trained on the ORS corner concept.

Activity 1.2.3

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

Provision of 4,000 basic hygiene kits, including 2 jerrican of 20L each, hand and laundry soap, ORS, one Ebric.

Activity 1.2.4

Standard Activity : Community Hygiene promotion

Selection and training of 40 Community Health Mobilisers and 30 ORS Corner Volunteers

Activity 1.2.5

Standard Activity : Community Hygiene promotion

Distribution of 30 school health club kits in 6 schools to disseminate hygiene promotion messages to pupils. The kits will provide drawing items, stationary and board games. Once per week for 12 weeks Oxfam staff will be organizing learning games on hygiene practices. IEC materials will also be distributed to the schools.

Output 1.3

Description

Targeted communities in Toghdeer have increased and easy access to sanitation facilities

Assumptions & Risks

- Security situation continues to allow for access to project sites by Oxfam
- Government authorities allow access to IDP camps for WaSH response, including construction of basic WaSH infrastructure
- Localised flooding during the Deyr rainy season does not prevent access to project sites by Oxfam
- Establishment of sanitation facilities only in case of major AWD outbreaks

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					2,400

Means of Verification : Latrine construction reports & latrine cleaning kit distribution reports and focus group discussions

Indicator 1.3.2	Water, Sanitation and Hygiene	Number of pupils able to access sanitation facilities in schools.					930
-----------------	-------------------------------	---	--	--	--	--	-----

Means of Verification : Latrine and hand washing construction reports & latrine cleaning kit distribution reports and focus group discussions

Activities

Activity 1.3.1

Standard Activity : Latrine construction or rehabilitation

Construction of 120 sex-segregated emergency pit latrines in IDP camps to properly dispose of human excreta and provision of cleaning kits, including gloves, hard broom, dust pan, plastic jug, bucket with lid, hand washing soap and detergent powder. It is expected that one latrine will serve 20 people.

Activity 1.3.2

Standard Activity : Hand washing facilities construction

Installation of 120 hand washing stations near newly constructed emergency pit latrines (bucket or jerry can with a tap on an ironbark stand to allow for easy hand washing)

Activity 1.3.3

Standard Activity : Operation and Maintenance of WASH Infrastructure

Maintenance/rehabilitation of wash facilities (latrines and water point) in 3 schools.

Activity 1.3.4

Standard Activity : Hand washing facilities construction

Construction of 2 hand washing stations in 6 schools (total of 12 hand washing stations).

Outcome 2

AWD/Cholera outbreaks are prevented through increased capacity and awareness of targeted communities in Toghdeer.

Output 2.1

Description

Targeted communities in Toghdeer have increased awareness on hygiene and AWD/Cholera prevention methods

Assumptions & Risks

- Security situation continues to allow for access to project sites by Oxfam
- Government authorities allow access to IDP camps for WaSH response
- Localised flooding during the Deyr rainy season does not prevent access to project sites by Oxfam

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					24,000

Means of Verification : Attendance lists, focus group discussions, monitoring reports, Post Distribution Monitoring and baseline and end line surveys

Activities

Activity 2.1.1

Standard Activity : Community Hygiene promotion

Selection and training of community mobilisers; awareness raising campaigns on cleaning of household water collection and storage containers; hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera. 30 environmental cleaning kits will be distributed to groups of HH (1 kit for 20 HH) to clean their homes and surroundings

Activity 2.1.2

Standard Activity : Community Hygiene promotion

1 mass clean up campaign will be conducted at Burao town and outskirts (poor parts of the town). Oxfam, with the municipality and the community will organise one day of cleaning in 3 sites. 100 volunteers per site will be provided with protective gears and tools to clean as well as refreshment. 3 garbage collection trucks will be hired to collect the garbage.

Additional Targets : 100.000 indirect beneficiaries of Burao town through mass solid waste clean-up campaigns and mass hygiene promotion via radio/TV

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 : Oxfam has a strong capacity and expertise in food security and livelihoods in the Somaliland context, and is an active participant in the Food Security Cluster meetings and Somalia Cash Working Group. Oxfam has been a leading actor in the harmonization and coordination of approaches to reducing malnutrition rates. This project will support vulnerable households and ensure households affected by AWD are given emergency food support.							
Outcome 1							
Food security levels are improved amongst Toghdeer vulnerable host communities and IDPs							
Output 1.1							
Description							
Targeted households in Toghdeer affected by AWD have increased access to (un)conditional cash transfer for food and other items							
Assumptions & Risks							
<ul style="list-style-type: none"> - Unconditional cash is for a great part used to purchase food items - Security situation continues to allow for access to project sites by Oxfam - Government authorities allow access to IDP camps for Food Security response - Localised flooding during the Deyr rainy season does not prevent access to project sites by Oxfam 							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					3,084
Means of Verification : Beneficiary lists and Post Distribution Monitoring							
Activities							
Activity 1.1.1							
Standard Activity : Conditional or unconditional Cash transfer							
Provision of unconditional cash transfers for 514 vulnerable, discharged AWD patients (2 months of USD 78 per month per individual).							
Additional Targets :							

M & R

Monitoring & Reporting plan

A robust MEAL framework has been developed and will be adapted to the new operational areas under this proposed project. Oxfam will maintain a strong monitoring role through conducting routine follow up monitoring activities after major activities, including Post Distribution Monitoring after all distributions (cash, hygiene kits). Baseline/endline surveys (incorporating elements of KAP) will be conducted at the beginning and end of the project.

Monthly accountability Focus Group Discussions (FGDs) will also be held to provide face to face consultations and check satisfaction with the communities, while strengthening existing complaints handling mechanisms, especially the hotline number. A learning event will be held before the rainy season in October, in order to ensure staff have learnt from the early response so as to improve the quality of a further upscale in the emergency response, should it be required during, or immediately after the rainy season when risk is highest.

Oxfam has a strong MEAL team in place that is working on the humanitarian response. The team includes a senior MEAL officer and 2 MEAL assistants. The team maintains an overview of all beneficiaries reached per activity and per location (this 'activity mapping' is updated on a monthly basis), conduct surveys, PDM and other monitoring activities, as well as managing the toll-free hotline.

A baseline survey was conducted for Oxfam's initial AWD/Cholera response in Burao in July 2017, in order to provide an indication of progress, and to provide lessons learnt and guidance for future upscale. This survey was completed on 29.07.2017 and initial results will be ready by early August and can be shared with the WaSH Cluster.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Activity 1.1.1: Provision of unconditional cash transfers for 514 vulnerable, discharged AWD patients (2 months of USD 78 per month per individual).	2017											X	X
	2018	X	X	X									

Activity 1.1.1: Water trucking in October village, Kosar IDP camp and/or Sahara IDP camp depending on the needs. Oxfam estimates that 800liters will be distributed per households, reaching 500 households and covering their needs for approximately 15 days. Up to 20 water storage tanks (GI 2m3 with lid and taps with raised plinth) will be installed to receive water from the tanker. Each tank will be allocated to 25 HHs. These households will be able to collect water once delivered by the truck from the water tank that has been allocated to them.	2017																		X	X
	2018	X	X	X																
Activity 1.1.2: Provision of household water treatment - aqua tabs to all targeted households. Each household (4,000HH) will receive 60 tablets of aqua-tabs aiming to cover up to 30 days. Orientation will be done during the distribution and follow-up will be done by measuring FRC at 10% random sample.	2017																		X	X
	2018	X	X	X																
Activity 1.2.1: Awareness raising campaigns on cleaning of household water storage containers (such as jerrican); hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera	2017																		X	X
	2018	X	X	X																
Activity 1.2.2: Establishment and operating of 3 Oral Rehydration Sachet (ORS) corners to be operating for 10 days to enable immediate assistance before referral to specialist CTC/CTU. ORS corners serve as the first line intervention for AWD/Cholera cases in the target locations to prevent and reduce mortality caused by severe dehydration. Catchment area for each of the ORS corner is estimated at 500 households (a total of 1,500HH). The targeted beneficiaries will be people with symptoms of AWD. 30 ORS Corner Volunteers will be trained on the ORS corner concept.	2017																		X	
	2018																			
Activity 1.2.3: Provision of 4,000 basic hygiene kits, including 2 jerrican of 20L each, hand and laundry soap, ORS, one Ebric.	2017																		X	X
	2018	X	X	X																
Activity 1.2.4: Selection and training of 40 Community Health Mobilisers and 30 ORS Corner Volunteers	2017																		X	
	2018																			
Activity 1.2.5: Distribution of 30 school health club kits in 6 schools to disseminate hygiene promotion messages to pupils. The kits will provide drawing items, stationary and board games. Once per week for 12 weeks Oxfam staff will be organizing learning games on hygiene practices. IEC materials will also be distributed to the schools.	2017																		X	X
	2018	X																		
Activity 1.3.1: Construction of 120 sex-segregated emergency pit latrines in IDP camps to properly dispose of human excreta and provision of cleaning kits, including gloves, hard broom, dust pan, plastic jug, bucket with lid, hand washing soap and detergent powder. It is expected that one latrine will serve 20 people.	2017																		X	X
	2018	X																		
Activity 1.3.2: Installation of 120 hand washing stations near newly constructed emergency pit latrines (bucket or jerry can with a tap on an ironbark stand to allow for easy hand washing)	2017																		X	X
	2018	X																		
Activity 1.3.3: Maintenance/rehabilitation of wash facilities (latrines and water point) in 3 schools.	2017																		X	
	2018																			
Activity 1.3.4: Construction of 2 hand washing stations in 6 schools (total of 12 hand washing stations).	2017																		X	
	2018																			
Activity 2.1.1: Selection and training of community mobilisers; awareness raising campaigns on cleaning of household water collection and storage containers; hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera. 30 environmental cleaning kits will be distributed to groups of HH (1 kit for 20 HH) to clean their homes and surroundings	2017																		X	X
	2018	X	X	X																
Activity 2.1.2: 1 mass clean up campaign will be conducted at Burao town and outskirts (poor parts of the town). Oxfam, with the municipality and the community will organise one day of cleaning in 3 sites. 100 volunteers per site will be provided with protective gears and tools to clean as well as refreshment. 3 garbage collection trucks will be hired to collect the garbage.	2017																		X	X
	2018																			
OTHER INFO																				
<u>Accountability to Affected Populations</u>																				

During all phases of the project, Oxfam will adopt a participatory approach where target communities are taking part in decision-making about the planning and implementation, including the selection of their priority needs to be pursued in their local area. People will be engaged through community mobilization and consultations at village level. As per the internal and international standards to which Oxfam adheres, accountability will be ensured through the establishment of a complaints mechanism in which affected communities can easily present their needs and raise concerns related to the project. Oxfam already has a toll-free helpline which is widely advertised to beneficiaries via posters and Oxfam outreach workers. These facilities have facilitated a way of building trust with the affected people and will also be set up in the new project sites. Complaints received are recorded in a complaint and feedback form before they are analysed and shared with the concerned programme department. Oxfam has recently reviewed its accountability mechanism in July 2017, to verify how well it is working, and improve it. It was determined that complaints boxes that had been installed were not practical so they have been discontinued, and the previously payable hotline has been made toll-free following beneficiary feedback. Further improvements are expected in advertising the toll-free number, and ensuring a timely feedback to beneficiaries. To date, Oxfam has been implementing all humanitarian programmes with local partner NGOs, but intends to implement the SHF grant directly and to open a field base in Burao, which will facilitate faster feedback to beneficiaries in Togdheer and elsewhere in Eastern Somaliland. However, Oxfam will continue working with partners on complementary projects (including a SIDA-funded AWD/Cholera response project, also in Togdheer, with Candle Light) and will continue to engage partner support heavily for community outreach, to facilitate good cultural and contextual understanding, and support advocacy efforts with Government agencies and clan elders.

After completion of each distribution, Oxfam conducts a post-distribution monitoring (PDM) survey to receive feedback and check satisfaction of the beneficiaries, e.g. for hygiene kit distributions. PDMs help assess project accountability, satisfaction of beneficiaries and capture learnings. Oxfam staff are in the field on a daily basis, gathering feedback from beneficiaries, to feed into continuous programme reflection and improvement.

Implementation Plan

Oxfam will directly implement all activities of the proposed project. The Oxfam response is led by the Humanitarian Programme Manager (HPM), based in Hargeisa. The HPM will ensure overall coordination of the project activities, timely delivery of the project outputs and quality of implementation, monitoring and reporting. The HPM will also ensure Hargeisa and Burao level representation with Government line ministries, UN agencies and NGOs. The HPM directly manages the technical coordinators (WaSH, EFSVL and MEAL) and the Logistics Manager and Finance Manager. The technical coordinators and managers of the support functions directly manages their teams of specialist staff. The technical coordinators are responsible for management of activities in their respective fields, e.g. beneficiary selection, distributions, awareness raising, latrine construction. They also participate in relevant coordination mechanisms in their sectors. The WaSH coordinator also manages two international WaSH team leaders: one specialized in Public Health Promotion (software) and the other one specialized in Public Health Engineering (hardware). The two team leaders have extensive experience within Oxfam within their respective areas and will closely work together with newly recruited national staff to ensure programme quality in line with Oxfam standards. The finance manager produces monthly financial reports to track progress and check adherence to donor requirements and the logistics manager ensures timely and accountable procurement, vehicle management, warehousing, etc. Oxfam's dedicated MEAL team will conduct monitoring, evaluation and reporting, as per Oxfam internal and donor requirements. Additionally, from August 2017, the Country Director and DCD, will split their time between Nairobi and Hargeisa, therefore ensuring high level coordination and representation in both locations.

Having been previously operating out of Hargeisa, working with local partners based in Burao, Oxfam is in the process of identifying and opening a field base in Burao, and recruiting local staff, to be directly operational. Higher level technical staff will continue to split their time between Hargeisa and Burao.

The team will produce a detailed work plan, and associated procurement plan, and budget follow-up, to ensure efficient planning and financial management. The SHF budget will be incorporated into Oxfam's global humanitarian budget for Somalia to allow for maximum complementarity with other grants. Oxfam has standardized global procedures for logistics, financial and HR management, including minimum requirements for emergencies, which are recognized and approved by UN agencies and other major donors.

4000 households will be identified and targeted in AWD "hotspot" areas (with high prevalence of AWD cases) of the 3 target communities. Additionally, Oxfam own funds will be used to provide contingency funding in case of need for emergency AWD/Cholera response for up to 1500 households elsewhere in Togdheer region.

During Oxfam's assessment, the team looked at current AWD/Cholera interventions by other agencies, including the Ministry of Health, Ministry of Water Resources (MoWR), UNICEF and Save the Children. Oxfam is closely coordinating its AWD/Cholera response with all actors involved, including a wide range of national NGOs, IFRC, UNICEF/WaSH cluster and relevant Government departments. Oxfam is participating in the AWD/Cholera bi-weekly coordination meetings at Burao level, which are led by the MoWR, with support from the WaSH cluster. Oxfam has selected project sites in Burao via this coordination mechanism, to ensure that the intervention fills gaps and avoids any duplication. Oxfam will continue to coordinate closely with the same actors to identify additional sites for intervention in case of future outbreaks. Oxfam's EFSVL team participate in the bi-weekly food security meetings, cash working group meetings, and agricultural cluster

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
IFRC/SRCS	IFRC/SRCS have provided access to health facilities by establishing a large CTC in Burao and ORS corners in the worst affected communities. Oxfam is coordinating existing AWD/Cholera response activities with IFRC/SRCS, and will continue to do so using SHF funding. Oxfam's proposed activities in coordination with IFRC/SRCS include referrals of AWD/Cholera cases from Oxfam areas of intervention for medical treatment, and support with WaSH facilities in CTCs and CTUs (if required). Oxfam will also support discharged patients with cash transfer. Cash beneficiaries targeted will be verified via the IFRC/SRCS roster to check entitlement to receive cash to meet basic food needs.
UNICEF and TASCO	UNICEF and TASCO are starting an WaSH AWD response providing water, sanitation and hygiene in Burao town and surrounding villages. Oxfam will coordinate with UNICEF and TASCO to agree on areas of intervention and to avoid duplication.
UNICEF and SOYDAVU	SUYDAVO and UNICEF are involved in hygiene promotion. As Oxfam is also involved in hygiene promotion, Oxfam will coordinate with UNICEF and TASCO to avoid duplication.

Ministry of Water Resources	Oxfam will collaborate with the Ministry of Water Resources (MoWR) for general coordination purposes, especially regarding water supply and treatment, as well as sanitation and hygiene promotion as required. MoWR is the lead for AWD/Cholera response coordination and a WaSH Coordinator sitting in MoWR is funded by the Global WaSH Cluster. Oxfam is currently in discussions with MoWR regarding signing a MoU, so MoWR can act as line ministry for all of Oxfam's WaSH activities in Somaliland. Oxfam attends weekly Togdheer AWD Response Coordination meetings chaired by MoWR in Burao, and adhoc meetings when they are held at Hargeisa level.
Ministry of Health	The Ministry of Health (MoH) is the Government lead agency responsible for monitoring health data and trends, and for supporting health facilities and developing health policy in Somaliland. Oxfam coordinates closely with MoH to monitor trends in AWD/Cholera cases and to work towards a strong coordination between health and WaSH actors.
Togdheer Governor's Office and Mayor's Office	The Governor is the Government official in charge of Togdheer region, and the Mayor for the town of Burao (the regional capital). Both have different degrees of responsibilities for political and civil affairs, and importantly for land tenure issues. Oxfam is currently engaged in advocacy efforts with these two authorities, in collaboration with other humanitarian actors, to gain access to the new IDP camps in Burao, which are AWD hotspots but where humanitarian access is restricted due to land tenure and political issues.
Health Poverty Action (HPA) and Government Hospital	These two agencies (one NGO and one Government actor) are providing diagnosis and treatment of cases of malnutrition. HPA runs a malnutrition stabilization center in Burao town. Oxfam will refer suspected cases of malnutrition (especially GAM and SAM) identified during the house-to-house visits for AWD/Cholera & nutrition awareness raising, to the hospital or stabilization center for treatment, and enlist their support with understanding key trends and issues with nutrition in Burao. Oxfam is already in contact with HPA via the Country Director and has shared its response plans, which were welcomed.

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

Oxfam's Gender in Emergencies Minimum Guidelines are used to inform all programming. Key findings of the Gender Assessment conducted by Oxfam underscored the negative impact of the drought on female-headed households in terms of economic coping mechanisms, disproportionate risk of malnutrition for breastfeeding women and under 5-year olds, and increased risk of domestic violence for women. There was also evidence of increased mental health issues and suicide cases for men due to loss of livelihood and dignity. Women have been disproportionately affected by the drought as many will deprioritise themselves for household food, they have fewer livelihood opportunities and are relatively less mobile (e.g. need to stay closer to household for care work). In areas surveyed where Oxfam was delivering UCT, communities reported reduced incidences of domestic violence, and that water trucking had reduced the burden of water collection.

Recommendations stemming from the assessment will be incorporated into the proposed project, including the strong evidence supporting that power dynamics must be consistently assessed between and within social groups for every target community and activity. A dedicated Protection/Gender Officer will support programme teams in understanding these dynamics and adapting programmes accordingly.

Additionally, findings emphasised the need to target women in polygamous households separately, and to continue with the strategy of providing UCT (and begin Cash for Work) to vulnerable groups, to reduce the burden of water collection, provide educational/skills training opportunities for women, promote women's empowerment, to ensure the engagement of women in hygiene promotion and other software activities, and to ensure safe and dignified access to toilets, bathing facilities and menstrual hygiene. These findings will be incorporated into the project, e.g. involving women in community outreach for hygiene promotion. Joint planning exercises will be carried out around use of cash within the household in order to reduce the risk of domestic violence linked to UCT. Cash for Work activities will be varied and will allow for different types of work to be carried out by different groups; including options for child care while women are engaged in work.

Protection Mainstreaming

Oxfam aims to ensure that a safe programming approach is taken in all interventions. To this end staff, partners and community volunteers are trained on the basics of protection, on receipt and transfer of protection-related information, on principles of confidentiality and on confidential referral. A risk analysis linked to programme activities is carried out before activities commence, and is updated regularly or following changes in context. Oxfam's Protection/Gender Officer will be responsible for monitoring protection trends, and will share information with programme teams, with the Protection Working Group and for advocacy as necessary. In addition, Oxfam will link with established referral mechanisms where possible, or will carry out a service mapping where referral pathways do not exist. This with an aim to supporting access to protection services.

Oxfam ensures that project activities are designed in consultation with targeted populations. Currently local and clan leaders are consulted on identification of vulnerable people within their communities, and a verification exercise is then carried out within the communities themselves in order to ensure that the most vulnerable are targeted. The complaints mechanism and continued monitoring aims to address gaps which are then identified.

Oxfam will facilitate access to information and reinforce the capacity of affected communities to advocate for their rights, for example by facilitating community meetings and dialogues with government representatives, eg on IDP policy, services, roles and responsibilities. IDPs who have been forced from their homes due to drought conditions should not be forcibly moved, and provisions for them to access food, cash and clean, safe water must be made. Plans to ensure durable solutions for those displaced by the drought need to be put in to place and returns must be voluntary and in line with international standards such as UNHCR's Guiding Principles on Internal Displacement and the Governments own policies on IDPs. Oxfam will also support affected communities in identification of risks and simple community mitigation mechanisms, such as moving in groups when looking for water and firewood or when going to market/town. Oxfam will survey the population to understand if there are persons with disabilities which hamper their access to facilities; where such people are found Oxfam will construct facilities which are accessible for them.

Country Specific Information

Safety and Security

Somaliland remains relatively secure. Burao is the capital of Togdheer region, reached from Hargeisa by a paved, but potholed road, in approx. 5 hours. Most roads outside the city, and many in the city, are unpaved and can become difficult to pass during the rainy seasons. There is an airport within the city limits, but there are currently no commercial flights. English is relatively widely spoken, because of the sizeable diaspora population who have returned. Road accidents are probably the highest security risk faced by Oxfam teams, in part due to the relatively good condition of roads encouraging high driving speeds.

The culture is conservative Islamic, with a need for outsiders to respect cultural norms, behaviours and dress. Generally, there is a sense that outsiders are welcome if such cultural norms are understood and respected.

There are several sub-divisions of the Isaaq Somali clan living in and around Burao, and few reported incidences of clan conflict. Where inter- or intra-clan conflict does occur, outsiders are not targeted. Weapons are common throughout Somaliland, including in Togdheer. There remains a risk of beneficiary selection leading to tensions and violence which has threatened Oxfam staff in the past.

It is recognized that it remains important to be vigilant. Oxfam has a Security Management Plan, and SOPs, which is shared with all staff. Oxfam also has global Cholera guidelines that guide the response. All international staff, and most national staff, undergo personal security training. A Security Advisor monitors the situation throughout Somaliland via INSO reports and a network of contacts, reviews the SMP and SOPs every 3 months and monitors staff movements. All Oxfam vehicles have seatbelts and undergo a safety check at an official garage in Hargeisa before each field deployment. Oxfam is therefore able to ensure the safety and security of field staff, whilst maintaining access to the field. Currently Oxfam uses 2 INSO approved hotels in Burao.

Access

Oxfam regularly accesses Burao town for existing programmes. Of the 3 proposed locations for intervention under the SHF proposal, all are accessible security-wise and all are within, or on the outskirts of, the Burao urban area, so easily accessible by car within a maximum 30-minute drive from Oxfam's planned Burao field base (to be established in August/September 2017).

Two of the three sites are accessible for humanitarian intervention, but humanitarian programmes are not currently allowed in the third site due to land tenure and political issues. Oxfam has included this site in the proposal due to big needs for AWD/Cholera intervention, and the fact that no other actor is currently operating there, and efforts are being made (with WASH Cluster support) to advocate to the Governor and Mayor's offices for humanitarian access.

It is possible to access Burao from Hargeisa, and to access all project sites in Burao, throughout the year, and the rainy season will have only minimal impact on access to, and within, Burao. In case of emergency response activities outside of Burao urban area (if there is a major AWD/Cholera outbreak) then a full access and security assessment would be required before taking the decision to begin an intervention, and it should be noted that some areas of rural Togdheer have limited road access. Initial security desk assessments will be undertaken, using field reports from INSO, to facilitate faster assessment and decision-making in case of an outbreak in an area where Oxfam is not currently operational.

BUDGET

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

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

14. C:3 Equipment								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
15. D:4 Contractual Services								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
16. E:5 Travel								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
17. F:6 Transfers and Grants to Counterparts								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
18. G:7 General Operating and Other Direct Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
19. H.8 Indirect Programme Support Costs								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	Section Total							0.00
20. Staff and Other Personnel Costs								
1.1	WaSH Coordinator	D	1	7,000.00	6	11.11	4,666.20	
	<i>International employee. Co-ordinate all aspects of the WASH activities with the PHP and PHE team leaders.</i>							
1.2	WaSH Public Hygiene Promotion (PHP) Team Leader	D	1	7,000.00	6	16.67	7,001.40	
	<i>International employee. Co-ordinate all aspects of the hygiene promotion and communication engagement works, supporting and managing the Public Health promotion team.</i>							
1.3	WaSH Public Health Engineer Team (PHE) Leader	D	1	7,000.00	6	29.85	12,537.00	
	<i>International employee. Co-ordinate all aspects of the engineering work in conjunction with the technical engineering team, managing the PHE team and strengthening technical capacity of the local partner.</i>							
1.4	Emergency Food Security & Vulnerable Livelihoods (EFSVL) Coordinator	D	1	7,000.00	6	9.80	4,116.00	
	<i>International employee. Co-ordinate all aspects of the Food Security work in conjunction with the food security team.</i>							
1.5	Logistics Manager	S	1	7,000.00	6	10.10	4,242.00	
	<i>International employee. Co-ordinate all aspects of the logistics activities in conjunction with the logistics team members and WASH and EFSVL teams.</i>							
1.6	WaSH Officers (PHE and PHP)	D	2	1,285.00	6	100.00	15,420.00	
	<i>National employees. Work with the team leader in delivering engineering work and hygiene promotion activities in the various sites as well as working closely with communities on programme delivery.</i>							
1.7	WaSH Assistants (PHE and PHP)	D	2	932.00	6	100.00	11,184.00	

	<i>National employees. Work with the team leaders and officers in delivering activities in the various field sites as well as working closely with communities on programme delivery.</i>						
1.8	EFSVL Officer	D	1	1,285.00	6	100.00	7,710.00
	<i>National employee. Work with the team leader in delivering food security support in the various sites as well as working closely with communities on programme delivery.</i>						
1.9	Senior Monitoring, Evaluation, Accountability & Learning (MEAL) Officer	D	1	1,550.00	6	10.00	930.00
	<i>National employee. Give support to programme teams in particular with regards to monitoring, data collections and so on.</i>						
1.10	MEAL Assistant	D	1	932.00	6	10.00	559.20
	<i>National employee. Support to programme teams in particular with regards to monitoring, data collections and so on in the field.</i>						
1.11	Storekeeper - Burao	S	1	932.00	6	100.00	5,592.00
	<i>National employee. Ensures the management of the stock in the warehouse.</i>						
1.12	Logistics Officer - Burao	S	1	1,285.00	6	100.00	7,710.00
	<i>National employee. Oversee the proper implementation of activities and supply of the activity sites with equipment, material. Coordinate the logistics aspects in Burao base.</i>						
1.13	Guards - Burao	S	7	380.00	6	50.00	7,980.00
	<i>National employee. Keep the office and warehouse premises safe from intruders and potential hazards. (7 guards; \$380 guard/month for 6 months)</i>						
1.14	Administrative and finance assistant - Burao	S	1	932.00	6	46.00	2,572.32
	<i>National employee. In charge of the administration and finance management of Burao base and activities.</i>						
1.15	Logistics Officer - Hargeisa	S	1	1,285.00	6	9.52	733.99
	<i>National employee. Liaise with the Burao Logistics officer in Burao to ensure that sites are properly supplied.</i>						
1.16	Logistics Assistant - Hargeisa	S	1	932.00	6	9.52	532.36
	<i>National employee. Provide support to the Logistics officers and ensure proper coordination between burao, Hargeisa and region office/headquarters logistics and procurement teams.</i>						
1.17	Finance Officer and Accountant - Hargeisa	S	2	1,285.00	6	9.52	1,467.98
	<i>National employees. support the proper implementation of the administrative and finance activities related to the project.</i>						
1.18	Security Advisor - Hargeisa	S	1	1,908.00	6	9.52	1,089.85
	<i>National employee. Ensures the activities are implemented respected Standard operating procedures and that the teams are safe at all time to implement the project</i>						
1.19	Health Mobiliser Incentives	D	40	150.00	3	100.00	18,000.00
	<i>Incentives to cover the small expenses of the 40 Health Mobilisers (20 males, 20 females) - 1 Health Mobiliser for 100HH - while implementing activities. Each Health Mobiliser will receive USD 150 per month for 3 months.</i>						
1.20	Human Resources Officer - Hargeisa	s	1	1,285.00	6	9.52	733.99
	<i>National employee. support the proper implementation of the human resources activities related to the project.</i>						
	Section Total						114,778.29
21. Supplies, Commodities, Materials							
2.1	Water trucking: 50 trips of a 8m3 tanker	D	50	200.00	1	100.00	10,000.00
	<i>Delivery of water from Burao startegic borehole to the water storage installed in the affected communities. Oxfam will provide 800L of water per households to vulnerable 500HH for the equivalent of 15 days. 50 trips of a 8m3 tankers will be needed.</i>						
2.2	Communal water storage	D	20	300.00	1	100.00	6,000.00
	<i>Procurement and installation of 20 water tanks of 2m3 each aimed to store water distributed by the water tank.</i>						
2.3	Emergency latrines	D	120	457.00	1	100.00	54,840.00
	<i>120 emergency latrines to be constructed in 3 IDP sites. Latrines will be provided with hand washing stations</i>						

2.4	Hygiene kits	D	4000	23.25	1	100.00	93,000.00
	<i>Kits include water storage containers (2 jerricans of 20L), laundry and hand-washing soap, ORS, Ebrik (see BoQ)</i>						
2.5	Establishment of Oral Rehydration Sachet/Salt (ORS) corner	D	3	500.00	1	100.00	1,500.00
	<i>Equipment and material aiming to the establishment and running of oral rehydration sachet corners. 30 ORS Corner Volunteers will be operating the structures for 10 days</i>						
2.6	Information, Education & Communication (IEC) materials	D	1	8,250.00	1	100.00	8,250.00
	<i>Information, Education and Communication materials (posters, booklets and cards) to support the hygiene promotion activities against AWD. 1,300 pieces.</i>						
2.7	Community Mobiliser and ORS Corner Volunteers training	D	3	490.00	1	100.00	1,470.00
	<i>Training on hygiene promotion practices, implementation of sensitisation campaigns and ORS preparation. 40 Community Health Mobilisers and 30 ORS Corner Volunteers to be trained in 3 trainings. Two training session will host 25 people and one will host 20 people. Each training will cost USD 490.</i>						
2.8	Environmental cleaning kits	D	30	80.00	1	100.00	2,400.00
	<i>30 environmental cleaning kits will be distributed to groups of HH (1 kit for 20 HH) to clean their homes and surroundings. Please see BoQ.</i>						
2.9	Mass cleaning up campaign	D	1	5,190.00	1	100.00	5,190.00
	<i>1 mass clean up campaign will be conducted at Burao town and outskirts (poor parts of the town). Oxfam, with the municipality and the community will organise one day of cleaning in 3 sites. 100 volunteers per site will be provided with protective gears and tools to clean as well as refreshment. 3 garbage collection trucks will be hired to collect the garbage.</i>						
2.10	Water treatment - aqua tabs	D	240000	0.03	1	100.00	7,200.00
	<i>Households water treatment options/ aquatbas to treat the water and ensure the water is safe for drinking. 60 tablets per households (4,000HH) will be provided one time to cover 15 days of HH water.</i>						
2.11	Latrine cleaning kits	D	130	20.00	1	100.00	2,600.00
	<i>Kits include gloves, hard broom, dust pan, plastic jug, bucket with lid, hand washing soap and detergent powder</i>						
2.12	Unconditional cash transfer for discharged Acute Watery Diarrhoea (AWD)patients	D	514	78.00	2	100.00	80,184.00
	<i>USD 78 per individual, 514 individuals will be targeted for 2 months</i>						
2.13	Repairs/rehabilitation/maintenance on WASH facilities in 3 schools	D	3	998.00	1	100.00	2,994.00
	<i>equipment and materials to repair/rehabilitate/maintain WASH facilities - latrines and water points- in 3 schools. Please see BoQ</i>						
2.14	Construction and establishment of washing stations in 6 schools	D	12	50.00	1	100.00	600.00
	<i>30 kits to conduct hygiene promotion sensitisation in 5 classes in each of the 6 schools. 1 kit per class.</i>						
2.15	Visibility costs	D	1	5,000.00	1	100.00	5,000.00
	<i>T-shirts for team members, banners, posters, stickers to identify sites and activities implemented.</i>						
2.16	School health club kits for 6 schools	D	30	59.00	1	100.00	1,770.00
	<i>30 kits to conduct hygiene promotion sensitisation in 5 classes in each of the 6 schools. 1 kit per class.</i>						
	Section Total						282,998.00
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00

24. Travel									
5.1	Car rental fees	S	3	1,950.00	8	100.00	46,800.00		
<i>3 cars will be rented at a monthly cost of \$1,950 per car. The WASH team will need a car for 4 months, the EFSVL for 2 months and the Support - Admin, Fin, Log- team for 2 months.</i>									
5.2	National staff subsistence allowance	s	7	25.00	60	100.00	10,500.00		
<i>Subsistence allowance covering food of the national staff positions charged on the lines 1.6, 1.7, 1.8, 1.9 and 1.10 of this project budget during their field visits. The 7 staff will receive \$25/day for 60 days. The WASH positions (budgeted on lines 1.6 and 1.7) will be based in Burao and the other positions will be based in Hargeisa. It is expected that each of them will be travelling to the field sites for 60 days. However, this is an average as some may conduct more/longer field visits than others.</i>									
Section Total								57,300.00	
25. Transfers and Grants to Counterparts									
NA	NA	NA	0	0.00	0	0	0.00		
NA									
Section Total								0.00	
26. General Operating and Other Direct Costs									
7.1	Burao Guest House / Office rental fees	S	1	800.00	6	50.00	2,400.00		
<i>Rental fees for the compound, the office and guest house are located in the same compound.</i>									
7.2	Burao Guest House / Office Utilities	S	1	650.00	6	50.00	1,950.00		
<i>Utilities costs (water: approx \$150/month; electricity: approx \$400/month, internet: \$approx \$100/month) for the compound to support the team work, the office and guest house are located in the same compound.</i>									
7.3	Burao Guest House / Office Maintenance	S	1	250.00	6	50.00	750.00		
<i>Maintenance costs of the facilities : guest house, office and warehouse/storage.</i>									
7.4	Burao Guest House / Office Stationeries	S	1	500.00	1	100.00	500.00		
<i>Stationeries supporting the implementation of the activities (paper, ink,...)</i>									
7.5	Communication costs	S	8	25.00	6	100.00	1,200.00		
<i>Phone credits for team members</i>									
7.6	Bank fees	S	1	1,002.00	1	100.00	1,002.00		
<i>3 months of bank fees at \$334 per month are charged on this project</i>									
7.7	Security escort (SPU)	D	5	15.00	60	100.00	4,500.00		
<i>Compulsory costs imposed by the Authorities to ensure security of the teams during their movements.</i>									
Section Total								12,302.00	
SubTotal				245,014.00			467,378.29		
Direct								369,621.80	
Support								97,756.49	
PSC Cost									
PSC Cost Percent								7.00	
PSC Amount								32,716.48	
Total Cost								500,094.77	

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Togdheer -> Burco -> Burco	100	6,666	6,486	5,500	5,348	24,000	<p>Activity 1.1.1 : Water trucking in October village, Kosar IDP camp and/or Sahara IDP camp depending on the needs. Oxfam estimates that 800liters will be distributed per households, reaching 500 households and covering their needs for approximately 15 days. Up to 20 water storage tanks (GI 2m3 with lid and taps with raised plinth) will be installed to receive water from the tanker. Each tank will be allocated to 25 HHs. These households will be able to collect water once delivered by the truck from the water tank that has been allocated to them.</p> <p>Activity 1.1.1 : Provision of unconditional cash transfers for 514 vulnerable, discharged AWD patients (2 months of USD 78 per month per individual).</p> <p>Activity 1.1.2 : Provision of household water treatment - aqua tabs to all targeted households. Each household (4,000HH) will receive 60 tablets of aqua-tabs aiming to cover up to 30 days. Orientation will be done during the distribution and follow-up will be done by measuring FRC at 10% random sample.</p> <p>Activity 1.2.1 : Awareness raising campaigns on cleaning of household water storage containers (such as jerrican); hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera</p> <p>Activity 1.2.2 : Establishment and operating of 3 Oral Rehydration Sachet (ORS) corners to be operating for 10 days to enable immediate assistance before referral to specialist CTC/CTU. ORS corners serve as the first line intervention for AWD/Cholera cases in the target locations to prevent and reduce mortality caused by severe dehydration. Catchment area for each of the ORS corner is estimated at 500 households (a total of 1,500HH). The targeted beneficiaries will be people with symptoms of AWD. 30 ORS Corner Volunteers will be trained on the ORS corner concept.</p> <p>Activity 1.3.1 : Construction of 120 sex-segregated emergency pit latrines in IDP camps to properly dispose of human excreta and provision of cleaning kits, including gloves, hard broom, dust pan, plastic jug, bucket with lid, hand washing soap and detergent powder. It is expected that one latrine will serve 20 people.</p> <p>Activity 1.3.2 : Installation of 120 hand washing stations near newly constructed emergency pit latrines (bucket or jerry can with a tap on an ironbark stand to allow for easy hand washing)</p> <p>Activity 2.1.1 : Selection and training of community mobilisers; awareness raising campaigns on cleaning of household water collection and storage containers; hygiene promotion on key AWD/Cholera messages through community meetings, house-to-house visits and engaging religious leaders and existing MoW volunteers; development of AWD/Cholera focused IEC pictorial material on prevention of AWD/Cholera. 30 environmental cleaning kits will be distributed to groups of HH (1 kit for 20 HH) to clean their homes and surroundings</p>

Documents	
Category Name	Document Description
Budget Documents	Annex02a_Budget guidance.pdf
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	Oxfam BoQs SHF proposal 24.08.2017.xlsx
Budget Documents	15. Memo for cash grants.docx
Budget Documents	16. Memo for Food and NFI vouchers.doc
Budget Documents	Oxfam BoQs SHF AWD proposal 06.09.2017.xlsx
Budget Documents	Oxfam BoQs SHF AWD proposal 07.09.2017.xlsx
Budget Documents	Copy of Oxfam BoQs SHF AWD proposal 07.09.2017 HFU reviewed.xlsx
Budget Documents	Oxfam BoQs SHF AWD proposal 07.09.2017 with comments.xlsx
Signed Project documents	15. Memo for Cash Grants_signed.pdf
Signed Project documents	16. Memo for cash grants.pdf
Grant Agreement	HC signed Oxfam GA 6688.pdf
Grant Agreement	HC signed Oxfam GA 6688_countersigned.pdf