

|   |  |                                 |                                      |              |              |
|---|--|---------------------------------|--------------------------------------|--------------|--------------|
| <b>Requesting Organization :</b>  | Save the Children  |                                 |                                      |              |              |
| <b>Allocation Type :</b>  | Standard Allocation 2 (Nov-Dec 2017)   |                                 |                                      |              |              |
| <b>Primary Cluster</b>  | <b>Sub Cluster</b>   | <b>Percentage</b>               |                                      |              |              |
| Health  | Maternal, Neonatal and Child Health  | 33.00                           |                                      |              |              |
| Nutrition   | Emergency Nutrition  | 30.00                           |                                      |              |              |
| Water, Sanitation and Hygiene   | Water  | 37.00                           |                                      |              |              |
|   |  | <b>100</b>                      |                                      |              |              |
| <b>Project Title :</b>  | Integrated Life- Saving Assistance for drought affected Internally Displaced Persons in North Gaalkacyo  |                                 |                                      |              |              |
| <b>Allocation Type Category :</b>   |  |                                 |                                      |              |              |
| <b>OPS Details</b>  |  |                                 |                                      |              |              |
| <b>Project Code :</b>   |  | <b>Fund Project Code :</b>      | SOM-17/3485/SA2/H-Nut-WASH/INGO/7596 |              |              |
| <b>Cluster :</b>  |  | <b>Project Budget in US\$ :</b> | 600,000.08                           |              |              |
| <b>Planned project duration :</b>   | 12 months  | <b>Priority:</b>                |                                      |              |              |
| <b>Planned Start Date :</b>   | 23/01/2018   | <b>Planned End Date :</b>       | 22/01/2019                           |              |              |
| <b>Actual Start Date:</b>   | 23/01/2018   | <b>Actual End Date:</b>         | 22/01/2019                           |              |              |
| <b>Project Summary :</b>  | <p>The proposed project seeks to provide a multi-sectoral, fully integrated response that addresses the multi-dimensional needs of children and their families in North Gaalkacyo IDPs through the deployment of two Integrated Emergency Response Team (IERTs). Each IERT team will comprise 1 health and nutrition supervisor, 4 Nurses (2 for nutrition and 2 for health), 1 midwife, 1 infant and young child feeding (IYCF) counsellor, 1 registrar, 2 screeners, 1 dispenser, and 1 community mobilizer. 10 Community Nutrition Volunteers linked with the IERTs will be recruited from the targeted IDP sites. They will screen and refer malnourished children to the IERTs, conduct community sensitizations, and health, nutrition, and hygiene promotion in the communities. Health, nutrition, and water, sanitation and hygiene (WASH) services will be delivered focusing primarily on Internally Displaced Persons (IDPs) settlements in urban centres of the district. Health services will include primary healthcare services alongside Acute Watery Diarrhea (AWD)/cholera prevention and treatment. Screening for acute malnutrition will take place for all under-fives and pregnant and lactating women (PLW) at community level as well as during outpatient consultations, with treatment administered through outpatient therapeutic programmes (OTP), targeted supplementary feeding programmes (TSFP) and, in the most severe cases, referral to stabilisation centers (SC). Infant and young child feeding (IYCF) messages will be delivered through group and one-to-one sessions. WASH services will ensure the provision of clean potable water for the targeted communities, through rehabilitation of water sources in the target communities, whilst aiming to increase knowledge and practice of positive hygiene practices, thus mitigating the spread of communicable diseases including AWD/cholera. Through this action, SC aims to reach 24,108 direct beneficiaries including 6,509 men, 6750 women, 5304 boys, and 5545 girls.</p> |                                 |                                      |              |              |
| <b>Direct beneficiaries :</b>   |  |                                 |                                      |              |              |
|   | <b>Men</b>   | <b>Women</b>                    | <b>Boys</b>                          | <b>Girls</b> | <b>Total</b> |
|   | 6,509  | 6,750                           | 5,304                                | 5,545        | 24,108       |
| <b>Other Beneficiaries :</b>  |  |                                 |                                      |              |              |
| <b>Beneficiary name</b>   | <b>Men</b>   | <b>Women</b>                    | <b>Boys</b>                          | <b>Girls</b> | <b>Total</b> |
| Children under 18   | 0  | 0                               | 5,304                                | 5,545        | 10,849       |
| Internally Displaced People/Returnees   | 6,509  | 6,750                           | 0                                    | 0            | 13,259       |
| People in Host Communities  | 0  | 0                               | 0                                    | 0            | 0            |
| <b>Indirect Beneficiaries :</b>   |  |                                 |                                      |              |              |
| The indirect beneficiaries will be the entire population of the targeted IDPs sites in North Gaalkacyo which is 34,440.   |  |                                 |                                      |              |              |
| <b>Catchment Population:</b>  |  |                                 |                                      |              |              |
| The estimated catchment population of the targeted sites in the North Gaalkacyo IDPs (Bali Abar IDP, Najah IDP, Ala-Amin IDP, Salam IDP II, Doonyaale IDP, Hala Booqad IDP, Wayo Arag IDP, Furaad IDP) is 34,440. |  |                                 |                                      |              |              |
| <b>Link with allocation strategy :</b>  |  |                                 |                                      |              |              |

SC is proposing a multi-sector (Health, Nutrition, WASH) integrated response that addresses the multi-dimensional needs of children and their families residing in IDP settlement in North Gaalkacyo targeting the same beneficiaries with multiple activities, with the aim of providing quality health, nutrition, and WASH services to the affected population, especially newly arrived IDPs displaced by drought and conflict. This response is in line with the SHF allocation strategy for 2017, which seeks to scale up integrated health, nutrition, and WASH responses targeting the most vulnerable to ensure immediate access and maximum impact of life saving interventions.

**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            |
|---------------|--------------------------------------|----------------------------------|------------------|
| Claire Taylor | Head of Program Development (Acting) | Cl.Taylor@savethechildren.org.uk | +254 715 811 048 |
| Binyam Gebru  | Head of Health and Nutrition         | Binyam.gebru@savethechildren.org | +254731034501    |

**BACKGROUND**

**1. Humanitarian context analysis**

Protracted drought continues in Somalia, with an estimated 6.2 million people in need of humanitarian assistance (Somalia: Humanitarian Snapshot (as of 7 November 2017)). The drought, primarily driven by failure of three consecutive poor rainy seasons has resulted in low food production, extensive livestock losses and reduced household access to food and income. Consequently, food security needs are nearly double the five-year average in Somalia, with an estimated 2,444,000 people currently in Crisis (IPC Phase 3) and 866,000 in Emergency (IPC Phase 4) (SOMALIA Food Security Outlook: October 2017 to May 2018). The performance of the Deyr rains so far has been poor, and is predicted to remain so through the season. The GU 2018 rain is also predicted to perform below average. Efforts from humanitarian assistance has so far prevented a large scale famine, however this is threatened by lack of funding commitment beyond January 2018. According to FSNAU food security outlook published in November 2017, even if assistance continues at current level, IPC5 (Famine) is still possible, therefore a large scaled humanitarian assistance will be required throughout 2018 to avoid humanitarian catastrophe. Security continues to impact negatively on the capacity of humanitarians to access, and to continue providing assistance to affected population, for example during the recent bomb blast in Mogadishu, recounted as the worst single attack in Somalia for decades, facilities of 13 humanitarian organizations were damaged, 7 humanitarian aid workers died, a further 20 were injured (Humanitarian Bulletin SOMALIA 01 – 30 October 2017). In addition, rising level of violence against humanitarian actors, road access challenges in South and Central Somalia and diversion of humanitarian aid has further increased difficulty in delivering aid effectively and safely. Drought continues to be the major driver of population displacement. Figures from the UNHCR-led Protection and Return Monitoring Network (PRMN) of drought related displacements between November 2016 and 22 October 2017, amount to approximately 943,000 people while conflict-related displacements during the same period are approximately 168,000 people. Majority of the new IDPs arrive in Mogadishu, Baidao, Lower Shabelle and Mudug regions. This is in addition to the estimated 1.1 million IDPs already existing countrywide. As a result the WASH, Health, Nutrition, and Livelihood conditions in these IDPs continue deteriorate. As the drought conditions persist, Livelihood conditions, Nutrition, WASH and health is likely to continue to deteriorate. Water, Sanitation and Hygiene (WASH) cluster partners have reported water shortages across Somalia and in IDP settlements. The cost of water remains prohibitive for the majority of the drought-affected people, further making it difficult for affected people to meet their minimum WASH needs. The nutrition situation is alarming, with a median Global Acute Malnutrition (GAM) rate of 17.4% (>15% emergency threshold) across Somalia and even worst in some IDPs with GAM rate >20% (Dhusamareeb, Mogadishu, and Baidoa), the need for urgent intervention by all stakeholders cannot be overemphasized. On the backdrop of this are increasing level of measles cases across the country, so far more than 18,000 cases recorded between January and September 2017. Some 1,469 suspected measles cases were reported in September 2017. Although there has been a decline in recent months, the number of cases is four times as high as those reported in 2015 and 2016. Over the past three months (Oct-Dec 2017), there has been a significant reduction in new AWD/Cholera cases in all regions of Somalia. No cholera related deaths were reported in October 2017. Since the start of 2017, some 77,783 cases and 1,159 deaths have been reported in 55 districts of 16 regions across Somalia, with 58.8% occurring in children below 5.

**2. Needs assessment**

Findings from a recent Joint Multi-Cluster Needs Assessment conducted by the REACH initiative in Gaalkacyo districts between July and August 2017 showed the following: In North Gaalkacyo, 144 households were surveyed, out of which 2% were not from surveyed community. Top three priority needs identified were food (86%), water (73%), and Shelter (43%). Major vulnerabilities were Pregnant and lactating women (31%), Sick children (10%), disabled or chronically ill (17%), and unaccompanied children (9%). The MAM (44%) and SAM (10%) rate in North Gaalkacyo was significantly higher compared to Afgooye and Mogadishu. 78% particularly women and girls had no access to nutrition services and 48% reported increased difficulty in accessing nutrition services compared to three months ago. Prevalent morbidities were eye infections 33%, suspected malaria (31%) and AWD (30%). Furthermore, 36% reported increased spending on health services compared to three months prior to the survey while 46% of household reported increased difficulty in accessing health services. WASH situation in North Gaalkacyo is very poor, while 49% of the population had problem with either the quality or quantity of water, 45% had no access to latrine, and 69% reported that their latrine were either unhygienic or very unhygienic.

**3. Description Of Beneficiaries**

Save the Children will implement an integrated response whereby beneficiaries will benefit from multiple activities and services provided with a view to address the multi-dimensional and inter-related needs of drought-affected people.

**Health:** Primary healthcare services will be made available to men, women, girls and boys who need them in the catchment population, but based on our other health programming across the country, this will primarily benefit children under five, who are the most vulnerable to common illnesses, as well as pregnant and lactating women who will benefit from maternal health. Health promotion activities will target all segments of the population, targeting both men and women, particularly taking into account the gender dynamic on women's decision making power in the Somalia context.

**Nutrition:** Nutrition services will be provided to boys and girls aged 0 -59 months and Pregnant & Lactating Women who will be screened and identified with Moderate and Severe Acute Malnutrition according to the admissions criteria. IYCF promotion will target parents/caregivers of children <2yr, both men and women, as well as other decision makers in the household on child nutrition, such as grandmothers, and community leaders/opinion makers to foster environment of support for optimal IYCF practices. Interventions will be aimed at areas that are in humanitarian crisis/emergency or at risk of falling into humanitarian emergency in Galkayo. While the maternal functions of child bearing, breastfeeding, and proper nutrition care provide the principal justifications for targeting pregnant and lactating women, the broader aim is to safeguard their overall care and increase the potential for these women in physical, social and educational respects by promoting healthy and safe behavior. Accordingly, women and adolescent girls who have yet to conceive will also be targeted for awareness raising in order to build their capacity in this regard. Anthropometric measurements of Weight for Height, Checking for oedema and Mid Upper Arm Circumference (MUAC) will be used for the screening, admission and follow-up. SAM children with medical complication and infants aged 0-6 months with visible signs of acute malnutrition will be referred to the nearest stabilization center. MAM children with MUAC >115 - <125 mm or WFH <-2 and > -3 and no nutritional oedema will be admitted into TSFP. Pregnant women in their 2nd and 3rd trimester and lactating mothers with children under six months will be admitted into the targeted supplementary feeding program based on the MUAC <210 cm. Women of child bearing age, grandmothers and fathers will be targeted for IYCF activities. Communities will be involved at all stages of the action; before implementation through sensitization of activities, and selection criteria. With community members, community liaison committees will be established to work closely with health and nutrition teams during the project. They will also help select an equal number of male and female community nutrition volunteers (CNVs) to support the program on active case finding and referral. The community will also be involved in beneficiary selection and verification processes, and data collection for implementation and monitoring activities (ie. Beneficiary feedback mechanism). Through community sensitization, men and boys will be encouraged to participate in hygiene maintenance. Nutrition beneficiaries will also benefit from access to health services and WASH provision.

**WASH:** The rehabilitation of water sources will benefit everyone in the catchment population – men, women, boys and girls. SC will target vulnerable households from the IDP population to benefit from latrine construction, which will prioritise the most vulnerable households, such as child and female headed households, and households with high number of children, disabled or elderly members.

#### **4. Grant Request Justification**

Access to health, nutrition, and WASH services in the targeted IDPs is very poor as indicated under the need assessment section above. The formation of mobile IERTs (Integrated Emergency Response Teams) will ensure increased access to these life-saving services in targeted IDPs. Furthermore, the host communities will also benefit through provision of care for communicable and non-communicable diseases among adult and elderly, along with the development of a health response plan as contingency to any outbreak conditions. Through the integration of screening for acute malnutrition, IYCF practices and WASH interventions, this programme will pre-empt and mitigate a worsening of the nutrition situation due to continued drought in the region. In particular, the promotion of optimal IYCF practices, especially breastfeeding, is a crucial life-saving intervention in a context where water sanitation and hygiene condition is poor. A primary principle of SC response is based on providing equitable services to affected populations. Before intervention a brief mapping exercise of services with the participation of the IDP community to identify, marginalized and vulnerable households within the IDPs will be done, and deliberate steps will be taken to ensure that these marginalized groups are targeted with services.

#### **5. Complementarity**

In North Mudug SC is implementing a health project funded through UNICEF supporting a total of 46 health facilities in Gaalkacyo, Jarriban, and Goldogob. Another project funded through EU provides services through mobile teams to targets some IDP locations in North Gaalkacyo. The proposed project will compliment ongoing drought response efforts in the proposed areas of intervention with the aim of continuing to improve access to integrated basic social services to support vulnerable communities to include nutrition interventions. . The nutrition team will work with the WASH teams to support the WASH component of the OTP specially by ensuring that all sites have gender desegregated latrines and hand washing facilities, also primarily to target hygiene kits distributions for families with malnourished children. The community nutrition volunteers and community hygiene volunteers will work together during home visit to address any hygiene and sanitation related issues of families with children admitted to OTP/TSFP program. The nutrition activities like IYCF key message dissemination will be integrated with FSL during the community gathering. IYCF key messaging in child mother friendly space and mental health and psychosocial support for children with acute malnutrition to enhance child protection and child right issues.

SC is highly active in national and regional coordination mechanisms in Puntland, Somaliland, South Somalia and Nairobi. We regularly participate in regional and national Cluster coordination - Health, and Nutrition and WASH and is the Cluster Co-Coordinator for the Health cluster, and the Chair for the Health NGO forum. This means SC is proactively sharing information with other health agencies; assisting in jointly assessing/analyzing information; prioritizing in-country interventions and locations to fill gaps and avoid the duplication of efforts; monitoring the humanitarian situation and the sector response; adapting/re-planning as necessary; mobilizing resources; and advocating for humanitarian action. As SC intends to prioritize IDPs and new displacements, we will work closely with UNOCHA who coordinates humanitarian partners and local authorities to monitor and assess the influx of IDPs.

### **LOGICAL FRAMEWORK**

#### **Overall project objective**

To provide integrated lifesaving health, nutrition and WASH services to drought and conflict affected communities in IDPs of Gaalkacyo North.

| 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                      |       |      |       |           |
| <b>Contribution to Cluster/Sector Objectives :</b> In order to improve access to primary health care and therefore reduce excess morbidity and mortality, SC will support two IERT teams in North Gaalkacyo, for eight IDPs namely Bali abar-IDP, Najah -IDP, Ala-Amin-IDP, and Salam-IDP II, Doonyaale-IDP, Hala booqad-IDP, Wayo arag –IDP and Furaad-IDP. The Integrated Emergency mobile teams (IERTs) will provide outpatient consultations, routine immunizations, maternal healthcare as well as disease surveillance and health promotion.  |         |  |                          |       |      |       |           |
| <b>Outcome 1</b>  |         |  |                          |       |      |       |           |
| Targeted beneficiaries have improved access to quality primary health services in North Gaalkacyo IDPs  |         |  |                          |       |      |       |           |
| <b>Output 1.1</b>   |         |  |                          |       |      |       |           |
| <b>Description</b>  |         |  |                          |       |      |       |           |
| IDP communities in North Gaalkacyo IDPs access to basic primary health care services is increased   |         |  |                          |       |      |       |           |
| <b>Assumptions &amp; Risks</b>  |         |  |                          |       |      |       |           |
| <ul style="list-style-type: none"> <li>- no disruption to logistic supply chain to ensure timely delivery of materials</li> <li>- security remains stable to ensure continued access to target communities</li> <li>- communities are willing and able to utilize services available</li> <li>- MOH are willing to provide quantity and quality health facility staff required to run the facilities</li> </ul>   |         |  |                          |       |      |       |           |
| <b>Indicators</b>   |         |  |                          |       |      |       |           |
| Code  | Cluster | Indicator  | End cycle beneficiaries  |       |      |       | End cycle |
|   |         |  | Men                      | Women | Boys | Girls | Target    |
| Indicator 1.1.1   | Health  | Number of Outpatient Consultations (New)   |                          |       |      |       | 5,166     |
| <b>Means of Verification :</b> Facility reports, project monitoring reports   |         |  |                          |       |      |       |           |
| Indicator 1.1.2   | Health  | Number of pregnant women that complete at least 1 antenatal care (ANC) visit   |                          |       |      |       | 688       |
| <b>Means of Verification :</b> Mobile clinic reports  |         |  |                          |       |      |       |           |
| Indicator 1.1.3   | Health  | Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.  |                          |       |      |       | 34        |
| <b>Means of Verification :</b> Training records, attendance sheets, participant lists   |         |  |                          |       |      |       |           |
| <b>Activities</b>   |         |  |                          |       |      |       |           |
| <b>Activity 1.1.1</b>   |         |  |                          |       |      |       |           |
| <b>Standard Activity : Primary health care services, consultations</b>  |         |  |                          |       |      |       |           |
| Outpatient consultations (Men - 1,396, Women - 1,446, Boys - 1,137, Girls - 1,188): Mobile IERTs will provide outpatient consultations, including diagnosis and treatment of common illnesses, like diarrhoea, pneumonia and malaria, including route immunization for children and PLWs. Given acute watery diarrhoea (AWD)/cholera is so prominent. All cases presenting with AWD/cholera will be given prompt rehydration through the administration of oral rehydration salts (ORS) or intravenous fluids, depending of the severity of cases. For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes. In order to ensure timely access to treatment, cases will be immediately referred to existing cholera treatment centres for further care if needed. Services will be provided through two IERTs Gaalkacyo north The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Financial incentives will be provided to MOH facility personnel. I SC will also ensure there is a referral network for health related emergencies whereby IERTs will refer patients to nearby health centres/ referral health centers or regional hospital for secondary care. SC will provide support of fuel and salary for the driver for referral of obstetric and other life-threatening emergencies. |         |  |                          |       |      |       |           |
| <b>Activity 1.1.2</b>   |         |  |                          |       |      |       |           |
| <b>Standard Activity : Primary health care services, consultations</b>  |         |  |                          |       |      |       |           |
| Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including provision of antenatal care, post-natal care, and referral for normal delivery and for complicated deliveries. Survivors of rape will be given first aid management by the IERTs and referred for clinical management of rape to any of the SC supported health centers in North Gaalkacyo (Barwaaqo Health centre, Salaama health centre, Central health centre, Garsoor health centre, Hormar health centre and Gaalkacyo referral hospital).   |         |  |                          |       |      |       |           |
| <b>Activity 1.1.3</b>   |         |  |                          |       |      |       |           |
| <b>Standard Activity : Emergency Preparedness and Response capacities</b>   |         |  |                          |       |      |       |           |

In order to build the IERT, Save the Children (SC) will conduct training of 34 health workers on Integrated Management of Childhood Illnesses (IMCI) and AWD case management and control for adolescence for 6 days to enable participants to classify, identify treatment and treat childhood illnesses and AWD cases for adolescences, Basic Emergency Obstetric and neonatal care (BEmONC) for 6 days which covers provision of antenatal care, postnatal care, safe deliveries and neonatal care and Expanded Programme on Immunization (EPI) for 5 days, which covers the basis of immunization, Immunization schedule, safe administration of vaccines, vaccination strategy, common side effects and so on. In the training beneficiary numbers we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total to 34. This includes everybody that will benefit from training. The numbers in the BOQ and narrative are not matching, because some staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics. These trainings will contribute to the improving the quality of health services delivered to the affected IDP populations by improving the capacity of service providers.

### Output 1.2

#### Description

Strengthened surveillance of communicable diseases, including AWD/Cholera, and creation of a preparedness response plan to respond to outbreaks.

#### Assumptions & Risks

- security remains stable to ensure continued access to target communities
- CHWs and facility staff are willing and able to collate information and report on a weekly basis

#### Indicators

| Code            | Cluster | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|---------|---|-------------------------|-------|------|-------|-----------|
|                 |         |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1 | Health  | Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks. |                         |       |      |       | 2         |

**Means of Verification** : Number of facilities providing regular weekly DEWS reports - Health facility reports/DEWS reports

#### Activities

##### Activity 1.2.1

##### Standard Activity : Epidemic disease surveillance

Two Integrated Emergency mobile teams (IERTs) which will be targeting 8 designated sites in the North Gaalkacyo IDPs (Bali abar IDP, Najah IDP, Ala-Amin IDP, Salam IDP II, Doonyaale IDP, Hala booqad IDP, Wayo arag IDP, Furaad IDP) in rotation will be supported. Recognizing the vital role of disease surveillance in ensuring timely and effective response to disease outbreaks, especially in relation to cholera prevention and control, SC will ensure that information is collected on a routine basis and information on suspected cases shared immediately with the MOH and WHO to trigger immediate action and timely response. To ensure the timely, relevant collection of data, SC will ensure that the Integrated Disease Surveillance and Response (IDSR) forms are available in all IERTs. Health workers will fill in the forms and submit them to the district health authorities on a weekly basis for onward transmission to the regional level, and thereafter to the central government. At the community level, health workers will identify and report any outbreak-prone diseases through the nearest facility. The majority of health workers are familiar with this system, but SC will monitor the correct use of the forms and community reporting and include orientation in any refresher training to ensure that the system is followed. SCI will train and equip response teams comprising of local leaders, health workers and community volunteers on disease surveillance.

### Output 1.3

#### Description

Men, women, boys, and girls reached health promotion messages

#### Assumptions & Risks

- security remains stable to ensure continued access to target communities
- communities are willing and able to utilize services available

#### Indicators

| Code            | Cluster | Indicator  | End cycle beneficiaries |       |       |       | End cycle |
|-----------------|---------|--|-------------------------|-------|-------|-------|-----------|
|                 |         |  | Men                     | Women | Boys  | Girls | Target    |
| Indicator 1.3.1 | Health  | Number of people (men, women, boys and girls) reached by health promotion message. | 1,860                   | 1,923 | 1,515 | 1,584 | 6,882     |

**Means of Verification** : Hygiene promoter reports, project monitoring reports

#### Activities

##### Activity 1.3.1

##### Standard Activity : Awareness campaigns and Social Mobilization

SC will disseminate Health promotion messages amongst drought affected communities at the facility level and at the community level. SC will develop, print and disseminate translated health and hygiene messages that will be used by CHW for conducting awareness session to target beneficiaries at the community level, via house-to-house visits as well as through small groups. As well as standard positive health practices and behaviours, messages will particularly focus on the prevention of and treatment for AWD/cholera, as well as promote positive health seeking behavior to boost demand for and utilization of the supported health facilities.

#### Additional Targets :

| Nutrition  |           |  |                         |       |                          |       |           |
|--|-----------|--|-------------------------|-------|--------------------------|-------|-----------|
| Cluster objectives   |           | Strategic Response Plan (SRP) objectives   |                         |       | Percentage of activities |       |           |
| Improve equitable access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases   |           | 2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people |                         |       | 100                      |       |           |
| <b>Contribution to Cluster/Sector Objectives :</b> The proposed nutrition project is in line with nutrition cluster strategic objectives of 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.  |           |  |                         |       |                          |       |           |
| <b>Outcome 1</b>   |           |  |                         |       |                          |       |           |
| Improved access to nutrition services for children and Pregnant and Lactating women with acute malnutrition in drought affected Galkayo IDPs of Mudug region. Targeted communities have improved access to quality nutrition services for children and pregnant and lactating women to prevent and treat acute malnutrition.   |           |  |                         |       |                          |       |           |
| <b>Output 1.1</b>  |           |  |                         |       |                          |       |           |
| <b>Description</b>   |           |  |                         |       |                          |       |           |
| Provision of effective treatment for 8,136 (3,060 boys, 3070 girls and 1006 PLWs) in Galkayo. These are children under-five and Pregnant lactating women with acute malnutrition at Targeted supplementary feeding programmes (TSFP) and Outpatient Therapeutic Programme (OTP).   |           |  |                         |       |                          |       |           |
| <b>Assumptions &amp; Risks</b>   |           |  |                         |       |                          |       |           |
| - UNICEF and WFP will provide supplies required for the project<br>- Security situation in the area will be stable and OTP/TSFP sites are accessible for nutrition program team.   |           |  |                         |       |                          |       |           |
| <b>Indicators</b>  |           |  |                         |       |                          |       |           |
| 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  |                         |       |                          |       | 8,136     |
| <b>Means of Verification :</b> Admission registers, referral reports, attendance records   |           |  |                         |       |                          |       |           |
| Indicator 1.1.2  | Nutrition | Number of boys and girls admitted into OTP (Outpatient Therapeutic Programme)  |                         |       |                          |       | 1,188     |
| <b>Means of Verification :</b> Referral reports, OTP reports and registers   |           |  |                         |       |                          |       |           |
| Indicator 1.1.3  | Nutrition | Number of boys, girls and PLWs admitted into Targeted Supplementary Feeding Programmes (TSFP)  |                         |       |                          |       | 6,948     |
| <b>Means of Verification :</b> Training records/attendance sheets  |           |  |                         |       |                          |       |           |
| <b>Activities</b>  |           |  |                         |       |                          |       |           |
| <b>Activity 1.1.1</b>  |           |  |                         |       |                          |       |           |
| <b>Standard Activity : Community screening for malnutrition and referral</b>   |           |  |                         |       |                          |       |           |
| Community nutrition volunteers with the support of community mobilizers will screen all children under five years of age as well as pregnant and lactating women to enhance early detection, timely referral and treatment in the community. With a target of 8136 (Women - 1,140, Boys - 3,498, Girls - 3,498) children and pregnant and lactating women admitted in treatment programmes. Identification of children with acute malnutrition needs repeated screening on weekly, biweekly bases, and the community nutrition volunteers are currently doing on monthly bases in Galkayo IDPs. MUAC measurement is simple to understand and to do it and empowering mothers by giving the skill of screening their children using colored MUAC tape and how to do oedema checking will enable early identification cases of acute malnutrition and timely treatment, and will also improves program coverage. Putting mothers at center of screening and case identifications of children with acute malnutrition will empower the mothers not only encouraging them to seek early treatment but also give the opportunity to monitor the nutrition status of their children and encourage them to take necessary actions to prevent acute malnutrition. Children with severe acute malnutrition (SAM) will be immediately referred to OTP (Outpatient Therapeutic Programme). Children identified with moderate acute malnutrition (MAM) will be referred for Targeted supplementary feeding programmes (TSFP). Pregnant and lactating women with a Mid-Upper Arm Circumference (MUAC) less than 21.0 cm will also be referred to the TSFP. Those identified to be malnourished will be treated for acute malnutrition in line with the Somalia IMAM guidelines 2010. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC and W/H Score assessment will be done by trained nutrition nurse at OTP/TSFP centers |           |  |                         |       |                          |       |           |
| <b>Activity 1.1.2</b>  |           |  |                         |       |                          |       |           |
| <b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>   |           |  |                         |       |                          |       |           |

In this project is Save the Children proposed to support 8 OTPs (outpatient therapeutic programme) targeted in Galkayo of Mudug region. Targeting 1188 (Boys - 594, Girls - 594). Identification of children with SAM will be done through Mid-Upper Arm Circumference (MUAC)/ WFH-Z scores screening and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height z-score= $\leq$ -3 or Oedema +/+ will be assessed for medical complications and admitted to the OTP. Treatment will be administered by trained nutrition nurses. After admission SAM children in the program will undergo a thorough clinical examination by OTP nurses and will start the standard systematic medical treatment based on the national protocol. Furthermore, basic primary health care services (Vitamin A Supplementation and treatment of common illnesses) will also be provided. The amount of Plumpy Nut given to beneficiaries is determined by the child's weight. The amount of RUTF (ready to use therapeutic foods) given to beneficiaries is determined by the child's weight based on the intake requirement of a severely malnourished child of 175kcal/kg/day and 4.4g/kg/day of protein. The nutrition team will work together with the WASH team in providing caretakers/ OTP beneficiaries with one bar of soap every week in support of the health and nutrition messaging which will be delivered at the health facility, and this will reinforce good hygiene practices, especially during feeding. The community mobiliser/hygiene promoters will undertake BCC and hygiene promotion sessions including: Safe disposal of excreta, Effective hand washing (Personal hygiene), Environmental hygiene, reducing the contamination of household drinking water (Water treatment). Trained voluntary HPs individuals who attended the hygiene promotion sessions were also provided with IEC materials for the quick understanding and effective dissemination of hygiene promotion message at grass root level and at the MCH centers. In addition, all targeted health facilities have access to clean drinking water which patients and caretakers can use for drinking and during children's appetite test. Based on the discharge criteria (when MUAC  $\geq$ 12.5 and/or weight for height z-scores  $\Rightarrow$  -2 for two consecutive weeks) for the OTP, children will be admitted to the TSFP program to ensure that children do not relapse. This is in line with the Somalia Nutrition Cluster guidance. With regards to supplies, Save the Children already has PCAs with UNICEF for RUTF supplies for SAM treatment in our OTPs, however it should be noted that currently NONE of the locations proposed under this project are covered under our current PCAs with UNICEF and we will therefore need to negotiate this with them, which can be a long and timely process. 30% buffer stock will allow SC to cover this period of negotiation with UNICEF to avoid any disruption to supplies.

### Activity 1.1.3

#### Standard Activity : Treatment of Moderate Acute malnutrition in children 0-59months

The TSFP will be integrated with the 8 SFPs in Galkayo through the two mobile teams. Activities will be done according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines for treatment of moderately malnourished children 6 to 59 months and PLW. TSFP sessions will be conducted every two weeks with food received from WFP through a Field Level Agreement (FLA). Each child will receive a 2-week supply of Ready to Use Supplementary Food (RUSF). Children will also receive deworming tablets and vitamin A supplementation in addition to referral for immunization to their nearest health facility. Children will be discharged when MUAC  $\geq$ 12.5 and/or weight for height z-scores  $\Rightarrow$  -2 for two consecutive visits and after 6 weeks' minimum stay in TSFP. The TSFP performance will be expected to attain a cure rate of greater than 75%, default rate less than 15% and death rate less than 5%. Health education sessions will be conducted during follow up visits with emphasis on how to prevent undernutrition. The action will focus on interventions to improve IYCF, maternal nutrition, micronutrients supplementation and prevention of diarrhea by promoting handwashing and improved sanitation practice. Wherever possible, Save the Children has FLAs with WFP to secure RUSF supplies for treatment of MAM in our TSFPs. Save the Children will implement an emergency protocol whereby we will collaborate with UNICEF to implement expanded admission criteria at the supported TSFPs whereby we will utilize RUTF supplies. The expanded admission protocol will be used according to the latest guidance from the MAM Task force, March 2017 which was also endorsed by Somalia Nutrition cluster, and following strict criteria. However, as outlined above in the OTP activity, it should be noted that currently none of the locations proposed under this project are covered under our current PCAs with UNICEF and we will therefore need to negotiate this with them, which can be a long and timely process. Therefore for timely started of program Save the Children budgeted buffer stock of up 20% that will allow to cover this period of negotiation with UNICEF to avoid any disruption to supplies.

PLWS identified with moderate acute malnutrition by use of MUAC of  $<$ 21CM shall be admitted in the TSFP and treated as well. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation.

### Output 1.2

#### Description

Provision of optimal IYCF practice Key messages to 35,410(30,410 women and 4,000 men in the community and 1523 will be provided one to one counselling in Galkayo IDPs.

#### Assumptions & Risks

- Security situation in the area Galkayo IDPs will be stable and sites for nutrition treatments are accessible for nutrition program team

#### Indicators

| Code            | Cluster   | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|-----------|--|-------------------------|-------|------|-------|-----------|
|                 |           |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1 | Nutrition | Number of caregivers (male and female) receiving IYCF promotion key messages at facility and community level |                         |       |      |       | 54,332    |

#### Means of Verification : IYCF monthly reports

|                 |           |  |  |  |  |  |    |
|-----------------|-----------|--|--|--|--|--|----|
| Indicator 1.2.2 | Nutrition | Number of Mother to Mother support groups (MtMSG) established (10 MtMSG will be established and each mother supporting group will be consisting of 5 to 10 member making a total of 100) |  |  |  |  | 60 |
|-----------------|-----------|--|--|--|--|--|----|

#### Means of Verification : IYCF monthly reports

|                 |           |  |  |  |  |  |       |
|-----------------|-----------|--|--|--|--|--|-------|
| Indicator 1.2.3 | Nutrition | Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level. |  |  |  |  | 1,583 |
|-----------------|-----------|--|--|--|--|--|-------|

#### Means of Verification : IYCF registers, monthly reports

|                 |           |  |  |  |  |  |    |
|-----------------|-----------|--|--|--|--|--|----|
| Indicator 1.2.4 | Nutrition | Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion |  |  |  |  | 20 |
|-----------------|-----------|--|--|--|--|--|----|

#### Means of Verification : Training reports

## Activities

### Activity 1.2.1

#### Standard Activity : Infant and young child feeding promotion

SC will conduct regular group sessions at nutrition centers 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. In addition to care givers of children admitted to the OTP and TSFP, fathers, religious and clan leaders will be targeted to sensitize and increase awareness about IYCF. SC will also employ Infant and Young Child Feeding (IYCF) counsellors to 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/mothers 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. The IYCF-E component will be directed at promoting early initiation of breastfeeding within one hour of birth, exclusive breastfeeding up to 6 months, and timely and appropriate complementary feeding for girls and boys 6-24 months while continuing breastfeeding, for 24 months, or beyond if mother and child desire. SC will disseminate key IYCF messages during community gathering and trainings to increase the community awareness about general optimal IYCF practices. Also to create supportive environment save the children will involve male other influential community members' in group sessions in addition to care givers of children admitted to the OTP (outpatient therapeutic programmes), TSFP (targeted supplementary feeding programme) it will target fathers, religious and clan leaders to sensitize and increase awareness about IYCF and malnutrition. The group sessions will be held on weekly bases at each nutrition sites Similarly IYCF promotion sessions will be held within the community to reach fathers, women that are not coming to health facilities, and other influential community members. By the end of the project a total of 54,332 (Female 48042 and 6290) beneficiaries with key IYCF message. And 1583 PLWs will also be received IYCF key messages.

### Activity 1.2.2

#### Standard Activity : Infant and young child feeding promotion

Establishing and Conducting MtMGS: These will be formed and overseen by IYCF counselor with the nutrition team with the support of Save the Children IYCF officer, involving 5-10 mothers who live nearby to each other in the communities. Each MtM group will meet for between 6 to 8 weeks' consecutive weeks in which they will have discussed the main topics on IYCF/IYCF-E. Each group will have a support group facilitator. Women experiencing difficulties with feeding and caring for their infants have the opportunity to gain individual support from a trained IYCF counselor through one on one counselling sessions, and peer support from other mothers. Support group facilitator shall be trained by the IYCF counsellors who will also offer them the support during the community sessions and encourage the mothers to lead the discussions. Weekly meetings of the MtM support groups will congregate in the communities and once in a while in the health facilities where they can raise issues and questions that they may need the IYCF counselors and nutrition team to answer. MtM support groups will complement and most likely link with the established women's groups already existing in the sites and other community networks that may be in place in Daynile and Galkayo. The support group facilitator will identify a lead mother to be trained on basic IYCF-E topics, including the importance of breastfeeding, complementary feeding, and care of the infants, among other topics. These topics will be placed on pictorial IEC materials that SC will print and distribute to the lead mothers following the training sessions. The lead mothers will use the IYCF counselling cards set to educate the other mothers as they hold their weekly group sessions within the community.

### Activity 1.2.3

#### Standard Activity : Infant and young child feeding counselling

IYCF individual counselling sessions: Mothers identified in the OTPs/TSFP and or communities with difficulties in either breastfeeding or complimentary feeding for their children, shall be provided with individual counselling session by the IYCF officer or counsellors. This will be done at the nutrition centre in giving privacy to the individual who will be attended by a female counsellor and or in the community, in the mother's home during the home visits by the counsellors.

### Activity 1.2.4

#### Standard Activity : Capacity building

The Community nutrition workers (10 CNVs) will be trained on early detection and screening using Mid-Upper Arm Circumference (MUAC) tape referral and home visits. Training will also cover key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits. In addition, ten (10) nutrition teams' staff will be trained on integrated management of acute malnutrition (IMAM) and IYCF. The training will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized for IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills.

#### Additional Targets :

### Water, Sanitation and Hygiene

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

**Contribution to Cluster/Sector Objectives :** Due to drought and conflict induced displacement in Galkayo North, SC will provide WASH services namely: water supply through rehabilitation of existing infrastructures and water trucking for schools and health/nutrition facilities; construction of shared latrines to reduce open defecation, and hygiene promotion both at community level and in schools as a preventative measure to disease outbreak.

### Outcome 1

Targeted communities have improved access to safe water, sanitation infrastructures and increased awareness of public health risks and health seeking hygiene practices

### Output 1.1

#### Description

Provision of safe water to drought affected IDPs in urban settlements, health & nutrition facilities including schools through the pipeline extension and rehabilitation of existing water infrastructures.

#### Assumptions & Risks



- no disruption to logistic supply chain to ensure timely delivery of materials
- security situation remains stable to ensure continued access to target communities

#### Indicators

| Code            | Cluster                       | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|-------------------------------|--|-------------------------|-------|------|-------|-----------|
|                 |                               |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.1.1 | Water, Sanitation and Hygiene | Number of people with sustained access to safe water |                         |       |      |       | 24,108    |

**Means of Verification** : Field monitoring reports

|                 |                               |  |  |  |  |  |   |
|-----------------|-------------------------------|--|--|--|--|--|---|
| Indicator 1.1.2 | Water, Sanitation and Hygiene | Number of 9,000 litres (equivalent to 45 barrels each 200 litres) water bladders installed with tap stands |  |  |  |  | 5 |
|-----------------|-------------------------------|--|--|--|--|--|---|

**Means of Verification** : Procurement/distribution reports, monitoring reports, final project reports

|                 |                               |   |  |  |  |  |    |
|-----------------|-------------------------------|---|--|--|--|--|----|
| Indicator 1.1.3 | Water, Sanitation and Hygiene | Number of health and nutrition centers and schools provided with safe water |  |  |  |  | 10 |
|-----------------|-------------------------------|---|--|--|--|--|----|

**Means of Verification** : Water trucking reports, monitoring reports, final project reports

#### Activities

##### Activity 1.1.1

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

Rehabilitation of Halabokhad and Orshe IDPs water system - through establishment of pipeline system, pipeline repairing, construction of 2 Water kiosks, rehabilitation of 2 Water tanks and upgrading of health facilities water storage tanks so that communities both at the nutrition/health centers surrounding and at the community level have access to affordable water. Halabokhad has an existing functional borehole which will complement the rehabilitation of their water system. Orshe IDP water will be provided through rehabilitation of borehole: with provision of borehold spare parts such as generator, submersible pumps and raiser mains: SC will rehabilitate one borehole in North Galkayo through provision and installation of 45 KVA generator, 11 KW submersible pump and replacement and installation of 30 pieces raiser mains (2 inch GI Class C pipes) the water from the borehole will serve Orshe IDP that is approximately 700 meters to the borehole and Women mental care center. Save the Children will rehabilitate the borehole in close collaboration with Puntland Water agency and target community in the surrounding IDPs.

##### Activity 1.1.2

##### Standard Activity : Water trucking/water Vouchers

SC will provide 45 truckloads of water of 8 cubic meter capacity water to 8 health and nutrition centers and 2 schools in North Galkayo through water trucking with a period of eight (8) consecutive months to ensure access to clean potable water for the most vulnerable and most susceptible to disease, namely children and PLWs. SC will provide 5 liters per outpatient per day at health/nutrition centers in the 8 target IDPs (The target IDPs are Bali abar, Najah, Ala-Amin, Salam II, Doonyaale, Furaad, Halaboqad and Waayo arag IDPs) with 7.5 liters person per day to beneficiaries at the community level. The water will be disinfected through chlorination before delivering to the beneficiaries. SC will provide prepositioned water bladder to IDPs that do not have water storage facilities.

#### Output 1.2

##### Description

Households in Galkayo north IDPs will have access to shared household latrines to reduce open defecation and restore dignity to the vulnerable members of the community especially women, girls and children.

##### Assumptions & Risks

- no disruption to logistic supply chain to ensure timely delivery of materials
- security remains stable to ensure continued access to target communities
- target communities/households are willing and able to manage and maintain the latrines

#### Indicators

| Code            | Cluster                       | Indicator   | End cycle beneficiaries |       |      |       | End cycle |
|-----------------|-------------------------------|---|-------------------------|-------|------|-------|-----------|
|                 |                               |   | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.2.1 | Water, Sanitation and Hygiene | Number of people with access to emergency sanitation facilities |                         |       |      |       | 960       |

**Means of Verification** : Construction reports, monitoring reports

|                 |                               |  |  |  |  |  |   |
|-----------------|-------------------------------|--|--|--|--|--|---|
| Indicator 1.2.2 | Water, Sanitation and Hygiene | Number of medical incinerators constructed in target IDPs health/nutrition centres |  |  |  |  | 2 |
|-----------------|-------------------------------|--|--|--|--|--|---|

**Means of Verification** : Construction reports, monitoring reports

#### Activities

##### Activity 1.2.1

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

Construction of shared Household latrines: SCI will construct 100 shared household latrines in 8 different IDPs in Galkayo north IDPs. Each latrine will be shared between 5 families, hence families will have access to sanitary facilities and will quit the practice of open defecation consequently reducing the chances of AWD/Cholera outbreak. Priority will be given to the households with AWD/cholera patients and with children in the OTP with SAM and recently discharged malnutrition patients to help prevent relapse into malnutrition. The latrines will be constructed by using hollow concrete block walls with plaster of both internal and external faces with 10 cm mass concrete floor, finished with 1:4 cement screed. The foundation will be construction will rubble stone foundation and shall rise 20 cm above the ground level. The septic tank will be excavated behind the latrine and will be covered with 10cm thick RRC cover slab extended 20cm to each corner. A sealed septic tank with vent pipe covered with mesh wire will be embedded on top of the septic so that good ventilation is created. The sewage pipe to the septic shall be installed with a tilt angle of 45 degree to avoid blockade due insufficient amount of flushing water. Rehabilitation of existing latrines: SC will rehabilitate 70 existing latrines in health, nutrition schools centres and community level through desludging and structure rehabilitation to improve protection of vulnerable family members and reduce open defecation thus reducing incidence of diarrhoea and other sanitary related diseases.

### Activity 1.2.2

#### Standard Activity : Solid Waste Management

Construction of medical incinerators: SC will construction 2 incinerators in IDP camps in Galkayo North IDPs health centres (Halabokhad and Salama II IDP centres) to improve the safe disposal of clinical waste material that are hazardous and can be very dangerous. In addition, SCI will distribute basic sanitation tools to nutrition/health and school facilities for cleanup campaigns. SC will distribute 50 prepositioned sanitation tools in targeted school, health and nutrition centres so as to conduct mass clean up campaigns. SCI will prepositioned distribute basic sanitation tools in the target IDPs the content of the sanitation tools includes, wheelbarrows, rakes, spade and hand gloves.

### Output 1.3

#### Description

Provision of community based hygiene promotion campaigns and sessions

#### Assumptions & Risks

- security remains stable to ensure continued access to target communities
- communities are willing to adopt new hygiene practices

#### Indicators

| Code  | Cluster                       | Indicator  | End cycle beneficiaries |       |      |       | End cycle |
|---|-------------------------------|--|-------------------------|-------|------|-------|-----------|
|   |                               |  | Men                     | Women | Boys | Girls | Target    |
| Indicator 1.3.1   | Water, Sanitation and Hygiene | Number of Water management Committees capacitated.                                 |                         |       |      |       | 40        |
| <b>Means of Verification</b> : Training records, attendance sheets, participant lists |                               |  |                         |       |      |       |           |
| Indicator 1.3.2   | Water, Sanitation and Hygiene | Number of people reached during hygiene promotion campaigns                        |                         |       |      |       | 6,888     |
| <b>Means of Verification</b> : Training records, attendance sheets, participant lists |                               |  |                         |       |      |       |           |
| Indicator 1.3.3   | Water, Sanitation and Hygiene | Number of Child Hygiene and Sanitation transformation (CHAST) trainings conducted. |                         |       |      |       | 10        |
| <b>Means of Verification</b> : Training records, attendant sheets                     |                               |  |                         |       |      |       |           |
| Indicator 1.3.4   | Water, Sanitation and Hygiene | Number of people who have received hygiene kits                                    |                         |       |      |       | 3,120     |

**Means of Verification** : Post Distribution Monitoring reports

#### Activities

### Activity 1.3.1

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

Training of Community Based WASH Committees / Volunteers: WASH committees as well as Hygiene promoters in existing schools/child friendly spaces, which comprise 50% for male and female will be given refresher training's based on water resource management, water access by voucher using the cluster manual which has many modules ranging from designing water voucher response, implementation process, selection and registration of beneficiaries and monitoring of water voucher systems. The same committees/monitors will be trained on hygiene promotion as well. Equal and active participation of both women and men will be encouraged to ensure participation of both genders in decision-making process. SC will also provide refresher training on borehole operation and maintenance for boreholes operators and will include cost recovery options for sustainable use and repair and maintenance purposes.

### Activity 1.3.2

#### Standard Activity : Community Hygiene promotion

Standard Hygiene Promotion Sessions: Hygiene Promotion sessions will be carried out through 40 hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion, Child to Child (C2C) through schools, and basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Hygiene promotion sessions will be conducted at household and community level with the help of community hygiene promotion volunteers. Men, women and children will be targeted during hygiene promotion sessions (by both male and female community volunteers) to ensure that there is consistency and consensus in the household on positive hygiene practices. The key approach will be the use of public gatherings and focus group discussions (where men and women will work together), and hygiene messages will focus on good personal hygiene practices, treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), safe disposal of children excreta and hand washing with soap at the 4 critical times as well as menstrual hygiene practices. 10 Hygiene volunteers will be given \$50 as incentives for the period of 4 month (20x100x4=\$8000) while the remaining balance of 2000 will be used to carryout mobilization of 10 campaigns on practical demonstrations on the proper use of household water treatment options (e.g. Aqua tabs) as well as practical hand washing activities carried publicly.

### Activity 1.3.3

#### Standard Activity : Institutional based Hygiene promotion

Hygiene promotion in schools through training of school aged Children: Establishment and strengthening School hygiene clubs through Child Hygiene and Sanitation training (CHAST): In addition, the project will carry out 10 Children's Hygiene And Sanitation Training (CHAST) in schools and later link to SC's long-term education program. This approach seeks to target pupils in schools as primary drivers of behavior change in hygiene practices amongst peers, within their families and in their immediate neighborhoods. The CHAST approach will also be used to organize student competitions on hygiene themes and messages that will be advanced through poems, songs and plays relevant in the social context. SC will adopt the cluster IEC materials which will be used to deliver issue specific knowledge and promote safer practices towards improved WASH outcomes. The material will be distributed to all target schools in Galkayo north IDPs camps.

#### Activity 1.3.4

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

SCI will procure 520 emergency hygiene kits and will be distributed to 520 families in Galkayo North IDPs. Hygiene Promotion staff and volunteers will conduct demonstrations on practical hand washing techniques to promote better hand washing practices and at the same time provide hygiene kits including aqua tabs, sanitary pads, 2 jerry cans(20L) and laundry soaps. During selecting of households (those with children admitted into TSFP and OTP) will be prioritized, in effort to promote good hygiene practice hence reduce the risks of relapse into malnutrition, and also cause sanitation related disease outbreaks. Each kit containing 2 jerry cans (20L), handwashing soap, 10 pcs of laundry soap, 200 pieces of Aqua-tabs and underwear with 2mx2m local shield.

#### Additional Targets :

### M & R

#### Monitoring & Reporting plan

SC's Monitoring, Evaluation, Accountability and Learning (MEAL) strategy is an integrated system that generates detailed, field-based information and continuously improves program quality and learning. Led by an independent MEAL team, this system ensures stakeholder's opinions are actively sought, activities are assessed against quality benchmarks, program improvement actions are planned and completed, and findings feedback into management decision making and organizational knowledge. A monitoring and evaluation plan will be developed for the project. This will include a detailed indicator performance tracking table that will be used to track progress towards performance targets. SC data collection tools will be used to collect and analyze project data. At project level, there will be a monthly reviews and analysis of data from program implementation, and the results will be used to make any required implementation adjustments. Monthly review meetings with SC staff will also include discussions, key challenges and actions on how to address the challenges. The last project review meeting will include an analysis of the overall project performance and of lessons learnt. SC MEAL team will conduct independent monitoring of program quality following standards that are agreed upon by the health, nutrition and WASH technical teams and the MEAL team. Outcomes of these monitoring visits will be discussed with the project teams to address quality shortcomings and identify solutions/actions. In addition, monthly narrative reports on the project progress will be documented as well as data on attendance and participation of targeted beneficiaries in project activities. With the consent of beneficiaries, photographs will be taken as appropriate, and cases studies developed to highlight the project impact.

#### Workplan

| Activitydescription   | Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|------|---|---|---|---|---|---|---|---|---|----|----|----|
| Health: Activity 1.1.1: Outpatient consultations (Men - 1,396, Women - 1,446, Boys - 1,137, Girls - 1,188): Mobile IERTs will provide outpatient consultations, including diagnosis and treatment of common illnesses, like diarrhoea, pneumonia and malaria, including route immunization for children and PLWs. Given acute watery diarrhoea (AWD)/cholera is so prominent. All cases presenting with AWD/cholera will be given prompt rehydration through the administration of oral rehydration salts (ORS) or intravenous fluids, depending of the severity of cases. For children up to five years, supplementary administration of zinc has a proven effective in reducing duration of diarrhea as well as reduction in successive diarrhea episodes. In order to ensure timely access to treatment, cases will be immediately referred to existing cholera treatment centres for further care if needed. Services will be provided through two IERTs Gaalkacyo north The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Financial incentives will be provided to MOH facility personnel. I SC will also ensure there is a referral network for health related emergencies whereby IERTs will refer patients to nearby health centres/ referral health centers or regional hospital for secondary care. SC will provide support of fuel and salary for the driver for referral of obstetric and other life-threatening emergencies. | 2018 | X | X | X | X | X | X | X | X | X | X  | X  | X  |
| Health: Activity 1.1.2: Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including provision of antenatal care, post-natal care, and referral for normal delivery and for complicated deliveries. Survivors of rape will be given first aid management by the IERTs and referred for clinical management of rape to any of the SC supported health centers in North Gaalkacyo (Barwaaqo Health centre, Salaama health centre, Central health centre, Garsoor health centre, Hormar health centre and Galkacyo referral hospital).  | 2018 | X | X | X | X | X | X | X | X | X | X  | X  | X  |

|  |      |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
|--|------|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Health: Activity 1.1.3: In order to build the IERT, Save the Children (SC) will conduct training of 34 health workers on Integrated Management of Childhood Illnesses (IMCI) and AWD case management and control for adolescence for 6 days to enable participants to classify, identify treatment and treat childhood illnesses and AWD cases for adolescences, Basic Emergency Obstetric and neonatal care (BEmONC) for 6 days which covers provision of antenatal care, postnatal care, safe deliveries and neonatal care and Expanded Programme on Immunization (EPI) for 5 days, which covers the basis of immunization, Immunization schedule, safe administration of vaccines, vaccination strategy, common side effects and so on. In the training beneficiary numbers we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total to 34. This includes everybody that will benefit from training. The numbers in the BOQ and narrative are not matching, because some staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics. These trainings will contribute to the improving the quality of health services delivered to the affected IDP populations by improving the capacity of service providers.  | 2018 | X |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Health: Activity 1.2.1: Two Integrated Emergency mobile teams (IERTs) which will be targeting 8 designated sites in the North Gaalkacyo IDPs (Bali abar IDP, Najah IDP, Ala-Amin IDP, Salam IDP II, Doonyaale IDP, Hala booqad IDP, Wayo arag IDP, Furaad IDP) in rotation will be supported. Recognizing the vital role of disease surveillance in ensuring timely and effective response to disease outbreaks, especially in relation to cholera prevention and control, SC will ensure that information is collected on a routine basis and information on suspected cases shared immediately with the MOH and WHO to trigger immediate action and timely response. To ensure the timely, relevant collection of data, SC will ensure that the Integrated Disease Surveillance and Response (IDSR) forms are available in all IERTs. Health workers will fill in the forms and submit them to the district health authorities on a weekly basis for onward transmission to the regional level, and thereafter to the central government. At the community level, health workers will identify and report any outbreak-prone diseases through the nearest facility. The majority of health workers are familiar with this system, but SC will monitor the correct use of the forms and community reporting and include orientation in any refresher training to ensure that the system is followed. SCI will train and equip response teams comprising of local leaders, health workers and community volunteers on disease surveillance.  | 2018 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Health: Activity 1.3.1: SC will disseminate Health promotion messages amongst drought affected communities at the facility level and at the community level. SC will develop, print and disseminate translated health and hygiene messages that will be used by CHW for conducting awareness session to target beneficiaries at the community level, via house-to-house visits as well as through small groups. As well as standard positive health practices and behaviours, messages will particularly focus on the prevention of and treatment for AWD/cholera, as well as promote positive health seeking behavior to boost demand for and utilization of the supported health facilities.   | 2018 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Nutrition: Activity 1.1.1: Community nutrition volunteers with the support of community mobilizers will screen all children under five years of age as well as pregnant and lactating women to enhance early detection, timely referral and treatment in the community. With a target of 8136 (Women - 1,140, Boys - 3,498, Girls - 3,498) children and pregnant and lactating women admitted in treatment programmes. Identification of children with acute malnutrition needs repeated screening on weekly, biweekly bases, and the community nutrition volunteers are currently doing on monthly bases in Galkayo IDPs. MUAC measurement is simple to understand and to do it and empowering mothers by giving the skill of screening their children using colored MUAC tape and how to do oedema checking will enable early identification cases of acute malnutrition and timely treatment, and will also improve program coverage. Putting mothers at center of screening and case identifications of children with acute malnutrition will empower the mothers not only encouraging them to seek early treatment but also give the opportunity to monitor the nutrition status of their children and encourage them to take necessary actions to prevent acute malnutrition. Children with severe acute malnutrition (SAM) will be immediately referred to OTP (Outpatient Therapeutic Programme). Children identified with moderate acute malnutrition (MAM) will be referred for Targeted supplementary feeding programmes (TSFP). Pregnant and lactating women with a Mid-Upper Arm Circumference (MUAC) less than 21.0 cm will also be referred to the TSFP. Those identified to be malnourished will be treated for acute malnutrition in line with the Somalia IMAM guidelines 2010. Community Nutrition Volunteers (CNVs) will also conduct home visits to do follow up of children admitted in the program. The MUAC and W/H Score assessment will be done by trained nutrition nurse at OTP/TSFP centers | 2018 | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X | X |

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| <p>Nutrition: Activity 1.1.2: In this project is Save the Children proposed to support 8 OTPs (outpatient therapeutic programme) targeted in Galkayo of Mudug region. Targeting 1188 (Boys - 594, Girls - 594). Identification of children with SAM will be done through Mid-Upper Arm Circumference (MUAC)/ WFH-Z scores screening and any child of 6-59 months with a MUAC of less than 11.5 cm and/or weight for height z-score=<math>\leq</math>-3 or Oedema +/++ will be assessed for medical complications and admitted to the OTP. Treatment will be administered by trained nutrition nurses. After admission SAM children in the program will undergo a thorough clinical examination by OTP nurses and will start the standard systematic medical treatment based on the national protocol. Furthermore, basic primary health care services (Vitamin A Supplementation and treatment of common illnesses) will also be provided. The amount of Plumpy Nut given to beneficiaries is determined by the child's weight. The amount of RUTF (ready to use therapeutic foods) given to beneficiaries is determined by the child's weight based on the intake requirement of a severely malnourished child of 175kcal/kg/day and 4.4g/kg/day of protein. The nutrition team will work together with the WASH team in providing caretakers/ OTP beneficiaries with one bar of soap every week in support of the health and nutrition messaging which will be delivered at the health facility, and this will reinforce good hygiene practices, especially during feeding. The community mobiliser/hygiene promoters will undertake BCC and hygiene promotion sessions including: Safe disposal of excreta, Effective hand washing (Personal hygiene), Environmental hygiene, reducing the contamination of household drinking water (Water treatment). Trained voluntary HPs individuals who attended the hygiene promotion sessions were also provided with IEC materials for the quick understanding and effective dissemination of hygiene promotion message at grass root level and at the MCH centers. In addition, all targeted health facilities have access to clean drinking water which patients and caretakers can use for drinking and during children's appetite test. Based on the discharge criteria (when MUAC <math>\geq</math>12.5 and/or weight for height z-scores <math>\Rightarrow</math> -2 for two consecutive weeks) for the OTP, children will be admitted to the TSFP program to ensure that children do not relapse. This is in line with the Somalia Nutrition Cluster guidance. With regards to supplies, Save the Children already has PCAs with UNICEF for RUTF supplies for SAM treatment in our OTPs, however it should be noted that currently NONE of the locations proposed under this project are covered under our current PCAs with UNICEF and we will therefore need to negotiate this with them, which can be a long and timely process. 30% buffer stock will allow SC to cover this period of negotiation with UNICEF to avoid any disruption to supplies.</p> | 2018 | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Nutrition: Activity 1.1.3: The TSFP will be integrated with the 8 SFPs in Galkayo through the two mobile teams. Activities will be done according to the Somalia Integrated Management of Acute Malnutrition (IMAM) guidelines for treatment of moderately malnourished children 6 to 59 months and PLW. TSFP sessions will be conducted every two weeks with food received from WFP through a Field Level Agreement (FLA). Each child will receive a 2-week supply of Ready to Use Supplementary Food (RUSF). Children will also receive deworming tablets and vitamin A supplementation in addition to referral for immunization to their nearest health facility. Children will be discharged when MUAC <math>\geq</math>12.5 and/or weight for height z-scores <math>\Rightarrow</math> -2 for two consecutive visits and after 6 weeks' minimum stay in TSFP. The TSFP performance will be expected to attain a cure rate of greater than 75%, default rate less than 15% and death rate less than 5%. Health education sessions will be conducted during follow up visits with emphasis on how to prevent undernutrition. The action will focus on interventions to improve IYCF, maternal nutrition, micronutrients supplementation and prevention of diarrhea by promoting handwashing and improved sanitation practice. Wherever possible, Save the Children has FLAs with WFP to secure RUSF supplies for treatment of MAM in our TSFPs. Save the Children will implement an emergency protocol whereby we will collaborate with UNICEF to implement expanded admission criteria at the supported TSFPs whereby we will utilize RUTF supplies. The expanded admission protocol will be used according to the latest guidance from the MAM Task force, March 2017 which was also endorsed by Somalia Nutrition cluster, and following strict criteria. However, as outlined above in the OTP activity, it should be noted that currently none of the locations proposed under this project are covered under our current PCAs with UNICEF and we will therefore need to negotiate this with them, which can be a long and timely process. Therefor for timely started of program Save the Children budgeted buffer stock of up 20% that will allow to cover this period of negotiation with UNICEF to avoid any disruption to supplies. PLWS identified with moderate acute malnutrition by use of MUAC of <math>&lt;</math>21CM shall be admitted in tot he TSFP and treated as well. All enrolled mothers shall be provided with a dry ration premix of fortified Corn-Soya Blend Plus (CSB+) and vegetable oil. Treatment supplies of CSB+ and supplementary Plumpy'Nut (Ready-to-use supplementary food (RUSF)) for TSFP as per the WFP food basket will be used in line with the routine medication, micro nutrient supplementation.</p>  | 2018 | X | X | X | X | X | X | X | X | X | X | X | X |

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| <p>Nutrition: Activity 1.2.1: SC will conduct regular group sessions at nutrition centers 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. In addition to care givers of children admitted to the OTP and TSFP, fathers, religious and clan leaders will be targeted to sensitize and increase awareness about IYCF. SC will also employ Infant and Young Child Feeding (IYCF) counsellors to 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/mothers 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. The IYCF-E component will be directed at promoting early initiation of breastfeeding within one hour of birth, exclusive breastfeeding up to 6 months, and timely and appropriate complementary feeding for girls and boys 6-24 months while continuing breastfeeding, for 24 months, or beyond if mother and child desire. SC will disseminate key IYCF messages during community gathering and trainings to increase the community awareness about general optimal IYCF practices. Also to create supportive environment save the children will involve male other influential community members' in group sessions in addition to care givers of children admitted to the OTP (outpatient therapeutic programmes), TSFP (targeted supplementary feeding programme) it will target fathers, religious and clan leaders to sensitize and increase awareness about IYCF and malnutrition. The group sessions will be held on weekly bases at each nutrition sites Similarly IYCF promotion sessions will be held within the community to reach fathers, women that are not coming to health facilities, and other influential community members. By the end of the project a total of 54,332 (Female 48042 and 6290) beneficiaries with key IYCF message. And 1583 PLWs will also be received IYCF key messages.</p> | 2018 | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Nutrition: Activity 1.2.2: Establishing and Conducting MtMGS: These will be formed and overseen by IYCF counselor with the nutrition team with the support of Save the Children IYCF officer, involving 5-10 mothers who live nearby to each other in the communities. Each MtM group will meet for between 6 to 8 weeks' consecutive weeks in which they will have discussed the main topics on IYCF/IYCF-E. Each group will have a support group facilitator. Women experiencing difficulties with feeding and caring for their infants have the opportunity to gain individual support from a trained IYCF counselor through one on one counselling sessions, and peer support from other mothers. Support group facilitator shall be trained by the IYCF counsellors who will also offer them the support during the community sessions and encourage the mothers to lead the discussions. Weekly meetings of the MtM support groups will congregate in the communities and once in a while in the health facilities where they can raise issues and questions that they may need the IYCF counselors and nutrition team to answer. MtM support groups will complement and most likely link with the established women's groups already existing in the sites and other community networks that may be in place in Daynile and Galkayo. The support group facilitator will identify a lead mother to be trained on basic IYCF-E topics, including the importance of breastfeeding, complementary feeding, and care of the infants, among other topics. These topics will be placed on pictorial IEC materials that SC will print and distribute to the lead mothers following the training sessions. The lead mothers will use the IYCF counselling cards set to educate the other mothers as they hold their weekly group sessions within the community.</p>   | 2018 | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Nutrition: Activity 1.2.3: IYCF individual counselling sessions: Mothers identified in the OTPs/TSFP and or communities with difficulties in either breastfeeding or complimentary feeding for their children, shall be provided with individual counselling session by the IYCF officer or counsellors. This will be done at the nutrition centre in giving privacy to the individual who will be attended by a female counsellor and or in the community, in the mother's home during the home visits by the counsellors.</p>   | 2018 | X | X | X | X | X | X | X | X | X | X | X | X |
| <p>Nutrition: Activity 1.2.4: The Community nutrition workers (10 CNVs) will be trained on early detection and screening using Mid-Upper Arm Circumference (MUAC) tape referral and home visits. Training will also cover key health, nutrition, and sanitation and hygiene messages to support and reinforce key messages during home visits. In addition, ten (10) nutrition teams' staff will be trained on integrated management of acute malnutrition (IMAM) and IYCF. The training will cover the basic concept, types and causes of malnutrition, treatment protocols of OTP and TSFP, community mobilization, and recording and reporting. IYCF training will also be organized for IYCF councilors and nutrition workers, and emphasis will be put on counselling and communication skills.</p>   | 2018 | X |   |   |   |   |   |   |   |   |   |   |   |

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| Water, Sanitation and Hygiene: Activity 1.1.1: Rehabilitation of Halabokhad and Orshe IDPs water system - through establishment of pipeline system, pipeline repairing, construction of 2 Water kiosks, rehabilitation of 2 Water tanks and upgrading of health facilities water storage tanks so that communities both at the nutrition/health centers surrounding and at the community level have access to affordable water. Halabokhad has an existing functional borehole which will complement the rehabilitation of their water system. Orshe IDP water will be provided through rehabilitation of borehole: with provision of borehold spare parts such as generator, submersible pumps and raiser mains: SC will rehabilitate one borehole in North Galkayo through provision and installation of 45 KVA generator, 11 KW submersible pump and replacement and installation of 30 pieces raiser mains (2 inch GI Class C pipes) the water from the borehole will serve Orshe IDP that is approximately 700 meters to the borehole and Women mental care center. Save the Children will rehabilitate the borehole in close collaboration with Puntland Water agency and target community in the surrounding IDPs.  | 2018 |  |   | X | X | X |   |   |   |   |  |  |  |  |  |  |  |  |  |
| Water, Sanitation and Hygiene: Activity 1.1.2: SC will provide 45 truckloads of water of 8 cubic meter capacity water to 8 health and nutrition centers and 2 schools in North Galkayo through water trucking with a period of eight (8) consecutive months to ensure access to clean potable water for the most vulnerable and most susceptible to disease, namely children and PLWs.SC will provide 5 liters per outpatient per day at health/nutrition centers in the 8 target IDPs (The target IDPs are Bali abar, Najah, Ala-Amin, Salam II, Doonyaale, Furaad, Halaboqad and Waayo arag IDPs) with 7.5 liters person per day to beneficiaries at the community level. The water will be disinfected through chlorination before delivering to the beneficiaries. SC will provide prepositioned water bladder to IDPs that do not have water storage facilities.  | 2018 |  | X | X | X | X | X | X | X | X |  |  |  |  |  |  |  |  |  |
| Water, Sanitation and Hygiene: Activity 1.2.1: Construction of shared Household latrines: SCI will construct 100 shared household latrines in 8 different IDPs in Galkayo north IDPs. Each latrine will be shared between 5 families, hence families will have access to sanitary facilities and will quit the practice of open defecation consequently reducing the chances of AWD/Cholera outbreak. Priority will be given to the households with AWD/cholera patients and with children in the OTP with SAM and recently discharged malnutrition patients to help prevent relapse into malnutrition. The latrines will be constructed by using hollow concrete block walls with plaster of both internal and external faces with 10 cm mass concrete floor, finished with 1:4 cement screed. The foundation will be construction will rubble stone foundation and shall rise 20 cm above the ground level. The septic tank will be excavated behind the latrine and will be covered with 10cm thick RRC cover slab extended 20cm to each corner. A sealed septic tank with vent pipe covered with mesh wire will be embedded on top of the septic so that good ventilation is created. The sewage pipe to the septic shall be installed with a tilt angle of 45 degree to avoid blockade due insufficient amount of flushing water. Rehabilitation of existing latrines: SC will rehabilitate 70 existing latrines in health, nutrition schools centres and community level through desludging and structure rehabilitation to improve protection of vulnerable family members and reduce open defecation thus reducing incidence of diarrhoea and other sanitary related diseases. | 2018 |  | X | X | X | X | X |   |   |   |  |  |  |  |  |  |  |  |  |
| Water, Sanitation and Hygiene: Activity 1.2.2: Construction of medical incinerators: SC will construction 2 incinerators in IDP camps in Galkayo North IDPs health centres (Halabokhad and Salama II IDP centres) to improve the safe disposal of clinical waste material that are hazardous and can be very dangerous. In addition, SCI will distribute basic sanitation tools to nutrition/health and school facilities for cleanup campaigns. SC will distribute 50 prepositioned sanitation tools in targeted school, health and nutrition centres so as to conduct mass clean up campaigns. SCI will prepositioned distribute basic sanitation tools in the target IDPs the content of the sanitation tools includes, wheelbarrows, rakes, spade and hand gloves.   | 2018 |  | X | X | X | X | X |   |   |   |  |  |  |  |  |  |  |  |  |
| Water, Sanitation and Hygiene: Activity 1.3.1: Training of Community Based WASH Committees / Volunteers: WASH committees as well as Hygiene promoters in existing schools/child friendly spaces, which comprise 50% for male and female will be given refresher training's based on water resource management, water access by voucher using the cluster manual which has many modules ranging from designing water voucher response, implementation process, selection and registration of beneficiaries and monitoring of water voucher systems. The same committees/monitors will be trained on hygiene promotion as well. Equal and active participation of both women and men will be encouraged to ensure participation of both genders in decision-making process. SC will also provide refresher training on borehole operation and maintenance for boreholes operators and will include cost recovery options for sustainable use and repair and maintenance purposes.  | 2018 |  | X | X |   |   |   |   |   |   |  |  |  |  |  |  |  |  |  |

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| <p>Water, Sanitation and Hygiene: Activity 1.3.2: Standard Hygiene Promotion Sessions: Hygiene Promotion sessions will be carried out through 40 hygiene promotion volunteers identified from the targeted communities and trained on basic hygiene promotion, Child to Child (C2C) through schools, and basic steps of participatory hygiene and sanitation transformation (PHAST), which are appropriate for emergency situations. Hygiene promotion sessions will be conducted at household and community level with the help of community hygiene promotion volunteers. Men, women and children will be targeted during hygiene promotion sessions (by both male and female community volunteers) to ensure that there is consistency and consensus in the household on positive hygiene practices. The key approach will be the use of public gatherings and focus group discussions (where men and women will work together), and hygiene messages will focus on good personal hygiene practices, treatment of drinking water at Point-of-Use (POU), safe handling of water for consumption, good use/maintenance of latrines (and ending open defecation), safe disposal of children excreta and hand washing with soap at the 4 critical times as well as menstrual hygiene practices.10 Hygiene volunteers will be given \$50 as incentives for the period of 4 month (20x100x4=\$8000) while the remaining balance of 2000 will be used to carryout mobilization of 10 campaigns on practical demonstrations on the proper use of household water treatment options (e.g. Aqua tabs) as well as practical hand washing activities carried publicly.</p> | 2018 |  | X | X | X | X |  |
| <p>Water, Sanitation and Hygiene: Activity 1.3.3: Hygiene promotion in schools through training of school aged Children: Establishment and strengthening School hygiene clubs through Child Hygiene and Sanitation training (CHAST): In addition, the project will carry out 10 Children's Hygiene And Sanitation Training (CHAST) in schools and later link to SC's long-term education program. This approach seeks to target pupils in schools as primary drivers of behavior change in hygiene practices amongst peers, within their families and in their immediate neighborhoods. The CHAST approach will also be used to organize student competitions on hygiene themes and messages that will be advanced through poems, songs and plays relevant in the social context. SC will adopt the cluster IEC materials which will be used to deliver issue specific knowledge and promote safer practices towards improved WASH outcomes. The material will be distributed to all target schools in Galkayo north IDPs camps.</p>  | 2018 |  | X | X |   |   |  |
| <p>Water, Sanitation and Hygiene: Activity 1.3.4: SCI will procure 520 emergency hygiene kits and will be distributed to 520 families in Galkayo North IDPs. Hygiene Promotion staff and volunteers will conduct demonstrations on practical hand washing techniques to promote better hand washing practices and at the same time provide hygiene kits including aqua tabs, sanitary pads, 2 jerry cans(20L) and laundry soaps. During selecting of households (those with children admitted into TSFP and OTP) will be prioritized, in effort to promote good hygiene practice hence reduce the risks of relapse into malnutrition, and also cause sanitation related disease outbreaks. Each kit containing 2 jerry cans (20L), handwashing soap, 10 pcs of laundry soap, 200 pieces of Aqua-tabs and underwear with 2mx2m local shield.</p>   | 2018 |  | X | X |   |   |  |

**OTHER INFO**

**Accountability to Affected Populations**

Accountability to beneficiaries will focus on extensive sharing of information about this program in terms of what it is aimed at achieving, avenues for community participation and mechanisms for beneficiaries to give feedback or log complaints upon dissatisfaction. In terms of participation, beneficiaries are given information on activities or processes in which they can participate and are invited to participate. Some of the activities where beneficiaries participate include identification of community needs and priorities, selection of beneficiaries, monitoring and evaluation of the program. Specific attention to mechanisms for child participation are created. The program will establish community preferred mechanisms for giving feedback during the different formative assessment activities. Based on the findings, appropriate feedback and complaints mechanisms will be put in place to gather feedback that will be used to improve the program and the overall response.

**Implementation Plan**

SCI will implement this as an integrated project whereby beneficiaries will benefit from multiple activities to address their multi-dimensional and integrated needs.

**HEALTH:** Primary healthcare services will be provided through IERTs. The team will be equipped with essential drugs, vaccines, and the necessary medical equipment and supplies. Qualified MOH staff will provide 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 antenatal care (ANC), postnatal care (PNC), and referral for birth complications. Disease surveillance records will be reported to the MOH 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 on IMCI, EPI and BEmONC and regular supportive supervision.

**NUTRITION:** Nutrition services will also be delivered through the IERTs. To enhance early detection and timely referral of malnutrition cases, SC 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. Children and PLW are also routinely screened during outpatient consultations at our health clinics. Each child will receive a 2-week supply of Ready to Use Supplementary Food (RUSF), deworming tablets and vitamin A supplementation SAM cases with medical complications are referred to the nearest stabilization centre where they receive intensive in-patient care and treatment. This will be complemented by IYCF-E promotion with parents and caregivers. Nutrition services are provided at the same facilities health facilities to ensure integration of services and referrals between health and nutrition.

**WASH:** As highlighted above, SC has a specific focus on AWD/cholera prevention and as such will focus on improved access to clean drinking water through the rehabilitation of existing water infrastructures including water storage tanks, water points and pipeline extension in the IDPs and the provision of clean water to mobile IERTs, and schools within the IDPs. This will be complemented by the construction of 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 groups.



## **Coordination with other Organizations in project area**

| <b>Name of the organization</b>   | <b>Areas/activities of collaboration and rationale</b>   |
|---|--|
| World Health Organisation (WHO),Health Cluster,Ministry of Health,UNICEF,WFP,UNOCHA,Food Security Cluster,WASH Cluster,HADMA Somalia Disaster Management Agency and local drought response committees | Coordination of the response activities and oversight and disease early warning system,Coordination of the response activities and cluster approach and disease early warning system,Coordination of the response, joint monitoring and supervision, allocation of supplies,Supplies and cluster coordination,Supplies and cluster coordination,Coordination of the response activities by providing and getting regular drought response updates,Coordination of the response activities and oversight and market price monitoring and early warning system,Joint mapping and site identification will be undertaken with cluster partners in the proposed locations to ensure no sites are duplicated. Regular meetings both bilateral and cluster will be conducted to update on the progress.,Regular updates and Information sharing regarding the drought affected beneficiaries |

## **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**

SC Somalia is dedicated to ensuring all our programs, across all the thematic sectors, are gender sensitive as a minimum, whereby we take into account the unique needs and challenges of men, women, boys and girls. Wherever possible, SC strives to also tackle the root causes of gender inequality and make our programs gender transformative. To ensure gender equality integration there are two gender focal points in the SC Somalia, as well as a regional Gender Advisor in Nairobi, to provide technical support to the project design and implementation. SC has a gender equality policy and is guided by a set of guiding principles for gender equality integration. SC promotes gender balance in staffing and organizational leadership as best as possible. Based on our gender analysis, lessons learned and good practices from previous interventions, this project will:

- High levels of community mobilization is employed through Community Health Volunteers (50%F), which act as a linkage between the community and the health facilities and support improved health seeking 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. CNVs are trusted community members and this helps to ease concerns that may arise around health center utilization. CNVs are both women and men, in order to engage women, men, girls and boys in an inclusive, participatory manner.
- SC will employ several strategies for IYCF promotion: PLW, women of child bearing age, as well as men (particularly husbands/fathers) and those who influence IYCF behavior, such as grandmothers and mothers-in-law, will all receive sensitizing messages on IYCF, so that they contribute to improving practices/changing behaviors. 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 behavior, breastfeeding and other key child feeding and caring practices. All the IYCF counselors working in the nutrition centers 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 (50/50) as WASH/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**

Increased protection risks and violations are common in situations of drought, mostly as a consequence of the disaster and ensuing displacement, but also due to the increased stress disaster creates in a community and fragmentation of informal protection structures. Save the Children implements do-no-harm principle in its entire humanitarian and development work. This is ensured through the quality benchmarks that have been developed for all the specific activities carried out by the organization. Save the Children promotes impartiality at the heart of its work, and this is reflected in our Code of Conduct signed by Save the Children staff, as well as MOH health facility personnel, and it is included in MOUs with the MOH and community groups. Health and nutrition services at both the facility and community level are provided on based need and vulnerability criteria, regardless of religion, socio-economic status, sex or clan. For activities requiring beneficiary selection/targeting, beneficiary selection will be conducted through project committees with adequate knowledge on the target population, their needs, conflict dynamics and vulnerability of different groups. Use of community structures will ensure the project does not cause conflict or escalate existing tensions through unfair targeting processes.

Children who come into contact with Save the Children as a result of our activities must be safeguarded to the maximum possible extent from deliberate or inadvertent actions and failings that place them at risk of child abuse, sexual exploitation, injury and any other harm. This responsibility falls upon all of our staff and representatives and is reflected across many policies. This duty of care is enshrined in our Child Safeguarding Policy. All staff are required to undertake child safeguarding training as part of their induction process and are required to sign and adhere to the child safeguarding policy. The Policy requires that everyone associated with the organization is aware of their obligations and responds appropriately to issues of child abuse and the sexual exploitation of children. In this way we make Save the Children safe for children and by creating a child safe organisation; we honour their rights and our aspirations.

## **Country Specific Information**

### **Safety and Security**

Save the Children currently has access to the target project locations and robust security measures are implemented to ensure staff safety. These include information gathering, community acceptance, use of national staff with good knowledge of the area and liaison with other agencies. Save the Children's safety & security manual outlines procedures for managing an emergency or incident. This is complemented by a country specific safety and security management plan. We have a fully-fledged safety and security department centrally led by the Head of Safety & Security who oversees a team of dedicated area security managers based in each area office. Weekly staff meetings are held at both Nairobi and field level which include updating all staff about security incidents, how these impact our programmes and staff, and the decisions/actions taken. The safety and security team work closely with the regional security forums as well as national security bodies such as the NSP (NGO security programme), UNDSS (UN department for safety and security) and the local security authorities to access security information for early warning and early action. All staff are required to complete Personal Safety & Security training course as part of their induction; receive Basic First Aid training at least twice a year, and Psychological First Aid training at least once a year; and newly recruited staff must participate in a Resilience Profiling Training prior to starting their mission. Traumatic and Stress Management Training is required for Managers running programmes so they are able to support their junior staff. All staff, both national and expat, are provided with comprehensive health insurance and personal accident and disability insurance.

#### **Access**

Save the Children currently has access to North Gaalkacyo IDPs but will continue to participate in the regular INGO – Donor – UN coordination group that is monitoring humanitarian access in critical areas of Somalia. Should access to the area of intervention (or parts of it) be limited due to political/military events/decisions Save the Children will do everything possible to negotiate access without compromising security. Should the area become and remain inaccessible Save the Children will discuss with the donor about further procedures.

#### **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> |      |

| 19. H.8 Indirect Programme Support Costs |   |    |    |          |    |        |             |
|--|---|----|----|----------|----|--------|-------------|
| NA                                       | NA  | NA | 0  | 0.00     | 0  | 0      | 0.00        |
|  | NA  |    |    |          |    |        |             |
|  | <b>Section Total</b>  |    |    |          |    |        | <b>0.00</b> |
| 20. Staff and Other Personnel Costs      |   |    |    |          |    |        |             |
| 1.1                                      | Health/Nutrition/WASH Technical Specialist  | D  | 3  | 5,672.67 | 12 | 3.00   | 6,126.48    |
|  | <i>The three Health/Nutrition/WASH technical Specialists based in Hargeisa and Garowe will be responsible for project design ensuring the implementation is in line with the minimum international standards in place to include Sphere standards. Will be giving overall technical support to the project manager for both health, nutrition and WASH projects. The unit cost is \$5,672.67 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save The Children policy and SHF will contribute 3% over the life of the project.</i>  |    |    |          |    |        |             |
| 1.2                                      | Health/Nutrition/WASH Programme Manager   | D  | 3  | 4,000.00 | 12 | 15.00  | 21,600.00   |
|  | <i>The three Health/Nutrition/WASH Programme Managers based in Puntland will have the overall responsibility of ensuring quality reporting of Health, Nutrition and WASH projects in Puntland and provide support to the program staff by building capacity, management of supplies, reporting through the database and coordination, thus Health/Nutrition/WASH Programme manager will expect to extend support to SHF project team and dedicate part of his time to the quality programming. He/she will manage the project budgets and the staff by ensuring the submission of timely narrative project reports in compliance with Save The Children and donor compliance. The unit cost is \$4,000 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save the Children policy and SHF will contribute 15% over the life of the project.</i> |    |    |          |    |        |             |
| 1.3                                      | Health/Nutrition Officer  | D  | 1  | 1,400.00 | 12 | 100.00 | 16,800.00   |
|  | <i>The Health/Nutrition Project Officer will be based in Galkacyo will be responsible for the day to day project implementation, follow up of the Nurses, midwives and OTP/TSFP staff, provide technical support , capacity building of Ministry of Health staff. The unit cost is \$ 1,400 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 100%.</i>  |    |    |          |    |        |             |
| 1.4                                      | Health and Nutrition Supervisor   | D  | 2  | 500.00   | 12 | 100.00 | 12,000.00   |
|  | <i>The two Health and Nutrition Supervisors will be directly responsible for the mobile teams and will be supervising them on a day to day basis ensuring the team adheres to protocol and produces the daily/weekly OTP/TSFP/health site reports. The unit cost is \$500 for 12 months and SHF will contribute 100%.</i>   |    |    |          |    |        |             |
| 1.5                                      | Nurse OTP/TSFP  | D  | 4  | 400.00   | 12 | 100.00 | 19,200.00   |
|  | <i>The four OTP/TSFP nurses will perform day to day work of treatment and medical check of children with SAM /MAM at the sites and provide the treatment/refer cases that need referral to health facilities, the cost/incentive (equivalent to current) of nurses will be covered from SHF grant. The unit cost is \$400 for 12 months and SHF will contribute 100% over the life of the award.</i>  |    |    |          |    |        |             |
| 1.6                                      | Measurers/Screeners   | D  | 4  | 200.00   | 12 | 100.00 | 9,600.00    |
|  | <i>Four Measurers ( two per team) will be responsible for screening children and pregnant and lactating mothers in Galkacyo Internally Displaced Person sites by taking their anthropometric measures, and identify children and pregnant and lactating mothers who are eligible to the program- they will take MUAC , weight, height following correct procedure as per the guideline. The unit cost is \$ 200 for 12 months and SHF will contribute 100% over the life of the award.</i>  |    |    |          |    |        |             |
| 1.7                                      | Community Mobilizer   | D  | 2  | 200.00   | 12 | 100.00 | 4,800.00    |
|  | <i>Two Community Mobilizers will be responsible for community mobilization and supervision of Community Nutrition Volunteers. The unit cost is \$ 200 SHF will contribute 100% for 12 months.</i>   |    |    |          |    |        |             |
| 1.8                                      | IYCF counselors   | D  | 2  | 200.00   | 12 | 100.00 | 4,800.00    |
|  | <i>Two IYCF Counsellors will be primarily responsible for IYCF promotion and counselling. They will provide counselling for mothers with difficulties in adapting optimal IYCF practices; do follow up with mothers, responsible for conducting IYCF promotion sessions in the treatment centers and in the community. They will also responsible to support the recruitment of mother supporting groups, provide training and continues support. The unit cost is \$ 200 and SHF will contribute 100% over the life of the award for 12 months.</i>  |    |    |          |    |        |             |
| 1.9                                      | Dispenser   | D  | 2  | 200.00   | 12 | 100.00 | 4,800.00    |
|  | <i>Two Dispensers will be primarily responsible for distribution, recording and reporting of all Nutrition and health supplies and Systematic treatment at the sites. They will educate beneficiaries on the correct use of health and nutrition supplies. They will also responsible to safe guarding of all supplies in the site . The unit cost is \$ 200 for 12 months and SHF will contribute 100% over the life of the award.</i>   |    |    |          |    |        |             |
| 1.10                                     | Registrars  | D  | 2  | 200.00   | 12 | 100.00 | 4,800.00    |
|  | <i>Two registrars will be responsible for registering all children and pregnant and lactating mothers attending the sites by recording their anthropometric measures, and all information of the admitted children and pregnant and lactating mothers who are eligible to the program . The unit cost is \$ 200 for 12 months and SHF will contribute 100% over the life of the award.</i>  |    |    |          |    |        |             |
| 1.11                                     | Community Nutrition volunteers incentives   | D  | 10 | 50.00    | 12 | 100.00 | 6,000.00    |

|   |  |   |      |            |    |        |                   |
|---|--|---|------|------------|----|--------|-------------------|
|   | <i>Community Nutrition volunteers responsible for active case finding, referral and follow-up and tracing defaulters, attached to TSFP team. 10 Community Nutrition Volunteers will be recruited . They will receive \$ 50 per month for 12 months and SHF will contribute 100% over the life of the award.</i>  |   |      |            |    |        |                   |
| 1.12  | Nurse(OPD nurse)   | D | 2    | 400.00     | 12 | 100.00 | 9,600.00          |
|   | <i>The two Nurses(OPD nurse) will be involved in the provision of curative services to the communities. The unit cost is \$400/months each for a period of 12 months. SHF will contribute 100% over the life of the award.</i>   |   |      |            |    |        |                   |
| 1.13  | Qualified midwives   | D | 2    | 400.00     | 12 | 100.00 | 9,600.00          |
|   | <i>The two qualified midwives will provide preventive, promote and curative care to pregnant women and lactating women (antenatal and postnatal care and assistance during deliveries), recognize pregnancy related risks and refer cases in needs of CEmOC services. The unit cost is \$400/months each for a period of 12 months. SHF will contribute 100% over the life of the award.</i>   |   |      |            |    |        |                   |
| 1.14  | Auxillary Nurse (EPI)  | D | 2    | 200.00     | 12 | 100.00 | 4,800.00          |
|   | <i>The two Auxiliary Nurses(EPI) will assist the Nurses in giving medicines, record keeping, and performing procedures as assigned. The Unit Cost \$200/Months each for a period of 12 months. SHF will contribute 100% over the life of the award.</i>  |   |      |            |    |        |                   |
| 1.15  | WASH Officer   | D | 1    | 1,300.00   | 12 | 100.00 | 15,600.00         |
|   | <i>The WASH officer based in Galkacyo will be responsible for the day-to-day implementation of the project activities and will provide routine supervision to the project sites and provide support to the WASH Assistant and Community Hygiene Promoters volunteers. The unit cost is \$1,300 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save The Children policy and SHF will contribute 100% over the life of the project.</i>   |   |      |            |    |        |                   |
| 1.16  | WASH assistant   | D | 1    | 700.00     | 12 | 100.00 | 8,400.00          |
|   | <i>The WASH Assistants based in Galkacyo will also be responsible for the day-to-day implementation of the project activities and will ensure that all they hygiene promotion activities are implemented as per the standard. He/she will supervise the Community Hygiene Promoters volunteers. The unit cost is \$700 which is inclusive of medical, terminal grants and eid bonus in accordance with the Save The Children policy and SHF will contribute 100% over the life of the project.</i>   |   |      |            |    |        |                   |
| 1.17  | Support Staff costs  | S | 1    | 19,841.92  | 1  | 100.00 | 19,841.92         |
|   | <i>This will cover support staff based in Galkacyo's time spent on this project. The total cost is \$19,841.92.The breakdown is attached.</i>  |   |      |            |    |        |                   |
| 1.18  | Country Shared Costs - International salaries (Including Benefit)  | S | 1    | 49,043.00  | 12 | 1.88   | 11,064.10         |
|   | <i>This is related to international staff costs relating to shared activities/tasks. These activities/tasks benefit the whole Country office portfolio, and they are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The shared activities/tasks are primarily pertaining to the standard support function such as Human Resources, Finance, Administration, Grant management, Security and Logistic. The time spent by each support staff in performing tasks not specific for a grant (financial internal control, pre-selection of qualified suppliers, development of internal polices – i.e. anti-fraud, child safeguarding -, coordination with peers' organization and local authorities etc.) will be recorded (and documented) via the Save The Children Effort Reporting System (timesheet). The fair portion of the shared costs will be determined by the Save The Children Cost Allocation Methodology (CAM). Fair allocation to this award is \$11,064.10 which is a contribution of 1.88% of the monthly cost of \$49,043 over the project period.</i>                |   |      |            |    |        |                   |
| 1.19  | Country Shared Costs - National salaries (Including Benefit)   | s | 1    | 209,397.00 | 12 | 0.82   | 20,604.66         |
|   | <i>This is related to national staff costs concerning to shared activities/tasks. These activities/tasks benefit the whole Country Office and are essential to guarantee that programs are run efficiently in compliance with best practice, global policies and donor and national requirements/regulations. The shared activities/tasks are primarily pertaining to the standard support functions such as Human Resources, Finance, Administration, Grant Management, Security and Logistics. The time spent by each support staff in performing tasks that benefit all awards (financial internal control, pre-selection of qualified suppliers, development of internal polices – e.g. anti-fraud, child safeguarding -, coordination with peers' organization and local authorities, negotiating programmatic access etc.) will be recorded (and documented) via the Save The Children Effort Reporting System (timesheet). The fair portion of the shared costs will be determined by the Save The Children Cost Allocation Methodology (CAM). Fair allocation to this award is \$20,604.66 which is a contribution of 0.82% of the monthly cost of \$ 209,397 over the project life.</i> |   |      |            |    |        |                   |
| 1.20  | health/Nutriton Data officer   | D | 1    | 1,400.00   | 12 | 68.81  | 11,560.08         |
|   | <i>The Health/Nutrition Data Officer will be based in Galkacyo will be responsible for the data entry, analysis and cleasing and overall management, follow up of OTP/TSFP staff for the weekly reports, . The unit cost is \$ 1,400 which is inclusive of terminal grants, medical and eid bonus and SHF will contribute 50%.</i>   |   |      |            |    |        |                   |
|   | <b>Section Total</b>   |   |      |            |    |        | <b>221,597.24</b> |
| <b>21. Supplies, Commodities, Materials</b> |  |   |      |            |    |        |                   |
| 2.1   | Soap for OTP children( 1200-Galkacyo)  | D | 1200 | 0.50       | 1  | 100.00 | 600.00            |
|   | <i>Soap will be provided to each OTP/TSFP case that is identified. We plan on procuring 1,200 pieces at \$ 0.5. Overall we have included \$600 to procure these Soap to promote hygiene and sanitation. See BOQ attached.</i>  |   |      |            |    |        |                   |
| 2.2   | IMAM & IYCF training for Nutrition staff (10-Galkacyo)   | D | 1    | 4,594.40   | 1  | 100.00 | 4,594.40          |

|      |  |   |      |           |    |        |           |  |
|------|--|---|------|-----------|----|--------|-----------|--|
|      | <i>This will cover the cost of conducting one IMAM &amp; IYCF training for 10 participants for 5 days. The cost of training will be \$4,594.40. The participants will be Save The Children nutrition staff. We estimate we will share 10 different documents per participants hence the figure 100(10*10). The documents are Look up tables, 2 WHO WHZ tables (1boy&amp; 1girl), TSFP/PLW patient card (3) and ration cards (3) and weekly and monthly reporting formats per participant. See BOQ attached. The participants will be Save the children nutrition staff. 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 fewer than 2yr old and pictorials on the same for each of the 10 participants. Approximately this will be 10 page document per participant hence the unit 100(10*10). See BOQ attached. Training numbers across logframe, budget and BOQ do not add up because we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total target to 34. This includes everybody that will benefit from training. The numbers do not equate as the budget/BOQ numbers are the cost of running one training for, however target numbers reflect that staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics</i> |   |      |           |    |        |           |  |
| 2.3  | IMAM & IYCF training (screening and active case finding) for 10 Community Nutrition Volunteers staff (10 - Galkacyo )  | D | 1    | 1,947.20  | 1  | 100.00 | 1,947.20  |  |
|      | <i>This will cover the cost of conducting one IMAM &amp; IYCF training for 10 participants( for three days. The total cost of the trainings will be \$1,947.20. The participants will be the Community Nutrition Volunteers . Community mobilization is big component of CMAM programs. Community nutrition volunteers will be playing central role in the outreach activities. The will conduct community screening and referrals. This budget will be used to provide training that includes refreshments, stationaries, and to cover the transportation cost -see the budget break down. We plan to print different documents for the team to familiarize and practice with the different templates they will be using such as -admission criteria, MUAC cut-offs, look up tables and other key messages. We estimate we will share 10 different documents times 10 participants hence the figure 100. See BOQ attached. Training numbers across logframe, budget and BOQ do not add up because we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total target to 34. This includes everybody that will benefit from training. The numbers do not equate as the budget/BOQ numbers are the cost of running one training for, however target numbers reflect that staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics</i>  |   |      |           |    |        |           |  |
| 2.4  | Clean drinking water for OTP/TSFP beneficiaries  | D | 4000 | 0.20      | 12 | 100.00 | 9,600.00  |  |
|      | <i>During the OTP/TSFP days children will need clean water. Usually we encourage the mothers to give clean water with the RUSF. This budget is included to make sure that children and caretakers are getting clean water in the OTP/TSFP. Each of the 2 mobile team teams will use 100 liters of water per day for 20 days a month (2*20days*100litres) =4000 for the 12 months and each liter is \$0.2. The cost is \$ 9,600 for 12 months. See BOQ attached.</i>  |   |      |           |    |        |           |  |
| 2.5  | Production of IEC materials and dissemination  | D | 1    | 6,359.20  | 1  | 100.00 | 6,359.20  |  |
|      | <i>IEC material on key messages related to nutrition and hygiene will be printed and used during the trainings/ community mobilization sessions with the Ministry of health, Community Nutrition Volunteers and the Community Hygiene Volunteers. We plan on printing booklets, HMIS registers, posters, OTP cards, referral slips and protocols to be used by the mobile teams. Total cost is \$ 6,359.20. See BOQ attached.</i>  |   |      |           |    |        |           |  |
| 2.6  | Furniture for OTP/TSFP/ Health Teams (Chairs and Tables )  | D | 1    | 1,500.00  | 1  | 100.00 | 1,500.00  |  |
|      | <i>This budget will be used to procure Chairs, tables, lockers and benches for the two mobile teams during consultation. The price of the materials is based on the local markets. The total cost is \$ 1,500. See the BOQ attached</i>  |   |      |           |    |        |           |  |
| 2.7  | Nutrition supplies   | D | 1    | 22,680.00 | 1  | 100.00 | 22,680.00 |  |
|      | <i>Save The Children will need 400 cartons-150 RUSF and 250 RUTF at \$42 each for the treatment of SAM/MAM cases as buffer stock while we wait for supplies from UNICEF and WFP . We have also included 35% of the value of the supplies as freight cost. This is based on the actual costs for the past projects. The total cost us \$ 22,680. See BOQ attached.</i>  |   |      |           |    |        |           |  |
| 2.8  | Referrals to the Stabilization centers- Galkacyo   | D | 25   | 50.00     | 12 | 100.00 | 15,000.00 |  |
|      | <i>This will cover transport cost for the SAM cases to the stabilization center. This will cover the fuel and per diem for the drivers. The unit cost is \$50 which is the standard rate we will target 25 cases per month for 12 months @ \$50 for a total of \$15,000. See BOQ attached.</i>   |   |      |           |    |        |           |  |
| 2.9  | Medicines and supplies including freight- Galkacyo   | D | 1    | 48,353.94 | 1  | 100.00 | 48,353.94 |  |
|      | <i>All the medicines as per the agreed list of essential medicines will be purchased by Save the Children to be used by the mobile teams in Galkacyo. This will also include some basic laboratory supplies, and other equipment used for day to day clinical work like BP apparatus, Stethoscope, otoscope etc. This will also include two emergency health kits for preposition to response to outbreaks as well as freight costs which has been estimated at 35% of the value of drugs for transporting drugs from Nairobi to Galkacyo . The total cost estimated is \$ 48,353.94. See BOQ attached</i>   |   |      |           |    |        |           |  |
| 2.10 | BEmONC & EPI training( 4 BEmOC participants & 6 EPI - Galkacyo)  | D | 1    | 4,349.40  | 1  | 100.00 | 4,349.40  |  |
|      | <i>This will cover the cost of conducting one BEMONC training for 4 participants for 6 days. The cost of the training will be \$2,204.20. See the attached BOQ. This will cover the cost of conducting one EPI training for 6 participants for 5 days. The cost of the training will be \$2,145.20 . See the attached BOQ. Training numbers across logframe, budget and BOQ do not add up because we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total target to 34. This includes everybody that will benefit from training. The numbers do not equate as the budget/BOQ numbers are the cost of running one training for, however target numbers reflect that staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics</i>   |   |      |           |    |        |           |  |
| 2.11 | Site set up and running cost(sanitary materials and stationary) for Mobile teams - Galkacyo  | D | 1    | 6,400.00  | 1  | 100.00 | 6,400.00  |  |
|      | <i>This will cover the cost of setting up temporary shelters for the two mobile teams during the outreach activities. Each team will set up site in two locations and rotate. The cost per shelter is \$ 1000 for 4 sites. The total cost will be \$4,000. This will cover the cost of sanitation and stationary for the two mobile teams for 12 months at a cost of \$ 100 per month per mobile team a total of \$ 2,400. Overall costs for the two combine activities is \$ 6,400. See the attached BOQ.</i>   |   |      |           |    |        |           |  |

|      |   |   |    |           |   |        |                   |
|------|---|---|----|-----------|---|--------|-------------------|
| 2.12 | Integrated management of childhood illness training (IMCI)( 6 participants- Galkacyo)   | D | 1  | 2,145.20  | 1 | 100.00 | 2,145.20          |
|      | <i>This will cover the cost of conducting one Integrated management of childhood illness training ( IMCI) for 6 participants for 5 days. The cost of the training will be \$2,145.20 . See the attached BOQ. Training numbers across logframe, budget and BOQ do not add up because we have considered the entire IERT team which is 24 members, plus 10 CNVs, bringing the total target to 34. This includes everybody that will benefit from training. The numbers do not equate as the budget/BOQ numbers are the cost of running one training for, however target numbers reflect that staff will receive more than one training. This is especially true for the nutrition trainings, where almost all nutrition staff will be trained on the nutrition specific topics</i>  |   |    |           |   |        |                   |
| 2.13 | Nutrition, health, hygiene promotion training (NHHP) (12 participants)  | D | 2  | 2,468.20  | 1 | 100.00 | 4,936.40          |
|      | <i>This will cover the cost of conducting two Nutrition Health, Hygiene promotion training( NHHP) for 12 participants each for 4 days. The cost of the training will be \$4,936.40. See the attached BOQ.</i>   |   |    |           |   |        |                   |
| 2.14 | Water trucking to health, nutrition and schools centers   | D | 45 | 100.00    | 1 | 100.00 | 4,500.00          |
|      | <i>Save the children will provide water trucking to targeted drought affected communities in Galkacyo region through water access by voucher. The most vulnerable beneficiaries will be selected based on pre-defined set of criterion and registered. Each Beneficiary will be given a voucher card with the amount of water to be provided on daily and the period it will continue. Save the children is planning to truck a total of 45 water tanks with capacity of minimum 8 cubic meter. Total of 10 cubic meter (equivalent to 10,000 liters) will be distributed during the project period. Each water tank costs @an average rate of \$150. The total cost for the water trucking will 45 tanks x \$100 = \$4500</i>  |   |    |           |   |        |                   |
| 2.15 | Rehabilitation of existing water infrastructures including water storage tanks, water points and pipeline extension   | D | 1  | 9,455.52  | 1 | 100.00 | 9,455.52          |
|      | <i>Connecting to a functioning borehole and 1 existing water tank, as part of the project, Save The Children will lay 3.5 kilometers of pipeline and to provide the target Internally Displaced Persons with safe and sufficient water. Save The Children will trench, pipe lay, and backfill 3.5 km of distribution pipeline from the existing tanks to water points. 2 standard water points (6 faucets each), complete with drainage and soak pits, will be constructed in strategic locations for communities to access water within close walking distance. Save The Children will negotiate an agreement with the borehole owner to provide water to Internally Displaced Persons at subsidized prices. The total cost for the pipeline extension/distribution systems and water kiosks is \$9,455.52. See BOQ with itemized breakdown.</i>   |   |    |           |   |        |                   |
| 2.16 | Construction of 100 household shared latrines & Rehabilitation of 70 existing latrines through desludging and structures rehabilitation   | D | 1  | 55,096.00 | 1 | 100.00 | 55,096.00         |
|      | <i>100 communal latrines with hand washing stations will be constructed in selected settlements to reduce the sharing ratios and open defecation. All the new latrines will have lockable doors, a long-lasting/expandable superstructure (starting at 1.5m x 1.7m x 2m height) and offset pit (starting at 1.5m x 1.5m x 3m depth), vent pipe, and a slab with sewer type slanting towards the pit. Latrines will be constructed at least 30 meters away from any groundwater source, and the bottom of any latrine will be at least 1.5 meters above the water table. The cost per latrine is estimated is \$410.40 with a total of \$41,040. Save The Children will rehabilitate and desludge 70 non-functional latrines, at minimal costs, in Galkacyo Internally Displaced Person camps. Non-functional latrines in main Internally Displaced Person camps in Galkacyo require rehabilitation works to restore to usable state. Rehabilitation involves emptying of filled up pits, reconstruction of damaged slabs and drop/squat holes, and replacement of sewage pipes. The estimated cost for rehabilitation per latrine is \$200.80 a total of \$ 14,056. Overall cost is \$ 55,096. See BOQ with itemized breakdown</i>  |   |    |           |   |        |                   |
| 2.17 | Construction of medical Incinerators for health and nutrition center  | D | 2  | 2,010.00  | 1 | 100.00 | 4,020.00          |
|      | <i>Save The Children will construction 2 medical waste incinerators at 2 static health and nutrition centers that serve for the Internally Displaced Persons . Save The Children will follow the WHO and MOH guidelines when installing incinerators within the health/nutrition facilities. The estimated cost per incinerator is \$2,010 with a total of \$ 4,020. See BOQ with itemized breakdown</i>  |   |    |           |   |        |                   |
| 2.18 | WASH activities   | D | 1  | 26,244.82 | 1 | 100.00 | 26,244.82         |
|      | <i>Training for Community hygiene promoters-This will cover the cost of conducting one training for the hygiene promoters for 40 participants each for 3 days. The cost of the training will be \$1,980.80. See the attached BOQ. Refreshment for CHAST training for school children-Save the Children will provide refresher training to the students in the targeted schools using Child Hygiene and Sanitation training approach. The training will be conducted by the WASH team. Save The Children is planning to conduct 1 training in each targeted school (total 10 trainings) for 7 children for two days . Total for 1 training is estimated \$220.40. Therefore, total of 10 trainings will be 10 trainings x \$220.40.40 = \$2,204.40 See the BoQ for detailed break down. Hygiene promotion Equipment for hygiene promotion campaigns-Save The Children will conduct community-based hygiene promotion in target Internally Displaced Person camps to help displaced communities understand and adopt positive hygiene practices that prevent diseases. Save The Children staff will supervise Community Hygiene Promoters to carry out regular hygiene promotion in target camps. Key hygiene messages will focus on the five (5) domains of hygiene promotion which are personal hygiene, safe disposal of excreta, domestic hygiene, water hygiene and food hygiene. the estimated cost per is \$3,020 for 3 hygiene campaigns with a total of \$ 9,060. See BOQ with itemized breakdown. Procurement of hygiene kits i.e. jerry cans, soaps and aqua tabs and sanitary towels-Save The Children will procure and distribute 500 standard hygiene kits to vulnerable households in target Internally Displaced Persons in Galkacyo to complement hygiene promotion in Internally Displaced Person camps. Community-based targeting methods will be employed in the selection of households to benefit from distribution of hygiene kits and focus on those with lowest hygiene and sanitation practices within camps. The hygiene kits will also take special consideration for the needs of women and girls. Each hygiene kit will consist of 2 jerry cans, 3-month supply of water purifier tablets enough for a household, bathing and laundry soaps, sanitary clothes for women members. Each kit will cost \$ 25 coming to a total of \$ 13,000.</i> |   |    |           |   |        |                   |
| 2.19 | Rehabilitation of borehole through provision and installation of 45 KVA generator, 11 KW submersible pump and raiser mains.   | D | 1  | 20,940.00 | 1 | 100.00 | 20,940.00         |
|      | <i>One borehole in North Galkayo will be rehabilitated through provision and installation of 45 KVA generator, 11 KW submersible pump and replacement and installation of 30 pieces raiser mains (2 inch GI Class C pipes) the water from the borehole will serve Orshe IDP that is approximately 700 meters to the borehole and Women mental care center. Save the Children will rehabilitate the borehole in close collaboration with Puntland Water agency and target community in the surrounding IDPs.</i>   |   |    |           |   |        |                   |
|      | <b>Section Total</b>  |   |    |           |   |        | <b>248,722.08</b> |

| 22. Equipment                                |   |    |   |          |    |        |                  |
|--|---|----|---|----------|----|--------|------------------|
| NA   | NA  | NA | 0 | 0.00     | 0  | 0      | 0.00             |
|  | NA  |    |   |          |    |        |                  |
|  | <b>Section Total</b>  |    |   |          |    |        | <b>0.00</b>      |
| 23. Contractual Services                     |   |    |   |          |    |        |                  |
| NA   | NA  | NA | 0 | 0.00     | 0  | 0      | 0.00             |
|  | NA  |    |   |          |    |        |                  |
|  | <b>Section Total</b>  |    |   |          |    |        | <b>0.00</b>      |
| 24. Travel                                   |   |    |   |          |    |        |                  |
| 5.1  | Staff Travel Costs - Perdiem, Flights and Accommodation   | D  | 1 | 5,800.00 | 1  | 100.00 | 5,800.00         |
|  | <i>The costs include travel costs for 8 key project staff based in the field movement between Garowe and Nairobi. This includes flight costs, per diems and accommodation expenses for the three Health/Nutrition/WASH Program managers in Puntland and the three Health/Nutrition/WASH technical specialist for monitoring, kick off, project implementation, program review meetings and close out. It also includes travel cost for the Field manager and Monitoring and Evaluation Manager for kick off meetings , program review meetings and close out meetings. The total costs is \$ 5,800. See BOQ attached.</i> |    |   |          |    |        |                  |
| 5.2  | Vehicle hire for the mobile teams - Galkacyo (2)  | D  | 2 | 1,800.00 | 12 | 100.00 | 43,200.00        |
|  | <i>There are two mobile teams each team will be assigned a vehicle for the period of the project. The cost of hiring the vehicle is \$1800 for 12 months. SHF will contribute 100%.</i>   |    |   |          |    |        |                  |
| 5.3  | Vehicle hire at field level-Galkacyo(1)   | D  | 1 | 1,800.00 | 12 | 50.00  | 10,800.00        |
|  | <i>Save The Children will hire one vehicle to be used to transport staff during review meetings, monitoring and supervision by the Project officers and Program Managers. The vehicles will also be used to transport the staff to the training venues as well. SHF will contribute 50% of the cost over the life of the award. The unit costs is \$ 1800 for 12 months coming to a total of \$ 10,800.</i>   |    |   |          |    |        |                  |
| 5.4  | Joint MOH/SCI Monthly supervision and Monitoring  | D  | 1 | 3,600.00 | 1  | 100.00 | 3,600.00         |
|  | <i>This is monitoring and Supervision of Ministry of Health Regional Staff and Save the Children staff 4 times in the project implementation period. We approximately four people (Regional health Officer, Primarily Health Care Coordinator, District Health Officer and Health project Officer)will travel to the field for 5 days per trip in Galkacyo for joint monitoring and we will give them perdiem of \$45 per day. In total there will be 4 monitoring visits. The total comes to of \$3,600. See BOQ attached.</i>   |    |   |          |    |        |                  |
|  | <b>Section Total</b>  |    |   |          |    |        | <b>63,400.00</b> |
| 25. Transfers and Grants to Counterparts     |   |    |   |          |    |        |                  |
| NA   | NA  | NA | 0 | 0.00     | 0  | 0      | 0.00             |
|  | NA  |    |   |          |    |        |                  |
|  | <b>Section Total</b>  |    |   |          |    |        | <b>0.00</b>      |
| 26. General Operating and Other Direct Costs |   |    |   |          |    |        |                  |
| 7.1  | Office Rent   | s  | 1 | 2,500.00 | 12 | 15.00  | 4,500.00         |
|  | <i>This covers office rent for the office in Galkacyo office. The office will support the project activities. The program review meetings, kick off meetings, close out meetings and budget variance meetings will held in this office. Where possible some trainings will also be conducted in the office. The unit cost is \$ 2500 per month for 12 months SHF will contribute 15%.See BOQ attached.</i>  |    |   |          |    |        |                  |
| 7.2  | Office Utilities  | S  | 1 | 300.00   | 12 | 15.00  | 540.00           |
|  | <i>This covers the cost of electricity and water for the office in Galkacyo. This is meant to ensure the office has electricity which powers the laptops/desktops, the servers thus enabling communication and also water for staff to drink and maintain a clean working environment. The unit cost is \$ 300 per month for 12 months SHF will contribute 15%.See BOQ attached.</i>  |    |   |          |    |        |                  |
| 7.3  | Office Internet and Communication   | S  | 1 | 1,000.00 | 12 | 15.00  | 1,800.00         |
|  | <i>This will cover internet costs for the office in Galkacyo which will enable the staff to communicate, exchange of project documents, storing of digital data gathered and also liaison with the different stakeholders. The unit cost is \$ 1000 per month for 12 months SHF will contribute 15%.See BOQ attached.</i>   |    |   |          |    |        |                  |
| 7.4  | Office Stationery/Consumables   | S  | 1 | 300.00   | 12 | 15.00  | 540.00           |
|  | <i>This will cover the cost of office supplies for the office in Galkacyo which will be used by the project team when printing TORs for documentation, training attendance sheets, work plans and monthly reports. The unit cost is \$ 300 and SHF will contribute 15%.See BOQ attached.</i>  |    |   |          |    |        |                  |
| 7.5  | Office Security   | S  | 1 | 780.00   | 12 | 15.00  | 1,404.00         |



|     |   |   |   |           |    |        |                   |
|-----|---|---|---|-----------|----|--------|-------------------|
|     | <i>This will cover the cost of office security. Save The Children has a contract with a security company. The company provides escorts to project staff going for field visits during trainings, meetings and also for the office where some of the project meetings like the review meetings will be conducted. The unit cost is \$ 780 per month for 12 months SHF will contribute 15%.See BOQ attached.</i>  |   |   |           |    |        |                   |
| 7.6 | Contribution to Bank Charges  | S | 1 | 5,632.13  | 1  | 100.00 | 5,632.13          |
|     | <i>This will cover transfer charges for the salaries paid to staff and payments to suppliers. Dahabshil charges 1% of the total amount being transferred. Save The Children has provided 1% of the total project direct cost. See BOQ attached.</i>   |   |   |           |    |        |                   |
| 7.7 | Country Shared Costs - Premise costs  | S | 1 | 38,566.00 | 12 | 1.78   | 8,237.70          |
|     | <i>The Project will be required to make a contribution towards the rental costs, the Electricity and water, the security cost and Internet cost of Central Office costs, zone office and 1 districts offices. The fair portion of the shared costs will be determined by the Save The Children Costs Allocation Methodology (CAM). Fair allocation to this award is \$8,237.70 which is a contribution of 1.78% of the monthly cost of \$ 38,566 over the project life.</i>                   |   |   |           |    |        |                   |
| 7.8 | Country Shared Costs - Travel & Lodging   | S | 1 | 1,500.00  | 12 | 21.87  | 3,936.60          |
|     | <i>This is costs associated with travel to Somalia for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will includes any flight costs, visa fee, airport taxes, meals and accommodation that benefit the whole country office portfolio. Fair allocation to this award is \$3,936.60 which is a contribution of 21.87% of the monthly cost of \$1,500 over the project life.</i>       |   |   |           |    |        |                   |
| 7.9 | Country Shared Costs – Vehicle & transport costs  | S | 1 | 4,101.00  | 12 | 0.89   | 437.99            |
|     | <i>This is costs associated with vehicle usage for general tasks/activities that benefit the entire country office portfolio and for which the Country Office could not operate effectively without. This will include any vehicle rental or lease, fuel, maintenance, registration and insurance costs that benefit the whole country office portfolio. Fair allocation to this award is \$437.99 which is a contribution of 0.89% of the monthly cost of \$4,101 over the project life.</i> |   |   |           |    |        |                   |
|     | <b>Section Total</b>  |   |   |           |    |        | <b>27,028.42</b>  |
|     | <b>SubTotal</b>   |   |   | 5,348.00  |    |        | <b>560,747.74</b> |
|     | Direct  |   |   |           |    |        | 482,208.64        |
|     | Support   |   |   |           |    |        | 78,539.10         |
|     | <b>PSC Cost</b>   |   |   |           |    |        |                   |
|     | PSC Cost Percent  |   |   |           |    |        | 7.00              |
|     | PSC Amount  |   |   |           |    |        | 39,252.34         |
|     | <b>Total Cost</b>   |   |   |           |    |        | <b>600,000.08</b> |

**Project Locations**

| Location                        | Estimated percentage of budget for each location | Estimated number of beneficiaries for each location |       |       |       |        | Activity Name   |
|---------------------------------|--|---|-------|-------|-------|--------|---|
|                                 |  | Men   | Women | Boys  | Girls | Total  |   |
| Mudug -> Gaalkacyo -> Gaalkacyo | 100  | 6,509   | 6,750 | 5,304 | 5,545 | 24,108 | <p>Health: Activity 1.1.1: Outpatient consultations (Men - 1,396, Women - 1,446, Boys - 1,137, Girls - 1,188): Mobile IERTs will provide outpatient consultations, including dia...</p> <p>Health: Activity 1.1.2: Maternal healthcare services: Provision of preventative and curative care through trained health workers for women of reproductive age, including pro...</p> <p>Health: Activity 1.1.3: In order to build the IERT, Save the Children (SC) will conduct training of 34 health workers on Integrated Management of Childhood Illnesses (IMCI) ...</p> <p>Health: Activity 1.2.1: Two Integrated Emergency mobile teams (IERTs) which will be targeting 8 designated sites in the North Gaalkacyo IDPs (Bali abar IDP, Najah IDP, Ala-A...</p> <p>Nutrition: Activity 1.1.1: Community nutrition volunteers with the support of community mobilizers will screen all children under five years of age as well as pregnant and lact...</p> <p>Nutrition: Activity 1.1.2: In this project is Save the Children proposed to support 8 OTPs (outpatient therapeutic programme) targeted in Galkayo of Mudug region. Targeting 118...</p> <p>Nutrition: Activity 1.1.3: The TSFP will be integrated with the 8 SFPs in Galkayo through the two mobile teams. Activities will be done according to the Somalia Integrated Mana...</p> <p>Nutrition: Activity 1.2.1: SC will conduct regular group sessions at nutrition centers and in the community, reaching caregivers, both men and women, to promote optimal infant ...</p> <p>Nutrition: Activity 1.2.2: Establishing and Conducting MtMGS: These will be formed and overseen by IYCF counselor with the nutrition team with the support of Save the Children ...</p> <p>Nutrition: Activity 1.2.3: IYCF individual counselling sessions: Mothers identified in the OTPs/TSFP and or communities with difficulties in either breastfeeding or complimenta...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: Rehabilitation of Halabokhad and Orshe IDPs water system - through establishment of pipeline system, pipeline repairing, construction of 2 Water kios...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: SC will provide 45 truckloads of water of 8 cubic meter capacity water to 8 health and nutrition centers and 2 schools in North Galkayo through water...</p> <p>Water, Sanitation and Hygiene: Activity 1.2.1: Construction of shared Household latrines: SCI will construct 100 shared household latrines in 8 different IDPs in Galkayo north IDPs. Each latrine w...</p> <p>Water, Sanitation and Hygiene: Activity 1.2.2: Construction of medical incinerators: SC will construction 2 incinerators in IDP camps in Galkayo North IDPs health centres (Halabokhad and Salama II...</p> |

**Documents**

| Category Name    | Document Description  |
|------------------|---|
| Budget Documents | SHF_Nutrition Health_Somalia 13-11-2017-revisedXX.xls                       |
| Budget Documents | SHF 2018 Integrated BudgetandBOQs_Health_Nutrition_WASH_Revised06122017.XLS |
| Budget Documents | Copy of SC project BOQs with OCHA comments 4 jan 2018.XLS                   |

|                  |  |
|------------------|--|
| Budget Documents | SHF 2018 Integrated Budget_Health_Nutrition_WASH_07012018 SCI revision.xls           |
| Budget Documents | Copy of SHF 2018 Integrated Budget_Health_Nutrition_WASH_ocha comments 8 jan 018.xls |
| Budget Documents | SHF 2018 Integrated Budget_Health_Nutrition_WASH_10012018 SCI revisionv2.xls         |
| Budget Documents | SHF 2018 Integrated Budget_Health_Nutrition_WASH_10112018 SCI revisionv3.xls         |
| Grant Agreement  | HC signed SC agreement 7596.pdf  |