

<b>Requesting Organization :</b>	Hidig Relief And Development Organization			
<b>Allocation Type :</b>	Standard Allocation 2 (Nov-Dec 2017)			
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>		
Health		27.00		
Water, Sanitation and Hygiene		40.00		
Nutrition		33.00		
		<b>100</b>		
<b>Project Title :</b>	Provision of an integrated multi-sectoral lifesaving services to drought affected IDPs and communities in Baidoa			
<b>Allocation Type Category :</b>				
<b>OPS Details</b>				
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA2/H-WASH-Nut/NGO/7413	
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	519,949.87	
<b>Planned project duration :</b>	9 months	<b>Priority:</b>		
<b>Planned Start Date :</b>	01/02/2018	<b>Planned End Date :</b>	31/10/2018	
<b>Actual Start Date:</b>	01/02/2018	<b>Actual End Date:</b>	31/10/2018	
<b>Project Summary :</b>	<p>This project is an integrated response around three complimentary directorial areas Health, WASH and Nutrition. It is intended to mitigate the physical and protection consequences of drought on populations and communities directly affected in Bay region, in particular, Baidoa town. The main objective of this project is to provide integrated life-saving emergency primary health, WASH and Nutrition services to 24,500 (Nutrition: 2500 Boys, 3000 Girls and 1500 PLW, for Health: 2,100 Boys, 3,000 Girls, 1,200 Women, 1000 men and WASH program: 3,200 Women, 2,000 Men, 2,200 Boys and 2,800 Girls) AWD/drought affected direct beneficiaries in ADC, North sites and east sites IDPs through the provision of 9 IERT teams for integrated services</p> <p>HIDIG emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of severe acute malnutrition, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and integrated community case management iCCM which will be done to equip health workers with the required skills to deliver quality healthcare services. As part of WASH integration, HIDIG will carry out comprehensive Hygiene and sanitation promotion activities including distribution of 450 basic hygiene to 2700 vulnerable families with severely malnourished children in the IDPs. HIDIG will also distribute standard (IEC) materials for social mobilization, HIDIG will closely coordinate with Baidoa district Local MOH as well as Federal level MOH and social mobilizers, elders all involved in activities on mobilizing communities. To support increase access of sustainable and safe water, HIDIG through the trained hygiene promoters will conduct bucket chlorination at the three constructed water kiosk in ADC IDPs water point to mitigate any occurrence of AWD. Through this IERT program HIDIG will strive to improve the sanitation services within the household as well as the MCH through construction/rehabilitation of two gender sensitive toilet with hand washing facilities as well as piped water in ADC and Mursal HIDIG MCH.it shall intend to construct 78 household latrine to the main IDPs in ADC,Nort sites and east sites hence this shall ensure proper sanitation services. HIDIG will construct three number water kiosk one in each main IDPs in ADC IDPs and shall connect this water kiosk through piping from wadajir Borehole thus this will ensures better protection or GBV related incident reduced. HIDIG will also distributes sanitation kits and as well intend to construct two main incinerators at ADC and Mursal MCH in Baidoa for better disposal of medical and none medical waste. On the other hand the nutrition component intends to achieve the following, capacity building of nutrition staff on IMAM/IYCF services, infant young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centers integrated with primary health care services managed by HIDIG and other actors in the program areas thus providing more holistic opportunity to the target beneficiaries.</p> <p>However, HIDIG endeavors to undertake health , WASH and Nutrition activities that will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles and other communicable disease and as well the SAM complicated cases referred to the stabilization centers for proper medical treatment, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices as well as distribution of hygiene kit</p>			
<b>Direct beneficiaries :</b>				
<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Total</b>

2,000	3,200	2,800	3,000	11,000
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**Other Beneficiaries :**

Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	2,800	3,000	5,800
Pregnant and Lactating Women	0	3,200	0	0	3,200
Other	2,000	0	0	0	2,000

**Indirect Beneficiaries :**

8,000 scattered IDPs and vulnerable host communities will be indirect project beneficiaries by using both health, nutrition and water, Sanitation services in Baidoa district project locations.

**Catchment Population:**

The catchment population has a total of 65,890 which are mainly internally displaced person and poor host communities in Baidoa, the project will cover 80% IDPs, 20% host community members and vulnerable urban poor in Baidoa of the total target population. A total of 20 IDPs camps in Baidoa and divided into three areas consisting of 10, 5 and 5 camps will be targeted under this intervention. The IDP camps are ADC Sites: Haafato IDP, Rajo, Dusta, Hayad weyn, Hayaad yarey, Dooy 1, Mogor I, Buure Manaas IDP, Xassan Mumin and Maanyo, North sites: Bay Iyo Bakool, Sarman weyn, Dani & Doon, Kormari (2), Doorawera, East sites: Abuu Asharow, Buurhakaba, Towfiq Buuli, Nuur, MAKOON IDP,

**Link with allocation strategy :**

This intervention is linked with the IERTs Allocations integrated in response to the worsening drought conditions in Somalia, specifically falls under the Life Saving Interventions in response to the ongoing drought and to mitigate the risk of WASH, Health and Nutrition related disease outbreaks. The proposed activities and objective are directly linked to key of objective Integrated Emergency Response Teams (IERT) concept note for life saving health, Nutrition and WASH. This response will be provided through feasible local partners and through an integrated cross-sectoral complementarity with other funding sources. For example, when SHF support for the facilities HIDIG was managing among the Baidoa IDPs ended, UNICEF provided a lifeline by supporting the functioning of the facilities. In this SHF allocation, any interruption of services would have been avoided and the gains made over 2017 strengthened. The action is particularly linked to addressing humanitarian needs by providing lifesaving and life sustaining humanitarian assistance to people in need, prioritizing the most vulnerable in line with the 2018 Humanitarian Response Plan. The proposed action complements core interventions in Somalia, focusing on an integrated WASH, nutrition and health response to the disease outbreak in areas of highest need.

**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
Daud Moalim Abdinur	Executive Director	dama09@hotmail.com	+252615532161

**BACKGROUND**

**1. Humanitarian context analysis**

The Somalia humanitarian crisis is among the most longstanding and complex globally. While large-scale famine continues to be averted in 2017, the humanitarian impact of the drought has been devastating. More than 6.2 million people, half of the population, are now in need of humanitarian assistance and protection with 3.1 million Somalis in acute need of humanitarian assistance for survival (IPC Phases 3 and 4). This includes 87,250 children (point prevalence) suffering from severe acute malnutrition who are far more vulnerable than any other group. Overall about 1.2 million children are expected to be suffering from acute malnutrition. Internally displaced persons, both protracted and newly displaced, and civilians in conflict-affected areas, are consistently among the most vulnerable and lack access to integrated services such as health, WASH and nutrition. Nearly two million people are estimated to be living in hard to reach, conflict affected rural areas in southern and central Somalia. In Somalia, a pre-famine alert was issued (Feb 2017) with some regions nearing IPC 5, which signifies a catastrophic or a famine phase. According to the latest FSNAU/FEWSNET projections, approximately 3.2 million people remain in food security stress with 2.5 million people estimated to be in IPC 3 (crisis) and 700 000 in IPC 4 (emergency) levels. Somalia is an extremely fragile country and people's ability to cope with any additional shock is restrained. Malnutrition in Somalia has deteriorated with around 1.4 million children suffering from GAM, of which 346 000 have SAM. Somalia continues to have one of the worst infant and young child feeding and micro-nutrient indicators in the world. Health systems are generally quite weak and under-resourced and the country is prone to many epidemic outbreaks (cholera, polio, measles, etc.). According to the 2016 HMIS analysis, vaccination coverage remains low. Factors such as high under-nutrition rates, mass population movements where the drought uprooted more than 975,000 apart from the already existing 1.1 million IDPs exacerbated the situation. Overcrowded IDP/refugee camps, and poor WASH conditions, sharply increase the risk of transmission of diseases and mortality. Since the start of 2017, a total of 78,080 cholera cases and 1,118 deaths (Case Fatality Rate - CFR - 1.4 per cent) have been reported in Somalia. By mid-October 2017, 18,060 suspected cases of Measles were reported, with 67 percent of these being children under five years of age. The overall infant mortality and maternal mortality rates remain high, especially in drought and conflict affected areas. The lack of secondary health care as part of life saving action contributes to high maternal mortality rates with many cases requiring specialized action. Other factors contributing to the sustained disease outbreaks and transmissions including cholera and measles are poor hygiene practices amongst the population (open defecation is widespread), poor health seeking behaviour and weak health services. Somalia's health sector remains in critical condition, with some of the worst health indicators in the world. The under-five mortality rate is 137 per 1,000 live births while approximately 732 women per 100,000 live births die from pregnancy or childbirth-related complications. Without assistance, and sustained humanitarian action, many children face malnutrition, increased risk of communicable diseases, loss of livelihoods and even death and rolling back the gains made in averting the pre-famine situation. Large groups still inaccessible and still high IPC4 group (10% increase from Jan 17) and doubling of IDP population with insufficient services provided remains a challenge. As a result of their poor nutrition status, children are at increased risk of contracting and dying from other communicable diseases like cholera and measles

## **2. Needs assessment**

Of the 804,000 IDPs uprooted by the drought among the total 975,000 since November 2016, Bay region and especially Baidoa has borne the largest burden among all IDP hosting hotspots in Somali by receiving 243,000 (30%) as reported by the Protection and Return Monitoring Network (PRMN) September 30 Dashboard. Bay also led in being the origin of IDPs displaced showing the enormity of the drought related displacement among the region's population. According to the Health Cluster Week 41 Bulletin, a total of 14,913 AWD/Cholera cases and 214 (CFR-1.4%) has been reported in Bay, in particular Baidoa, since the start of 2017, thus making Bay region the leading region to suffer from the outbreak by cases. According to FSNAU-FEWS NET 2017 Post Gu Technical Release on 31 Aug 2017, Baidoa IDPs were among population groups with Critical prevalences of acute malnutrition (Global Acute Malnutrition (GAM) Weight-for-Height (WHZ) prevalence of 15 % or higher) and thus were considered hotspots in need of urgent nutrition and health support interventions. Based on the Nutrition Cluster Burden Estimate, September 2017 release, Baidoa IDPs have the highest crude death rate at 1.62. As per the WHO-UNICEF Week 40 EPI Bulletin, only 40% of bay region health facilities have routine EPI services. Bay region leads in measles cases reported among all five south regions (Middle Juba, Bakool, Gedo, Bay and Lower Juba) in Somalia accounting for 49% of cases (448) out of 912 cases since the start of 2017 (WHO Week 40 EPI Bulletin). According to UNICEF Humanitarian Bulletin (#15), many parts of Bay region remain inaccessible, putting women and children at risk of mortality due to vaccine preventable diseases including measles and diarrhea. The drought has affected people's wages and food and water prices. Water prices have increased six-fold in some of the worst hit remote pastoral settlements, severely affecting poor and vulnerable families in rural areas and the urban poor. Poor families, particularly female headed households, cannot afford water from private tankers and walk long distances to collect water from sources that are mostly contaminated. Existing water sources in host communities are overwhelmed by the IDP influx and increased consumption from unprotected surface sources and reduced time for other essential survival tasks for those who collect water undermines the coping mechanism of an already fragile population. According to the WASH Vulnerability Analysis, Somalia, May 2017, Bay regions is regarded as one with extreme vulnerability. According to the WASH Cluster Cholera Outbreak Advocacy June 2017, the WASH situation is described as one on the brink with crisis getting compounded over the previous months resulting in a severe AWD/cholera outbreak. A large funding shortfall for the WASH response is amplifying an already dire situation. According to the WASH Cluster meeting (Aug) for Bay and Bakool partners, while rains have started and the situation is better than before, dire needs and the possibility of sustained outbreak because of poor hygiene and sanitation plus the huge IDPs in Bay is a reality. Without sustained assistance in Baidoa, many children face malnutrition, increased risk of communicable diseases, loss of livelihoods and even death.

## **3. Description Of Beneficiaries**

HIDIG through the integrated emergency response team will support 24,500 (Nutrition: 2500 Boys, 3000 Girls and 1500 PLW, for Health: 2,100 Boys, 3,000 Girls, 1,200 Women, 1000 men and WASH program: 3,200 Women, 2,000 Men, 2,200 Boys and 2,800 Girls) AWD/drought affected direct beneficiaries in ADC, North sites and east sites IDPs through the provision of 9 IERT teams for integrated services of which 80% will be drought and displacement affected populations in Baidoa. In order to cater for the host communities and urban poor and promote equity, 20% of the beneficiaries will be the general host community and specifically the urban poor. Focus will be given to children under-five, pregnant and lactating women. Positive messaging related to health, WASH and nutrition will benefit both IDPs and non-IDP populations in specific target areas plus surrounding areas. Since this is an integrated response, beneficiaries will benefit from multiple services provided with a view to address the multi-dimensional and inter-related needs of Baidoa IDPs for men, women, boys and girls without discrimination.

## **4. Grant Request Justification**

The proposed activities and objective are directly linked to key objective of Integrated Emergency Response Teams (IERT) concept note for life saving health, WASH and Nutrition. The ongoing drought continues to be the main driver of humanitarian needs in Somalia, and the analysis suggests that the current crisis is likely to intensify during the coming months and due to the projected below-average Dyer rainfall. This project will provide life-saving and life-sustaining integrated multi-sectoral assistance and thus contribute to the reduction of acute humanitarian needs and reduce excess mortality among the most vulnerable people as envisaged by the 2nd allocation strategy. HIDIG currently manages two health centres and two outreach teams within Baidoa IDPs including ADC 1 Camp site. Till end of August, this was under the SHF support. In a monitoring mission by UNOCHA team led by the SHF Deputy Manager in late July together with a UNICEF team, they called in a mission report for the absolute need to sustain the services which they found satisfactory and well provided so that they gains made over the last few months aren't lost. HIDIG approached UNICEF for a bridging support till end of December in order to avoid disruption of services for the IDPs, something that has been granted. UNICEF has informed the SHF team and Health Cluster that the support was limited to end of December. The second allocation will ensure that an expanded and integrated services continue and HIDIG builds on the gains made in reducing morbidity and mortality among the IDPs and poor host community members. This tallies with the second allocation strategy of continued focus on famine prevention life-saving humanitarian intervention. Providing an integrated health, WASH and nutrition services will broaden services and enhance integration, thus better results for women and children in Baidoa which corresponds with the 2nd allocation strategy

### 5. Complementarity

HIDIG currently manages two health centres providing comprehensive primary healthcare services and two outreach teams in Baidoa IDP settings including ADC 1 and Mursal. This was part of the drought response under the SHF 1st allocation grant. Upon end of SHF funding in late August, HIDIG approached UNICEF to provide a bridging support for four months so that services aren't interrupted and gains made over the last few months lost. The continued support will complement the efforts on famine prevention and mitigating the drought effective on Baidoa IDPs. HIDIG is an active national partner in the cluster system was selected to be the partner managing the emergency measles immunization campaign in Baidoa in April where 29,228 children between 6-59 months were vaccinated in the IDP camps, a 101.37 per cent of the target. The new grant will build on the ongoing services and expand them for the IDPs through an integrated packages of services in health, WASH and nutrition. HIDIG will work with other humanitarian actors operating in Bay region and Baidoa district including SAMA, DMO, Swisso Kalmo and others which are providing services in Baidoa town. HIDIG has an excellent relations with the South-West line ministries ensuring facilitation and support. Because of our WASH and nutrition projects in Bakool under UNICEF nutrition section support, and also cash transfer in Bakool as well, this response will contribute to the overall rehabilitation of the system and strengthening crisis affected communities especially IDPs in Baidoa where needs are high. HIDIG education project targets school going children in the IDPs and will ensure that the integrated services are available for all school going children thus increasing access to services. HIDIG regularly participates in regional and national Cluster coordination - Health, and Nutrition (CRC member), WASH, Protection, Food Security and Education. HIDIG closely works with UNOCHA Bay team and shares information ensuring that the needs of IDPs and urban poor is correctly projected. HIDIG will share information will line clusters for the mapping of needs and tabulation of results.

### LOGICAL FRAMEWORK

#### Overall project objective

To provide integrated multi-sectoral and lifesaving services to drought and conflict affected communities in IDPs of Baidoa district, Bay region

#### 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	100

**Contribution to Cluster/Sector Objectives :** The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected internally displaced persons in ADC, North site and east site in Baidoa district. In order to improve access to primary health care and therefore reduce excess morbidity and mortality, HIDIG will support 9 IERT teams at ADC Site, North Site and East Site focusing on the IDPs and urban poor. In order to reach more beneficiaries, each team will have an outreach team going to the all the settlements and providing services and referrals. The current HIDIG health facilities will provide outpatient consultations, routine immunizations, outreach immunization through mobile teams, maternal healthcare including skilled delivery, ANC and PNC consultations as well as disease surveillance and health promotion and awareness campaigns

#### Outcome 1

Improved health conditions through access to quality primary health services for the IDPs in Baidoa district

#### Output 1.1

##### Description

7,300 people including 2,100 Boys, 3,000 Girls, 1,200 Women, 1000 men have access to integrated primary health care services that will include maternal, Neonatal and child health services for the target areas of ADC, North sites and east sites IDPs through Integrated Emergency response teams (IERT) service.

##### Assumptions & Risks

No disruption to supply chain to ensure timely delivery of materials  
 Security remains stable to ensure continued access to target communities  
 Communities are willing and able to utilise services available  
 South-West State provides technical and operational support

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					6,300
<b>Means of Verification</b> : HMIS data,OPD registers							
Indicator 1.1.2	Health	Number (15%) of severe complicated cases detected and referred through active and passive response					1,095
<b>Means of Verification</b> :							
Indicator 1.1.3	Health	Number of people (men, women, boys and girls) reached by health promotion message.	500	800	1,500	1,688	4,488
<b>Means of Verification</b> :							
Indicator 1.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					36
<b>Means of Verification</b> : training report,attendance sheet and training photos							
Indicator 1.1.5	Health	Number of consultation per mobile team per day					60
<b>Means of Verification</b> : OPD register, Weekly report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Immunisation campaign</b>							
Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,300 children under the age of five years (2,100 boys and 3,000 girls) and 1,200 Women of child bearing age through outreach Integrated emergency response service delivery sites at ADC,North sites and east sites IDPs in Baidoa district.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Secondary health care and referral services</b>							
Through identification provide active case detection and refer of 1095 IDPs patients with medical severe cases such as severely dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension as well as diabetic patients that requires admission at health facilities after providing first aid services.HIDIG IERT team will refer patient with such complication to either HIDIG fixed facilities at ADC and Mursal IDPs as well as Baidoa regional hospital for further treatment							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Awareness campaigns and Social Mobilization</b>							
HIDIG community health workers will conduct community awareness raising promotion sessions messaging to 4,488 vulnerable men,women,boys and girls in disseminating health messages through community baraza sensitizing on common communicable diseases on special emphasis on AWD/Cholera, child and maternal malnutrition, malaria and maternal health							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Emergency Preparedness and Response capacities</b>							
Train 36 project staff consisting of 18 qualified nurse, 9 qualified mid-wives and 9 auxiliary nurse (20 male and 16 Female) on integrated management of childhood illness (IMCI), cholera and measles case management in Baidoa IDPs for proper IERT services delivery.							
<b>Activity 1.1.5</b>							
<b>Standard Activity : Primary health care services, consultations</b>							
Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections among others to vulnerable Boys,girls, Women and men in ADC ,North site and east sites IDPs in Baidoa district							
<b>Additional Targets</b> :							

Water, Sanitation and Hygiene							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Provide access to safe water, sanitation and hygiene for people in emergency		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
<p><b>Contribution to Cluster/Sector Objectives :</b> To increase access to sustainable water, sanitation and comprehensive hygiene practices among 10200 (2000 men, 3200 women, 2200 boys, 2800 Girls) drought and AWD affected men, women, boys and girls in ADC, North and east Baidoa IDPs settlements through establishment of Integrated Emergency response teams (IERT) in order to reduce the current high incident of AWD/cholera disease among the vulnerable drought affected and internally displaced person in Baidoa. This project will contribute to the objective of provision of access to sanitation and hygiene for people in emergency need. The activities proposed under this action fall in line with the Cluster strategic objective and ensures that activities supported under this intervention focus on hygiene promotion, sanitation awareness, sensitization and provisions of appropriate WASH facilities. This will be done through construction of communal latrines, desludging existing latrines, provision of sanitation supplies and community sensitization on appropriate sanitation practices and hygiene promotion activities including hygiene promotion trainings and campaigns.</p>							
<b>Outcome 1</b>							
10200 individuals in Baidoa have improved awareness and knowledge on preventive measures to WASH related diseases and Hand washing with soap practices among the vulnerable drought/AWD affected men, women, boys and girls in ADC, North and East IDPs and enable have reliable safe water, adequate sanitation and awareness on public health risks and positive hygiene practices adopted							
<b>Output 1.1</b>							
<b>Description</b>							
Improved knowledge on best preventive measures to 10,200 vulnerable household IDPS and host community on appropriate comprehensive hygiene promotion activities with increased widespread adaption of safe hygiene practices both at public and household level participation in hygiene promotion session among the vulnerable IDPs and host communities in ADC, North and east. This will be conducted through door to door awareness, institutional promotion sessions and public awareness activities through dissemination of IEC materials.							
<b>Assumptions &amp; Risks</b>							
No disruption to logistic supply chain to ensure timely delivery of materials and that security remains stable ensuring access to communities and movement of staff and supplies safe							
<b>Indicators</b>							
			<b>End cycle beneficiaries</b>				<b>End cycle</b>
<b>Code</b>	<b>Cluster</b>	<b>Indicator</b>	<b>Men</b>	<b>Women</b>	<b>Boys</b>	<b>Girls</b>	<b>Target</b>
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					10,200
<b>Means of Verification :</b> photos during the distribution, monitoring report.							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					2,700
<b>Means of Verification :</b> distribution photos, participant beneficiary list, distribution report							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of community promoters/ volunteers trained on nutrition hygiene and health promotion					40
<b>Means of Verification :</b> Training reports, participant list, training photos							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Community Hygiene promotion</b>							
Through the establishment of integrated emergency response team, HIDIG will Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to (2000 men, 3200 women, 2200 boys, 2800 Girls) AWD/drought affected communities including IDPs through health, nutrition centers, schools and house to house by trained 40 community hygiene ,health and nutrition volunteers/promoters. The community hygiene promoters/volunteers will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. Community based hygiene promoters will be the focal points in every settlement and regular hygiene campaigns will be conducted focusing on 3 key messages of hand washing with soap, safe excreta disposal including children faeces and safe chain water management. This will complement through the distribution of AWD IEC materials to promote good hygiene practice and avert further spread of disease at the household level thus reducing chances of occurrence of AWD in the IDPs settlements and schools. The Hygiene Promoters/volunteers will supervise, evaluate and give consultations and guidance to the community hygiene promoters, health and nutrition promoters/volunteers in accordance to WASH cluster guideline and promotion of hand washing with soaps. This will also include distribution of hygiene promotion IEC materials for social mobilization in the target IDPs in Baidoa district							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Hygiene kit distribution (complete kits of hygiene items)</b>							

HIDIG through its hygiene promoters will distribute Hygiene Promotion kits to 2,700 vulnerable families in the target IDPs. The hygiene promotion kits will be given to the vulnerable deserving families with severely malnourished children among the ADC, North and east IDPs to reduce the risk of AWD diseases, each hygiene promotion kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity).

### Activity 1.1.3

#### Standard Activity : Community Hygiene promotion

Through the consultation of community gatekeepers and local authority in Baidoa HIDIG will recruited 40 community hygiene/nutrition volunteers and conducts 5 days training on hygiene, health and nutrition best practices including hand washing with soap/ashes, environmental sanitation, water storage using AWD/Cholera preparedness and response guidelines, and HP training material, WASH cluster adopted training materials including hygiene promotion in emergency global tools, this will enhanced the capacity of the community units ability to response to the community needs and raise awareness in both health, nutrition and market centers as well as schools

### Outcome 2

Improved and sustained access to safe water to 10,200 boys, girls, women and men internally displaced person and vulnerable host communities affected by recurrent drought/AWD and conflict in ADC, North and East IDPs to minimize occurrence of AWD/GBV cases among the vulnerable women and girls in IDP s set up in Baidoa district in Bay region Somalia.

### Output 2.1

#### Description

Enhanced a total of 10,200 (2,200 boys, 2,800 girls, 3,200 women and 2,000 men) drought/AWD affected internally displaced including host communities in ADC, North and east IDPs have access safe drinking water through maintenance and piping of one borehole and as well enhanced capacity of water management committees and borehole operators in the target project sites.

#### Assumptions & Risks

Calm security situation and community acceptance

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					10,200
<b>Means of Verification</b> : weekly progress report, beneficiary photos.							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					12
<b>Means of Verification</b> : Training reports, photos, participant attendance list							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of household and health facilities latrines constructed at IDPs and HIDIG MCH in Baidoa					82
<b>Means of Verification</b> :							
Indicator 2.1.4	Water, Sanitation and Hygiene	Number of water kiosk constructed at ADC IDPs					3
<b>Means of Verification</b> : weekly progress report.							
Indicator 2.1.5	Water, Sanitation and Hygiene	Number of incinerators constructed at ADCi and Mursal MCH for proper waste disposal					2
<b>Means of Verification</b> : incinerators photos,							

#### Activities

##### Activity 2.1.1

#### Standard Activity : Operation and Maintenance of WASH Infrastructure

Through the trained community WASH committee and borehole operators, HIDIG will chlorinates wadajir borehole in ADC benefiting a total of 10,200 (2,200 boys, 2,800 girls, 3,200 women and 2,000 men) among the IDPs in the target location.

##### Activity 2.1.2

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

Conduct 5 days training to WASH committee 7 men and 5 women on proper water resource management, maintenance of water facilities as well as bucket chlorination and disinfection

##### Activity 2.1.3

#### Standard Activity : Latrine construction or rehabilitation

Construct/Rehabilitate two twin gender sensitive flood proof latrine at HIDIG MCH in ADC i and Mursal IDPs latrines one for male and one for female MCH visitors that will be able to provide better protective and clean sites for the patient. The maintenance shall include installing hand washing facilities, repairing locks and padlocks as well as doors and windows. HIDIG shall also construct 78 latrines, twenty six in each main IDP sites catering for the additional needs within the IDP camps and filling the existing gaps.

##### Activity 2.1.4

#### Standard Activity : Water point construction or rehabilitation

Construction of three(3) number water kiosk at ADC i,ii and iii IDPs centers through piping of water from wadajir Borehole water point hence reduce the risk of IDPs mothers GBV related incidence in the target sites.The project will be able to pipe 4 kilometer distance to enable provide easy access to clean water.

**Activity 2.1.5**

**Standard Activity : Solid Waste Management**

Construction of two incinerators one in ADC ii HIDIG MCH and one in Mursal MCH in Baidoa IDPs.This will reduce the risk of medical remains that would otherwise have littered in the environment hence creating more harm to the community health.

**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	100

**Contribution to Cluster/Sector Objectives :** The proposed action will improve access to quality nutrition services for children under 5 and pregnant and lactating women identified with severe and moderate acute malnutrition in Baidoa district and thus contribute to the continued focus on mitigating the drought and pre-famine effects among Baidoa IDPs. HIDIG will support a network of community nutrition volunteers to undertake community-level screening, and operate OTP services (for SAM) and TSFP services (for MAM) through the establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected in three IDP sites in Baidoa (ADC, North and East Sites). These services are integrated with the health and WASH services described above to ensure effective referrals as needed. The curative services will be complemented by IYCF promotion with parents/caregivers at the facility and community level

**Outcome 1**

Increased access to emergency nutrition services to children under five and pregnant and lactating women in three Baidoa IDPs of ADC,North and east through establishment of Integrated Emergency response teams (IERT)

**Output 1.1**

**Description**

Reduced malnutrition rates among children under-five and pregnant and lactating women through the provision of effective treatment of acute malnutrition at targeted therapeutic supplementary feeding programmes (TSFP) and Outpatient Therapeutic Programme (OTP)

**Assumptions & Risks**

The ongoing conflict does not intensify and spread to the IDP settlements leading to displacement of the populations out of the region Improvement in the humanitarian situation and hence arresting the drought based displacement is maintained

**Risks:**

- Sudden onset of other emergencies e.g. disease outbreaks, flooding resulting in humanitarian needs exceeding the project's capacity
- Insufficient supply of food commodities, in the markets due to poor poor rains and thus poor season harvest
- Bureaucratic impediments by local authorities.

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					7,000

**Means of Verification :** HMIS Reports, Activity Reports, Monitoring Reports, Nutrition Cluster Updates

Indicator 1.1.2	Nutrition	Number of severe acutely malnourished children 6 -59 months cases referred to Stabilization Centers					500
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**Means of Verification :** Screening reports, HMIS registers, activity reports,activity photos

Indicator 1.1.3	Nutrition	Number of boys, girls and PLW receiving multiple micronutrients					7,000
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**Means of Verification :** Monthly reports, HMIS registers and activity photos

**Activities**

**Activity 1.1.1**

**Standard Activity : Community screening for malnutrition and referral**

Screen and admit 2500 boys, 3,000 girls and 1,500 PLWs of severely malnourished without medical complications at Baidoa ADC, North and east IDPs- through establishment of 9 Integrated Emergency response teams (IERT).A team of Community Nutrition Volunteers (CNVs) will undertake mass community-level screening and referral for treatment of acute malnutrition. This will be conducted for all children under five years of age as well as pregnant and lactating women. 5500 children U-5 and 1500 pregnant and lactating women will be covered. Screenings for malnutrition will also be conducted at the health facilities during outpatient consultations, as well as in targeted schools. Children 6-59 months with MUAC of 11.5 to 12.4 cm and/or weight for height z-scores =< -2 and > -3, and pregnant and lactating women with a MUAC less than 21.0 cm are categorized as MAM and referred to TSFP. Children over 6 months of age with MUAC of <11.5cm and/or bilateral pitting edema, who have appetite and are free of medical complication are categorized as Severe Acute Malnutrition (SAM) and referred directly to OTP. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centers, whereas the W/Hz scores will be assessed at nutrition centers.

<b>Activity 1.1.2</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Identify and refer children with severe malnutrition cases having medical complications that requires admission to Baidoa regional hospital Stabilization Centers for further treatment of medically complicated cases. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program as well as at stabilization center (SC).							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Maternal child health and nutrition (MCHN) packages</b>							
Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,500 acutely malnourished <5 children (boys 2,500) and girls (3,000) and 1,500 pregnant and lactating women in ADCI, North and east IDPs in Baidoa district							
<b>Outcome 2</b>							
Increased awareness regarding infant young child feeding practices in emergency (IYCF-E) among the target communities at ADC,North and East IDPs in Baidoa district.							
<b>Output 2.1</b>							
<b>Description</b>							
ADC, North and East IDPs in Baidoa district have improved knowledge on infant young child feeding practices in emergency (IYCF-E)							
<b>Assumptions &amp; Risks</b>							
Community acceptance of the IYCF messages and better practicing.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					12
<b>Means of Verification</b> : HMIS registers, activity reports							
Indicator 2.1.2	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					1,500
<b>Means of Verification</b> : Monthly reports, HMIS registers							
<b>Activities</b>							
<b>Activity 2.1.1</b>							
<b>Standard Activity : Infant and young child feeding promotion</b>							
HIDIG will conduct regular group sessions at nutrition centres and in the community, reaching caregivers, both men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. The IYCF counsellors will increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.							
<b>Activity 2.1.2</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
Through HIDIG IERT team conduct weekly education on nutrition, health and hygiene promotion targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition ,health and hygiene practices in ADC, North and East IDPs in Baidoa district.							
<b>Outcome 3</b>							
Enhanced service delivery through capacity building of nutrition project staff, community volunteers for both men and women on effective services delivery and nutrition management for both basic and refresher of integrated management of acute malnutrition (IMAM) and infants young child feeding promotion (IYCF) training							
<b>Output 3.1</b>							
<b>Description</b>							
Improved capacity of nutrition technical staff and community nutrition workers on effective Integrated Management of Acute Malnutrition (IMAM) and Infant and Young Child Feeding (IYCF) treatment guidelines to enable effectively deliver the integrated emergency response team to the target IDPs in Baidoa.							
<b>Assumptions &amp; Risks</b>							
Retention of the trained staff during and after the project							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					27
<b>Means of Verification</b> : Training report, training photos, participant attendance sheet.							

Indicator 3.1.2	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)											45
<b>Means of Verification</b> : Training report, photos and participant list													
Indicator 3.1.3	Nutrition	Number of project staff and community health workers trained on nutrition,health and hygiene promotion (NHHP)											36
<b>Means of Verification</b> : Training reports, training attendance list,training photos.													
<b>Activities</b>													
<b>Activity 3.1.1</b>													
<b>Standard Activity : Capacity building</b>													
Conduct five days training to 27 project staff (18 qualified nurse and 9 auxiliary nurse) on effective management of Integrated management of acute malnutrition in the target IDPs in Baidoa district.													
<b>Activity 3.1.2</b>													
<b>Standard Activity : Capacity building</b>													
Conduct five days training on Infant and Young Child Feeding (IYCF) care messages to 9 community health/hygiene promoters, 18 qualified nurse, nine (9) auxiliary nurse and nine(9) nutrition screeners to enable enhanced the effective and best practices of IYCF-E among the target population in Baidoa IDPs.													
<b>Activity 3.1.3</b>													
<b>Standard Activity : Capacity building</b>													
Conduct Five days training on nutrition hygiene and health promotion to project staff and community health/hygiene promoters consisting of 9 community health workers/hygiene promoters, 18 qualified nurse and nine (9) auxiliary nurse. This will be able to enhance the services delivery among the community nutrition workers in Baidoa IDPs.													
<b>Additional Targets :</b>													

<b>M &amp; R</b>													
<b>Monitoring &amp; Reporting plan</b>													
<p>HIDIG has put in place a strong monitoring and evaluation framework. This framework is an evidence based framework that generates detailed Monitoring and Evaluation information Project. Monitoring data will be collected through regular field visits, and reported on a weekly, bi-weekly, monthly and quarterly basis. Quarterly monitoring reports will be shared with SHF as required. Training will be conducted at the start of the project for the staff involved to ensure that activities are implemented as per the guidelines and protocols of the health, WASH and nutrition. Beneficiary data and feedback will be obtained using beneficiary registration forms, exit interviews, training reports and field visit reports. Hygiene kits post distribution Monitoring will be done regularly to get a feel of the needs of the community and equity and see any gaps or missed people. Registrars will be inspected to see if data shared with the relevant clusters, the SHF and zonal ministries of health tallies with the captured data in the facility registrars. Training list, participants and attendance sheets will be maintained as part of the repository. Outreach teams will have a dedicated HMIS officer who deals with outreach data so that proper documentation of the interventions and reporting. HIDIG will work closely with SHF M&amp;E team whenever they intend to visit the facilities and work with closely with the respective clusters and the South-West Ministries of Health and Water so that concurrent monitoring of activities are done. A comprehensive feedback mechanism, for the outreach activities will be conducted and also exit interviews. Both interim and final reports will be submitted as needed during the project cycle and 1 month after its closer submit one interim report before the project closure and final report at most 1 month after project end date.</p>													

<b>Workplan</b>													
<b>Activitydescription</b>	<b>Year</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Health: Activity 1.1.1: Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,300 children under the age of five years (2,100 boys and 3,000 girls) and 1,200 Women of child bearing age through outreach Integrated emergency response service delivery sites at ADC,North sites and east sites IDPs in Baidoa district.	2018		X	X	X	X	X	X	X	X	X		
Health: Activity 1.1.2: Through identification provide active case detection and refer of 1095 IDPs patients with medical severe cases such as severely dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension as well as diabetic patients that requires admission at health facilities after providing first aid services.HIDIG IERT team will refer patient with such complication to either HIDIG fixed facilities at ADC and Mursal IDPs as well as Baidoa regional hospital for further treatment	2018		X	X	X	X	X	X	X	X	X		
Health: Activity 1.1.3: HIDIG community health workers will conduct community awareness raising promotion sessions messaging to 4,488 vulnerable men,women,boys and girls in disseminating health messages through community baraza sensitizing on common communicable diseases on special emphasis on AWD/Cholera, child and maternal malnutrition, malaria and maternal health	2018		X	X	X	X	X	X	X	X	X		
Health: Activity 1.1.4: Train 36 project staff consisting of 18 qualified nurse, 9 qualified mid-wives and 9 auxiliary nurse (20 male and 16 Female) on integrated management of childhood illness (IMCI), cholera and measles case management in Baidoa IDPs for proper IERT services delivery.	2018		X										

Health: Activity 1.1.5: Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections among others to vulnerable Boys, girls, Women and men in ADC ,North site and east sites IDPs in Baidoa district	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 1.1.1: Screen and admit 2500 boys, 3,000 girls and 1,500 PLWs of severely malnourished without medical complications at Baidoa ADC, North and east IDPs- through establishment of 9 Integrated Emergency response teams (IERT).A team of Community Nutrition Volunteers (CNVs) will undertake mass community-level screening and referral for treatment of acute malnutrition. This will be conducted for all children under five years of age as well as pregnant and lactating women. 5500 children U-5 and 1500 pregnant and lactating women will be covered. Screenings for malnutrition will also be conducted at the health facilities during outpatient consultations, as well as in targeted schools. Children 6-59 months with MUAC of 11.5 to 12.4 cm and/or weight for height z-scores =< -2 and > -3, and pregnant and lactating women with a MUAC less than 21.0 cm are categorized as MAM and referred to TSFP. Children over 6 months of age with MUAC of <11.5cm and/or bilateral pitting edema, who have appetite and are free of medical complication are categorized as Severe Acute Malnutrition (SAM) and referred directly to OTP. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC assessment will be done both by trained community nutrition volunteers and at OTP/TSFP centers, whereas the W/Hz scores will be assessed at nutrition centers.	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that requires admission to Baidoa regional hospital Stabilization Centers for further treatment of medically complicated cases. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program as well as at stabilization center (SC).	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 1.1.3: Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,500 acutely malnourished <5 children (boys 2,500) and girls (3,000) and 1,500 pregnant and lactating women in ADCI, North and east IDPs in Baidoa district	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 2.1.1: HIDIG will conduct regular group sessions at nutrition centres and in the community, reaching caregivers, both men and women, to promote optimal infant and young child feeding with support from community mobilisers and community nutrition volunteers. The IYCF counsellors will increase knowledge and practices of key nutrition actions. All mothers/caretakers will be screened for IYCF practices at nutrition centres. One-to-one counselling using illustrative IYCF counselling cards will be provided to PLW found to have breastfeeding difficulties or sub optimal IYCF practices. Key messages will be designed as small, do-able actions, and communications techniques will be used to promote the adoption of these actions.	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 2.1.2: Through HIDIG IERT team conduct weekly education on nutrition, health and hygiene promotion targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition ,health and hygiene practices in ADC, North and East IDPs in Baidoa district.	2018	X	X	X	X	X	X	X	X	X		
Nutrition: Activity 3.1.1: Conduct five days training to 27 project staff (18 qualified nurse and 9 auxiliary nurse) on effective management of Integrated management of acute malnutrition in the target IDPs in Baidoa district.	2018		X									
Nutrition: Activity 3.1.2: Conduct five days training on Infant and Young Child Feeding (IYCF) care messages to 9 community health/hygiene promoters, 18 qualified nurse, nine (9) auxiliary nurse and nine(9) nutrition screeners to enable enhanced the effective and best practices of IYCF-E among the target population in Baidoa IDPs.	2018			X								
Nutrition: Activity 3.1.3: Conduct Five days training on nutrition hygiene and health promotion to project staff and community health/hygiene promoters consisting of 9 community health workers/hygiene promoters, 18 qualified nurse and nine (9) auxiliary nurse. This will be able to enhance the services delivery among the community nutrition workers in Baidoa IDPs.	2018		X									

Water, Sanitation and Hygiene: Activity 1.1.1:  Through the establishment of integrated emergency response team, HIDIG will Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to (2000 men, 3200 women, 2200 boys,2800 Girls) AWD/drought affected communities including IDPs through health, nutrition centers, schools and house to house by trained 40 community hygiene ,health and nutrition volunteers/promoters. The community hygiene promoters/volunteers will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. Community based hygiene promoters will be the focal points in every settlement and regular hygiene campaigns will be conducted focusing on 3 key messages of hand washing with soap, safe excreta disposal including children faeces and safe chain water management. This will complement through the distribution of AWD IEC materials to promote good hygiene practice and avert further spread of disease at the household level thus reducing chances of occurrence of AWD in the IDPs settlements and schools. The Hygiene Promoters/volunteers will supervise, evaluate and give consultations and guidance to the community hygiene promoters, health and nutrition promoters/volunteers in accordance to WASH cluster guideline and promotion of hand washing with soaps. This will also include distribution of hygiene promotion IEC materials for social mobilization in the target IDPs in Baidoa district	2018		X	X	X	X	X	X	X	X	X			
Water, Sanitation and Hygiene: Activity 1.1.2: HIDIG through its hygiene promoters will distribute Hygiene Promotion kits to 2,700 vulnerable families in the target IDPs .The hygiene promotion kits will be given to the vulnerable deserving families with severely malnourished children among the ADC, North and east IDPs to reduce the risk of AWD diseases, each hygiene promotion kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity.	2018		X	X	X	X	X	X	X	X	X			
Water, Sanitation and Hygiene: Activity 1.1.3: Through the consultation of community gatekeepers and local authority in Baidoa HIDIG will recruited 40 community hygiene/nutrition volunteers and conducts 5 days training on hygiene, health and nutrition best practices including hand washing with soap/ashes, environmental sanitation, water storage using AWD/Cholera preparedness and response guidelines, and HP training material, WASH cluster adopted training materials including hygiene promotion in emergency global tools, this will enhanced the capacity of the community units ability to response to the community needs and raise awareness in both health, nutrition and market centers as well as schools	2018		X	X	X	X	X	X	X	X	X			
Water, Sanitation and Hygiene: Activity 2.1.1: Through the trained community WASH committee and borehole operators,HIDIG will chlorinates wadajir borehole in ADC benefiting a total of 10,200 (2,200 boys,2,800 girls,3,200 women and 2,000 men) among the IDPs in the target location.	2018			X										
Water, Sanitation and Hygiene: Activity 2.1.2: Conduct 5 days training to WASH committee 7 men and 5 women on proper water resource management, maintenance of water facilities as well as bucket chlorination and disinfection	2018		X											
Water, Sanitation and Hygiene: Activity 2.1.3: Construct/Rehabilitate two twin gender sensitive flood proof latrine at HIDIG MCH in ADC i and Mursal IDPs latrines one for male and one for female MCH visitors that will be able to provide better protective and clean sites for the patient. The maintenance shall include installing hand washing facilities, repairing locks and padlocks as well as doors and windows. HIDIG shall also construct 78 latrines, twenty six in each main IDP sites catering for the additional needs within the IDP camps and filling the existing gaps.	2018		X		X									
Water, Sanitation and Hygiene: Activity 2.1.4: Construction of three(3) number water kiosk at ADC i,ii and iii IDPs centers through piping of water from wadajir Borehole water point hence reduce the risk of IDPs mothers GBV related incidence in the target sites.The project will be able to pipe 4 kilometer distance to enable provide easy access to clean water.	2018			X	X									
Water, Sanitation and Hygiene: Activity 2.1.5: Construction of two incinerators one in ADC ii HIDIG MCH and one in Mursal MCH in Baidoa IDPs.This will reduce the risk of medical remains that would otherwise have littered in the environment hence creating more harm to the community health.	2018			X										
<b>OTHER INFO</b>														
<b><u>Accountability to Affected Populations</u></b>														

HIDIG is already providing services to Baidoa IDPs and based on consultations with the community and elders, the need for the project to continue, to be expanded and integrated became evident. HIDIG has taken into consideration the needs at the ground and the support required so that the project responds to their needs and priorities and that the project activities do not go against the communities cultural sensitivities and practices. HIDIG has incorporated the input of the recent assessments conducted in Baidoa and the input of the visits made by the SHF team and UNICEF which provided supplies so that services are better tailored to the needs of the community. Once granted, HIDIG will engage the community again and call for a stakeholders meeting at the main IDP sites in order to explain the project, clarify deliverables, scope, duration and the donor so as to have common understanding of the project and the mechanism to share their concerns and complaints on the project with HIDIG management. This information sharing mechanism will enhance accountability and provide the community with the required resources to ask, seek help and inquire about the interventions. Beneficiaries and stakeholders will be consulted during the implementation of the activities and will participate during the project monitoring, review and planning meetings which serve as a platform where all sides discuss progress, challenges and concerns and take unified action towards improving the service offered by the project. A feedback mechanism will be developed so that beneficiaries and other stakeholders can always share their input for improvement and corrective measures. With regards to sustainability, the program will be implemented in partnership with MOH who will be responsible for the facilities after the project and the community will be responsible for any further use of the facilities and the trained community members. The training provided by HIDIG and supervision to health facility staff is expected to improve their service quality beyond the project period. Community education/sensitization will increase demand and enable families to mitigate risks that affect their health/WASH and nutritional status.

**Implementation Plan**

The project will be implemented in Baidoa ADC, north and east IDPs. Implementation plan is based on the integrated activities prioritized and will be strictly followed, any changes to content will have to be approved by all stakeholders. Overall management of the plan is under HIDIG Region Coordinator in the project area. HIDIG will also recruit qualified 9 Integrated Emergency Response teams. HIDIG will also implement this project with the participation of other key stakeholders using participatory approaches and methods. Mobilization and consultative meetings with the communities and other stakeholders will be held regularly at field level. Stakeholders have always input and identified community elders consisting of men and women and the respective line ministries of South-West input and guidance.

Health: lifesaving primary healthcare services will be provided through 9 IERT teams each consisting of two qualified nurse, one qualified midwives, one auxiliary nurse, one register, one nutrition screener and one community health/hygiene promoter. Each teams will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Qualified nurse will be providing outpatient consultations, including diagnosis and treatment of common illnesses. Children <5 and PLW will also be screened for malnutrition during consultations and referred to nutrition services accordingly. Pregnant women will be provided with improved antenatal care (ANC), postnatal care (PNC), safe deliveries, and referral for birth complications. Disease surveillance records will be reported to the MOH and the Health Cluster on a weekly basis to ensure potential outbreaks are detected, investigated and controlled. The capacity of the health workers and volunteers will be strengthened to ensure quality programming through refresher training's

Nutrition: To reduce malnutrition and enhance early detection and timely referral of malnutrition cases, HIDIG will establish and train Community Nutrition Volunteers (CNVs) who undertake screening of children <5yr and Pregnant & Lactating Women (PLW) using the Mid-Upper Arm Circumference (MUAC) measurement, checking for oedema and visible signs of malnutrition for infants <6m. Outreach teams will engage in the same activities at the community level. Children and PLW are also routinely screened during outpatient consultations at our health clinics. Each child will receive the proper amount and supply of Ready to Use therapeutic Food (RUTF), deworming tablets and vitamin A supplementation of SAM cases with medical complications are referred to the nearest stabilization center where they receive intensive in-patient care and treatment. This will be complemented by YCF-E promotion with parents and caregivers. Nutrition services such as vitamin A and micronutrients, as well immunization services are provided in the health facilities to ensure integration of services and referrals between health and nutrition.

WASH: Based on the activities, HIDIG will provide comprehensive hygiene promotion services including distribution of 450 hygiene kits distributed to 2,700 households among the IDPs families in. HIDIG intend to distributes IEC materials for social mobilization, reduction of the incidence of AWD/cholera which is above the emergency threshold in Baidoa is a priority as well as prevention and as such will focus on improved access to clean drinking water through construction of 3 water kiosk piped at a distance of 4 kilometer, this will be complemented by the construction of 78 shared household latrines and hygiene promotion, including the distribution of hygiene kits. This will also help to address some of the root causes of morbidity and malnutrition among vulnerable group

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
UNICEF ,WHO,Federal MoH and South-West MoH,Bay Regional Hospital ,UNOCHA ,Baidoa based partners	Supplies, emergency immunization, WASH and Nutrition Cluster Coordination and reporting ,Disease surveillance, technical training on AWD/Cholera case management and Health Cluster coordination and reporting ,Leadership and accountability, coordination of the response, joint monitoring and visits, allocation of supplies,Stabilization Centre and referral of complicated cases, both for malnutrition and GBV related cases,Coordination, needs assessment, monitoring of activities, information sharing, regular updates and reporting,Coordination of response, support of referral and identification of additional needs and accountability to affected populations

**Environment Marker Of The Project**

A+: Neutral Impact on environment with mitigation or enhancement

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

HIDIG is committed to ensure that programs and activities are gender sensitive and take into consideration the gender needs of its target communities and the unique needs and challenges of men, women, boys and girls. By applying humanitarian all humanitarian principles including equality and neutrality, gender imbalance will be avoided. HIDIG will serve equally men, women, boys and girls during the project life time in Baidoa district. The result is a strategy for each sector that incorporates the view, opinions and needs of all stakeholders and seeks to address existing gaps. It is through this process and anagement that HIDIG identifies health, WASH and nutrition priorities for men, women, boys and girls in terms of needs. Through this strategy, HIDIG's project will ensure community mobilization through Community Health Workers who act as a link between the community and the health facilities and support improved health uptake behavior, and increased demand and service use by helping women and their families to know what services are available and the benefits to their health and wellbeing. Community Nutrition Workers will ensure that nutrition needs of women, men, girls and boys are taken into consideration since the workers are consisting of women and men. IYCF promotion will support pregnant and lactating women as well husbands and men and those who influence IYCF behaviour, such as grandmothers and mothers-in-law, so that they contribute to improving practices and changing behaviours. Men will be encouraged to play a role in IYCF promotion - through the participation of respected leaders such as religious leaders and village elder - to encourage improved health seeking behaviour, breastfeeding and other key child feeding and caring practices. All the IYCF counselors working in the nutrition centres will be female. This is important due to the fact that the main targets of the nutrition program are PLWs and caretakers of the under-five. PLWs and women caretakers are more likely to build a positive relationship and feel more comfortable discussing the issues (including barriers) with another female due to the sensitivity of the topic under the cultural context. Women and girls will be consulted, along with other members of the community, on the best location for the construction of water points and gender segregated communal latrines. As women are often excluded from the public sphere and from decision making processes on issues that affect their day-to-day lives, both men and women will be selected on equal basis as WASH and water user committee members. To ensure meaningful participation of women in the committees, sensitization will be carried out with both men and women in the community, and particularly with community leaders and the committee members, to highlight the importance of women's participation, thereby encouraging their acceptance. Female committee members will also be supported in building their public speaking and decision making skills to raise their voice.

### **Protection Mainstreaming**

This project will mainstream protection issues particularly to ensure that women are not exposed to gender-based violence, discrimination and evictions. HIDIG has a protection mainstreaming policy that all staff in the field sites have been oriented in based on the previous projects implemented which makes HIDIG and its team equipped with the right policy to capture and refer appropriately the protection issues to the best placed protection partners. By employing enough number of female staff in field teams to implement activities in a culturally and gender-appropriate manner, HIDIG will ensure that the special needs of women and girls taken into consideration. Based on the current implementation of the just concluded project which HIDIG has sustained through a bridging support from UNICEF, HIDIG will ensure that areas of intervention and beneficiary selection is conducted in a transparent, objective and neutral manner, to avoid the perception that any one interest group is being unfairly favoured over another. In order to avoid creating harm and animosity between the IDPs and host communities, HIDIG will ensure that urban poor of the host communities have access to equal services. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability. It will be based on Do no Harm and mobile clinics will ensure referral for any GVB affected women to facilities for medical attention.

### **Country Specific Information**

#### **Safety and Security**

HIDIG staff have access to the area and will be directly managing the facilities and providing services. However, security is unpredictable in Somalia and HIDIG will closely monitoring the situation and will closely work with other actors to monitor the situation. HIDIG has local based security plan so that its staff and facilities are safe and secure. Staff are informed to be on the look for any suspicious elements and report to authorities and also evacuate as necessary. HIDIG will be participating in cluster forums and will be implementing all security advisories and shared briefings. In the event of untoward activities, HIDIG will immediately notify the communities, MOH, the Health Cluster and UNOCHA and any other concern actors in the area.

#### **Access**

HIDIG has been in the area for the last six years and runs health, WASH, education, Cash transfer and nutrition projects in Bakool region. HIDIG expects to keep good relationships with all actors in the area and expects that this will allow HIDIG to work in the area without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all HIDIG interventions. HIDIG has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. HIDIG's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation

### **BUDGET**

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

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

<b>15. D:4 Contractual Services</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>16. E:5 Travel</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>17. F:6 Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>18. G:7 General Operating and Other Direct Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>19. H.8 Indirect Programme Support Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>20. Staff and Other Personnel Costs</b>								
1.1	HIDIG Regional program Coordinator	D	1	2,000.00	9	20.00	3,600.00	
	<i>The overall person in charge of HIDIG programs in all regions in Somalia that Bay, Bakol and Hiran where the organization is currently running active emergency program. He will oversee all health, WASH, nutrition, education and project implementation and technical support. He will be paid \$ 2000 per months in which HIDIG will contribute 80% while SHF will contribute 20% translating \$ 400 per months</i>							
1.2	Emergency Programme Coordinator - Bay	D	1	1,500.00	9	100.00	13,500.00	
	<i>The overall person in charge of the day to day Bay emergency health, WASH and nutrition intervention, overall project implementation, coordination &amp; technical support. He will be based in Baidoa and oversee the integrated target response team in Baidoa IDPs. He will provide overall leadership in the emergency program hence will spend 100% of his time on the management of the program. SHF will contribute 100% of the cost in which every month he will be entitled to \$ 1500 monthly salary</i>							
1.3	Qualified nurses ( 9 Integrated Emergency Response teams, Each team two nurses as per IERT Concept note)	D	18	400.00	9	100.00	64,800.00	
	<i>HIDIG will be employed 18 Qualified nurse who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patient's medical records to ensure information is up to date for appropriate decision-making, provide daily consultation, immunization. Each two nurse will be assigned to one integrated response team in Baidoa IDPs. The nurses will be paid all-inclusive salary of USD 400 per month for 9 months. SHF will pay 100% of the salary.</i>							
1.4	HMIS Officers	D	1	800.00	9	50.00	3,600.00	
	<i>Health Management Information System (HMIS) Responsible for managing data that will be shared with the cluster and regularly prepare weekly and monthly surveillance data. The person will spend 50% of his time on this project and SHF will contribute 50% of the salary. He/she will be paid a monthly salary of \$ 800 per months for 9 months.</i>							
1.5	Qualified mid-wives( 9 Integrated Emergency Response teams, Each team one Midwife as per IERT Concept note)	D	9	400.00	9	100.00	32,400.00	

	<i>Nine midwives will be recruited for the project, one per team. They will be expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, Monitor labor and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records.. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries</i>							
1.6	Health and Nutrition Project Officer	D	1	1,000.00	9	100.00	9,000.00	
	<i>The health and nutrition officer is overall in charge of daily personnel supervision and provision of guidance to all the project location. He/she will provide administrative leadership to all health care personnel. He/She will also be responsible for program quality and delivery of the basic services to all targeted beneficiaries and as well appraise all the health staff as well as other personnel within the projects. He/She disciplines the project teams and shall be reporting to all administrative issues to the emergency program coordinator in Baidoa Bay region. The health and nutrition officer will be paid \$ 1000 per month for the project 9 months period.</i>							
1.7	WASH Engineer	D	1	1,800.00	4	30.00	2,160.00	
	<i>The WASH Engineer will spend 30% of his work times on this project. His responsibilities include but not limited to: Responsible for all rehabilitation of WASH infrastructures, provide technical direction to the project staff, coordinate and supervise the implementation of the project construction works according to the international standard, prepare daily reports of the project construction/rehabilitation activities and submit to the project manager. The WASH Engineer's salary is US\$ 1800/month. SHF will pay 30% which is \$750 per month.</i>							
1.8	Community Health Workers /hygiene promoters( 9 IERT teams, Each team One CHW/CHP as per IERT Concept note)	D	9	200.00	9	100.00	16,200.00	
	<i>Community health workers (CHW) community hygiene promoter are members of a community who are chosen by community members to provide basic health and medical care to their community capable of providing preventive, promotional and rehabilitation care to these communities. Provide adequate and integrated health, WASH and nutrition promotion activities, awareness, assistance in referrals, positive messaging promotion of better uptake of services and follow-up of cases and community engagement. Each section will have a dedicated one worker and will closely work on providing integrated support. 9 community health workers will be recruited in consultation and with the support of the community leaders. They will be based at community level, they will be expected to play a major role in prevention and control of AWD/cholera currently active in target districts. The monthly salary of the CHW will be USD 200 per month for 9 months, SHF will pay 100% of the total cost.</i>							
1.9	Nutrition Screeners (one per team)	D	9	200.00	9	100.00	16,200.00	
	<i>9 Screeners will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines. All inclusive salary of USD 200 per month for 9 months. SHF will pay 100% of the total cost.</i>							
1.10	Outpatient therapeutic program (OTP) Registers (one per team)	D	9	200.00	9	100.00	16,200.00	
	<i>9 Outpatient therapeutic program (OTP) registrars-1 per team will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient therapeutic program (OTP) Registers. Will be paid an all-inclusive salary of USD 200 per month for 9 months will contribute 100% of the total cost.</i>							
1.11	Auxiliary nurses - one per team	D	9	200.00	9	100.00	16,200.00	
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. They will spend 100% of their time on this project and SHF will contribute 100% of the salary. Each auxiliary nurse will be paid \$ 200 per month for 9 months.</i>							
1.12	Monitoring and Evaluation Officer	D	1	1,000.00	9	50.00	4,500.00	
	<i>The Monitoring &amp; Evaluation Officer will be responsible for the monitoring and ensuring high quality and timely inputs, and for ensuring that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs in a cost-effective and timely manner. The M&amp;E officer will be responsible for designing and implementing the M&amp;E activities of the Project; assisting the Project Manager in preparing reports on project progress and will monitor the project activities on a regular basis, developing and maintaining the HMIS of the Project and will be responsible for the collection &amp; analysis of different data in relation to the project activities. The Monitoring and Evaluation Officer works in close collaboration with the project team. The salary of M&amp;E officer is USD 1,000. SHF will contribute 50% of his salary while HIDIG will pay the other 50%.</i>							
1.13	Finance officer	D	1	1,500.00	9	50.00	6,750.00	
	<i>The finance officer: Will spend 50% of his time on the project, he/she prepares all the financial documents and financial reports and keeps in record. The salary of finance officer is US\$1500 inclusive of medical and security charges. SHF will contribute 50% of his/her salary, while HIDIG contributes the remaining 50% of his/her salary.</i>							
1.14	Community nutrition, health and hygiene volunteers (two community volunteers per IDPs camps)	D	40	100.00	9	80.00	28,800.00	
	<i>Project will recruit 40 community nutrition, health and hygiene promotion volunteers two in each of the 20 targeted IDPs. The volunteers will be recruited from the target community members and will work closely with the IERT teams. Each IERT team will be assisted by two volunteers in each target location through community mobilization and sensitization as well as the community follow-up. This will complement the work of the hygiene promoters in IERT teams as well as assist the teams during the outreach days. However, each volunteer will be given a monthly incentive of \$100 per month and SHF will pay 80% of their cost while HRDO will pay the remaining 20%.</i>							

1.15	security guard- 1 per team	D	9	150.00	9	100.00	12,150.00
	<i>The security guard will be employed from the target communities in consultation with the village management committees and will be responsible for controlling crowd and ensuring systematic beneficiary flow. They will additionally ensure security of the team, beneficiaries and the supplies. Nine persons (one per team) will be engaged and will be paid a monthly salary of USD 150 per person per month for 9 months with SHF supporting 100% of the cost.</i>						
1.16	Logistic procurement officer	D	1	900.00	9	90.00	7,290.00
	<i>A logistic procurement officer identifies and evaluates suppliers, arranges for transportation of purchased goods, identifies and develops strategies for addressing logistical barriers, monitors use of materials and resources, and ensures quality record keeping. The monthly salary of Logistic procurement officer will be USD 900 per month for 9 months; SHF will pay 90% of the total cost.</i>						
	<b>Section Total</b>						<b>253,350.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Training of health workers on IMCI and disease surveillance	D	1	5,571.00	1	100.00	5,571.00
	<i>This will cover the cost to conducting five days (5) Integrated Management of Childhood Illness (IMCI) and Cholera/measles case management (20 Male and 16 female) participants for five days, covering staff refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will be \$ 5571. The participants will be HIDIG health staff consisting of 18 qualified nurse, 9 auxiliary nurse and 9 mid-wives. The training also plan to photocopy different notes for the participants to familiarize themselves with different key messages. Participant will be provided with print notes on treatment guidelines of IMCI Integrated Management of Childhood Illness and communicable disease management. SHF will contribute 100% of this Integrated Management of Childhood Illness (IMCI) and communicable disease management Training.</i>						
2.2	Medical supply and distribution	D	1	19,978.44	1	100.00	19,978.44
	<i>HIDIG will procure emergency health supplies and distribute to the f the outreach teams in Baidoa district. This medical supplies will cater the project first three months in which HIDIG will request more supply from UNICEF and as well as WHO for proper treatment of the vulnerable population among the Baidoa IDPs. The project will charge \$ 19,978.44 supply amount in which SHF will pay 100%.</i>						
2.3	Training of integrated management of acute malnutrition (IMAM)	D	1	5,551.00	1	100.00	5,551.00
	<i>Project staff will be trained on integrated management of acute malnutrition in order to enhance their capacity to implements the project activities efficiently. A total of 36 project staff consisting of 18 qualified nurse, 9 auxiliary nurses and 9 nutrition screeners shall be trained for 5 days. See attached BOQ for detailed cost. The training will cost a total of \$ 5,551 and SHF covers 100% of the cost</i>						
2.4	Training of community health workers/promoters and project staff on nutrition,health and hygiene promotion (NHHP)	D	1	5,581.00	1	100.00	5,581.00
	<i>Project community health workers/hygiene promoters as well as project staff will be trained on proper screening and referral on nutrition, health and hygiene promotion services.5 days training will conducted to trained 18 qualified nurses, 9 auxiliary nurse, 9 screeners and 9 community health workers/hygiene promoters on effective NHHP services delivery. However, the project will provide refreshment, venue hire as well as NHHP materials. This will cost \$5581 for the entire periods SHF will contribute 100% of the training cost</i>						
2.5	IDP latrines construction	D	78	443.30	1	100.00	34,577.40
	<i>HIDIG will construct 78 household IDPs latrines, twenty six in each main IDP sites catering for the additional needs within the IDP camps and filling the existing gaps.The 78 household latrines will be constructed at ADC i,ii,iii and neighboring IDPs .HIDIG will closely work with other humanitarian actors doing the same activities in North sites IDPs in Baidoa</i>						
2.6	Infant and young child feeding (IYCF)	D	1	5,739.00	1	100.00	5,739.00
	<i>This will cover the cost of conducting IYCF ((Infant and Young Child Feeding) training of 45 project staff and community health workers/promoters consisting of 9 community health workers/promoters,18 qualified nurses,9 auxiliary nurse and nine(9) nutrition screeners participants for five days, covering staff refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 5739 The participants will be HIDIG nutrition staff in Baidoa IERT teams. We plan to photocopy different notes for the participants to familiarize themselves with different key messages. We will print notes on exclusive breastfeeding, breast attachment, complimentary feeding, care practices of under 2 yr old and pictorials on the same for each of the 45 participants. SHF will contribute 100% of this IYCF training.</i>						
2.7	Construction of twin latrines at health and nutrition facilities a within ADC and Mursal IDPs	D	4	2,022.00	1	100.00	8,088.00
	<i>Building toilets, WASH in facilities and renovation of two twin latrines facilities will be undertaken so that proper services including skilled delivery,medical and nutritional consultations and admissions can take place within the facilities</i>						
2.8	Hygiene Promotion session at the IDPs in Baidoa including hygiene kits	D	450	17.50	1	100.00	7,875.00
	<i>The target IDPs household will received a hygiene kits.A total of 450 HH will be targeted with the hygiene kits and each kits soap for washing clothes, bathing, hand washing (preferably with disinfectant),Container with long handle for fetching water from storage container, Sanitary towel for women (absorbent cloth),Jerrycans for fetching water (discourage distribution of buckets in emergencies as they promote recontamination of water in the household),PUR sachets and or aqua tabs</i>						
2.9	Printing of AWD IEC Materials in Somali	D	1200	5.00	1	100.00	6,000.00
	<i>1,200 AWD IEC materials containing key promotion messages such as hand washing importance in local language (600 each for main IDP settlement) will be procured and distributed for awareness raising. Each will cost \$ 5 and SHF will contribute 100%</i>						

2.10	Visibility Banners for mobile IERT teams	D	9	30.00	1	100.00	270.00
	<i>Visibility banners will be provided to each IERT teams working in all the IDPs settlements, where HIDIG activities will be carried out. These banners will contain project name including SHF and HIDIG logos. These banners will be erected in selected sites in which teams are carrying their activities during the outreach services for health and nutrition treatment at different IDPs locations to ensure proper visibility of SHF. Each banner will cost\$ 30 and a total 9 banners with project information and both parties logo will be given each team hence costing the project \$270 for the entire period.</i>						
2.11	Construction of three (3)water kiosk in ADC i,ii and iii	D	3	3,483.00	1	100.00	10,449.00
	<i>HIDIG intends to construct three (3) water kiosk at ADC i,ii and iii that will provide easy access to safe drinking water, this will also be used by community hygiene promotion to ensure the community members were informed of the best hygiene practices. HIDIG WASH hygiene promoters in supervision with WASH engineer will periodically conduct bucket disinfectant at this water point. Each water kiosk will cost \$3483 and SHF will contribute 100%.See attached BOQ</i>						
2.12	Piping/Installation of three No water piping of 265m3 from wadajir borehe to ADC i,ii, and iii IDPs	D	3	8,237.00	1	100.00	24,711.00
	<i>The project will provide clean safe water to the affected IDPs in ADC i,ii and iii camps through water piping from wadajir borehole at a distance of 4 kilometer which will then provide sufficient water that if piped can serve the vulnerable community members.This is also intended to reduce the GBV related cases of mothers and girls from IDPs who at the time go far in fetching the water from the borehole in which at night pose the risk of rape hence taking closer will be able to reduces both GBV cases as well as AWD/cholera.See attached BOQ</i>						
2.13	Warehouse storage for WASH,health and nutrition supply	D	1	450.00	9	100.00	4,050.00
	<i>This cost shall cater on the supply management of the project sites in Baidoa IDPs and it shall be budgeted at a cost \$450 for a period of 9 months in which 100% been pay by SHF.The warehouse will be able to manage all the three sector supply that is health, nutrition and WASH.</i>						
2.14	Community hygiene promoters training	D	1	4,387.00	1	100.00	4,387.00
	<i>Through the established community volunteers HIDIG will conducts 5 days training on nutrition, health and hygiene promotion/IYCF training to 40 community volunteers to enable improve their skills in community sensitization on NHHP/IYCF.The community volunteers will be focal point for IERT teams.The training will cost the project a total amount of \$4387</i>						
2.15	Community WASH committee training	D	1	2,667.50	1	100.00	2,667.50
	<i>Through this project HIDIG will provide 5 days community WASH committee training to enable them understand the management as well as the chlorination aspect of water. This is intended to improved the community members in charge of water point to get to understand the prevention of AWD/Cholera and simple water treatment methods.</i>						
2.16	Construction of two number incinerator for medical and non-medical waste management in Mursal and ADC MCH Baidoa	D	1	7,149.00	1	100.00	7,149.00
	<i>two number incinerators shall be constructed at HIDIG MCH in Baidoa for medical and non-medical waste disposal. the incinerators will be construct ADC and Mursal MCH in ADC and North sites IDPs . each incinerator will be constructed at a cost of \$ 7149 and SHF will therefore contributes 100% of the cost</i>						
2.17	Mobile outreach stationary	D	1	5,796.00	1	100.00	5,796.00
	<i>stationaries provided on of monthly bases to the Nutrition sites like outpatient registers, Outpatient Therapeutic Program Cards, Admission cards, registers and Follow up files, this are stationaries required day to day nutrition and health sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card to Stabilization centers or Hospital, this are all medical related stationaries used in the sites. The total cost for the 6 months of the medical related stationary is \$ 5,796, SHF will contribute 100% for this specific nutrition and health related stationaries. Photocopy of Outpatient therapeutic program OTP, follow up cards, and Medical Prescription cards are needed, the papers are hard papers which is not possible to be printed out large numbers.</i>						
	<b>Section Total</b>						<b>158,440.34</b>
<b>22. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Monitoring of program activities(vehicle hire)	D	1	1,800.00	3	100.00	5,400.00

	<i>The project shall hire a full time vehicle that shall facilitates the project coordination and implementation of day to day in all the outreach teams plus the implementation of the WASH activities to enhance the management movement. The monitoring will be carried out on three quarterly basis and will consist of HIDIG project team as well as South-west Ministry of health and one community representatives.</i>						
5.2	Vehicle rental for outreach and referral support	D	3	1,800.00	9	100.00	48,600.00
	<i>Three (3) vehicles will be hire for 9 month at a cost of \$1800 per month inclusive of driver's salary, fuel and maintenance for 9 month. The car will be used by the mobile outreach team to deliver services to all operation sites as well as the monitoring of day to day project activities in the project sites. SHF will contribute 100% of the cost \$ 48,600 for the entire project period.</i>						
5.3	Staff travel cost	D	1	1,200.00	1	100.00	1,200.00
	<i>The costs include travel costs for two key project staff which are HIDIG regional coordinator and HIDIG executive director for the inception of the program in Baidoa. This includes flight costs, per diems and accommodation expenses for the executive director for monitoring, kick off, project implementation, program review meetings and close out. It also includes travel cost for the Field monitoring and Evaluation Officer for kick off meetings, program review meetings and close out meetings. Two travels including project start, monitoring and evaluation will be done. Flight from Mogadishu to Baidoa (\$ 250x2) +hotel for 5 days every two months (5x450) + DSA of (40*5) will be utilized by both managers. In total 1200</i>						
	<b>Section Total</b>						<b>55,200.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	office rent-Baidoa	D	1	400.00	9	50.00	1,800.00
	<i>This will be able to facilitates the rents of the office in Baidoa .HIDIG will contributes 50% of the cost</i>						
7.2	Communication & internet cost-Baidoa office	D	1	1,000.00	9	50.00	4,500.00
	<i>Communication for the project emergency coordinator and officer internet. This will be able to provide the program management on smooth implementation of the program activities.</i>						
7.3	Utilities	D	1	2,250.00	1	60.00	1,350.00
	<i>Cost for electricity and office water for the operation of the office</i>						
7.4	Office stationary and other consumable	D	1	2,226.00	1	50.00	1,113.00
	<i>Baidoa HIDIG office consumables</i>						
7.5	Bank charges	D	1	10,181.12	1	100.00	10,181.12
	<i>The bank transfer will be charged at 2% of the total program cost which is intended to cater the transfer and withdrawal of the funds from the various transaction points.</i>						
	<b>Section Total</b>						<b>18,944.12</b>
<b>SubTotal</b>			1,887.00				<b>485,934.46</b>
Direct							485,934.46
Support							
<b>PSC Cost</b>							
PSC Cost Percent							7.00
PSC Amount							34,015.41
<b>Total Cost</b>							<b>519,949.87</b>
<b>Project Locations</b>							
<b>Location</b>		<b>Estimated percentage of budget for each location</b>	<b>Estimated number of beneficiaries for each location</b>		<b>Activity Name</b>		

		Men	Women	Boys	Girls	Total	
Bay -> Baidoa -> Baidoa	100	2,000	3,200	2,800	3,000	11,000	<p>Health: Activity 1.1.1: Conduct routine and supplementary immunization against measles,pneumonia and other communicable disease to 6,300 children under the age of five year...</p> <p>Health: Activity 1.1.2: Through identification provide active case detection and refer of 1095 IDPs patients with medical severe cases such as severely dehydrated patients...</p> <p>Health: Activity 1.1.3: HIDIG community health workers will conduct community awareness raising promotion sessions messaging to 4,488 vulnerable men,women,boys and girl...</p> <p>Health: Activity 1.1.4: Train 36 project staff consisting of 18 qualified nurse, 9 qualified mid-wives and 9 auxiliary nurse (20 male and 16 Female) on integrated management...</p> <p>Health: Activity 1.1.5: Through the IERT team provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin condi...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: Through the establishment of integrated emergency response team, HIDIG will Conduct comprehensive Hygiene promotion and mobilization on AWD/...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: HIDIG through its hygiene promoters will distribute Hygiene Promotion kits to 2,700 vulnerable families in the target IDPs .The hygiene promotion ki...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: Through the consultation of community gatekeepers and local authority in Baidoa HIDIG will recruited 40 community hygiene/nutrition volunteers and c...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.1: Through the trained community WASH committee and borehole operators,HIDIG will chlorinates wadajir borehole in ADC benefiting a total of 10,200 (2,2...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.2: Conduct 5 days training to WASH committee 7 men and 5 women on proper water resource management, maintenance of water facilities as well as bucket ...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.3: Construct/Rehabilitate two twin gender sensitive flood proof latrine at HIDIG MCH in ADC i and Mursal IDPs latrines one for male and one for female...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.4: Construction of three(3) number water kiosk at ADC i,ii and iii IDPs centers through piping of water from wadajir Borehole water point hence reduce...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.5: Construction of two incinerators one in ADC ii HIDIG MCH and one in Mursal MCH in Baidoa IDPs.This will reduce the risk of medical remains that woul...</p> <p>Nutrition: Activity 1.1.1: Screen and admit 2500 boys, 3,000 girls and 1,500 PLWs of severely malnourished without medical complications at Baidoa ADC, North and east IDPs- th...</p> <p>Nutrition: Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that requires admission to Baidoa regional hospital Stabiliza...</p> <p>Nutrition: Activity 1.1.3: Provide multiple micro nutrient supplementation, Vitamin A and Iron folic supplementation to 5,500 acutely malnourished &lt;5 children (boys 2,500) a...</p>

Documents	
Category Name	Document Description
Project Supporting Documents	SHF Team Monitoring Report-Baidoa.pdf
Project Supporting Documents	REACH Baidoa IDP Settlement Assessment-April 2017.pdf
Project Supporting Documents	MTT Somalia - Baidoa - 27 Oct - 2 Nov 2017.pdf
Budget Documents	BOQ for H-WASH-Nutrition-HIDIG Baidoa.xls
Budget Documents	04-12-2017 -BOQ for H-WASH-Nutrition-HIDIG Baidoa.xls
Budget Documents	02-1-2018 -BOQ for H-WASH-Nutrition-HIDIG Baidoa.xls
Budget Documents	06-1-2018 -BOQ for H-WASH-Nutrition-HIDIG Baidoa.xls
Budget Documents	16-1-2018 -BOQ for H-WASH-Nutrition-HIDIG Baidoa 7413.xls
Budget Documents	16-1-2018 -Final BOQ for H-WASH-Nutrition-HIDIG Baidoa 7413.xls
Budget Documents	17-1-2018 -Final BOQ for H-WASH-Nutrition-HIDIG Baidoa 7413 (1).xls
Grant Agreement	HC signed HRDO GA 7413.pdf
Grant Agreement	HC and IP signed HRDO GA 7413 (002).pdf