

Requesting Organization :	New Ways Organization				
Allocation Type :	Standard Allocation 1 (Feb -Mar 2018)				
Primary Cluster	Sub Cluster	Percentage			
Health	Maternal, Neonatal and Child Health	30.00			
Nutrition	Emergency Nutrition	20.00			
Water, Sanitation and Hygiene	Shallow well IMPROVED	50.00			
		100			
Project Title :	Integrated Health, Nutrition and WASH Intervention to prevent deaths resulting from severe malnutrition and epidemic				
Allocation Type Category :					
OPS Details					
Project Code :		Fund Project Code :	SOM-18/3485/SA1/H-Nut-WASH/NGO/8493		
Cluster :		Project Budget in US\$:	388,624.00		
Planned project duration :	12 months	Priority:			
Planned Start Date :	01/04/2018	Planned End Date :	31/03/2019		
Actual Start Date:	07/05/2018	Actual End Date:	06/05/2019		
Project Summary :	<p>The project aims at contributing to the reduction of high mortality and morbidity resulting from lack of adequate and accessible health, nutrition and WASH services in the three districts of Marka, Qoryoley and Kuntuwarey. This integrated program of health, nutrition and WASH is designed to help reduce the high malnutrition and morbidity rates in the three target districts. The project is designed to tackle the immediate cause of disease and the underlying causes of malnutrition by providing safe health and nutrition care as well as safe environment. It is therefore anticipated that the Health and Nutrition component will give diagnosis and treatment facilities.</p> <p>The WASH component will add more clean water sources and provide sanitation facilities to the target communities and increase hygiene awareness and behavioral change among the target communities. This is expected to reduce the rate or outbreak frequency of AWD/cholera and other water borne diseases.</p> <p>The project will work through 7 IERT teams to deliver services in the target communities of the three districts in the form of outreach. Two teams will be working in Marka District, 3 in Qoryoley District and 2 teams in Bula Marer area of Kuntuwarey District. Each team will be composed of 1 nurse, 1 midwife and 2 CHWs. The project will also support 4 fixed sites (MCHs) in the target districts. In each of the 4 MCHs, 1 midwife, 1 nurse and 1 CHWs will be working . 2 MCHs are Marka district (1 in Howlwadag/Marka town and 1 in Shalambod/Marka district), 1 MCH is in Buulo mareer/kurtunwarey district and 1 MCH is in Qoryoley town/Qoryoley district. 11 midwives and 11 nurses will be given refresher training. New ways will contract a consultant for each training.</p> <p>Community involvement in the programme design and implementation as well as in local capacity building will support resilience in the community and will contribute to a better health and nutrition conditions.</p> <p>In Kuntuwarey, the IERT will cover Day Dog, Bula Marer, Arbow Herow, Falurow and Cambarey. For Qoryoley District the IERT teams will cover Qoryoley town, Farxane, Bula Sheikh, Madulow and Camp1 while in Marka district, the teams will be covering Shalanbod, Gandawi, Diyeeni, Buulo Cadaad, Jeelow, Steefel, Jebey, Gabeyle, Betemin and Golweyn.</p>				
Direct beneficiaries :					
Men	Women	Boys	Girls	Total	
14,600	23,800	12,800	12,800	64,000	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	12,800	12,800	25,600
Pregnant and Lactating Women	0	5,760	0	0	5,760
Women of Child-Bearing Age	0	14,720	0	0	14,720
Other	14,600	3,320	0	0	17,920

Indirect Beneficiaries :			
42,667 The project will indirectly benefit 42667 people , including beneficiary households, project staff as well as beneficiaries of health and hygiene promotion			
Catchment Population:			
106,667 The project will focus on drought affected communities (14,933 boys, 16,000 girls, 25,600 men and 50,133 women) of internally displaced people and vulnerable host communities, particularly in hard to reach villages. Special consideration will be given to PLW, children <5. They will benefit from an integrated service of health, nutrition and wash. The IERT will undertake awareness campaign in order to strengthen health seeking behavior for an equitable access to the services.			
Link with allocation strategy :			
Funds from SHF will be used to fund integrated health, nutrition and WASH programme activities aimed at supporting drought and conflict affected vulnerable communities in the three districts of Marka, Kuntuwarey and Qoryoley. Response to support the target communities will be in the form of outreach activities to hard to reach remote villages and underserved communities. The IERT teams will be screening people in the villages for diseases and treat cases that can be managed at village level while they refer complicated cases. Children under five and PLW will be screened for malnutrition and refer those found malnourished to nutrition centres. For complicated cases, they will be referred to the nearest SC. The IERT teams will be disseminating Health, nutrition and hygiene knowledge through promotions within target communities' settlements. IYCF trainings will be conducted and knowledge disseminated to mothers, fathers and caretakers. Counselling of mothers/caretakers on best practices will also be done at sites. Women and girls will continue to be consulted and engaged in WASH committees. These activities will contribute to the cluster's objectives of: - Affected populations have timely access to safe and sufficient quantity and quality health and nutrition services as well as water for drinking, domestic use and hygiene (SPHERE) and practice good hygiene.			
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
Abdullahi Ali Muhumed	Executive Director	new.ways.org@gmail.com	+254725058419/+25261
Mohiddin Ahmed Gure	Program coordinator	Guure82@yahoo.com	+252616423303
BACKGROUND			
1. Humanitarian context analysis			
<p>Although humanitarian situation has shown some improvement due to continued large-scale humanitarian assistance and seasonal improvement to food and income sources during 2017 Deyr, humanitarian need is far from over in Somalia. The past consecutive years of below average rain fall in most of Somalia regions impacted on the lives of many households. Many pastoral households lost their livestock to the recent droughts while some were forced to sell their assets, their sources of livelihood to meet their basic needs. According to the latest FSNAU Post Deyr Report released in January 2018, over 2.7 people are in crisis and emergency. 301000 children aged under 5 years are acutely malnourished including 48000 who severely malnourished. (FSNAU 2017 Post Deyr Report) The situation is expected to deteriorate through June 2018 in the absence of large -scale humanitarian assistance as climate forecast from IRI at Columbia University indicates a 40% below average rains in the 2018 Gu' season.</p> <p>Lower Shabelle Region, New Ways operational area was not spared by the calamity. According to FSNAU's post Deyr report of 2017, 22860 children aged under 5 years are moderately malnourished while 6820 others are severely malnourished. A GAM rate of 14.2% was captured in FSNAU's 2017 post deyr report published in January 2018. The same report also indicates 172000 out of the 1,202,219 population in Lower Shabelle will be in IPC phase 3 while 10,000 others will be in Emergency between February and June 2018. 315,000 others will also be in stress (IPC2) as per the same report. The rural communities of Qoryoley, Kuntuwarey and Marka are the most hit. Food insecure households will not be able to access health, nutrition and WASH services in the absence of humanitarian support. Many of the rural villages in the three target districts lack operational health and nutrition facilities. In Qoryoley, 3 IERT teams currently operate on outreach basis and are able to reach some villages. The current project, however, ends in June 2018. For Kuntuwarey district, no outreach activities taking place, except for Bula Marer where New Ways Organization runs a fixed nutrition centre and 2 nutrition mobile teams covering Bula Marer town and adjacent villages. These two teams are specifically for nutrition and therefore other services such as health and WASH are missing. The project also ends in August 2018.</p> <p>New ways intends to project an integrated WASH, health and nutrition response to vulnerable and most affected communities in Qoryoley, Kuntuwarey and Marka districts The project which will mainly operate on outreach basis will focus on case management including measles and acute watery diarrhea , Referral, Health education, sanitation and hygiene promotion, support hygiene kit and Information education and communication material distribution, screening and treatment of acute malnutrition, infancy young child feeding promotion ,capacity building of staff and community.</p>			
2. Needs assessment			

Being one of the densely populated regions (1,202,219 as per UNFPA) and one of the worst affected in the 2017 drought, many households in Lower Shabelle Region are still in need of humanitarian support. The 2017 post deyr report released in January 2018 indicated that 315,000 people in Lower Shabelle are in stress while 172000 are in crisis and 10,000 persons in emergency. FSNAU's post deyr report of 2017 also showed that 22860 children aged under five in Lower Shabelle are moderately malnourished while 6820 are severely malnourished. According to the same report, high GAM prevalence rate of 14.2% is in Lower Shabelle. The most affected population is in the rural agro-pastoral communities. The prolonged drought that prevailed in the past five years affected peoples livelihood particularly livestock. Qoryoley, Kuntawarey and Marka have been conflict prone districts since 2014. Clan based clashes prevailed in Marka district for over 5 years and this affected households' livelihood. Over 87000 people fled Marka and Km50 due to armed conflict and insecurity in 2017 (UNHCR 2017). The displaced population sought refuge in Afgoye, Qoryoley and Barawe where they settled as IDPs. Calm has, however, returned to Marka after the warring clans resolved to live in peace. Clashes between Alshabaab and government troops also contributed to displacement of people particularly in Qoryoley and Marka towns. In addition to the drought, armed conflicts have contributed to the vulnerability of households in the affected areas.

According to FSNAU 2017 post deyr report, rainfall in the area was below average and as a result, post deyr harvest was basically below average. This would render many households food insecure during the period between February and June 2018. Food insecure population is not expected to access crucial services such as health, nutrition and WASH without humanitarian support. Most of the villages targeted by the project lack these services. Households fetch water from unprotected water points. Relying on unsafe water could increase risk of outbreak of water-borne diseases such as AWD/cholera. Last month alone 74 cases of AWD/cholera cases were reported from Kuntuwarey. In a bid to prevent situation to deteriorate, New Ways organization plans to respond to the situation in an integrated approach through IERT. The project will provide integrated Health, Nutrition and WASH services targeting villages in Qoryoley, Kuntuwarey and Marka where there are no operational health facilities.

With its current ongoing programs nutrition project with UNICEF in Kuntuwarey (Bula Marer) and IERT with SHF in Qoryoley, NWO intends to synergize with its current programs and integrate health, nutrition and WASH activities and endeavors to prevent waterborne diseases including cholera and acute malnutrition through strong leadership coordination and capacity building of Integrated emergency response team (IERT) ,community nutrition workers and community members on prevention of diarrhea and other epidemic diseases, acute malnutrition as well as sensitization on community based approaches for safe motherhood health and infancy young child feeding practice. Therefore, NWO plans to reach total of 64000 persons including 14600 men, 23800 women, 12800 girls and 12800 boys in the target areas through provision of integrated services in primary health care services, WASH and prevention of malnutrition and strengthening of the referral system and increasing community awareness and mobilization.

3. Description Of Beneficiaries

The proposed project will target drought affected vulnerable communities in the three districts of Marka, Qoryoley and Kuntuwarey. The project will ensure vulnerable households living in remote villages particularly in the agro-pastoral areas are reached and access these integrated services. During implementation the project will ensure women, men, boys and girls will have equitable access to the integrated health, nutrition and WASH services. Through IERT approach, the project will target 14600 men, 23800 women, 12800 boys and 12800 girls.

In line with integrated health, nutrition and WASH cluster strategies, New ways will maintain its commitment to engaging with affected individuals and communities at all phases of the program cycle through the use of focus group discussions with women, men and youth on issues concerning their health. New ways engages the community in a sustainable and accountable manner to determine context and culturally appropriate need- based responses.

4. Grant Request Justification

The proposed project targets drought affected vulnerable population in the agropastoral livelihood which covers parts of Qoryoley, Kuntuwarey and Marka districts of Lower Shabelle region. The 2017 FSNAU's post deyr report showed that despite significant improvement of the humanitarian situation in the entire country the is still need to continue supporting vulnerable communities in order to prevent the situation from going back to where it was last year. According to the same report, the large scale and timely response together with the coordination mechanism employed improved the situation. The rains during 2017 Deyr which, though below average, helped livestock access pasture and water. Even with this improvement, the FSNAU 2017 post deyr report showed 301000 children under five years of age are malnourished with 48000 of them severely malnourished. Lower Shabelle Region is among areas with high number of malnourished children. According to this report the GAM rate of Lower Shabelle is 14.2%. The number of under 5 children who are moderately malnourished stands 22,860 while those severely malnourished stands 6820. According to the report 315000 people in Lower Shabelle region are in stress while 172000 are in crisis as far as food security is concerned. There are also other 10,000 people who are in emergency. (FSNAU 2017 post deyr report). The report also the situation might deteriorate through June 2018 if humanitarian assistance is not continued as 2017 post deyr harvest was below average. If current humanitarian assistance stops and level of morbidity and disease outbreaks are not controlled, the situation might advance to a worse level, to famine.

The target populations' access to clean and safe water and appropriate hygiene facilities is minimal. People's knowledge of good sanitation and hygiene practice is also limited. This obviously makes communities vulnerable to diseases.

New ways is present in Lower Shabeelle with its various humanitarian interventions since 1993, in this long period, NWO has developed a strong working relationship with local actors. New ways adopted community engagement approach in all its interventions. Strengthening childcare services, Safe motherhood, child immunization, child and PLW nutrition Status, as well as integrating WASH activities in all its interventions. During this long period, NWO has developed the capacity and capability to improve and sustain access and utilization for children to integrated essential quality nutrition services in Barawe and Buulo marer (Kuntuwarey district) and Qoryoley districts as well as delivering quality health and WASH services, with the support of UNICEF. New ways has developed and implemented livelihood project in Lower Shabeelle, and Benadir regions in collaboration with WFP and BeMoc with UNFPA and MoH of FGS in Barawe and Qoryoley. New Ways is currently implementing integrated programme of health, nutrition Wash, food security and education through IERT in Barawe and Qoryoley, a project funded by SHF. New Ways is and has been committed to improving the lives of the beneficiaries, as well as the managerial skills of the staff, involving the community into the initial phase of design and implementation of the work plan, thus, contributing to strengthen the system, providing services in a participatory and transparent way, and advocate common humanitarian principles. In line with integrated health, nutrition and WASH cluster strategy, New ways will maintain its commitment to engaging with affected individuals and communities at all phases of the program cycle through the use of focus group discussions with women, men and youth on issues concerning their health. New ways engages the community in a sustainable and accountable manner to determine context and culturally appropriate need- based interventions, with New ways qualified and experienced staff that will be the backbone of the IERT.

5. Complementarity

New Ways Organization is currently implementing an integrated health, nutrition, WASH, food security and education in Qoryoley and Barawe. This project is funded by SHF and due to end on 30th June 2018. The organization is also implementing a nutrition project in Barawe and Bula Marer (Kuntuwarey district). Under this project, New Ways Organization 3 fixed OTPs, 1 SC and 4 mobile OTPs. Delivery of nutrition program aimed at mitigating the overwhelming malnutrition crisis is supported by UNICEF and due to end on 31st August 2018. The new IERT project will complement the already existing nutrition project in Kuntuwarey (Bula Marer) and the IERT program the organization program in Qoryoley. NWO is also liaising with UNICEF's nutrition department to provide the project with the necessary supplies. Efforts are also underway to request UNICEF's WASH department to provide WASH supplies such as chlorine, soap and water tabs. New ways intends to complement the ongoing activities by implementing this new and innovative approach of deploying IERT in order population of hard to reach areas receive their fair share of integrated Health, Nutrition and WASH services. IERT under many circumstances provide this crucial contact with the underserved layer of the population. They will be referring to the fixed facilities (hospital, MCH, OTP, SC) when ever it's necessary, therefore, complimenting each other.

LOGICAL FRAMEWORK

Overall project objective

Provision of lifesaving integrated health services to affected communities through outreach mechanism (IERT) to IDPs and hard to reach communities as well as supporting static non-functioning facilities.

Health

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Improve access to essential life saving health services for crisis affected and host populations aimed at reducing avoidable morbidity and mortality	2018-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	35
Contribute to the reduction of maternal and child morbidity and mortality among crisis-affected and host populations	2018-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	35
Strengthen emergency preparedness and response capacity at all levels in order to mitigate and respond to communicable disease outbreaks in an efficient, coordinated and timely manner	2018-SO3: Support provision of protection services to affected communities, including in hard-to-reach areas and in IDP sites, targeting the most vulnerable, especially those at risk of exclusion.	30

Contribution to Cluster/Sector Objectives : To Provide life-saving community-based integrated Health services to drought affected households in Maka, Kuntuwarey and Qoryoley district in Lower shabelle through the provision of 7 IERT mobile clinics that will focus on drought affected rural, vulnerable communities and undeserved communities in outreach villages, insuring access to quality health services

Outcome 1

Improved access and availability of health care services to vulnerable population in rural villages in Marka, Qoryoley and Kuntuwarey districts of Lower Shabelle Region

Output 1.1

Description

Established 8 Mobile integrated emergency response teams (IERTs) for an enhanced and equitable access to quality health service with particular emphases on child survival and safe motherhood,

Assumptions & Risks

The security situation might and accessibility

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of consultations per day by emergency mobile team					26
Means of Verification : Register books, weekly and monthly reports, supervision report							
Indicator 1.1.2	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					11
Means of Verification : Registers, training reports, photos, supervision reports							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					16,128
Means of Verification : Registers, reports, supervision reports							
Indicator 1.1.4	Health	Number of health facilities supported					6
Means of Verification : registers, reports to donors, supervision reports							

Indicator 1.1.5	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.						18
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Means of Verification : registers, reports, supervision

Activities

Activity 1.1.1

Standard Activity : Primary health care services, consultations

Provision of basic life-saving health care services, targeting 14600 Men, 23800 women 12800 Boys, and 12800 Girls through IERTs, including detection and treatment of endemic and epidemic diseases through provision of full course treatment for uncomplicated cases treatable at community level.

Activity 1.1.2

Standard Activity : Emergency Preparedness and Response capacities

11 health workers will be given 4 days training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks

Activity 1.1.3

Standard Activity : Immunisation campaign

Provision of vaccine, VPD (BCG,Penta, IPV, Measles) to under 5 years children targeting 10240 and tetanus toxoid to 5888 of women child bearing age (WCBA) in target areas

Activity 1.1.4

Standard Activity : Secondary health care and referral services

4 days refresher training for 11 midwives on Basic Emergency Obstetric and Neonatal care management and referring patients with complication that requires the attention of more specialised centres and admission in the 6 facility supported of Buulo marer MCH and Buulo mareer hospital, qoryoley MCH and Qoryoley hospital, Shalambood MCH and Merka MCH

Activity 1.1.5

Standard Activity : Emergency Preparedness and Response capacities

14 CHW from the IERT teams and 4 from MCHs supported will be given 3 days refresher training of child survival, growth and development, essentials of breastfeeding,

Additional Targets :

Nutrition

Cluster objectives	Strategic Response Plan (SRP) objectives	Percentage of activities
Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition	2018-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	35
Improve equitable access to quality life-saving curative nutrition services through systematic identification, referral and treatment of acutely malnourished cases	2018-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	35
Strengthen life-saving preventive nutrition services for vulnerable population groups focusing on appropriate infant and young child feeding practices in emergency, micronutrient interventions and optimal maternal nutrition	2018-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	30

Contribution to Cluster/Sector Objectives : To provide lifesaving community-based Nutrition services to drought affected households in Marka, Kuntuwarey and Qoryoley districts in Lower shabelle through the provision of 8 IERT mobile clinics that will focus on vulnerable communities and underserved communities in outreach villages in Qoryoley, Marka and Kuntuwarey districts, insuring access to quality nutrition services

Outcome 1

Improved access and utilization of essential quality nutrition services for children under 5 years and pregnant and lactating women (PLW) at outreach team base in target areas

Output 1.1

Description

Case finding, prevention and intervention for the acute malnourished among the vulnerable groups ,4464 of under 5 years and 5760 of pregnant and lactating women) improved through integrated emergency response IERT teams

Assumptions & Risks

Security situation and accessibility

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Nutrition	Number of children (6-59months) and pregnant and lactating women admitted in treatment programmes					4,464
Means of Verification : Registers and reports							
Indicator 1.1.2	Nutrition	Number of PLW receiving multiple micronutrients					5,760
Means of Verification : Registers and reports							
Indicator 1.1.3	Nutrition	Number of health facility and community health workers (male/female) trained in IYCF(-E)					18
Means of Verification : registers, reports, supervision report							
Indicator 1.1.4	Nutrition	Number of individuals (male and female) attending IYCF(E) awareness sessions					144
Means of Verification : IYCF awareness session report, supervision report							
Activities							
Activity 1.1.1							
Standard Activity : Treatment of severe acute malnutrition in children 0-59months							
Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (2232 Boys and 2232 Girls) and referral of complicated case to Barawe and Qoryoley hospitals, in which 2232 <5 SAM children will be admitted in the OTP in Buulo mareer(in K/Warey, 240 of them admitted in the SC during the implementation period, while 1296 <5 SAM children will be admitted in the OTP in Qoryoley, 130 of them admitted in SC, In Marka district; 936 <5 SAM children will be admitted in the OTP, 100 of them will be admitted in the SC during the implementation period of the project. In Marka , once children are discharged from the OTP, they will be admitted in the TSFP (New ways TSFP in Marka district)..							
Activity 1.1.2							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide micro-nutrition, VIT A, iron folic acid to 5760 pregnant and lactating women through outreach team base							
Activity 1.1.3							
Standard Activity : Infant and young child feeding promotion							
Organise three days training/ workshop for 18 community health workers working in the facilities in Marka, kurtunwarey and Qoryoley, and CHWs working with the IERT on infant and young child feeding promotion in targeted areas.							
Activity 1.1.4							
Standard Activity : Infant and young child feeding promotion							
144 individuals (male and female) IYCF(E) awareness sessions will be organised during the 12 Months duration of the project in the three districts of Marka, Qoryoley and kurtunwarey in Lower Shabelle							
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.		2018-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					35
Provide reliable and sustained access to sufficient safe water-based on identified strategic water points and establishment of sustainable management structures		2018-SO4: Support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions for those affected, including marginalized communities					35
Emergency WASH response preparedness at community, district, regional and national levels		2018-SO4: Support the protection and restoration of livelihoods, promote access to basic services to build resilience to recurrent shocks, and catalyze more sustainable solutions for those affected, including marginalized communities					30
Contribution to Cluster/Sector Objectives : This is in the line with cluster objective and contribute, To Provide lifesaving community-based WASH services to drought affected households in Marka, Kuntuwarey and Qoryoley district in Lower shabelle through the provision of 7 IERT mobile clinics that will focus on rural villages, vulnerable communities and underserved communities in outreach villages, insuring access to wash services							
Outcome 1							
Vital Use of Safe Drinking Water, adequate Sanitation and Hygiene Practices Improved and enhanced in in rural settings, at health and school facilities as well as outreach villages of the the three districts of Marka, Kuntuwarey and Qoryoley.							
Output 1.1							
Description							

Prevalence and incidence of AWD/cholera reduced through improved sanitation, hygiene practice and use of safe drinking water in target areas, targeting (14600 Men-23800 Women-12800 Boys- 12800 Girls)

Assumptions & Risks

Security situation and accessibility

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					1,200
Means of Verification : Insecurity and accessibility							
Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					24,000
Means of Verification : Reports, photos							
Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					8,400
Means of Verification : Activity photos, reports							
Indicator 1.1.4	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					4,000
Means of Verification : Reports and activity photos							
Indicator 1.1.5	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					764

Means of Verification : Activity photos and reports

Activities

Activity 1.1.1

Standard Activity : Community Hygiene promotion

Organize 12 Community mobilization and sensitization sessions on hygiene promotion, targeting 1200 people at least 70% female (400 in Marka, 400 in Kuntuwareyand 400 in qoryoley), as well distribution of IEC materials, in collaboration and coordination Local authority social mobilizers,elders, religious leaders all involved in mobilizing targeted communities

Activity 1.1.2

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

Provide routine chlorination of the water points (shallow wells) that are water source for the vulnerable host communities, as well as water tabs for those fetching water from the river, at the site of water collection ,.to maintain free residual chlorine of at least 0.2mg/l (protocol attached)

Activity 1.1.3

Standard Activity : Community Hygiene promotion

Conduct Community mobilization and sensitization sessions on hygiene promotion through house to house visit and campaign, targeting 8400 people of which 65% are women and girls focusing on proper excreta disposal, proper hand washing on critical moments, safe water handling

Activity 1.1.4

Standard Activity : Operation and Maintenance of WASH Infrastructure

Rehabilitate 3 shallow wells (2 in Bula Marer of Kurtunwarey and 1 in Shalanbod of Marka District) These will benefit about 4000 beneficiaries. The Shalanbod well is a school well. (design attached), a water engineer has been recruited to help with rehabilitation of the wells as they were functioning with submersible pump to be replaced with hand pump and will help with maintenance of the existing ones . 20 % of the cost of the engineer will be the contribution of the community.

Activity 1.1.5

Standard Activity : Community Hygiene promotion

distribution of hygiene kits containing; soap 800gr,bar,200 aqua tab, 20 lt jerrycan, 2/ household,underwear,to discharged patients from Cholera treatment center (CTC) in Qoryoley and Buulo mareer CTC in hospital districts I as well and distribution of IEC material, to improve on their hygiene practices. benefiting 764 beneficiaries

Additional Targets :

M & R

Monitoring & Reporting plan

The project implementation team in the programme department will develop a monitoring strategy that will ensure the project is managed within the framework set in the project design. The team will set specific monthly work plan at the beginning of every month outlining project activities to be executed during that month and who to do what. Field staff will update progress and challenges with programme coordinator on weekly basis. Monthly review meeting will be held by the end of each month where execution of the month's activities will be audited and way forward planned. Issues in the monthly report are also deliberated in this meeting.

In addition to the monthly information sharing meetings, the programme coordinator will make planned visits in the project locations in order to monitor project activities. In this visit, the coordinator will hold meeting with the project's frontline staff, committee members representing the target community in the project implementation and members from the local authority where issues affecting the project are discussed. In this visits, the coordinator will assess whether the project implementation activities are executed according to project's logical framework. New ways Programme Coordinator as the focal point will lead the field team in analyzing program data. Equal participation of women and men from the target community will be ensured in evaluation and review of project results. Together with people of concern, NWO will develop monitoring and evaluation tools that specifically look at the impact of the integrated programme on beneficiaries' vulnerability, including in the design of questionnaires that examine how the Health, Nutrition and WASH needs of the target groups have been addressed. The impact of training, awareness raising and sensitization initiatives on beneficiaries will be also addressed. Field based Health, Nutrition and WASH Officers will oversee the day to day management of the integrated activities in the field as well as operational and programmatic issues.

The Programme Coordinator based in Mogadishu will be responsible for ensuring that the program is coordinated and implemented in accordance with activities, timetable, and budget set in the programme document.

Workplan													
Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: Provision of basic life-saving health care services, targeting 14600 Men, 23800 women 12800 Boys, and 12800 Girls through IERTs, including detection and treatment of endemic and epidemic diseases through provision of full course treatment for uncomplicated cases treatable at community level.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.1.2: 11 health workers will be given 4 days training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks	2018					X							
	2019												
Health: Activity 1.1.3: Provision of vaccine, VPD (BCG,Penta, IPV, Measles) to under 5 years children targeting 10240 and tetanus toxoid to 5888 of women child bearing age (WCBA) in target areas	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Health: Activity 1.1.4: 4 days refresher training for 11 midwives on Basic Emergency Obstetric and Neonatal care management and referring patients with complication that requires the attention of more specialised centres and admission in the 6 facility supported of Buulo marer MCH and Buulo mareer hospital, qoryoley MCH and Qoryoley hospital, Shalambood MCH and Merka MCH	2018					X							
	2019												
Health: Activity 1.1.5: 14 CHW from the IERT teams and 4 from MCHs supported will be given 3 days refresher training of child survival, growth and development, essentials of breastfeeding,	2018					X							
	2019												
Nutrition: Activity 1.1.1: Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (2232 Boys and 2232 Girls) and referral of complicated case to Barawe and Qoryoley hospitals, in which 2232 <5 SAM children will admitted in the OTP in Buulo mareer(in K/Warey, 240 of them admitted in the SC.during the implementation period, while 1296 <5 SAM children will be admitted in the OTP in Qoryoley, 130 of them admitted in SC,In Marka district; 936 <5 SAM children will be admitted in the OTP, 100 of them will be admitted in the SC during the implementation period of the project. In Marka , once children are discharged from the OTP, they will be admitted in the TSFP (New ways TSFP im Marka district)..	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.2: Provide micro-nutrition, VIT A, iron folic acid to 5760 pregnant and lactating women through outreach team base	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Nutrition: Activity 1.1.3: Organise three days training/ workshop for 18 community health workers working in the facilities in Marka, kurtunwarey and Qoryoley, and CHWs working with the IERT on infant and young child feeding promotion in targeted areas.	2018					X							
	2019												
Nutrition: Activity 1.1.4: 144 individuals (male and female) IYCF(E) awareness sessions will be organised during the 12 Months duration of the project in the three districts of Marka, Qoryoley and kurtunwarey in Lower Shabelle	2018												
	2019												
Water, Sanitation and Hygiene: Activity 1.1.1: Organize 12 Community mobilization and sensitization sessions on hygiene promotion, targeting 1200 people at least 70% female (400 in Marka, 400 in Kuntuwareyand 400 in qoryoley), as well distribution of IEC materials, in collaboration and coordination Local authority social mobilizers,elders, religious leaders all involved in mobilizing targeted communities	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.2: Provide routine chlorination of the water points (shallow wells) that are water source for the vulnerable host communities, as well as water tabs for those fetching water from the river, at the site of water collection ,to maintain free residual chlorine of at least 0.2mg/l (protocol attached)	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

Water, Sanitation and Hygiene: Activity 1.1.3: Conduct Community mobilization and sensitization sessions on hygiene promotion through house to house visit and campaign, targeting 8400 people of which 65% are women and girls focusing on proper excreta disposal, proper hand washing on critical moments, safe water handling	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									
Water, Sanitation and Hygiene: Activity 1.1.4: Rehabilitate 3 shallow wells (2 in Bula Marer of Kurtunwarey and 1 in Shalanbod of Marka District) These will benefit about 4000 beneficiaries. The Shalanbod well is a school well. (design attached), a water engineer has been recruited to help with rehabilitation of the wells as they were functioning with submersible pump to be replaced with hand pump and will help with maintenance of the existing ones . 20 % of the cost of the engineer will be the contribution of the community.	2018					X	X						
	2019												
Water, Sanitation and Hygiene: Activity 1.1.5: distribution of hygiene kits containing; soap 800gr,bar,200 aqua tab, 20 lt jerrycan, 2/ household,underwear,to discharged patients from Cholera treatment center (CTC) in Qoryoley and Buulo mareer CTC in hospital districts I as well and distribution of IEC material, to improve on their hygiene practices. benefiting 764 beneficiaries	2018					X	X	X	X	X	X	X	X
	2019	X	X	X									

OTHER INFO

Accountability to Affected Populations

NWO is essentially committed to ensuring accountability to communities and putting in place a rigorous feedback mechanism, which is part of the program. Women, men, girls, and boys within target communities will be directly involved at all stages of the program cycle in order to encourage ownership and participation in program activities. Community structures, networks, and support groups will be integral part of the program implementation. Women, men, girls, and boys within target communities will be directly involved at all stages of the program cycle in order to encourage ownership and participation in program activities. Community structures, networks, and support groups are instrumental in building ownership and resilience and are at the heart of the NOW programme strategy. NWO acknowledge that communities and community needs are not homogeneous therefore NWO has designed the integrated program putting into consideration appropriate interventions that look into the diverse needs. Accountability groups will be formed based on community-defined vulnerability criteria, and consulted each month to feedback and influence NOW programming on an ongoing basis. This will be done in collaboration with the protection cross-cutting themes. The program staff during their induction will be given manuals with humanitarian accountability standards and will have knowledge of global initiatives such as Core Humanitarian Standards of Accountability, People in Aid, and ALNAP. All activities will be linked with other INGOs, OCHA, UNICEF, IOM, and UNHCR accountability systems to ensure collaboration and key information is shared to support the overall implementation and protection of beneficiaries.

Implementation Plan

At beginning of the project N.W.O will organize a project launch meeting in which different groups of community members will be invited to participate. The purpose of such meeting is to increase accountability between NWO and the community. The community will be introduced on the Young child feeding practices. This component will need a capacity building and monitoring of community structures of the project, so that it is made sure that community volunteers have a structured ways of working and reporting. Detailed monthly work plans will be developed and updated and revised if necessary, with the involvement of beneficiaries and the implementing partners and used for monitoring progress to overcome the problems encountered in the previous months if any. The target communities, through members of the community project committee and the local authority, will be involved in the project implementation. Staff recruitment will be transparent and gender sensitive.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale

Environment Marker Of The Project

B+: Medium environmental impact with mitigation(sector guidance)

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

As a humanitarian organization that prioritize equity and neutrality in terms of serving vulnerable communities, New Ways Organization will have gender mainstreamed and integrated at all stages of the project implementation and M &E. The project by its design is cognizant of all its gender groups and will be looking at specific gender related information, collect and disaggregate data by sex and age. In doing so, NWO staffs are trained in gender and protection mainstreaming. In the implementation, NWO will ensure particular gender is supported with activities that enhance their welfare and self-esteem. The program will mainly focus on women and boys and girls with an estimated 70% females (Pregnant and lactating women, girls and women of child bearing age) directly benefiting from the Health and Nutrition component. Women headed households will be prioritized and represented in the Water Management Committees as women/girls are the most important persons when it comes to water collection and taking care of family sanitation and hygiene including health care. Hygiene kits will include items that specifically meet women's needs such as underwear, sanitary pads etc. Latrines constructed will be gender friendly through ensuring are lockable from inside and sex disaggregated to avoid cases of GBV, are in well-lit areas. Hygiene awareness sessions will be undertaken in close proximity to beneficiaries' homes and good timing that will allow most women to attend without any hindrance. The project will target female and male beneficiaries and will make sure female beneficiaries are not excluded because of gender based discrimination.

In the identification of the outreach sites where child Health and Nutrition services will be delivered, NWO will make sure that women are consulted. This is because women are most of the time the ones who bring the children to receive the screening as well as treatment services. Therefore it is of vital importance that we identify areas which is safe and not very far from their homes that will not be exposing them to hazardous experiences of either insecurity or GBV.

Protection Mainstreaming

In terms of project implementation design, the project follows a strong community based approach in which men and women and youth have equal representation at all steps from targeting, to consultation on design and implementation to accountability and monitoring. The integration of protection and gender staff in the project team will help ensure the implementation of key activities beyond basic safe programming and Do No Harm approaches. NWO will make sure that all staffs receive the Code of Conduct is discussed and countersigned. NOW will have a policy on Protection from Sexual Exploitation and Abuse.

Country Specific Information

Safety and Security

NWO has not had any security incident during project implementation. NWO enjoys community acceptance and attributes its protection and lack of security incidents to the intense as well as cordial relation it has developed with the community during its long relation. NWO has had supplies in the areas of interventions and have never experienced any looting or misappropriation as it's the community that protects the programs and its supplies.

Access

NWO has an excellent relation with local community of lower shabelle and its leaders that make them an integrant part of the population. In addition, being an indigenous Local organization coupled with experience in implementing livelihood projects as well as Health, Education, projects since 1993. Nutrition, WAH and SHF during the last 4 years in a challenging environment, both politically and geographically, has put NWO well placed to expand and continue the provision of integrated Health, Nutrition and WASH interventions in Lower shabelle.

BUDGET

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

	NA									
	Section Total							0.00		
8. Indirect Costs										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
11. A:1 Staff and Other Personnel Costs: International Staff										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
12. A:1 Staff and Other Personnel Costs: Local Staff										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
13. B:2 Supplies, Commodities, Materials										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
14. C:3 Equipment										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
15. D:4 Contractual Services										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
16. E:5 Travel										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
17. F:6 Transfers and Grants to Counterparts										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		
18. G:7 General Operating and Other Direct Costs										
NA	NA				NA	0	0.00	0	0	0.00
	NA									
	Section Total							0.00		

19. H.8 Indirect Programme Support Costs							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
20. Staff and Other Personnel Costs							
1.1	Nurses in the 7 Mobile clinics (IERT) and 4 nurses from the 4 MCHs in Merka , Qoryoley and K/warey districts	D	11	400.00	12	100.00	52,800.00
	<i>7 nurses who will be part of the IERT and 4 nurses from the 4 MCHs supported by the project will have responsibility for the case management and care of patients. The nurse will ensure that the delivery of health services is conducted according to the national guideline and referring cases that requires more specialized attention. He/She will receive monthly salary of 400 \$. Salary is based on NWO salary scale. They will be working as part as the IERT (7), and in 4 supported MCH in Buula mareer (K/warey, Qoryoley,Holwadag, and Shalambood in Merka district, as well as the Stabilization centers of the district hospitals of Qoryoley and Buulo maree (Kurtunware)</i>						
1.2	Midwives in 7 mobile clinics (IERT) and 4 midwives from the facilities supported in marka, shalamboot, Qoryoley and Buulo	D	11	400.00	12	100.00	52,800.00
	<i>7 midwives working with the IERT and 4 from MCHs supported by the project will be examining and monitoring pregnant women, assessing care requirements and writing care plan. providing antenatal care and postnatal care, carrying out screening on vital signs; pulse, temperature, and blood pressure. caring for and assisting women in labour, monitoring and administering medication during labour, monitoring the foetus during labour helping parents to cope with miscarriage,stillbirth and neonatal death.They will be 7 nurses of the IERT and the 4 working in the supported fixed (MCHS) sites in Merka, Qoryoley and K/warey, as well as in the maternity department of the two district hospitals of Buulo mareer(K/warey) and Qoryoley.</i>						
1.3	18 Community health workers	D	18	200.00	12	100.00	43,200.00
	<i>curry out basic curative services, diagnose, treat common illnesses and provide health education,immunisation,hygiene promotion, nutrition screening of <5 years ,PLW. and family planning. 14 of them will be part of the IERT, while 4 will be part of the supported 4 MCHs in the three districts</i>						
1.4	project manager	D	1	2,000.00	12	50.00	12,000.00
	<i>Ensure planning, implementation and coordination of the IERT of health, nutrition and WASH in the 3 districts,.. Directly manage and supervise health staff in the field.</i>						
1.5	public health engineer	D	1	1,500.00	6	80.00	7,200.00
	<i>help reduce public health risks through the rehabilitation of water sources as well as help replacing not functional submersible pumps with hand pumps and help with maintenance of existing wells with hand pumps((22).</i>						
1.6	chlorination	D	16	100.00	12	60.00	11,520.00
	<i>16 chlorinators will regularly chlorinate 82 unprotected shallow wells in Qoryoley, Merka and Qoryoley districts,chlorinators will be training the community members to continue chlorinating the shallow wells after the project ends.</i>						
1.7	IERT field supervisor	D	2	800.00	12	100.00	19,200.00
	<i>2 field supervisors will oversee day- to- day operation, monitor team performance and report on metrics, motive team members, identify training needs and provide coaching.The scale is based on our national salary scale</i>						
1.8	accountant	D	1	800.00	12	50.00	4,800.00
	<i>contribute to the effective and efficient management of financial resources for the programme in accordance with new ways organisation finance management standards and procedures.</i>						
1.9	Logistic officer	D	1	1,500.00	12	20.00	3,600.00
	<i>Logistic Officer will oversee and coordinate various tasks in order to maintain adequate levels supplies and equipment for the project (i.e Drugs and medical supplies and equipment)implementation .He will receive a monthly salary of 1500\$ which is based on the national staffs salary scale .20% will be charged to the SHF and 80% to New ways .</i>						
	Section Total						207,120.00
21. Supplies, Commodities, Materials							
2.1	Essential drugs	D	1	15,792.00	1	100.00	15,792.00
	<i>project will procure essential drugs to all outreach mobile team. for detail, see attached BOQs</i>						
2.2	Transport of essential medical supplies	D	3	800.00	1	100.00	2,400.00
	<i>Transportation cost for the essential medical drugs from Mogadishu to the project areas (Kutunwarey, Qoryoley, and Marka districts) of three trucks of 2 tonnes. Each truck will be hired at 800 \$,</i>						

2.3	Capacity building of midwives	D	1	4,922.00	1	100.00	4,922.00
	<i>11 midwives, in which 7 are part of the IERT and 4 working in the fixed facilities (4 MCHs) supported by the project will be given refresher training on Basic Emergency Obstetric and Neonatal care for 4 days at a cost of 4922\$, which includes the consultant trainer fee, as well as the per diem for the trainee and for their transport cost, for 4 days.</i>						
2.4	Capacity building for CHWs 18	D	1	5,846.00	1	100.00	5,846.00
	<i>14 CHW working with the IERT and 4 CHWs at static sites will be given refresher training of child survival, growth and development, importance of breastfeeding, essential of nutrition for women for 3 days</i>						
2.5	storage of Buulo, Qoryoley, and Marka	D	3	200.00	12	60.00	4,320.00
	<i>storage facility cost estimated at 200 each. The storage facility will be for Medical drugs, WASH materials and equipment's storage.</i>						
2.6	Capacity building for 11 nurses	D	1	4,922.00	1	100.00	4,922.00
	<i>11 nurses (7 from IERT teams and 4 from the 4 MCHs supported by the project) will be trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks for 4 dys</i>						
2.7	Emergency hygiene kits	D	764	22.00	1	100.00	16,808.00
	<i>764 people discharged from the CTC will be provided with emergency hygiene kit containing 800 gr bar (5),200 aqua tabs,20 lit Jerry cans, 2 in each kit, pads.</i>						
2.8	rehabilitation of shallow wells	D	3	3,200.00	1	100.00	9,600.00
	<i>3 shallow wells will be rehabilitated in Buulo marrer (K/warey, qoryoley, Marka and shambood (One for each</i>						
	Section Total						64,610.00
22. Equipment							
3.1	Water well hand pumps	D	3	450.00	1	100.00	1,350.00
	<i>3 hand pumps will be purchased to be used for 3 shallow well that will be rehabilitated in the Lower Shabeele</i>						
	Section Total						1,350.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	7 rented cars for the transportation of IERTs and their equipment	D	7	1,200.00	12	80.00	80,640.00
	<i>7 cars will be rented at 1200 per Month each for 12 Months, each carrying 3 member staff and supplies, from the referral centre to the outreach sites.</i>						
5.2	Travel	D	1	5,520.00	1	50.00	2,760.00
	<i>2 officers working with the program will be travelling to Nairobi to attend quarterly review meetings (QRM) held once in each of the 4 quarters of the year by Nutrition cluster.</i>						
	Section Total						83,400.00
25. Transfers and Grants to Counterparts							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
26. General Operating and Other Direct Costs							
7.1	communication	D	1	300.00	12	80.00	2,880.00
	<i>We have estimated the monthly airtime as \$100 and Monthly internet Connectivity as 200\$ all for 12 months.</i>						
7.2	utilities	D	1	200.00	12	80.00	1,920.00
	<i>Utilities estimated electricity at \$00 and Water cost at 100 We have estimated \$200 for both water and Electricity per month for 12 months</i>						

7.3	stationary	D	1	200.00	12	80.00	1,920.00
	<i>office stationery i.e printing papers ,printer cartridges, biro pens , staples , staple pins and clipss, envelopes estimated at \$200 per month for 12 months</i>						
	Section Total						6,720.00
SubTotal			853.00				363,200.00
Direct							363,200.00
Support							
PSC Cost							
PSC Cost Percent							7.00
PSC Amount							25,424.00
Total Cost							388,624.00

Project Locations							
Location	Estimated percentage of budget for each location	Estimated number of beneficiaries for each location					Activity Name
		Men	Women	Boys	Girls	Total	
Lower Shabelle							
Lower Shabelle -> Kurtunwaarey	30	6,912	8,448	1,920	1,920	19,200	Health: Activity 1.1.1: Provision of basic life-saving health care services, targeting 14600 Men, 23800 women 12800 Boys, and 12800 Girls through IERTs, including detection ... Health: Activity 1.1.3: Provision of vaccine, VPD (BCG,Penta, IPV, Measles) to under 5 years children targeting 10240 and tetanus toxoid to 5888 of women child bearing age (... Health: Activity 1.1.4: 4 days refresher training for 11 midwives on Basic Emergency Obstetric and Neonatal care management and referring patients with complication that req... Nutrition: Activity 1.1.1: Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (2232 Boys and 2232 G... Nutrition: Activity 1.1.2: Provide micro-nutrition, VIT A, iron folic acid to 5760 pregnant and lactating women through outreach team base Water, Sanitation and Hygiene: Activity 1.1.1: Organize 12 Community mobilization and sensitization sessions on hygiene promotion, targeting 1200 people at least 70% female (400 in Marka, 400 in K... Water, Sanitation and Hygiene: Activity 1.1.2: Provide routine chlorination of the water points (shallow wells) that are water source for the vulnerable host communities, as well as water tabs fo... Water, Sanitation and Hygiene: Activity 1.1.4: Rehabilitate 3 shallow wells (2 in Bula Marer of Kurtunwarey and 1 in Shalanbod of Marka District) These will benefit about 4000 beneficiaries. Th... Water, Sanitation and Hygiene: Activity 1.1.5: distribution of hygiene kits containing; soap 800gr,bar,200 aqua tab, 20 lt jerrycan, 2/ household,underwear,to discharged patients from Cholera tre...

Lower Shabelle -> Marka	35	8,064	9,856	2,240	2,240	22,400	<p>Health: Activity 1.1.1: Provision of basic life-saving health care services, targeting 14600 Men, 23800 women 12800 Boys, and 12800 Girls through IERTs, including detection ...</p> <p>Health: Activity 1.1.2: 11 health workers will be given 4 days training on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency ...</p> <p>Health: Activity 1.1.3: Provision of vaccine, VPD (BCG,Penta, IPV, Measles) to under 5 years children targeting 10240 and tetanus toxoid to 5888 of women child bearing age (...)</p> <p>Health: Activity 1.1.4: 4 days refresher training for 11 midwives on Basic Emergency Obstetric and Neonatal care management and referring patients with complication that req...</p> <p>Nutrition: Activity 1.1.1: Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (2232 Boys and 2232 G...</p> <p>Nutrition: Activity 1.1.2: Provide micro-nutrition, VIT A, iron folic acid to 5760 pregnant and lactating women through outreach team base</p> <p>Nutrition: Activity 1.1.3: Organise three days training/ workshop for 18 community health workers working in the facilities in Marka, Kurtunwarey and Qoryoley, and CHWs working...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Provide routine chlorination of the water points (shallow wells) that are water source for the vulnerable host communities, as well as water tabs fo...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.4: Rehabilitate 3 shallow wells (2 in Bula Marer of Kurtunwarey and 1 in Shalanbod of Marka District) These will benefit about 4000 beneficiaries. Th...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.5: distribution of hygiene kits containing; soap 800gr,bar,200 aqua tab, 20 lt jerrycan, 2/ household,underwear,to discharged patients from Cholera tre...</p>
Lower Shabelle -> Qoryooley	35	8,064	9,856	2,240	2,240	22,400	<p>Health: Activity 1.1.1: Provision of basic life-saving health care services, targeting 14600 Men, 23800 women 12800 Boys, and 12800 Girls through IERTs, including detection ...</p> <p>Health: Activity 1.1.3: Provision of vaccine, VPD (BCG,Penta, IPV, Measles) to under 5 years children targeting 10240 and tetanus toxoid to 5888 of women child bearing age (...)</p> <p>Health: Activity 1.1.4: 4 days refresher training for 11 midwives on Basic Emergency Obstetric and Neonatal care management and referring patients with complication that req...</p> <p>Nutrition: Activity 1.1.1: Provision of screening, admission and treatment of severe acute malnutrition through IERT targeting children aged 6 - 59 months (2232 Boys and 2232 G...</p> <p>Nutrition: Activity 1.1.2: Provide micro-nutrition, VIT A, iron folic acid to 5760 pregnant and lactating women through outreach team base</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Provide routine chlorination of the water points (shallow wells) that are water source for the vulnerable host communities, as well as water tabs fo...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: Conduct Community mobilization and sensitization sessions on hygiene promotion through house to house visit and campaign, targeting 8400 people of wh...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.4: Rehabilitate 3 shallow wells (2 in Bula Marer of Kurtunwarey and 1 in Shalanbod of Marka District) These will benefit about 4000 beneficiaries. Th...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.5: distribution of hygiene kits containing; soap 800gr,bar,200 aqua tab, 20 lt jerrycan, 2/ household,underwear,to discharged patients from Cholera tre...</p>

Documents	
Category Name	Document Description
Project Supporting Documents	Cancelled
Project Supporting Documents	BULO Shallow well SHF 18 (14).JPG
Project Supporting Documents	BULO Shallow well SHF 18 (15).JPG
Project Supporting Documents	BULO Shallow well SHF 18 (7).JPG
Project Supporting Documents	BULO Shallow well SHF 18 (8).JPG
Project Supporting Documents	Shalambot shallow well SHF 18 (2).jpg
Project Supporting Documents	revised BOQs.xls
Project Supporting Documents	Shalambot shallow well SHF 18 (3).jpg
Project Supporting Documents	Rehabilitation and chlorination of shallow wells.docx
Project Supporting Documents	Shallow Well SHF 2018 DESIGN.pdf
Project Supporting Documents	BOQ of hygiene kit.xls
Project Supporting Documents	BOQ for capacity building and other Items.xls
Project Supporting Documents	BoQ well rehabilitation.xlsx
Budget Documents	IERT drugs BOQ.xlsx
Budget Documents	BOQs for 3 budget items.xlsx
Budget Documents	Cancelled
Budget Documents	BOQ for wells rahabilitation...xls
Budget Documents	Cancelled
Budget Documents	BOQ for capacity building and other Items.xls
Budget Documents	BOQ 2.7.xls
Budget Documents	BOQs 2.2 and 2.5.xlsx
Budget Documents	BOQs for 7.1 and 7.2 and 7.3.xls
Budget Documents	BOQs for Capacity Building 2.6 together with 2.3 and 2.4.xls
Budget Documents	Budget Breakdown 5.1.xlsx
Budget Documents	Final well BOQ 4.1.xls
Budget Documents	IERT drugs BOQ 2.1.xls
Budget Documents	BoQ for staff travel cost.xls
Budget Documents	Annex02a_Budget guidance.pdf
Budget Documents	Annex02b_Budget preparation guidance note.pdf
Budget Documents	BOQ of hygiene kit.xls
Budget Documents	BOQ 3.1.xls
Budget Documents	BoQ for staff travel cost 5.2.xls
Grant Agreement	NWO 8493.pdf
Grant Agreement	NWO 8493 SIGNED AGREEMENT.pdf