

<b>Requesting Organization :</b>	WARDI Relief and Development Initiatives		
<b>Allocation Type :</b>	Standard Allocation 2 (Nov-Dec 2017)		
<b>Primary Cluster</b>	<b>Sub Cluster</b>	<b>Percentage</b>	
Food Security	Improved Food access: Targeted Household support (livelihood/FSS)-Cash	15.00	
Health	Maternal, Neonatal and Child Health	23.00	
Water, Sanitation and Hygiene	Hygiene kit distribution	43.00	
Nutrition	BNSP	2.00	
Education	Temporary Learning Spaces	17.00	
		<b>100</b>	
<b>Project Title :</b>	Provision of integrated multi-sectoral lifesaving health, Nutrition, WASH, food security and Education packages for drought/conflict affected IDPs and host communities in Kaxda district of Banadir Region along Afgoye Corridor (KM7-13)		
<b>Allocation Type Category :</b>			
<b>OPS Details</b>			
<b>Project Code :</b>		<b>Fund Project Code :</b>	SOM-17/3485/SA2/FSC-H-WASH-Nut-Ed/NGO/7477
<b>Cluster :</b>		<b>Project Budget in US\$ :</b>	668,715.86
<b>Planned project duration :</b>	9 months	<b>Priority:</b>	
<b>Planned Start Date :</b>	01/01/2018	<b>Planned End Date :</b>	30/09/2018
<b>Actual Start Date:</b>	01/01/2018	<b>Actual End Date:</b>	30/09/2018
<b>Project Summary :</b>	<p>The project intends to provide access to an integrated package of emergency lifesaving services including food, health, nutrition, WASH and education to 25,000 IDPs and host community in Kaxda district along Afgoye road.</p> <p><b>Food Security:</b> A large percentage of the target IDPs are originally farmers and pastoralists who have lost their assets as result of prolonged drought and conflicts. Non access to basic food for families is resulting quite high prevalence of acute malnutrition. The project intends to respond to the apparent lack of access to food security by providing food vouchers worth \$70 dollars per month for three months to 700 households. The food vouchers project will be designed based on Somalia food security cluster guidelines. Among other criteria, new arrivals, caretakers of children less than five years and PLW women with severe acute malnutrition identified by health/nutrition unit of the project and households who enrolled their children to the schools.</p> <p><b>Health/Nutrition:</b> For the target population, access to basic health and nutrition services is limited, increasing morbidity and mortality from treatable conditions. Health challenges/needs are mostly profound among the most vulnerable groups, pregnant and lactating women and children less than five years. Global acute malnutrition among this population is over 20% whereas severe acute malnutrition prevalence stands at 6.6%. Additionally, children below five years of ages' death rates are at 4.61% with morbidity as high as 45.7% recorded. In response to this, WARDI will sustain service delivery in one health Center located in Kalkal and set up one mobile outreach. Both facilities will provide integrated maternal, neonatal and child health and nutrition services. Key services to be availed will include; immunization, management of childhood illnesses, detection and management/referral of severe acute malnutrition and provision of focused antenatal care and skilled delivery. Critical component to the intervention will be aggressive community education and sensitization on critically important issues of infant young child feeding, prevention and treatment of diarrhoea, hygiene promotion and health facility delivery. In total 25,000 persons will access high quality free of charge health and nutrition services.</p> <p><b>WASH:</b> The project will increase access to sustainable safe water to reduce the risk of AWD/cholera and GBV against women and girls through the establishment of 12 communal water points to 11 IDP camps and 1 school supplying water through piping system, WARDI will sign agreement with the boreholes management to continue supplying the water to the IDPs by supporting maintenance and operation cost. WARDI will desludge 50 filled IDP latrines, construct 30 new IDP latrines and three gender sensitive twin IDP school latrines to the new constructed IDP school in Kalkal area (KM12). General cleanup will be conducted twice/month to 16 IDP camps. Comprehensive hygiene promotion awareness campaigns including distribution of 1000 HP kits will be conducted by 10 trained CHPs to reach more than 25,000 IDPs and host communities in Kaxda district.</p> <p><b>Education:</b> The project will improve access to basic education to 160 children through establishment of one school composing four temporary classrooms in Kalkal area. 4 teachers and 1 head teacher will be employed and incentivised for a period of 9 months, provision of Learning/teaching materials. The children will have access to meals two times a day to attract more children to school through school feeding programme. In the WASH component, the programme will construct three gender sensitive twin latrines and 1 water kiosk through piping system, as well as hygiene promotion awareness campaigns to the children.</p>		

Direct beneficiaries :				
Men	Women	Boys	Girls	Total
6,125	7,575	5,100	6,200	25,000

Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Internally Displaced People	4,288	5,302	3,570	4,340	17,500
People in Host Communities	1,837	2,273	1,530	1,860	7,500

**Indirect Beneficiaries :**  
18000

**Catchment Population:**  
75000

**Link with allocation strategy :**  
The proposed proposal is inline with the intentions and purpose of SHF second allocation integrated package and the location aimed to reduce morbidity through food security, nutrition, health, education and WASH interventions for IDPs and host communities and using basic service facilities among key entry point. the project is aimed to sustain gains made in averting famine while at the same time preventing cascading towards famine following poor rains and displacements. The intervention particularly targets internally displaced populations severely affected by the existing humanitarian crisis and are said to be in IPC 3 and 4. Its intended that the project will provide integrated food security, health/nutrition and WASH support to an estimated 25,000 people. Further, the allocation will target IDPs in Kaxda districts, specifically those between K7 to K13, an area largely inhabited by IDPs and thus prioritized for support by the SHF.

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
Hussein Abdi Isak	Chairman	wardiorg@yahoo.com	+252- 615 501 688

## BACKGROUND

### 1. Humanitarian context analysis

Over 3.1 million people are in Crisis (IPC Phase 3) and Emergency (IPC 4) and will face acute food insecurity through the end of 2017 (FSNAU Report). The number of people in the Emergency has doubled from 439,000 to 800,000 over a five-month period. An estimated 388,000 children under the age of five are acutely malnourished, 87,000 of them severely and at risk of death. The deterioration of the overall nutrition situation in Somalia is largely attributed to the acute and widespread of food insecurity and increased morbidity as a result of limited health availability, poor health-seeking behaviour, sub-optimal feeding practices, and difficulty of accessing safe WASH services. According to the health cluster Bulletin September 2017; there were outbreaks of Measles cases, which remained at epidemic levels with a total of 17,233 cases seen between January and September 2017. Increasing morbidity and mortality as well as malnutrition overwhelming the already precarious health care system. Cumulative dry seasons including the below average to poor Gu rains have resulted in severe livestock losses and poor or limited cereal production consequently leading to reductions in milk and meat as well as increase in cost of minimum expenditure basket. Poor households in crop dependent and pastoral livelihoods face destitution, increasing indebtedness and have little or no food stocks. Drought remains the largest driver of displacement in Somalia, followed by conflict, accounting for over 804,000 of the more than 975,000 people displaced in 2017 alone. Findings from the IOM-led Joint IDP Profiling Service (JIPS) 2016 profiling activity indicate that the majority of displaced people have in the last three years shifted from more central districts in Mogadishu to districts in the periphery of the city. An estimated 40 to 100 people were received daily in IDP settlements in Kahda and Daynille districts in the outskirts of Mogadishu starting Sep. 2017. The new arrivals either join already congested settlements or establish new temporary ones around the area. IDPs remain most vulnerable and continue to face discriminatory practices that deny them equitable access to limited services available including shelter. They face exploitation; child separation, sexual and gender based violence, and have limited livelihood and coping options. Number of children out of schools in Somalia are estimated around 3 million out of 4.9 million, which is 61% of the total school aged children. The influx of the drought driven populations to the big towns increased the number of school dropout children, as the displaced locations have no enough learning spaces to the new comers. Deleterious effect of the drought on IDPs revealed deterioration in the nutrition situation in most of the 13 main settlements with the majority being in either Crisis or Emergency. Drought has led to a lack of clean water and the largest cholera outbreak in the last five years, with more than 76,236 cases and 1,157 cumulative deaths reported as of 31 July 2017. Health partners, together with national health authorities, scaled up its efforts to respond to this event by setting up CTCs in affected districts and providing support in water and sanitation to prevent the spread of the disease. Due to ongoing efforts, the number of cholera cases fatalities (CFR) in Somalia has steadily declined from a peak of 4 percent (above epidemic threshold) in February to the lowest rate of 0.3 percent in July. The number of cholera cases has also declined from a peak of 16 911 in April to the low rate 6 344 cases in July. A sustained effort of safe WASH services, food security, nutrition, health and education as an entry point is required in order to keep the outbreak under control and decrease the mortality and morbidity of children and pregnant women.

## **2. Needs assessment**

WARDI Organization has been operational in the target areas since 2014 implementing WASH, Health, Nutrition, Food Security and Protection (GBV) Projects assisting thousands of most vulnerable IDPs and Host Communities households. Currently, WARDI is implementing ongoing WASH, Health and Nutrition Projects in the target areas, which will end December 2017, while completed in October 2017 a Pilot Project with E-Vouchers Unconditional Cash Transfer to 3,000 households in 21 IDP camps in Kaxda and Dharkenley IDPs and host communities. WARDI made a rapid need assessment on 12-13 November 2017 visiting 16 IDPs camps in Kaxda district. The main aims of the visit were: (1) To identify the target locations for the proposed 2nd SHF Proposal; (2) Verify the specific locations of these IDP camps and get the contact details of the camps, (3) Conduct situational analysis of the areas in terms of humanitarian access; (4) observe other operations by Aid organizations, and (4) Identify existing needs of men, women, girls and children and response gaps. The team had first organized discussion meetings with the various camps leaders, done interactions with the old and new IDPs households in each camp with equal share of men and women. Discussion points among others included, estimated number of IDP HHs; new arrivals of conflict IDPs, if any; observations of vulnerability at the camps; existence of humanitarian aid agencies & their operations in the areas; status of the livelihoods aspects of the areas, in terms of food security, WASH, Health, Nutrition and Education. The finding of the assessment is summarized as follows: (1) New arrivals of IDPs because of the recent confrontations between SNF Forces/AMISOM and AS in Bariire, Jambaluu, Kooli and Baqdaad in L/Shabelle and Basra and Daniga in Balad, M/Shabelle region, about 50 more IDP families join to the old IDP camps/day that are in dire need for support, which resulted poor access to essential limited services (2) WASH services due to the increase number of the IDPs and limited WASH services in the area; some of the new arrived IDPs are buying water from private wells at a cost of USD0.01, but the quality and affordability is questionable, as water is not well disinfected; there are some boreholes in the area that can benefit IDPs if funds are availed (the nearest distances of access to these wells for some IDP camps range 600-800 meters); (3) about 50% of those camps reported not having toilets or having only one or two toilets per 30HHs, due to lack of land for constructing new latrines while around 50 IDP latrines (25 for men and 25 for women) are filled-up and need desludging/rehabilitation; (4) garbage are scattered through out the assessed camps; (5) poor hygiene and sanitation awareness; (6) only few camps use WARDI Health and Nutrition Center at Kalkal Area (Km 12), but, the project will end at the end of December due to funding availability and supplies are limited to cover all the needs of the new IDPs and the old ones; (7) poor health and nutrition conditions of children, PLW and elderly; (8) presence of AWD and other infectious disease across the camps; (9) there is only one MCHN center in nearby areas at KM13 run by WARDI; (10) 45% of children visiting Kalkal health posts are malnourished particularly children under five and pregnant/lactating women (PLW); (11) only one school supporting by World Concern is functioning in the area, while the number of school-aged children is increasing, which the school cannot accommodate. Thus, there is increasing number of school out children particularly girls; (12) poor access to food though food is available in the city due to lack of IDPs purchasing power; (13) due to funding availability there is limited humanitarian interventions in the area, particularly shelter and education services; and finally (14) the overall security situation in the area is quite good and humanitarian access is possible.

## **3. Description Of Beneficiaries**

The intended intervention targets an estimated population of 25,000 (20,000 IDPs and 5000 Host community) residing IDP settlements in Kaxda district along the Afgoye corridor in the area between KM7-13. Majority of the IDPs (about 80%) are people displaced from lower Shabele and other parts of south central Somalia due to the drought and conflicts. The target population live in a precarious situation and lack of basic services including health, nutrition, WASH, education and food. Majority the IDPs are women and children and thus the proposed intervention will target the needs of these group.

## **4. Grant Request Justification**

The proposed project will aim to provide food security, nutrition, health, education and WASH interventions to 20,000 drought affected IDPs and 5000 persons from the host community.

(1) Health/Nutrition: It is proposed that services in an existing health center in Kalkal area (KM 12) funded by SHF and funding ending in December 2017 will be maintained and scaled up. One well-equipped mobile team will be enabled and attached to the health center to increase reach by taking services closer to the population. The health center and the mobile health/nutrition unit will provide essential primary health care services including basic maternal and reproductive health services, child health services including routine immunization and integrated management of childhood illnesses, support outbreak prevention and prevention at community level, health education and community mobilization, identification and management of SAM without complication and referral of SAM with complications.

(2) Food security: 700 households with malnourished children identified by WARDI health/nutrition mobile team and households with school aged children, who are ready to enroll their children to the schools, will have their access to food enhanced for a period of 3 months to cushion them against hunger through unconditional food voucher to address the acute food insecurity needs of populations in emergency and crisis. WARDI will provide monthly food voucher worth \$70 per household based on cash working group minimum basket and unconditional transfer guidelines.

(3) WASH: The project will increase access to sustainable safe water to reduce the risk of AWD/cholera and reduce the risk of GBV to women and girls through the establishment and maintenance of 12 communal water points (11 in the IDP camps and 1 in an IDP school). To increase the sustainability of the WASH services, the project will improve the capacity of the community to manage the constructed/rehabilitated water points and undertake continuous monitoring and evaluation. The project will improve the environmental sanitation through increasing sanitation facilities and carrying out general cleanup to 16 IDP camps. WARDI will also carry out comprehensive hygiene promotion activities including construction including distribution of 1000 HHs hygiene promotion kits to reduce morbidity and mortality related to poor hygiene and sanitation.

(4) Education: The project target areas have only one functioning school, which cannot accommodate the increasing number of displaced school aged children. Thus the project will give space of learning to 160 school aged children (90 girls and 70 boys) through establishing protective learning spaces, giving teachers and head teacher incentives, distributing teaching/learning materials, feeding programs, supporting food voucher to households who enroll their children to schools (FS component), constructing water kiosk, constructing school latrines and conducting HP activities (WASH component).

Central to the entire program will be intensive community mobilization, sensitization and education to improve general knowledge on health, nutrition, education and WASH and thus facilitate the emergence of optimal behavior that will enhance community health and improve child survival.

If implemented, the planned integrated interventions will be able to provide immediate support to families in crisis and significantly reduce morbidity and mortality.

## **5. Complementarity**

WARDI has huge presence in Banadir and Kaxda District to be specific, where it has significantly contributed to the response to the prolonged drought. With funding from SHF first allocation, WARDI is providing health, WASH and nutrition support to about 30,000 IDPs in Kaxda district. In addition, WARDI in partnership with IOM is providing clean drinking water to 6000 HHs in Sarkusta area, while at the same time providing basic health services to this population through funding from ACTION MEDEOR - Germany. These projects however are coming to an end by the end of this year, thus the need for sustaining and scaling up services is much needed. It is therefore, the intention of the planned intervention to avert possible gaps and sustain service delivery to these population that are in crisis and emergency.

## **LOGICAL FRAMEWORK**

## Overall project objective

To provide emergency integrated package of food security, nutrition, health and WASH interventions and using education and other basic services as key entry points to 25,000 IDPs and host communities in Kaxda district of Banadir region along KM7 to KM13 to reduce excess morbidity and mortality resulting from shocks of drought and conflict.

## Food Security

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

**Contribution to Cluster/Sector Objectives :** The proposed project aims to contribute to food security cluster objective one by providing access to immediate life-saving and life-sustaining food to 700 IDPs most vulnerable IDP households for a period of 3 months through distribution of unconditional food vouchers. The project will target the most vulnerable population including new arrivals and households of children with severe acute malnutrition. The project aims to improve household food insecurity thereby reducing preventable morbidity and mortality. WARDI will distribute unconditional vouchers through a defined food basket methodology based on the Food Security and Nutrition Analysis Unit's Minimum Food Basket for Somalia (Urban town – South). Each \$70 voucher will provide for approximately 80% of a HH's monthly food needs. 700 beneficiary HHs will receive vouchers each month for a three-month period. The vouchers will be redeemable at identified local vendors for a defined basket of commodities. .

## Outcome 1

Reduced acute food insecurity needs for 700 households composing 4,200 persons (1273 women, 1029 men, 857 boys and 1041 girls) in emergency and crisis through food voucher for a period of 3 months.

## Output 1.1

### Description

700 Households in emergency/crisis have immediate access to food for a period of three month through food voucher system based on the food security cluster basket value of \$70 per month per household.

### Assumptions & Risks

Assumptions;

1. Security will allow for the implementation of the project.
2. The community and local leadership will accept to support the program.
3. The IDPs will stay in the target location for the entire project period.

Risks;

1. Insecurity that may affect project implementation
2. Resource based conflicts emanating from selection process.

## Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Food Security	Number of community meetings held.					3
<b>Means of Verification :</b> meeting minutes, Photos with GPS coordinates.							
Indicator 1.1.2	Food Security	Number of people in crisis and IDPs receiving unconditional support to improve access to food					700

**Means of Verification :** Monthly voucher transfer receipts from Dahabshil, Phone calls.

## Activities

### Activity 1.1.1

#### Standard Activity : Voucher distribution

Prior to targeting of beneficiaries, undertake community meeting where WARDI will inform the community on the intended project, share and revise the inclusion criteria the community and with their support and using the criteria list identify the beneficiaries. Soon after every transfer cycle, conduct community level meetings to get feedback on the program, address grievances and bottlenecks. Outcomes from such review meetings will be utilized to better transfer in the next month.

### Activity 1.1.2

#### Standard Activity : Voucher distribution

Prepare and distribute food voucher valuing USD70/month for 3 consecutive months to 700 households in Crisis/Emergency giving priority female-headed households, households with malnourished children, households ready to bring school aged children to the schools and households with disability person to meet their basic food needs. The total monthly value of the household food vouchers will be US\$70, which will enable HHs to meet part of their daily caloric needs. WARDI will distribute unconditional vouchers through a defined food basket methodology based on the Food Security and Nutrition Analysis Unit's Minimum Food Basket for Somalia (Urban town – South). Each \$70 voucher will provide for approximately 80% of a HH's monthly food needs. 700 beneficiary HHs will receive vouchers each month for a three-month period. The vouchers will be redeemable at identified local vendors for a defined basket of commodities.

**Additional Targets :** Other indirect beneficiaries of the food security sector include dependents of the 2000 targeted households during the project period

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	50				
To contribute to the reduction of maternal and child morbidity and mortality		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50				
<p><b>Contribution to Cluster/Sector Objectives :</b> The project aims to contribute to the following two health cluster objectives:</p> <p>Objective 1: support to provide access lifesaving health services (quality primary and secondary health care care) for drought affected IDPs and host communities in Kaxda district of Banadir region</p> <p>Objective.</p> <p>2: The project will contribute to the reduction of maternal and child morbidity and mortality with special focus on maternal/child health and prevention, response and control of AWD outbreaks to crisis/emergency drought population in K7-13 along Afgoye corridor, Kaxda District, Banadir region, South Central Somalia.</p>							
<b>Outcome 1</b>							
Improved access to essential life-saving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks in crisis/emergency drought population in K7-13 along Afgoye corridor, Kaxda District, Banadir region, South Central Somalia							
<b>Output 1.1</b>							
<b>Description</b>							
25,000 men, women and children including 20,000 internally displaced persons and 5,000 host community have access to essential primary healthcare services through one health center and a mobile health unit.							
<b>Assumptions &amp; Risks</b>							
Assumptions;							
1. Essential medicines will be procured in time for smooth running of project.							
2. Security will allow for the continuation of the project uninterrupted.							
3. Target community member will continue utilizing health services availed to them.							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of health facilities/mobile outreach provided with adequate stock of essential drugs.					2
<b>Means of Verification :</b> HMIS reports,stock reports							
Indicator 1.1.2	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					900
<b>Means of Verification :</b> HMIS reports,							
Indicator 1.1.3	Health	Number of functional health facility with Basic Emergency Obstetric Care (BEmOC) per 500,000 population					1
<b>Means of Verification :</b> Monthly HMIS reports							
Indicator 1.1.4	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					13
<b>Means of Verification :</b> Training report.							
Indicator 1.1.5	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					2,610
<b>Means of Verification :</b> HMIS Data, outpatient Registers							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Essential drugs and Medical equipments distribution</b>							
Provide adequate drugs and medical supplies to the target health facility(KaKa Health centre) and one mobile health/nutrition unit based on morbidity data.Drugs to be procured will be based on Somalia Essential Drugs List.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Immunisation campaign</b>							
Provide quality and safe routine immunization to 900 children under the age of one year, 450 boys and 450 girls and at the static health center and mobile outreach.Vaccines will be sourced from the ministry Health managed Banadir region cold room.							
<b>Activity 1.1.3</b>							

**Standard Activity : Emergency Obstetric Care - Basic and Advanced**

Provide Basic Emergency Obstetric care to 1250 pregnant women by fully equipping and staffing the Kalkal Health centre. Provide focused antenatal care, skilled delivery and postnatal care. Complicated cases requiring CEmONC will be referred to Banadir Hospital and Hamar Jajab referral health centre.

**Activity 1.1.4****Standard Activity : Emergency Preparedness and Response capacities**

Conduct 5 days classroom training for 9 (3 nurses, 3 midwives and 3 auxiliary nurses) front line health staff on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks to enable them competently provide the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks

**Activity 1.1.5****Standard Activity : Primary health care services, consultations**

Provide consultations of non-communicable diseases such as pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women, men, boys and girls through one static health facilities and a mobile outreach. 90 consultations per day per health facility for nine months.

**Outcome 2**

Improved awareness and understanding of the target communities on common communicable diseases with emphasis on Acute watery disease and practice community based prevention and response strategy.

**Output 2.1****Description**

15,000 beneficiaries (9300 women and 5700 men) have their knowledge on common communicable conditions improved through daily targeted and mass sensitization activities in health centers and at community level by outreach team.

**Assumptions & Risks****Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of people (men, women, boys and girls) reached by health promotion message.	2,300	3,400	750	750	7,200

**Means of Verification :**

Indicator 2.1.2	Health	Number of persons (community members) taking part in community sensitisation workshop.					50
-----------------	--------	--	--	--	--	--	----

**Means of Verification :** event Report, Photos with GPS coordinates

**Activities****Activity 2.1.1****Standard Activity : Awareness campaigns and Social Mobilization**

Conduct 8 community mobilization/awareness raising sessions (one session per week per facility, one health centre and one mobile unit) to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal and reproductive health, child health and nutrition through health facility staff and community health workers. Each mobilization session will target at least 50 persons with 7200 persons targeted.

**Activity 2.1.2****Standard Activity : Awareness campaigns and Social Mobilization**

Conduct one day community education and sensitization workshop targeting 50 persons (35 women and 15 men) including influential members of the community, leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitude and behaviors that support prevention and response to these health problems

**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				
<b>Contribution to Cluster/Sector Objectives :</b> The project will address: WASH Cluster contribution objective 1 and 2: Live saving intervention by providing 25,000 drought/AWD affected IDPs and host communities reliable WASH services. WARDI will provide fuel and maintenance to 3 borehole, construct/rehabilitate IDP latrines and improve the sanitation and hygiene to 25,000 men, women and children IDPs and host communities affected drought and conflict to safe their lives. Continuous capacity building of community institutions in operation and maintenance of developed water infrastructure shall be throughout the project implementation period, which will ensure that there is a local technical skill to ensure sustainability of developed WASH facilities beyond the project.							
<b>Outcome 1</b>							
Increased emergency and Sustained access to Safe Water for 12,000 (2940 men, 3636 women, 2448 boys and 2975 girls) drought/AWD affected IDPs and host communities to reduce incidences of malnutrition, AWD and GBV affecting mainly women/girls.							
<b>Output 1.1</b>							
<b>Description</b>							
At least 12000 (2940 men, 3636 women, 2448 boys and 2975 girls) drought and AWD affected IDPs and host communities have access to safe water through supporting 3 boreholes on fuel, operation and maintenance, establishment of 12 communal water points water, chlorination of boreholes and capacity building to WASH committees, well operators and Community Committees.							
<b>Assumptions &amp; Risks</b>							
<ul style="list-style-type: none"> <li>- security is stable</li> <li>- communities willingness to support the project</li> <li>- funding availability</li> </ul>							
<b>Indicators</b>							
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					12,000
<b>Means of Verification</b> : - photos during the construction of the water points - monitoring and evaluation reports - signed agreement between WARDI, boreholes committees and IDP committees - Third part monitoring report							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of water sources rehabilitated/constructed (3 bore holes and 12 water points)					15
<b>Means of Verification</b> : - photos during the construction of the water points - monitoring and evaluation reports - signed agreement between WARDI, boreholes committees and IDP committees - Third part monitoring report							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of boreholes chlorinated					3
<b>Means of Verification</b> : - photos during the construction of the water points - monitoring and evaluation reports - signed agreement between WARDI, boreholes committees and IDP committees - Third part monitoring report							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					211
<b>Means of Verification</b> : - photos during the construction of the water points - training reports - signed attendance sheets - Third part monitoring report							
<b>Activities</b>							
<b>Activity 1.1.1</b>							
<b>Standard Activity : Water point construction or rehabilitation</b>							
Establishment of 12 communal water points (11 in IDP camps and 1 in school) using existing boreholes through piping system and sign an agreement with water source owner to provide 180 metric cubic of safe water per day to 2000 HHs (approximately 12,000 persons). Women and girls will be consulted the location and design of the water points to preserve their safety and avoid SGBV during the water fetching as both women and girls fell the responsibility of water collecting to the households.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Operation and Maintenance of WASH Infrastructure</b>							
Support fuel, operation and maintenance to 3 boreholes in a period of 3 months to supply 180 cubic meter/day chlorinated safe water to 12 communal water points (11 in IDP camps and 1 in school) through piping system. WARDI, borehole owners and IDP committees (40% of the committees are women) and representative from the local authority will sign an agreement letter indicating the amount of water supplied to the IDPs/day and the number of months. Clean and safe water will be provided to 2000 households(12000 persons).							

**Activity 1.1.3****Standard Activity : Chlorination (stand alone separate to O&M)**

Chlorinate the 3 boreholes and conduct daily monitor the free chlorine residual testing (FRC) by providing the well operators training and equipping with appropriate amount of chlorine needed to disinfect the wells on daily basis. Chlorination of wells is vital to avoid the recurrent AWD/cholera diseases outbreak in the IDPs caused by unsafe water. To keep the sustainability of the chlorination of the wells, WARDI has stocks of chlorine in store and will provide on weekly basis the required amount of chlorine/borehole/week, Secondly, the trained operators are from the community, who will be stationed in the wells and they will be trained to chlorinate the wells on daily basis. 12000 persons (approximately 2000 Households) will access safe water.

**Activity 1.1.4****Standard Activity : Capacity building (water committees and WASH training)**

In consultation with the community members, identify, select and conduct continuous capacity building of community institutions in operation and maintenance of developed water infrastructure throughout the project implementation period, which will ensure that there is a local technical skill to ensure sustainability of developed water facilities beyond the project. The training will be given:

(1) 15 WASH committees, each committee will compose 7 members (4men, 3women) will be trained on better water resource management, HHWT use, and maintenance of water facilities.

(2) 6 well operators from the 3 boreholes will be trained on O&M; the training will also include the chlorination of the wells to keep the sustainability of the chlorination.

(3) As a cross cutting, 100 community members (50 men and 50 women) shared equally by men and women, will also be given one day training on disaster and risk reduction response (DRR) and conflict resolution mechanisms (water resources conflict mostly occurs among the communities due to its scarcity during the dry seasons).

**Outcome 2**

Improved environmental sanitation to 25,000 (6125men, 7575women, 5100boys and 6200girls) drought affected IDPs and host communities to reduce the spread of AWD diseases.

**Output 2.1****Description**

Improved environmental sanitation through rehabilitating 30 IDP flood proof latrines (15 for male and 15 for female), construction of 30 flood proof latrines (15 for male and 15 for women), construction of 6 latrines (2 for girls, 2 for boys and 2 for school staffs (1 for men and 1 for women), construct benefiting around 490 children (278 boys and 212 girls), and conducting clean-up and garbage collection campaigns to all the IDP settlements and distribution of 76 sanitation sets.

**Assumptions & Risks**

- Community willingness to support the project
- Security of the locations are safe
- Funding availability

**Indicators**

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					0
<b>Means of Verification</b> : - photos - monitoring and evaluation reports - third part monitoring report							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					0
<b>Means of Verification</b> : - photos - monitoring and evaluation reports - third part monitoring report							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of people assisted with access to sustainable sanitation					167
<b>Means of Verification</b> : - photos - monitoring and evaluation reports - third part monitoring report							
Indicator 2.1.4	Water, Sanitation and Hygiene	Number of people disaggregated by gender and age benefited the improvement of the environmental sanitation campaigns					25,000
<b>Means of Verification</b> : - photos - monitoring and evaluation reports - third part monitoring report							
Indicator 2.1.5	Water, Sanitation and Hygiene	Number of people with access to emergency sanitation facilities					600
<b>Means of Verification</b> : photos (during and after construction) WASH committees telephone contacts Third part monitoring report							

**Activities****Activity 2.1.1****Standard Activity : Desludging of latrines**

NOT IMPLEMENTED: Desludge 50 filled-up IDP latrines (25 for men and 25 for women) by using pump, carrying donkey cart to dump to appropriate place identified by WARDI and local authority (WARDI has long experience for emptying filled latrines) to improve the sanitation of 5 IDP camps in Kaxda along Afgoye road and repair the hand washing basins and doors. The latrines will be disinfected to ensure safety inside and around the latrines.

#### Activity 2.1.2

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

NOT IMPLEMENTED: Construct 30-flood proof desludging latrines (15 for male and 15 for female) with lockable doors and hand-washing facilities to the newly arrived IDPs. Women and girls will participate the selection of the latrines' location to keep their safety and to avoid SGBV against them. The aim of desludging latrines (recommended by WASH cluster) is when filled, it can be easily emptied and no need to construct new latrines (space limitation and land ownership issue), For the sustainability of the desludging, WARDI will mobilize the community to promote appropriate hygiene practices related to the design, use and maintenance of the facilities.

#### Activity 2.1.3

##### Standard Activity : Institutionsl Latrine construction

Construct 3 gender sensitive flood proof IDP school twin latrines (1 for boys, 1 for girls and 1 for school staff with hand washing facilities and lockable doors to the constructed school (education component of the project). The infrastructure will insure the safety of boys and girls.

#### Activity 2.1.4

##### Standard Activity : Solid Waste Management

Conduct environmental sanitation awareness campaigns to 16 IDP settlements participating women and men. The action includes: (1) Distribution of sanitation sets. Each IDP settlement will receive 4 sanitation sets; each set contains (1 wheel barrow, 1 pick axe, 2 shovel/spades, 4 brooms, 2 rakes, and 1 barrel for collection of garbage). (2) Excavation of 1 garbage collection pit/IDP settlement. The cleanup campaigns will be held twice per month. Men and women will participate equally the general cleanup and collection of garbage campaigns.

#### Activity 2.1.5

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

Construct 20-flood proof desludging latrines (10 for male and 10 for female) with lockable doors and hand-washing facilities to the newly arrived IDPs. Women and girls will participate the selection of the latrines' location to keep their safety and to avoid SGBV against them. The aim of desludging latrines (recommended by WASH cluster) is when filled, it can be easily emptied and no need to construct new latrines (space limitation and land ownership issue), For the sustainability of the desludging, WARDI will mobilize the community to promote appropriate hygiene practices related to the design, use and maintenance of the facilities.

#### Outcome 3

Improved awareness and knowledge on preventive measures to WASH related diseases and Hand washing with soap practices among 25,000 (6125men, 7575women, 5100boys and 6200 girls) vulnerable drought/AWD affected IDPs and host communities men, women, boys and girls.

#### Output 3.1

##### Description

25,000 (6125men, 7575women, 5100boys and 6200 girls) vulnerable drought/AWD affected IDPs and host communities increased their knowledge on preventive measures to WASH related diseases by implementing appropriate comprehensive hygiene promotion activities with increased widespread adaption of safe hygiene practices both at public and household level to practice safe hygiene by participating in hygiene promotion campaigns (e.g. door to door campaigns, institutional campaigns and public awareness activities) by the end of the project.

##### Assumptions & Risks

- Community willingness to participate the project implementation
- the security of the location is stable
- funding availability

##### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 3.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					25,000

##### Means of Verification

- photos
- KAP survey reports
- Community hygiene promoters contacts
- third part monitoring reports

Indicator 3.1.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					6,000
-----------------	-------------------------------	---	--	--	--	--	-------

##### Means of Verification

- photos
- signed distribution sheets
- some beneficiaries contacts
- third part monitoring report

##### Activities

#### Activity 3.1.1

##### Standard Activity : Community Hygiene promotion

Conduct: (1) KAP survey at the inception of the project, to identify the gaps of hygiene, factors; (2) Based on the survey findings, trained 10 CHPs will conduct comprehensive hygiene awareness to 25,000 (6125men, 7575women, 5100boys and 6200girls) AWD/drought affected IDPs and host communities through visiting house-to-house, health facilities, schools and community gathering places; (3) Conduct at the end of the project another KAP survey to evaluate the effectiveness of the HP interventions.

### Activity 3.1.2

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

Distribute 1,000 HP kits to 1,000 IDP households benefiting around 6000 (1818women, 1450men, 1224boys and 1488girls) persons from households with malnourished children, households at risk of AWD/cholera diseases and households with discharged patients identified by health and nutrition staffs from health/nutrition component of the project. Each HP kit contains (200 aqua tabs, 1 Jerry can (20l Capacity), 1 bucket (20l capacity and 5 bars of soaps (each 800mg).

#### 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	50
Strengthen lifesaving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition.	2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people	50

#### Contribution to Cluster/Sector Objectives :

The project will support:  
 Objective 1: The project will improve access to quality lifesaving curative nutrition services through systematic identification, referral and treatment of malnutrition cases. the project will undertake weekly anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW) with the aim of admitting them to the SAM program for management and/or referral to sites where they can receive appropriate care. 5970 people including 4500 children under five and 1470 Pregnant and Lactating Women will be targeted for screening.  
 Objective 2: the project will strength preventive nutrition services for vulnerable IDPs focusing on appropriate IYCF practices in emergency micro-nutrient intervention and optimal maternal nutrition. the project will support to conduct IYCF-E promotion sessions at facility and community level through mobile unit and CHWs. Weekly promotion sessions will be conducted targeting at least 25 persons per session. At the end of the program, it is planned that 1800 persons would have taken part in IYCF-E sessions.

#### Outcome 1

Improved access to basic nutrition services to contribute to the reduction of excess morbidity and mortality related to malnutrition.

#### Output 1.1

#### Description

25,000 people in Kaxda District, Banadir region including 20,000 people from 16 IDP camps and 5,000-host community, have access to Integrated Management of acute Malnutrition (IMAM) services leading to reduction in morbidity and mortality related to Malnutrition.

#### Assumptions & Risks

##### Assumption:

1. Access to target beneficiaries will be possible and that there will be no access restrictions resulting from insecurity.
2. The target beneficiaries, most IDPs will remain in their camps until the end of the project.
2. essential including Ready To Use Foods and drugs will be made available in time to enable smooth running of the project and avoid disruptions.

##### Risk;

1. Insecurity that will limit access.
2. Further displacement of the target IDPs.
4. delays/inadequate in supplies, specially RUTF that is supplied by UNICEF Somalia.

#### Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of sites providing Basic Nutrition services.					2
<b>Means of Verification</b> : Monitoring/Site verification visits, monthly reports, Photos with GPS coordinates.							
Indicator 1.1.2	Nutrition	Number of children (6-59months) and pregnant and lactating women screened		1,570	2,200	2,200	5,970
<b>Means of Verification</b> : HMIS Report, MUAC screening reports							
Indicator 1.1.3	Nutrition	Number of children between 6-59 months with SAM admitted to the programme.					2,300
<b>Means of Verification</b> : OTP reports, HMIS reports							
Indicator 1.1.4	Nutrition	Number of children between 6-59 months with MAM and SAM with complications and/or lack appetite referred for appropriate management.					2,700

**Means of Verification** : Referral Sheets, OTP reports

#### Activities

<b>Activity 1.1.1</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
Sustain nutrition services including SAM management, IYCF-E, referral of SAM with complications and MAM in one health center and a mobile unit that will serve a catchment population of 25,000 people.							
<b>Activity 1.1.2</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Undertake weekly anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW) with the aim of admitting them to the SAM program for management and/or referral to sites where they can receive appropriate care. 5970 people including 4500 children under five and 1470 Pregnant and Lactating Women will be targeted for screening.							
<b>Activity 1.1.3</b>							
<b>Standard Activity : Treatment of severe acute malnutrition in children 0-59months</b>							
Provide treatment of SAM without medical complication for 2300 children under five. This will be done by health workers based in the target health centre and at community level through a mobile unit providing integrated health and nutrition services.							
<b>Activity 1.1.4</b>							
<b>Standard Activity : Community screening for malnutrition and referral</b>							
Undertake referral of MAM and SAM with complication and failed appetite for appropriate care. A total of 2700 children will be referred (2500 MAM cases and 200 SAM with complication or/and failed appetite).							
<b>Output 1.2</b>							
<b>Description</b>							
Target Beneficiaries have their knowledge and information on nutrition improved through group and targeted education, sensitization and information sharing sessions in health facility and at community level by Nutrition Health and Hygiene Promoters.							
<b>Assumptions &amp; Risks</b>							
<b>Indicators</b>							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.2.1	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					432
<b>Means of Verification</b> : Session reports, Dully signed attendance sheets, photos with GPS coordinates.							
Indicator 1.2.2	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					360
<b>Means of Verification</b> : Attendance sheets with details of those counseled, interim reports, photos with GPS coordinates.							
Indicator 1.2.3	Nutrition	Number of PLW receiving multiple micronutrients					2,200
<b>Means of Verification</b> : OTP reports							
Indicator 1.2.4	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Nutrition Health, Hygiene Promotion					10
<b>Means of Verification</b> : Training Reports							
Indicator 1.2.5	Nutrition	Number of children under five provided with Vitamin A supplementation and dewormed.					4,500
<b>Means of Verification</b> : HMIS reports							
<b>Activities</b>							
<b>Activity 1.2.1</b>							
<b>Standard Activity : IYCF Knowledge Attitude and Practice survey</b>							
Conduct IYCF-E promotion sessions at facility and community level through mobile unit and CHWs. Weekly promotion sessions will be conducted targeting at least 12 persons per session (36 sessions). At the end of the program, it is planned that 432 persons would have taken part in IYCF-E sessions.							
<b>Activity 1.2.2</b>							
<b>Standard Activity : Infant and young child feeding counselling</b>							
Conduct weekly individual one on one counselling of PLW on Infant Young Child feeding in emergencies. Counseling sessions will be facilitated by Trained IYCF counsellors at health facility and community level through the mobile health unit. 10 mothers will be targeted every week							
<b>Activity 1.2.3</b>							
<b>Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women</b>							
Provide Multiple micronutrients supplementation to 2200 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating women.							
<b>Activity 1.2.4</b>							
<b>Standard Activity : Nutrition health and Hygiene promotion</b>							
Train 10 Nutrition, Health and Hygiene promoters (NHHP) for a period of three days to provide them with the knowledge and requisite skills required to appropriately conduct promotion sessions to individual clients or group to groups. Promotion sessions will be planned around key nutrition, health and hygiene challenges facing target IDP camps.							

Activity 1.2.5							
Standard Activity : Supplementation Vitamin A							
Provide vitamin A supplementation and deworming to 4,500 children under five (90% of children U5 in the target population.) with the aim of improving their general health and survival.							
<b>Additional Targets :</b>							
Education							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
Ensure emergencies and crises affected children and youth have access to safe and protective learning environments		2017-SO1: Provide life-saving and life-sustaining integrated multi-sectoral assistance to reduce acute humanitarian needs and reduce excess mortality among the most vulnerable people			100		
<b>Contribution to Cluster/Sector Objectives :</b> The project will contribute cluster; Objective 1: The project will ensure the drought affected children to have access of child friendly temporary learning space through construction of traditional 4 classrooms and teachers' office.							
Outcome 1							
increased access to emergency basic education to 160 school going IDP children, with equal access of boys and girls (90 girls and 70 boys).							
Output 1.1							
Description							
160-school going children with equal access of boys and girls are provided with basic education through the establishment of temporary learning spaces (IDP school)							
Assumptions & Risks							
<ul style="list-style-type: none"> <li>- community willingness to participate the project</li> <li>- security is stable</li> <li>- parents are ready to allow their children to go to school.</li> </ul>							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Education	Number of children (Male&Female) enrolled in protected learning spaces					160
<b>Means of Verification :</b> Monthly reports, school registers, photos and third part monitoring reports							
Indicator 1.1.2	Education	Number of children(Boys&Girls) provided with learning supplies					160
<b>Means of Verification :</b> Pupils registers with details of pupils, beneficiary records							
Indicator 1.1.3	Education	Number of teachers receiving emergency incentives					5
<b>Means of Verification :</b> Monthly/interim and end of project reports							
Indicator 1.1.4	Education	Number of school children (boys/girls) reached with school feeding			70	90	160
<b>Means of Verification :</b> Photos, school attendance registers, third part monitoring report.							

<b>Activities</b>
<b>Activity 1.1.1</b>
<b>Standard Activity : Construction of learning spaces</b>
Establishment of one temporary learning spaces (school) with gender friendly WASH facilities in Kalkal area in K12, to provide education opportunity to 160 (70 boys and 90 girls) school going IDP children. The action includes: construction of four temporary classrooms (40 pupils/classroom) and office; establishment of gender friendly WASH facilities including establishment of water kiosk through piping system and construction of 3 gender sensitive twin IDP school latrines from our integrated WASH component; sensitization and mobilization of the community through go to school campaign leading by established community education committees composing (7 men and 11 women).
<b>Activity 1.1.2</b>
<b>Standard Activity : School equipment and material learning distribution</b>
Provide Teaching and Learning materials: (1) learning materials include textbooks, exercise books, pens, rulers, sharpeners and rubbers to 160 pupils (90 girls and 70 boys) to facilitate learning in schools. (2) Teaching materials include teachers' teaching textbooks, chalks, dusters, and registers for enrolling the children, pens, pencils, files and A4 papers. (3) School furniture including desks for children and tables, chairs for the teachers and the office and blackboards.
<b>Activity 1.1.3</b>
<b>Standard Activity : Incentive for teachers</b>
Provide emergency incentives to 4 teachers (2 men and 2 female) and 1 head teacher.
<b>Activity 1.1.4</b>
<b>Standard Activity : School feeding</b>
Provide School feeding to 160 pupils (90 girls and 70 boys) to act as attraction to school and prevent excess dropouts. Two times a day meals will be provided; break time and lunch time meals. The action will also include distribution of food voucher through our integrated food security project to the households who allow their children to go to school giving priority school aged girls.
<b>Additional Targets :</b>

**M & R**

**Monitoring & Reporting plan**

Participatory monitoring and evaluation will be employed with regard to the frequency, keeping track/ assessing the effectiveness of the interventions with the aim of working within and where necessary adjusting the work plan to enhance efficiency and realization of project objectives. Our project M&E Officer together with the program team and beneficiaries will employ routine information gathering systems through weekly field/site visits, prepare progress reports, carry out rapid monthly assessments on project activities. The field's reports will be sent to the Program Manager who will then assemble the project team to analyze and match actual reporting with indicators in the Logical Framework Matrix and project activities in the work plan. Disparities will be explained and appropriate remedial action taken in consultation with the program manager. In this project, WARDI will use four tier level monitoring approaches (i) reporting against agree work plan (ii) staff field visit, meetings, supervision and technical support, (iii) Baseline assessment and post project assessment will be conducted to measure the impact of the intervention (iv) Community Feedback and Response Mechanism (CFRM) to check on satisfaction, curb aid diversion and re-evaluation and possible re-adjustments of the intervention. The PM develops a detailed monitoring plan and participatory monitoring tools to ensure all the stakeholders including the beneficiaries participate in M&E of the activities. KAP surveys will be conducted in the target locations at the inception/completion of the project to form basis for monitoring hygiene promotion component. Telephone numbers of community members and authorities will be collected to allow independent and remote monitoring to OCHA, clusters and WARDI top management. Monitoring reports of the project activities accompanied by photographic evidence with GPS tags (before start, ongoing and completion) will be sent to the WARDI program director and OCHA for evidence. Project Manager and the other project staff will monitor the project activities on daily basis, such as daily monitoring tools to record population reached based on gender, registration books and weekly reports will be kept for evidence. WARDI will develop elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be given 1 day workshop on how to use the complaint / feedback system to enhance transparency and accountability. Monthly and quarterly progress reports with photographic evidence by the project team to inform WARDI senior management on progress and support requirements will be developed. The target locations are accessible, thus the Project Manager will make day-to-day site visits to supervise and monitor progress. WARDI regularly update the 4W matrix and inform the WASH cluster and OCHA on the progress. Structured quarterly monitoring and internal end of project evaluation is anticipated to measure effects and/or impact made by the project and learn lessons accordingly. Finally, The IDP Committees will sign off on progress and completion of the project, witnessed (co-signed) by IDPs Chairman. In addition to internal monitoring, WARDI will hire third part monitoring person/firm to monitor and evaluate the project activities and its impact. WARDI will organize joint monitoring missions with OCHA/multi-cluster partners after the project is completed.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Education: Activity 1.1.1: Establishment of one temporary learning spaces (school) with gender friendly WASH facilities in Kalkal area in K12, to provide education opportunity to 160 (70 boys and 90 girls) school going IDP children. The action includes: construction of four temporary classrooms (40 pupils/classroom) and office; establishment of gender friendly WASH facilities including establishment of water kiosk through piping system and construction of 3 gender sensitive twin IDP school latrines from our integrated WASH component; sensitization and mobilization of the community through go to school campaign leading by established community education committees composing (7 men and 11 women).	2018	X											
Education: Activity 1.1.2: Provide Teaching and Learning materials: (1) learning materials include textbooks, exercise books, pens, rulers, sharpeners and rubbers to 160 pupils (90 girls and 70 boys) to facilitate learning in schools. (2) Teaching materials include teachers' teaching textbooks, chalks, dusters, and registers for enrolling the children, pens, pencils, files and A4 papers. (3) School furniture including desks for children and tables, chairs for the teachers and the office and blackboards.	2018	X	X	X	X	X	X	X	X	X			

Education: Activity 1.1.3: Provide emergency incentives to 4 teachers (2 men and 2 female) and 1 head teacher.	2018	X	X	X	X	X	X	X	X	X				
Education: Activity 1.1.4: Provide School feeding to 160 pupils (90 girls and 70 boys) to act as attraction to school and prevent excess dropouts. Two times a day meals will be provided; break time and lunch time meals. The action will also include distribution of food voucher through our integrated food security project to the households who allow their children to go to school giving priority school aged girls.	2018	X	X	X	X	X	X	X	X	X				
Food Security: Activity 1.1.1: Prior to targeting of beneficiaries, undertake community meeting where WARDI will inform the community on the intended project, share and revise the inclusion criteria the community and with their support and using the criteria list identify the beneficiaries. Soon after every transfer cycle, conduct community level meetings to get feedback on the program, address grievances and bottlenecks. Outcomes from such review meetings will be utilized to better transfer in the next month.	2018	X	X	X										
Food Security: Activity 1.1.2: Prepare and distribute food voucher valuing USD70/month for 3 consecutive months to 700 households in Crisis/Emergency giving priority female-headed households, households with malnourished children, households ready to bring school aged children to the schools and households with disability person to meet their basic food needs. The total monthly value of the household food vouchers will be US\$70, which will enable HHs to meet part of their daily caloric needs. WARDI will distribute unconditional vouchers through a defined food basket methodology based on the Food Security and Nutrition Analysis Unit's Minimum Food Basket for Somalia (Urban town – South). Each \$70 voucher will provide for approximately 80% of a HH's monthly food needs. 700 beneficiary HHs will receive vouchers each month for a three-month period. The vouchers will be redeemable at identified local vendors for a defined basket of commodities.	2018	X	X	X										
Health: Activity 1.1.1: Provide adequate drugs and medical supplies to the target health facility(Kalkal Health centre) and one mobile health/nutrition unit based on morbidity data.Drugs to be procured will be based on Somalia Essential Drugs List.	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 1.1.2: Provide quality and safe routine immunization to 900 children under the age of one year, 450 boys and 450 girls and at the static health center and mobile outreach.Vaccines will be sourced from the ministry Health managed Banadir region cold room.	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 1.1.3: Provide Basic Emergency Obstetric care to 1250 pregnant women by fully equipping and staffing the kalkal Health centre.Provide focused antenatal care, skilled delivery and postnatal care.Complicated cases requiring CEMONC will be referred to Banadir Hospital and Hamar Jajab referral health centre.	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 1.1.4: Conduct 5 days classroom training for 9 (3 nurses,3 midwives and 3 auxiliary nurses) front line health staff on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks to enable them competently provide the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 1.1.5: Provide consultations of non- communicable diseases such as pneumonia, malaria, diarrhoea, measles, skin conditions, injury care in children and urinary tract infections, Sexually transmitted infections among others in women,men,boys and girls through one static health facilities and a mobile outreach.90 consultations per day per health facility for nine month.	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 2.1.1: Conduct 8 community mobilization/awareness raising sessions(one session per week per facility, one health centre and one mobile unit) to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal and reproductive health, child health and nutrition through health facility staff and community health workers.Each mobilization session will target at least 50 persons with 7200 persons targeted.	2018	X	X	X	X	X	X	X	X	X				
Health: Activity 2.1.2: Conduct one day community education and sensitization workshop targeting 50 persons(35 women and 15 men) including influential members of the community, leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including AWD, childhood and maternal illnesses,malnutrition and the role they can play in influencing their community members to attain optimum attitude and behaviors that support prevention and response to these health problems	2018	X												
Nutrition: Activity 1.1.1: Sustain nutrition services including SAM management, IYCF-E, referral of SAM with complications and MAM in one health center and a mobile unit that will serve a catchment population of 25,000 people.	2018	X	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.1.2: Undertake weekly anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW) with the aim of admitting them to the SAM program for management and/or referral to sites where they can receive appropriate care.5970 people including 4500 children under five and 1470 Pregnant and Lactating Women will be targeted for screening.	2018	X	X	X	X	X	X	X	X	X				
Nutrition: Activity 1.1.3: Provide treatment of SAM without medical complication for 2300 children under five.This will be done by health workers based in the target health centre and at community level through a mobile unit providing integrated health and nutrition services.	2018	X	X	X	X	X	X	X	X	X				

Nutrition: Activity 1.1.4: Undertake referral of MAM and SAM with complication and failed appetite for appropriate care. A total of 2700 children will be referred (2500 MAM cases and 200 SAM with complication or/and failed appetite.	2018	X	X	X	X	X	X	X	X	X									
Nutrition: Activity 1.2.1: Conduct IYCF-E promotion sessions at facility and community level through mobile unit and CHWs. Weekly promotion sessions will be conducted targeting at least 12 persons per session(36 sessions). At the end of the program, it is planned that 432 persons would have taken part in IYCF-E sessions.	2018	X	X	X	X	X	X	X	X	X									
Nutrition: Activity 1.2.2: Conduct weekly individual one on one counselling of PLW on Infant Young Child feeding in emergencies. Counseling sessions will be facilitated by Trained IYCF counsellors at health facility and community level through the mobile health unit.10 mothers will be targeted every week	2018	X	X	X	X	X	X	X	X	X									
Nutrition: Activity 1.2.3: Provide Multiple micronutrients supplementation to 2200 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating women.	2018	X	X	X	X	X	X	X	X	X									
Nutrition: Activity 1.2.4: Train 10 Nutrition, Health and Hygiene promoters (NHHP) for a period of three days to provide them with the knowledge and requisite skills required to appropriately conduct promotion sessions to individual clients or group to groups. Promotion sessions will be planned around key nutrition, health and hygiene challenges facing target IDP camps.	2018	X																	
Nutrition: Activity 1.2.5: Provide vitamin A supplementation and deworming to 4,500 children under five (90% of children U5 in the target population.) with the aim of improving their general health and survival.	2018	X	X	X	X	X	X	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.1: Establishment of 12 communal water points (11 in IDP camps and 1 in school) using existing boreholes through piping system and sign an agreement with water source owner to provide 180 metric cubic of safe water per day to 2000 HHs (approximately 12,000 persons). Women and girls will be consulted the location and design of the water points to preserve their safety and avoid SGBV during the water fetching as both women and girls fell the responsibility of water collecting to the households.	2018	X	X	X															
Water, Sanitation and Hygiene: Activity 1.1.2: Support fuel, operation and maintenance to 3 boreholes in a period of 3 months to supply 180 cubic meter/day chlorinated safe water to 12 communal water points (11 in IDP camps and 1 in school) through piping system. WARDI, borehole owners and IDP committees (40% of the committees are women) and representative from the local authority will sign an agreement letter indicating the amount of water supplied to the IDPs/day and the number of months. Clean and safe water will be provided to 2000 households(12000 persons).	2018	X	X	X															
Water, Sanitation and Hygiene: Activity 1.1.3: Chlorinate the 3 boreholes and conduct daily monitor the free chlorine residual testing (FRC) by providing the well operators training and equipping with appropriate amount of chlorine needed to disinfect the wells on daily basis. Chlorination of wells is vital to avoid the recurrent AWD/cholera diseases outbreak in the IDPs caused by unsafe water. To keep the sustainability of the chlorination of the wells, WARDI has stocks of chlorine in store and will provide on weekly basis the required amount of chlorine/borehole/week, Secondly, the trained operators are from the community, who will be stationed in the wells and they will be trained to chlorinate the wells on daily basis.12000 persons(approximately 2000 Households) will access safe water.	2018	X	X	X	X	X	X	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.4: In consultation with the community members, identify, select and conduct continuous capacity building of community institutions in operation and maintenance of developed water infrastructure throughout the project implementation period, which will ensure that there is a local technical skill to ensure sustainability of developed water facilities beyond the project. The training will be given: (1) 15 WASH committees, each committee will compose 7 members (4men, 3women) will be trained on better water resource management, HHWT use, and maintenance of water facilities. (2) 6 well operators from the 3 boreholes will be trained on O&M; the training will also include the chlorination of the wells to keep the sustainability of the chlorination. (3) As a cross cutting, 100 community members (50 men and 50 women) shared equally by men and women, will also be given one day training on disaster and risk reduction response (DRR) and conflict resolution mechanisms (water resources conflict mostly occurs among the communities due to its scarcity during the dry seasons).	2018	X																	
Water, Sanitation and Hygiene: Activity 2.1.1: NOT IMPLEMENTED: Desludge 50 filled-up IDP latrines (25 for men and 25 for women) by using pump, carrying donkey cart to dump to appropriate place identified by WARDI and local authority (WARDI has long experience for emptying filled latrines) to improve the sanitation of 5 IDP camps in Kaxda along Afgoye road and repair the hand washing basins and doors. The latrines will be disinfected to ensure safety inside and around the latrines.	2018		X	X															

Water, Sanitation and Hygiene: Activity 2.1.2: NOT IMPLEMENTED: Construct 30-flood proof desludging latrines (15 for male and 15 for female) with lockable doors and hand-washing facilities to the newly arrived IDPs. Women and girls will participate the selection of the latrines' location to keep their safety and to avoid SGBV against them. The aim of desludging latrines (recommended by WASH cluster) is when filled, it can be easily emptied and no need to construct new latrines (space limitation and land ownership issue), For the sustainability of the desludging, WARDI will mobilize the community to promote appropriate hygiene practices related to the design, use and maintenance of the facilities.	2018		X	X	X															
Water, Sanitation and Hygiene: Activity 2.1.3: Construct 3 gender sensitive flood proof IDP school twin latrines (1 for boys, 1 for girls and 1 for school staff with hand washing facilities and lockable doors to the constructed school (education component of the project). The infrastructure will insure the safety of boys and girls.	2018		X	X																
Water, Sanitation and Hygiene: Activity 2.1.4: Conduct environmental sanitation awareness campaigns to 16 IDP settlements participating women and men. The action includes: (1) Distribution of sanitation sets. Each IDP settlement will receive 4 sanitation sets; each set contains (1 wheel barrow, 1 pick axe, 2 shovel/spades, 4 brooms, 2 rakes, and 1 barrel for collection of garbage). (2) Excavation of 1 garbage collection pit/IDP settlement. The cleanup campaigns will be held twice per month. Men and women will participate equally the general cleanup and collection of garbage campaigns.	2018	X	X	X	X	X	X	X	X	X	X									
Water, Sanitation and Hygiene: Activity 3.1.1: Conduct: (1) KAP survey at the inception of the project, to identify the gaps of hygiene, factors; (2) Based on the survey findings, trained 10 CHPs will conduct comprehensive hygiene awareness to 25,000 (6125men, 7575women, 5100boys and 6200girls) AWD/drought affected IDPs and host communities through visiting house-to-house, health facilities, schools and community gathering places; (3) Conduct at the end of the project another KAP survey to evaluate the effectiveness of the HP interventions.	2018	X	X	X	X	X	X	X	X	X	X									
Water, Sanitation and Hygiene: Activity 3.1.2: Distribute 1,000 HP kits to 1,000 IDP households benefiting around 6000 (1818women, 1450men, 1224boys and 1488girls) persons from households with malnourished children, households at risk of AWD/cholera diseases and households with discharged patients identified by health and nutrition staffs from health/nutrition component of the project. Each HP kit contains (200 aqua tabs, 1 Jerry can (20l Capacity), 1 bucket (20l capacity and 5 bars of soaps (each 800mg).	2018	X	X																	

## OTHER INFO

### Accountability to Affected Populations

WARDI will hold at the inception of the project, community mobilization, and sensitization meetings with all stakeholders including the local authorities to officially launch the project. During the sensitization meetings, the project objectives, implementation strategies, scope, beneficiary selection criteria, beneficiary entitlement and roles and duties of each stakeholder including M&E roles will be discussed and agreed. WARDI will develop elaborate beneficiary complain and feedback tool, project beneficiaries and stakeholders will be given 1 day workshop on how to use the complaint /feedback system to enhance transparency and accountability. Community ownership of the project will be done through formation of structures such as Beneficiary Representatives, Relief Committees, and Community Health workers. In order to meet the IDP needs, WARDI will involve the target community through its leaders and engendered committees in the first stage of planning of the project to ensure community participation. The organization will establish engendered committees (women participation will be strictly adhered) that will have hand-in-hand working relations with the project team and beneficiary communities; both sides will exchange any information related to the management and implementation of the project activities. Community Feedback and Response Mechanism (CFRM) will also be used to make sure that the beneficiaries are satisfied with services provided and complaints can be channeled to the right direction. There will be comprehensive checklists based on the consultations with the target communities that will be applied to facilitate the CFRM process; there will be direct contact between community leaders and project team as technique of CFRM to act accordingly in case of complaints. WARDI will adhere the principles of "do no Harm" through not creating any partial, nepotism, conflict oriented and sensitive issues within the project beneficiaries. WARDI will adhere to these principles of "do no harm" at all times throughout the project cycle by involving all categories of the community.

### Implementation Plan

WARDI will recruit and contract qualified multi-sectoral staffs through public announcement for the proper implementation of this project. WARDI will also implement this project with the participation of other key stakeholders using participatory approaches and methods. Mobilization and consultative meetings with the communities and other stakeholders will be held regularly at field level. WARDI will recruit experienced project staff that will ensure effective community participatory approach in project planning, implementation & management. The project Manager will be responsible overall the project implementation while the other staffs from the different sectors of the project will ensure the quality of the activities assigned for each staff. WARDI will also recruit through job vacancy announcement multi-sectoral officers who will guide and supervise the implementation of the activities and will share reports to the project team to make sure activities are coordinated and are inline with the plan. Successful implementation of this project is likely to substantially attenuate the transmissible disease burden borne. The existing IDP Committees will be given training on the selection criteria of the beneficiaries, enlistment of the beneficiaries, proper monitoring of the distribution process. Quarterly meetings will be held with the community members and other stakeholders to update them ongoing project activities and get their valuable input on how best to achieve the desired goals. To provide effective coordination, WARDI will provide monthly activity updates with partners including clusters both regional and Nairobi level, Other agencies working in the field who are doing other sector projects in the project sites will also be updated to avoid duplication and promote effective and longer sustainability of the project. WARDI will identify the risk of conflict in the project area and immediately avert this risk, the organization will closely engage the local leaders, government officials and the community to sort out any possible threat and the committee will be trained on Disaster risk reduction and conflict resolution mechanism measures. M&E coordinator will make regular monitoring to the project implementation activities producing reports on the plans versus the actual achievements and gives consultations with the project staffs. Finally, WARDI will contract to third part firm/individual to monitor the activities achievements versus the panned and evaluate the impact of the delivered services to the community. The third part monitoring firm/individual will develop third part monitoring report, which will be shared with UNOCHA.

**Coordination with other Organizations in project area**

Name of the organization	Areas/activities of collaboration and rationale
UNICEF,	WARDI in partnership with UNICEF is implementing health and nutrition project in Kaxda District, synergies will be created between the tow projects to maximise benefits for IDPs and host community.,
Clusters-Health, nutrition,WASH, FSC and education	WARDI is an active member of the concerned clusters in Nairobi and in the fields. Clusters' members are all NGOs, government and UN agencies implementing actively humanitarian services in Somalia. The clusters' partners are filling 4W matrix developed by the Clusters, which tracks activities implemented by the agencies including UN agencies. The matrix is updated monthly and is one of the platforms for sharing information by the clusters' members. This assists in avoiding duplication of activities in the field. The Clusters meetings take place monthly both in Nairobi and in the fields, where there are focal points responsible for chairing regular meetings and facilitating needs assessment whenever required. WARDI always participates the field meetings, which every active member presents its activities (when and where implements) to avoid duplication and overlap.

**Environment Marker Of The Project**

A: Neutral Impact on environment with No mitigation

**Gender Marker Of The Project**

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

**Justify Chosen Gender Marker Code**

All the multi-sectoral project activities are engendered, gender will be factored in the on-set of the project through the assessments sampling, where female-headed households will be prioritized. Women will be consulted during the sitting of the project to ensure that it reduces the likelihood of GBV. Targeting for distribution will consider female-headed households, the elderly, and breastfeeding mothers, as they are more vulnerable to poor health, nutrition and WASH related diseases and responsible water fetching at household level. Men and women will share equally the members of the committees. Finally, women, men, girls and boys will have equal access to the project multi-sectoral activities.

**Protection Mainstreaming**

The overall goal of the proposed multi-sectoral project activities is to reduce the burden of women/girls and time spent in search of water regarding dangers of long distance or secluded places, health, food security, education and nutrition, for example safety and security measures were taken into account by close consultation with women in programme design like latrines to be constructed close to their settlements and distribution points inside their settlements, health/nutrition outreach will be done near their IDP settlements. This project is totally Addresses the needs of WASH, health, nutrition, food security and education to the drought affected IDPs in their respective settlements that can easily accessible, instead of women and girls walking long distance for searching safe and reliable water (women and girls are responsible for fetching water to their households; this will reduce the exposure of women and girls to SGBV, while providing more time for livelihood activities for women and give spaces for girls education. Children will give chance to educate and reduce the exploitation of the children to recruit to the armed factions, child labour and etc.

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

The security situation in the project location is relatively calm, although there has been sometimes Al Shabaab insurgents seen at the roads between Mogadishu and Afgooye, but operating under cover due to the heavy presence of security providers such as the AMISOM regiments operating in the area as well as Somalia National Forces. WARDI has a longstanding presence in the IDP settlements located Km7- KM14 since 2011. WARDI has good understanding of the context. The security manager will train regularly the teams involved in operations. WARDI has established direct relations with the IDP elders to promote humanitarian principles, gain access, enhance program awareness, monitoring on issues including complaints/feedback about operation within the framework of the new complaint/feedback system. WARDI also maintains proper balancing between different clans/sub-clans, including service provision, contracting for services or goods or in staff recruitment. These measures reinforce local acceptance and protection of the staff by the communities, local authorities and other interest groups. WARDI has analyzed the security context in the proposed target location for this project. The target IDP locations are easily accessible to the project staff and OCHA focal point. WARDI is currently implementing WASH, food security, protection, Health and Nutrition projects in the project location with out any security problem. Rapid needs assessment and technical assessments were done in the target locations by WARDI staff without security challenges. Security in Somalia is dynamic and the districts security focal point will be analyzing security situation and advice the front line staff the situation every morning. It is anticipated that the security will remain calm and allow smooth implementation of activities within the project time frame. WARDI will identify the risk of conflict in the project area and immediately avert this risk. WARDI will closely engage the local leaders, government officials and the community to sort out any possible threat and the committee as cross-cutting will be trained on Disaster Risk Reduction and conflict resolution mechanism measures.

**Access**

The project locations can be easily accessed by the local and international organizations and no incidents were reported recently. WARDI has been operating in the project locations since its establishment, Thus, the relationship between WARDI and the community is very strong, which enabled WARDI to implement many projects such as, WASH, Nutrition, Health, Education and food security, this shows how WARDI has cordial relationship with the communities of which it is helping, WARDI enjoys full access from all corners of the IDP settlements inside and outside Mogadishu,

**BUDGET**

Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost
<b>1. Supplies (materials and goods)</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>2. Transport and Storage</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>3. International Staff</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>4. Local Staff</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>5. Training of Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>6. Contracts (with implementing partners)</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>7. Other Direct Costs</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>8. Indirect Costs</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>11. A:1 Staff and Other Personnel Costs: International Staff</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>

<b>12. A:1 Staff and Other Personnel Costs: Local Staff</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>13. B:2 Supplies, Commodities, Materials</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>14. C:3 Equipment</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>15. D:4 Contractual Services</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>16. E:5 Travel</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>17. F:6 Transfers and Grants to Counterparts</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>18. G:7 General Operating and Other Direct Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>19. H.8 Indirect Programme Support Costs</b>								
NA	NA	NA	0	0.00	0	0	0.00	
	NA							
	<b>Section Total</b>						<b>0.00</b>	
<b>20. Staff and Other Personnel Costs</b>								
1.1	Field Health and Nutrition Coordinator	D	1	2,000.00	9	44.00	7,920.00	
	<i>One project coordinator will be recruited to coordinate the activities of the integrated project to ensure the intended project outcomes are realised. All-inclusive monthly salary of \$2000.00 will be paid to the coordinator. SHF will contribute 44% of the total cost.</i>							
1.2	Project Officer	D	1	1,200.00	9	100.00	10,800.00	
	<i>One project officer who will be in-charge of the day to day running of the project will be employed. He/she will report to project coordinator. Monthly salary of \$1200.00 will be paid to the officer; SHF will pay 100% of the total cost.</i>							
1.3	Project Finance Officer	D	1	1,000.00	9	50.00	4,500.00	

	<i>A project finance officer will be employed. The Finance officer will be tasked with; Monitoring budgets, prepare monthly financial ensure compliance to financial and procurement procedures. The officer will be paid \$1000.00 per months for 9 months period; SHF will contribute 50% of the total cost.</i>						
1.4	Community Mobilizers-Food security component	D	1	700.00	3	100.00	2,100.00
	<i>One community Mobiliser will be engaged for a period of 3 months.The officer while closely working with the project coordinator and officer,mobilise the target beneficiaries for the cash project.He she will be paid \$700 per months for a period of 9 months.SHF will contribute 100% of the total cost.</i>						
1.5	Qualified Nurses	D	3	400.00	9	100.00	10,800.00
	<i>3 nurses will be employed,2 for the health facility and one attached to the mobile health/nutrition unit.They will medically assess children,men and women ,classify them and provide the appropriate curative and nursing care.Each will be paid \$400.00 per month for a period of 9 months.SHF will contribute 100% of the total cost.</i>						
1.6	Auxiliary Nurses-3	D	3	250.00	9	100.00	6,750.00
	<i>3 auxiliary nurses will be employed to assist nurses execute their functions.Each nurses will have an assistant nurse attached to her.Each Assistant nurse will be paid \$250 per month for a period of 9 months.</i>						
1.7	Qualified Midwives-3	D	3	400.00	9	100.00	10,800.00
	<i>3 midwives will be recruited for the project, two in the health facility and one for the mobile team .They will expected to; examine and monitor pregnant women, assess care requirements and write care plans, undertake antenatal care, carry out screening tests, provide information, emotional support and reassurance to women and their partners, take patient samples, take and record patient vital signs, monitor labour and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries.</i>						
1.8	Assistant Midwives	D	3	250.00	9	100.00	6,750.00
	<i>The Assistant midwives will be employed to be attached to the qualified midwives.they will support the midwives perform their function as expected.Each will be paid \$250 per month for a period of 9 month.SHF will contribute 100% of the cost.</i>						
1.9	Nutrition Screeners-2	D	2	250.00	9	100.00	4,500.00
	<i>Two screeners will be employed.One screener attached to the health centre and another to the mobile team.They will be tasked with screening children under five for malnutrition for the purpose of admitting them to the appropriate program.Each will be paid \$250 per month for 9 month.</i>						
1.10	Registrars	D	2	250.00	9	100.00	4,500.00
	<i>2 Registerars, one attached to the HF and another to the mobile unit.The registrars will be responsible for recording details including the anthropometric measurements of children under five in the OTP register.Each will be paid \$250 per month for 9 month.</i>						
1.11	IYCF Consellers	D	2	600.00	9	100.00	10,800.00
	<i>One IYCF counsellor will be employed to provide counselling on IYCF-E to caretakers of children below 24 months.Counselling will be well planned and will target either individual clients or group of clients.Each will be paid a monthly salary of \$600 each for the entire project period.SHF will pay 100% of the total cost.</i>						
1.12	Nutrition Health and Hygiene Promoters(NHHP)	D	10	150.00	9	100.00	13,500.00
	<i>10 Nutrition Health and Hygiene Promoters (NHHP) will be employed for the purpose of undertaking community mobilisation/sensitisation, counselling and education sessions on pertinent health, nutrition and hygiene issues. They will be selected from the community and each of the NHHP will be responsible of visiting at least 300 households a month to appropriate messages on health, hygiene and nutrition. They will be central in improving the community knowledge to achieve optimum behaviours that supports improved health and utilisation of availed health, nutrition and WASH services. They will be \$150 per month per person for a period of 9 months. SHF will contribute 100% of the cost.</i>						
1.13	Head Teacher Incentive	D	1	150.00	9	100.00	1,350.00
	<i>A head teacher to manage the established learning spaces will be recruited and incentivised.He will be paid \$150 per month,with SHF contributing 100% of the total cost.</i>						
1.14	Cleaners-3	D	3	200.00	9	100.00	5,400.00
	<i>Three cleaners (one for the school and 2 for the health center) will be recruited and paid \$200.00 a month for 9 months. They will be tasked with maintaining cleanliness in the health center and the school. SHF will contribute 100% of the total cost.</i>						
1.15	Teachers	D	4	100.00	9	100.00	3,600.00
	<i>Four(4) teachers will be employed to teach 160 pupils in the established temporary school.Each will be paid \$100 a month for 9 month.SHF will contribute 100% of the total cost.</i>						
	<b>Section Total</b>						<b>104,070.00</b>
<b>21. Supplies, Commodities, Materials</b>							
2.1	Communal water points complete with piping network	D	12	5,081.00	1	100.00	60,972.00

	<i>Establishment of 12 communal water points (11 for the IDP camps and 1 for the constructed IDP school) using existing water sources /boreholes and sign an agreement with water source owner to provide 375 metric cubic of safe water per day to 2000 households(approximately 12,000 persons). the cost for the construction of 12 communal water points including the piping network is USD60,972. SHF will contribute 100% of the cost.</i>							
2.2	Operation and maintenance of 3 boreholes including fuel and lubricants	D	3	8,200.00	3	100.00		73,800.00
	<i>Support fuel, operation and maintenance to 3 boreholes in a period of 3 months to supply 375 cubic meter safe water to 12 communal water points through piping system and distribution points to enable 2000 households(12000 persons). Total budget for operation and maintenance including the fuel is USD73,800, SHF will contribute 100%.</i>							
2.3	Rehabilitation of IDP latrines including desludging of the filled septic tanks	D	0	0.00	0	100.00		0.00
2.4	Construction of 30 desludging IDP latrines	D	20	500.00	1	100.00		10,000.00
	<i>Construct 20-flood proof, desludge and gender sensitive latrines (15 for male and 15 for female) with lockable doors and hand-washing facilities to newly arrived IDPs to reduce open defecation. The total cost for the construction is USD25,000. SHF will contribute 100% of the cost.</i>							
2.5	Construction of gender sensitive twin IDP school latrines	D	3	3,544.00	1	100.00		10,632.00
	<i>Construct flood-proof twin IDP school latrines (1 for boys, 1 for girls and 1 for school staff (1 for men and 1 for women) with hand washing facilities to 1 school in an IDP settlement. The construction cost is USD 10,632. SHF will contribute 100% of the cost.</i>							
2.6	HP kits	D	1000	18.00	1	100.00		18,000.00
	<i>Distribute 1,000 HP kits to 1,000 IDP households benefiting around 6000 (1818women, 1450men, 1224boys and 1488girls) from households with malnourished children, households at risk of AWD/cholera diseases and households with discharged patients. Each HP kit contains (200 aqua tabs, 1 Jerry can (20l Capacity), 1 bucket (20l capacity and 3 bars of soaps (each 800mg). The total cost of HP kits is USD18,000, SHF will contribute 100% of the cost.</i>							
2.7	sanitation sets	D	64	80.00	1	100.00		5,120.00
	<i>Distribution of sanitation kits to 16 IDP settlements. Each IDP settlement will receive 4 sanitation kits; each kit contains (1 wheel barrow, 1 pick axe, 2 shovel/spades, 4 brooms, 2 rakes, and 1 barrel for collection of garbage). (2) Excavation of 1 garbage collection pit/IDP settlement. The cost of sanitation sets is USD18,000. SHF will contribute 100% of the cost</i>							
2.8	WASH Training	D	1	15,068.00	1	100.00		15,068.00
	<i>The training cost includes: training cost of 16 WASH committees, training cost of 6 well operators, community workshop on DRR and conflict resolution and training of community hygiene promoters. The total cost of the training is USD 15068 SHF will contribute 100%.</i>							
2.9	Voucher preparation and printing	D	1000	1.22	3	100.00		3,660.00
	<i>The indicated cost involved in designing, printing and distribution of the vouchers for food to 1000 target beneficiaries. the cost of preparation is USD 1.22/piece.</i>							
2.10	Food voucher	D	700	70.00	3	100.00		147,000.00
	<i>Prepare and distribute food voucher valuing USD70/month for 3 consecutive months to 700 households in Crisis/Emergency giving priority female-headed households, households with malnourished children, households ready to bring school aged children to the schools and households with disability person to meet their basic food needs. The total monthly value of the household food vouchers will be US\$70. SHF will contribute 100% of the cost.</i>							
2.11	Construction of temporary learning space (IDP school)	D	1	29,599.00	1	100.00		29,599.00
	<i>Four temporary learning spaces to accommodate 160 pupils(70 boys and 90 girls) and a staff room will be established in Kalkal area of kilometre 13.Attached is a BOQ elaborating the indicated cost.</i>							
2.12	Training of Frontline Staff on IMCI, disease surveillance and response to outbreaks.	D	1	3,114.50	1	100.00		3,114.50
	<i>Conduct 5 days classroom training for 9 (3 nurses,3 midwives and 3 auxiliary nurses) front line health staff on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks to enable them competently provide the healthcare needs of the target population and adequately respond to AWD/cholera outbreaks.See attached BOQ</i>							
2.13	Community Sensitisation Workshop	D	1	1,802.00	1	100.00		1,802.00
	<i>Conduct one day community education and sensitisation workshop targeting 50 persons(35 women and 15 men) including influential members of the community, leaders, women groups and religious leaders with the aim of facilitating a dialogue around the common health challenges the community faces including AWD, childhood and maternal illnesses, malnutrition and the role they can play in influencing their community members to attain optimum attitude and behaviours that support prevention and response to these health problems</i>							
2.14	Training of Nutrition,Health and Hygiene promoters	D	1	1,938.00	1	100.00		1,938.00
	<i>Train 10 Nutrition, Health and Hygiene promoters (NHP) for a period of three days to provide them with the knowledge and requisite skills required to appropriately conduct promotion sessions to individual clients or group to groups.</i>							
2.15	School furniture, Learning/Teaching materials	D	1	31,178.00	1	100.00		31,178.00

	<i>Provision of teaching and learning materials as well as school furniture including exercise books, pens, desks, text books, rulers, sharpeners, chalks, blackboards, dusters and rubbers to facilitate learning in schools. The total cost is USD 31178 SHF will contribute 100% of the total cost. BOQ</i>						
2.16	School feeding-160 pupils.	D	1	25,550.00	1	100.00	25,550.00
	<i>Provision of school feeding to 160 pupils (90 girls and 70 boys) to act as attraction to school and prevent excess dropouts. Two times a day meals will be provided; break time and lunch time meals. The cost of the feeding per child is USD5/day. The school will open 5 days/week (20 days/month). Therefore, the feeding cost for 9 months will be: 160 children* \$5/day*180 days= \$144,000. SHF will contribute \$25,550, while WARDI will cover the remaining balance.</i>						
2.17	Pharmaceuticals	D	1	34,099.99	1	100.00	34,099.99
	<i>Essential drugs based on Essential drugs list will be procured to ensure health facilities are well stocked with drugs for managing medical conditions.25,000 beneficiaries will benefit from the supplies provided.see attached BOQ</i>						
2.18	Health Facility Utilities	D	1	450.00	9	100.00	4,050.00
	<i>Cost related to monthly electricity and water cost for the health health centre to enable smooth operation of the facility.Total cost will be 450 USD per month with SHF paying 100% of the total cost.</i>						
2.19	None pharmaceuticals/medical equipments	D	1	7,033.00	1	100.00	7,033.00
	<i>These are equipments required for infection control within the health facility.Some of the items in these list include; gloves, sterilisation equipments and cleaning materials.</i>						
	<b>Section Total</b>						<b>482,616.49</b>
<b>22. Equipment</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>23. Contractual Services</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>24. Travel</b>							
5.1	Monitoring visits	D	2	3,040.00	1	100.00	6,080.00
	<i>Cost of project monitoring visits,The cost will cater for air tickets(round trips),Visa fees,DSA, lodging and local transport.</i>						
5.2	Vehicle hire	D	2	1,800.00	9	100.00	32,400.00
	<i>The vehicles will be used for mobile team outreach health/nutrition services and monitoring the day to day of the project activities . The vehicle will be used by the project staffs for the transportation to their duty stations. The standard rate of vehicle rent in Mogadishu is US\$1800/month including the driver, fuel and car routine services. SHF will contribute 100% of the total cost, which id USD32,400.00.</i>						
	<b>Section Total</b>						<b>38,480.00</b>
<b>25. Transfers and Grants to Counterparts</b>							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	<b>Section Total</b>						<b>0.00</b>
<b>26. General Operating and Other Direct Costs</b>							
7.1	Office rent	S	1	4,000.00	9	10.00	3,600.00
	<i>Cost will cover Mogadishu office monthly rent cost.SHF will contribute 10% of the total cost.</i>						
7.2	Stationery	S	1	1,200.00	9	10.00	1,080.00
	<i>Include; pens, printing papers, files, cartridges procured on quarterly basis to enable smooth running of the office activities.</i>						
7.3	Communication	S	1	329.00	9	100.00	2,961.00

	<i>Cost related to internet and telephone airtime for Mogadishu office with SHF contributing 100% of the total cost. The items are necessary for effective project coordination.</i>						
7.4	Utilities	S	1	699.00	9	36.00	2,264.76
	<i>Shared cost. Mogadishu office water and electricity cost. The monthly cost is \$699 for a period of 9 month. SHF will contribute 36% of the cost.</i>						
7.5	Guards	D	2	100.00	9	100.00	1,800.00
	<i>2 guards will be recruited to provide 24/7 security to the health centre and the learning space. They will be paid \$100 a month for 9 months.</i>						
	<b>Section Total</b>						<b>11,705.76</b>
<b>SubTotal</b>			2,862.00				<b>636,872.25</b>
Direct							626,966.49
Support							9,905.76
<b>PSC Cost</b>							
PSC Cost Percent							5.00
PSC Amount							31,843.61
<b>Total Cost</b>							<b>668,715.86</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	
Banadir	100	6,125	7,575	5,100	6,200	25,000	<p>Food Security: Activity 1.1.1: Prior to targeting of beneficiaries, undertake community meeting where WARDI will inform the community on the intended project, share and revise the ...</p> <p>Food Security: Activity 1.1.2: Prepare and distribute food voucher valuing USD70/month for 3 consecutive months to 700 households in Crisis/Emergency giving priority female-headed ...</p> <p>Health: Activity 1.1.1: Provide adequate drugs and medical supplies to the target health facility (Kalkal Health centre) and one mobile health/nutrition unit based on morbidi...</p> <p>Health: Activity 1.1.2: Provide quality and safe routine immunization to 900 children under the age of one year, 450 boys and 450 girls and at the static health center and m...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: Establishment of 12 communal water points (11 in IDP camps and 1 in school) using existing boreholes through piping system and sign an agreement with...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Support fuel, operation and maintenance to 3 boreholes in a period of 3 months to supply 180 cubic meter/day chlorinated safe water to 12 communal wa...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: Chlorinate the 3 boreholes and conduct daily monitor the free chlorine residual testing (FRC) by providing the well operators training and equipping ...</p> <p>Nutrition: Activity 1.1.1: Sustain nutrition services including SAM management, IYCF-E, referral of SAM with complications and MAM in one health center and a mobile unit that w...</p> <p>Nutrition: Activity 1.1.2: Undertake weekly anthropometric screening and identification for all children 6-59 months and pregnant and lactating women (PLW) ?with the aim of adm...</p> <p>Nutrition: Activity 1.1.3: Provide treatment of SAM without medical complication for 2300 children under five.This will be done by health workers based in the target health cen...</p> <p>Nutrition: Activity 1.1.4: Undertake referral of MAM and SAM with complication and failed appetite for appropriate care. A total of 2700 children will be referred (2500 MAM cas...</p> <p>Education: Activity 1.1.1: Establishment of one temporary learning spaces (school) with gender friendly WASH facilities ?in Kalkal area in K12, to provide education opportunity...</p> <p>Education: Activity 1.1.2: Provide Teaching and Learning materials: (1) learning materials include textbooks, exercise books, pens, rulers, sharpeners and rubbers to 160 pupils...</p> <p>Education: Activity 1.1.3: Provide emergency incentives to 4 teachers (2 men and 2 female) and 1 head teacher.</p> <p>Education: Activity 1.1.4: Provide School feeding to 160 pupils (90 girls and 70 boys) to act as attraction to school and prevent excess dropouts. Two times a day meals will be...</p>

**Documents**

Category Name	Document Description
Project Supporting Documents	SHF_IP_stafflist_WARDI_7477.xlsx
Project Supporting Documents	SHF_IP_stafflist_WARDI_7477.pdf

Project Supporting Documents	SHF_IP_Inventory_WARDI_7477.pdf
Budget Documents	SA-2 BOQ 2017-S2_WASH.xlsx
Budget Documents	Consolidated BOQ.SHF 2nd allocation.xls
Budget Documents	Revised 2 consolidated BOQ 2017-SHF2.xlsx
Budget Documents	Final_consolidated BOQ 2017-SHF2.xlsx
Budget Documents	Final_consolidated BOQ 2017-SHF2.xlsx
Revision related Documents	Revised consolidated BOQ 2017-SHF2.xlsx
Grant Agreement	GA WARDI_7477_HC signed.pdf
Grant Agreement	GA WARDI_7477_IP signed.pdf
Grant Agreement	EO Approved GA SOM-7477.pdf
GA Amendment	AMENDED GA 7477.pdf
GA Amendment	SOM-MOU-7477-Amendment.pdf