

Requesting Organization :	Somali Young Doctors Association		
Allocation Type :	Standard Allocation 1 (Feb -Mar 2018)		
Primary Cluster	Sub Cluster	Percentage	
Nutrition	Out-patient Therapeutic care Programme (OTP)	33.34	
Water, Sanitation and Hygiene	Hygiene kit distribution	33.33	
Health	Maternal, Neonatal and Child Health	33.33	
		100	
Project Title :	Provision of Emergency integrated life saving and life sustaining primary health care service, Nutrition interventions and basic WASH services to internally displaced persons and host community populations at Daynile and Dharkenley Districts IDPs in Mogadishu.		
Allocation Type Category :			
OPS Details			
Project Code :		Fund Project Code :	SOM-18/3485/SA1/Nut-WASH-H/NGO/8455
Cluster :		Project Budget in US\$:	447,657.37
Planned project duration :	12 months	Priority:	
Planned Start Date :	15/05/2018	Planned End Date :	15/05/2019
Actual Start Date:	15/05/2018	Actual End Date:	14/05/2019
Project Summary :	<p>The main aim of this project is to provide integrated life-saving emergency primary health, WASH and Nutrition services to 11,511 drought affected direct beneficiaries in Daynile and Dharkenley District IDPs in Mogadishu through the provision of 2 integrated emergency response team IERT as part of comprehensive service delivery</p> <p>Health: Emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of severe acute malnutrition, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and community case management CCM will be done to equip health workers with the required skills to deliver quality healthcare services.</p> <p>Nutrition: Capacity building of nutrition staff on IMAM/IYCF services, infants young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centers integrated with primary health care services managed by SOYDA and other actors in the Benadir region and more so Mogadishu IDPs.</p> <p>WASH: The project will ensure and provide emergency and sustainable WASH services (latrines with hand washing facilities and safe drinking water by water trucking and upgrading one borehole to improve its water quality and reduce its running cost, in order to receive water in affordable cost through construction of water kiosks nearer to the IDP settlements to avoid rape against women and girls. The project will also promote adaption of good hygiene and sanitation practices through carrying out comprehensive hygiene promotion activities including distribution of 1000 Hygiene Promotion kits (HP kits) to 1000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. SOYDA will also chlorinate water 5 points/boreholes Daynile and Dharkenley Districts as well as disinfected buckets and other water drawing containers at the mentioned water points inside IDP camps to avoid AWD disease caused by unsafe water. SOYDA will provide water voucher to 800 drought/AWD affected IDP households to increase immediate access to clean and safe water for human and domestic use through water voucher system and conduct distribution of vouchers, which they can redeem for water at the specified water vendor. Vouchers will be distributed to all beneficiary families to ensure an equitable water distribution.</p> <p>Through this project, health, WASH and Nutrition activities will be integrated in the sense that under five children boys, girls admitted at the OTP sites will be immunized against measles & other communicable disease and as well the SAM complicated cases referred to the stabilization centers for proper medical treatment, on the same note the mothers visiting ANC/PNC at the mobile clinic will be provided both NHHP/IYCF-E and shall be integrated with hygiene promotions activities such as hand washing practices as well as distribution of hygiene to the beneficiaries visiting CTCs through this interlinks of the of the three main cluster activities will response to the current AWD/drought affected population. Finally, SOYDA will coordinate with Health, WASH, and Nutrition clusters to coordinate response activities for maximum impact to beneficiaries. SOYDA shall in closely work with PAC and HIJRA who are supporting partners in Daynile and Benadir hospital stabilization centers as for strengthening the referral mechanisms and coordinations. We will ensure to share on monthly reports to all relevant clusters and attend cluster meetings for information sharing and gap anal</p>		
Direct beneficiaries :			

Men	Women	Boys	Girls	Total	
1,410	3,901	3,000	3,200	11,511	
Other Beneficiaries :					
Beneficiary name	Men	Women	Boys	Girls	Total
Children under 5	0	0	3,000	3,200	6,200
Pregnant and Lactating Women	0	1,000	0	0	1,000
Trainers, Promoters, Caretakers, committee members, etc.	82	101	0	0	183
Internally Displaced People/Returnees	1,328	2,800	0	0	4,128
Indirect Beneficiaries :					
The project indirect beneficiary will be the drought affected population and host communities in Daynile and Dharkenley District IDPs District IDPs. They will be also indirectly benefitting the integrated Emergency Response teams (IERT) targeting all. The total indirect beneficiaries are targeted at 15,876 vulnerable populations.					
Catchment Population:					
The area has a catchment population of 116,400 of which mainly are concentrated in scattered internally displaced IDPs due to displacement by the drought and conflicts, the project will target and deliver life saving essential service to internally displaced IDPs living in Daynile and Dharkenley District IDPs					
Link with allocation strategy :					
<p>The project is in-line with 1st SHF 2018 Standard Allocation strategy paper as well as the IERTs concept note in response to the worsening drought conditions in Somalia, specifically falls under the Life Saving Interventions in response to the ongoing drought and to mitigate the risk of WASH, Health and Nutrition related disease outbreaks. The proposed activities and objective are directly linked to key of objective Integrated Emergency Response Teams (IERT) concept note for life saving health, Nutrition and WASH for timely provision of basic life saving emergency health services to sick patients including AWD/cholera patients, referral services, screening and treatment of severe acute malnourished (SAM) boys and girls aged under 5 and pregnant lactating women (PLW) as well as conducting comprehensive hygiene promotion campaign to impart key hygiene knowledge and practices in order to mitigate against outbreak and spread of AWD/Cholera and other vaccine preventable illnesses. The proposed intervention will increase mobile clinics as well as OTP outreaches that is aimed to work in an integrated approach and shall be able to foster greater life-saving consultation, improve the coverage of measles vaccinations and Vitamin A; and support safe motherhood and reproductive health while also ensuring readiness to prevent and respond to outbreaks such as malaria, measles or Acute Watery Diarrhea AWD/Cholera and promote health update through health education and beneficiary sensitization as well as linking this with the nutrition program in order to enable provide a holistic services within the organization target sites. As part of WASH integration, The project will ensure and provide emergency and sustainable WASH services (latrines with hand washing facilities and safe drinking water by water trucking and upgrading one borehole to improve its water quality and reduce its running cost, in order to receive water in affordable cost through construction of water kiosks nearer to the IDP settlements to avoid rape against women and girls. The project will also promote adaption of good hygiene and sanitation practices through carrying out comprehensive hygiene promotion activities including distribution of 1000 Hygiene Promotion kits (HP kits) to 1000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. SOYDA will also chlorinate water 5 points/boreholes Daynile and Dharkenley districts as well as disinfected buckets, through providing this comprehensive integrated emergency responses in order to have maximum impact and sustainability in the target locations. SOYDA will provide water voucher to 800 drought/AWD affected IDP households to increase immediate access to clean and safe water for human and domestic use through water voucher system and conduct distribution of vouchers, which they can redeem for water at the specified water vendor. Vouchers will be distributed to all beneficiary families to ensure an equitable water distribution. Each voucher can be used to redeem specified quantity of chlorinated water of 7.5 liters per person per day (45 liters/household/day) for a period of 30 days. Cluster guidelines recommend 7.5 l/person/day during emergencies. Distribution will take into consideration the most affected target IDPs far from any available water point. New IDP camps will be given consideration as first priority as well as vulnerable households. A central location will be identified for distribution as women and children are expected to collect water from trucks. SOYDA will coordinate with other WARDI and WOCCA in the target districts to enable avoid any duplication of services as well work in a coordinated manner to enable increase access.</p>					
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		
Ubah Ahmed Haji	Program Manager	somyoungdoctors@gmail.com	+252615881993		
BACKGROUND					
1. Humanitarian context analysis					

The humanitarian situation in Somalia remains critical due to ongoing impacts of drought and conflict. As per the recently released FSNAU-FEWSNET 2017 Post Deyr findings, the situation has not returned to a pre-crisis state. Despite a reduction in the total number of people facing food insecurity, down from 6.2 million in 2017, 5.4 million people are still in need of urgent assistance, including an estimated 2.8 million children. The number of people currently in emergency (IPC 4) stands at 180,000, including over 100,000 children – more than double the amount of people in emergency (IPC 4) in January in 2017, which then stood at 83,000; and projections indicate that 2.7 million people will be in crisis (IPC 3) or emergency (IPC 4) from now to June 2018, as compared to 2.9 million for the same period in 2017. The overall median prevalence of acute malnutrition has improved from Critical (17.4 per cent GAM) in June-July 2017 to Serious (13.8 per cent GAM) in November-December. Urgent treatment and nutrition support is needed for approximately 301,000 acutely malnourished children, including 48,000 who are severely malnourished. Overall, 1.2 million children could be malnourished by the end of the year according to Nutrition Cluster projections. Over 4.4 million people need humanitarian WASH services, with 3.5 out of 5 people without adequate water to meet basic needs. Over 5.7 million people require basic health services, including critical needs in maternal and child health, as one in seven Somali children die before the age of five. Disease outbreaks such as acute watery diarrhea (AWD)/cholera and measles continue to represent a major threat to children, with 78,853 and over 23,000 cases reported respectively in 2017. Crude Death Rates (CDR) and/or Under-Five Death Rate (U5DR) have surpassed emergency thresholds in seven of the population groups surveyed (i.e. CDR > 1/10 000/day and U5DR > 2/10 000/day, respectively). Over 3 million children, out of 4.9 million in country, are estimated to be out of school. More than 2.1 million people have been displaced, including over 1 million in the last year alone. Exclusion and discrimination of socially marginalized groups continue to exacerbate high levels of acute humanitarian needs. More than 76 percent of recorded gender based violence (GBV) survivors are reported to be from IDP communities. Grave violations against children continue at worrying rates, with 402 cases, mostly abductions, recruitment and use, and killing/maiming reported in January 2018. With limited livelihood and coping options and poor living conditions, exacerbated by recent large-scale displacement due to drought, food security and nutrition outcomes across most of the 13 main settlements for internally displaced persons (IDPs) indicated deterioration. Accordingly, most of the IDP settlements are classified as Crisis (IPC Phase 3) or Emergency (IPC Phase 4). Impacted by high food prices, increased competition from displaced populations and localized trade disruptions, poor households in some of the major urban areas of the country face acute food security Crisis (IPC Phase 3).

In Mogadishu IDP settlement recorded a GAM prevalence of 16.1 percent and SAM rate of 4.1 percent, which indicate sustained Critical nutrition situation compared to 2016 Deyr 2016 (November), 2017 Jilaal (April) and 2017 Gu. SAM prevalence also declined from Extreme Critical (6.6%) to Critical (4.1%). CDR and U5DR among IDPs in Mogadishu during 2017 Deyr are 0.79/10 000/day and 1.77/10 000/day, respectively. These reflect improvement from levels seen during 2017 Gu (1.55/10 000/day and 4.61/10 000/day, respectively). The decrease in U5DR in November 2017 compared to June 2017 is statistically significant and is mainly associated with decreased AWD and measles outbreak since August. However, morbidity, which is one of the contributing factors for acute malnutrition, remains high among IDPs in Mogadishu 44.1% (FSNAU report Jan 2018).

2. Needs assessment

According to UNHCR-led PRMN, 2017, The IDPs in Mogadishu are estimated around 90,833 households and 545,000 individuals, 18% are children under 18 years (227,812 children), 486 settlements in the 17 districts of Mogadishu. 85% of all those living in settlements are internally displaced persons, which amounts to approximately 69,000 households and almost 400,000 individuals. Around 80 per cent of the IDP population resides in Dharkenley and Daynile districts, which is located in the outskirts of Mogadishu. Settlements in this district were created after 2012 when the last extensive IDP population survey was conducted, indicating a shift whereby IDPs move from the central districts of Mogadishu towards the periphery of the city. Forced evictions also increased in 2017 with Mogadishu as the main hotspots. Nearly 200,280 individuals were evicted in 2017, with Mogadishu alone representing more than three quarters (77 per cent) of that number. Overall, Mogadishu hosts nearly 626,000 IDPs. Nearly 154,000 individuals were forcefully evicted in Mogadishu from January to December 2017. The number of persons evicted between 29 and 30 December last year represents 23 per cent of the total annual caseload, thus making it the worst single mass eviction incident in 2017. These displaced people lack adequate access to food, Health, Nutrition, WASH, shelter and basic services, and also face the most serious protection-related risks, such as physical attacks, gender-based violence. The majority of IDPs came from regions surrounding Banadir, mainly from Lower Shabelle, and Middle Shabelle, but also from Bay.

In Banadir region alone, 256,371 IDPs are in need (IPC 4) with GAM and SAM rates of 16.1% and 4.1% among Mogadishu IDP settlements (FSNAU report Jan 2018). Lack of potable water, adequate sanitation facilities, and hygiene practices coupled with poor health infrastructure led to an increase in disease outbreak. Despite a decline in recent months, the number of measles continues to remain at epidemic levels with more than 20,000 cases recorded since January 2017, four times higher than in 2015 and 2016 respectively. While Also the nutrition situation in Banadir region is reportedly critical. Nutrition actors report that admission trends in Banadir have increased sharply. In total, there are 22,678 beneficiaries admitted to the Outpatient Therapeutic Programme/Stabilization Centers (OTP/SC) since the beginning 2017. This is higher than the admission for the same period in 2016, which were 13,097 people. The deaths in the period have almost tripled from 58 deaths same time 2016 to 134 deaths in 2017. About 75 per cent (131 deaths) of the deaths occurred in the OTP while three deaths occurred in the Stabilization centers

According to Ministry of Health HMIS data, A cumulative total of 61,043 Acute Watery Diarrhea/Cholera cases and 821 deaths have been reported in 55 districts of 18 regions of South central and Puntland since January 2017, In Mogadishu only, 7303 cases and 122 deaths reported, Daynile and Dharkenley districts are among the highest hit districts of AWD with 413, 479 and 495 cases respectively reported among them 27 fatalities, 47% of AWD Alerts were received in t Daynile and Dharkenley districts of Mogadishu since Jan 2018. SOYDA propose intervention aimed at providing integrated emergency lifesaving health, nutrition and WASH services through provision of consultation, immunization, safe motherhood delivery integrated with therapeutic treatment as well as hygiene and health promotion and distribution of hygiene kits to enable avert the current AWD/cholera and drought affected population

3. Description Of Beneficiaries

The target beneficiaries shall be boys, girls, women and men irrespective of their status, mainly the Internally Displaced Persons IDPs and all the people who were affected by the drought in the target area. The project will ensure that design of activities is informed by a thorough analysis of gender and cultural dynamics across different livelihood groups. In addition, the involvement of women, youth, IDPs and marginalized communities in decision-making will be promoted. SOYDA will propose the following vulnerability and selection criteria to selected beneficiaries, following the approval of these criteria by the community and local authorities. There are many newly displaced drought affected communities who displaced to the nearby water points without proper settlement and whose livelihood strategies have collapsed or are severely weakened due to displacement, lack social support, and are consequently facing Health, WASH, nutrition and food access crisis, SOYDA will also target more female-headed households who are at risk/affected of AWD to hygiene promotion activity, as women and girls are by large responsible for ensuring good hygiene practices at the household level.

4. Grant Request Justification

The project has come at a time when impacts of severe droughts and forced evictions are overwhelming in Mogadishu IDPs particularly Dharkenley and Daynile Districts. A number of emergency drought response projects in the area has come to an end while needs for quality primary health services owing to AWD/cholera outbreak and increased morbidity and mortality as well as current severe food insecurity situation coupled by escalating malnutrition among boys and girls under 5 years hence strong need for funding of this project. The proposed activities and objective are directly linked to key objective of SHF SA1 2018 and Integrated Emergency Response Teams (IERT) concept note for life saving health, WASH and Nutrition.

SOYDA through the funding will establish 2 Integrated emergency response teams to carry out primary health care service delivery, treatment of acute malnutrition and distribution of basic hygiene kits to people in need to improve the environmental sanitation that will reduce the expansion of AWD as integrated way in Mogadishu IDPs and the project aims to improve the status of the IDPs in Daynile and Dharkenely district IDPs. This Somalia Humanitarian Fund (SHF) grant will enable SOYDA to continue its life-saving interventions including response to severe acute malnutrition targeting <5 children boys, girls and pregnant and lactating women under nutrition interventions as well as Acute Water Diarrhea (AWD/cholera) and measles treatment under the health and WASH interventions. However nutrition, WASH, and health intervention shall be able to work in more integrated and coordinated response to enable realize the closer referral and treatment of both severely acute complicated malnourished as well as those with other related medical complication. Due to the high incidence of gender base violence in the IDPs. SOYDA will be able to coordinates with those partners working in the area of psychosocial services to sort for any assistance such as dignity kits to such beneficiaries and hence improve the response wholesomely among the IDPs in the target locations. SOYDA shall work in liaison with other partners and sector active service providers to provide protection through the support of medical services and the needed referral services in case of complication cases to further treatment to Banadir and Daynile Hospital and closely work with PAC and HIJRA who are supporting partners in Daynile and Benadir hospital stabilization centers for strengthening the referral mechanisms and coordinations. SOYDA will also closely cooperate with WOCCA and WARDI for strengthening referral issues on severe cases and also information sharing to avoid any overlapping of the service in our catchment areas. SOYDA will also attend monthly Ministry of Health Nutrition and Health meetings to ensure activities are shared and gaps are discussed with our government counterparts.

5. Complementarity

Somali Young Doctors Association (SOYDA) has been working in Mogadishu IDPs since 2007 and has implemented humanitarian emergency, WASH, health and nutrition since its inception. The proposed project shall complement the ongoing Integrated Health, Nutrition, WASH, Food Security and Education in Afgooye corridor, as well as effectively addressing on the gaps of Mogadishu IDPs in Daynile and Dharkenley districts. Through complementarity with clusters and other actors all severe malnourished children with complications will be referred to Daynile and Benadir Hospital Stabilization Centers SCs for further treatment. Also SOYDA will refer all complicated cases both children and women related to communicable diseases including pneumonia, severe dehydrated children, measles complications, and pregnancy or labour related problems. SOYDA shall strive to provide primary health care to the affected children under five boys, girls & pregnant women within the same facilities. To address Acute Watery Diarrhea AWD response, sanitation and hygiene promotion SOYDA shall be able to provide the services within its proposed project hence easing the beneficiaries time and protecting them from time wasting and longer distance to seek the same services. The WASH, Nutrition and health interventions will complement these projects and will be designed to ensure the highest level of integration into Program were made available. The program will strive to layer and sequence the activities in such a way that the program produces tangible impacts on the vulnerable communities being targeted and shall strive to avoid any kind of overlap with local implementing partners within and outside the target sites. SOYDA will enhance IDPs children by providing a space for learning as well as provide feeding for the children to enable enhance their livelihood and support their continuity of their learning hence this will provide more robust response to the drought affected families in Mogadishu IDPs. With the new concept of integrating all cluster activities, SOYDA having experience on the previous ended IERT project in Daynile and Dharkenley IDPs & the ongoing Integrated 5 clusters in Afgooye corridor, SOYDA will ensure to linked the different cluster activities to work harmoniously to achieve this it will ensure each health, nutrition, & WASH cluster activities & indicator are rationalized to suit SOYDA internal monitoring matrix hence each will be prioritized to achieve the intended result for the poor and vulnerable IDPs & host communities. Consequently, activities have been designed to complement each other in order to maximize impact and to leverage on already ongoing projects in areas where SOYDA has been strongly operationally present. SOYDA will however, coordinate closely with regional & sub clusters such as health, Nutrition, and WASH through monthly sub cluster meeting in Mogadishu as well as regional monthly/quarterly meeting in Nairobi to enable it share its integrated intervention lesson learnt and challenges as well as the existing gaps in line with changing situations in the country. SOYDA will also coordinates with Federal ministry of health and WHO for technical guidelines and supportive supervision as well as UNICEF for supply provision of the program as we have active PCA/PDs. SOYDA will endeavor to work with regional administration and local community opinion leaders for better services delivery to the vulnerable population and enable to realize an integrated emergency response. SOYDA will also closely work with PAC and HIJRA who are supporting partners in Daynile and Benadir hospital stabilization centers for strengthening the good referral mechanisms and coordinations. SOYDA will ensure to share on monthly reports to all relevant clusters and attend cluster meetings for information sharing and gap analysis. SOYDA will also closely cooperate with WOCCA and WARDI for strengthening referral issues on severe cases and also for information sharings.

LOGICAL FRAMEWORK

Overall project objective

The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area in Daynile and Dharkenley District IDPs

Nutrition							
Cluster objectives		Strategic Response Plan (SRP) objectives			Percentage of activities		
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			50		
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		
Establish integrated nutrition programs between and across relevant sectors through enhanced coordination and joint programming including nutrition sensitive actions		2018-SO2: Reduce emergency levels of acute malnutrition through integrated, multi-sectoral response. Enhance integration of Nutrition, WASH, Health and Food Security programmes to strengthen nutrition sensitive programming.			20		
Contribution to Cluster/Sector Objectives : To Improve Access of Treatment of Acute Malnutrition among 1200 boys and 1200 girls aged under-five and 1000 PLW by providing integrated nutrition services package in Daynile and Dharkenley Districts IDPs in Mogadishu							
Outcome 1							
Increased access to emergency nutrition services to children under five and pregnant and lactating women in Daynile and Dharkenley District IDPs in Mogadishu through establishment of Integrated Emergency response teams (IERT)							
Output 1.1							
Description							
Improved through provision of integrated quality basic nutrition services package (BNSP) for the acutely malnourished among the vulnerable groups (1200 boys, 1200 girls and 1000 pregnant and lactating women).							
Assumptions & Risks							
Availability of adequate supply							
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					3,400
Means of Verification : OTP registerars, Admission cards, Follow up cards, Interim field and final reports, Field photos							
Indicator 1.1.2	Nutrition	Number of severe acutely malnourished children 6 -59 months cases referred to Stabilization Centers (Assumed 3% of the target SAM cases will have complications)					90
Means of Verification : OTP cards, follow up cards, referral slips, admission register							
Indicator 1.1.3	Nutrition	Number of boys, girls receiving multiple micronutrients					2,400
Means of Verification : OTP cards, follow up cards, referral slips, admission register							
Indicator 1.1.4	Nutrition	Number of PLW receiving multiple micronutrients					1,000
Means of Verification : DHIS, HMIS weekly and monthly reports							
Activities							
Activity 1.1.1							
Standard Activity : Community screening for malnutrition and referral							
Screen and admit 1200 boys, 1200 girls and 1000 PLWs of severely malnourished without medical complications in Daynile and Dharkenley District IDPs in Mogadishu through establishment of Integrated Emergency response teams (IERT)							
Activity 1.1.2							
Standard Activity : Community screening for malnutrition and referral							
Identify and refer children with severe malnutrition cases having medical complications that require admission to Benadir and Daynile hospital Stabilization Centers for further treatment							
Activity 1.1.3							
Standard Activity : Maternal child health and nutrition (MCHN) packages							
Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2400 acutely malnourished children (boys (1200) and girls (1200) in Daynile and Dharkenley IDPs in Mogadishu							
Activity 1.1.4							
Standard Activity : Multiple micronutrients supplementation for pregnant and lactating women							
Provide multiple micronutrients supplementation to 1000 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating women in our target areas							

Outcome 2							
Increased awareness regarding infant young child feeding practices in emergency (IYCF-E) among the target communities in Daynile and Dharkenley District IDPs in Mogadishu							
Output 2.1							
Description							
Target communities living in Daynile District IDPs and Dharkenley District IDPs) have improved knowledge on infant young child feeding practices in emergency (IYCF-E) through Provision of optimal IYCF practice Key messages.							
Assumptions & Risks							
Availability of IEC materials							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 2.1.1	Nutrition	Number of IYCF promotion sessions held					24
Means of Verification : Interim reports, field reports, HMIS reports, photos							
Indicator 2.1.2	Nutrition	Number of Pregnant and lactating women individually counselled on IYCF (-E) at the community and facility level.					1,000
Means of Verification : HMIS reports, Field photos, reports.							
Indicator 2.1.3	Nutrition	Number of Nutrition, Health and Hygiene Promotion Sessions conducted					24
Means of Verification : HMIS reports, Field reports, Field photos							
Activities							
Activity 2.1.1							
Standard Activity : Infant and young child feeding promotion							
Conduct community and outreach-based IYC –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites, the staff will also organize ten session on IYCF-E at community level targeting 400 men and 630 women.							
Activity 2.1.2							
Standard Activity : Infant and young child feeding counselling							
Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Daynile and Dherkenley District IDPs							
Activity 2.1.3							
Standard Activity : Nutrition health and Hygiene promotion							
Conduct Bi-weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition and hygiene practices in Daynile District IDPs and Dharkenley District IDPs							
Outcome 3							
Improved service delivery through capacity building of the staff, community volunteers both men and women on nutrition management both basic and refresher IMAM, IYCF trainings							
Output 3.1							
Description							
Enhanced capacity of staff and community health workers on effective Integrated Management of Acute Malnutrition (IMAM and Infant and Young Child Feeding (IYCF) treatment guidelines							
Assumptions & Risks							
Availability of qualified staff							
Indicators							
			End cycle beneficiaries				End cycle
Code	Cluster	Indicator	Men	Women	Boys	Girls	Target
Indicator 3.1.1	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on the management of acute malnutrition					39
Means of Verification : Training reports, attendance sheets, photos							
Indicator 3.1.2	Nutrition	Number of male and female Staff/Community Health Workers/outreach workers trained on Infant and Young Child Feeding.					39
Means of Verification : Training reports, attendance sheets, photos							
Activities							
Activity 3.1.1							
Standard Activity : Capacity building							

Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff.

Activity 3.1.2

Standard Activity : Capacity building

Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers.

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	80
Provide reliable and sustainable access to environmental sanitation	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	20

Contribution to Cluster/Sector Objectives : To increase access to sustainable water, sanitation and comprehensive hygiene practices among 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought and AWD affected in Daynile District IDPs and Dharkenley District IDPs settlements through establishment of Integrated Emergency response teams (IERT), in order to reduce the incidence of AWD/cholera diseases to IDPs and vulnerable communities at risk

Outcome 1

Improved awareness and knowledge on preventive measures to WASH related diseases and Hand washing with soap practices among 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) vulnerable drought/AWD affected in Daynile and Dharkenley District IDPs

Output 1.1

Description

9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought/AWD affected communities including IDPs 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).

Assumptions & Risks

Community willingness, no security threats and conflict among the communities

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Water, Sanitation and Hygiene	Number of people trained on hygiene promotion					30

Means of Verification : Training reports, attendance sheets, photos, field interim and final reports

Indicator 1.1.2	Water, Sanitation and Hygiene	Number of people who have received hygiene kits					1,000
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Means of Verification : attendance sheets, Distribution lists, photos, field interim and final reports

Indicator 1.1.3	Water, Sanitation and Hygiene	Number of people who have participated in hygiene promotion activities					9,342
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Means of Verification : photos, CHPs' telephones, third part monitoring report.

Activities

Activity 1.1.1

Standard Activity : Community Hygiene promotion

In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority (2 Dharkenley and 2 Daynile), shared equally men and women to conduct 3 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc

Activity 1.1.2

Standard Activity : Hygiene item distribution (single items e.g. soap, jerrycans)

Distribute 1000 Hygiene Promotion kits (HP kits) to 1000 to caretakers/patients discharged from the cholera treatment center CTCs to reduce the risk of AWD diseases. Each HP kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity)

Activity 1.1.3

Standard Activity : Community Hygiene promotion

Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought/AWD affected communities including IDPs through house to house, schools, health and nutrition centers' visits using trained 26 Community Hygiene Promoters (CHPs), 4 public health workers from the two districts local authorities, health and nutrition staffs, with the supervision of well experienced and qualified 2 Hygiene promoters (1 in each district); shared equally by men and women. The CHPs will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. The Hygiene Promoters will supervise, evaluate and give consultations and guidance to the CHPs, health and nutrition staffs in accordance to WASH cluster guideline and promotion of hand washing with soaps. The action will also include distribution of standard HP IEC materials for social mobilization

Outcome 2

Increased sustained access to Safe Water for 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) to drought driven IDPs and AWD affected communities including IDPs and CTC to reduce incidences of malnutrition, AWD and GBV affecting mainly to women and girls.

Output 2.1

Description

At least 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought driven IDPs and AWD affected communities including IDPs and CTC have access to safe water through water trucking, upgrading one borehole and constructing 5 water kiosks supplied water through piping system to 5 IDP camps, thus increasing water access to vulnerable households and reducing incidence of AWD and malnutrition.

Assumptions & Risks

community willings, no security threats

Indicators

Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Water, Sanitation and Hygiene	Number of people with sustained access to safe water					9,342
Means of Verification : photos, well operators, WASH committee members and beneficiaries telephones,							
Indicator 2.1.2	Water, Sanitation and Hygiene	Number of wash committee members who have participated in capacity building activities					7
Means of Verification : photos, attendance sheets, trainees' telephone numbers, training reports							
Indicator 2.1.3	Water, Sanitation and Hygiene	Number of water kiosks constructed					5
Means of Verification : photos, attendance sheets, trainees' telephone numbers, training reports							
Indicator 2.1.4	Water, Sanitation and Hygiene	Number of people with temporary access to safe water					4,800

Means of Verification : Distribution lists, photos, CHPs,

Activities

Activity 2.1.1

Standard Activity : Water point construction or rehabilitation

Upgrade one public diesel-powered borehole in Daynile district through hybrid solar powered pump system, which will reduce the running cost. The solar powered system will be used during the daytime while the diesel-powered system will be used on nighttime (if required) or during the cloudy seasons. The solar-powered system will save fuel, service and repair kits and ensure cheaper and reliable access to safe water. Solar powered submersible pump system will save fuel, service and repair kits. The action includes: Purchase and install hybrid solar powered pump, Extension of pipelines from the borehole to 4 IDP camps and one Cholera Treatment Center (CTC) in Daynile district.

The borehole is been selected based on:

- (1) It is the nearest water source to the targeted IDP camps (an average of 2km): The borehole is serving the IDPs but in a high price. After the rehabilitation SOYDA and the owner of the borehole with the presence of the local authority will sign an MoU to sell the water with agreed and reasonable price that the IDPs and host communities could afford.
- (2) Its high yield, which is currently 20 cubic meter/hour
- (3) The existing humanitarian emergency related to acute water shortage in the IDPs to serve thousands of drought/AWD affected IDPs.
- (4) The rehabilitation works of the selected borehole will involve replacement of generator powered submersible pumps and riser mains into installation of hybrid solar for power supply with all accessories. Although more expensive but solar pumping systems are inherently more reliable than diesel powered systems or hand pumps. They are simpler, have fewer moving parts and require mostly unskilled labour to keep them running. The solar will generate power during the daytime and sunny days, while the diesel-powered generator will alternatively work during the nighttime and cloudy days (as standby if required).

Activity 2.1.2

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

Conduct WASH committee training (4 men and 3 women). The committee will be trained on better water source management, HHWT use, and maintenance of water facilities in accordance to UNICEF manual for community-managed water supply. As cross-cutting issues the WASH committee will also be trained on community issues related to community-based water supply management which ought to be addressed in order to provide better services e.g. gender considerations in governance and water provision; poverty-related issues and accessibility of water by poor and vulnerable households in the community; environmental, sanitation and hygiene issues, etc. The WASH will monitor efficient use of the constructed water kiosks and take preventive measures to avoid breakdowns. For sustainability purposes and exit strategy, the borehole owner with the support of the WASH committee will oversee collection of user fees to cover borehole attendant wages, fuel costs as well as repair and maintenance expenses.

Activity 2.1.3

Standard Activity : Water point construction or rehabilitation

Construct 5 water kiosks near 4 IDP camps and 1 CTC center and supplied water through piping system from the rehabilitated borehole, benefiting around 5,000 men, women, girls and boys drought affected IDPs and host communities. Each settlement and CTC shall be installed one flood proof water kiosk with 6 taps to ease congestion and time wastage. To avoid contamination of the water kiosk facilities SOYDA will construct for each water kiosk:

1. Concrete apron, minimum radius of 1.5m;
2. 5m long drainage channel and;
3. 1m³ soakage pit filled with large stones.
4. SOYDA will distribute sanitation kits to the WASH committees to clean around the water points from contamination.

The design of the water kiosk will consider easily usage of children and elderly. Women and girls will be involved in locating safe sites for the construction of the kiosks to ensure safety (hence reduce risk to GBV) and convenience by ensuring distance to nearest water point is within the SPHERE standards. SOYDA will also Chlorinate the rehabilitated water point and conduct daily monitor FRC test by providing the well operators training for sustainability of the water treatment and equipping appropriate amount of chlorine to disinfect the well on weekly basis.

Activity 2.1.4

Standard Activity : Water trucking/water Vouchers

Identify and engage potential water vendor and sign memorandum of understanding with them to provide water to the 800 drought/AWD affected IDP households to increase immediate access to clean and safe water for human and domestic use through water voucher system and conduct distribution of vouchers, which they can redeem for water at the specified water vendor. Vouchers will be distributed to all beneficiary families to ensure an equitable water distribution. Each voucher can be used to redeem specified quantity of chlorinated water of 7.5 liters per person per day (45 liters/household/day) for a period of 30 days. Cluster guidelines recommend 7.5 l/person/day during emergencies. Distribution will take into consideration the most affected target IDPs far from any available water point. New IDP camps will be given consideration as first priority as well as vulnerable households. A central location will be identified for distribution as women and children are expected to collect water from trucks.

Outcome 3

Improved environmental sanitation to 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought affected IDPs and host communities to reduce the spread of AWD/cholera diseases

Output 3.1

Description

Improved environmental sanitation to drought affected IDPs and host communities through rehabilitating of 5 gender segregated latrines, hand washing facilities and providing equipment and capacity build of fecal sludge management teams in Dharkenley and Daynile District IDPs

Assumptions & Risks

Community willingness, no security threats and conflict among the communities

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 with access to emergency sanitation facilities					9,342

Means of Verification : Monthly progress reports, signed attendance sheets, Photos during the training and training reports

Indicator 3.1.2	Water, Sanitation and Hygiene	Number of latrines constructed in IDPs					6
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Means of Verification : Monthly progress reports, signed attendance sheets, Photos during the training and training reports

Activities

Activity 3.1.1

Standard Activity : Latrine construction or rehabilitation

Rehabilitate five (5) gender sensitive flood proof Dharkenley CTC/HC latrines (2 for male and 3 for female) benefiting equally the patients and hospital visiting men, women, girls and boys. The action includes: repairing the cracking parts of the walls and floors, replacing new corrugated iron sheets for roofing, install new doors, rehabilitate the drainage system of the latrines, install washing facilities and rehabilitate the septic tank including desludging the septic tank

Activity 3.1.2

Standard Activity : Desludging of latrines

Construct gender sensitive 6 IDP Camp latrines at Daynile District. The action includes: excavation of desludging septic tank, construction of walls and roofs with iron sheet and timber, construction of floor with screened cement and sand and pipes for ventilation. The location of the latrines will be consulted to boys and girls to avoid risk of rape.

Additional Targets :

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			50		
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			30		
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.			20		
Contribution to Cluster/Sector Objectives : The project objective is directly contributing the cluster objective of establishment of Integrated Emergency response teams (IERT) that will ensure access to integrated lifesaving health/wash/nutrition services to vulnerable and most AWD/cholera affected communities in hard to reach area of Daynile and Dharkenley District IDPs in Mogadishu							
Outcome 1							
Improved access to essential life-saving health services with special focus on maternal/child health and prevention, response and control of AWD outbreaks to drought affected populations at Daynile and Dharkenley District IDPs							
Output 1.1							
Description							
A total of 11,511 people including 3000 Boys, 3200 Girls, 3901 Women, 1410 men have access to integrated primary health care services that will include maternal, Neonatal and child health services for the target areas of Daynile and Dharkenley District IDPs through Integrated Emergency response teams (IERT)							
Assumptions & Risks							
Community willingness and acceptance							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 1.1.1	Health	Number of outpatient consultations per person per year (attendance rate or consultation rate)					11,511
Means of Verification : HMIS report, monthly report, OPD regiserar, staff attendance, Field photos							
Indicator 1.1.2	Health	Number (5%) of severe complicated cases detected and referred through active and passive response					575
Means of Verification : HMIS report, monthly report, OPD regiserar, staff attendance, Field photos							
Indicator 1.1.3	Health	Number of children below five years and women of child-bearing age immunized/vaccinated against Vaccine preventable diseases (VPD).					10,101
Means of Verification : HMIS reports, monthly reports, weekly reports, field report, photos							
Activities							
Activity 1.1.1							
Standard Activity : Primary health care services, consultations							
Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to 3000 Boys, 3200 Girls, 3901 Women, 1410 men in Daynile and Dharkenley District IDPs							
Activity 1.1.2							
Standard Activity : Secondary health care and referral services							
Identify through active case detection and refer IDP patients with medical severe cases (Severe dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension, diabetic patients) that requires admission at health facilities after providing first aid services.							
Activity 1.1.3							
Standard Activity : Immunisation campaign							
Provide quality and safe routine and supplementary immunization to 6200 children under the age of five years (3000 boys and 3200 girls) and to 3901 Women of child bearing age at through outreach Integrated Emergency response service delivery							
Outcome 2							
Improved service delivery through capacity building of health care providers as well as community volunteers and target beneficiaries							
Output 2.1							
Description							
Enhanced capacity of health staff and community health workers on effective management of community case management and IMCI.							

Assumptions & Risks							
Staff availability							
Indicators							
Code	Cluster	Indicator	End cycle beneficiaries				End cycle
			Men	Women	Boys	Girls	Target
Indicator 2.1.1	Health	Number of health workers trained on common illnesses and/or integrated management of childhood illnesses, surveillance and emergency preparedness for communicable disease outbreaks.					40
Means of Verification : Training reports, attendance sheets, photos							
Indicator 2.1.2	Health	Number of people that participated in awareness raising session both at facility and community levels					35
Means of Verification : Training attendance sheets, field reports, photos							
Indicator 2.1.3	Health	Number of Caretakers and community members sensitized on common communicable diseases and their prevention with emphasis on AWD in children 0 – 59 months of age					11,511
Means of Verification : Attendance sheets, pictures, reports							
Activities							
Activity 2.1.1							
Standard Activity : Emergency Preparedness and Response capacities							
Conduct one training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI, cholera and measles case management.							
Activity 2.1.2							
Standard Activity : Emergency Preparedness and Response capacities							
Conduct community awareness raising sessions 15 Female and 20 Male to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal health, child and maternal malnutrition through the front line health workers and Community health educators							
Activity 2.1.3							
Standard Activity : Awareness campaigns and Social Mobilization							
Sensitize the 11511 caretakers and community members (men and women) on common communicable diseases and their prevention with emphasis on AWD in children 0 – 59 months of age							
Additional Targets :							

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 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, SOYDA 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.

SOYDA will strengthen health, WASH and nutrition service provision through integrated services to the vulnerable population; work closely with Ministry of Health and Nutrition, UNICEF and other partners in Mogadishu. The objective is a holistic and all-inclusive approach since Mogadishu's IDPs corridor that hosts the Internally Displaced Persons IDPs is a densely populated area that cannot be adequately covered by one partner. SOYDA has put in place a variety of Monitoring and Evaluation (M&E) tools that will be used to assess programme activities in the health service. SOYDA Project Manager will provide support for supportive supervision of MoH staffs, training and other capacity building activities. Joint monthly supervision and monitoring visits between SOYDA and Ministry of Health will be scheduled.

Workplan

Activitydescription	Year	1	2	3	4	5	6	7	8	9	10	11	12
Health: Activity 1.1.1: Provide consultations of communicable and non-communicable diseases including pneumonia, malaria, diarrhea, measles, skin conditions, injury care in children and urinary tract infections, sexually transmitted infections among others to 3000 Boys, 3200 Girls, 3901 Women, 1410 men in Daynile and Dharkenley District IDPs	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							

Health: Activity 1.1.2: Identify through active case detection and refer IDP patients with medical severe cases (Severe dehydrated patients, severe Pneumonia, pregnancy related bleedings, hypertension, diabetic patients) that requires admission at health facilities after providing first aid services.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Health: Activity 1.1.3: Provide quality and safe routine and supplementary immunization to 6200 children under the age of five years (3000 boys and 3200 girls) and to 3901 Women of child bearing age at through outreach Integrated Emergency response service delivery	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Health: Activity 2.1.1: Conduct one training for 15 Male and 25 female SOYDA staff on integrated management of childhood illness IMCI, cholera and measles case management.	2018						X						
	2019												
Health: Activity 2.1.2: Conduct community awareness raising sessions 15 Female and 20 Male to create awareness on common communicable diseases with emphasis on AWD, malaria, maternal health, child and maternal malnutrition through the front line health workers and Community health educators	2018					X							
	2019												
Health: Activity 2.1.3: Sensitize the 11511 caretakers and community members (men and women) on common communicable diseases and their prevention with emphasis on AWD in children 0 – 59 months of age	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 1.1.1: Screen and admit 1200 boys, 1200 girls and 1000 PLWs of severely malnourished without medical complications in Daynile and Dharkenley District IDPs in Mogadishu through establishment of Integrated Emergency response teams (IERT)	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that require admission to Benadir and Daynile hospital Stabilization Centers for further treatment	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 1.1.3: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2400 acutely malnourished children (boys (1200) and girls (1200) in Daynile and Dharkenley IDPs in Mogadishu	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 1.1.4: Provide multiple micronutrients supplementation to 1000 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating women in our target areas	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 2.1.1: Conduct community and outreach-based IYC –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facility level targeting mothers of children 6-59 months served at the nutrition sites, the staff will also organize ten session on IYCF-E at community level targeting 400 men and 630 women.	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 2.1.2: Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Daynile and Dharkenley District IDPs	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 2.1.3: Conduct Bi-weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optimum nutrition and hygiene practices in Daynile District IDPs and Dharkenley District IDPs	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Nutrition: Activity 3.1.1: Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 female staff.	2018					X							
	2019												
Nutrition: Activity 3.1.2: Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers.	2018					X							
	2019												
Water, Sanitation and Hygiene: Activity 1.1.1: In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority (2 Dharkenley and 2 Daynile), shared equally men and women to conduct 3 days training on best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Water, Sanitation and Hygiene: Activity 1.1.2: Distribute 1000 Hygiene Promotion kits (HP kits) to 1000 to caretakers/patients discharged from the cholera treatment center CTCs to reduce the risk of AWD diseases. Each HP kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity)	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							

Water, Sanitation and Hygiene: Activity 1.1.3: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys) drought/AWD affected communities including IDPs through house to house, schools, health and nutrition centers' visits using trained 26 Community Hygiene Promoters (CHPs), 4 public health workers from the two districts local authorities, health and nutrition staffs, with the supervision of well experienced and qualified 2 Hygiene promoters (1 in each district); shared equally by men and women. The CHPs will disseminate the hygiene promotion messages to the entire community including men, women, girls and boys through visiting house-to-house, schools, markets and schools, while the trained health and nutrition staffs disseminate the hygiene promotion messages to the patients and caretakers who visit the health and feeding centers. The Hygiene Promoters will supervise, evaluate and give consultations and guidance to the CHPs, health and nutrition staffs in accordance to WASH cluster guideline and promotion of hand washing with soaps. The action will also include distribution of standard HP IEC materials for social mobilization	2018					X	X	X	X	X	X	X	X
	2019	X	X	X	X	X							
Water, Sanitation and Hygiene: Activity 2.1.1: Upgrade one public diesel-powered borehole in Daynile district through hybrid solar powered pump system, which will reduce the running cost. The solar powered system will be used during the daytime while the diesel-powered system will be used on nighttime (if required) or during the cloudy seasons. The solar-powered system will save fuel, service and repair kits and ensure cheaper and reliable access to safe water. Solar powered submersible pump system will save fuel, service and repair kits. The action includes: Purchase and install hybrid solar powered pump, Extension of pipelines from the borehole to 4 IDP camps and one Cholera Treatment Center (CTC) in Daynile district. The borehole is been selected based on: (1) It is the nearest water source to the targeted IDP camps (an average of 2km): The borehole is serving the IDPs but in a high price. After the rehabilitation SOYDA and the owner of the borehole with the presence of the local authority will sign an MoU to sell the water with agreed and reasonable price that the IDPs and host communities could afford. (2) Its high yield, which is currently 20 cubic meter/hour (3) The existing humanitarian emergency related to acute water shortage in the IDPs to serve thousands of drought/AWD affected IDPs. (4) The rehabilitation works of the selected borehole will involve replacement of generator powered submersible pumps and riser mains into installation of hybrid solar for power supply with all accessories. Although more expensive but solar pumping systems are inherently more reliable than diesel powered systems or hand pumps. They are simpler, have fewer moving parts and require mostly unskilled labour to keep them running. The solar will generate power during the daytime and sunny days, while the diesel-powered generator will alternatively work during the nighttime and cloudy days (as standby if required).	2018					X	X	X	X	X	X	X	
	2019	X	X	X	X	X							
Water, Sanitation and Hygiene: Activity 2.1.2: Conduct WASH committee training (4 men and 3 women). The committee will be trained on better water source management, HHWT use, and maintenance of water facilities in accordance to UNICEF manual for community-managed water supply. As cross-cutting issues the WASH committee will also be trained on community issues related to community-based water supply management which ought to be addressed in order to provide better services e.g. gender considerations in governance and water provision; poverty-related issues and accessibility of water by poor and vulnerable households in the community; environmental, sanitation and hygiene issues, etc. The WASH will monitor efficient use of the constructed water kiosks and take preventive measures to avoid breakdowns. For sustainability purposes and exit strategy, the borehole owner with the support of the WASH committee will oversee collection of user fees to cover borehole attendant wages, fuel costs as well as repair and maintenance expenses.	2018						X						
	2019												
Water, Sanitation and Hygiene: Activity 2.1.3: Construct 5 water kiosks near 4 IDP camps and 1 CTC center and supplied water through piping system from the rehabilitated borehole, benefiting around 5,000 men, women, girls and boys drought affected IDPs and host communities. Each settlement and CTC shall be installed one flood proof water kiosk with 6 taps to ease congestion and time wastage. To avoid contamination of the water kiosk facilities SOYDA will construct for each water kiosk: 1. Concrete apron, minimum radius of 1.5m; 2. 5m long drainage channel and; 3. 1m3 soakage pit filled with large stones. 4. 4. SOYDA will distribute sanitation kits to the WASH committees to clean around the water points from contamination. The design of the water kiosk will consider easily usage of children and elderly. Women and girls will be involved in locating safe sites for the construction of the kiosks to ensure safety (hence reduce risk to GBV) and convenience by ensuring distance to nearest water point is within the SPHERE standards. SOYDA will also Chlorinate the rehabilitated water point and conduct daily monitor FRC test by providing the well operators training for sustainability of the water treatment and equipping appropriate amount of chlorine to disinfect the well on weekly basis.	2018					X	X	X					
	2019												

Water, Sanitation and Hygiene: Activity 2.1.4: identify and engage potential water vendor and sign memorandum of understanding with them to provide water to the 800 drought/AWD affected IDP households to increase immediate access to clean and safe water for human and domestic use through water voucher system and conduct distribution of vouchers, which they can redeem for water at the specified water vendor. Vouchers will be distributed to all beneficiary families to ensure an equitable water distribution. Each voucher can be used to redeem specified quantity of chlorinated water of 7.5 liters per person per day (45 liters/household/day) for a period of 30 days. Cluster guidelines recommend 7.5 l/person/day during emergencies. Distribution will take into consideration the most affected target IDPs far from any available water point. New IDP camps will be given consideration as first priority as well as vulnerable households. A central location will be identified for distribution as women and children are expected to collect water from trucks.	2018						X						
	2019												
Water, Sanitation and Hygiene: Activity 3.1.1: Rehabilitate five (5) gender sensitive flood proof Dharkenley CTC/HC latrines (2 for male and 3 for female) benefiting equally the patients and hospital visiting men, women, girls and boys. The action includes: repairing the cracking parts of the walls and floors, replacing new corrugated iron sheets for roofing, install new doors, rehabilitate the drainage system of the latrines, install washing facilities and rehabilitate the septic tank including desludging the septic tank	2018					X	X	X	X				
	2019												
Water, Sanitation and Hygiene: Activity 3.1.2: Construct gender sensitive 6 IDP Camp latrines at Daynile District. The action includes: excavation of desludging septic tank, construction of walls and roofs with iron sheet and timber, construction of floor with screened cement and sand and pipes for ventilation. The location of the latrines will be consulted to boys and girls to avoid risk of rape.	2018					X	X	X	X				
	2019												

OTHER INFO

Accountability to Affected Populations

SOYDA will ensure that it is accountable to the Affected Populations by providing leadership through the demonstration of commitment and ensuring feedback and accountability mechanisms are integrated into response mechanism, programme implementation, monitoring and evaluations, recruitment, staff inductions, trainings and performance management, partnership agreements, and highlighted in reporting. Transparency by providing accessible and timely information to affected populations on organizational procedures, structures and processes. By having a feedback and complaints mechanism that actively seek the views of affected populations to improve policy and practice in programming, ensuring that feedback and complaints mechanisms are streamlined, appropriate and robust enough to deal with (communicate, receive, process, respond to and learn from) complaints about breaches in policy and stakeholder dissatisfaction. Specific issues raised by affected individuals regarding violations and/or physical abuse that may have human rights and legal, psychological or other implications should have the same entry point as programme-type complaints, but procedures for handling these should be adapted accordingly. By ensuring participation and enabling affected populations to play an active role in the decision-making processes that affect them and by designing, a monitoring and evaluation goals and objectives that are meant for the programmes with the involvement of affected populations.

Implementation Plan

SOYDA will recruit and contract qualified 2 Integrated Emergency Response teams through competitive process for the proper implementation of this project. SOYDA 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. SOYDA will recruit program manager that will ensure effective community participatory approach in project planning, implementation & management. Successful implementation of this project is likely to substantially attenuate the transmissible disease burden borne. To provide effective coordination, SOYDA will provide monthly activity updates with partners including WASH, Health and Nutrition 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.

Health: Emphasis will be on maternal, neonatal and child health including emergency immunization to the host communities and IDPs as well as treatment of severe acute malnutrition, building the capacity of health workers through training on integrated management of acute illness IMCI, Cholera/measles case management and community case management CCM will be done to equip health workers with the required skills to deliver quality healthcare services.

Nutrition: Capacity building of nutrition staff on IMAM/IYCF services, infants young child feeding best practices (IYCF), as well as conduct caregivers infant and young child feeding practices, IYCF promotion session for better information dissemination to the caregivers in the project area. Referral of malnourished children with complicated cases will be done to the Outpatient Therapeutic Programme (OTP) centers integrated with primary health care services managed by SOYDA and other actors in the Banadir region and more so Mogadishu IDPs.

WASH: As part of WASH integration, The project will ensure and provide emergency and sustainable WASH services (latrines with hand washing facilities and safe drinking water by upgrading one borehole to improve its water quality and reduce its running cost, in order to receive water in affordable cost through construction of water kiosks nearer to the IDP settlements to avoid rape against women and girls. The project will also promote adaption of good hygiene and sanitation practices through carrying out comprehensive hygiene promotion activities including distribution of 1000 Hygiene Promotion kits (HP kits) to 1000 to HH with discharged AWD/cholera affected patients and drought driven HH with malnourished children to reduce the risk of AWD/cholera diseases and malnutrition among the drought affected IDPs and host communities. SOYDA will also chlorinate water 5 points/boreholes Daynile and Dharkenley District as well as disinfected buckets and other water drawing containers at the mentioned water points inside IDP camps to avoid AWD disease caused by unsafe water, SOYDA will provide water to 800 drought/AWD affected IDP households to increase immediate access to clean and safe water for human and domestic use through water voucher system and conduct distribution of vouchers, which they can redeem for water at the specified water vendor. Vouchers will be distributed to all beneficiary families to ensure an equitable water distribution.

Finally, SOYDA will coordinate with Health, WASH, and Nutrition clusters to coordinate response activities for maximum impact to beneficiaries. SOYDA shall also coordinates with other local actors in the target district to enable avoid any duplications. We will ensure to share on monthly reports to all relevant clusters and attend cluster meetings for information sharing and gap analysis and closely work with PAC & HIJRA for Benadir & Dayni SC referral mechanisms.

Coordination with other Organizations in project area

Name of the organization	Areas/activities of collaboration and rationale
UNICEF	Support on training materials and supply package
UNOCHA	Sharing project narrative and financial reports
Ministry of Water, Ministry of Health FGS	Joint monitoring visits, project information sharing, coordination to avoid duplication, advocacy for additional needs,
HIJRA and PAC	Will closely work with them in Daynile and Benadir Hospital Stabilization Center Referel mechanisms and coordinations
WASH, HEALTH, NUTRITION Clusters	Joint monitoring visits, Weekly and Monthly sharing reports, project information sharing, coordination to avoid duplication, advocacy for additional needs,
WOCCA and WARDI	Will closely work with them in Daynile and Kahda Districts for referral and coordination for information sharing to avoid duplication

Environment Marker Of The Project

A+: Neutral Impact on environment with mitigation or enhancement

Gender Marker Of The Project

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

Justify Chosen Gender Marker Code

Gender mainstreaming will be ensured in Health, Nutrition and WASH programming to provide equal access to IERT services for boys and girls, women and Men in the IERT programme. The project will serve and respond to the gender needs of the IDPs by designing special interventions that respond to women and girls' needs, timeframes of services, toilets and water availability and locations and delivery by women wasn't supported. Also for capacity building both men and women will have equal opportunities and this includes also during capacity building of staff and CHWs. Recruitment of staff will also ensure equal opportunities for both men and women. Efforts will be made so that there is good representation of women and men during meetings at community level and supervision visits. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. SOYDA strongly supports equal employment opportunities for men and women and sees the inclusion of female staff as a tool for better addressing gender related matters of the beneficiaries. Therefore, an equal number of women and men will be trained and also SOYDA will maintain and ensure the current 50% Male and 50% Female staffing in all project activities. SOYDA has integrated gender equity in the various planned interventions and disaggregated by sex from the planning to implementation, through Monitoring and Evaluation of projects. A gender dimensions based on understanding of women, girls, boys and men's different needs, roles, responsibilities, capacities and risks has also been integrated in the consultation, decision making and capacity development. The project will empower women and girls by including them in the training, social mobilization and activities.

Protection Mainstreaming

Protection will be mainstreamed in this project by paying special attention to the needs of vulnerable beneficiaries. The project will look at all in need as clients who have to be treated fairly and with dignity in particular children, the elderly, and persons with disabilities, widows, and female-headed households. They will be prioritized for service delivery and social mobilization to ensure their access to services without discrimination. SOYDA will apply a rights-based approach where the needs of ethnic minorities, women, the elderly, and people living with disability are promoted. Because of that, SOYDA will consult with the beneficiaries on the location of the health facilities so that they are chosen strategically in order to reduce gender based violence and other forms of violence and in a neutral location so that people from all ethnic groups in the area may be able to access healthcare. Through the provision of outreach services, SOYDA will be able to reach the underserved, the elderly and the weak and will be able to transport them to their dwellings when necessary. The project will minimize any unintended negative consequences and prioritize the safety and dignity of the affected individuals and communities through the establishment of, and consultation with existing community health committees which foster participation, empowerment and accountability.

Country Specific Information**Safety and Security**

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

Access

SOYDA has been working in Mogadishu since 2007 and enjoys the support of the community and the authorities. SOYDA expects to keep good relationships with all actors in Mogadishu and expects that this will allow SOYDA to work in Mogadishu IDP camps without issues. All interventions ensure that benefits are being equally accessed by all, especially people in the most vulnerable situations. Protecting the security, privacy, and dignity of those who take part in our programs is at the center of all SOYDA interventions. SOYDA has 100% access to the proposed project locations and uses the professional staffs with a strong knowledge of the inherent situation and experience of dynamics of Somalia context. SOYDA's services will be strategically placed and thus easily accessible to all the target IDPs and vulnerable population and shall be accountable to all affected population in its area of operation.

BUDGET								
Code	Budget Line Description	D / S	Quantity	Unit cost	Duration Recurrence	% charged to CHF	Total Cost	
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	Project Manager	D	1	2,000.00	8	100.00	16,000.00	

	<p><i>Project Manager will be based in the field. He/she is responsible the overall management of the project. His/her role includes: Coordinate project activities to ensure that the activities in each results area are implemented in accordance with the project agreement, monitor the procurement of goods and services for the project and ensure execution according to the rules and guidelines established by SOYDA/UNOCHA, monitor project implementation against the established indicators detailed in the project Logical Framework, conduct field visits as required to verify project activities relative to stated targets, prepare project reports (technical and financial) for submission to UNOCHA according to timelines agreed, facilitate troubleshooting options to remove any bottlenecks that might arise during project implementation, manage the day-to-day operations of the Project Management Unit, plan and arrange community meetings, maintain close relationship with key stakeholders (state and non-state) and ensure adequate information flow, liaise with relevant members of staff as necessary to ensure efficient and effective implementation of the project, undertake closing out activities for the project which include final financial and technical reports, and the handing over of documents as necessary and undertake any other activity that may be necessary for the effective management of the project. The salary of project manager is US\$2000/month inclusive medical and security charges. SHF will contribute 100% of the salary. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the PM salary cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months..</i></p>						
1.2	Finance Officer	D	1	1,500.00	8	50.00	6,000.00
	<p><i>The finance officer: Will be based in Mogadishu office, but spend 50% of his/her time on the project, he/she prepares all the financial documents and financial reports and keeps in record. The salary of finance officer is US\$1500 inclusive of medical and security charges. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the salary cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 50% for 8 months.</i></p>						
1.3	Doctors (2 Integrated Emergency Response teams which is One team per district, Each team One Lead Doctor as per IERT Concept note)	D	2	1,000.00	12	100.00	24,000.00
	<p><i>Doctors diagnose patient conditions using examinations and tests. Based on their findings, they prescribe treatment and medications to attempt to heal any illnesses or injuries. patients who have been severely complicated and refer to the hospital and other health professionals. They apply medical knowledge and skills to the diagnosis, prevention and management of disease. Two persons (one per site) will be engaged at an all inclusive salary of USD 1000 per person per month for 12 months with SHF supporting 100% of the cost.</i></p>						
1.4	Qualified Nurse (2 Integrated Emergency Response teams which is One team per district, Each team two nurses as per IERT Concept note)	D	4	400.00	12	100.00	19,200.00
	<p><i>4 Qualified will be employed who will be responsible for providing diagnosis, treatment, education, referral and follow up of malnourished children and mothers admitted to the program. The nurses will continuously update patient's medical records to ensure information is up to date for appropriate decision-making. The nurses will be paid all-inclusive salary of @USD 400 per month for 12 month. SHF will pay 100% of the salary.</i></p>						
1.5	Midwife (2 Integrated Emergency Response teams which is One team per district, Each team one Midwife as per IERT Concept note)	D	2	400.00	12	100.00	9,600.00
	<p><i>2 midwives will be recruited for the project, one per health facility . 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 labor and provide skilled delivery to women. Detect, monitor, assist or refer complicated pregnancies for further management. Counsel and assess postnatal mothers and advise them on daily care of their newborn babies, help parents to cope with miscarriage, termination, stillbirth and neonatal death, and write records.. The salary of midwives will be at US\$400 month. SHF will pay 100% of the midwives' salaries.</i></p>						
1.6	Community Health Workers CHWs (2 IERT teams which is One team per district, Each team One CHW s as per IERT Concept note)	D	2	200.00	12	100.00	4,800.00
	<p><i>Community health workers (CHW) are members of a community who are chosen by community members to provide basic health and medical care to their community capable of providing preventive, promotional and rehabilitation care to these communities. 2 community Health workers will be recruited in consultation and with the support of the community. Since they will be based t community level, they will be expected to play major role the prevention and control of AWD/cholera currently active in target districts. The monthly salary of these group will be @USD 200 per month for 12 months, SHF will pay 100% of the total cost.</i></p>						
1.7	Nutrition Screeners (one per site or one per district)	D	2	200.00	12	100.00	4,800.00
	<p><i>2 Screeners will be responsible for screening children under five and pregnant and lactating mothers for malnutrition and admitting them or discharging them through the appropriate program using the IMAM guidelines. all inclusive salary of USD 200 per month for 12 month. SHF will pay 100% of the total cost</i></p>						
1.8	Outpatient therapeutic program (OTP) Registers (one per site or one per district)	D	2	200.00	12	100.00	4,800.00
	<p><i>2 Outpatient therapeutic program (OTP) registrars-1 per site will be employed who will maintain accurate records of all admissions, discharges, transfers and death in the program using Outpatient therapeutic program (OTP) Registers. Will be paid an all-inclusive salary of @USD 200 per month for 12 months will contribute 100% of the total cost.</i></p>						
1.9	Infant and Young Child Feeding (IYCF) Counsellors (one per site or district)	D	2	400.00	12	100.00	9,600.00
	<p><i>2 Infant and Young Child Feeding IYCF counselors will be engaged for the project at an all inclusive monthly salary of USD 400 per person for 12 months. They will report to the Infant and Young Child Feeding IYCF Supervisors and will be tasked with individual and group education and counseling of caretakers of children under five in the target camps using pre-designed and approved counseling cards. SHF will pay 100% of the total project cost.</i></p>						
1.10	Hygiene promoters -1 per site or per district	D	2	200.00	12	100.00	4,800.00
	<p><i>Hygiene promoters will be working in the field. He/she is responsible to supervise the community mobilizers and give guidance. His/her salary is USD200. SHF will contribute 100% of the salary</i></p>						

1.11	Health Management Information System HMIS Officer	D	1	600.00	12	100.00	7,200.00
	<i>HMIS Officer will be responsible for the Health information reporting and ensuring high quality and timely inputs, and for ensuring that the project maintains its strategic vision and that its activities result in the achievement of its intended outputs in a cost effective and timely manner. The HMIS officer will be responsible for designing and implementing the M&E activities of the Project; assisting the Project Manager in preparing reports on project progress and will monitor the project activities on a regular basis, developing and maintaining the MIS of the Project and will be responsible for the collection & analysis of different data in relation to the project activities. The HMIS Officer works in close collaboration with work closely with project team. The salary of HMIS officer is USD 600. SHF will contribute 100% of his salary</i>						
1.12	security guard- 1 per site or per district	D	2	150.00	12	100.00	3,600.00
	<i>The crowd control/security persons will be employed from the target communities in consultation with the village management committees and will be responsible for controlling crowd and ensuring systematic beneficiary flow. They will additionally ensure security of the team, beneficiaries and the supplies. Two persons (one per site) will be engaged at an all inclusive salary of USD 150 per person per month for 12 months with SHF supporting 100% of the cost.</i>						
1.13	Auxiliary nurse-1 per site or per district	D	2	200.00	12	100.00	4,800.00
	<i>Auxiliary Nurse supports the Qualified nurses and medical officers in the centers by providing assistance to patients include appetite test preparation for the children under five years before admission to avoid the children to vomit after treatment, daily hygiene assistance and they overall conditions of patients with hourly temperature checks and do blood pressure testing. The person will spend 100% of his time on this project and SHF will contribute 100% of the salary</i>						
1.14	WASH Officer	D	1	1,000.00	8	100.00	8,000.00
	<i>Water, sanitation and Hygiene officer will Provide technical and project support to design, planning, Water Supply, sanitation, hygiene promotion and WASH interventions, also he/she will Support scaling up community led total sanitation approach and hygiene promotion activities, also he/she will Contribute to preparation of section reports. He/she spends 100% of his time to the project. The salary of WASH officer is US\$1000 inclusive medical and security charges. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the salary cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months.</i>						
1.15	Community hygiene promoters (CHPs)	D	30	100.00	12	100.00	36,000.00
	<i>In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local authority (2 Dharkenley, and 2 Daynile), shared equally men and women by delivering best hygiene and sanitation practices, hand washing with soap, water storage, environmental sanitation using WASH cluster adopted training materials including hygiene promotion in emergency global tools, AWD/Cholera preparedness and response guidelines, and HP training material. One community mobilizer will be responsible to reach 500 people/month as per the sphere standard of 2011 through house-to-house, schools and health/nutrition centers' visits. The public HP will ensure the enforcement of hygiene promotion to the entire district by visiting restaurants, hotels, markets and etc. His/her salary is USD100. SHF will contribute 100% of the salary</i>						
1.16	Expanded Program Immunization Officers (EPI), 1-per site or per district	D	2	400.00	12	100.00	9,600.00
	<i>2 EPI officers will be employed who will be responsible for providing vaccination and vitamin A supplementation during the daily work, the EPI will be paid all-inclusive salary of @USD 400 per month for 12 month. SHF will pay 100% of the salary.</i>						
1.17	Store keeper (2 for 2 shifts)	D	2	250.00	8	100.00	4,000.00
	<i>2 Store keepers will work exclusively in the project hence 100% pay. The salary rates are determined locally. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the salary cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months..</i>						
	Section Total						176,800.00
21. Supplies, Commodities, Materials							
2.1	Cost for procurement of Medical supplies	D	1	13,367.75	1	100.00	13,367.75
	<i>Essential drugs and related medical supplies will be purchased from Mogadishu and transported to the point of use. The total cost will be USD 13,367.75 as per the attached BOQ to be paid 100% by SHF, a total of 11,511 beneficiaries will benefit during project period</i>						
2.2	Truck Rent for Transportation of Medical Supplies (with capacities of 10 mt)	D	1	1,000.00	3	100.00	3,000.00
	<i>During project period, SOYDA will hire trucks with capacities of 10mt to transport medical supplies and equipment's movement from Mogadishu Central warehouse to Daynile and dharknely Sub warehouse twice project period by transporting medical supplies to field. Due to deteriorating road network from Mogadishu to outskirts IDP sites the cost is high and per cargo rent is 1000\$ for three times during the project. SHF will contribute 100%</i>						
2.3	Distribution of hygiene promotion kits to CTC Discharged Patients	D	1000	16.35	1	100.00	16,350.00
	<i>SOYDA will Distribute 1000 Hygiene Promotion kits (HP kits) to 1000 to caretakers/patients discharged from Cholera Treatment Centers CTC to reduce the risk of acute watery diarrhea AWD diseases. Each Hygiene kit HP kit consists (200 aqua tabs, 5 soaps, 1 Jerry can of 20 liter capacity, 1 bucket of 20 liter capacity).. The unit cost of HP kit is USD16.35 SHF will contribute 100%.</i>						
2.4	Training of IMAM (Integrated Management of Acute Malnutrition) for 23 Female, 16 Male for 5 days	D	1	6,963.50	1	100.00	6,963.50

	<i>This will cover the cost of conducting Integrated Management of Acute Malnutrition (IMAM) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of trainings as per attached detailed BoQ is \$6963.5. The participants will be SOYDA nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages. The documents are Look up tables, 2 WHO Weight, Height (WHZ) tables (1 boy & 1 girl), Outpatient Therapeutic Program Cards, Pregnant lactating women patient card (3) and ration cards (3) and weekly and monthly reporting formats per participant. SHF will contribute 100% of this Integrated Management of Acute Malnutrition (IMAM) Training.</i>							
2.5	Training of IYCF (Infant and Young Child Feeding) for 23 Female, 16 Male for 5 days	D	1	6,555.50	1	100.00	6,555.50	
	<i>This will cover the cost of conducting IYCF ((Infant and Young Child Feeding) trainings for 39 (23 Female, 16 Male) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials.. The cost of the training as per attached detailed BoQ will \$ 6555.5. The participants will be SOYDA nutrition staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on exclusive breastfeeding, breast attachment, complimentary feeding, care practices of under 2yr old and pictorials on the same for each of the 39 participants. SHF will contribute 100% of this IYCF (Infant and Young Child Feeding) Training.</i>							
2.6	Training for Community Health Workers (CHWs) Training on Community Case Management (CCM)	D	1	4,496.00	1	100.00	4,496.00	
	<i>This will cover the cost of conducting Community Health Workers (CHWs) and Community Mobilizers Training on Community Case Management (CCM), Refreshment and Training Materials (15 Female, 20 Male), participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 4496. The participants will be from community. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of Community Case Management (CCM). SHF will contribute 100% of this Community Case Management (CCM) Training.</i>							
2.7	Training for Integrated management of childhood illness (IMCI) and Cholera/Measles case management	D	1	6,927.50	1	100.00	6,927.50	
	<i>This will cover the cost of conducting Integrated Management of Childhood Illness (IMCI) and Cholera/measles case management (15 Male and 25 female) participants for five days, covering staff per diem allowance, refreshment, venue rent and training materials. The cost of the training as per attached detailed BoQ will \$ 6927.5. The participants will be SOYDA health staff. We plan to photocopy different notes for the participants to familiarize themselves with different key messages .We will print notes on treatment guidelines of IMCI Integrated Management of Childhood Illness and communicable disease management. SHF will contribute 100% of this Integrated Management of Childhood Illness (IMCI) and communicable disease management Training.</i>							
2.8	Hygiene promotion training	D	1	3,468.00	1	100.00	3,468.00	
	<i>26 Community hygiene promoters plus 4 public health workers (2 from Dharkenley and 2 from Daynile local authorities) will be given 4 days training on hygiene and sanitation awareness methods using WASH cluster manuals including WASH Cluster acute watery diarrhea AWD/Cholera preparedness and response. Each CHP will reach 500 persons through house-to-house, schools, nutrition centers and health posts visits in accordance to WC guideline. The cost of the training is USD 3,468. SHF will contribute 100% of the cost</i>							
2.9	Medical Related Stationary	D	1	8,280.00	1	100.00	8,280.00	
	<i>Medical stationers are stationaries provided on of monthly bases to the Nutrition sites like outpatient registers, under five and over five children registers, Antenatal register, post natal registers, Outpatient Therapeutic Program Cards, Admission cards, registers and Follow up files, this are stationaries required day to day nutrition and health sites using each new patient for the site needs a copy to be filled an admission card, Follow Up card through monitoring day to day weight of the patient, discharge card giving the patient after cured, also the cases that are suffering additional complications needs referral card or transfer card to Stabilization centers or Hospital, this are all medical related stationaries used in the sites. The total cost for the 12 months of the medical related stationary is 8280\$, SHF will contribute 100% for this specific nutrition and health related stationaries. Photocopy of Outpatient therapeutic program OTP , follow up cards, and Medical Prescription cards are needed, the papers are hard papers which is not possible to be printed out large numbers.</i>							
2.10	WASH training Committee	D	1	2,493.00	1	100.00	2,493.00	
	<i>Capacity building training to 1 WASH committee in Dharkenley CTC water point, The committee consists 7 persons (3 women and 4 men) and will be trained on better management and maintenance of community owned water source. The WASH committee will be trained to identify water and sanitation related hazards to their community and also will be trained to strength the sustainability of the water source. The cost for the training is USD2493. SHF will contribute 100%</i>							
2.11	Warehouse storage cost	D	1	450.00	8	100.00	3,600.00	
	<i>Rental for warehouse to store nutrition supplies ie plumpy nuts, drugs , hygiene kits. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the office cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months..</i>							
2.12	Purchase and installation of hybrid solar powered pump (BoQ Attached)	D	1	47,432.00	1	100.00	47,432.00	
	<i>In this project we will upgrade one public-powered borehole through hybrid solar powered water pump system, in order to reduce the running cost of the water point (fuel, service & repair kits) and get access to the IDPs with reasonable and affordable cost to safe and clean water. The solar powered system will be functional during the daytime, while the diesel powered generator will function in the night/cloudy times. The cost of the solar powered system is USD 47,432. The cost includes the solar panels, pump, cables and accessories and installation cost as detailed in the BOQ. SHF will pay 100% of the cost.</i>							
2.13	Construction of water kiosks (BoQ Attached)	D	5	3,260.30	1	100.00	16,301.50	

	4 water kiosks with 6 taps each will be constructed in 4 IDP settlements and 1 CTC to ease congestion and time wastage. The design of the water kiosks will consider the usage of children and disables. The cost includes, the cost of the construction materials (sand, cement, gravel, timber and Iron sheets) and the skilled and unskilled labours), which is US\$3,260.30 per unit as detailed in the BOQ. SHF will pay 100%.						
2.14	Piping network (BoQ Attached)	D	1	10,004.00	1	100.00	10,004.00
	<i>piping network from the borehole to the 5 water kiosks at 4 IDP settlements and 1 CTC. The cost includes purchasing and installing of pipes and its accessories, digging and filling of the trenches, and the cost of manpower (foreman, plumber, labours), as detailed in the BOQ, which is US\$10,004. SHF will pay 100% of the cost</i>						
2.15	Rehabilitation of CTC latrines and Construction of IDP latrines (Details in BoQ)	D	1	3,365.00	1	100.00	3,365.00
	<i>The rehabilitation/construction of the twin block latrines includes the repairing the cracking parts of the of the walls and floors, replacing the rusted iron sheets of the roofs, repairing of the floors, dislodging of the filled septic tanks, washing stands and painting. The cost of the rehabilitation is USD 400* 6 latrines=2400\$. SHF will pay 100% of the cost. The rehabilitation of CTC latrines includes the replacing the rusted parts of the iron sheets of the walls and roofs, repairing of the floors, desludging of the filled septic tanks, washing stands and painting. The cost of the rehabilitation is USD 193 latrine which is 193\$*5 latrines=965\$. SHF will pay 100% of the cost. Total combined budget is 2400\$+965\$=3365\$</i>						
2.16	Purchasing of chlorine (barrel)	D	1	550.00	1	100.00	550.00
	<i>For Chlorination (SOYDA will chlorinate the rehabilitated water source and 4 other water sources at Daynile district to disinfect the water from bacteria and other germs. The cost of the chlorine per barrel is USD110, which includes the cost of the chlorine and the transportation. The cost of the chlorine per barrel is USD 101, while the transportation cost including loading and unloading is USD9, total cost for 5 Barrel is 550\$. SHF will pay 100% of the cost)</i>						
2.17	Water Trucking (BoQ Attached)	D	1	21,600.00	1	100.00	21,600.00
	<i>Water trucking companies to supply clean and safe water to 800 HHs (800*6 persons per house hold) 4,800 persons in Daynile IDPs. Total daily requirement of one person is 7.5L/person, 4800 persons * 7.5Litter * 30days *0.02\$= Total cost of water trucking for 30 days for 4800 persons are USD 21600</i>						
	Section Total						174,753.75
22. Equipment							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
23. Contractual Services							
NA	NA	NA	0	0.00	0	0	0.00
	NA						
	Section Total						0.00
24. Travel							
5.1	Vehicle Rent for staff, referral, supervision	D	2	1,800.00	12	100.00	43,200.00
	<i>Two cars will be rented for 12 month at a cost of \$1800 per month inclusive of driver's salary, fuel and maintenance for 12 month. The car will be used by the mobile outreach team to deliver services to all operation sites as well as the monitoring of day to day project activities in the project sites. The standard rate of vehicle rent in Somalia is US\$1800/month including the driver, fuel and security. SHF will contribute 100%</i>						
	Section Total						43,200.00
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	Stationary and office materials (BoQ Attached)	D	1	2,312.60	1	100.00	2,312.60
	<i>Stationary for easy operations of the projects and Office materials (A4 Papers, Print Ink, Stapler, M and E printing tools. The SHF for this project will contribute 100%</i>						
7.2	Utilities (Electricity, water bill for Central office)	D	1	600.00	8	100.00	4,800.00

	<i>Utilities using for office particular water and electricity bill. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the utilities cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months.</i>						
7.3	Communications (Internet and telefon Bill)	D	1	600.00	8	100.00	4,800.00
	<i>Communication cost for staff in the field and also for the office for easy communication and monitoring of project. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the communication cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 100% for 8 months.</i>						
7.4	Office Rental	D	1	3,000.00	8	50.00	12,000.00
	<i>Monthly office rent for the sub-office in Mogadishu where the project is implemented. This will be shared out to the projects in the sub-office based on an appropriate basis. Our ongoing current Integrated project will cover the cost till 28th September 2018, this project will cover the office cost 8 months starting from October 2018-May 2019. The SHF for this project will contribute 50% for 8 months..</i>						
7.5	Bank charges	D	1	7,674.00	1	100.00	7,674.00
	<i>1.8 % bank charges for funds transfered to dahabshil for the project. 100% will cover by SHF</i>						
	Section Total						31,586.60
	SubTotal			1,087.00			426,340.35
	Direct						426,340.35
	Support						
	PSC Cost						
	PSC Cost Percent						5.00
	PSC Amount						21,317.02
	Total Cost						447,657.37

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 -> Mogadishu-Daynile -> Mogadishu/Daynile	55	800	2,000	1,600	1,800	6,200	<p>Nutrition: Activity 1.1.1: Screen and admit 1200 boys, 1200 girls and 1000 PLWs of severely malnourished without medical complications in Daynile and Dharkenley District IDPs i...</p> <p>Nutrition: Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that require admission to Benadir and Daynile hospital Stabil...</p> <p>Nutrition: Activity 1.1.3: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2400 acutely malnourished children (boys (1200) and girls (1200) ...</p> <p>Nutrition: Activity 1.1.4: Provide multiple micronutrients supplementation to 1000 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating ...</p> <p>Nutrition: Activity 2.1.1: Conduct community and outreach-based IYC –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facilit...</p> <p>Nutrition: Activity 2.1.2: Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Daynile and Dherkenley District I...</p> <p>Nutrition: Activity 2.1.3: Conduct Bi-weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optim...</p> <p>Nutrition: Activity 3.1.1: Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 fema...</p> <p>Nutrition: Activity 3.1.2: Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers.</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Distribute 1000 Hygiene Promotion kits (HP kits) to 1000 to caretakers/patients discharged from the cholera treatment center CTCs to reduce the risk ...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys)...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.1: Upgrade one public diesel-powered borehole in Daynile district through hybrid solar powered pump system, which will reduce the running cost. The sola...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.2: Conduct WASH committee training (4 men and 3 women). The committee will be trained on better water source management, HHWT use, and maintenance of wa...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.3: Construct 5 water kiosks near 4 IDP camps and 1 CTC center and supplied water through piping system from the rehabilitated borehole, benefiting aroun...</p>

Banadir -> Mogadishu-Dharkenley -> Mogadishu/Dharkenley	45	610	1,901	1,400	1,400	5,311	<p>Nutrition: Activity 1.1.1: Screen and admit 1200 boys, 1200 girls and 1000 PLWs of severely malnourished without medical complications in Daynile and Dharkenley District IDPs i...</p> <p>Nutrition: Activity 1.1.2: Identify and refer children with severe malnutrition cases having medical complications that require admission to Benadir and Daynile hospital Stabil...</p> <p>Nutrition: Activity 1.1.3: Provide micro nutrient supplementation, Vitamin A and Iron folic supplementation to 2400 acutely malnourished children (boys (1200) and girls (1200) ...</p> <p>Nutrition: Activity 1.1.4: Provide multiple micronutrients supplementation to 1000 pregnant and lactating women to reduce micronutrient deficiency among Pregnant and lactating ...</p> <p>Nutrition: Activity 2.1.1: Conduct community and outreach-based IYCF –E promotion in target areas. IYCF-E counselor will organize topics on IYCF-E, maternal nutrition at facilit...</p> <p>Nutrition: Activity 2.1.2: Conduct IYCF Counseling-both individual and group counseling for mothers/caregivers visiting the nutrition sites in Daynile and Dherkenley District I...</p> <p>Nutrition: Activity 2.1.3: Conduct Bi-weekly education on nutrition and hygiene targeting mothers/caretakers of children 6-59 months and the general population to enhance optim...</p> <p>Nutrition: Activity 3.1.1: Conduct one session of Integrated Management of Acute Malnutrition (IMAM) training on effective acute Malnutrition management for 16 Male and 23 fema...</p> <p>Nutrition: Activity 3.1.2: Conduct one session training for Infant and Young Child Feeding (IYCF) for 10 Male and 15 female staff and, 6 Male and 8 Female community volunteers.</p> <p>Water, Sanitation and Hygiene: Activity 1.1.1: In consultation with the community, identify and recruit 26 community Hygiene promoters from the community and 4 public health workers from the local...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.2: Distribute 1000 Hygiene Promotion kits (HP kits) to 1000 to caretakers/patients discharged from the cholera treatment center CTCs to reduce the risk ...</p> <p>Water, Sanitation and Hygiene: Activity 1.1.3: Conduct comprehensive Hygiene promotion and mobilization on AWD/Cholera prevention measures to 9,342 (2109 men, 4101 women, 1646 girls and 1486 boys)...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.1: Upgrade one public diesel-powered borehole in Daynile district through hybrid solar powered pump system, which will reduce the running cost. The sola...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.2: Conduct WASH committee training (4 men and 3 women). The committee will be trained on better water source management, HHWT use, and maintenance of wa...</p> <p>Water, Sanitation and Hygiene: Activity 2.1.3: Construct 5 water kiosks near 4 IDP camps and 1 CTC center and supplied water through piping system from the rehabilitated borehole, benefiting aroun...</p>
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Documents	
Category Name	Document Description
Project Supporting Documents	SOYDA IDP Locations IERT Dharkenley Kahda and Daynile Districts.xlsx
Project Supporting Documents	Revised SOYDA IDP Locations IERT Dharkenley Kahda and Daynile Districts 12 04 2018.xlsx
Project Supporting Documents	Final SOYDA IDPs In Daynile and Dharkenley Districts 04 05 2018 .xlsx
Budget Documents	Revised BOQ IERT 04-03-2018.xls
Budget Documents	Revised BOQ IERT 12-04-2018.xls

Budget Documents	Revised BOQ IERT 25-04-2018.xls
Budget Documents	Final SOYDA Revised BOQ IERT 04 05 2018.xls
Budget Documents	SOYDA Final Revised BOQ IERT 04 05 2018.xls
Audit and Closure Documents	SHF Financial spot check Monitoring Report 26-30 Nov 2017.pdf
Audit and Closure Documents	SHF Team Field site monitoring Monitoring Report 14-20 Feb 2018.pdf
Audit and Closure Documents	SHF Third Party Remote Call Monitoring Report 17-20 Nov 2017.pdf
Audit and Closure Documents	SOYDA Final Signed Audit Report.pdf
Audit and Closure Documents	SOYDA Spot Check Report - 10 October 2017 By UNICEF.pdf
Grant Agreement	GA SOYDA 8455 HC.pdf
Grant Agreement	IP Signed SOYDA GA 8455.pdf