

Requesting Organization :	Relief International UK		
Allocation Type :	Standard Allocation 2 (Nov-Dec 2017)		
Primary Cluster	Sub Cluster	Percentage	
Food Security		20.00	
Water, Sanitation and Hygiene		20.00	
Health		20.00	
Nutrition		20.00	
Education		20.00	
		100	
Project Title :	Integrated Multi-Sectoral Response in Alla Amin and Najah IDP settlements of North Galkacyo		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-17/3485/SA2/FSC-WASH-H-Nut-Ed/INGO/7551
Cluster :		Project Budget in US\$:	594,455.29
Planned project duration :	9 months	Priority:	
Planned Start Date :	01/02/2018	Planned End Date :	31/10/2018
Actual Start Date:	01/02/2018	Actual End Date:	31/10/2018

Project Summary :

The integrated program will reduce morbidity and improve wellbeing through food security, nutrition, health, education and WASH interventions for IDPs in North Galkacyo of Mudug region in Puntland state of Somalia through basic service delivery at established key entry points including schools and mobile outreach clinics. Cash programming, in addition to other integrated multi-sectoral needs-based support, will form the core initiative to address the immediate dire needs of vulnerable households in Alla Amin and Najah IDP settlements in North Galkacyo.

- Key nutrition activities will include the screening and treatment of malnourished infants and children without complications. RI will refer complicated malnutrition cases to North Galkacyo Hospital for treatment and follow up. Screenings will occur during mobile outreach and at the community level. Community nutrition workers and volunteers will conduct nutrition awareness sessions and household visits. Health, nutrition and WASH volunteers will prioritize households where there are malnourished children for social and behavioral change communication (SBCC) messaging.
- Key health activities will include the establishment of two mobile medical units linked to North Galkacyo Hospital to serve the IDP settlements of Najah, Alla Amin and other nearby IDP and host community populations in the catchment area. These settlements are greater than 5 km from the nearest health facility and would benefit from this expansion of coverage. The outreach services will improve access to essential lifesaving primary health services, including maternal, reproductive, neonatal, and child health care. Additionally, the health program will treat communicable diseases and improve surveillance and control mechanisms. Through community outreach activities, health promoters will raise awareness around common childhood diseases, maternal and reproductive health concerns. These health promotion activities will be linked with hygiene promotion and improved nutrition promotion activities which will specifically target households with malnourished children.
- Key education activities will be the establishment of three temporary learning spaces to serve the out-of-school IDP population. Students will receive school kits that will include notebooks, pencils, bags and each learning space will be equipped blackboards, chalk, desks, chairs and other materials to facilitate educational activities. Incentives will be provided to encourage the recruitment and retention of qualified teachers. Latrines and handwashing stations will be constructed and water access secured for the temporary learning spaces. RI will also implement a school feeding program to encourage enrollment, retention, and learning outcomes for IDP students.
- Key food security and livelihoods activities will include the transfer of unconditional, unrestricted cash to the most vulnerable IDP households as defined by a transparent vulnerability criteria and through consultation with communities.
- Key WASH activities will include the targeted distribution of hygiene kits and increased access to water through water vouchers and water trucking to the temporary learning spaces. Hygiene promotion activities will complement the nutrition and health awareness raising activities in the community, during mobile outreach, and in schools.

There will be clear synergy between the activities across the integrated response. Households with at least one malnourished child will be prioritized for household nutrition, health, and hygiene promotion activities. Cash programming and take home ration school feeding program will increase food security while the water vouchers will increase access to potable water all the while increasing household purchasing power.

Direct beneficiaries :

Men	Women	Boys	Girls	Total
2,620	3,180	2,100	2,100	10,000

Other Beneficiaries :

Beneficiary name	Men	Women	Boys	Girls	Total
Pregnant and Lactating Women	0	2,000	0	0	2,000
Children under 5	0	0	2,100	2,100	4,200
Women of Child-Bearing Age	0	1,180	0	0	1,180
Internally Displaced People	2,620	0	0	0	2,620

Indirect Beneficiaries :

The indirect beneficiaries will be the general host community and neighboring IDP settlements in the catchment area. This will include those who gain access mobile medical units, and temporary learning spaces from this project. Approximately 3,000 indirect beneficiaries.

Catchment Population:

The population of Galkacyo district per the 2014 United Nations Population Fund (UNFPA) Population Estimation Survey-Somalia (PESS) is 389,194. According to the 2017 Camp Coordination and Camp Management (CCCM) Cluster Detailed October Site Assessment, released on October 23, 2017, there are 34 IDP settlements (formal and informal) in Galkacyo-North. There are approximately 74,000 individual IDPs in Galkacyo-North. Specifically, in the IDP settlements of Alla Amin and Najah, there are approximately 1,500 households. There are approximately another 2,000 households who could potentially benefit from the services being provided.

Link with allocation strategy :

The integrated program focuses on famine prevention life-saving responses to address the growing level and scale of acute multi-sectoral humanitarian needs precipitated by the continuing drought, insecurity, and internecine clashes among other drivers which have caused massive population displacement to North Galkacyo, Mudug region. The program will restore household and community productive assets, and enhance access to essential education, health, nutrition, water and sanitation services through an integrated approach. Relief International (RI) will directly implement and has broad sectoral expertise in health, nutrition, WASH, education, and food security and livelihoods (FSL). As an established implementing partner in North Galkacyo, RI has broad community acceptance and strong relationships with local government, other international NGOs, and local partners.

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
Shueyb Youb	Country Director- Somalia	shueyb.youb@ri.org	+254798569515
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BACKGROUND

1. Humanitarian context analysis

The worst case scenario of large-scale famine has been averted for the time being due in large part to the scaled up humanitarian response. Despite the best efforts of humanitarian actors, there are still large swaths of Somalia, especially in the southern and central parts of the country, that remain at particular risk of famine. Overall, an estimated 6.2 million people are in need of humanitarian assistance. Roughly half or approximately 3.1 million people are in Crisis (IPC 3) and Emergency (IPC 4) and will face acute food insecurity through the end of 2017. The number of people in the IPC 4 has doubled from 439,000 to 800,000 over a five-month period. As of September 2017, an estimated 388,000 children under the age of five are acutely malnourished with 87,000 of these severely malnourished and at risk of death. With a GAM rate of 17.4%, Somalia is well above the emergency threshold of 15% and this represents an increase in prevalence of 2.4% as compared to the January 2017 estimate. The deterioration of the overall nutrition situation in Somalia is largely attributed to the acute and widespread food insecurity and increased morbidity. Between November 2016 and September 2017, more than one million people have been internally displaced due to drought and conflict. IDPs remain among the most vulnerable populations and continue to face discriminatory practices that deny them equitable access to the limited services available. Health needs and outcomes are dire with 1 in 3 in need of health care and 1 in 7 dying before their fifth birthday. According to UNFPA, access to education remains limited with overall only 30% of children in school and of these, only 17% of children living in rural areas or in IDP settlements are enrolled in primary schools. Outbreaks of cholera and measles in 2017 highlight the poor access to basic health and WASH services and poor living conditions.

According to FSNAU: Special Brief Focus (September 2017), levels of acute food insecurity and malnutrition will remain high in Somalia through the end of year despite an improved rainfall forecast for most of the country. 2017 crop yields in southern Somalia and northwestern Somalia are 37% and 87% lower than long term averages, respectively. The water and pasture shortages, as a result of three consecutive failed rainy seasons, have resulted in significant losses to livestock herds, low fertility, below average milk production as well as an increase in disease outbreaks. Households also have to pay between \$6 and \$10 for a 200 liter drum of drinking water as most water sources have dried up. FSNAU reports that the average distance to the nearest water points is 48km, with most of the water sources being unsafe for drinking. These combined outcomes have devastated the livelihoods of the mainly agro-pastoral populations of Somalia, reducing their access to food and income, and have led to a steep increase in the price of cereals. Based on ICPAC/IGAD forecasts average or below average rainfall which will lead to a continuation of the poor food security and livelihoods outlook into 2018.

Worsening drought conditions and conflict have increased displacement and placed additional pressure on limited services and family structures, leading to family separation, intimate partner violence and an increase in harmful social norms. Further, the number of displaced people migrating to urban centers like Galkacyo has continued unabated through 2017. Scaled-up humanitarian assistance is needed through the end of the year 2018, targeted at populations in IPC 3 or worse in order to prevent further deterioration of water scarcity, food security and the nutrition situation. Populations in IPC phases 2, 3, and 4 also need livelihoods support to prevent livelihoods asset erosion and depletion which could further exacerbate the humanitarian situation. IDPs should be prioritized to save lives, relieve suffering, and restore dignity due to their inherent vulnerabilities.

2. Needs assessment

According to the 2017 CCCM Cluster Detailed October Site Assessment, released on October 23, 2017, there are 34 IDP settlements (formal and informal) in Galkacyo-North and another 28 IDP settlements in Galkacyo-South. The total number of IDPs living in these settlements across Galkacyo district is 94,531, with almost 74,000 or 78% in Galkacyo-North. These large numbers of IDPs in and around Galkacyo town are straining the capacity of the host community to cope as health, nutrition, livelihoods, and WASH needs mount. 70% of sites do not receive any food assistance, whether it be in-kind, cash, or meals. Of the sites that received some sort of food assistance, 70% reported that distributions occurred less frequently than once a month. Of the 62 IDP settlements, 47% do not have access to potable water which raises fears of disease outbreaks and increases in poor nutritional status. Of the five IDP settlements constituting Alla Amin and Najah, only 80% had functioning latrines. None of the settlements had bathing facilities or handwashing stations. Approximately 50% of settlements had access to potable water. 80% of sites did not have access to waste disposal and latrine emptying services. None of these settlements had access to health or nutrition support services. There were no educational services available to individuals in these IDP settlements. These findings have been reinforced through routine monitoring and rapid assessment data gathered by RI.

As part of routine monitoring, household visits by program staff in Galkacyo, RI's team has observed and documented the deteriorating humanitarian situation in the IDP settlements and host communities, especially around food security, water, health and nutrition. Specifically, RI conducted a rapid multi-sector needs assessment in July 2017 in North Galkacyo to assess access to education and health services in IDP settlements. The assessment revealed that there has been limited food security and WASH humanitarian support with education support largely neglected. Approximately 9,570 children of school age are in dire need of education services. Among these out-of-school children, 70% are aged 6-14 years and 30% are 15-18. The large out-of-school IDP population places these children at greater risk for child trafficking, child marriage, extremist recruitment and many other harmful exploitations. The report recommends provision of quality educational inputs that meet the physical protection, psychosocial, developmental and cognitive humanitarian needs of the affected students. On the health side, most IDPs did not have access to health facilities. Specifically, the IDP settlements of Alla Amin and Najah do not have access to health facilities. There have been recent outbreaks of AWD/cholera over the course of 2017 and large spikes in malaria cases according to focus group discussions. These critical services are needed for children and women, including immunization, nutrition screenings and referral, antenatal care, skilled delivery and health and nutrition promotion will reduce morbidity and mortality.

From April to May 2017, RI and other Educate Girls, End Poverty (EGEP) partners conducted a qualitative study to measure the impact of the drought on school attendance on households across Somalia. In focus group discussions with stakeholders and students in Galkacyo, it was highlighted that the drought has resulted in a drastic drop in student enrolment, and increases in student absenteeism and household economic hardships. The main reasons highlighted were the lack of adequate food and potable water at home, the migration of families to urban areas in search of services, the need for child labor to support household income, and the inability of families to pay school fees. Pastoralist families reported large livestock losses and were particularly vulnerable to the prolonged drought conditions.

3. Description Of Beneficiaries

Primary beneficiaries will be members of Alla Amin and Najah IDP settlements mainly affected by drought and conflict in North Galkacyo district. Potential beneficiaries will be identified through established village relief committees with final selection based on their meeting explicit vulnerability criteria. Beneficiaries include pregnant and lactating mothers and young children. Further coordination will be initiated with other implementing organizations in Galkacyo to mitigate against the risk of redundant service delivery to beneficiaries. The project will explicitly target female-headed households and households composed of minority groups, households with malnourished children, households with children who have attained school attending ages, the elderly, and persons with special needs, primarily students, teachers and community education committee (CEC) members. RI will actively engage with community level sector stakeholders and district and regional authorities of the relevant sectors to build community consensus, buy-in, and ownership.

4. Grant Request Justification

The proposed intervention will address the specific needs of the targeted beneficiaries i.e., female headed households, special needs , girls, boys, teachers and CEC members, while ensuring adherence to the strategic priorities of the respective clusters, specific IDP needs and the SHF. The integrated approach will increase access to famine prevention life-saving services including food, water, health, nutrition and education.

The massive influx of IDPs in Galkacyo district, a total of almost 95,000 individuals living across 62 settlements, and the likelihood of additional arrivals due to on-going drought and conflict in and around the district will increase the strain on finite resources. Consequently, Galkacyo is bound to experience high stress levels and community borrowing networks will dry up due to constrained resources and heavy debt burdens. The food security and water access situations in Galkacyo are deteriorating, particularly among pastoralists. Based on the availability of food in markets and the loss of livelihoods, RI proposes to provide unconditional cash to the most vulnerable IDPs who demonstrate need against established vulnerability criteria. Cash for Work (CfW) opportunities will be provided to qualifying IDPs with available able-bodied labor. The primary CfW activity will be construction of latrines in IDP settlements to reduce the rates of open defecation and improve human health. To address the water scarcity issue for humans and livestock, RI will lay extension pipes from existing borehole infrastructure and connect to installed storage tanks in the IDP settlements and temporary learning spaces. All of the water and sanitation activities will be coupled with sustained hygiene promotion activities. Furthermore, the conditional cash infusion and additional water provision will mitigate against further livestock asset depletion, improve human health, and restore dignity. Beneficiary children will be screened on the days of distribution and cases deemed as severe will be referred to partner supported health centers for observation and treatment. For education, the intervention will expand access to school through the provision of temporary learning spaces, school supplies and teacher incentives. At school, improved access to water and sanitation will be assured for students. For health, the intervention will expand access to primary life-saving services through the construction of a health facility, payment of teacher incentives, and the purchase of medical equipment and medicine. As with the WASH activities, facility based health activities will be coupled with sustained disease prevention and health promotion activities.

RI has proven experience coordinating with the WASH, Education Health and FSL clusters on emergency responses, distribution of hygiene kits and hygiene promotion, provision of health services and improving food security efforts to help avert catastrophes. Furthermore, RI is a key stakeholder in all sectors which allows for a more effective alignment of program activities in an integrated approach. RI closely collaborates with other implementing partners in the food security, education, health, nutrition, and WASH sectors at both the Nairobi and Puntland levels. RI will continue to advocate for data-driven decision making across the humanitarian sector and employ this approach in the monitoring of the program. RI also has established financial, grant management, and monitoring and evaluation systems and processes in place and brings proven leadership in achieving results in challenging and often uncertain environments. RI has demonstrated experience in the provision of primary health and nutrition services, with its current health and nutrition presence in Gedo (Beled Hawo), Hirshabelle (Beletweyne, Mataban, Maaxas and Bulo Burte) and Banadir (Heliwa).

5. Complementarity

RI is currently implementing UNHCR-supported projects designed to better integrate refugees and asylum seekers in North Galkacyo and to enhance peaceful coexistence between IDPs and host communities in South Galkacyo through the rehabilitation of prioritized common community structures and facilities. The DfID-funded Educate Girls, End Poverty- Transition (EGEP-T) Education program supports more than 27 schools in North Galkacyo with programming through 2020. Relief International has two offices with both technical and operational staff on either side of the administrative divide of Galkacyo district. The RI team has experienced no security incidents in the area throughout its operations over the last nine years in the north and three years in the south of Galkacyo. RI's food security program staff are well versed and experienced in managing and implementing food security projects that incorporate cash based approaches as it has successfully implemented these for many years in Somalia, including in Mudug, Galmudug, and Hiran. The inclusion of WASH, health and nutrition activities will create a more holistic package of services that better reflects the complex needs of vulnerable populations that will lead to better outcomes and beneficiary satisfaction. RI currently operates three projects in Galkacyo (North and South) through UNHCR and DfID funding, including livelihoods and education activities. The proposed SHF-funded integrated project will benefit from RI's high degree of community acceptance, well established operational presence, and experienced program staff.

The RI Way emphasizes integration and coordination across projects and between sectors to holistically address the multi-faceted needs of affected populations. This can be seen in the integration of Education and WASH in Somaliland and Puntland, and FSL, health, nutrition, and WASH in Beletweyne and Belet Hawa. RI closely collaborates with other Food Security, Health, Nutrition, WASH and Education implementing partners through the cluster system and other informal networks at both the Nairobi and Somalia levels.

LOGICAL FRAMEWORK

Overall project objective

Reducing morbidity through food security, nutrition, health and WASH interventions for IDPs and host communities and using education and other basic service facilities among key entry points.

Food Security

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve household immediate access to food through provision of unconditional transfer depending on the severity of food insecurity as per IPC classification, vulnerability and seasonality of the livelihoods	2017-SO2: Reduce acute malnutrition levels in settlements for internally displaced and host communities through integrated multi-sectoral emergency response	50
Increase productive capacity of rural and urban livelihoods through provision seasonally-appropriate and livelihood-specific inputs and investing in human capital formation to promote integration into the formal and informal economy	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	25

Contribution to Cluster/Sector Objectives : This project will contribute to all three cluster objectives by providing access to life-saving, core emergencies and time critical services to address the growing level and scale of acute food insecurity for IDPs in Galkacyo North. This will include unconditional cash transfers to vulnerable IDP households.

Outcome 1

Vulnerable households in Alla Amin and Najah IDP settlements receive unconditional multi-purpose cash transfers

Output 1.1

Description

Targeted vulnerable households have increased purchasing power to buy food, water, and other lifesaving commodities.

Assumptions & Risks

The security situation allows for implementation of intervention. The local administration and government agencies are in support of the implementation of the project. Cellphones and SIM cards can be procured for e-transfers and a willing vendor, i.e. a banking institution, is available to conduct the e-transfers

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of IDP households registered and verified to receive unconditional cash transfers					550

Means of Verification : Project monitoring reports, register

Indicator 1.1.2	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					3,300
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Means of Verification : Payrolls, vouchers and project reports.

Activities

Activity 1.1.1

Standard Activity : Community based participation

Registration and verification of project beneficiaries in Alla Amin and Najah IDP settlements with selection in full coordination with the communities

Activity 1.1.2

Standard Activity : Conditional or unconditional Cash transfer

550 vulnerable IDP households receive USD \$90 in unconditional multi-purpose cash per month per household for 3 months through e-transfers, which is in line with Cash Working Group recommended transfer totals for multipurpose cash transfers in Mudug. 275 vulnerable IDP households from Alla Amin and 275 vulnerable IDP households from Najah will be selected. RI will explicitly target the following IDP households with the following characteristics: female-headed households and households composed of minority groups and pregnant and lactating women, households with malnourished children, the elderly, and persons with special needs. RI expects the number of vulnerable households to exceed the available resources and will therefore consult with village relief committees to transparently identify the most vulnerable beneficiary households against the stated criteria and register all names in a nominal register with details on family size, head of household's sex, and special needs, including physical and intellectual disabilities.

Additional Targets :

Water, Sanitation and Hygiene

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Provide access to safe water, sanitation and hygiene for people in emergency	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50
Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures	2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.	50

Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objectives by focusing on life-saving, core emergency and time critical responses to address the scarcity of water, lack of latrines, and poor hygiene practices resulting from drought and prolonged conflict in Galkacyo district of Mudug region. The overcrowding in IDP camps has only exacerbated the scarcity and the risk of disease outbreak.

Outcome 1

Vulnerable IDPs have increased access to water for human and animal consumption

Output 1.1

Description

IDP settlements have improved access to water

Assumptions & Risks

The security situation allows for the implementation of intervention. The local administration and government agencies are in support of the implementation of the project.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					3,000

Means of Verification : Project reports, voucher receipts,

Activities

Activity 1.1.1

Standard Activity : Water trucking/water Vouchers

Based on 15 liters of water per day per individual with household of 6, RI will provide single use fixed value water vouchers to 500 households to purchase the equivalent of a daily entitlement of water (90 liters) for 6 months. It costs on average \$0.6 per 90 liters of water. A single use fixed value water voucher will allow a beneficiary to purchase water daily by handing over the dated voucher to the water truck operator and receiving the water entitlement. For example, head of households would be receive 30 single use dated vouchers per month and would use one per day to redeem the 90 liter household entitlement. 90 liters per day meets the Sphere standard and Somalia WASH cluster recommendation of a minimum 15 liters of water per individual during emergencies. The \$18 unit cost is calculated at an average of \$0.60 per 90 liters times 30 days. This is multiplied by 6 months to get the total value of the water voucher distribution (see BoQ). The IDPs currently procure water through water trucking and this short term intervention is intended to relieve economic pressure on households who buy water which will allow for more disposable household income to be spent on food and other lifesaving commodities. The intervention will increase interaction with targeted beneficiaries to promote appropriate hygiene and sanitation practices, and household water treatment options. Households receiving cash vouchers will not overlap with vulnerable households receiving unconditional cash transfers. The criteria for selection will be based on a transparent criteria and demonstrated need. Households with malnourished children, female headed households, elderly, and ethnic/clan minorities will be prioritized in selection.

Outcome 2

Vulnerable IDPs participate in hygiene promotion activities to prevent disease and promote health

Output 2.1

Description

Community members including students, parents, and hygiene promoters will possess enhanced knowledge of hygiene promotion and be capacitated to trigger other members in the IDP settlements.

Assumptions & Risks

The security situation allows for the implementation of intervention. The local administration and government agencies are in support of the implementation of the project.

Indicators

Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of hygiene promoters trained					16
Means of Verification :							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					7,200
Means of Verification : Monitoring reports							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					1,800
Means of Verification : Project reports							
Activities							
Activity 2.1.1							
Standard Activity : Community Hygiene promotion							
Hygiene promoters will be trained and empowered to carry out hygiene promotion activities over 4 full days.							
Activity 2.1.2							
Standard Activity : Community Hygiene promotion							
Community hygiene promoters mobilize community members around improved hygiene and sanitation practices through campaigns, and household visits. During the distribution of water vouchers, community hygiene promoters will have a captive audience to reinforce improved water treatment and storage, and personal hygiene.							
Activity 2.1.3							
Standard Activity : Hygiene kit distribution (complete kits of hygiene items)							
Hygiene kits, inclusive of WASH supplies, will be distributed to 300 vulnerable IDP households who have malnourished children over the project duration. These kits, sourced from the regional supply hub, will be distributed as part of the WASH package: health promotion, hygiene kits, household water treatment, to households whose children have been screened and found to be malnourished at outreach sites or through proactive screening in the communities. The contents will include two jerry cans, aquatabs (2 strips to be used per day), bar soap (5 per household), washing powder, ORS packets, and one bucket per household.							
Additional Targets :							
Health							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Improved access to essential lifesaving health services (quality primary and secondary health care) for crisis-affected populations aimed at reducing avoidable morbidity and mortality		2017-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					40
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					40
Strengthened and expanded early warning disease detection to mitigate, detect and respond to disease outbreaks in a timely manner		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					20
Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objective by providing health services to crisis-affected IDP populations in Galkacyo North. Services, including curative, preventative and health education will together help reduce morbidity and mortality of this population. RI will provide key front-line health services in targeted geographical areas, including the operation of two mobile medical units for services in the settlements. RI will also contribute to the reduction of maternal and child morbidity and mortality through maternal and child-focused interventions. Finally, the project will contribute to early warning disease detection and surveillance through regular reporting and monitoring.							
Outcome 1							
Essential preventative and curative services and health education provided to IDPs and other vulnerable populations in North Galkacyo							
Output 1.1							
Description							
IDPs in North Galkacyo receive health services in order to decrease the morbidity and mortality of this vulnerable population.							
Assumptions & Risks							
The security situation allows for implementation of intervention. The MOH and government agencies positively support the interventions.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of people (men, women, boys and girls) reached by health promotion messages.					6,000
Means of Verification : Project reports, photos							
Indicator 1.1.2	Health	Number of patients referred to secondary health care facilities or hospitals for specialized care					600
Means of Verification : Project records, registers							
Indicator 1.1.3	Health	Number of consultations per day by emergency mobile team	10	25	45	45	125
Means of Verification : Project records, patient registers							
Activities							
Activity 1.1.1							
Standard Activity : Awareness campaigns and Social Mobilization							
Campaign addressing community health promotion and hygiene education conducted by community health and nutrition promoters, and hygiene promoters for the project (Target: 2 campaigns per each location during the project period)							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Refer severely sick patients to secondary health care facilities.							
Activity 1.1.3							
Standard Activity : Primary health care services, consultations							
Two mobile medical units with staff will travel to strategically located outreach sites in and around the IDP settlements of Alla Amin and Najah for increased access to life-saving health services. Patients found to be severe during mobile outreach services and who may require admission will be referred to North Galkacyo Hospital. The teams will comprise of at least one qualified nurse, qualified midwife, and auxiliary nurse. Additionally, there will also be at least five community health and nutrition promoters. The teams will travel to a new location in and around the IDP settlements on a defined schedule for five days per week. The schedule will be disseminated to allow for beneficiaries to access the available services which will include antenatal care, post-natal care, treatment and management of common childhood illnesses, nutrition screening referral, treatment and other other primary health care services. All complicated and/or severe cases will be referred to North Galkacyo Hospital.							
Outcome 2							
Capacity building of staff leads to increased disease surveillance and better patient care.							
Output 2.1							
Description							
Staff working on mobile outreach teams receive capacity building training to continue work of high quality and increased ability to contribute to disease surveillance.							
Assumptions & Risks							
The security situation will allow for implementation of the project activities. The MoH will be supportive of the project and its activities.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					6
Means of Verification : Reports, attendance sheets, photos of training events							
Indicator 2.1.2	Health	Number of weekly reports submitted to key stakeholders during the project period.					36
Means of Verification : HMIS, project reports							
Activities							
Activity 2.1.1							
Standard Activity : Epidemic disease surveillance							
In-service training provided to qualified nurses, and auxiliary nurses on integrated management of childhood illness (IMCI), Integrated Management of Acute Malnutrition (IMAM), and Prevention, Control and Rapid Response to AWD/cholera outbreak over the course of two non-consecutive weeks.							
Activity 2.1.2							
Standard Activity : Emergency Preparedness and Response capacities							
Weekly reports submitted to key stakeholders (WHO, UNICEF or Clusters). Daily reports submitted during increased times of disease outbreak (i.e. AWD/cholera).							

Additional Targets :							
Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					50
Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					50
Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objectives by providing essential nutrition support services to crisis-affected IDP populations in Galkacyo North. Services will include malnutrition screening and referral, community awareness building and staff capacity building to reduce the morbidity and mortality of this population.							
Outcome 1							
Nutrition screening and community awareness activities increase referrals and education around prevention and identification of malnutrition in children.							
Output 1.1							
Description							
Communities received nutrition awareness and screening services in order to increase referrals and treatment for childhood malnutrition.							
Assumptions & Risks							
The security situation remains fair.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women screened		400	900	900	2,200
Means of Verification : HMIS, reports, patient registers							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					600
Means of Verification : HMIS, data reports, patient log books							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Community health and nutrition promoters will conduct anthropometric screening and identification of children (6-59 months) and pregnant and lactating women for malnutrition at outreach sites via mobile medical unit, and in the community. Complicated MAM or SAM cases will be referred to Galkacyo North Hospital for treatment and follow-up.							
Activity 1.1.2							
Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months							
Trained health and nutrition staff will treat screened and identified MAM and SAM children without complications. Cases will be screened during mobile outreach clinics and actively in the communities. After identification, children will be provided weekly distributions of take home rations in the form of Ready to Use Supplementary Foods (RUSFs) (e.g. Supplementary Plumpy), micronutrient supplements (most of which are in RUSFs), and routine medicines; nutritional monitoring of the patient through the mobile outreach teams.							
Activity 1.1.3							
Standard Activity : Treatment of moderately malnourished pregnant and lactating women							
Trained health and nutrition staff will treat screened and identified MAM and SAM pregnant and lactating women (PLW) without complications. Cases will be screened during mobile outreach clinics and actively in the communities. After identification, PLW will be provided weekly distributions of take home rations in the form of Ready to Use Supplementary Foods (RUSFs) (e.g. Supplementary Plumpy), micronutrient supplements (most of which are in RUSFs), and routine medicines; nutritional monitoring of the patient through the mobile outreach teams.							
Output 1.2							
Description							
Communities receive capacity building and awareness on signs of malnutrition for prevention; community dialogues mobilize communities to utilize available nutrition services.							
Assumptions & Risks							
Security situation remains favorable.							
Indicators							

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					16
Means of Verification : Training reports, photos, data reports							
Indicator 1.2.2	Nutrition	Number of IYCF promotion sessions held					90
Means of Verification : HMIS, data reports							
Activities							
Activity 1.2.1							
Standard Activity : Not Selected							
The 16 community health and nutrition promoters and the 6-member MMU staff will be trained on Infant Young Child Feeding (IYCF) and the 6 member MMU team will also be trained on Integrated Management of Acute Malnutrition (IMAM). These will each last 4 days. This will equip these cadres to treat patients and promote improved nutrition practices.							
Activity 1.2.2							
Standard Activity : Infant and young child feeding promotion							
Community health promoters will be deployed to the communities to conduct nutrition awareness activities for social behavioral change communications on topics ranging from breastfeeding promotion to improved infant and young child feeding practices. These sessions will be complemented with sessions on improved personal hygiene and sanitation and improved water storage and treatment practices. There will be approximately 10 such sessions per month in the communities.							
Additional Targets :							
Education							
Cluster objectives		Strategic Response Plan (SRP) objectives	Percentage of activities				
Ensure emergencies and crises affected children and youth have access to safe and protective learning environments		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people					50
Ensure vulnerable children and youth are engaged in life-saving learning that promotes personal well-being and social cohesion		2017-SO4: Support the protection and restoration of livelihoods, promote basic services to build resilience to recurrent shocks, and catalyse more sustainable solutions.					50
Contribution to Cluster/Sector Objectives : This project will contribute to the cluster objective by focusing on life-saving, core emergency and time-critical responses to address the educational needs of children in IDP settlements to provide access to quality education through an integrated response.							
Outcome 1							
Children in IDP settlements are protected in safe learning environments							
Output 1.1							
Description							
Improved access to quality education through an integrated response with a standard set of activities.							
Assumptions & Risks							
The security situation allows for implementation of the intervention. The local administration and government agencies support the implementation of the project and parents are willing to send their children to education facilities.							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children (Male&Female) enrolled in protected learning spaces					600
Means of Verification : Attendance forms, project records							
Indicator 1.1.2	Education	Number of children(Boys&Girls) provided with learning supplies					600
Means of Verification : BoQs, Contract Awards, Completion Reports, Photographs							
Indicator 1.1.3	Education	Number of teachers receiving emergency incentives					6
Means of Verification : Monthly Request from MoE with Teachers Attendance, Payment Receipt from Bank							
Indicator 1.1.4	Education	Number of CECs members trained					21
Means of Verification : Participant list, CEC report, photos							
Activities							
Activity 1.1.1							

Standard Activity : Construction of learning spaces

Two temporary learning spaces will be constructed in Alla Amin and Najah IDP settlements. There is one existing classroom in Najah that is in disrepair. RI will rehabilitate the existing structure and add a classroom to match the layout of the other new temporary learning spaces to be established. There will be 3 TLS with 6 classrooms total (2 for each TLS). Six latrines and six handwashing stations, segregated by sex with locks, will be constructed per school as part of the learning space construction/rehabilitation.

Activity 1.1.2**Standard Activity : School equipment and material learning distribution**

Teaching and learning materials containing notebooks, pencils, bags, attendance registers, blackboards and sports equipment will be provided to 3 schools. The parents in IDP camps are unable to purchase learning materials; this leads to absenteeism among the school children and eventually to school dropouts. In order to ensure that the children continue their education, learning materials will be provided.

Activity 1.1.3**Standard Activity : Incentive for teachers**

6 teachers in 3 temporary learning spaces will be provided monthly teacher incentives as per standard rate of MoE & HE for 8 months. The teachers will be selected with the engagement of CECs & regional education authorities by following the established criteria for teachers.

Activity 1.1.4**Standard Activity : CEC training**

A three day training of 3 community education committee (CEC) in the respective targeted schools will cover their roles and responsibilities, water management, disaster risk reduction (DRR) and psychosocial support. These CECs will be engaged in different events to provide psychosocial support to children.

Activity 1.1.5**Standard Activity : Recreational activities**

Through engagement with regional education authorities and trained CECs, a range of extracurricular activities will be arranged to provide psychosocial support e.g. sports competitions, drawing competitions, and quiz competitions. Children in protracted displacement situations typically suffer from trauma which affects their ability to learn and thrive in school.

These activities are intended to enrich the learning environment and provide a change in intellectual stimulation. The main objective of the activity is to provide psychosocial support while focusing on healthy competition among enrolled children by organizing activities e.g. quiz, poetry. These activities will provide the opportunity to engage children in healthy competition. Further, RI will arrange one mega event in each school where MoE, parents, residence of settlements will be invited. There will be competition among students on specific activities including quiz, sports, and poetry. The winning team will be awarded prizes to encourage the children. Further this activity will also give the opportunity to parents & other community members to engage with their children in their educational and extracurricular activities and celebrate their achievements at school. The added value of the activity is:

1. Improve Psychosocial wellbeing of children in IDP settlements who are prone to high stress and post-traumatic stress disorders.
2. Healthy competition to build their confidence and prepare them continued educational growth
3. Improve cognitive skills among children
4. Engage parents, community and MoE&HE in education. To retain the students in the schools and create friendly environment,

Output 1.2**Description**

Children in schools have access to safe drinking water and improved sanitation facilities

Assumptions & Risks

The security situation allows for the implementation of intervention. The local administration and government agencies support the implementation of the project and parents are willing to send their children to education facilities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Education	Number of school children (boys/ girls) with access to safe drinking water			300	300	600

Means of Verification : Contract awards, supply logs reports

Indicator 1.2.2	Education	number of school children (boys/girls) I that have access to latrines and hand washing facilities			300	300	600
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Means of Verification : Contract awards, supply logs reports

Indicator 1.2.3	Education	Number of school children (boys and girls) reached with hygiene promotion messages			300	300	600
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Means of Verification : Project reports, enrollment reports

Activities**Activity 1.2.1****Standard Activity : Water distribution in schools**

At each of the 3 TLS, two 2,000 liter storage tanks with 4 taps will be installed to provide access to water for drinking, and personal hygiene for students. The water will be trucked twice a week to fill the storage tanks at each TLS for 8 months. Each child will have access to the minimum 6 liters of water per day for consumption and basic hygiene needs, as per Sphere. Water will need to be trucked to the schools as there is no existing water supply infrastructure in the settlements. The nearest borehole is some 7 kilometers away. The settlements currently purchase water from trucks that serve the settlements and fill their jerry cans, and other water storage infrastructure. To promote proper hygiene and maintain good attendance, water is a critical service to be provided.

Activity 1.2.2**Standard Activity : Water and sanitation infrastructure construction/refurbishment**

6 latrines, segregated by sex with locks, will be constructed per school as part of the learning space construction/rehabilitation. Around each storage tank will be taps and a trough which will serve as drinking water collection points as well as handwashing stations. These will be located strategically close to the latrines, with reminders, to increase the percentage of students who wash their hands at the five critical times.

Activity 1.2.3

Standard Activity : Hygiene promotion

Community hygiene promoters will collaborate with teachers to actively incorporate hygiene promotion activities and lessons into the school curriculum. They will engage with the children in creative but instructive ways at least twice per school week. These activities will include didactic lessons in the classroom on the 5-Fs oral fecal model, critical times to wash hands, water treatment options, safe water storage, safe food preparation etc. There will also be practical lessons with demonstrations such as proper handwashing.

Output 1.3

Description

Children in schools are fed as part of a school feeding program

Assumptions & Risks

The security situation allows for the implementation of intervention. The local administration and government agencies support the implementation of the project and parents are willing to send their children to education facilities.

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.3.1	Education	Number of school children (boys/girls) reached with school feeding			300	300	600

Means of Verification : Monitoring reports

Activities

Activity 1.3.1

Standard Activity : School feeding

RI will establish a school feeding program in each of the 3 TLS through a take away rations modality. For each unique household with a child enrolled and regularly attending school, RI will provide the equivalent of 10.5 kg of rice, 1.5 kg of sugar, and 1.85 liters of oil on a monthly basis. This allocation will both improve household food security, enhance student enrollment and retention, and improve nutritional status of children.

Additional Targets :

M & R

Monitoring & Reporting plan

During the implementation of this project, RI will put in place mechanisms to ensure continuous monitoring of the program:

Program Planning and Work Plans

The logical framework and the work plan will be used to monitor and report on program implementation. The logical framework matches verifiable indicators and means of verification to program objectives and activities. Program performance will be tracked using the monthly, quarterly and annual plans developed by the team. Photos will be taken of individual beneficiaries representing a household at all stages of the registration and every payment. Internal and external reporting will be implemented using monthly activity reporting.

Monitoring and Evaluation Tools and Activities

An RI program specific log frame will be implemented by the program staff and monitored in close supervision and support of the Food Security, WASH, Education and Health Program Managers, Food Security Project Officer, M&E Officer and Program Officer (Nairobi). Payment data will be collected and analyzed per month of payment to monitor the consistency in the number registered and numbers paid. RI has designed and developed a robust M&E system and tools for the Educate Girls, End Poverty (EGEP) project, other education projects, and its SHF projects. RI will adapt the existing monitoring tools to systematically monitor and measure the progress of project's log frame indicators. RI has offices in the project location where the proposed project will be implemented and RI works closely with the relevant ministries at the central and regional levels, as well as with the CECs, in order to monitor project activities including frequent joint field visits to the project sites. With the help of RI's Monitoring, Evaluation and Learning Coordinator, RI's Project and Monitoring Officers will closely monitor the project deliverables and their impact through systematic data collection from direct beneficiaries at the targeted schools and within the targeted communities. In order to measure the proposed outcome and output indicators, the project will employ mixed methodologies (quantitative and qualitative) to collect and analyze the data. These include using direct observation, Key Informant Interviews with school head teachers, female teachers, and village leaders in the targeted communities. RI will also conduct focus group discussions with the CECs and the girls and boys to gauge the level of impact the deliverables have on the beneficiaries and develop case studies. In addition, RI will collect all relevant and required financial and programmatic documentation to be used as means of verification. This will include training reports, attendance sheets for trainees, beneficiary lists, contracts with vendors, procurement documents, water vouchers, water supply receipt notes from CECs/head teachers, school enrolment figures, attendance rates, photos of water distribution and field reports. RI staff will carry out regular field visits to the project sites and assess the progress of project activities and its contribution to the proposed outputs.

Financial Overview

Spending plans and budget versus actual analysis reports will be prepared and reviewed every month to ensure that spending is in accordance with set program objectives.

Field Visits

Key program staff and operations staff from both Puntland and the Nairobi offices (Country Director, Program Staff, Country Finance Manager) will visit regularly to give guidance and support on program implementation and provide capacity building support and monitoring.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Education: Activity 1.1.1: Two temporary learning spaces will be constructed in Alla Amin and Najah IDP settlements. There is one existing classroom in Najah that is in disrepair. RI will rehabilitate the existing structure and add a classroom to match the layout of the other new temporary learning spaces to be established. There will be 3 TLS with 6 classrooms total (2 for each TLS). Six latrines and six handwashing stations, segregated by sex with locks, will be constructed per school as part of the learning space construction/rehabilitation.	2018												
Education: Activity 1.1.2: Teaching and learning materials containing notebooks, pencils, bags, attendance registers, blackboards and sports equipment will be provided to 3 schools. The parents in IDP camps are unable to purchase learning materials; this leads to absenteeism among the school children and eventually to school dropouts. In order to ensure that the children continue their education, learning materials will be provided.	2018		X	X	X	X	X	X	X	X			
Education: Activity 1.1.3: 6 teachers in 3 temporary learning spaces will be provided monthly teacher incentives as per standard rate of MoE & HE for 8 months. The teachers will be selected with the engagement of CECs & regional education authorities by following the established criteria for teachers.	2018		X	X	X	X	X	X	X	X			
Education: Activity 1.1.4: A three day training of 3 community education committee (CEC) in the respective targeted schools will cover their roles and responsibilities, water management, disaster risk reduction (DRR) and psychosocial support. These CECs will be engaged in different events to provide psychosocial support to children.	2018			X									

<p>Education: Activity 1.1.5: Through engagement with regional education authorities and trained CECs, a range of extracurricular activities will be arranged to provide psychosocial support e.g. sports competitions, drawing competitions, and quiz competitions. Children in protracted displacement situations typically suffer from trauma which affects their ability to learn and thrive in school.</p> <p>These activities are intended to enrich the learning environment and provide a change in intellectual stimulation. The main objective of the activity is to provide psychosocial support while focusing on healthy competition among enrolled children by organizing activities e.g. quiz, poetry. These activities will provide the opportunity to engage children in healthy competition. Further, RI will arrange one mega event in each school where MoE, parents, residence of settlements will be invited. There will be competition among students on specific activities including quiz, sports, and poetry. The winning team will be awarded prizes to encourage the children. Further this activity will also give the opportunity to parents & other community members to engage with their children in their educational and extracurricular activities and celebrate their achievements at school. The added value of the activity is:</p> <ol style="list-style-type: none"> 1. Improve Psychosocial wellbeing of children in IDP settlements who are prone to high stress and post-traumatic stress disorders. 2. Healthy competition to build their confidence and prepare them continued educational growth 3. Improve cognitive skills among children 4. Engage parents, community and MoE&HE in education. To retain the students in the schools and create friendly environment, 	2018				X	X	X												
<p>Education: Activity 1.2.1: At each of the 3 TLS, two 2,000 liter storage tanks with 4 taps will be installed to provide access to water for drinking, and personal hygiene for students. The water will be trucked twice a week to fill the storage tanks at each TLS for 8 months. Each child will have access to the minimum 6 liters of water per day for consumption and basic hygiene needs, as per Sphere. Water will need to be trucked to the schools as there is no existing water supply infrastructure in the settlements. The nearest borehole is some 7 kilometers away. The settlements currently purchase water from trucks that serve the settlements and fill their jerry cans, and other water storage infrastructure. To promote proper hygiene and maintain good attendance, water is a critical service to be provided.</p>	2018			X	X	X	X	X	X	X	X								
<p>Education: Activity 1.2.2: 6 latrines, segregated by sex with locks, will be constructed per school as part of the learning space construction/rehabilitation. Around each storage tank will be taps and a trough which will serve as drinking water collection points as well as handwashing stations. These will be located strategically close to the latrines, with reminders, to increase the percentage of students who wash their hands at the five critical times.</p>	2018																		
<p>Education: Activity 1.2.3: Community hygiene promoters will collaborate with teachers to actively incorporate hygiene promotion activities and lessons into the school curriculum. They will engage with the children in creative but instructive ways at least twice per school week. These activities will include didactic lessons in the classroom on the 5-Fs oral fecal model, critical times to wash hands, water treatment options, safe water storage, safe food preparation etc. There will also be practical lessons with demonstrations such as proper handwashing.</p>	2018		X	X	X	X	X	X	X	X	X								
<p>Education: Activity 1.3.1: RI will establish a school feeding program in each of the 3 TLS through a take away rations modality. For each unique household with a child enrolled and regularly attending school, RI will provide the equivalent of 10.5 kg of rice, 1.5 kg of sugar, and 1.85 liters of oil on a monthly basis. This allocation will both improve household food security, enhance student enrollment and retention, and improve nutritional status of children.</p>	2018		X	X	X	X	X	X	X	X	X								
<p>Food Security: Activity 1.1.1: Registration and verification of project beneficiaries in Alla Amin and Najah IDP settlements with selection in full coordination with the communities</p>	2018																		
<p>Food Security: Activity 1.1.2: 550 vulnerable IDP households receive USD \$90 in unconditional multi-purpose cash per month per household for 3 months through e-transfers, which is in line with Cash Working Group recommended transfer totals for multipurpose cash transfers in Mudug. 275 vulnerable IDP households from Alla Amin and 275 vulnerable IDP households from Najah will be selected. RI will explicitly target the following IDP households with the following characteristics: female-headed households and households composed of minority groups and pregnant and lactating women, households with malnourished children, the elderly, and persons with special needs. RI expects the number of vulnerable households to exceed the available resources and will therefore consult with village relief committees to transparently identify the most vulnerable beneficiary households against the stated criteria and register all names in a nominal register with details on family size, head of household's sex, and special needs, including physical and intellectual disabilities.</p>	2018		X	X	X														
<p>Health: Activity 1.1.1: Campaign addressing community health promotion and hygiene education conducted by community health and nutrition promoters, and hygiene promoters for the project (Target: 2 campaigns per each location during the project period)</p>	2018			X					X										
<p>Health: Activity 1.1.2: Refer severely sick patients to secondary health care facilities.</p>	2018		X	X	X	X	X	X	X	X	X								

Health: Activity 1.1.3: Two mobile medical units with staff will travel to strategically located outreach sites in and around the IDP settlements of Alla Amin and Najah for increased access to life-saving health services. Patients found to be severe during mobile outreach services and who may require admission will be referred to North Galkacyo Hospital. The teams will comprise of at least one qualified nurse, qualified midwife, and auxiliary nurse. Additionally, there will also be at least five community health and nutrition promoters. The teams will travel to a new location in and around the IDP settlements on a defined schedule for five days per week. The schedule will be disseminated to allow for beneficiaries to access the available services which will include antenatal care, post-natal care, treatment and management of common childhood illnesses, nutrition screening referral, treatment and other other primary health care services. All complicated and/or severe cases will be referred to North Galkacyo Hospital.	2018	X	X	X	X	X	X	X	X				
Health: Activity 2.1.1: In-service training provided to qualified nurses, and auxiliary nurses on integrated management of childhood illness (IMCI), Integrated Management of Acute Malnutrition (IMAM), and Prevention, Control and Rapid Response to AWD/cholera outbreak over the course of two non-consecutive weeks.	2018	X											
Health: Activity 2.1.2: Weekly reports submitted to key stakeholders (WHO, UNICEF or Clusters). Daily reports submitted during increased times of disease outbreak (i.e. AWD/cholera).	2018	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.1.1: Community health and nutrition promoters will conduct anthropometric screening and identification of children (6-59 months) and pregnant and lactating women for malnutrition at outreach sites via mobile medical unit, and in the community. Complicated MAM or SAM cases will be referred to Galkacyo North Hospital for treatment and follow-up.	2018	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.1.2: Trained health and nutrition staff will treat screened and identified MAM and SAM children without complications. Cases will be screened during mobile outreach clinics and actively in the communities. After identification, children will be provided weekly distributions of take home rations in the form of Ready to Use Supplementary Foods (RUSFs) (e.g. Supplementary Plumpy), micronutrient supplements (most of which are in RUSFs), and routine medicines; nutritional monitoring of the patient through the mobile outreach teams.	2018	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.1.3: Trained health and nutrition staff will treat screened and identified MAM and SAM pregnant and lactating women (PLW) without complications. Cases will be screened during mobile outreach clinics and actively in the communities. After identification, PLW will be provided weekly distributions of take home rations in the form of Ready to Use Supplementary Foods (RUSFs) (e.g. Supplementary Plumpy), micronutrient supplements (most of which are in RUSFs), and routine medicines; nutritional monitoring of the patient through the mobile outreach teams.	2018	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.2.1: The 16 community health and nutrition promoters and the 6 -member MMU staff will be trained on Infant Young Child Feeding (IYCF) and the 6 member MMU team will also be trained on Integrated Management of Acute Malnutrition (IMAM). These will each last 4 days. This will equip these cadres to treat patients and promote improved nutrition practices.	2018												
Nutrition: Activity 1.2.2: Community health promoters will be deployed to the communities to conduct nutrition awareness activities for social behavioral change communications on topics ranging from breastfeeding promotion to improved infant and young child feeding practices. These sessions will be complemented with sessions on improved personal hygiene and sanitation and improved water storage and treatment practices. There will be approximately 10 such sessions per month in the communities.	2018	X	X	X	X	X	X	X	X				
Water, Sanitation and Hygiene: Activity 1.1.1: Based on 15 liters of water per day per individual with household of 6, RI will provide single use fixed value water vouchers to 500 households to purchase the equivalent of a daily entitlement of water (90 liters) for 6 months. It costs on average \$0.6 per 90 liters of water. A single use fixed value water voucher will allow a beneficiary to purchase water daily by handing over the dated voucher to the water truck operator and receiving the water entitlement. For example, head of households would be receive 30 single use dated vouchers per month and would use one per day to redeem the 90 liter household entitlement. 90 liters per day meets the Sphere standard and Somalia WASH cluster recommendation of a minimum 15 liters of water per individual during emergencies. The \$18 unit cost is calculated at an average of \$0.60 per 90 liters times 30 days. This is multiplied by 6 months to get the total value of the water voucher distribution (see BoQ). The IDPs currently procure water through water trucking and this short term intervention is intended to relieve economic pressure on households who buy water which will allow for more disposable household income to be spent on food and other lifesaving commodities. The intervention will increase interaction with targeted beneficiaries to promote appropriate hygiene and sanitation practices, and household water treatment options. Households receiving cash vouchers will not overlap with vulnerable households receiving unconditional cash transfers. The criteria for selection will be based on a transparent criteria and demonstrated need. Households with malnourished children, female headed households, elderly, and ethnic/clan minorities will be prioritized in selection.	2018	X	X	X	X	X							
Water, Sanitation and Hygiene: Activity 2.1.1: Hygiene promoters will be trained and empowered to carry out hygiene promotion activities over 4 full days.	2018												

Water, Sanitation and Hygiene: Activity 2.1.2: Community hygiene promoters mobilize community members around improved hygiene and sanitation practices through campaigns, and household visits. During the distribution of water vouchers, community hygiene promoters will have a captive audience to reinforce improved water treatment and storage, and personal hygiene.	2018			X	X	X	X	X	X	X				
Water, Sanitation and Hygiene: Activity 2.1.3: Hygiene kits, inclusive of WASH supplies, will be distributed to 300 vulnerable IDP households who have malnourished children over the project duration. These kits, sourced from the regional supply hub, will be distributed as part of the WASH package: health promotion, hygiene kits, household water treatment, to households whose children have been screened and found to be malnourished at outreach sites or through proactive screening in the communities. The contents will include two jerry cans, aquatabs (2 strips to be used per day), bar soap (5 per household), washing powder, ORS packets, and one bucket per household.	2018		X	X	X	X	X	X	X	X				

OTHER INFO

Accountability to Affected Populations

Participatory methods will be used to ensure full involvement of the affected communities in the design, implementation, and monitoring of the project. RI will work with IDP communities to select the most vulnerable members of the settlements to benefit from cash transfer programming. Additionally, community education committees (CEC), other community level structures, and select community members will receive capacity building training and will be empowered to advocate for themselves and their communities. Through these established community structures and capacitated community members, RI will communicate the implementation plan and the desired outcomes to the broader community.

There will be both formal and informal mechanisms in place to record community feedback and effectively respond. For cash transfers, there will be a number to call which will link to the program manager. Additionally, the community structures will be empowered to communicate feedback directly to RI program staff. Program staff will regularly visit implementation sites and will be tasked with discussing implementation with beneficiaries and soliciting feedback. These data points will feed into a central database from which program management will triage and respond to pressing issues immediately, especially those related to protection and other forms of exploitation or fraud.

The principle of "do no harm," obliges RI to prevent and mitigate any negative impact of its actions on affected populations. Equally important is RI's commitment to a community-based approach, which includes efforts to engage and empower persons of concern in decisions that affect their lives. RI has considered the implications of the program and feels that the community-based participatory approach will mitigate against any negative impacts on affected populations as these are life-saving, emergency interventions. RI will communicate consistent and transparent messages, including to affected communities, including host communities, on the humanitarian nature of RI's work.

Implementation Plan

The project will be directly implemented by RI. The FSL, Health and Nutrition, WASH and Education managers will each technically supervise their specific sector activities on the ground and coordinate closely with weekly meetings on progress made and challenges across the integrated program. The Senior Project Officer- Integrated will directly oversee the day to day implementation process and report back to the respective sector managers on progress and any challenges or delays. The project operations team will support in financial documentations such as payroll and payment controls.

RI will work directly with Somali ministries and local governments to ensure strong communication. RI will coordinate closely with the Somali Health, Nutrition, WASH, Food Security and Education clusters as well as partner NGOs working in North Galkacyo to ensure coverage and avoid any overlap of activities. RI will communicate appropriately with local government and communities to promote buy-in and inclusion in the project while designing for sustainability.

During the first month of the project, the program team will conduct the following activities: identification and registration of unconditional cash beneficiaries, conducting trainings for community hygiene promoters, community health and nutrition promoters, construction of the TLS with latrines, installation of water tanks for water storage at TLS, RI will undertake social mobilization at the start of the action to ensure overall community participation. These actions will form the basis for the future success of the project.

RI will directly work with community leaders and beneficiaries. With clear set criteria of vulnerability and supported by community leadership, RI will select 550 households from both Alla Amin and Najah, 275 from each. The list of names will be vetted by publicly displaying (unless there is protection risk for the households selected) the names and community feedback awaited for 48 hours after which the list will be kept safe in a nominal register. RI will concurrently begin the construction and rehabilitation of the TLS and train the MMU team, community health and nutrition promoters.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
Save the Children, Ministry of Education-Puntland, Danish Refugee Council, Somalia Food Security Cluster, Somalia WASH Cluster, Somalia Health Cluster, Somalia Education Cluster, Somalia Nutrition Cluster	Consultative engagement in protection support. Closely coordinate on issues of validation of IDPs. Work together to exchange ideas and support one another as DRC engagement in the area is as good as RI's engagement. Share information (4Ws and other updates) and seek guidance on arising challenges. Coordination and support in Puntland on issues related to IDP support.

Environment Marker Of The Project

N/A: Not applicable, only used for a small number of services

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

RI's experience in Somalia clearly indicates that women are particularly disadvantaged with respect to job provision and this project will help RI to better serve female heads of households. Most households will receive payments through the mother, while any member of the family (HH) can provide the labour.

RI will also ensure that both men and women are represented in community sensitization for the program to encourage equal gender representation and involvement in decision-making in matters relating to service delivery and household assets security and general livelihoods experiences by the household.

During the cash distribution, the prioritization of women in the registration process will be emphasized. All registration forms will require the names of both men and women in each household. During both registration and distribution of funds, RI staff will crosscheck the names with elders Relief Committees and CBOs.

RI will take measures to ensure the highest level of female targeting and in particular female headed households.

1. Establishment of selection criteria where structurally vulnerable households will be given priority, in particular female-headed households who meet the other criteria.
2. Continuously emphasize to staff that priority should always be given to women in every household during the registration and in particular those structurally vulnerable households fitting the criteria should always appear at the top of the registration lists. This information will be provided to the communities during the social mobilization phase along with continued emphasis during the registration process, in particular to the RCs.
3. Registration forms will require the names of both males and females in each household, with information transmitted to the communities that females are the preferred beneficiaries to collect the grants, which will further enhance more equitable distribution to women.
4. Placing the importance of female representation in the RCs, although not always in equal proportion to male members as desired, also will further enhance the targeting of women.

Protection Mainstreaming

Protection programming is defined by RI as the activities and processes through which fundamental human rights principles, including non-discrimination, ensuring meaningful access and prioritizing the safety and dignity of our constituents are recognized and realized in program design and implementation. RI staff are well versed in protection issues and have regularly implemented a protection oriented projects under the refugee and asylum seekers project funded by UNHCR. There are many important features of this approach including consultation with men, women, people with disabilities, and minorities when implementing water and sanitation facilities, health facilities, temporary learning spaces, and the location and timing of meetings. It is important that these necessary activities do not expose vulnerable groups to protection concerns. This inclusive consultation process will be crucial in mitigating against protection issues and mainstreaming these practices throughout program implementation.

Country Specific Information

Safety and Security

RI has taken steps to ensure inclusion of security measures in all of its areas of operations.

RI has trained field security leads in place for the South Central Region. These focal points monitor the security situation in all RI project areas, including in Galkacyo, and the focal point for Galkacyo advises staff on security issues. The Security Officer at RI Headquarters also carefully monitors the situation in Somalia and advises personnel on risks and employing best practices to stay as safe as possible in an often uncertain environment.

RI interacts with the communities in such a way that has proven beneficial for early warning systems. Through close coordination and collaboration with these communities, RI has been able to maintain good relationships which are a cornerstone for enhanced security. RI safety and security standard operating procedures in place which are reviewed and adjusted to the security situation regularly as needed with contingency plans in the event of further escalation of the security situation.

All RI staff undergo security training as a compulsory part of their orientation. This training is renewed on an annual basis.

Access

Due its mode of operation, RI has access to this area by providing services including health, WASH and food security for several years and RI is well known in the communities. There has never been an issue in being denied access by the community or local administration as all stakeholders are involved in the projects.

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	Program Manager- Food Security and Livelihoods	D	1	5,000.00	9	20.00	9,000.00	
	<i>Program Manager FSL will provide technical support for the implementation of FSL project activities.</i>							
1.2	Program Manager- Water, Sanitation and Hygiene	D	1	5,000.00	9	20.00	9,000.00	
	<i>Program Manager WASH will provide technical support for the implementation of WASH project activities.</i>							
1.3	Senior Project Officer- Integrated	D	1	1,506.00	9	100.00	13,554.00	
	<i>The Senior Project Officer- Integrated will be overall responsible for implementation of the activities in targeted locations across the 5 sectors: Health, WASH, food security and livelihoods, Education, and Nutrition. The Project Officer will also be responsible for tracking the project progress as per work plan.</i>							
1.4	Community Hygiene Promoter	D	16	80.00	9	100.00	11,520.00	
	<i>The Community Hygiene Promoters will provide hygiene awareness after receiving training on hygiene promotion and AWD/cholera. These Hygiene Promoters will be identified by the targeted communities.</i>							
1.5	Program Officer	D	1	3,500.00	9	20.00	6,300.00	
	<i>The Program Officer will provide support to the project management team in monitoring progress against the workplan to ensure that all activities are completed according to the timeline.</i>							
1.6	Senior Security Officer	S	1	1,840.00	9	20.00	3,312.00	
	<i>The Senior Security Officer will have the responsibility for operational security across the country offices, including the safe movement of staff. The Senior Security Officer will also have the responsibility for the security of field activities and will report to the Operations Manager.</i>							
1.7	Programme Reporting and Communications Associate	D	1	3,000.00	9	20.00	5,400.00	

	<i>The Communications and Reporting Officer will provide communications support to the project team and will serve as the focal point on project reporting.</i>						
1.8	Finance Assistant	S	1	1,079.00	9	40.00	3,884.40
	<i>The Finance Assistant will be responsible for compliance and financial reporting. The Finance Assistant will also manage day to day transactions related to project activities.</i>						
1.9	Qualified Nurse	D	2	400.00	9	100.00	7,200.00
	<i>Two qualified nurses will provide primary healthcare services at mobile outreach sites, acting as lead health staff on patient consultations and referrals.</i>						
1.10	Community Health and Nutrition Promoter	D	16	80.00	9	100.00	11,520.00
	<i>Community Health and Nutrition Promoters will conduct screening of malnutrition at the community level; conduct nutrition awareness sessions with community members. They will also conduct health awareness campaigns within the broader community, provide health education to community members and refer patients from the community to the health facility for treatment and follow-up.</i>						
1.11	Auxiliary Nurse	D	2	200.00	9	100.00	3,600.00
	<i>Two auxiliary nurses will provide support to the qualified nurse/clinician at during mobile outreach, including scheduling follow-up appointments and dispensing medicines, as required.</i>						
1.12	Program Manager- Health and Nutrition	D	1	3,700.00	9	20.00	6,660.00
	<i>Programme Manager Health/Nutrition will provide technical support for the implementation of Health/Nutrition project activities.</i>						
1.13	Qualified Midwife	D	2	400.00	9	100.00	7,200.00
	<i>Two qualified midwives will provide antenatal and postnatal care to pregnant and lactating women at mobile outreach sites</i>						
	Section Total						98,150.40
21. Supplies, Commodities, Materials							
2.1	Provision of PVC water storage tanks (capacity 2,000 liters) to temporary learning spaces	D	6	600.00	1	100.00	3,600.00
	<i>RI will install 2 water storage tanks per temporary learning spaces (TLS) with a capacity of 2,000 liters. These storage tanks will be elevated up to 1.5 meters for the water to be gravity fed to the 4 fitted taps.</i>						
2.2	Hygiene Promotion Training	D	1	5,632.00	1	100.00	5,632.00
	<i>16 Community Hygiene Promoters will participate in hygiene promotion training over 4 working days. This training will cover the CLTS, PHAST and CHAST in two phases. \$2810 per 4 day training. 2 x \$2816 = \$5632 for the two phased training.</i>						
2.3	Unconditional Cash Payments	D	550	90.00	3	100.00	148,500.00
	<i>550 vulnerable IDP households receive USD \$90 in unconditional multi-purpose cash per month per household for 3 months through e-transfers, which is in line with Cash Working Group recommended transfer totals for multipurpose cash transfers in Mudug. 275 vulnerable IDP households from Alla Amin and 275 vulnerable IDP households from Najah will be selected. RI will explicitly target the following IDP households with the following characteristics: female-headed households and households composed of minority groups and pregnant and lactating women, households with malnourished children, the elderly, and persons with special needs. RI expects the number of vulnerable households to exceed the available resources and will therefore consult with village relief committees to transparently identify the most vulnerable beneficiary households against the stated criteria and register all names in a nominal register with details on family size, head of household's gender, and special needs, including physical and intellectual disabilities.</i>						
2.4	Commission fees for money transfers to beneficiaries	D	1	148,500.00	1	2.00	2,970.00
	<i>Money transfer charges/commissions for paying out beneficiaries at 2% of the total funds transferred to beneficiaries</i>						
2.5	Provision of teaching and learning materials	D	3	5,000.00	1	100.00	15,000.00
	<i>Teaching and learning materials will be provided to children in the three targeted schools. Teaching and learning materials containing notebooks, pencils, bags, attendance registers, blackboards and sports equipment will be provided to 3 schools. The parents are not able to purchase learning materials and this leads to absenteeism among the school children and eventually to school dropouts. In order to ensure that the children continue their education, learning materials will be provided. Teachers also benefit from the provision of teaching materials and the students obtaining the minimum necessary learning materials.</i>						

2.6	Teacher incentives	D	6	100.00	8	100.00	4,800.00
	<i>6 teachers in 3 temporary learning spaces will be provided monthly teacher incentives as per standard rate of MoE & HE for 8 months. The teachers will be selected with the engagement of CECs & regional education authorities by following the established criteria for teachers.</i>						
2.7	Community Education Committees (CEC) training on water management, emergency food management and disaster risk reduction (DRR)	D	1	2,940.00	1	100.00	2,940.00
	<i>Provide one time 3-day training to CECs (Community Education Committee). CECs from 3 schools will be trained on role and responsibilities, water management, and disaster risk reduction (DRR).</i>						
2.8	Establishment of new temporary learning spaces including construction of latrines	D	1	38,747.41	1	100.00	38,747.41
	<i>RI will establish temporary learning spaces along with temporary WASH facilities to host the students in the IDP settlements. This will include the construction of 2 temporary learning spaces in Alla Amin and Najah. There is an existing classroom in Najah that is in disrepair. RI will rehabilitate the existing classroom and add another to match the layout of the others to be constructed. The foundations will be concrete while the walls will be made of plywood with concrete pillars to support the plywood walls. The proposed TLS structure is the same which as constructed in most of the IDPs camps in Puntland. Based on a rapid assessment of educational infrastructure, it is necessary to add another room to the existing one room TLS and to complete minor rehabilitation on the existing room. The walls and roof will require the bulk of the rehabilitation. 6 sex segregated and locked latrines will be constructed at each TLS. See BoQ for details.</i>						
2.9	Extracurricular/Recreational activities, including mega event at the school level	D	1	4,000.00	1	100.00	4,000.00
	<i>The main objective of the activity is to provide psychosocial support while focusing on healthy competition among enrolled children by organizing activities e.g. quiz, poetry. These activities will provide the opportunity to engage children in healthy competition. Further, RI will arrange one mega event in each school where MoE, parents, residents of settlements will be invited. There will be competition among students on specific activities including quiz, sports, and poetry. The winning team will be awarded prizes to encourage the children. Further this activity will also give the opportunity to parents & other community members to engage with their children in their educational and extracurricular activities and celebrate their achievements at school. The added value of the activity is:</i> <i>1. Improve Psychosocial wellbeing of children in IDP settlements who are prone to high stress and post-traumatic stress disorders.</i> <i>2. Healthy competition to build their confidence and prepare them continued educational growth</i> <i>3. Improve cognitive skills among children</i> <i>4. Engage parents, community and MoE&HE in education. To retain the students in the schools and create friendly environment,</i>						
2.10	Medical Supplies/Drugs	D	1	14,402.28	1	100.00	14,402.28
	<i>Drugs for mobile medical units</i>						
2.11	Drugs/Supplies/Equipment Transportation	D	1	7,950.00	1	100.00	7,950.00
	<i>Drugs, supplies and equipment transportation costs for health, nutrition, and WASH activities. Drugs will be flown from Mogadishu to Galkacyo. UNHAS charges \$5 per kg for cargo. The nutrition supplies, hygiene kits, water tanks will be procured in Galkacyo but will need ground transportation to the warehouse. For ground transportation it will cost \$500 per truck. RI estimates around 1400 kg of cargo between the three sectors: health, nutrition, and WASH. See BoQ for breakdown.</i>						
2.12	Mobile Medical Unit Equipment	D	1	3,748.00	1	100.00	3,748.00
	<i>Equipment for mobile medical units including infant scale, sphygmomanometer, stethoscope, fetoscope, and bed side screen. This equipment will be needed to conduct the mobile medical clinics at 5 sites per week. See BoQ for breakdown.</i>						
2.13	School Feeding Program	D	1	49,272.00	1	100.00	49,272.00
	<i>RI will establish a school feeding program in each of the 3 TLS through a take away rations modality. For each unique household with a child enrolled and regularly attending school, RI will provide the equivalent of 10.5 kg of rice, 1.5 kg of sugar, and 1.85 liters of oil on a monthly basis. This allocation will both improve household food security, enhance student enrollment and retention, and improve nutritional status of children.</i>						
2.14	Water Vouchers	D	1	54,000.00	1	100.00	54,000.00

	<p>Based on 15 liters of water per day per individual with household of 6, RI will provide single use fixed value water vouchers to 500 households to purchase the equivalent of a daily entitlement of water (90 liters) for 6 months. It costs on average \$0.6 per 90 liters of water. A single use fixed value water voucher will allow a beneficiary to purchase water daily by handing over the dated voucher to the water truck operator and receiving the water entitlement. For example, head of households would be receive 30 single use dated vouchers per month and would use one per day to redeem the 90 liter household entitlement. 90 liters per day meets the Sphere standard and Somalia WASH cluster recommendation of a minimum 15 liters of water per individual during emergencies. The \$18 unit cost is calculated at an average of \$0.60 per 90 liters times 30 days. This is multiplied by 6 months to get the total value of the water voucher distribution (see BoQ). The IDPs currently procure water through water trucking and this short term intervention is intended to relieve economic pressure on households who buy water which will allow for more disposable household income to be spent on food and other lifesaving commodities. The intervention will increase interaction with targeted beneficiaries to promote appropriate hygiene and sanitation practices, and household water treatment options. Households receiving cash vouchers will not overlap with vulnerable households receiving unconditional cash transfers. The criteria for selection will be based on a transparent criteria and demonstrated need. Households with malnourished children, female headed households, elderly, and ethnic/clan minorities will be prioritized in selection.</p>						
2.15	Provision of water to TLS	D	1	6,750.00	1	100.00	6,750.00
	<p>At each of the 3 TLS, 2 2,000 liter storage tanks with 4 taps will be installed to provide access to water for drinking, and personal hygiene for students at 3 liters per day per student. The water will be trucked once a week to each school. The weekly minimum water needs for the students is 9,000 liters (3 liters per day times 600 students times 5 days per week). The total capacity of the storage tanks is 12,000 liters. See BoQ for detailed breakdown.</p>						
2.16	Integrated Management of Acute Malnutrition (IMAM) Training	D	1	980.00	1	100.00	980.00
	<p>The 6-member mobile medical team staff (2 qualified nurses, 2 qualified midwives, and 2 auxiliary nurses) will participate in a 4 day training on IMAM.</p>						
2.17	Acute Watery Diarrhea (AWD)/Cholera Training	D	1	990.00	1	100.00	990.00
	<p>The 6-member mobile medical team staff (2 qualified nurses, 2 qualified midwives, and 2 auxiliary nurses) will participate in a 4-day training on AWD/Cholera referrals, disease surveillance, AWD/cholera identification and response. See BoQ for breakdown.</p>						
2.18	Infant Young Child Feeding (IYCF) Training	D	1	1,830.00	1	100.00	1,830.00
	<p>The 16 community health workers and 6 member MMU team will participate in a 4 day training on IYCF principles to support their work on the mobile teams and in the community. See BoQ for breakdown.</p>						
2.19	Integrated Management of Childhood Illnesses (IMCI) Training	D	1	980.00	1	100.00	980.00
	<p>The 6-member mobile medical team staff (2 qualified nurses, 2 qualified midwives, and 2 auxiliary nurses) will participate in a 4-day training on integrated management of childhood illnesses (IMCI). See BoQ for breakdown</p>						
2.20	Warehouse Rent in Galkacyo	D	1	650.00	9	100.00	5,850.00
	<p>This will ensure that there is safe and secure location to store medicines and nutrition supplies as they distributed during outreach clinic.</p>						
	Section Total						372,941.69
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	Flights to/from Galkacyo	D	1	8,000.00	1	100.00	8,000.00
	<p>The program staff who are based in Garowe and Mogadishu will travel to Galkayco for technical support as per the workplan. Roundtrip travel is estimated at \$400. A total of 20 trips will be charged to this budget line. The WASH, Health and Nutrition, and Education program managers will charge 6 trips each for oversight and monitoring. The program officer will charge 2 trips. 20*400=\$8000. See BoQ for further breakdown.</p>						
5.2	Field travel per diem (DSA) - Field teams	D	1	3,600.00	1	100.00	3,600.00
	<p>As per RI HR policy, staff are entitled to receive DSA when they are out of their duty station. For the program management and international support staff: WASH, Health and Nutrition and Education program managers, and program officer who visit Galkacyo will be entitled to \$30 per day. The managers will be in Galkacyo for approximately 35 days each over the course of the project. The program officer will be on site for 15 days over the course of the project. 120*30= \$3,600. See BoQ for further breakdown.</p>						

5.3	Vehicle hire (inclusive of driver and maintenance)	D	1	1,800.00	9	100.00	16,200.00
	<i>The vehicle will be used by the project team to implement, monitor, supervise, and oversee the implementation of the project. At \$1800 per month, inclusive of driver, the vehicle will not only support the oversight of the project by the visiting program managers but the direct implementing team, separate from the medical staff such as the Senior Project Officer- Integrated, who will need transportation to the IDP settlements. The Senior Project Officer- Integrated, responsible for the overall implementation across all sectors, will need daily transportation to the settlements along with other support staff. Also, the finance, operations, and logistics teams when working on this project will need a vehicle to facilitate their work.</i>						
5.4	Vehicle Hire for Mobile Medical Units inclusive of driver and maintenance	D	2	1,800.00	9	100.00	32,400.00
	<i>Vehicle hire for mobile medical unit, inclusive of driver. These two vehicles will travel to designated sites five days per week to provide life-saving health and nutrition services.</i>						
5.5	Fuel for Vehicles	D	3	300.00	9	100.00	8,100.00
	<i>Fuel to power the 3 designated vehicles for the project.</i>						
	Section Total						68,300.00
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	Office Supplies	S	1	2,634.00	1	40.00	1,053.60
	<i>General office supplies e.g. paper, pens, photocopies, toner etc.</i>						
7.2	Office Rent - Galkacyo	S	1	2,000.00	9	40.00	7,200.00
	<i>RI has office in Galkacyo and 40% of the rent will be charged to this project.</i>						
7.3	Office Utilities	S	1	1,200.00	9	40.00	4,320.00
	<i>This covers the cost of electricity, internet and water for the office in Galkacyo to support program operations. A total of 40% of the overall costs will be charged to the project.</i>						
7.4	Bank charges	D	1	400.00	9	100.00	3,600.00
	<i>The bank charges for any amounts transferred to the field office in Galkacyo from RI regional office</i>						
	Section Total						16,173.60
SubTotal			639.00				555,565.69
Direct							535,795.69
Support							19,770.00
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							38,889.60
Total Cost							594,455.29

Project Locations

Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Mudug -> Gaalkacyo -> Gaalkacyo	100	2,620	3,180	1,200	3,000	10,000	<p>Food Security: Activity 1.1.1: Registration and verification of project beneficiaries in Alla Amin and Najah IDP settlements with selection in full coordination with the communities</p> <p>Food Security: Activity 1.1.2: 550 vulnerable IDP households receive USD \$90 in unconditional multi-purpose cash per month per household for 3 months through e-transfers, which is ...</p> <p>Health: Activity 1.1.1: Campaign addressing community health promotion and hygiene education conducted by community health and nutrition promoters, and hygiene promoters for...</p> <p>Health: Activity 1.1.2: Refer severely sick patients to secondary health care facilities.</p> <p>Health: Activity 2.1.1: In-service training provided to qualified nurses, and auxiliary nurses on integrated management of childhood illness (IMCI), Integrated Management of...</p> <p>Nutrition: Activity 1.1.1: Community health and nutrition promoters will conduct anthropometric screening and identification of children (6-59 months) and pregnant and lactatin...</p> <p>Nutrition: Activity 1.1.2: Trained health and nutrition staff will treat screened and identified MAM and SAM children without complications. Cases will be screened during mobil...</p> <p>Education: Activity 1.1.1: Two temporary learning spaces will be constructed in Alla Amin and Najah IDP settlements. There is one existing classroom in Najah that is in disrepa...</p> <p>Education: Activity 1.1.2: Teaching and learning materials containing notebooks, pencils, bags, attendance registers, blackboards and sports equipment will be provided to 3 sch...</p> <p>Education: Activity 1.1.3: 6 teachers in 3 temporary learning spaces will be provided monthly teacher incentives as per standard rate of MoE & HE for 8 months. The teachers wil...</p> <p>Education: Activity 1.1.4: A three day training of 3 community education committee (CEC) in the respective targeted schools will cover their roles and responsibilities, water m...</p> <p>Education: Activity 1.1.5: Through engagement with regional education authorities and trained CECs, a range of extracurricular activities will be arranged to provide psychosoci...</p> <p>Education: Activity 1.2.1: At each of the 3 TLS, two 2,000 liter storage tanks with 4 taps will be installed to provide access to water for drinking, and personal hygiene for s...</p>

Documents

Category Name	Document Description
Project Supporting Documents	SHF-2017-Standard-2_v12.pdf
Project Supporting Documents	RI_Memo for cash grants.pdf
Project Supporting Documents	RI_Memo for Food and NFI vouchers.pdf
Budget Documents	16. Memo for Food and NFI vouchers.docx
Budget Documents	15. Memo for cash grants.docx
Budget Documents	Guidance and Basic Definitions for the Budget Preparation.docx
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	Annex02a_Budget guidance.pdf

Budget Documents	RI Integrated SHF North Galkacyo BoQ.xlsx
Budget Documents	Copy of RI Integrated SHF North Galkacyo with OCHA comments 27 dec 017.xlsx
Budget Documents	RI Integrated SHF North Galkacyo BoQ- FINAL revised.xlsx
Budget Documents	RI Integrated SHF North Galkacyo BoQ- REVISED.xlsx
Budget Documents	RI BoQs with OCHA comments 16 jan 018.xlsx
Budget Documents	RI Integrated SHF North Galkacyo BoQ- REVISED 1.xlsx
Budget Documents	RI Integrated SHF North Galkacyo BoQ- REVISED USE.xlsx
Grant Agreement	HC signed RI grant agreement 7551.pdf